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INDEX TO CONTENTS

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WESTERN CANADA MEDICAL JOURNAL

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ORIGINAL COMMUNICATIONS

A NEW TREATMENT FOR CANCER

BY

T. UNDERWOOD GRAY, L.R.C.P. and M.R.C.S. (Eng.)

LONDON, ENGLAND

About thirteen years ago, I had a case of cancer occurring in a very old friend. The breast was removed and there was recurrence in the liver, and the constant sight of my poor old friend in the agony which even morphia could not entirely subdue, so affected me that I determined to watch cancer very closely, for it seemed to me that the Deity would not allow such an awful disease to exist unless He had given us the remedy. Consequently I started with the firm belief that the remedy existed.

It is not an uncommon occurrence to find in nature the remedy for a disease growing in the very district in which the disease is most prevalent. This is manifested very clearly in the case of rheumatic fever and rheumatism and the willow tree from which we get those remedies salicin and its compounds, so powerful in controlling these two diseases. Again, malarial fever is very common in the valleys of the Andes, and such like situations where the cinchona tree from which quinine is obtained is

equally prolific, and, coming down to a much more homely example it is a common saying in England "where the nettle is, there close handy the dock leaf grows."

For some years I followed up every case of cancer I could hear of in order to find out if there were anything characteristic or peculiar about the disease, more especially whether it seemed to occur in one situation or district more than another. My researches had been going on for about seven years when I came to the conclusion cancer was more common in certain particular districts. I was not alone in forming this deduction for a celebrated medical man, Dr. Haviland, had just then brought out a book in which he had gone further, and his experience shewed, as did my own, that cancer was more prevalent along the course of streams subject to flood than anywhere else. As I followed up the subject still further, I found cancer cases occurring in houses situated on the tops of hills and in towns which were not close to a river at all. This, at first, rather upset my theories, and those of Dr. Haviland also, but when I got the opportunity of examining these houses very carefully I found that the difference was more in theory than in fact. An exact similarity of condition obtained in the dwelling-places of those who lived by the river and of those who lived on high ground, namely, damp basements and mouldiness or low vegetable organisms consequent thereon or concomitant therewith beneath the floorings. This happened so frequently, I was compelled to admit the occurrence of the disease in that situation was not mere chance, and that this unventilated damp associated with mouldiness was not an accidental concomitant but the actual cause of the disease. Therefore the occurrence of what might be called sporadic cases of cancer, in districts other than the so-called cancer districts, was now explained.

Consequently, I searched along the course of the streams subject to flood for the remedy. My investigations led me to eliminate from the list of trees growing in those situations all except two, namely, the Willow and the Alder. I was acquainted with the fact that Sir Thomas Smith had made experiments with preparations obtained from the willow in cases of cancer and had not been satisfied with the results. I therefore turned

my attention to the alder as being the tree I wanted. The commonest type of alder in England is the *Alnus glutinosa.* I obtained some of the leaves of this tree and made a decoction therefrom and worked out a tentative dose; but it was eight years after my start in this research before I had the first opportunity of trying this form of treatment.

My first case was one of old carcinoma in the breast which had broken down and left a large tee-shaped wound running across from the axilla towards the middle line. The junction of the limbs of the tee occupied the place where the nipple had been. I gave this patient some of the decoction and asked her to come back in two days' time. Her report then was "less pain and better nights." Under an increased dose for a further two days she got the first good night's sleep she had had for twelve months without the use of morphia. This encouraged me to proceed, and the result after having treated close upon two hundred cases of cancer occurring in almost all parts of the body, has been of a most encouraging character, so much so indeed that I have no hesitation in recommending this drug to my professional brethren where soever they may be as another weapon against this dreadful disease.

It seems to me that it would be of interest to mention some of the more particular occurrence that have obtained in my cases during the administration of the drug.

Those cases in which there has been operation for removal of the breast, and recurrence afterwards in the neighbourhood of the cicatrix are manifestly of considerable importance, inasmuch as there can be no possible question as to the nature of the disease present. Here, there would be the usual recurrent nodules with thickening and discolouration of the cicatrix, pain and cachexia. Under the alnus treatment, by which of course I mean the administration of the decoction already referred to, the pain and cachexia disappeared gradually, the patient's strength improved, and after some period of time had elapsed the cicatrix gradually lost its discolouration and thickening, and reverted to the silvery line of health. The nodules when discoloured, at first were prone to take on a deeper colouration which gradually lessened again, and, whether coloured or uncoloured, diminished in size

until they disappeared entirely, or were so difficult to find that one could not be certain as to their former situation.

Primary cases in the breast have not so frequently come under my observation as they are generally operated upon as soon as diagnosed and consequently I have not often the chance of seeing them. Still, it has been my fortune to treat a few of such cases. All those in which the growth was in an early stage and not larger than a filbert nut, have yielded to the treatment fairly readily though, of course, the time taken has varied materially with the individual, and the situation of the patient's dwelling-house, etc. In cases of this type it was absolutely essential that the patient should not indulge in alcohol. At any rate, if the alcohol were taken it should only be in very small doses, otherwise the growth instead of being absorbed without trouble, had a tendency to break down and form abscess, a condition which naturally prejudiced the patient's recovery.

In breast cases occurring in the aged, the pin and cachexia disappeared but the growth was rather rendered dormant than removed, diminishing very slowly indeed, although the patient's health and strength was improved very considerably.

In cases of cancer in and about the pylorus, the pain and cachexia were also removed very rapidly and where there was not actual or complete obstruction, the emesis gradually lessened till it disappeared. In one case, a man of sixty-four, the pain ceased, the vomiting, instead of being of weekly occurrence, took place at gradually increasing intervals until it finally ceased. He put on about two stone in weight and instead of being obliged to have nourishment only, he became able to take ordinary food, although of course he had to be careful about mastication and avoidance of those foods which would produce indigestion in a healthy person. In cases of complete obstruction where gastro-enterostomy had been performed, after convalescence from the operation, pain, and emesis was apt to recur. When this was the case and the patient was put on the alnus treatment the pain and emesis disappeared together with the cachexia and the patient was restored to health more rapidly if anything than in those cases where there had been no operation.

Where there was cancer of the œsophagus with complete occlusion and gastrotomy was performed, in one case the patient was put under treatment even before the wound had healed as he was reported to be losing ground and strength. The result was that he gained weight steadily week by week and in about a month's time was able to be up and about.

In cases of cancer of the rectum where in colotomy had already been performed, the pain and cachexia disappeared, the discharge from the anus lost its offensive character and ceased to shew any sign of hæmorrhage. The usual jelly-like substance was present but sooner or later in most cases some black foul-smelling clots or sloughs were passed with a tendency to rigors and loss of tone and occasionally some diarrhœa from the colotomy wound. This generally required addition to the treatment, varying with the case, the addition being either salicylate of bismuth or small doses of hyd. c. cret. and reduced iron (or of Donovan's Solution which can be used where the patient cannot take pills) or some other internal antiseptic.

In tongue case, where there was recurrence in the stump after operation, with continuous pain and little or no sleep on account of the suffering, the first result was disappearance of the pain, the second lessening of the growth which broke down into a peculiar white pus unlike any pus I had ever seen before in appearance, thick and curdy more like sebaceous matter than anything else. This pus of course had a tendency to trickle down the patient's throat and set up diarrhœa, necessarily of a septic type. This diarrhœa was generally readily controlled by the administration of salicylate of bismuth. In another case where the cancer of the tongue was so advanced as not to admit of operation, the pain lessened much more slowly. The growth developed seed-like masses of a yellowish colour about the size of small peas, which masses erupted discharging a similar kind of white pus. This condition in some cases was more readily brought about by using a weak solution of liq. hyd. perchlor. as a disinfecting mouth wash, or a weak solution of asparagin, but the solution has to be very weak in both cases. Where there were secondary growths in the neck, these growths broke down and formed abscesses containing pus of a similar character. These

abscesses were often deep-seated and apt by pressure effects to cause thrombosis if not opened early. In primary cases of a very early type in the tongue, the disease has disappeared entirely under the continued administration of the alnus but if the growth is as large as a pea or larger time is saved by removal or enucleation of that growth by operation and then putting the patient under the treatment, when health is restored.

In recurrent sarcoma of the superior maxilla after removal by operation, the pain in a case I had was controlled but the danger is the constant swallowing of the discharge, which is apt to set up a form of sepsis of such a character that it is difficult to control. In early recurrent cases after operation this trouble is not so manifest.

In a case of cancer in the anterior mediastinum, where there was pain, cachexia, dyspoea and sleeplessness consequent thereon, the prognosis being "only two months to live," the patient soon lost the cachexia and pain and in about a couple of months was able to take singer's inspiration and in six months was apparently quite well.

In cancer of the cervix, with extension to surrounding structures of such a character that operation was inadmissible, that pain so characteristic of cancer "the stab" was the first thing to disappear. That other pain, the "rheumatoid ache," almost invariably present was not so easy to get rid of, while the cachexia disappeared fairly early in the case. If the alnus was pushed and mucin given at the same time, the result was separation of the growth with very severe hæmorrhage, so much so that the patient's life was endangered. This hæmorrhage was controlled by the addition of the liquid extract of ergot to the medicine. This condition, however, could be avoided by giving the alnus in small doses and not giving the mucin if on administration pain was increased by it. The effect of giving the alnus in small doses was that the patient became saturated with the drug more slowly, the disease was slowed rather than suddenly stopped and the growth broke and came away piecemeal in the form of small foul-smelling black sloughs, instead of one huge mass, with little or no hæmorrhage and consequently much less danger of collapse. Here, of course, there was more tendency to sepsis. An

antiseptic douche helps to control this, but it is necessary I find to give small doses of hyd. c. cret. and reduced iron once a day when the temperature shewed need of it or there were any rigors. In these cases, when the rheumatoid pains were prominent, I have found both they and the septic symptoms are controlled by very small doses of Donovan's solution given with the usual directions on a full stomach.

In a case of inoperable malignant growth at the base of the neck a little below and to one side of the thyroid cartilage occurring in a person of advanced age, the pain and cachexia disappeared, the growth diminished and ceased to give trouble and the general health improved in a way quite remarkable in one so full of years.

In conclusion I might mention that the particular type of alnus I used was the *alnus glutinosa*. I had a decoction or liquid extract made from the leaves in which one pound weight of leaves was equivalent to one hundred and eighty ounces of the decoction. For keeping purposes, it had to be concentrated and spirit added, when I called it *extract. alni liq.* I have tried other preparations, for instance a decoction made from the bark and also the old pharmacopoeia preparation made from the *alnus niger* but cannot report good results from them. The doses used have varied from one drachm to two ounces given three times a day.

*EARLY OPERATIONS FOR CANCERS AND TUMORS

BY

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LITCHFIELD, MINN.

One of the most disagreeable propositions which confronts a surgeon, and one that is by no means rare is an inoperable cancer or other tumors.

How humiliating it is to a surgeon to say to a patient "nothing can be done" and yet how often we are obliged to make this very remark. The first question that arises is. Who is to blame for this frequent condition? The responsibility very often rests with the patients themselves, who through the dread of an operation, fear of an anesthetic, careless indifference, or disbelief in surgical skill, conceals their conditions until they have reached an incurable stage. There are cases in which there is no hope from the very beginning, but these cases are exceptionally rare. When, however, a patient consults his family physician for an ulceration of a growth that excites his alarm and he is lulled into a false security by the advice received, then the Doctor is at fault, and the blame for the delay and even death must rest with the physician giving such advice.

Our observation, however, has been that in a very large proportion of the inoperable tumors, the responsibility rests with the individuals themselves. When questioned regarding the neglect to seek advice sooner they usually give the following reasons:

1st. Fear of an anesthetic.

2nd. Fear of the knife.

3rd. Belief that these conditions frequently recur after operations with the knife.

4th. Belief that cancers and other tumors can be drawn out with a plaster.

5th. Disbelief in surgical skill.

Now first, fear of an anesthetic.

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*Read before the Crow River Valley Medical Society.

Many people dread the ether or chloroform more than they do the operation. In this class of patients if they present themselves while the tumors are still small, a very large proportion can be removed under local anesthesia, and it need not interfere with their ordinary vocation.

Many good surgeons will not use cocaine anesthesia because they think it dangerous. I believe this to be an error of judgment, I have made several hundred operations with cocaine anesthesia, and several years ago reported a hundred operations using that drug locally. In all these operations I have never had any acidents or seen any untoward symptoms attributable to the cocaine. If we could teach the people that nearly all small tumors could be exterpated under a local anesthetic the first objection to an early operation would be removed.

2nd. Fear of the knife.

I believe that the fear of cutting has descended to us from the time when it was necessary to operate without an anesthetic, when it was necessary to strap the patient upon the table and make the operation, the time when hemorrhage was controlled by the red hot iron or boiling oil, etc. It will take generations to overcome that fear.

4th. As to the belief that cancers can be best removed with a plaster of some kind.

This method is a relic of surgical development and at one time was considered favorably by the profession. But as it is painful, uncertain, and unsurgical from the standpoint of advanced surgery, leaves disagreeable and unsightly scars, and has fallen into the hands of quacks and advertizing grafters, it has been tabooed by the regular profession, and rightly too.

5th. Disbelief in surgical skill.

This is only seen among the older people in the community, the foreign element and among the ignorant. Clean and thorough surgery, better equipment, and better knowledge will do away with this disbelief.

We now come to that proposition, the physicians responsibility in this matter. Why do many physicians frequently advise patients to wait developments?

It is probably:

1st. A skepticism on the part of many members of the profession as to the value of operative measure in the treatment of tumors and especially cancers.

2nd. Uncertainty of diagnosis.

We will take up scepticism on the part of the profession.

This is to a certain extent justified by the great number of cases in which even now, in spite of the care and thoroughness on the part of the operator, recurrence and death follow the operation. As I said before, there are cases which seem doomed from the very start and operative procedures seem to be of little or no avail, but these cases are rare. In a very large per cent. of the failures, the cases are referred to the surgeon too late, infection more or less general has already taken place. A few of these failures are due to the incompetence of the operators, who for instance, will amputate a breast without removing the glands in the axilla or remove an epithelioma of the lip without examining the glands under the chin and jaw.

I saw a case only a short time ago, a man with cancer involving the lower lip and all the glands and tissues under the chin and jaw, I had refused to operate upon him, so he went to the city to find a specialist, he found one who guaranteed to cure him for $150.00, the lip was removed and the edges brought together nicely, he was told that the hardness under the chin would disappear in the course of a year, it did, but it was under the ground. I saw this case when the epithelioma was the size of a pea and advised its removal, but he would not have it done, and said, "You doctors always want to be cutting somebody."

Thta cancers and sarcomas can be absolutely cured by operations all practical surgeons can certify. I myself have had numbers of cases. One case I recall of sarcoma of the testicle, the tumor was large and had the appearance of a tubercular testicle, and after removal recurred in six weeks in the stump of the cord. Finding by microscopical examination that the tumor was a sarcoma, I made a most thorough operation, taking half of the tunica vaginalis and scrotum and amputating as much of the cord as I could secure. The patient entirely recovered and lived for years. Another case of sarcoma, of the upper end of the

tibia in a boy in which I amputated in middle of thigh, the patient entirely recovered and is alive to this day, although the operation was made 20 years ago.

These cases were not operated upon early. There can be no doubt, whatever, that in all varieties of cancers and sarcomas thorough operations are not infrequently followed by radical cures, and that the number of these cases could, be enormously increased could the surgeon get them early enough.

Another factor which has to do with the delay in operating of these patients, is the uncertainty of diagnosis. There is frequently considerable difficulty in making a diagnosis in certain forms of tumors and cancers. And the surgeon frequently underates the difficulties of diagnosis experienced by the general practitioner. These difficulties are many. It is often times extremely difficult to diagnose milk cysts of the breast from scirrhus of the breast in the early stage, the former does not need an operation but the latter certainly does.

I once removed the breast of a woman which upon examination proved to be only a milk cyst. But how much better it is to err in this matter occasionally than to diagnose the condition a milk cyst and find when too late that we have to do with a cancer. Tumors of the body of the uterus are another source of error. They are frequently diagnosed subinvolution, and treated for such when in reality it is cancer. The beginning of cancer of the rectum is frequently mistaken for piles. Beginning cancer of the stomach and liver is frequently diagnosed dyspepsia.

I have had two cases of gummy tumors of the forehead that were mistaken for cancer, and an attempt made to remove them, the first with a plaster and the second with a knife, recurrence took place immediately, and their cases given up, and they fell into my hands, when the tumors were large and had a fungoid appearance. Being on the forehead I suspected syphilis and put the cases upon large dosese of Iodide of Potassium, and they immediately recovered.

I have seen sarcoma of the upper arm mistaken for osteomylitis and the same condition of the knee mistaken for tubercular trouble. Tumors of the orbit are usually malignant, but I cut

down upon one above the eye and found it only a hard lobulated fatty tumor. I had informed the patient that it might be necessary to remove the globe. It healed up nicely and the eye which had been pushed forward and downward returned to its place. Sarcoma of the nose is often mistaken for polypus. Glioma of the eye-ball is often mistaken for glaucoma and valuable time wasted by making an iridectomy. Ulceration of the cervix may be simple, cancerous or syphilitic, and these cannot always be diagnosed by scrapings under the microscope.

I saw one case in which the attending physician had made a diagnosis of cervical cancer and this diagnosis had been confirmed by the microscope in the hands of an expert. An operation was proposed for the removal of the uterus, but the patient would not have it done. She fell into my hands and I confirmed the diagnosis of her physician, but having at one time treated her husband for syphilis, I thought I would try it on her which I did with the most astonishing results, in six weeks the patient was well and I had to admit that I was mistaken in the first diagnosis, it was syphilis.

There are many ways for physicians to err in diagnosis but I think that the greatest error one can make is to allow any tumor to get into an inoperable condition. It is far better to amputate a milk cyst breast occasionally than to let even one woman die of cancer of the breast.

Those scabby spots of the face and hands of old people can be easily removed by the application of the X-ray.

In speaking of the X-ray I very rarely propose this form of treatment except as stated above but always advise the removal of all tumors with the knife and then if necessary apply the X-rays afterwards.

In conclusion I would advise the early operation.

1st. Upon all external tumors.

2nd. After a thorough examination a vaginal hysterectomy in all ulcers of the cervix should be advised, by a thorough examination I mean a microscopical examination of the scrapings.

3rd. Advise an early exploration of the stomach and liver. Exploratory operation do not kill while cancer of the stomach never lets up.

4th. In all doubtful cases the profession should use their influence in favor of an early operation.

The cure of many cases of cancer lies in the power of the profession. The danger of an early operation is trifling in comparison to the danger of delay.

*PRESENT STATUS OF TREATMENT OF URETHRAL DISCHARGES

BY

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WINNIPEG, MAN.

Affections characterized by urethral discharges may be classified and their treatment outlined as follows URETHRORRHOEA. Here we have no local lesion, the colorless viscid discharge being merely an excess of normal secretion. Treatment is to be constitutional, light diet, cold sponge baths, freedom from sexual excitement and avoidance of the pernicious habit of stripping the urethra.

Traumatic Urethritis.

(a) Instrumental:—When instruments have to be passed, urethritis is best avoided by the skilful use of clean instruments properly lubricated and warmed (to body temperature as a rule) preceeded by cleansing the glans and by antiseptic urethral flushing of a weak silver nitrate solution both before and after intrumentation. It is well to administer benzoic acid and urotropin internally for a few days preceeding.

(b) When due to External Trauma use soothing irrigations and pass sounds to preserve the urethral caliber.

(c) Irritating injections or irrigations are every-day causes of the urethritis that they are used to cure. Local treatment is to be stopped and general measures followed such as, rest in bed, hot sitz baths, laxatives and a milk diet, evaporating lotions may be applied if there is marked swelling. Later on mild astringent measures may be needed to combat the resulting catarrh.

Irritative Urethritis. The ingestive and diathetic forms are treated by removing the cause. Oxaluria and phosphaturia unles corrected make many urethral discharges incurable. Erethismic urethritis requires sexual sedatives and the avoidance of sexual excesses and of ungratified sexual excitement.

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*Read before the Manitoba Medical Association, 1909

Eruptive Urethritis is most commonly seen as herpetic urethritis, the diagnosis and treatment being outlined by seeing the characteristic eruptions elsewhere.

Mechanical Urethritis is most comonly due to stricture, less frequently to polyp or other localized lesion, a cure will follow removal of the cause, unless malignancy is present.

Concomitant Urethritis. Infection of any part of the urethral adnexa may cause urethritis, the gonococcus being the most common cause, if it can be eliminated the tubercule bacillus should be sought for.

Specific Urethritis.

(a) Simple purulent inflammation called by the laity 'strain' commonly subsides in a few days under any treatment that is mild, we see these cases every day in those who have a past urethral history.

(b) Syphilitic urethritis. The lesion causing this may be primary, secondary or tertiary. Give appropriate constitutional treatment and after the lesions have healed the urethral caliber, if diminished, must be restored.

(c) Tubercular urethritis is very rare except as part of a general uro-genital tuberculosis, treatment of the urethra is merely palliative.

(d) Chancroidal urethritis. Moist antiseptic dressings frequently changed, combined with a thorough cleansing of the ulcer twice a day with one gallon of hot permanganate solution gives a cure in from two to six weeks.

(e) Urethritis due to influenza, pneumonia, diphtheria and typhoid are treated constitutionally.

(f) Urethritis due to the gonococcus.

There are two lines of treatment which have been followed. The first consists in allowing the disease to pass the acute stage without local treatment, relying on general measures and only in the declining stage to use local remedies. Seeing many cases treated in this manner I am convinced of its fallaciousness, for it is surely bad surgical practice to allow a discharge to go unchecked, to allow the gonococcus to become deeply seated in the mucous membrane and follicles, to court extension to the posterior

urethra and adnexa, which happens in over 90 p.c. of cases treated in this manner.

The second method of treatment aims at the removal and destruction of the gonococcus, the inhibition of its activity and the lessening of its virulence by vigorous local measures, comprising injections, irrigations, or a combination of these, and at the same time administering general remedies and hygienic measures as an essential adjunct This is the modern treatment and has the endorsation of the large majority of genito-urinary surgeons. However, there are a few cases which are not benefited by this treatment and these are to be treated accordingly by general measures.

The abortive treatment by strong silver salts is here mentioned to be unqualifiededly condemned.

The principal medicinal and hygienic measures are:

1. Rest. In private practice I have yet to meet one patient who will consent to rest in bed, but I am satisfied that if this was enforced in the early stages of an acute gonorrhoea much good would result.

2. Cleanliness of the parts is of paramount importance, if the foreskin is redundent I advocate immediate circumcision. If this is not performed the dressing is to be changed every few hours and must collect and absorb the whole discharge, for if it is glued on and a few drops escape on its removal it is doing more harm than good. The use of rubber fabric gonorrhoeal bags is condemned for obvious reasons.

3. Avoidance of alcohol in all forms and of sexual excitement.

4. Light diet for a few days, diet to be increased as local symptoms subside. Water in abundance.

5. Diuretics if necessary e. g. pot. cit. grxx. three times a day in a glass of water and capsules of sandalwood oil, is m.x. at meal-time if the stomach does not rebel. The action of the oil is to be carefully watched as its administration is not witout danger.

Local remedies comprise injections and irrigations. Cases where the symptoms are mild and the anterior urethra alone is involved can sometimes be satisfactorily treated by injections of protargol ½ p.c. to begin with. Injections must be used warm after the patient has urinated and cleaned the meatus and should

be retained from one to five minutes. The amount injected must not exced the capacity of the urethra or there is danger of forcing the cut-off muscles and thus converting an anterior urethritis to a total urethritis.

As the discharges declines use astringents, e.g. zinc sulphate and liq. plumbi subacetat dil:

Irrigations. Having before made the statement that no one method of treating acute gonorrhoea can dogmatically be said to be the best, because of the varying skill of the doctor and the willingness or otherwise of the patient to obey instructions, yet, I am convinced that the best average results follow daily—or oftener—irrigations of warm potassium permanganate or nitric acid solution, given in increasing strength either applied by a large hand syringe holding 150 c.c. which is the instrument of preference in acute cases where the irrigations must be done very carefully to avoid injury to the denuded and swollen epithelium; or, by an irrigator of the so-called Valentine pattern holding three qurts and capable of being raised or lowered at will. The most acute cases are benefited by this treatment and if the requisite skill is used and time given the results will amply repay both doctor and patient.

For the efficient performance of irrigations by the so-called Janet or Valentine method the patient must first urinate, then the foreskin, glans and meatus is cleaned with absorbent cotton moistened with weak bichloride solution, the patient then reclines upon the operating table—after a few treatments he may sit up—selecting a return flow urethral nozzle of suitable size we gently irrigate the first inch or two of the urethra controlling the distance the fluid traverses with a scissors cut-off and gradually letting more solution enter each time till the cut-off muscle is reached, this will use 1½ quarts of solution, then raising the irrigator to six feet the cut-off muscle is relaxed with the assistance of the patient and the fluid passes over the posterior urethra into the bladder. When the patient feels like voiding urine he rises and does so and then he again has his bladder filled in the same way and retains it a few minutes before urinating. Practically one need not fear that an infection will be produced by continuity, on the contrary this method prevents its occurrence. Dur-

ing my first two years in genito-urinary practice I irrigated the anterior urethra alone unless there were indications of posterior involvement and found complications frequently, but, during the past three years I irrigate the whole urethra and bladder and have not had one single case of epididymitis in any patient that was obeying instructions.

If the discharge has not ceased entirely within six weeks the case is sub-acute, i.e. the stage of soft infiltrations, and instrumental treatment is indicated, which brings us to a brief discussion of chronic gonorrhoea.

In the treatment of chronic gonorrhoea the first step is to do a thorough urethroscopic examination, followed by examination of the prostatic secretion after a massage, for statistics show that over 66 p.c. of the cases of chronic gonorrhoea have prostatic involvement. As soon as the reaction incidental to this has quietened down, further exploration by a flexible bulbous bougie or a metallic bulbous bougie should be done to determine the presence of stricture, a very comon cause of urethral discharge.

It is impossible to give a diagnosis of stricture by passing an ordinary steel sound for the most obvious reasons, but the mistake is one of the most frequently met with and in the anterior urethra may be due to a narrow meatus, insufficient lubrication of the sound, or by having the sound boiled in tap instead of distilled water, for the hard water in Winnipeg makes a deposit on the sound that no amount of lubricant will prevent sticking and giving rise to a false impression; again, strictures are often diagnosed in the membranous urethra which are solely due to spasm. It is not to be forgotten that organic stricture never forms earlier than eight months after an attack of gonorrhoea and the average time is about three years after the gonorrhoea from which it results. Gradual dilatation of the stricture together with suitable treatment for the urethritis effects a cure.

Soft infiltrations are seen clinically in cases lasting over seven weeks, they occur in both the anterior and posterior urethra narrowing of the canal being very slight or practically absent. The treatment here is adequate dilatation at intervals of seven to ten days with a four-branched dilator, with irrigation of potassium permanganate daily or silver nitrate every third day in the

intervals, however it must be added that too much treatment will prolong the inflamation, one must be guided by the urinary tests, a cure usually results in six weeks.

About 66 p.c. of the cases of chronic gonorrhoea are accompanied by hard infiltrations, which are never seen earlier than three to four months following the original infection, these cases if not rationally treated may retain their infecting power over many years, here we often have a posterior urethritis, prostatitis, seminal vesiculitis and cystitis without any subjective symptoms which demand appropriate simultaneous treatment. The cure of hard infiltrations consists in dilatation, with irrigations between times to control the reaction, and the treatment cannot be hurried without grave danger. In chronic gonorrhoea accompanied by tight strictures treatment is the same, dilatation to be accomplished very gradually, instruments should not be passed oftener than every third day, many times not oftener than every two weeks; if dilatation beyond a certain degree fails internal urethrotomy may be done in the anterior urethra, non-dilatable strictures of the posterior urethra require an external urethrotomy.

During the past six months I have seen three cases of Papillomatus Urethritis, accompanied by the symptoms of a slight chronic gonorrhoea, this condition is diagnosed with the urethroscope, excision is followed by prompt cure.

Conjested or granular circumscribed patches wherever found with the urethroscope should be treated locally by means of an installating syringe or by applications directly through the endoscopic tube. Silver nitrate from 1 to 5 p.c. gives uniformly good results. Installations are particularly of service where there is a chronic, deep-seated patch and after their application the changing of a chronic process to an acute one producing hyperemia and exudate stimulates the active process of absorption and return to normal.

In gonorrhoeal Seminal Vesiculitis treatment of the underlying posterior urethritis and prostate is necessary.

Gonorrhoea of Cowpers glands is very rare, I have never seen a case, treatment here would be incision and drainage, with insertion of a permanent catheter for a few days to prevent fistula.

Gonorrhoeal posterior urethritis is often complicated with Prostatitis, here the treatment must be daily irrigations and dilatations every two weeks till the urethritis has subsided, then the prostate is to be massaged once or twice a week, then at longer intervals till the urine is free from pus and a cure obtained.

In gonorrhoeal Epididymitis the testicle is to be firmly strapped with adhesive and a suspensory worn, if this is efficiently done the pain ceases like magic and mild irrigations of the whole canal given once or twice daily to cure the accompanying posterior urethritis. I have found this treatment much better than the old way of rest in bed and hot applications.

In conclusion I wish to say that I have repeatedly demonstrated the gonococcus in the urethra where there was no visible secretion and where there had been none for several weeks and I am willing to accept the statement of Noeggerath who says that the gonococcus can exist in the tissues throughout the lifetime of the individual, and at any time under favorable influences the infection may light up into what appears to be a new and acute infection, or may transmit virulent infection without itself becoming manifest.

*PREVENTION OF TUBERCULOSIS BY BY MASSAGE AND ELECTRICITY

BY

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At the present I desire to place on record a few facts, as to the nervous system, which have been under observation for some years, and which I have delayed publishing until there was sufficient time for careful investigation. In October, 1898, I first ventured to direct attention to this subject, by a paper in the Montreal Medical Journal, on "The Alimentary Canal and Human Decay, in Relation to the Neurones," and followed by notes on "Electrolysis and the Nervous System," in the New York Medical Journal of September 14, 1907, publishing some data on the clefts of the axis cylinder, the cable of the nervous system, in hopes that connecting links, in the complex histogonetic process, may find complete solution in abler hands.

In tracing the supply of nerve structure to the various parts of the human system, it is remarkable, the extent and variety of distribution to the abdominal cavity, the very centre of reproductive and digestive power. The umbilicus is a storm centre as far as collateral influence of the nervous system is concerned. In this region, the solor plexus, approaches nearest the surface, through its many filaments, which in turn accompany all the branches given off by the abdominal aorta. It also interlaces with the nerve fibres of the phrenic, gastric, hepatic, splenic, suprarenal, renal, mesenteric, and spermatic plexuses, and Bastion favors the idea, that the sympathetic system of nerves, is to a certain extent, an independent nervous system, penetrating deeply by its roots, into the cerebrospinal axis, and its fibres conducted to, and from the viscera, along the course of the blood vessels. The peripheral ganglia, are dominated by a still higher regulating centre, in the medulla oblongata, in relation with the

*Read before Canadian Medical Association, Winnipeg, August, 1909

vaso-motor nerves. The sympathetic nervous system, is beyond doubt, to the front, as a central motive power. Gastro-intestinal debility, like many other source of weakness, has an initial stage of development. As a rule, it is slow, and progressive in character, but in time makes its mark, in an unmistakeable manner. How frequently the child attending school, has the morning appetite destroyed by unhygienic surroundings. Robert Hunter (Literary Digest, July 10, 1909,) states that 70,000 children were found in New York Schools underfed, and a much more numerous class of children chronically under fed, from food insufficient in quantity, poor in quality and lacking in nutriment. John Spargo in his *Bitter Cry of the Children,* after careful investigation states, that in New York, Philadelphia, Buffalo, and Chicago, of 40,746 children—12,121 or 34.65 percent. had gone to school breakfastless, or nothing more than bread, and tea, or coffee, a poor outfit for a day's work. Foreign nations, and the English in particular, have frequently debated, on the underfed school child. In April, 1905, Sir John Gorst applied to the British Government, the words of the Apostle: *They are ever learning and never come to a knowledge of the truth.* Royal Commissions, and departmental committees, on such social problems, cannot be favorably impressed, with the practical results. Poverty or want of food, is not the real trouble, but generally the personal or domiciliary hygiene of the poorer classes, careless mothers, unclean bedrooms, close and unventilated, late retiring hours, unsuitable dinners, neglect of the morning bath, hurried off to school, badly cared for, and frequently with an empty digestive organ. Such faults are not uncommon, and should be carefully guarded against. As to tuberculosis in child life, an important statement by Dr. Philip, of Edinburgh, at recent meeting British Med. Ass., Belfast, that of groups of school children, from 6 to 14 years of age, no fewer than 30 per cent, presented stigmata of tuberculosis, and that it is especially in childhood, that the tuberculosis seed is sown, and the ratio of increase is greatest, about the time, the child enters school life. The relatively airless condition of the home and the school, are important etiological factors, in the development of the White Plague. Aero-Therapy is a measure of widest applicability in tuberculosis, both

from a curative and preventative aspect, and we are only becoming alive to the vast importance of this great cleansing, and vitalizing principle which as a therapeutic measure, is attended by remarkable results, the outcome of one of nature's chief elementary products.

In the period of youth, the corner stones of future strength, and constitutional development, are placed, to build up tissue, possessing the elements of vitality. The brick and mortar of the system cannot be held together, while such irregularities in air and diet are in operation, during the developing period of mental activity. Within this Citadel is the seat of gastro-intestinal debility, the precursor of tuberculosis and, the outcome of intestinal auto-intoxication. Healthy blood is the very pabulum of life, but how long can blood, be life sustaining, under trying circumstances. The anxious expression, the exsanguine face, the feeble pulse, flabby muscular tissue, and inability to perform responsible duties, with ordinary activity, all point to a lowered degree of vitality, and a system a fit nidus, for the Bacillus Tuberculosis. The problem is, how can such be counteracted. Tuberculosis has a preparatory stage, the chief period for action. In the life history of such cases, great care should be devoted to the abdomen, as to whether or not, *a dilated colon* is present, the outcome of defective food assimilation, and the associate of a cleft axis cylinder. Professors Sherrington, of Manchester and McDonald, of Sheffield, England, by their researches, defined the Saline constituents of The Axis Cylinder. Poisonous Gases in the bowels, the outcome of imperfect, assimilation of food products, acting directly on these Salines, produce clefts, in the axis cylinder, arresting the process of healthy blood elaboration. Under such circumstances great benefit is derived from abdominal massage, *saponaceous* and *electric,* increasing the blood supply, and obviating the development of Tuberculosis, in its varied forms.

Sir Michael says in his Physiology, p. 122: "So long as the nerve is in a fresh living, perfectly normal condition the medulla appears smooth and continuous, showing no marks beyond the double contour; but in nerves removed from the body for examination, and according to some observers at times in nerves still

within the body, clefts make their appearance in the medulla, running obliquely inward, from the neurilemma to the axis cylinder. The clefts are spoken of as indentations. We may conclude that the changes, making up what we have called a nervous pulse take place primarily, and chiefly at all events in this essential part of the nerve fibre, the axis cylinder. Possibly it may also play a part, as an insulator in the electric phenomena. It is along the axis cylinder that the nervous impulses sweep."

These clefts are the chief factors in production of an imperfect nervous impulse, amply demonstrated, by the frequent defective, transmission, of the electric current, and this current reestablished, brings to light the fact, that the internal solution of conductivity, the highest order, in the transmission, in the axis cylinder, depends as to electrical phenomena, on the organic salts, which it contains, and the change evolved by electricity, the result of a dislocation of pre-existing discrete particles, restoring the continuity and conductivity of the medulla of the axis cylinder. The histogenetic action of the abdominal gangleonic nerve centres, is a complex problem, in the remarkable transformation, from food to blood. A broken electric wire, will not transmit an electric massage, nor will a cleft axis cylinder, convey a normal nervous impulse, the very basis of irregularity in blood making power. The remarkable results of abdominal massage, medicinal and electric, in gastrointestinal defective digestive functions, as well as marked increased general vitality, associated with rapid reduction of colon distention, give to this subject, a degree of attractiveness, unsurpassed in the domain of physiological enquiry, and most likely to be followed by, a lengthened lifetime, when entirely free from organic disease. The pre-tubercular period of a system, diagnosed, by the *entire absence* of low, rough inspiratory murmers, over one apex only, with feeble jerky respiration, earlier signs in fact, than those determined by precussion, and favored by a good family history, habits, and non-exposure to infection, with no active disease, but a well defined debilitated state of the system, the outcome chiefly of defective activity in the gastro-intestinal nervous structures, having in association a well defined dilated colon; this is the time for action keeping in mind, the strong opinion of Dr. J. A. Mil-

ler, Bellevue Hospital, N.Y., New York, Medical Journal, August 14th, 1909, "the diagnosis of tuberculosis is based on "no one symptom, sign, or test, but upon a careful correlation of all evidence, into a rational clinical picture."

Dr. Walsh of The Phipps Institute, Phil. defines a class of cases with diarrhœa enlargement of the mesenteric glands, abdominal pain, tenderness, rigidity in the region of the iliocæcal valve, as diagnostic of intestinal tuberculosis. In all such cases, the proposed treatment is contraindicated.

Directions for the Electrical Treatment:

1st. Moisten the skin of the abdomen with warm water, and a sponge, before applying the electrical current, to the space midway between the hip crest and the last rib, about three inches to the right of the navel; this application to continue about ten minutes. Afterwards pass the current mildly over the entire abdomen, for five minutes and dry the surface carefully, after each application.

2nd. Moisten each leg, from the knee to the ankle, and apply the current freely, for five minutes to each leg and dry carefully. The object in view, in the application of the current to the extremities, is to arouse increased nervous activity in the terminals of the sciatic and saphenous nerves, and their varied communication, in the pelvic and abdominal regions, accessories, to the remarkable histogenetic spaces, where is produced the very pabulum of life.

These applications will be repeated each day, at bed time, for two weeks, and repeated once or twice afterwards, each week, for three or four weeks, should any evidence of the weakness continue. No application of the treatment should be made less than two hours after a meal. Before the application of the electrical current drop fifteen or twenty drops of liquid antiseptic soap over the navel, and use vigorous massage for ten minutes, over the entire abdomen, with open hand, placed in warm water, and then dry carefully. This massage to take place before each application to the abdomen of the current. In no case where any form of paralysis is in evidence, should electricity be used as such is contraindicated. Close attention to diet and freedom from alcohol are important factors in the prolongation of life.

The following typical case, will convey an idea of treatment under ordinary conditions:

Revd. T. C. B., aged thirty-five years, usually of vigorous habit of body, and generally enjoying excellent health, until February, 1905, when loss of appetite, with a sense of lassitude and insomnia gradually supervened marked by incapacity for ministerial duties. About March, 1908, he experienced difficulty in digesting food, associated with a feeling of uneasiness in the stomach. No nausea or vomiting, but inability to sleep, for more than an hour or so at a time. No pain in stomach, but a sense of pressure, from accumulation of gas. Bowels confined, but responded to salines. Falling off in weight 20 pounds in three months. Feeling of depression and languor. Tongue coated and frequent eructation of gas. Little desire for food, and only for liquid material, drinking largely of water. Urine normal, also the reflexes, with marked distension of colon.

On July 20, 1908, he was placed under daily electrical treatment and massage over the abdominal region, particularly the blood making ganglionic centres. At first the superficial cutaneous abdominal nerves responded indifferently to the electric current, but after the fourth application the sensation became quite acute, and continued so, until the twelfth application, at which the entire nervous power, and tone, were quite restored. Gradually the digestion became active and vigorous, and, as usual, attended by a return of normal mental equilibrium, marked also by regular and uninterrupted sleep, and reduced colon. Tongue quite clean, pulse and temperature normal, also entire reflexes.

August 13th: At present he feels quite restored in health and in every way equal to his usual duties.

As to medical agents, the only medicines used, were a preparation of phosphates for its effect on the nerve centres, a diminuative of pepsine, and a diastetic ferment for their influences in restoring digestive power.

As to remedial agents, the only medicines used, were Syrup of the Phosphates, to feed the nerve centres, Elexir of Latopeptine, to tone the alimentary mucous membrane, and Taka Diastase, a potent remedy, in failing digestive power.

Alcohol and Tuberculosis.

Jacques Netillon, a writer in the "Revue Scientifique," Paris 1, 1909, makes the statement, that tuberculosis is much greater, in the regions, where most alcohol is consumed, and that it is more frequent among saloon-keepers than with other merchants. The home, and the school, are interdependent, and Dr. Norman Kerr, of England, made the remarkable statement, that 260,000 deaths amongst children, below the age of five years, 65,000 due to intemperance. Under such circumstances, how important is temperance in staying the development of tuberculosis.

The highest aim of medicine is no longer cure, but prevention, and if by the method defined, a change is brought about in the blood elaborating centres of the system, to fortify it against the invasion of The Bacillus Tuberculosis, a grand object will be accomplished.

In conclusion the opinion of Coleridge, may not be out of place:

"Beware of condemning a new theory, for it may be the refraction of some great truth, as yet below the horizon."

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EDITORIAL

College of Physicians and Surgeons

We are pleased to note our remarks re the Councils of Physicians and Surgeons attracted the attention of Dr. Hutchinson—a member of the Manitoba Council—The mistake Dr. Hutchinson made was in thinking we specially referred to Manitoba. Such was not the case as we know that since the general profession of Manitoba has been represented by independent men each meeting has as he says been reported to every member. We hope the members of other Councils will follow this good example. However, medical men in Manitoba who are also registered in Saskatchewan and Alberta so far, do not receive reports—even the dissolution of the College of Physicians and Surgeons of N. W. T. has not been duly reported to these members. There may be some good explanation. We shall be glad to hear it. However, we still think that every Council has members who are not awake to their responsibilities as stewards of the honour and interests of the profession. One cheering point is to be noted that more and more the medical men in the Dominion are taking much greater interest in the work done by their Councils than was the case some years ago.

A good question for each Council to answer at the end of its term is: What has it done to further a more generous recognition for the profession from the public and the state and to further that union within the profession without which it is impossible to win for medicine that influence in the Councils of the State that rightfully belongs to it—rightfully in the interests of the public and rightfully in its own.

Medical Health Officer

We have always advocated the necessity for the position of Medical Health Officer being a permanent one—for life or good conduct—and so rejoice to see from some correspondence in the Moose Jaw press re the appointment of a health officer that the public are

taking the same view. A rate payer writes: "Let us hope in the near future to see a tactful experienced officer appointed for the city and one who will do his duty without fear or favor irrespective of person or position."

International Standard in Medicine

Recently in a paper written by Mrs. Robb, the Superintendent of Nurses of John Hopkins University hospital—an international standard of education for Nurses was advocated. Those whose desire is the true welfare of our profession look forward with hope to the time when an International Standard of Medical Education will be arranged. The reasons given in favour of such apply equally well to the medical profession—That nursing was an art that should admit of only one way of caring for the sick—There was one right way not half a dozen—not one peculiar to Great Britain, another to Germany, another to France—That to find that right way, and put it into practice should be at the basis of all nursing organizations—Nursing was an art that should be practically the same all the world over. In its practice it was without creed, or country governed by the same laws for rich and poor. Instead of nursing we have only to substitute medicine to agree. Here is a work for the International Medical Association—to arrange a standard of medical education which should be the outcome of the combined wisdom, experience and deliberations of the medical councils of all countries.

CORRESPONDENCE

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We do not hold ourselves responsible for the opinions of our Correspondents—Editor.

To the Editor of the Western Canada Medical Journal.

Dear Sir,

In your issue of January 1910, you make by way of Editorial some comments on the supposed silence of the Council of the C. and P., of Manitoba. You say "Why this silence." "Let them give an account of their stewardship as other representative bodies do." "Specially should there be a clear statement of the finances and how they have been used so that members may know if every use has been an authorized legal one." As a member of the Council I am very much surprised indead that the Editor of such an influential journal should apparently have been asleep for so long—regarding the doings of the Council. Let me say that at the very first meeting of the council to which I was elected over two years ago. I introduced a motion (which carried) to the effect that the minutes of every meeting of the council should be printed and a copy sent to every member of the profession in the province. Since then I have regularly received a copy of said minutes after each meeting through the mail. These reports each year included a complete financial statement in detail. I have no doubt that Dr. Gray, the registrar, carried out the spirit of the resolution. If so you, Mr. Editor, along with every other doctor received full reports up to date, back of the ordinary meetings and of the annual meetings with financial reports attached. Is it possible you threw them into the waste basket and now complain that the Council is keeping silent?

In a previous issue a member of the profession calls on the council to explain why it does not compel delinquent members of the College to pay up their arrears.

In the same issue you, Mr. Editor, referred to the undignified position the Ontario Council was in, in seeking the aid of the law to compel members to pay their annual dues. Personally, I think you are right. The Manitoba Council has repeatedly called on these members to pay up. Many have done so. Some have not. In the meantime each one of these is prevented from voting for councillors and from being candidates themselves. So far, the Council has not thought it wise to go to law against these brethren.

The same writer objects to the abolition of the annual fee of $2.00 after January 1st, 1910. As, in the past it was found very different to collect the fee from many, making it unfair to those who do pay, and as the effect of such fee was to keep a large part of the profession from taking that active interest they should take in elections, by by depriving them of votes I was one who very gladly seconded a motion to abolish the fee entirely or in other words to insist that every one be required to pay it, but in advance by addition to the registration fee. The Council would then be able to collect it very easily from every member entering the College after

January 1st, 1910. Payment would also confer the franchise on such member without worrying him each year for $2.00.

It is also hoped that this action will induce all delinquents to settle arrears and become full active members, knowing that once having paid up there will be no further demands. It seems to me that the only effect of this $2.00 bylaw was (1) It was not paid except by a very few and (2) as a result it deprived the great body of the profession of the franchise leaving the management of the College in the hands of a very few, a most undesirable condition.

J. N. HUTCHISON.

EXTRACTS

As to Preventative Medicine

One of the dominating facts which should ever be kept in the medical mind is the indisputable one, that the public has become affrighted to such an extent, on account of the almost daily ventilation of preventable diseases in the lay press, that a proper appreciation of those diseases which can be prevented,—a clear line of demarcation between what diseases should be considered and what not,—is almost lost sight of. This is mentioned with considerable emphasis because, if we have read aright, the authors of the articles deem the co-operation of the public absolutely necessary to the carrying out of reforms which shall benefit all mankind. Here it would be well to pause and ask the questions, How can a public that has absolutely no training in scientific medicine be other than frightened, when certain truths are thrust upon it in such a way that they really amount to so many reprimands because scientific medicine has not been its best asset? and, Is fright the proper preparatory condition for a sane digestion which shall differentiate between what is momentous and what is unworthy of consideration? Psychologists who are so thoroughly wrapped up in other subjects should take note of this, lest some day, one, who is not so well versed in their science, will arise in our midst and proclaim a new discovery founded on the obvious failure of the education of the masses in the matter of preventable diseases.

It is in no spirit of frivolity that we approach so momentous a subject as that of how best to prevent the spread of disease. Education on the right lines would mean much, but to profit by it a preliminary induction into the intricacies of medical science is necessary. How many among us are valiant enough to undertake so thorough an education of the masses, that light would fail on all those darknesses which are cesspools for the furthering of certain affections? And without this enlightenment can anything be gained? Can the physician hope for mastery of the

problem, or even vanquish those prejudices which have been encouraged by a very limited education until they are characteristics that refuse to listen to reason?

Of a truth, in the majority of cases, an insistent course of education would be met in so rebellious a spirit that the results would be far from heartening. But what would be most discouraging for the physician to contemplate would be the generating of fear in connection with all ailments, irrespective of their claims to gravity. While there may be some good in this, in as far as a fearful state is less foolhardy than a fearless one—hence, is less productive of harm to others, it has its obverse side as well,—a side that makes of the individual a being obsessed by the fixed idea that only through the cultivation of fear can a perfect state of health be achieved.

Physicians who are enthusiastic reformers are often purblind to the limitations of the public as to its knowledge of medicine. Though they may, before they don the magic mantle of him who goes amongst the people to instruct, be cognizant of the stubborn soil before them, directly they join the ranks of reformers their enthusiasm carries them off their feet, so to speak, and what they really see is only the necessity of a thorough appreciation of their lessons. This is not always forthcoming, but while others less ecstatic would be discouraged, their buoyancy never forsakes them. But, let it be said aloud, many of their wise words fail to take root, since there are more obstacles arising from a state of ignorance than these mariners in our unchartered social seas are willing to admit; and what with but a hazy comprehension of a medical subject, is it far fetched to conclude that the only outcome of all this earnestness is a feeble light, that struggles through the fuliginous darkness of a large number, and resolves itself into fear of the stern instructor, of themselves, and of all the people of their own class with whom they may come in contact?

Sanity—meaning the even balancing of things, the just estimate of their importance—is so necessary to the many instructions undertaken by physicians for the benefit of the lower strata of society, that its many absences can do naught but harm to the real worth of most movements which should be effectual

in bringing about reforms. Our medical philosopher, who deserts his usual haunts and abides for a short space of time among the masses to give them a share of his knowledge and learning, is no longer the stern realist of the lecture-room or the sick-room, but an idealist whose beatific state is not in the least affected by sordid surroundings. No doubt, he knows quite thoroughly the subject he has in hand, but does he also know how impracticable many of his thinly disguised scientific words are? Does he realize that co-operation is entirely out of the question where there are deep ignorance and want and the sort of landlordism that is supposed to be absent in this country, but is really quite widespread? Does he ever think, after one of his seemingly effectual visits, that his injunctions, but partly understood, have either been entirely neglected, or are misconstrued into something that can make only for the further bemuddling of those who live in rooms in which the walls are not covered with jasper? For these are questions which assail us every time an article on preventable disease appears in a popular magazine over the alluring name of a physician who has dexterously slipped the medical noose, and who loiters in literary paths of dalliance for the edification of the lower classes, who have neither the time, nor money, nor inclination, to read.

—*Interstate Medical Journal, Feb., 1910*

WINNIPEG CLINICAL SOCIETY

January 4, 1910.

Dr. Rorke in the chair. Dr. Herschmann presented a case of pseudo hypertrophic paralysis, the subject being a girl seven years old, second child of healthy parents. She started to walk when ten months old, but at the end of the second year her people noticed that she was developing a weakness in walking and that she stumbled very often. Later, the walk changed into waddling and she had difficulty in rising up from a sitting or recumbent posture. She continued to get worse until she reached the condition now exhibited. The vertebral column was strongly curved and lardosis was present, but when she was sitting down the lordosis disappeared showing that it was not fixed in the vertebral column, but only produced by weakness of the muscles. When the patient walked along she extended her arms to keep the body in balance.

Dr. Rorke—"Is there any disturbance in the sensory funtion?"

"No, there is no disturbance of the sensory function. Her teacher has remarked that she is very bright at school."

"Have you noticed any fibrillar twitchings?" "None."

"Is there any atrophy of the muscles around the shoulder girdle?"

"It looks like it because there is very little power. There is no difficulty in co-ordination."

Dr. Lehmann presented a young woman, occupation, stenographer, who had consulted an oculist about three eyars ago on account of suffering from considerable headache and vomiting, and also thought she did not see quite as well. The oculist diagnosed the trouble as primary atrophy of the right disc. Brain tumor was shortly afterwards diagnosed but she did not want anything done and kept on in much the same way. There was then no involvement of the face or cranial nerves, and the vomiting became much less. Her vision became much less until it was one fifth and she was totally blind on one side. When she was seen about three months ago, all the ocular nerves were paralysed and she had anesthesia along the face supplied by the fifth. The mucous membrane of the mouth was anesthetic, but the muscles supplied by the fifth were not affected. There was no vomiting at that time but considerable headache. A large decompression operation was done and a tumor was found in the place expected. A large protuberance of the brain now showed underneath the scalp. At the present time she had 25-30 vision in the left eye.

Dr. Hunter—"Is the upper facial nerve involved?"

"The left facial is paretic but the upper portion is almost normal. Since the operation her vision has materially improved."

Dr. Hughes presented a case of psoriasis in a young man. The condition had been bad all last year but had completely disappeared last July. As a result, howevr, of Christmas indulgence it had returned to some extent. Another patient whom he had intended to show, but who was unavoidably absent, was interesting as presenting a condition on the border line between psoriasis and seborrhea.

Dr. Herschmann presented ayoung man, 25 years of age, carpenter by trade. He had suffered from worms, averaging in length from one half to six inches. He had never used medicine for constipation, and his stools had always been good. Since September of last year he had noticed evacuations of mucous substances about eight times daily, without pain, red in color. He had never had typhoid or venereal disease. He drank every day, but not to excess, and smoked. Examination of the abdomen showed resistance on the left side. The resistance appeared greater after he had

partaken of vegetables. There was some pain on the left side which disappeared as soon as the bowels moved. About the middle of December he discharged a long brown colored string, about four feet in length, coverd with white mucous, and the next day he discharged a piece in the from of a cone, with a cavity in the base. (Specimens of the discharges were exhibited.) The patient was not all nervous. A proctoscopic examination was made.

Dr. Halpenny showed photographs of a girl before and after operation, for the removal of a large nocvus. We simply cut the nocvus completely off, keeping about an eight of an inch from the mass itself. The head was shaved in the ordinary way and at the operation there was no preparation except when the child was on the table, the nocvus was well swabbed. It was skin grafted at once and the result was very satisfactory. There was no bleeding any more than caused by the ordinary incision in the scalp. The graft took without any difficulty and there was no suppuration, and the girl was able to leave the hospital at the end of about twelve days."

Dr. Rorke—"What was the nature of the vessels?"

"There was no difference at all from the ordinary vessels where the incision was made, and the mass itself we did not cut into. The nocvus enlarged with age and that was why the parents consented to an operation. It was practically hanging down over the corner of the eye."

Dr. MacKay—"I think Dr. Halpenny got through with the case very nicely. The only question in my mind as to this operation is that there is usually a good deal of hemorrhage, but in this case there was very little."

Dr. Lehmann—"I think it is a very nice result. In cases I have had I have found that if one keeps perfectly clear of the nocvus the vessels are normal. If one does that I think as rule there is very little trouble from bleeding."

Dr. Rorke—"These cases cannot be treated by electrolysis?"

Dr. Halpenny—"In a case with such a big mass I think you would be sure to get a lot of suppuration, or in any method of slow amputation there would be suppuration and a lot of cicatrial tissue."

Dr. Bond—"These large cases are far better removed surgically than by the electrolytic needle, but in cases where the mass is not too large it is better to electrolize them, because the result as far as the scar goes is not so evident in most cases."

Dr. Lehmann showed a specimen of a fibroid tumor of a submucous nature. There was absolutely no hemorrhage and the woman was not suffering in the slightest from menorrhagia. The only reason why she wanted it removed was on account of the inconvenience she suffered from its size. He also showed a sub-mucous poylpus in which case the hemorrhage had been enormous. He produced the two specimens to show that the same condition does not always produce the same symptoms in a fibroid. Both women were near the menopause: the one menstruating very slowly and the other almost continuously, and losing large quantities of blood.

Dr. Rorke—"Do these tumors have a tendency to defer the menopause?" "Yes, moderately so."

Dr. Whyte—"What is the effect of pregnancy on a fibroid? Does it grow faster or less during pregnancy?"

"I am not prepared to say, but I don't think it has very much influence, although I am open to correction there."

Dr. MacKay—"I think that if the fibroid is of any size and causing any trouble you don't often get pregnancy, and if you do, the patient goes on to abortion or miscarriage."

Dr. Monroe—"I think some obstetrical writers claim that the fibroid does increase in size during pregnancy.

Dr. Bond—"I was under the impression that the position of the fibroid was what carried most weight as to whether pregnancy should be allowed to go on or not."

With reference to the first case presented by Dr. Herschmann, Dr. Hunter said, "The case is very interesting and I suppose there is no doubt as to the diagnosis. One of the points that struck me was the entire absence of hypertrophy. Speaking from recollection is far more common in males. It is one of those conditions which tends to be transmitted through the female members. A healthy mother will transmit the affection to the males, the females escaping."

Dr. Sharpe—"Has hypertrophy ever been noticed in this case?"

Dr. Herschmann—"The father and mother noticed none, but it is now five years advanced and it is possible that some of the muscles were hypertrophic."

Dr. Young—"I remember a very marked case in a boy where the muscles were not so atrophied above and were much more hypertrophied below."

Dr. Lehmann—"I have seen five cases, four in girls and one boy."

Dr. Bond—"It seems that the older a patient is before the trouble comes on, the better chance there is of living, the process being arrested. When it occurs in young children the prognosis seems rather hopeless. There are two things to do: keep up general nutrition and ward off final atrophy of the fibres as long as possible."

Dr. Hunter—"How would you ward off atrophy?"

"The best way is by electrical treatment. Massage has some effect."

"What is the essence of the disease?"

"Fatty degeneration. There is no involvement of the nerves. It is a disease of the fibrilla. Till they all disappear you can stimulate what is left of the muscle fibers."

Referring to Dr. Herschmann's case of mucous colitis, Dr. Young said, "This is a very typical case and Dr. Herschmann is justified in asking for opinions as to treatment. Unfortunately these severe cases have resisted all kinds of treatment so constantly that it is hard to ask him to make any decision. The symptoms lead one to hope that a treatment of the intestinal canal itself would give some considerable relief. The string of mucous is about as good a specimen as one can see; I think perhaps the best I have seen. He might be put on the familiar treatment of a light diet for a short time and then a sudden change to a coarse one, which will act as an irritant and practically scrape the mucous surface into renewed activity, with the hope of throwing off the pathological condition. I think I would try that first: if not successful, the soothing effect of rectal injections of oil is I think very successful. As for surgical treatment, the only case I ever saw was in Guy's hospital, irrigation being done through a colotomy. There was a recurrence and I think this plan is not likely to be advised."

Dr. Kenny—"Dr. Young's opinion of surgical treatment I do not think agrees with recent American writers. I read recently of a series of six cases treated by irrigation: some by irrigation through the appendix and others by artificial anus and with saline, and good results were claimed, though for how long I am not sure. I have seen one case treated by artificial anus without irrigation, and six months after the man was free: whether this held good indefinitely or not, I do not know."

Dr. MacKay—"I think it is always wise to carry out medical treatment first in those cases and persevere with them by means of irrigation with different fluids. If the man's condition is not improving, he is miserable with a condition like that and surgical treatment is indicated, in which case, I think Lane's operation is the one: i.e., the removal of the large intestine. It is very radical but has been very successful in Lane's hands. The mortality I think is 35 p.c."

Dr. Sharpe—"Would you wish to undergo an operation like that?" "I believe I would."

Dr. Lehmann—"I must congratulate Dr. MacKay on his radical methods and on his courage. I think it would certainly be too radical a procedure in a comparatively harmless affliction."

Dr. Hunter—"The case certainly presents features quite uncommon, because that is not the usual type of patient. The usual type of patient is thin, anemic, with long narow chest, floating rib, and practically a neurasthenic of the worst type, and usually a woman. In regard to operative treatment I have not seen a case operated on yet and I don't think it has been done in this town. The man's whole apeparance certainly would not suggest the condition from which of course, he is undoubtedly suffering. He gave no signs of suffering, did he?"

Dr. Herschmann—"He has not much pain and could always accomplish his work. His weight two years ago was 180 pounds: at the beginning of December it was only 165 pounds and since the beginning of December he has lost two pounds. That may be important."

Dr. Young—"Another point is that vegetable matter is always undigested in the stool."

"No, not always. Cabbage is never digested. I have never found starch in the stool. The mucous is never of cylindrical form. It does not swim. That makes me hesitate as to whether it is mucous at all."

Dr. Hunter—"Does not one tend to get in these cases all varieties from the thinnest possible mucous to the almost fibrous looking tissues? I think it depends very largely on the length of time the mucous remains in the bowels. I think the operation is a trifle radical. One must take into consideration the central nervous system. You can have an irritable nervous patient and an apathetic nervous patient."

Dr. Rorke—"I think that normally in a good many cases the sigmoid is a little long, and it must become to quite an extent a right sided organ. I personally had a case about two years ago of a patient similar to the type described by Dr. Hunter: a woman. I regulated her diet and gave daily doses of castor oil, which produced very good results. The patient had had typhoid fever."

Dr. Richardson—"I had a friend—an athlete. I woud not say he was neurasthenic. He contracted typhoid and afterwards had mucous colitis. He came out West and kept his mind off the disease and went to British Columbia, and recovered without treatment."

Dr. Monroe—"In reference to Dr. Rorke's case: if we accept the theory that mucous colitis is due to some disorder of the central nervous system, how woud you explain the fact that such a treatment woulud effect a cure?"

Dr. White—"I think the treatment in the case under discussion should be similar to that outlined by Dr. Rorke. I think the castor oil has a very considerable mental as well as physical effect."

Dr. Herschman—"His bowels already move several times daily." Dr. Rorke—"Yes, but by administering castor oil you would flush him out thoroughly and perhaps remove the irritable condition which causes so many movements of the bowels."

Dr. Lehmann exhibited a skull in connection with a case of tumor of the brain which was interesting on account of the fact that prior to the operation one could so acurately diagnose the location of the tumor. The right optic nerve was primarily atrophic. All the ocular nerves, the second, third, fourth and finally, the fifth, were involved. The mucous membrane was anesthetic. There was no particular involvement of the brain, the psychic condition being perfectly normal. On cutting down, the tumor was found exactly where it might be expected and was easily the size of a

hen's egg. It was easily separated from the brain but was very firmly attached to the dura mater so that there was absolutely no possibility of removal. "How the paresis of the opposite fascia was praduced I am not prepared to say. In these cases the only thing one can do is a decompression operation so as to give room for the brain plus the tumor and one has to remove a good deal of bone. If one does not remove the dura mater there will necessarily be very little benefit. The dura mater is rigid enough to prevent expansion of the contents of the skull."

Dr. Bond—"Where would you operate in cases where you cannot localize the tumor?" "Remove a portion of the middle fascia."

Dr. Hunter—"There are so many cases absolutely blind that it is rather a disgrace to the medical profession unless operations have been urged, but there are cases where patients have gone absolutely blind before operations were urged. While agreeing in the main with the necessity for doing more operations, I think Dr. Lehmann is inclined to belittle the seriousness of the operation. I know of two deaths in the last three months out of probably not more than six operations."

Dr. Lehmann—"Even if there is a death, I think the results amply justify the means. I don't think most people value life very much if they are blind."

Dr. Hunter—"The function of a surgeon is not that of an executioner. What we want from the surgeons is a fair idea as to the mortality of results."

Dr. Sharpe—"Is the medical attendant absolved from responsibility in pointing out the danger? Is it not the duty of the medical man to share the responsibility in pointing out to his patient that these operations are serious? I think the responsibility lies equally with the physician and surgeon."

Dr. Rorke—"There are difficulties in the way of putting the matter very strongly. If you say it is dangerous, the probabilities are you will not get your operation."

Dr. Young—"I think that medical men as a rule give their patients to nuderstand that operations are not without danger, but the percentage of deaths does not matter so much as the percentage of saving a patient's life. If with an operation the chances of life are 25 p.c. and without an operation the chance of living is only 1 p.c. then the advice to have an operation is very good."

Dr. Bond—"I think the thing to do is to tell the patient squarely that if the codition goes on, in a case of brain tumor, he will go blind, and leave it with him as to an operation."

Dr. Whyte—"I disagree with this discussion. I think that if a man argues the matter out with his patient he is doing very wrong. He should argue it out with himself and come with his digested facts to his patient, and tell him exactly what he thinks is going to happen."

GENERAL MEDICAL NEWS

VITAL STATISTICS

Winnipeg. January

	Cases	Deaths
Typhoid	3	--
Scarlet fever	58	1
Diphtheria	4	--
Measles	56	--
Tuberculosis	13	2
Mumps	1	--
Erysipelas	3	--
Chickenpox	11	--
	149	3

Vaccinations: 2. Successful: 26.

Vancouver.	1909	1908
Births	1476	1245
Marriages	1389	873
Deaths	978	849

December—Births 66; Marriages 40; Deaths 60.

Edmonton.	(In City)	(Outside)
Typhoid	3	--
Measles	8	9
Erysipelas	2	--
Chickenpox	2	--
Scarlet fever	14	--
Diphtheria	3	--
Tuberculosis	--	1
Mumps	1	--
	33	10

HOSPITALS

The new General Hospital of Calgary is now open. It is said to be a fine building. There are 167 beds for patients, about 75 private wards. At an emergency the hospital could accommodate 200 patients. The building is equipped with everything needed to make the hospital safe and healthy. The cost has been about $150,000. The ambulance vestibule is in the rear and is so arranged that the ambulance can drive to the entrance and be closed in while the patient is being transferred to the elevator. No outside air reaches the patient when being taken from the ambulance to the hospital.

At the next session of the Legislature Assembly, application will be made for the amendment of the Edmonton Public Hospital Ordinance to change the method of the election of the Board of direction and the name of the hospital. The name is to be changed from the Edmonton Public Hospital to The Royal Alexandra.

The Cottage Hospital at Lacombe is expected very soon to be opened, free of debt.

With the extension of the Holy Cross hospital, Calgary will have two hospitals for the cure of the sick which would do credit to any city.

The payments made by the civic authorities for the maintenance of the General hospital during 1909 totalled $38,508.03. This amount covers payments of $26,314.80 made on the basis of 40 cents for every hosital day's treatmenpt given at the institution (Fairview Vancouver); a special grant of $10,000 to meet deficiencies and a sepcial allowance of $1190.23 for isolation hospital expenditures during the scarlet fever epidemic. The City's grant to the hospital for 1908 was $21,000. For the present year the Civic hospital grant will be based on the amount of work done at the institution.

The Saskatoon Hospital (a Civic one) was opened in April, 1909, and when the financial year closed in October it was found

that for these first seven months of its career, after paying liabilities and allowing $1,895.83 for deebnture, interest, $676.05 for sinking fund and $1405.50 as a provision for bad debts, the substancial surplus of $3,457.14 still remained in the Treasury. Including all icome and expenditure the average income per patient was $54.55 and the expense $44.97 on a net gain per patient of $9.58. The hospital is only supposed to accommodate 55 patients but 67 are actually being cared for at the present time. Two units are being added in the spring with additional accommodation for 75 patients.

Public ward beds are charged at the rate of $1.00 per day; semi-private, at $1.50; and private, at $3.00. The province of Saskatchewan has passed a bill which provides that each municipality pays the hospital for its own indigent sick so that the burden of support falls where it belongs, instead of being borne by the City in which the hospital is situated. The wards in the Saskatoon hospital have been furnished by private donations and the Woman's Hospital Aid still furnishes the linen. There is a strong effort being made to make the Edmonton Hospital a Civic one.

MEDICAL NEWS

At the annual meeting of the Brandon Medical Association, the following officers were elected:—*President,* Dr. J. S. Matheson; *Vice-president,* Dr. E. C. Beer; *Secretary,* Dr. Lynch; *Executive,* Dr. Condell, Carlyle and Templeton.

The Trustees of the Columbia University are endeavoring to establish in New York City the greatest Medical School in the world and to create one of the world's centres of medical teaching and research. The entire plan will involve the expenditure of $3,000,000. W. K. Vanderbilt, Geo. J. Gould, Frank A. Munsey and a fourth anonymous person contributed jointly to acquire half of the block needed for the new College of Physicians and Surgeons. It is expected the other half will be provided by gift.

The Government of Saskatchewan has appointed a bureau of Public Health constituted as follows: Commissioner of Public Health, Dr. M. M. Seymour, Regina; Sanitary Engineer, T. Aird Murray, Engineeer; Council, Dr. W. J. McKay. Saskatoon, Dr. E. E. Meek, Regina; Dr. A. R Turnbull, Mose Jaw; the City Health Officers respectively for the Cities named and F. W. Whybia, .VS. of Prince Albert.

A scheme is on in some districts for the voluntary notification of consumption. Some day it probably will be compulsory.

The Home Hospital owned and operated by Miss Desbrisay and Miss Ida Morris has been acquired by the directors of the General hospital as a first step to the erection of a new building.

One of the bills presented by government measures at the session of the British Columbia Legislature provides for the appointment of an unprejudiced commission composed of graduates of the established universities of Saskatchewan, Alberta, Manitoba, Ontario, Quebec and the Maritime provinces, with which commission will be left absolutely the selection of a site and other details of the University establishment. The second makes compulsory the periodic examination of pupils in rural schools. The third is to secure the qualification and registration of all practising nurses and is drafted on lines parallel to these of the Medical Profession Act.

The Dental Society of Western Canada was resuscitated last year, and the year's work was a great success.

It was through the initiative of the Queen that the first Finsen Lamps was installed in London. She also takes a great interest in Army nursing and there is a Queen Alexandra Imperial Nursing Service.

Dr. Laveran, Paris, the specialist in Protozology who received the Nobel prize for medical research in 1907 proposes the use of a cheap and efficient disinfectant which he says was used by the Romans. This is the smoke from damp straw. It produces a gas that is a perfect disinfectant at a small cost and

is considered especially suitable for use in cellars, stables and the underground workings of the city and for the clearing up of the country districts. The authorities have decided to recommend that central deposits of free disinfectants be placed at the disposal of the public.

Montreal is suffering from an epidemic asserted to be due to the contamination of its water supply by towns farther up the stream. To prevent other cities having the same experience Senator Belcourt proposes a bill that "No person shall throw or deposit or cause or permit to be thrown or deposited any sewage, offal, or refuse, animal or vegetable matter of any kind whatsoever into any river, stream or other water, any part of which is navigable on which flows into navigable water."

The movement for open air schools is spreading fast. In New York each large school is to be furnished with an open air classroom where all boys and girls whose health is below the normal and who give any sign of a predisposition to tuberculosis may be taught in the open air. That this can be done even in the coldest weather has been proved.

The first election to the Beit Memorial Fellowships for Medical research will take place on or before March 1, 1910. Not more than 100 fellows will be elected.

It is said that compressed air baths form one of the latest methods of treating pulmonary troubles, asthma, bronchitis and emphysema.

In Denmark the creameries are compelled by law to pasteurize all skim milk by heating to 180 degrees Fahrenheit before it leaves the creamery to prevent spread of tuberculosis through this medium. Penalties are imposed for non-observance. There is a move among the members of the medical profession in Saskatchewan for the establishment of a new laboratory at Regina because it is claimed that the work of the present branch of the government service is inefficient.

The new department of practical pharmacology in charge of Dr. Webster has been opened since the holidays and classes are in progress there.

PERSONALS

Dr. Mason, Nanaimo, is visiting Winnipeg.

Dr. Blow, Calgary, expects to leave soon for the South Western States.

Dr. Herbert Young, of Prince Rupert, has been appointed Coroner for B.C.

Dr. Gordon Bell has returned from a holiday trip to Boston.

Dr. W. Dixon, of Saskatchewan, has been visiting Winnipeg.

Dr. Popham, of Winnipeg, has returned from his visit to England.

Dr. and Mrs. Lachance, of St. Boniface, have returned from their trip to Montreal.

Dr. J. P. Code who has been in Whitehorse for three years and a half has gone to Prince Rupert, where he intends practising.

Dr. McEwan has resumed practice at Hedley and Dr. Hale, Hedley has removed to Princeton.

Dr. Whilliams, the pioneer medical practitioner of Princeton has left that town for the Coast where he proposes taking up his residence.

Dr. and Mrs. Dryer, Vancouver, have returned from their visit to Europe.

Dr. D. C. McKenzie is to take medical charge of the Bellevue Camp, succeeding Dr. Malcolmson. A new hospital will soon be ready.

We regret to state that Dr. T. R. R. Nells is a patient at the Vancouver General hospital.

Dr. P. D. MacSween, ltae of Chilliwack has removed to New Westmister and has joined Drs. Holmes and Hacking.

Dr. Sheldon is also a patient at the Vancouver General hospital where he underwent an operation.

Dr. L. Z. Peatman has left for some month s for post graduate work in Europe and Dr. Swindon of Norwood is looking after his practice.

Dr. Brett, Banff, has gone to Vienna for Pcst graduate work.

Dr. Raymond Brown has returned from his two month's post graduate work in Chicago.

Dr. Snell, a Vancouver physician has gone to Barkerville to relieve Dr. Callahan whose duties take him to Victoria.

Dr. Scatchard has been appointed resident Physician and Surgeon to the sawmill employees at Chase.

BORN

SHEPHERD—January 22, to Dr. and Mrs. Shepherd, Kelowna a son.

FULLER—To Dr. and Mrs. A. T. Fuller, a son.

MUNRO—January 29, to Dr. and Mrs. Munro, Winnipeg, a son.

MARRIED

DUXBURY-CLANDENNING—On January 12, Miss Lucy Jean Clandenning was married to Dr. Jas. Duxbury, of Winnipeg.

COSTELLO-CORRIGAN—At Kingston, Miss Pearl Corrigan, was married to Dr. M. Copps Costello, of Calgary.

CARTWRIGHT-CRAWFORD—At Vancouver, Dr. Cartwright, of Kitsilano, son of Sir Richard and Lady Cartwright, Ottawa, was married to Miss Dora Crawford, of Vancouver.

OBITUARY

Dr. James H. Richardson, the first graduate in Medicine at the University of Toronto and Professor of Anatomy there for a half a century died at his house on January 15. He was one of Toronto's grand old medical men. He leaves four sons and three daughters.

Dr. Arthur Theakston, member of the Royal College of Surgeons, London, the famous frontier physician of Cariboo and Yukon Camps and for a long time recorder at Circle City died January 25, at Dawson, aged 72.

ADRENALIN IN A NEW PACKAGE

In addition to the one ounce vials in which it has hitherto been supplied, Adrenalin Chloride Solution is now marketed in hermetically sealed glass containers of 1 cubic centimeter capacity. "Adrenalin Ampoule" is the name used to designate the new package, and the solution is of the strength of 1 to 10,000 (one part Adrenalin Chloride to 10,000 parts physiologic salt solution). In their announcement of the Ampoule Parke, Davis & Co., have this to say:

"Adrenalin Chloride Solution has become a necessity in medical and surgical practice. The most powerful of astringents and hemostatics, it lends itself to many practical uses and at little risk of injury in resonably ceraful hands. Since the time of its introduction it has been marketed in ounce vials, and of the strength of 1:1000. Experience has shown, however, that a weaker solution is much more frequently required than the "Full strength"; and while it is generally an easy matter to dilute with water or normal saline solution, in certain emergencies an already fully diluted preparation is to be preferred. While the danger of deterioration from occasionally opening a vial containing a solution of Adrenalin Chloride is not great, still, in consideration of the fact that a dose is needed now and then for hypodermatic injection, it is believed that the small hermetically sealed package will be welcomed because of its greater convenience and security."

As will be apparent from the foregoing, the Adrenalin Ampoule is intended for hypodermatic use. It should be of great value in such emergencies as shock, collapse, hemorrhage, asthma, etc., or where prompt heart-stimulation is desired.

Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of Dominion lands in Manitoba, Saskatchewan and Alberta, excepting 8 and 26, not reserved, may be homesteaded by any person who is the sole head of a family, or any male over 18 years of age, to the extent of one-quarter section of 160 acres more or less.

Application for entry must be made in person by the applicant at a Dominion Lands Agency or Sub-Agency for the district in which the land is situate. Entry by proxy, may, however, be made at an Agency on certain conditions by the father, mother, son, daughter, brother or sister of an intending homesteader.

DUTIES:

(1) At least six months' residence upon and cultivation of the land in each year for three years.

(2) A homesteader may, if he so desires, perform the required residence duties by living on farming land owned solely by him, not less than eighty (80) acres in extent, in the vicinity of his homestead. Joint ownership in land will not meet this requirement.

(3) A homesteader intending to perform his residence duties in accordance with the above while living with parents or on farming land owned by himself must notify the Agent for the district of such intention.

Six months' notice in writing must be given to the Commissioner of Dominion Lands at Ottawa, of intention to apply for patent

W. W. CORY,

Deputy of the Minister of the Interior.

N.B.—Unauthorized publication of this advertisement will not be paid for

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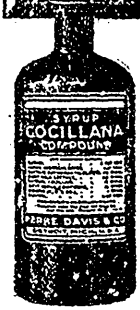

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Tinct. Cocillana, 40 minims.
Syrup Squill Compound, 24 minims.
Cascarin (P. D. & Co.), 8 grains.
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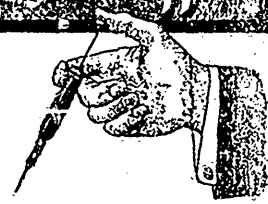

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