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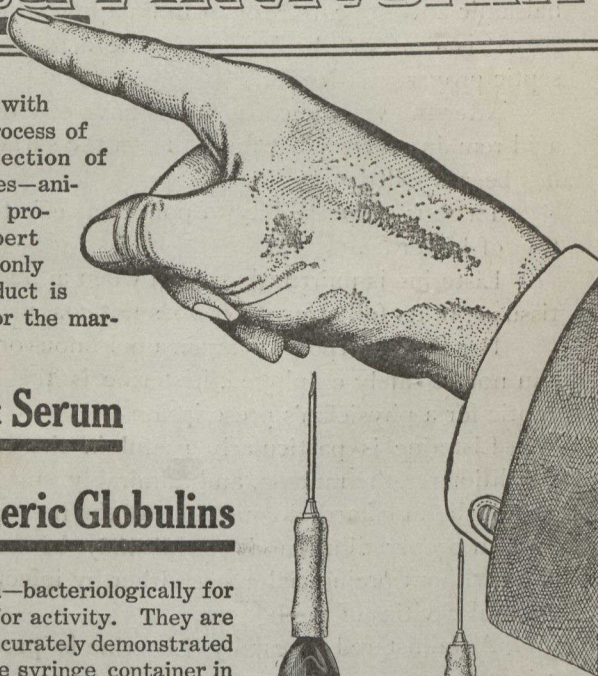
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Number 6

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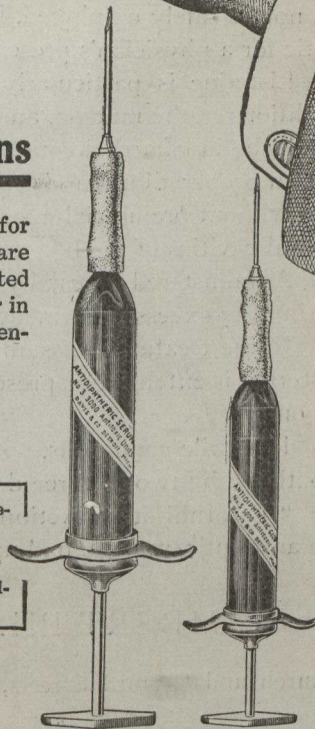
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# Dominion Medical Monthly

And Ontario Medical Journal

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No. 6

## Original Articles

### THE ROLE PLAYED IN THE GENITO-URINARY SYSTEM BY THE COLON BACILLUS.\*

BY G. SHEARMAN PETERKIN, M.D., SEATTLE, WA., U.S.A.

The author, in the full sense of the word, does not know the role played in the genito-urinary tract, by the colon bacillus. It is, as yet, an undeveloped field of research. The object of this paper is to *show* that it is a field of such practical possibilities that it should be investigated, even by the general practitioner and surgeon, inasmuch as the application of our knowledge of the subject to-day will enable one to make diagnoses in what were formerly obscure pathologic conditions.

To demonstrate the truth of the above statement, the following cases will be reported:

*Case 1.*—Mrs. W.; married; aet., 40; no children; no history of injury or disease of bladder or kidneys. Operation, hysterectomy, for uterine fibroid, 1904.

Feb. 26, 1910, while working at wash tub, was taken with colicky pains in left kidney which radiated to bladder, accompanied by burning sensation in bladder and urethra, with frequent desire to urinate.

Attack of colic lasted three hours; frequent urination, with burning sensation, continuing; at end of three days, patient sought advice of physician.

*Previous Treatment.*—Urotropine, gr. 4, four times daily; at end of week, santal oil substituted, 10 minims, three times daily for three or four days; some improvement. X-ray, negative.

\*Read before British Columbia Medical Association, Aug. 31, 1911.

Ten days after onset of urinary symptoms an attack reported as influenza. Symptoms, aching over whole body; general malaise; mild chill, with temperature of 103 to 104. Symptoms lasted four days. At commencement of attack of influenza, all bladder symptoms immediately ceased; end of three days, symptoms of influenza abated; patient out of bed. Bladder symptoms reappeared, but were controlled somewhat by mild irrigations of boracic acid and nitrate of silver solution. As symptoms remained stationary (frequent burning, desire to urinate and dull pain occasionally over left kidney) solution of 1,500 nitrate silver was injected into bladder.

Symptoms aggravated immediately and continued to March 20, 1910, when patient was referred by Dr. J. W. Cline, of Tacoma.

Further investigation into subjective history showed habitual constipation with absence of bowel movement for two days previous to onset of symptoms; intake of fluids limited, frequently only two or three cups of tea daily.

Examination (physical and laboratory).

Catheterized urine from bladder contained pus, mucus and epithelial cells and great number of micro-organisms; no casts. Bladder cystoscopically, showed general cystitis, with one area posterior to trigone, much denuded. Ureteric openings, normal. Rate of efflux and volume of urine, normal.

Both ureters catheterized; no obstruction; no hydronephrosis. The urine obtained from each ureter was opaque—especially from the left and contained number of pus cells, some connective tissue, but more especially *clumps* of pure *organisms*, microscopically shown to be bacilli.

Morphological characteristics, indefinite. Possibilities, bacilli coli; typhoid bacilli or bacilli of influenza, judging from history.

Cultures, subcultures and differential tests made.

*Results.*—Colon bacillus, for it coagulated milk within 24 hours; produced acid on litmus agar; formed gas in glucose fermentation tubes, 25% in 24 hours; did not liquify gelatine; some forms preserved their motility after 24 hours.

*Diagnosis.*—Infection of urinary tract by colon bacillus, hematogenous, because history of severe attack of constipation accompanied by small amount of fluid ingested previous to onset of symptoms.

*Treatment Advised.*—Absolute rest in bed; liquid diet; flush kidneys with Poland water; santal oil (fresh), 10 ms., every 2 hours until 8 doses; then one every 4 hours; irrigate bladder twice daily with hot boracic acid solution; autogenous vaccine.

End of 7 days, specimen of urine showed no pus; very few bladder cells; number of bacteria; frequently found in genito-urinary tract; entire absence of micro-organisms, originally found.

April 20, physician reported complete recovery; urine clear.

*Case 2.*—Mrs. B. (referred by Dr. Henry Dalton, South Bend, Wash.). Married; one child; aet. 38; general appearance, good; weight, 165 lbs.; sleeps very well; appetite, fair; frequent indigestion. Bowels, constipated; much flatulency. Fluids ingested, two or three cups tea daily; no coffee, nor milk; some days, two or three glasses water; other days, no water at all.

Two operations, one for rectal fissure, and repair of cervix and vagina, five years ago.

Operation later for prolapsed kidney; suspension, to cure symptoms. Patient complained of following urinary symptoms: Frequency, nocturnal, two or three; diurnal, 5 to 6, varying, sometimes less often; sometimes with greater frequency; occasionally, for two or three days, every hour or so, imperative.

Pain at end of urination; also pain over right kidney, colicky in character. Did not respond to various forms of treatment for urinary symptoms, so was referred, Jan. 11, 1910.

*Tentative Diagnosis.*—(By family physician). Prolapse right kidney; kinking of ureter; cystitis; retroflexed uterus.

Examination, 24 hours' specimen urine: Specific gravity, 10.25; reaction, acid; urea, 16.5; chlorides, 11 gms.; no albumen; no sugar; no casts; no indican; bacteria, numerous, bacilli predominating.

Examination conducted with and without anesthesia, as were cystoscopy and ureteral catheterization.

Cystoscopy without anesthesia, bladder, cystitis, marked in posterior part of trigone and about right ureter; right ureteric opening, elevated; somewhat patent; efflux, delayed, but volume good. Retroflexion of uterus would explain the appearance of ureter, by causing the elevation of the trigone forward and to the right, thus forming a slight pouch to right side of same. This retained at least one-half drachm of urine; position of uterus also causing a curve in right ureter, narrowing its lumen, judging from the amount of force necessary to catheterize to pelvis. This narrowing combined with inflammation at mouth of ureter and in ureter would account for symptoms of renal colic; the taking of cold or an attack of constipation, causing the inflamed mucous membrane to become congested so as to still further narrow the lumen of ureter.

Catheterization of both ureters showed them free to pelvis.

Urine came from catheters as follows: Right side: Start delayed

for 10 minutes; left side, for 25 minutes. Within five minutes after start, 20 c.c. of urine, clear as spring water, was voided from both ureters, dropping, not characteristically intermittent. This amount in so short a time after delay at onset, due to nervousness. That this flow was due to nervousness and not to hydronephrosis, was corroborated when the patient later was catheterized under an anesthetic.

Examination, under anesthesia, of uterus and adnexa showed uterus retroflexed and fixed; tubes, normal. Rate, color of urine, etc., from each catheter, normal.

Microscopical examination showed urine normal, except a few pus cells and numerous bacilli in urine from right kidney.

Cultures and subcultures showed these organisms to be bacilli coli.

Result of indigo carmine, phloridzin and cryoscopy:

Right.	Left.
Phloridzin, 35 min.	Phloridzin, in 20 min.
Indigo carmine, 20 min.	Indigo carmine, 15 min.
Cryoscopic, 1:50.	Cryoscopic, 1:30.

X-ray plates of both kidneys showed absence of renal calculi. Blood examination, showed no leucocytosis.

Summed up, though all symptoms complained of were urinary, there was no indication for treatment directly to the urinary tract, either surgical or medical.

*Diagnosis.*—Hysteria, due to or caused by a spastic condition of the intestine. This intestinal condition caused the coli bacilli to invade the urinary tract and the presence of these organisms, combined with the accumulation of gas in the intestine, which diminished the capacity of the bladder caused the urinary symptoms complained of.

Examination of stool confirmed diagnosis of spastic condition of intestine.

Patient placed under appropriate hygienic and dietetic treatment; recovery, complete.

*Case 3.*—Mrs. P.; aet. 32; housewife; children, two; referred by Dr. W. C. Heussy, Seattle.

Previous history, outside of urinary symptoms, negative; urinary symptoms, frequency, nocturnal 5 to 6; diurnal, 8 to 10; frequency, especially after heavy lifting, taking cold, etc., being aggravated; as often as every half hour. Pain at end of urination; loss of weight; frontal headache, indigestion at intervals; constipation with much flatulence. Health previous to last child, 5 years ago, good.

*Previous Treatment.*—Perineum and cervix repaired, three years ago to relieve symptoms; has had bladder irrigation and has taken all forms of internal medication for same; at one time, confined to bed for three weeks with bladder irrigations; symptoms improved, but upon resuming occupation symptoms returned, and at present, Feb. 2nd, 1911, are as bad as ever.

Physical examination of pelvic organs showed lacerated perineum; pronounced cystocele; cervix protruding almost outside of vagina on straining.

Cystoscopic examination showed general cystitis with denuded mucous membrane at the mouth of bladder; much inspissated pus in cystocele pouch.

Ureters catheterized; no hydronephrosis; no calculi; no obstruction to ureters. Urine from each kidney showed few pus cells; many bacilli; few staphylococci; no casts; same micro-organisms present in catheterized specimens from bladder.

*Diagnosis.*—Mixed infection, staphylococci, few; coli bacilli predominating.

*Treatment Indicated.*—First of all was surgical, necessitating cure of the cystocele; otherwise hygienic, dietetic or local treatment would be no more efficient than it would in a male with a large prostatic pouch, that retained so efficient a culture medium. Accomplished by repair of the cervix, perineum and curettement and suspension of the uterus. Uterus suspended by scarifying anterior surface and sewing both round and broad ligaments to the scarified area; ligaments overlapping to the extent that cervix as felt per vagina, was in its normal position.

*Treatment.*—Dietetic and hygienic; also local. Local treatment, irrigation of bladder with permanganate solution twice daily, because of presence of staphylococci infection; otherwise, boracic acid would have been employed.

After leaving hospital, these irrigations were administered by patient herself. Salol, grs. 7, were administered every four hours. Autogenous vaccine, mixed, coli bacilli and staphylococci were administered once a week; at first one billion; later, three billions.

June 20 (four months later) urine, except for presence of few coli bacilli, clear, absence of all symptoms.

July 7th, cystoscopic examination showed uterus still in place; bladder mucosa, normal.

*Case 4.*—L., male; aet. 38; married; 2 children; lineman; referred by Dr. L. L. Love, Tacoma.

History negative, except gonorrhoea at 18, mild attack and no complications; no history of typhoid.

*Present attack.*—Previous to Apr. 7th patient felt tired out; general indisposition; dull ache over kidneys and could not do his work. Apr. 7th, had attack of colic over left kidney, followed by increased frequency; pain upon urination; no temperature. Frequency for few days was every half hour or so; on Apr. 18th, visited for first time a physician. Urine showed pus; no blood; had no fever nor chills. At present, constipated and gas present with much intestinal flatulency.

Temperature in afternoon, 99; sometimes 100. Gave history of having had severe attack of constipation two days previous to Apr. 7th; now drinks 4 to 5 glasses of water daily, but previous to attack only 2 glasses; sometimes not that; drank two or three cups of coffee daily, this often being the limit of fluid ingested. Since Apr. 18th, had lost much weight. Diet bread and milk only. Frequency of urination continued, nocturnal, once or twice; diurnal, 6 to 7 times, as did the general malaise.

Cystoscope showed slight congestion of trigone; right ureteric opening, normal; left, slightly elevated, with slight congestion surrounding same.

Examination catheterized specimen from each kidney showed following:

#### CATHETERIZED URINE.

Right Kidney.	Left Kidney.
App. contains slight floc. suspension.	Floc. sediment, much blood present.
Color, straw color.	Same.
Reac., acid.	Acid.
Sp. gr.	Sp. gr.
Albumin, no.	(blood present)
Numerous leucocytes.	Few leucocytes.
Very few r. b. c.	Much blood.
Few sq. cells from pelvis occurring in masses.	Very few sq. cells from pelvis.
Very few bacilli.	No bacteria.
No T. B.	No T. B.
Cultures made, growth after 18 hours (B. coli).	Culture, no growth.

*Diagnosis.*—Coli bacilli infection of left kidney due to constipation and indigestion of insufficient quantity of water.

*Treatment.*—Dietetic and hygienic; no local treatment; no vaccine advised. Patient's recovery reported.



*Case 5.*—S., seaman; married; act. 36; four years ago nephrectomy of left kidney. Patient said kidney was destroyed by disease; was not told that it was tubercular. Nephrectomy took place after 5 months' treatment in Marine Hospital, where patient was confined to bed and bladder irrigated twice daily.

Since date of operation, general condition has improved; frequency of urination continued. No treatment for urinary symptoms after operation was advised nor for constipation.

History previous to operation and urinary symptoms, negative, except for constipation; alcohol excessive at times; G. C. 8 years ago.

July 15th, cystoscopic examination showed bladder capacity 4 ounces; general cystitis; no evidence of tuberculosis; bladder walls infiltrated and thickened.

Catheterized bladder specimens showed no T. B.; much pus; numerous bacilli. Cultures and subcultures showed infection to be one of pure colon bacillus.

*Diagnosis.*—Coli B. infection, no doubt primary to operation rather than secondary.

*Treatment.*—Dietetic, hygienic, local and autogenous vaccine. Condition much improved.

Gentlemen,—Reviewed collectively, these cases demonstrate:

1. That diagnosis of many urologic conditions by means of microscope alone and subjective symptoms, are antiquated methods.
2. That modern methods mean the use of cystoscope, ureteral catheters and cultures: and modern treatment, the employment of autogenous vaccines.
3. That the great advance in our knowledge of pathologic conditions of kidney, bladder and urinary tract is due, not only to the cystoscope, but to the *systematic* application of modern methods of urologic diagnosis, as is illustrated here in demonstrating the role the colon bacillus plays in diseases of the urinary organs.

These cases were selected not for the purpose of demonstrating the truth of the above statements, but rather to bring out certain clinical points that will be of value to every general practitioner and surgeon.

These five cases, gentlemen, were referred, because the predominating presence of urinary symptoms classified them as urologic cases. Practically, they were not urologic; for treatment, necessary to recovery was hygienic and dietetic—the province of the internist; surgical, the province of the gynecologist or general surgeon, inasmuch as operations necessary to cure, were upon the uterus and appendages and not upon the urinary organs themselves.

Had the correct diagnosis been made, I, as an urologist, would never have seen the cases. Can this condition of affairs be prevented? Yes. If we carefully review these five cases, in fact, in almost all cases of coli bacilli infection of the urinary tract, we may note what may be termed six cardinal symptoms, subjective and objective, which, when combined with therapeutic tests, hygienic and dietetic, will enable the general practitioner and surgeon to treat pathologic conditions of this character, in many cases, rationally, instead of either trusting to nature or referring the patient to the specialist.

To bring out these points in a short paper, requires brevity, so the many omissions of purely scientific points must be excused; for this paper is not a treatise.

The cardinal symptoms are: Urinary symptoms, frequent urination, pain upon urination, or along urinary tract accompanied by:

1. Constipation.
2. Diarrhea in children.
3. Tympanitis in children and adults.
4. History of insufficient intake of fluids.
5. The presence of coli bacilli in excess or alone in the urine.
6. The absence, often in the male, of recent venereal disease and the presence of urethral discharge.

The therapeutic tests (hygienic and dietetic):

1. Limitation of diet in general to two meals a day. Breakfast limited to cereals, rice especially recommended and cooked fruit. Dinner, cooked vegetables and fruits, easily digestible meats, farinaceous foods; no sweets.

2. A radical change of diet, that is, if patient is accustomed to certain forms of food, give him the reverse chemical character, on the principle of "rotation of crops," so if the colon bacillus thrives on the present form of diet, as is evidenced by the infection, give it the opposite diet.

3. Daily ingestion of sufficient water, 8 to 9 glasses; other fluid may be weak tea, hot water, buttermilk.

4. Hot baths daily, temperature 105 (Fahr.) gradually increasing to 110-115 degrees; patient should remain in water long enough for skin to become scarlet and remain so, varying from 5 to 10 minutes.

5. Outdoor exercise and calisthenics which exercise the abdominal muscles.

6. Medication.—First a calomel purge, followed by saline; later, salines as magnesium sulphate, in drachm doses once or twice daily P. R. N.

Combined with the medical treatment, the surgical must not be forgotten, for if there is any obstruction to the urinary tract, as for instance, pronounced cystocele in women, enlarged prostate in men, stricture in urethra, or ureters, calculi in bladder, pelvis of kidney or ureters in both sexes, medical treatment will be of slight avail in most cases.

Gentlemen, an analysis of each case presented would undoubtedly bring out many points of interest and show why, in some cases, local treatment as irrigation of bladder is indicated and not in others, as in cases Nos. 1 and 3. In the former case, boracic acid irrigations were prescribed, and it is this form of medication which should always be employed unless the infection is mixed as in case No. 3, when potassium permanganate (1:6,000) or oxycyanid mercury (1:10,000) is indicated, because of the staphylococccic infection present. Silver nitrate should not be used; for mechanical cleansing and stimulation of the circulation of the urinary organs by heat, to diminish congestion is the object sought, thereby increasing resistance of urinary tissue to infection rather than to lessen it, by increasing congestion and destroying epithelial cells, as often occurs when strong injections are used. In case No. 2, no local treatment to the urinary tract was advised, as pathologic conditions of bladder were insignificant and it was evident that removal of the cause would speedily effect a cure.

Urinary antiseptics.—Urotropine and like drugs here have no place. Their employment, since, if they are urinary antiseptics, pure and simple, as claimed, signifies treating symptoms and not the cause. The cause is the invasion of the coli bacilli from the intestines. Urotropine and like drugs interfere with digestion; indigestion signifies increased virulence of the coli bacilli; so these drugs' power to disturb digestion does more harm than their power to render the urine aseptic, does good. Salol which is both an urinary and intestinal antiseptic, on the contrary, is indicated in some cases. Santal oil, if fresh and properly administered or fluid extract of zea, c.c. 3.75 to 7.50, every four hours, are useful in almost every case, not as specific drugs, but as a means of rendering the urine bland, thus aiding recovery by giving rest, local and general, through stopping tenesimus and the frequent desire to urinate.

Gentlemen, if we stop and think for a moment, we shall remember that the colon bacillus is a natural habitat of the intestines; immediately realize that the object of all treatment is to keep this organism there, if so vigorous, that is, virulent, as to emigrate, reduce its virulence; if so abundant, reduce its numbers; in other

words, successful treatment demands a knowledge of how and why this organism invades, at times, the urinary tract.

Briefly, as I have already consumed too much of your time, I shall mention two or three laboratory experiments that aim to elucidate this problem: Dr. F. B. Turck<sup>2</sup> has fed coli bacilli to dogs, causing duodenal and intestinal ulcers. Dr. Helmholz<sup>4</sup> who has studied a large number of cases of peptic ulcers in children, has shown that they are due to the coli bacilli and that in one case, where death was due to hemorrhage from a deep duodenal ulcer, the bacteriological findings showed pure culture of coli bacilli. In other words, the invasion is probably hematogenous, through the organism's gaining entrance to the blood by denudation of intestinal mucous membrane.

If we refer to Dr. Neumann's investigation the presence of coli bacilli on out of door objects, we shall see how we may be constantly adding to the virulence of the coli bacilli in our bodies, by introducing new strains, cross-breeding, as it were, especially by eating certain kinds of food, which Dr. Neumann<sup>1</sup> has demonstrated carry this organism, especially fruit, and these experiments explain why, in many cases of intestinal indigestion, as we all have observed clinically, we often get beneficial results by prescribing cooked instead of raw fruits and why in our dietetic regime, in prescribing for coli bacilli infection, we should always prescribe food cooked, instead of raw, for this organism is undoubtedly the main factor in causing intestinal indigestion, toxemia, etc.

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## A LAW OF SENSITIVENESS.

BY GOLDWIN W. HOWLAND, M.B., M.R.C.P., LONDON.  
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Consider your patients who are suffering from bodily ailments, whether of pelvic, abdominal or thoracic origin, or from direct nerve irritation, such as sciatica or neuralgia. Perhaps on the other hand the disturbance may be outside of the body, and have to do with individuals, or with occurrences in the world they live in; and by this I mean the worry and strain of household cares, the daily fight for financial success or political honors, with the effect of the failure of life-long investments, or the defeat of all cherished ambitions, the strain of poverty or the disgrace of closely allied relations; in short, the sides of our daily life that produce painful or excessive mental impressions.

Or in the third place, in the case you are thinking of, there may be a history you have gained by psychoanalysis which shows an old scar on the mind, of years standing, so old in fact that it is below the surface of daily thought.

Finally, perhaps, there is some toxin in the blood current, alcohol, sugar, lead or intestinal poison, that is causing your patient's nervous system to lose its normal health.

In any of these cases, the bodily, external world, psychical or blood-poisoned sufferer, the effect, produced by these various causes, produces very frequently a similar clinical picture in the mental and nervous symptoms which they complain of.

The person passes from a condition in which their nervous system is normal to a condition of hypersensitiveness and the hypersensitiveness may be caused, let me repeat again, by an organ in the body sending excessively intense or abnormal stimuli to the brain or cord; by the events of daily life outside the individual's body, inducing more than a normal rise in the emotional side of his being; by a similar rise being caused by the memory of past events in our lives, or by lastly the toxic effects of blood poisons producing a similar functional condition of the nerve cell, as follows other nerve and psychical stimuli.

Again, perhaps, this patient of yours has had a parent of nervous nature, an epileptic or hysterical or insane ancestry, and their child life has displayed the evil trend of an inherited hypersensitive mind, then you must expect that the stimulus of body,

world or mind, need be of so minor a degree that to a normal person it would pass unnoticed, but in the inherited neurotic may lead to an acute series of symptoms.

However, be the patient sensitive more than usual, or be he normal, a certain intensity of stimulus will render each and all hypersensitive.

Now, having reached this plane, a strange phenomena occurs, inasmuch as, not only are they supersensitive to the original cause of their malady, but they become extremely more conscious of all stimuli, bodily, external world or mental.

Take a simple case: Mrs. W., aged 37, is a sensitive; her mother is an elderly woman of sixty-seven, who suffers from occasional severe attacks of local peritonitis, dangerous at her age. This external world stimulus, when it occurs, raises the daughter's sensitivity above normal and she becomes hypersensitive to all organs of her body, but usually one predominating.

She has nervous dyspnea, that is, she becomes conscious of the act of breathing, particularly so on any increase of exertion; she becomes conscious of the throbbing of her carotids, and of the cardiac apex beat; she feels the ache of that much bedraggled symptom—a floating kidney. As the mother recovers, the consciousness wears off, and these signs are no longer noticed.

Miss T., aged 38, has external world stimuli. "Indulges in speculation, and as a result has angry discussions with her father." Immediately following this cause, her sensitivity rises, she feels pains in manifold regions of the body, has cephalalgia, becomes conscious of her abdominal vessels pulsating, and she shows marked cerebral loss of control and difficulty in concentration, reading, sewing or writing, common symptoms of hypersensitivity.

Mr. J., aged 37, complains of three weeks palpitation of heart, consciousness of breathing, pains in back, dyspnea on slight exertion, inability to concentrate, easily loses control and mental balance. Cause is an external world stimulus, having discovered his wife exactly three weeks before in another man's embrace.

And so we can go from case to case, all showing a similarity in symptoms, the question being to discover the cause.

One of the most important features of these cases must now be considered.

Freud in his works speaks of many cases in which an old mental scar of years before is situated deep in a person's consciousness, but in which the person transfers the active memory over to some probably concurrent physical condition, which may be the apparent trouble for which the person seeks advice.

But in these hypersensitive patients the fact I now refer to comes sharply into view with a frequency which places the theory of Freud (in my experience) as a most unusual condition and the law may thus be formulated.

If a person has had at any time in their life a defect or disease producing a supersensitive region, such, for instance, as a sciatica or a cervical occipital neuralgia, or a lumbar neuralgia, or myalgia, or an old psychological sore; or if the patient is at the time suffering from a mild form of any physical derangement or irritating surroundings, which ordinarily would not disturb them, nevertheless when some abnormal stimulus, be it bodily, external world, or cortical in origin, causes them to become hypersensitive, then this original weak point, or this subacute malady, becomes raised in sensitivity, and becomes the centre of consciousness.

It is extremely easy for the observer to mistake these secondary symptoms for the causes which produced the hypersensitive condition.

Take the ordinary nervous woman, who has had a great deal of household worry during the week, with children constantly demanding some attention or other, and add to that some more acute stimulus, be it an upset digestion with pain, or a disturbance with a neighbor, or a memory thought over a favorite child who has died in the past.

She comes to see her physician in a hypersensitive condition, and presents to you probably a whole series of supersensitive areas, cephalalgia, old occipital neuralgia, backache, sciatica, all weak points, scarred by previous maladies, but none of which are the actual condition which has produced her present state, which condition she herself may not even mention to you, nor have any idea as to its importance in making her abnormally conscious.

So that the law may read.

Normal individual and more particularly hereditarily over-sensitive people, reacting to stimuli which make them hypersensitive, and so hyperconscious of their bodies, not only suffer from the conditions produced by the morbid agent, but also become hyperconscious of former bodily and physical injuries that have left slight abnormalities, and to such a degree that these old conditions may replace in prominence the actual diseased area in the patient's mind and feelings.

This law I find so general and so common in practice that by stating it here some advantage may follow to some fellow-physician. In conclusion let me briefly cite a few cases:

Mrs. M., aged 40, complains of pain between the shoulders. Careful study of her symptoms shows she has a dyspepsia depend-

ent on a myasthenic condition of the stomach and the usual trend of signs, namely, pain after eating felt between shoulders and left side, relieved by eructation of gas.

This might appear to be the main trouble, but on following the case backward one finds the duration only three weeks, which at her age would impress one as pointing towards a nervous cause for the myasthenia.

The day the attack first occurred she had had her dinner and was begged by some friends to go to the cemetery with them. She agreed to do so, but dissented when she found they were to go in a motor. She stated that the drive made her extremely nervous and the attack of indigestion came on while she was out. Finally she gave the last crucial symptom, namely, her husband had been killed in a motor accident.

Here you have a woman in a hypersensitive condition with a development of a nervous indigestion consequent on it, but with a distinct cause, due in this case to an old psychical sore.

But take a converse case, namely, one where the actual physical complaint is hidden by the general hypersensitiveness and an old physical condition is considered the actual cause, and not, as in the last case, where the physical complaint was a direct resultant of the hypersensitive condition due to arousing an old psychical scar.

Mrs. R. complains of having severe pain down her sciatic nerve, of being generally nervous, excitable, and having lost some degree of power of concentration.

She has also some pain in her post cervical region, and has lately had some pain after eating. As her investigation is carried further, one finds she has had recurrent attacks of sciatica for years, and examination of the nerve itself shows, with her attention distracted, that the degree of pain here is very moderate.

But on going further into the stomach signs, a very definite picture of gastric ulcer (later confirmed) is proven, and the excessive disturbance of her sensitivity is finally anchored here, while the other pains complained of are found to arise in company with all nervous excesses she undergoes.

Lastly, let me call attention to a third class, where psychical trauma, by producing a hypersensitive condition, hide the fact that a true physical cleavage was present; the exact antithesis to the first case.

The lady in question had recently lost her husband, her money, and now her son was going wrong. She was consequently nervous, could not sleep, wept at slight provocation, had palpitation and numb sensations, and in conclusion it was noted that she had a



difficulty in swallowing, with some expectoration, and a feeling as if a ball were in the throat.

And yet this clear case of external world conditions causing hypersensitiveness and the usual muscular esophageal spasms of hysteria turned out to be a case of carcinoma of the esophagus.

While one can multiply cases of these types, and so can each of my readers, yet all prove the law that where bodily, external world or psychical conditions cause hypersensitiveness, one may expect to find the whole nervous system unduly responsive and there will be an awakening to an excessive degree of the sensitiveness of old bodily or psychical scars, which may fill the field of attention instead of the true exciting causes.

A physical cause may be concealed by a past psychical stimulus, or a psychical cause by a physical condition.

---

#### TRACHOMA BODIES.

During the last few months S. Hanford McKee has made upwards of 150 examinations of conjunctivae at the Montreal General Hospital.

The trachoma bodies were found in  
14 cases of active trachoma.

1 case of catarrhal conjunctivitis (pneumococcus).

2 cases of purulent conjunctivitis in babies of two weeks.

2 cases of babies without any conjunctivitis.

1 adult male with no conjunctivitis.

The bodies were not found in

3 cases of active trachoma.

13 cases of old trachoma with scar formation.

60 cases of catarrhal inflammation.

28 normal eyes.

5 cases of gonorrhoeal conjunctivitis.

11 inflamed tonsils.

5 from the vaginal mucous membrane.

It would seem from these investigations, as well as those of others, that the trachoma bodies are not a constant finding and have not, therefore, been proved to be the cause of trachoma.

W. H. L.

## A FEW CONSIDERATIONS.

COMPILED BY JAMES S. SPRAGUE, M.D., PERTH, ONT.

“How much may be sinned through ignorance is shown,” said Dr. A. Jacobi, of New York, “by the example of John Hunter, who denied the occurrence of visceral syphilis, though it had been described by those gigantic landmarks, Paracelsus and Morgagni.”

### THE LAMENT OF THE CULTURED GONOCOCCUS.

#### I.

“Where schizomycetes grin in glee,  
 Where microbes dig their holes,  
 Where germs live free to split in three  
 And exult in their septic souls;  
 Where the still small sobbs of the spores endure,  
 Where blue bacilli bore,  
 Where cultures pure an adjacent sewer  
 Will always provide a score—  
 Some gonococci duplex and small  
 (They were born at a picnic the previous fall,  
 And by agile turn and twist in flight,  
 Had escaped the maw of the phagocyte),  
 Were mourning each to the other twin;  
 “What sort of a hole is this we’re in?”

#### II.

“Time was when they lived where their fathers died,  
 In a urethral columnar cell,  
 Then woe betide that devil “they spied  
 When they frisked in Boccaccio’s Hell!”  
 Now, ’twas, “O for a lodge in the vestibule,  
 Or in glands of Bartholin!”  
 And ’twas, “O to rule in a Skene’s tubule,  
 For we can’t grow on gelatin!”  
 And ’twas, “O for the grim and fierce delight  
 Of a duel to the death with the leucocyte!  
 Once to laugh in specific pride  
 At the impotent syringe and germicide!  
 And to mock, when the stricture fort defied  
 The charge of the sound and whalebone guide!”

## III.

And it was "O to infect the fresh, fresh youth,  
 And the rounder old and gay,  
 And the jay uncouth, as with Sal and Ruth,  
 He disports in the new-mown hay!"  
 And 'twas, "O to breed in the infant's eye,  
 In the swollen joint as well,  
 And the facts supply when deacons lie,  
 And 'cart wheel' stories tell!"  
 "O 'tis woe in a sawed-off tube to split  
 And on measly spud to measly sit!  
 To see our spores grow weak and lean,  
 And the venom depart from our ptomaine!  
 And never a rainbow of promise to see,  
 In the crescent curve of the arched chordee!"

## IV.

"Let the staphylococcus laugh long and loud,  
 At the sound of our hopeless wail;  
 Though our head be bowed, no putrid crowd  
 Can such honor as ours assail!  
 We've snapped many a streptococcus chain,  
 Hushed many a bacillus' bray;  
 And the search will be in vain who shall search for a stain  
 On the record we hold to-day!"  
 "Come death before a life of shame!  
 Come death before dishonored name!  
 And never our words will our acts belie—  
 We'll to infect for we will not try!  
 And neither in culture, in mucus or pus,  
 Has Neisser himself seen flies on us."

—*Cin. Lan. and Clin.*

"Just do your best," says James Whitcombe Riley in these two stanzas:

The signs is bad when folks commence  
 A findin' fault with Providencce;  
 And balkin' 'cause the world don't shake  
 At every prancin' step they take.  
 No man is great till he can see  
 How less than little he can be  
 Ef stripped to self and stark and bare  
 He hung his sign out anywhere.

My doctern is to lay aside  
 Contentions and be satisfied;  
 Just do your best, and praise or blame  
 That follers that, counts just the same.  
 I've allus noticed great success  
 Is mixed with troubles, more or less;  
 And it's the man who does his best  
 That gets more kicks than all the rest.

---

“Ricord,” says Dr. Jacobi, “whose name is forever illustrious in the annals and literature of his specialty, proclaimed in 1893 the inocuous character of the secretions of secondary syphilis when transferred to a healthy person. That oracular assertion tempted nineteen medical men in all countries to infect and ruin for life seventy-seven persons on whom they made experiments.”

---

Lo, the Pallid Tryponema,  
 Hated most of all bacilli,  
 Hated by the country doctor  
 And the specialist so clever;  
 Thus salve! Salvarsan Ehrlich!

---

The fool was stripped to his foolish hide,  
 Which she might have seen when she threw him aside  
 (But it is not on record the lady tried.)  
 So some of him lived and some of him died.

—Kipling.

---

“O! who can tell what days, what nights, he spent  
 Of tireless, waveless, sailless, shoreless woe!” Yet,  
 Temptations (says John Boyle O’Reilly), wait for all, and ills  
 will come;  
 But some go out and ask the devil home.

---

It holds such enmity to blood of man,  
 That quick as quicksilver it courses through  
 The natural gates and alleys of the body;  
 And, with a sudden vigor it does posset  
 And curd like eagre dropping into milk,  
 The thin and wholesome blood.

—Hamlet, Act I., Scene V.



Do not, like a pompous imbecile, as Pope says:  
Teach eternal wisdom how to rule,  
Then drop into yourself and be a fool.

---

“The greatest criminal is he that poisons the germ cells.”

---

Then gently scan your brother man,  
Still gentler sister woman,  
Though they may gang a kennin' wrang,  
To step aside is human;  
One point must still be greatly dark—  
The moving *why* they do it;  
And just as hamely can ye mark  
How far perhaps they rue it.  
Who made the heart, 'tis He alone  
Decidedly can try us;  
He knows each chord—its various tone,  
Each string—each various bias;  
Then at the balance, let's be mute,  
We never can adjust it;  
What's done, we partly may compute,  
But know not what's resisted.

—Burns.

---

An experienced authoress most chastely, clearly and correctly writes:

“The body that never knows carnal desires,  
The heart that to passion is always a stranger,  
Is merely a furnace with unlighted fires:  
It sends forth no warmth, while it threatens no danger.  
But who wants to sit in cold safety there?  
Touch flame to the fuel! then watch it with care.  
These wild, fierce emotions that trouble your soul  
Are sparks from the great source of passion and power;  
Throne reason above it and give it control,  
And turn into blessing this dangerous dower.  
By lightnings unguided destruction is hurled,  
But, chained and directed, they gladden the world.”

---

“It is man and not a woman problem which we face to-day—commercialized by man—supported by man—the supply of fresh victims furnished by men who have lost that fine instinct of chivalry and that splendid honor for womanhood where the destruc-

tion of a woman's soul is abhorrent, and where the defence of a woman's purity is truly the occasion for a valiant fight.

"We recommend the enactment of a new Illinois law providing that medical certificates be secured showing bearer as free from certain diseases before a marriage license be given."

—*Chicago Vice Commission.*

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"And yet, if the half be true, we are surrounded with, and the laws are protecting evils, means for destroying the purity of the home, the mere mention or contemplation of which is calculated to strike terror to the heart of the most optimistic."

For—

"Vice is a monster of such frightful mien  
That to be hated, needs but to be seen;  
But seen too oft, familiar to the face,  
We first endure, then pity, then embrace."

—*Pope.*

---

"What children usually die of," says Professor Arthur Thompson, "is their parents, and what a nation dies of is a lack of men"—men who are infected and a lack of men to come out "from the crowd" and to tell the innocents and the world the need of legislation and study of these sins that walk in mid-day in our midst.

---

In Hood's poem, "The Song of the Shirt," the seamstress says:

"Oh, God, that bread should be so dear,  
And flesh and blood so cheap."

*Note.*—This is a copy of Dr. Sprague's proposed publication, "Ideals in Medicine," chapter 46.

## Physiologic Therapeutics

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J. HARVEY TODD.

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**Carbonic Acid Snow.** J. D. GOLD. *New York Medical Journal.*

The so-called portwine stains, nevi, cavernous, pigmented nevi, light or dark, with or without hair, yield to the treatments. Lupus erythematosus, carefully and persistently treated, will be cured. Epithelioma of the skin, the more recent the growth, the greater the chances of a permanent cure. Epithelioma of the lip yield marvellously to the applications. Tuberculosis verrucosus cutis, verucca and similar superficial growths are all favorable cases for treatment.

J. H. T.

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**The Untoward Actions of the X-ray:** Its Prevention and Treatment. W. H. MICK, M.D., Omaha. *Journal of Physiologic Therapeutics.*

We shall attempt to consider this from the standpoint of the physician and the patient. As the action of the ray is accumulative, the operator must do little work, protect himself or suffer untoward results.

A very common question for a physician unfamiliar with the X-ray dosage is: How many minutes do you treat a patient? He often feels that you are evading the question, when you say from three to thirty minutes. If every tube would deliver the same amount of radiant energy, the question would be easily answered. The exposure depends upon the amount of energy delivered. Then, too, the rontgen tube produces rays of different degrees of penetration. For this reason we use a tube producing a known amount, at a known distance, for a given time, with a certain amount of rest to accomplish a certain purpose, all varying as the condition warrants. The patient is protected by lead or ray-proof materials, varying in thickness as the penetration of the ray.

The internal or systemic untoward actions are unheard of, when we speak of patients treated, and concern chiefly the operator. The most important changes are produced in the skin. First, erythema; second, vesiculation; third, vesicles that progressively enlarge and coalesce; fourth, gangrene.

For local application in rontgen dermatitis, white vaseline, solutions of sod. bicarbonate and the finsen light are useful. Gangrene should be referred to the surgeon early.

J. H. T.

## Reviews

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*The Treatment of Syphilis With Salvarsan.* By DR. WILHELM WECHSELMANN, of Berlin, Medical Director of the Skin and Venereal Clinic, Rudolph Virchow Hospital. With an introduction by PROFESSOR PAUL EHRLICH, of Frankfort-on-Main, Director of the Royal Institute of Experimental Therapeutics. Translation by A. L. WOLBARST, M.D., New York. With 15 textual figures and 16 colored illustrations. New York and London: Rebman Co.

Anyone interested in the subject of salvarsan will find this work intensely interesting and instructive. Before publishing the book Dr. Wechselmann had treated over fourteen hundred cases of syphilis with salvarsan, which clinical experience is incorporated in the book. This in itself should be sufficient recommendation.

The text contains a clear, concise description of the drug in regard to its chemistry, pharmacology and therapeutics. Special attention is given to the description of the modes of administration, indications and contraindications.

The plates illustrating syphilides, before and after the administration of the drug are admirable and greatly enhance the clinical value of the work.

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*Compendium of Regional Diagnosis in Affections of the Brain and Spinal Cord.* By ROBERT BING, Privatdocent for Neurology in the University of Basle. Translated by F. S. ARNOLD, B.A., M.B., B.Ch. (Oxon). Revised by DAVID I. WOLFSTEIN. With seventy illustrations. New York: Rebman Co.

The object of this work is to place before the profession a book useful in localizing the lesion or lesions in organic diseases of the nervous system.

The study of diseases of the nervous system is somewhat different from that of other systems of the body, in that one must have a good knowledge of the anatomy and physiology before any headway can be made. Indeed the localization of the lesion, the importance of which is immense, may be said to be the applied anatomy and physiology of the system.

The book before us is a concise, practical work. It is clearly written and well illustrated, and should be welcomed by both physicians and surgeons.

*The Mechanism of Life.* STEPHANE LEDUC. New York: Rebman Co. \$2.00.

The most enthralling subject to doctor, clergyman or any thinker in the world in general is *What is Life?*

Leduc has found a solution to satisfy himself, and he carefully gives his reasons and his own deductions.

The book is most interesting, especially as it is written along a new line of thought.

G. W. H.

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*Suggestive Therapeutics.* H. S. MUNRO, M.D., Omaha, Nebraska. St. Louis: C. V. Mosby Co.

To-day a new awakening in interest has taken place in hypnosis and suggestion as forms of treatment for many forms of disease arising from nervous origin. Munro is an old pioneer in this work, and in this new edition he adds several chapters, comparing his results and methods with those of Freud and Jung.

The book is most interesting and valuable, but it has one weak point, and that is a redundancy of material. A great deal of material of a theoretical character could be removed and published separately as "Scientific Theorisms" and leave this volume better and more readable for the elision.

The ideas of Munro coincide in most particulars with those of Freud, only he has the broader view of cause than that sexual groundpoint which even Freud himself has somewhat departed from. His experiences are largely based on hypnosis rather than simple suggestion, and he applies his knowledge to all sides of medical practice and declares his belief in its utility by the whole profession instead of the specialist in psychoses and neuroses.

This volume will help the confidence-requiring physician, will impress the anesthetist and the obstetrician, and arouse criticism in the heart of the Freudist. The roughest stone often contains the most precious jewel.

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*American Practice of Surgery.* Vol. VIII. William Wood & Co., New York.

This, the last volume of the work, maintains the high standard set in the previous ones. It covers a vast amount of ground, including intra-thoracic, splenic, renal and pancreatic surgery, as well as surgical conditions met with in the liver and bile passages and genital organs. The last two sections are taken up with the law in relation to surgery and administrative work in surgery, with especial attention to hospital management, military and naval

surgery and railroad surgery. A general index to Vol. I.—VIII. is contained in the closing pages.

Viewed as a whole, we take pleasure in recommending the work to practising surgeons. Where so many different contributors are at work it is impossible that all should attain the highest standard, but we think the authors have most efficiently discharged their trust and bespeak for the work greater success than the preceding edition.

G. E. W.

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*A Pocket Medical Dictionary.* By GEORGE M. GOULD, A.M., M.D. Sixth edition, revised and enlarged. 34,000 medical words. Price \$1.00. Philadelphia: P. Blakiston's Son & Co.

Medical terminology is constantly enlarging, thus new editions of the dictionaries are called for now every few years. This shows a keen demand, and the fact that nearly 300,000 copies of Gould's medical dictionaries have been sold proves their worth to the profession. There are over 4,500 words added to this new edition. The book can be heartily recommended to medical students. For the members of the profession we consider the larger works more desirable.

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*Nostrums and Quackery.* Articles on the Nostrum Evil and Quackery. Reprinted from the *Journal of the American Medical Association*. First Edition. Chicago: The American Medical Association, 535 Dearborn Avenue.

This book, a unique one in medical literature, is a comprehensive study and report on the nostrums and quacks. It is designed that it should lie upon the reception room table to be read by patients when waiting. It is divided into three parts, as follows: Part I.—Quackery; Part II.—Nostrums; Part III.—Miscellaneous. In its 500 pages there is a wonderful amount of information upon the subject.

---

*The Conquest of Nerves.* A Manual of Self-help. By J. W. COURTNEY, M.D. Price \$1.25. Toronto: The Macmillan Company of Canada, Limited, 70 Bond Street.

This is a small book of 200 pages, written, as the author expressly states, to be a *self-help* to those afflicted with "nerves," or, in other words, with either neurasthenia, hysteria, or other neuroses or psychoneuroses. It discusses so-called Christian Science cures, Emanuel Movement cures, New Thought cures, and points out how cures are brought about through the agency of *self* alone. It is designed to offset the tendency of the afflicted to patent medicines and religio-medical cults.

STEDMAN'S MEDICAL DICTIONARY. By THOMAS LATHROP STEDMAN, A.M., M.D., Editor of *Twentieth Century Practice of Medicine*, Editor of *The Medical Record*. Illustrated. New York: William Wood & Co.

William Shakespeare wrote many years ago, "Comparisons are odorous." Some years later Dr. Tobias Smollett came along and wrote "Comparisons are odious." The latter quotation is quite commonly used in every-day conversation and considered by many as Shakesperean. This new dictionary enters a field already exceedingly well tilled. The distinguished author recognizes this, but, though the fact be never so apparent, one must refrain from making comparisons where every production in the field seems almost to be perfect. There is little need, therefore, to make comparisons. It will be universally admitted that Dr. Stedman possesses both the knowledge and experience which would go to make him a first-class medical lexicographer. We take it that he will be the protagonist for a purer and more desirable medical terminology. For example, if you consult this dictionary you will find scolecooiditis suggested as preferable to appendicitis; oothectectomy as preferable to ovariectomy, etc., etc. As in other up-to-date medical dictionaries, one will find Breslau fever, Bright's disease, etc., etc., under the proper name and not under that of disease, fever, etc.

The book is beautifully bound in green morocco, green edges, thumb index, gilt title on first cover page. It will be a very handsome and exceedingly useful medical work in any library.

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"*Cesare Lombroso, a Modern Man of Science.*" By HANS KURELLA, M.D. Translated by EDEN PAUL, M.D. New York: Rebman Co. \$1.50.

The biography of a great Italian will be read with pleasure by those who are interested in anthropology. Lombroso, the discoverer of the cause of the disease pellagra, was the most advanced writer in criminal disease from the physician's standpoint, and might be termed the Italian Darwin. He believed our criminal laws based on a wrong view, as he proved that criminal instincts were either inherited, as the form and atavistic signs present in their body clearly showed; or were due to the education and controlling forces that were pressed into their lives. This volume exhibits both the man and his theories, and will aid and interest the physician in broadening his examination of his patient's degenerative symptoms, as well as widening his views of life.

G. W. H.

*Refraction and Visual Acuity.* By KENNETH SCOTT, M.D., C.M., F.R.C.S., Edin.; Consulting Ophthalmic Surgeon to St. Mary's Hospital for Women and Children, London, E.; etc., etc.; with sixteen illustrations and one colored plate. New York: Rebnan Company, 1123 Broadway. Price, \$1.75.

This is a little volume of some 180 odd pages, containing a lot of useful information for the physician who is prescribing glasses. In the larger text-books one looks in vain for details concerning testing vision and the prescribing and fitting of glasses and spectacles, all of which this little book treats in a very readable manner. Considerable space is given to the visual acuity required in government, shipping, railway and the other services.

W. H. L.

*Modern Treatment by American and English Authorities.* Edited by HARE. Lea & Febiger, publishers.

This second volume of an ambitious work corresponds in several respects to the first. The binding and presswork are excellent. The subjects are well chosen, and so are most of the authorities; but why the title of the work should in any way refer to "English authorities" it is difficult to understand, for in the first volume Sir Lauder Brunton is the sole English representative, just as in the second out of 21 authorities is James Mackenzie. As in the first volume, so in this, the majority of contributors are Philadelphians. Nevertheless an excellent volume has been added to the work. Of especial note is Mackenzie's 56 pages on the modern conception and treatment of disorders of the heart and circulation. This article alone makes the volume desirable.

Another article of outstanding merit is that by Gottheil on the treatment of syphilis, wherein an excellent summary of all available methods is given in a thoroughly practical manner. Some attention is paid to 606, though at the time of writing this method was only in its infancy.

Among other articles included are "The Treatment of Diseases of the Digestive System and Allied Organs"; "The Treatment of Diabetes and Obesity"; "The Treatment of Diseases of the Nervous System"; "The Treatment of Diseases of the Genito-Urinary Apparatus"; "Treatment of Diseases of the Uterus and Pelvic Organs"; "Treatment of Diseases of the Skin," and two articles on non-surgical diseases of the eye and the ear.

On the whole this forms a most useful volume, completing, as it does, a work thoroughly representative of American therapeutics, which, nevertheless, can scarcely fail to be helpful in daily practice.

G. W. R.



# Dominion Medical Monthly

And Ontario Medical Journal

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## COMMENT FROM MONTH TO MONTH.

**Further restrictions in the selling of alcoholic beverages** are, by newspaper report, shortly to be considered by the Toronto City Council. The proposition is to close all bars at eight o'clock p.m. and at 12 noon Saturdays.

Now, we submit, this is foolish, and is certainly not judicious in the interests of temperance, and we believe the medical profession should take a pronounced stand upon the subject of alcohol as a beverage, as both to the time and quantity consumed.

In the forenoon no man requires alcoholic stimulants at all. A young man up to twenty-five or thirty years does not require them at any time; and medical men well know, wives and mothers well know, that it is the man who commences drinking before breakfast or before luncheon who gets sick, causes trouble, and is in a pathological condition.

Along in the afternoon or evening, about or after the meridian of life, the physical powers may require some stimulation, but that is physiological. It cannot too strongly be put—the former is *pathological*. The "forenooner" gives unending trouble.

If legislators and temperance advocates could only be brought to a sense of this forenoon evil, they would soon legislate for the abolition of the bar in the forenoon. That an open bar in the forenoon, that is, up to eleven o'clock at any rate, is superfluous, any one can easily prove for himself by inspecting and observing.

Again, if temperance people turned their attention to restrictions of sale, individually, to two or three drinks, forenoon, after-

noon, or evening, great good could be accomplished. While two or three drinks might be called physiological—after that more is not required, becomes harmful, dopes the victim, and brings him into the realms of drunkenness.

We venture to predict that if bars were entirely closed every day until 12 o'clock noon, there would be less inebriety in the land and fewer dipsomaniaes.

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**Successful Medicine** is the title of a new medical journal to be published bi-monthly, just established in Chicago. Its object is to advance the commercial end of medical practice. If it can aid in doing this it will establish an enviable record for itself; for, we are afraid, if all we read about the non-success of the medical profession in the present day, yes, if even one-half of it be true, the outlook for the practitioner is not, nor will be, roseate.

In looking over this new medical journal, we find a symposium—Why is the Remuneration of the Average Physician so Low? It states that the average annual income of \$1,000 or less is disgustingly low.

Amongst others taking part in this symposium, we find the names of Drs. J. H. Carstens, Detroit, and Isadore Dyer, New Orleans, the former perhaps better known to Canadians. Dr. Carstens rather takes an optimistic view of the outlook for the average physician, believing the average income nearer the \$3,000 mark. He refers to that hackneyed jibe about the physician being a poor business man, and in his rough and ready way says, "that is all rot." He considers doctors just as good business men as others, and of the latter he repeats what we have heard or read before, that 95 per cent. of business men fail, and considers that medical men can afford to earn less in order to preserve their great and noble heart and serve humanity. Quite apparently *Successful Medicine* will have no field, so far as Dr. Carstens is concerned. Medicine is successful enough now.

Dr. Dyer, too, recites the old evils of contract practice, dispensary and hospital abuse, low fees for services, etc. These reasons are all bewhiskered and old enough to vote. He sees in the future the practice of medicine controlled by the state. We agree in this horoscope.

The trouble in getting any concerted action towards bettering the commercial part of medicine will lie in the fact that the successful ones will be quite content to leave well enough alone, and will scout the idea of the less fortunate taking it upon themselves to better conditions for all and in general.

The field of medicine is the great hunting ground for quacks.

No matter whether they spell their names with letters from the upper or lower case, they are one and all parasites who will always infest the domain of medicine. They use all the arts of the great motive power of modern business—advertising. They do this in large space, and the newspapers are at their feet. Cut out the publicity of the religio-medical cults, patent medicines, etc., and you decapitate the monstrous frauds and leave the profession of medicine to care for the ill's flesh is heir to.

If you acknowledge that too stupendous an undertaking, there is nothing left but to fight the enemies of the profession with similar weapons, or else forever hold our peace.

---

**Antityphoid vaccination** promises to have no inconsiderable sphere of usefulness as a measure in the production of artificial immunity against typhoid fever.

There will be some who will assert it were far better to obtain for each community a pure and uncontaminated water supply, but until that can be established any measure which will tend to protect those unduly exposed will be a distinct gain and another feather in the cap of scientific medicine.

At the present time antityphoid vaccine can be obtained as easily as other biological products; and amongst others licensed to produce and sell this product is the well-known firm of Parke, Davis & Co., Detroit and Walkerville.

It is of interest in this connection to quote from the report of the Commission appointed by the Academy of Medicine of Paris.

In the English, German and American armies, antityphoid vaccination has been successfully applied, and more than 100,000 have been inoculated.

Comparisons of the inoculated with the non-vaccinated reveal that there has been a reduction of at least one-half in the number of cases, one-half the mortality and very much milder attacks in the vaccinated.

The immunity produced by antityphoid vaccination lasts from one to four years; and if this period is to be prolonged then recourse must be had to revaccination. Inoculation has been proved to be without danger, but it should only be practised upon perfectly healthy subjects.

The following should be particularly benefited by antityphoid vaccination: Physicians, nurses, internes, medical students; members of families in which there are bacillus carriers; young persons coming to live in cities from the country; where the disease is frequent, all the population of such cities; soldiers or sailors sent to regions where it is either endemic or epidemic.

**The Doctors' Dilemma** is an article in the October 14th issue of *The Spectator*, dealing with Mr. Lloyd George's National Insurance Bill, and its relationship to members of the profession and the friendly societies. As Mr. Punch has recently put it, Mr. Lloyd George now understands why these societies are called friendly.

Mr. George recently had an important conference with representatives of the medical profession and members of the friendly societies which has served to emphasize the points at issue. While the doctors are trying to escape the present tyranny of the friendly societies, the latter are determined not to lose control over the members of the medical profession who attend their members. As they cannot hope for means of settling their grievances against the Bill, the friendly societies in some quarters are demanding the measure be dropped.

*The Spectator* takes a very judicious view of the entire matter, and practically endorses the stand taken by the medical profession.

There are six cardinal points which physicians say must be carried out before they accept the Bill:—

1. The patient is to have free choice of his own doctor. As this is in the interest of the patient more than the physician, *The Spectator* states this should receive the hearty support of the general public.

2. The doctor must be free of friendly society control. This, in the language of *The Spectator*, is absolutely vital to the medical profession, as the Bill proposes to convert friendly societies from voluntary organizations into state agencies.

3. The wage limit should be £2 for those insured. This the journal considers too moderate.

4. The medical profession should be adequately represented on the health committees. It doubts if the medical profession would obtain any real value from this concession.

5 and 6. That the medical profession determine the method and rate of payment in each district, with due regard to the duties performed. *The Spectator* considers it would be better for the profession to say: "Unless you pay us at such a rate as we consider adequate, we will refuse to work."

*The Spectator*, after having given considerable thought and consideration to this Bill, believes that the doctors under the new régime will be worse off than under the friendly society control as at present, and goes further and says flatly that the whole idea of any compulsory scheme for insurance against temporary sickness ought to be dropped.

## News Items

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THE *Physician's Business Journal* of Philadelphia, has discontinued publication.

THERE are 512 medical students registered this session at Toronto University.

THERE have been over 8,000 persons killed in Canada in the past four years.

THERE are 45 patients undergoing treatment at the Ste. Agathe Sanatorium, Quebec.

THERE are said to be between 700 and 900 cases of tuberculosis amongst the school children of Toronto.

THE spread of smallpox in certain districts of Quebec is causing the Board of Health considerable alarm.

CANCER is still increasing in Ontario. In 1908 there were 1,348 deaths; in 1909, 1,597.

DR. J. M. ELDER, Montreal, is now Assistant Professor of Surgery and Clinical Surgery at McGill.

DR. D. D. MAC TAGGART, Montreal, has been appointed Professor of Medical Jurisprudence at McGill University.

DRS. WALTER MCKEOWN and F. A. Cleland, Toronto, attended the meeting of the Clinical Society at Philadelphia.

THE deaths from tuberculosis in Ontario show a decrease in 1909, the number being 2,380. In 1908 there were 2,511.

DURING the last few months S. Hanford McKee has made upwards of 150 examinations of conjunctivae at the Montreal General Hospital.

IN the month of October there were 219 cases of diphtheria in Toronto; the typhoid fever cases numbered 55 against 80 for the same month last year.

ACCORDING to the fortieth annual report of vital statistics for Ontario just issued there were 54,465 births, 22,366 marriages and 32,628 deaths in Ontario in 1909.

DR. J. ALEX. HUTCHINSON, Montreal, has been appointed Associate Professor of Surgery and Clinical Surgery in McGill, with a seat in the Faculty of Medicine.

A BRANCH of the St. John's Ambulance Association is to be established in Montreal. The Canadian Branch is now giving first aid instruction to 3,000 persons.

DR. W. H. B. AIKINS, Toronto, has returned from Paris and London. In the former city he spent some weeks with Drs. Wickham and DeGrais, at their radium laboratories, and also at the Radium Institute, London.

Two hundred and thirty-two deaths have occurred in Toronto from tuberculosis since the first of January. Between four and five hundred tuberculosis cases are now registered with the Department of Health.

DR. CHAS. A. HODGETTS, Medical Adviser to the Canadian Conservation Commission, has returned from Europe where he attended the Congress on Infantile Mortality at Berlin and the International Hygienic Exhibition at Dresden.

NEXT April Lt.-Colonel J. A. Grant, Toronto, will be transferred to Halifax; H. R. Duff will come to Toronto from Kingston; C. W. Belton, London, will go to Kingston, and Foster, of Halifax, to Quebec.

JANE P. SPROULE, M.R.C.S., L.R.C.P. Lond., who has been studying oto-laryngology in Vienna and London for the past fifteen months, has begun practice as a specialist at 47 Grosvenor Street, Toronto.

TORONTO'S filtration plant begun two years and one-half ago, is completed. It cost \$1,250,000 and covers 17½ acres. It has twelve filters and the capacity of the filters is 50,000,000 gallons in 24 hours. The process is one of slow sand filtration.

THE new home of the Academy of Medicine, Toronto, was opened on the 26th of October. The President, Dr. N. A. Powell, and Mrs. Powell received. A large numbers of members, wives and friends were present.

DR. N. H. ALCOCK, Professor of Physiology in the University of McGill, advocates an Institute of Physiology in connection with the university. He states the cost would only be \$25,000 and the yearly maintenance about \$4,000. He believes such an institution could do much in reducing infantile mortality in Montreal.