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ONE DOLLAR A YEAR

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WESTERN CANADA MEDICAL JOURNAL

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NOTE ON THE USE OF A MEDICAL JOURNAL.

By WILLIAM OSLER, M. D., F.R.S.,

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HEARING of a proposal to start a new medical journal, the question that at once suggests itself is—Is it worth while? So many periodicals overburden the literature of the profession, and to those of us who have to keep pace with it find an ever increasing difficulty to keep track of the new journals which start every year. But when one considers the conditions in the Canadian North West, the rapidity with which it has grown, the increasing professional population, the existence of a medical school and of several large general hospitals, the wonder rather is that a journal has not been started earlier. No reasonable criticism can be urged against its appearance.

What should be the objects of a medical journal in a comparatively new country?

In the first place, it should serve as a medium of communication between the different provinces. Items of local interest should appear in it, changes in residence, facts relating to the prevalence of diseases, etc., the newspaper side of such a publication should ever be kept in view by the editors.

Secondly, it should direct the policy of the profession. To do this is by no means an easy task, as it does not always happen that the journal is fortunate enough to secure an editor, or editors, with independence of mind and breadth of view. The journal should be the organ of the profession at large, not simply of that of Manitoba, and above all, not simply that of the profession in Winnipeg or the medical school. A good editorial committee representing the different interests should be formed, but there is this serious difficulty—after a few months,

when the novelty wears away, the interest flags and the whole work falls upon one or two men. One of the most satisfactory affiliations a medical journal can form is with the local medical library, as the journals obtained in exchange and the books sent for review find a natural place in its shelves.

The third and most important use is as an organ for the publication of the work of men in the North West. One great difficulty is to get at the experience of the general practitioner who, after all, is the man who sees most of the disease at first hand. He is the very one who, by the circumstances of his life, is most often debarred from recording his knowledge. I wish, in our medical schools, we could do more to teach men how to record cases and write papers. More has been done of late and particularly in students' medical societies, but I know there are many people who would gladly put on paper their more interesting cases if they only could do so with a little more facility. I may remind such as have this hesitancy that one important function of the editor is to 'lick' such contributions into shape. From the hospital physicians and surgeons much more is expected. For the sake of the institution with which he is connected, every member of its staff should contribute to the journal. Writing is a great deal a matter of habit, and with a little perseverance it is not very hard to overcome the preliminary difficulties. Then, it is most helpful to the writer. A man who does not write cannot make the best possible use of his clinical opportunities. He goes slack mentally and he soon drifts behind in the race. In a city of the size of Winnipeg there should be one or two surgeons and two or three physicians known by their writings throughout the length and breadth of the land. A great encouragement and incentive to work of this kind is to have the scientific side of the civic and provincial institutions thoroughly well equipped from a first class clinical laboratory, from a good pathological laboratory, and from a well organized laboratory in connection with the Asylums for the Insane; should come contributions which would make any journal containing them, sought for far and wide. The profession at large in all its dealings cannot have too much of science, and it is pleasant to see that in your medical school the physiological department is in the hands of a first class modern worker, Dr. Vincent.

There are special diseases which should receive careful consideration from the journal. How interesting it would be if there could be published within the next year careful statistics from the Winnipeg General Hospital and elsewhere, of the

ecchinococcus disease among the Icelanders. Is the disease appearing to any extent in the second generation? Has an example of the taenia-ecchinococcus been found in a dog in the North West? The prevalence of pneumonia and typhoid fever brings up a host of interesting problems. I wish too, that we had more accurate information about the distribution of tuberculosis in the North West. Every month a careful statement of the vital statistics should be published and strong pressure brought on the proper authorities to keep up to the mark in this respect.

And lastly, the journal should have a wide and sympathetic outlook on all the problems relating to the profession of the Dominion, regarding them from the standpoint of Canadians and not simply through provincial spectacles. I hope in the matter of medical registration the journal will advocate reciprocity with the other provinces and with the mother country.

To give the journal loyal support is the duty, as it should be the pleasure of every man in the profession in the North West. I am sure I express the feelings of our colleagues in the older provinces and in Great Britain when I wish you God-speed in your new work.

THE TYPIC OR ANATOMIC OPERATION FOR THE RADICAL CURE OF OBLIQUE INGUINAL HERNIA.

By ALEXANDER HUGH FERGUSON, M. D., Chicago, Ill.,
Professor of Clinical Surgery in the Medical Department of the
University of Illinois; Surgeon to the
Chicago Hospital, etc.

This operation was devised by the author in January, 1898, and was presented to the profession in May, 1900, at a meeting of the American Medical Association.

While the anatomic principles on which this operation is founded are as fixed as is the anatomy of the part itself, the technic will vary more or less according to the conditions encountered at the time of operation. However, the writer has not found it necessary to modify the operation in any of its essential details.

It is admitted by all operators that more than six per cent. of the recurrences following the Bassini operation take place at the upper angle of the wound, owing to the transplantation of the cord to that place, thus depriving the internal ring of sufficient protection. One of my assistants made fifty dis-

sections and some experiments on the cadaver which supported my claim regarding the congenitally deficient origin of the internal oblique muscle at Poupart's ligament. Accurate measurements made by me while operating verified the correctness of these findings.

The key to the radical cure of oblique inguinal hernia is suturing of the internal oblique muscle to the inner aspect of Poupart's ligament, as low down as possible, and without undue tension, after having ablated the sac and strengthened the internal ring with a few stitches above the root of the cord. Any operation that diverts the cord from its natural course will favor a return of the hernia, and endangers the integrity of the testis. In my operation I tie off the sac in order to obliterate a pathologic infundibuliform process and to make a new internal ring. The internal oblique muscle is sutured to Poupart's ligament at least two-thirds the way down, for the purpose of rectifying a congenital defect and to allow the muscle to protect the internal ring. The aponeurosis of the external oblique muscle is sutured in its normal position.

When the hernia is a direct one, or when the conjoined tendon is deficient or absent, it is necessary to split the sheath of the rectus muscle and sew the muscle over to Poupart's ligament, across the weak point. If, however, the entire inguinal area is deficient, thinned out or atrophied, I do not hesitate to transplant a portion of the sartorius muscle to this region.

The incision is made over Poupart's ligament, one and a half inches below the anterior superior spinous process of the ilium, extending inward and downward either in a curved or straight manner, circumventing the internal-abdominal ring, and terminating over the conjoined tendon near the pubic bone. The vessels are exposed carefully and picked up with forceps before they are severed, thus preventing the staining of the tissues with blood. It is not necessary to cut the superficial circumflex iliac nor the superficial pudic vessels. With a pledget of gauze the skin flap is turned downward and outward over the thigh, bringing into view the aponeurosis of the external oblique muscle, the external abdominal ring, with its pillars and the intercolumnar fascia, the hernial sac, if it has descended through the external ring, the external surface of Poupart's ligament, the under-surface of the flap covered by the deep layer of superficial fascia, and the superficial vessels.

The next step in the operation is the severing of the external abdominal ring and the intercolumnar fascia. The longitudinal fibers of the aponeurosis of the external oblique muscle are separated directly over the inguinal canal, beyond the internal ring, over the surface of the internal abdominal

oblique muscle, Delicate transverse fibers are encountered and severed. The two flaps of the aponeurosis of the external oblique muscle are retracted to each side, so as to expose the contents of the inguinal canal. These structures are now inspected carefully in order to determine whether the operation is to be typic or atypic. When the structures are well defined, and not too much weakened by pressure atrophy, a typic operation can be done.

The sac of the hernia is now opened, preferably at its neck, and is then dissected from the cord and the internal ring from above downward, its contents are inspected, and dealt with properly. If the sac is of congenital origin, it is split in two, the distal half to form a tunic for the testis, and the proximal half being ligated high up or sometimes sutured or an internal pursestring suture thrown around it.

When the omentum is found within the sac and is adherent to it, it is withdrawn, tied *en masse*, cut off, the stump is covered with its own peritoneum, or is rolled beneath and within a fold of omentum and there held by a stitch or two of fine chromic catgut. I have in a number of instances employed Downes' electro-thermic hemostat clamp for the removal of omentum, and I believe it is safer than the ligature. When the omentum is redundant or hypertrophied, its amputation decreases intra-abdominal pressure and lessens the tendency to a return of the hernia. If the omentum is not adherent, it is usually not necessary to remove any portion of it.

When the sac is opened, I have often found it to be advantageous to place the patient in the Trendelenburg position in order to prevent the protrusion of and injury to the intestines and omentum. This position also aids in the closure of the peritoneum, whether by ligature or by suture. The transplantation of the stump of the sac high up underneath the deep muscles, or twisting and suturing it at the internal ring, is a procedure which has nothing special to recommend it. It must be remembered that when a new internal ring is made the stump of the sac is buried beneath the transversalis fascia, which must protrude it into the peritoneal cavity, and at its site a convexity is obtained.

The cord is not disturbed. Raising it out of its bed is without any anatomic reason to recommend it, any physiologic act to suggest it, any etiologic factor in hernia, congenital or acquired, to indicate it, or any result to justify its continuance. Let the cord alone, especially the vas deferens; nor should the veins of the cord be disturbed. If a varicocele complicates the hernia, it is to be dealt with in the usual way, but without ablating the veins in the canal, for that endangers the testicle.

I have never seen a hydrocele or an epididymitis follow when the veins were not ablated.

The cremaster muscle is allowed to hug the cord, and is reattached to the internal oblique muscle, thus giving it an opportunity to hold down the muscle from which it was derived originally, and by its contraction aid in emptying the valveless veins in the cord. No part of the muscle should be removed, but its redundancy is taken up with the suturing of the transversalis fascia, and the internal oblique muscle.

An excessive amount of subserous adipose tissue sometimes is deposited around the sac and the cord and along Poupart's ligament. This is an etiological factor in hernia, and if not removed tends to cause a recurrence of the hernia.

The transversalis fascia forms the internal ring. In hernia its fibers have become more or less stretched above and around the cord, and in consequence the ring is abnormally large and the fascia bulges. To rectify this condition I take up the slack in the fascia and make an accurately fitting ring for the cord by means of a suture, either interrupted or continuous. I usually do this with the same sutures that attach the internal oblique muscle to Poupart's ligament. Care must be taken not to injure the deep epigastric vessels nor to pass the needle too deeply in the direction of the large iliac vessels.

The internal oblique and transversalis muscles are sutured to the internal aspect of Poupart's Ligament thus restoring their normal origin. If the operator chooses, he may take up the slack of the transversalis fascia and the cremaster muscle with the same suture. The suturing is extended fully two-thirds the distance down along Poupart's ligament, which is the normal origin of this muscle in the female. Take care not to split Poupart's ligament by grasping the same longitudinal fibers with the needle each time. It is surprising how easily these structures come together without the least discernible tension when the muscles are well liberated, and it is gratifying to observe how perfectly they cover and protect the internal abdominal ring.

If the conjoined tendon is deficient or absent, or if a direct hernia coexists, the sheath of the rectus muscle is opened freely down to the pubic bone, according to Bloodgood's method, and the muscle brought across the weak point to Poupart's ligament. I have seen a few direct hernias occur after the cure, by operation, of an oblique inguinal hernia. In these cases the conjoined tendon was deficient, and the rectus muscle was not utilized at the primary operation.

The edges of the aponeurosis of the external oblique muscle are brought together in lateral folds or by overlapping, thus restoring the external abdominal ring. In bringing the skin:

flap into position, the various structures should be coapted with care, especially the layers of the superficial fascia.

The different structures in the abdominal wall are placed in their normal relationship. The tying of the sac restores the normal rotundity of the peritoneum. The suturing of the transversalis fascia, forming a new internal ring, at the same time obliterates the hernial infundibuliform process. Sewing the internal oblique and transversalis muscle to Poupart's ligament secures a normal origin for them, and they then form a perfect protection of the internal ring, cord and canal. The lateral or overlapping suturing of the separated fibers of the aponeurosis of the external oblique protects the underlying muscles and cord, while the skin flap covers all.

The lines of the sutures are not opposite each other, thus securing an overlapping of the weak parts (line of repair) by normal tissues.

The curved incision has advantages for purposes of demonstrations. The hernial area is uncovered as in no other way, thus affording an accurate observation of structural relationship, etiologic factors and pathologic conditions. There is less tendency of skin infection extending to the deeper structures.

In cases of old scrotal hernias the large space from which the sac was dissected is drained with several strands of silk-worm gut until the first dressing is changed.

We are gradually coming to the conclusion that after operation patients are usually kept in bed for too long a time, but I still enjoin three weeks in the horizontal position after an operation for the radical cure of hernia. A bandage and pad are worn for three months thereafter, but no truss.

For ligatures and sutures, Nos. 00,0, and 1 of chromic catgut are used throughout the operation; No. 1 to tie off the sac, and the other sizes for the coaptation of the remaining structures. I believe that the large-sized catgut used by other operators in many instances is accountable for suppuration and failure. The catgut should not be absorbed short of about two or three weeks.

Of all methods of operating I have employed, the anatomic is the simplest and easiest to execute. The results are all that could be wished, there being no known return in 2,500 patients operated on by different surgeons.

MENTAL DEGRADATION THE RESULT OF ALCOHOL.

By ROBERT JONES, M. D., F.R.C.S. (Eng.)

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SHORT of actual death in the family, Insanity is probably the condition which causes the greatest amount of consternation and terror if not actual misery. It is of all diseases the most far reaching in its effects and has been truly described in most cases as a living death. It is capable of turning the most joyous and happy homes into abodes of deep despair. It disfranchises the sufferer, curtails his liberty, separates him from home and friends, disqualifies him from all social functions, indeed it not only deprives him of his civil, social, financial, political and domestic rights, but also in most cases compels his association with others of the same class in houses or institutions in which he is compulsorily detained against his will, and which reveal to him scenes of suffering and distress of which hitherto he had never even dreamt of and which he often feels he can never become accustomed to.

On January 1st, 1906, there were 121,979 insane persons in England and Wales, of whom 56,264 were males and 65,715 females, being a proportion of one insane person to every 283 of the population! Of this number 111,256 persons (51,216 males and 60,040 females) were of the poorer classes.

It is no easy matter to determine with exactness the cause of any disease, but in respect to mental disease this becomes a task of extreme difficulty, as no definite facts of causation are vouchsafed, the information usually obtained being some antecedents in the history of the patient which are considered by his friends to bear some relation to the attack of insanity, and those which stand in more immediate relation to it being given the greatest prominence as factors of causation.

Underlying the causes ascertained is often some inherited or acquired frailty of the brain tissue which renders the individual more prone to be affected by noxious circumstance or conditions which in the healthy would have less influence. Although several antecedents may take a share in the ultimate production of insanity one of the causes of the impaired resistance in the nervous system may also be the agent immediately responsible for the fully-developed disease.

It is interesting to note when statistics as to the causation of insanity are taken over a period of years that the number of cases appearing as caused under the different headings show but little variation from year to year.

It is computed with some certainty that alcoholic intemperance may be attributed as an assigned cause of insanity in 23.3 per cent. of all the male admissions into asylums and in 9.3 per cent. of the females; the proportion for private patients being 16.7 per cent. for males, and 8.6 per cent. for female showing the lesser resistance to temptation among the poorer classes.

It is fair to state, however, that intemperance is often an effect, as well as a cause, of brain weakness or disease, and the inter-mingling of these antecedents renders it impossible to arrive at precise conclusions as to causation, but the Lunacy Commissioners in their last report, dated 1905, to the Lord Chancellor—issued as a Blue Book acknowledge that "alcohol" is a brain poison. It is interesting to note as pointed out in this report that certain counties with a comparatively low rate of insanity show a high proportion of cases admitted with a history of intemperance: that counties with a high rate of insanity have a low proportion of cases from alcoholic intemperance, and that areas in which the association of intemperance and insanity exists correspond with those areas in which intemperance and crime also prevail. Dr. Bevan Lewis recently referred to the geographical incidence of alcoholism and pointed out that the industrial people in coast counties were the most intemperate, but had the lowest rates of pauperism and insanity; whilst inland agricultural people were the least inebriate, but had the highest rates of pauperism and insanity. This apparent dissociation between alcoholism and insanity is a complex question, for pauperism, want, anxiety, and other moral factors are essentially related to both insanity and drink.

I am convinced that the great question of the effects of alcohol upon the human organism is primarily one for the medical profession, and secondly a sociological one. The causes of drinking are so many and so infinitely varied that great caution is required before accurate conclusions in regard to drinking can be arrived at. We hear a great deal about lowered vitality, about the craving for luxuries and excitement, and about alcohol in any shape and form being a poison that many facts are distorted by fanatical enthusiasts who are too apt to indulge in hasty generalizations and in severe condemnation of those temperate people who themselves are endeavouring to the best of their ability to prevent the spread of excessive drinking, and to educate the public in regard to the evils which must follow and how they may be mitigated.

The profession of which I am a member, has, I venture to think, within recent years, done more than any other to fix attention upon the evil effects of intemperance, and a

proof of this statement is a petition presented a little over a year ago to the Board of Education, signed by 15,000 medical men, asking for fuller and more correct information about the physiological effects of alcohol to be taught to children in our Public Elementary Schools.

There is no question of public interest that is in greater need of being studied by sober minded individuals than the question of drink, and in the country in which every effort is now being made to educate the masses it should not be forgotten that the elevation of the individual out of the sphere in which he was born may impose a tax upon his nervous system which may eventually expose him to serious temptations. The frequency with which neuroses and psychoses—diseases of the nervous system and affections of the mind—are met with in families in which there has been a sudden and rapid change in the environment—for example, a removal from country to city life, or from comparative straits to comparative affluence—is a factor of great importance and it has not received the consideration it needs. Addiction to alcohol is an indication of a functionally unstable nervous system, and under the stress of the conditions created by modern civilization, many individuals whilst attempting, as they suppose, to better their condition in the social organization are thrown out of sympathy with their surroundings and become subject to excessive nervous strain—drinking being the phase presented of this general and mental instability.

Now it is a fundamental law in evolution and dissolution that the last, most complicated and highest developed function is the first to go in disease. The highest faculties of man are the attention, intellectual discrimination, and judgment. Upon these alcohol exerts a degrading and degenerating influence. It is upon the highest mental faculties upon beliefs, ideals, ambitions and desires that conduct depends, and there is no fear of exaggeration when the statement is made that the greater part of delinquency and numerous other social calamities—sins of omission as well as of commission—result from excessive alcoholic indulgence. Indeed, the gradual non-observance of the three C's, Ceremony, "Courtesy and Convention", and their replacement by the three P's, "Persiflage, Paradox, and Pruriency," demonstrate the effects of alcohol upon conduct which, through its effects, gradually deteriorates until the most complete ethic degeneration eventually results. Not only in delinquency but also in innate criminality does alcohol exercise a genetic power. Crimes due to alcohol have in Germany reached the figure of 41.7 per cent. of the total crimes. In France, delinquency has also risen to 45 per cent. where the consumption of alcohol has increased, a corresponding diminu-

tion having occurred during those years in which the vine crops were very bad. In Hungary, delinquency through alcohol has reached to 35 per cent. of total crimes; in Norway, to 44.4 per cent.; and in the districts surrounding St. Petersburg, to 47 per cent. In our own country 50 per cent. of crime is attributed to the abuse of alcohol.

The question, "what is the recognized effect of drink on crime," is closely related to our present subject, and it was asked at the International Penitentiary Congress at Brussels in 1900, and was subsequently re-considered at the Congress at Buda-Pesth in September of last year. At this Congress 28 States were represented by 82 official delegates, and the number of *adherents* was 335.

The subjects treated by the Congress embraced the problems of penal policy, especially the deprivation of liberty with reference to the prevention of crime. Punishment comprehends the whole study of man, it enters into the so-called "factors" of crime, moral, social and economic.

Preventive measures, education, religious training, means for repressing drink, were all considered by the Congress. It was shown by Dr. Legrain of Paris, that a high percentage of offences committed were either the direct or indirect consequence of drink. Dr. Madoin, of Belgium, in a careful analysis of cases of grave crime, estimated that 44 per cent. were habitual drunkards, and of these 11 per cent. were drunk at the moment of crime. Of those sentenced to capital punishment over 50 per cent. were addicted to alcohol. The further examination of 5,000 cases from the Central Prison of France showed 66 per cent. of crimes as a result of alcohol. Crimes of violence were particularly connected with drink, the proportion of these reaching the high percentage of 83 of total crimes. It was also pointed out that the usual police court recidivists had a proportion of 77 per cent. of habitual drunkards. The Congress considered idleness or the absence of some trade or calling to be an important contributory factor to crime, and as a result of deliberation the Brussels Congress recommended that the deleterious effects of alcohol upon the bodily organs should be illustrated by lectures and pictures. As a result, pictorial emblems vividly representing the harm of drink have been placed in the corridors and rooms of the various prisons. It is even suggested that these pictures should be of a terrifying description so as to force conviction upon the minds of the most callous and indifferent. Such exhibitions occur in prisons in France, Belgium, and America. As a further precautionary measure, and owing to the overwhelming demonstration of statistics respecting Zurich, Berlin and Vienna, the great proportion (33 to 4) of offences resulting from drink were perpetrated

on Saturday, Sunday and Monday, as compared with the other days of the week; these being the result of wages spent on alcohol, and owing primarily to idleness. In consequence, the Congress at Buda Pesth last September voted, among other measures, in favour of special restraints being placed upon the sale of drink from Saturday to Monday, and they were most decidedly in favour of "anti-alcoholic instruction" in prison, by lectures, pictures and diagrams.

The mental development of these cases who, through drink, become the inmates of prisons, workhouses and asylums is not of a high grade, and of those who are received into the State reformatories, 10 per cent. are subsequently certified into asylums, 70 per cent. are on the borderland between sanity and insanity, whereas 20 per cent. are described as vicious. Up to the end of March, 1904, 937 women and 144 men were convicted under the Inebriates' Act, of whom 70 of the former and 36 of the latter were transferred to State control as too refractory and violent for the ordinary certified reformatories. The mental condition of these is described as morally as well as intellectually depraved, being unfit to associate with decent human beings. No amount of persuasion can keep them from drink. They must have it even if it pauperizes them and makes them (even if of good social status) the companions of low persons and criminals—even if their families are ruined by their self-indulgence. Nevertheless, if these people can be approached young, before these habits are formed and fixed—they are not such hopeless material. We ourselves are convinced of the value of educating the young, of instilling into their minds and of burning deep into their consciences the association of idleness, disease, drink, and crime; we shall refer to this aspect later.

Now what are the effects of alcohol upon living protoplasm?

These have been carefully studied by competent observers, and the literature of the subject is full and extensive. Alcohol stops the germination of spores and grain, and it is even fatal to its own production, for when the proportion of alcohol exceeds 20 per cent. in the material undergoing fermentation, further action of the ferment is arrested. The effect of alcohol upon protoplasm is to paralyze irritability, diminish sensibility, and impair contractility.

We have the record of innumerable experiments and irrefutable evidence of the evil influence of alcohol upon the metabolic, the motile, and the reproductive functions in all animal cells.

Physiology teaches us that alcohol is a strong dehydrating agent. It takes away water from living matter, and as a fixed amount of water is a necessity for the life of healthy protoplasm

this de-hydrating action of alcohol must prove to be highly injurious to life. Alcohol passes with difficulty through the living membranes of the small capillary blood-vessels into the tissues, it acts upon the delicate cells as an irritant, and causes the capillary walls to thicken, the thickened wall encroaches upon the minute tube-cavity of the blood-vessels, and as a result the special organs of the body are deprived of their necessary nutriment.

The condition of the blood-vessels, furthermore, retards the excretion of waste material from the tissues, which, in consequence accumulates and interferes with healthy and normal functions; and it is this accumulation of effete material which should be eliminated, that has given rise to the view that the injury from alcohol is not only a direct poisoning but also an indirect one, from the production and accumulation of waste products which cannot in this way be got rid of.

Physiological effects.—Bevan Lewis states that alcohol in small doses causes an initial stage of increased blood pressure with decreased heat production. This is followed by a stage of decreased blood pressure together with increased heat production as well as a great heat discharge. Coffee and tea are stated by Bevan Lewis to act differently, for the heat formation was stimulated from the first as well as heat retention. The continued use of alcohol brings about, even in what is called moderate drinking, marked changes in the nervous, muscular and glandular tissues. The action of alcohol is a structural one, and change of structure implies change of function.

In large doses it has been proved to cause changes in the pyramidal cells of the brain. It destroys the fine tissues of these cells, which swell up from degenerative changes, their outline being altered and the nucleus displaced or extruded. Fatty changes are produced in the voluntary and involuntary muscle fibres, in the various gland cells which in consequence, alter the metabolism of the organism. An increase takes place in the baser tissues, and the fibrous or cicatricial elements multiply both in the blood-vessels and in the various secreting glands, so that malnutrition is induced which reduces vigor and diminishes vitality, resulting in a lowered resistance to disease. As to the increase of fat in the body, the statement is not maintained that alcohol itself is consumed to supply the energy which is naturally attained from tissue changes. Alcohol exercises no "protective oxidation" over the body: on the contrary, it interferes with the building up process by forming a compound with the hæmoglobin of the red blood corpuscles, which takes up and parts with oxygen less readily than does normal hæmoglobin. The accumulation of fat noticed in beer drinkers is due to a general diminution in the metabolism

of the body, and to an accumulation of waste matter which should be excreted. This accumulation of fat is in part an active degeneration as well as infiltration, and it can be proved to be at the expense of the higher protoplasm, as it can be measured by the increased elimination of nitrogen. Fatty infiltration and fatty degeneration are characteristic features of acute alcoholic poisoning which when present explain why injuries and bodily illness which do not cause death in abstainers are prone to be so fatal in alcoholic subjects.

Mental effects.—The mental effects of alcohol differ as to whether they are induced by small doses or by one large dose—as occurs in acute drunkenness or acute alcoholic poisoning—or as they are the result of long continued chronic drinking, even when this is done in what is described as “moderation.” The effect of ordinary convivial drinking, often described as that of moderation, and often manifested in commencing intoxication, is that the ideas flow with unaccustomed felicity; the tongue is loosened and the person becomes more loquacious; language becomes more expansive and confiding, cares vanish, everything seems more full of attraction and all the world seems better! There is a sense of *bien-etre*—the person is made happier he is less diffident and more self-assured, his visage is seen to be illumined and his eye is kindled. But this picture soon falls into shadow, for the ideas soon become dissociated and words become a vertiginous whirl. This dissociation is one of the most marked symptoms in the stage of intoxication. The various sensations pour their messages into the cerebral cortex, and the highest focussing power of the mind is unable to concentrate them; each makes its separate impression and confusion results which is evidenced in the stupid and silly nonsense of the conversation. The initial flush of intellectual exaltation and excitement referred to has no relation or bearing to genius, it is merely a suspension or an inhibition of the highest psychic faculties which permits the next highest to rise up into prominence.

Alcohol sets free the shackles of restraint characteristic of the higher man, removes the veil from the less highly evolved mental plane so that free play is given to the uncontrolled feelings of the lower man. Alcohol attacks first the hierarchy of the nervous functions, viz., those which are in the front rank, and these are affected in the inverse order of their development, those last developed being, as already stated the first to surrender. There is a loss of prevision and judgment and there is a failure in the power of focussing or concentrating the powers of the mind. The mind loses these characters in the order of their importance, the highest and most important disappearing first. After a time the memory becomes affected

and there is a tendency to the development of illusions upon which are based delusions, mainly those of persecutory nature, such being extremely common in those who drink to excess. Indeed it is not too much to say that where hallucinations or delusions are present in cases of insanity, and when these are of a terrifying, fearful or persecutory nature they supply a reasonable suggestion for an alcoholic origin. One's experience can go further and record the fact that when visual illusions are present, or delusions based upon them, or when the delusions are boastful, vainglorious and grandiose, then alcohol may be directly or indirectly the cause. One of the most frequent symptoms of mental disturbance caused by chronic indulgence in alcohol is loss of memory; the nouns go before the adjectives and proper names first, so that language becomes poor, primitive, and lacks precision, and such is most marked in persons who have taken to alcohol late in life before they became accustomed to the action of the poison and toleration was established. A change in the disposition from what it was before to querulousness and impulsiveness is also very marked as the result of chronic drinking. There is a tendency to the development of a hostile attitude of mind and to react intolerantly and furiously, the person becoming aggressive, violent and threatening; indeed the uncontrollable fury and violence in some cases after alcohol resemble more that of epilepsy than any other disease. The benevolent emotions suffer especially, and altruism gives way to the most selfish egoism; prudence and moderation disappear and the mind eventually becomes a listless and disorderly chaos, without purpose and without method.

(Continued in February Issue)

A CASE OF UNDETECTED MYOCARDITIS.

By J. T. FOTHERINGHAM,

Assoc. Professor of Medicine, Toronto University.

J. E. C.—Age 35, colored, Pullman Car Porter. Admitted Sept. 30th, 1905; Died Oct. 3rd, 1905.

Family History.—Unimportant.

Personal History.—Not given to alcohol; Frequent venereal disease, but no syphilis.

Present Illness.—Paroxysmal pain in hepatic and epigastric area, not severe, for past fifteen months. Six months later, shortness of breath, growing worse till now patient cannot go upstairs and can walk only a little. No oedema. Has lost over twenty pounds in last year or so. Has had several attacks of severe vomiting during the six weeks or so preceeding admission to hospital.

Present Condition.—Temperature, 96° to 98° F.: Pulse, 100 to 120, regular, but feeble and small: Respiration, 28 to 60.

Digestive System.—Liver much enlarged, smooth, not very tender and not pulsatile. Chief enlargement in left lobe, which is 3" below ribs in left parasternal line.

Appetite very poor; no constipation; faeces pale; stomach contents normal after test breakfast. Spleen normal.

Respiratory System.—Dyspnoea. Sits up most of night in bed. During pain, breath rate as high as 60. Dry cough, no sputum. Examination of the lungs negative.

Nervous System.—Normal.

Genito-urinary System.—Normal. Urine normal, not giving test for bile (Gmelin) though dark amber color.

Circulatory System.—Blood examination shows: Haemoglobin 75%, W.B.C. 6,000, R.B.C. 5,400,000. Vessels healthy.

Heart.—Apex in fifth interspace one inch to inner side of nipple-line. Impulse not palpable. Area if anything small.

Attacks of pain not in region of heart nor at all in left arm, but referred to epigastrium and to the right (hepatic area), not accompanied by any serious heart depression apparently, but by rapid breathing and great distress of mind, so that he was thought to be hysterical. No heart murmurs. Second sound (pulmonary accentuated and sometimes reduplicated.

Diagnosis.—In doubt. The following conditions were thought of:—(1) Cirrhosis of liver, not entertained by me, though a senior colleague had made this diagnosis a fortnight before.

(2) Malignant disease of the liver, secondary to either a gastric or, more probably, a small intestinal cancer.

Death occurred suddenly and unexpectedly on the fourth day after admission.

Post Mortem Findings and Diagnosis.—Bacteriological findings negative throughout.

Anatomical findings.—Dilatation of heart, moderate

Myocarditis, acute and chronic.

Slight coronary sclerosis.

Liver enlarged from passive congestion.

Several lessons to be drawn from this case are: (a) The latency of myocardial change. (b) The pain while undeniably anginous in character was not anginous in type, as the area of distribution was away from the heart, in centre and to right of epigastrium, and at no time running into the arm. (c) The element of physical exertion in production of epigastric pain was not given due prominence in arriving at the diagnosis.

(d) The slight jaundice, the liver greatly enlarged, but smooth and almost free of tenderness, the history of vomiting and of marked disturbance of appetite and digestion, with loss of weight,

diverted attention altogether towards the alimentary canal. (e) The age (36) and the absence of any history of cause for myocardial change, particularly syphilis with its possible vascular disease, helped still further to obscure the diagnosis.

* * * * *

Indeed, the above case throughout was to me exceedingly instructive, and I have the more boldness in confessing my failure to recognize the real condition, as the patient had three weeks previously been in the General hospital under the care of a senior colleague, by whom also it escaped detection.

By the term heart disease, the laity, and the profession too, ordinarily mean valvular disease. We shall sub-divide it for our present purpose into three parts, pericarditis, endocarditis and myocarditis. We shall dismiss the first two sub-divisions with the remark that they, and especially the second, bulk much too largely in the mind of the profession when any affection of the heart is suspected to exist. The relative importance of myocardial change, whether primary or secondary to one of the other two, is in my opinion enormously the greater. Its study and recognition is left to the later experience of the physician, the student usually learning little of it till clinical experience, more or less lurid and variegated, has forced the subject upon his attention. Von Leyden pointed out a short time ago in a very interesting way how, since the advent of the stethoscope and the study of physical signs in the chest, the importance of murmurs and friction sounds has covered up the in many respects more accurate knowledge of last century of myocardial conditions.

A classical example of this is the case of Hunter of St. George's hospital, whose death from angina occurred as you will remember when he was on his rounds in the wards, after he had been, as he himself said, for twenty years at the mercy of any rascal who chose to put him into a temper. His heart had been examined and its condition recognized by Heberden, John Hunter and Jenner. In those days the pulse, carefully studied, was possibly the most important source of information with regard to the heart, and latterly, fortunately, without excluding the study of physical signs by palpitation, percussion and auscultation, the study of the pulse and of the size and position of the heart, and the use of such instruments as the sphygmograph and the manometer, are doing much to secure proper knowledge of the exact condition of the heart.

Bury in his Clinical Medicine classifies heart diseases in a very illuminating way. He speaks of three varieties: (a) Cases with signs but no symptoms. (b) Cases with symptoms but no signs. (c) Cases with both signs and symptoms.

Of the first group a typical example is a man of forty, applying for life insurance, who has been athletic in habit, and

is so still, in ambition and physique at least, and is much surprised when rejected because the arteries are hard, tension high, and apex beat a little displaced, whether albumen and casts be found in the urine or not.

A typical example of the second group is that of angina pectoris, with its agonizing pain, but to physical examination, normal heart and pulse.

The third group is of course by far the largest, and includes the ordinary cases of valvular disease, when compensation has begun to fail. The case which makes the text of my paper is of course one of the second class, with large subjective and little or no objective evidence of disease. As Von Leyden puts it: "In myocarditis there is nothing to enable us to detect clinically the forms that the anatomist describes."

From the point of view of aetiology, myocarditis may be classified as: (1) Infectious, either acute or chronic. (2) Toxic. (3) Arterio-sclerotic.

The infectious variety is much commoner in the acute form as the result of poisoning by toxins of typhoid, diphtheria, scarlatina, pneumonia, rheumatism, erysipelas, or influenza. The high temperature accompanying these conditions must have some share in the production of the changes of the heart muscle. It was first taught I think by Virchow that in all these febrile conditions myocardial change arises, the parenchymatous degeneration known as cloudy swelling being soon followed by fatty degeneration, which in the vast majority of cases speedily disappears, the heart muscles becoming, usually in a few weeks at most, histologically sound. The sudden deaths from heart failure seen in diphtheria and scarlatina are of course examples of the opposite condition, and are I believe held to be due not to neuritis, but to severe myocardial change, at any rate in the majority of cases. If recovery do not occur, and life be sufficiently prolonged, there is usually seen in addition to the parenchymatous change some change interstitial change as well. This round cell infiltration is beautifully seen in the microscopic sections of the heart muscle from the patient whose case I have just detailed. This infiltration probably interferes mechanically with the contractility of the muscle fibres, and favors parenchymatous degeneration at the same time by interference with nutrition. The ratio between these two processes really determines the difference between the acute and the chronic cases, the acute being mainly parenchymatous, and the chronic usually more interstitial.

I have said that in acute cases of infective myocarditis the tendency is almost always to recovery. One notable exception I recall—The case of a medical man, a college mate of many years, and twenty years ago one of the best known Rugby players in Ontario. During a summer vacation in Muskoka he con-

tracted a mild typhoid of irregular type, for which he remained in bed altogether too short a time. The irritability and irregularity of his heart never subsided, and although he did his college work during the ensuing winter, he had frequent attacks of syncope, especially on rising from bed. The heart grew gradually more irregular and irritable during the following summer, which was also spent in Muskoka, and by the second Christmas time he was unable to walk fast, or climb a stair without great care, though he all the time retained his appearance of vigor and good health, showing none of the pallor, oedema or other signs commonly associated in our minds with chronic heart disease. About eighteen months after the commencement of his typhoid his final syncope came on as he attempted to climb a stairway in the college between his room and the lecture room, and after lingering a week, during which time nothing in the way of treatment caused a rallying of the heart muscle, he died. At the post-mortem the heart was found to be free of any pericardial or endocardial disease, but large, soggy, collapsing in the bottom of the basin, with auriculo-ventricular rings admitting five fingers as far as the second joint, and everywhere streaked with fat, a typical "tabby-cat" heart.

The degenerative process in the heart muscle has been classified in four varieties: (1) Fibrillary, of which the heart just described was an excellent specimen, the fatty change occurring in marked longitudinal streaks either microscopically or macroscopically. (2) Fragmentary, or with segmentation due to necrosis of myosin. (3) Granular. (4) Pigmentary. Time will not permit of a discussion here of the pathology of these different conditions.

The second or toxic variety of myocardial degeneration is usually chronic, and is seen perhaps most typically in alcoholism. Nothnagel speaks of acute toxic myocarditis due to poisoning by chloroform, carbon dioxide and prussic acid. The tobacco heart of course is one in which myocardial change, if any, is much less prominent than disturbance of innervation, and the same may be said of other poisons such as tea, coffee, etc., in excess. The brown atrophy so often described as occurring in chronic drunkards is, I think, induced mainly by the use of spirits; while the so called "beer heart" is the result of; (a) fatty degeneration due to alcohol, and (b) dilation due both to the fatty change and to the constantly increased volume of blood which the heart has to move.

The third group, that due to arterio-sclerosis, while it may be seen as a result of general arterio-sclerosis, with or without chronic renal disease, is typically seen in the cases in which coronary arteries are involved, either by sudden embolism or by gradual narrowing. In the first case of course there is very

little opportunity for the clinician. But where the artery is gradually narrowed, the nutrition of the muscular area involved is impaired more or less suddenly, with local fatty and parenchymatous change, followed, if life be sufficiently prolonged, by fibrosis with myomalacia cordis, with thinning and bulging of the wall in the area affected, the fortunately rare condition known as aneurism of the heart.

The evidences of myocarditis:—These differ according as the case is acute, in which it occurs as a complication; or chronic, in which the condition of the heart muscle constitutes the disease itself. The first and best of these evidences is I think the pulse. The *rate* of the heart may be either quickened or slow, the latter perhaps being more usual in fatty degeneration of the heart. The *rhythm* is very apt to be irregular, with intervals of unequal length and beats of unequal size. The gallop rhythm is not unfrequently seen. But it is in the *quality* of the pulse that the most significant changes occur, there being usually a marked disproportion between the strength and volume of the pulse, and the area and character of the heart's impulse. Without any enlargement of area or displacement of apex to show dilatation of the heart, we find the small, empty artery of dilatation. I cannot too strongly emphasize this point in the diagnosis. The only other condition ordinarily producing this combination is mitral stenosis, readily excluded by the stethoscope. Auscultation, of course, shows either marked variation in the proportion of the two sounds, amounting to the so-called foetal heart rhythm, or more or less marked variation in the loudness of the muscular sound.

As regards prospects:—In acute cases these are usually good except in the severer kind, seen typically in convalescence from diphtheria, but good only if treatment can be properly carried out, and treatment resolves itself into the two items of rest and food. Even in chronic cases, while ultimate recovery need not be looked for, as a rule life may be prolonged by attention to these two points. Emotional disturbance is perhaps as harmful in this case as physical, and diet, even in chronic cases, is important.

Of drugs I should be inclined to mention the following in what is perhaps their order of importance,....alcohol, especially in acute cases, morphine, caffeine, strychnine, spartein, strophanthus. Two drugs constantly thought of in connection with disease of the heart are nitro-glycerine and digitalis. Nitrites can be only harmful except in cases of high tension, which are I believe very rare. Even with arterio-sclerosis high tension is I believe not a feature of myocardial disease, as distinguished from dilatation, and certainly in the impending death of acute myocarditis, as in diphtheria, with the arterial

system empty and relaxed, the blood mostly in the veins, and the patient pallid, with wide-open pupil, I cannot think that a nitrite is indicated. As to digitalis, the drug perhaps most universally employed in conditions of heart disease, I have been for years accustomed to teach my classes that the use of digitalis presupposes a heart muscle histologically healthy. Hence its value in case of failing compensation in valvular disease, where the heart muscle, though dilated, is not much, if at all, degenerated. I believe that cases of myocardial change which are helped by digitalis are so helped in virtue of the remaining healthy portions of the muscle. The use of digitalis to sustain the failing heart in cases of prolonged febrile disease like typhoid has long been held to be distinctly dangerous, and is in my opinion responsible for death which might in some such cases have been averted. Its safety and usefulness on the other hand in cases of short febrile disease like pneumonia is due to the fact that serious myocardial change has not had time to occur. The strong views on this point held by Mackenzie of Burnley, and expressed by him at the Toronto meeting of the British Medical Association will be fresh in the minds of many of us, and if this paper should lead only one of those who read it to a proper appreciation of the dangers of digitalis, I shall feel amply for my trouble in preparing it.

Clinical Reports

PERNICIOUS ANAEMIA

BY DR. NICHOLLS, EDMONTON.

Patient was a minister for a number of years. Was always pale. Eventually suffered a nervous breakdown. He then left the ministry and engaged in farming but his health did not improve very much. He was never actually sick but was weak and nervous.

I was first called to see him on the 29th of last March. I found him confined to his bed, very weak. No appetite. Skin bloodless and of a waxy appearance. Temperature 102, pulse rapid and feeble. He was also jaundiced. A week or so previous to my seeing him he had been putting up ice and while handling the ice had a chill. But as mentioned above he gave a history of extreme weakness extending over a considerable period of time. I was in considerable doubt as to the nature of the condition as it appeared evident that no cold contracted could account for the most prominent symptoms present.

I sent him a laxative and an hepatic stimulant. Also put him on iron and arsenic. He lived some distance out in the country so I had no opportunity of seeing him for some time. He sent me word that he was improving.

On the 16th of June he came into the City and sent for me to go to see him. I found him in a very unsatisfactory condition. He was very weak and Jaundice was even more marked. Anorexia pronounced, pulse 120. Increasing weakness, anemia, jaundice and loss of appetite were the prominent symptoms.

I sent him to the hospital, diagnosing his case as one of pernicious anemia. Subsequent examination confirmed the diagnosis. I placed him on increasing doses of arsenic and endeavored to stimulate an appetite. His temperature ran from 100° to 102°; pulse, constantly rapid; weakness, increasing so that in a few days he could not rise from his bed. He had a nausea for food and even with the greatest care the stomach would at times reject all nourishment. This became more marked as weakness increased and finally all nourishment was refused. Rectal feeding was tried from time to time. Patient died in the course of four weeks.

CASE OF CEREBRAL THROMBOSIS.

BY DR. C. G. MASON, CALGARY.

Mrs. D. S., age 27, came under my care January 14th, 1906. There was complete hemiplegia of the left side, with the usual chain of symptoms accompanying such a condition. The illness dated from about January 1st, 1906, and the paralysis which commenced in face and neck had gradually extended until the whole side was involved. Deglutition was extremely difficult and painful, there was marked dysphasia and in addition both sphincters were paralyzed. She was more-over the eighth month of pregnancy.

A diagnosis of thrombosis of left middle cerebral artery was made, and patient placed under usual treatment.

The point in the case which caused me considerable anxiety was the onset and progress of labor. As I have stated I could find no reference to such a condition, and a consultation with two of my colleagues failed to throw any light on the subject. The questions which arose in my mind were: (1) Would labor come on at all? (2) If it came on, how would it terminate?

The first question arose from the fact that with paralysis of both voluntary and involuntary muscles of that side one might expect the uterine muscles to be involved. The second, supposing labor commenced, would there be sufficient power in the non-paralyzed portion of the uterine muscles to expel

the contents of the uterus and contract powerfully enough to prevent P. P. hemorrhage?

The case progressed fairly well until Feb. 6th, 1906, when the patient became very restless and excited and vomited at noon. At 6 p.m. the temperature which had been normal since January 14th, rose to 100° F., and the pulse to 104, and a large watery and very offensive involuntary stool was passed. Bromides were administered but patient slept only at 20 minute intervals through the night. On the morning of Feb. 7th she was much quieter. The temperature gradually fell until noon on the 7th, it was 97½ F. At 6 p.m. she again became very restless and at 8.30 p.m. she drew the nurses attention to her abdomen. An examination showed that the uterus had contracted and was quite hard and firm. I was quickly called and found the same condition when I arrived, and the nurse stated that there had not been the slightest sign of relaxation since the patient first drew her attention to the abdomen. I found the membranes unruptured, protruding from the vulva, and at 9 p.m. I delivered the child. At 9.15 the placenta and membranes came away and the uterus contracted forcibly and remained contracted. The puerperium was normal.

The very peculiar feature to me was the tonic contraction of the uterus which lasted from 8.30 p.m. until 9.15 p.m., when the placenta, etc., came away, and as yet I have not been able to explain the phenomenon.

I have endeavored to be as brief as possible, but I have very full notes on the case, through the kindness of nurses Flaws and Taft of Calgary, and if any of my confreres would like any further particulars I will be only too pleased to supply what information I am able.

CASE OF DUODENUM ULCERATION

By DR. J. MCKEE, KILLARNEY.

A. R. Malé, aged 13 years, began work with a threshing gang about the beginning of the season, just ended. On Wednesday, Sept. 26th, he was forced to give up work and go to bed. At this time he was sleeping in the caboose used by the threshers. He complained of feeling weak, tired and of suffering from headache. In this condition he remained in the caboose till Saturday, the 29th, when a friend brought him to my office. At this time he complained of soreness in his left ankle, headache, anorexia and sensations of chilliness. He looked pale and haggard. Examination,—Temperature 101°, pulse 100, respiration 24. Tongue, coated, grayish and moist; left ankle, swollen, tender, red and very painful in motion. No history of gastrointestinal nor urinary trouble, further than a decrease in appetite.

Patient gave a history of having drunk water from sloughs several times during the threshing season.

From the condition of the ankle and the constitutional symptoms, I diagnosed the case as acute articular rheumatism and gave the usual ante-rheumatic treatment—rest, milk diet, sodium salicylate, etc.

On the following day, Sunday, Sept. 30th, I saw him again on his way to his home about twelve miles from here. His condition was somewhat better, the swelling and tenderness having decreased, and the patient felt better. On Thursday, Oct. 2nd, I was called to see him at his home and found the swelling in his ankle had again increased and now involved the left knee which was very much swollen and very painful on pressure or movement. The constitutional symptoms were about the same as when I first saw him, the temperature, however, had reached to 102.5°. About this time he had several attacks of nose-bleed and had an uncontrollable desire to "pick his nose". The same treatment was continued with the addition of swathing the left ankle and knee in flannel after local application of oleum gaultheria and oleum olivae.

On Thursday, Oct. 4th, I visited him again and found his left wrist joint swollen and tender. On the morning of this same day he had become quite delirious. His tongue was dry, brown and fissured; temp. 103°; pulse 130; respiration 30; abdomen, rigid but no distension nor tenderness on pressure; stools of a gruminous character and of a very offensive odor; urine scanty and high colored.

Friday, Oct. 5th, condition very much worse, the delirium still present, swelling in wrist had become septic and when incised discharged a considerable quantity of puss. Pulse had become more rapid and weak and breathing also more labored though nothing abnormal could be found in the chest. At noon of this day the patient had an attack of vomiting and brought up a peculiar looking object about eighteen inches in length and about as large around as the index finger. This object, (to the writer and to several others who saw it, among whom were several medical men) resembled some lizard-like reptile. Two other, exactly similar, bodies were vomited within a period of two hours from the time the first was expelled. Patient died in great agony at one o'clock the following morning.

One of these bodies was sent to Dr. Bell for examination and his report says, "Specimens are laminated blood clots from some part of the small intestine."

The case was probably one of general sepsis with ulceration of the duodenum followed by hemorrhage, ulceration from septic embolism of one of the mesenteric arteries.

WESTERN CANADA MEDICAL JOURNAL

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It is especially requested that early intelligence of local events having a medical interest or which it is desirable to bring under the notice of the profession be sent.

Letters, whether intended for insertion or private information, must be authenticated by names and addresses of the writers not necessarily for publication.

Correspondents not answered by letter are requested to look at "Answers to Correspondents" the following month.

Editorial

"Westward the Course of Empire takes its way;
The four first acts already passed,
A fifth shall close the drama with the day.
Time, its noblest offspring is the last."

Bishop Berkeley.

For some time the lack of any means of communication between the medical men of western Canada has been greatly felt. This is clearly shown by many letters received in reply to our circular letter to the profession. Many men carry on their work at great distances, not only from the large centres but from even the small townships. The nature of their work makes it very difficult to leave for a few days, even, so that they may get in personal touch with their medical brethren. Discussions regarding their work and matters pertaining to the



profession which can be so helpful are quite out of the question. To these especially one can imagine a journal to which they can send the results of their observations, discuss cases with other men through its columns and generally know what the medical men in the west are doing would be particularly welcome.

The enquiry proved the *journal was needed*. Many, however, doubted whether, with the difficulties of distances, doubtful postal services, lack of unity, etc., such an enterprise could be successfully carried out. In regard to that we can only say, "Our doubts are traitors and make us lose the good we oft might do by fearing to attempt." We decided to make the attempt.

The question, as one would expect, arose as to whether the enterprise should be carried out by a provincial medical association or independently. On that point we agreed with Professor Osler's remarks. Our circular letter was sent to the medical men from the Great Lakes to Victoria. We found it was not just at Winnipeg, or at Calgary, or at Vancouver, or at Victoria that the need was felt, but all through the West.

Can the journal be carried on by the work of the men of the West? Judging from the start and promises to help, one would say, certainly! This is said to be the most progressive country in the world. When we consider that the returns for the quinquennial census in Manitoba and the new provinces show that Saskatchewan has made an increase of 180%; Alberta 80%; and Manitoba 40% we cannot question the rapid development in many respects. And when we note that Alberta has lately formed its first medical council to the College of Physicians and Surgeons; that the teachers of Northern Alberta have decided to inaugurate as soon as possible a provincial university; and that University, Philosophical and Fabian clubs have been lately formed in Winnipeg, the progress is not entirely material. Then, surely, it is quite time we had a medical journal of our own in the West. There seems no doubt that if we all have for our object the furtherance of scientific investigation and all that pertains to the good of the medical profession we can have one worthy to rank with those of the Eastern Canada and other countries.

Our aim is to give the men interested in their work an opportunity to publish their observations and bring them before the notice of other members of the profession; to give them the advantage of discussing by correspondence certain phases of their work; and to keep the western men in touch with each other and with the leading medical teachers of the world, several of whom have kindly promised their support and even practical help in our enterprise by sending contributions from their pens. Individually, all who help by their contributions will benefit for Bacon says,—“Reading maketh a full man; conference, a ready man; and writing, an exact man.”

By the help of the local editors we have made the start and by their help only can the journal be successfully carried on, for this is a work in which co-operation is the great strength. We desire to thank very heartily the men who have taken the work of local editors and also those who have written us encouraging letters and promised to do all they could to help the journal along. And, certainly, those of our leading medical men who with all their time so fully occupied have expressed themselves as interested in the success of the journal and promised to help occasionally by an article.

Regarding our advertising policy, we are resolved to give space to no advertisement that would not be in keeping with a high class medical journal. We should be glad if our subscribers would watch the columns and if any insertion is noticed against which there is the slightest objection, oblige us by drawing the attention of the editor to the fact.

If anyone has sent us a letter or contribution which has not been acknowledged by letter, may we ask that we be informed at once. It has been necessary to complain to the post-master regarding letters not delivered, etc., The matter has been looked into and we hope no such annoyance will occur again.

By the honest criticism and helpful suggestions of those truly interested, it is quite possible in time to meet the requirements for the desired journal.

Any contributions for next month should be sent by the middle of this to the local editor, if there is any near or direct to the editor, Box 450, Winnipeg. Regarding the contributions, Professor Osler's letter says all that need be said.

Reports of Medical Societies

Vancouver—The officers of the Vancouver Medical Association for the year 1905-6 were:—President, Dr. F. G. Underbill; vice-president, Dr. J. Glen Campbell; secretary, Dr. J. M. Pearson. For the year 1906-7 the officers are:—President, Dr. J. Glen Campbell; vice-president, Dr. A. S. Monro; secretary-treasurer, Dr. J. M. Pearson; library committee, Drs. Wm. Stephen, R. E. McKechnie, Stuart A. Ross, W. Dow Keith, M. Brydone-Jack.

The following were duly elected members of the association at their last meeting: Drs. A. L. Kendall, F. J. Nicholson, B. D. Gillies, L. D. Carder.

The association has been duly incorporated under the Societies' Act, and has now under its control a well assorted library of ancient and modern medical and surgical works. At the last meeting Dr. J. Glen Campbell read a most instructive and interesting paper on the use of the Giant Magnet, and Dr. R. E. McKechnie gave an excellent paper on opsonins. Both papers were attentively listened to by the large number of medical men in attendance and were ably discussed and commented on by many of those present. After the meeting was over, at the invitation of the president, the members of the Association adjourned to the Club for supper and some hours were pleasantly spent, some of the members especially distinguishing themselves in story telling.

During the year a great deal of useful work has been done by various sub-committees, especially the committees on Lodge practice and contract work, patent medicines, life insurance fees, etc. In the matter of life insurance fees it seems to be the unanimous opinion of most of the practitioners of B. C., that the minimum fee for life insurance examination should be \$5.00, and the great majority have already signed a paper to that effect. Regarding lodge practice and contract work, we trust that before long all lodge practice will be abolished in Vancouver and that if any contracts are entered into there will be a recognized scale whereby all may have an equitable chance for work without cutting the prices through unprofessional competition. The committee on patent medicines have done a good deal, and with assistance from others submitted a bill, governing the sale, to members of legislature last year but for various reasons it was not put through. It seems a pity that a class of straightforward legislators cannot be brought forward who would be prepared to put through laws which

would be of benefit to the community at large. It is the same with health laws and laws governing our food supplies. It seems difficult to have passed laws sufficiently stringent to make them effective. In connection with public health, Dr. C. J. Fagan of Victoria, is doing excellent work and the conditions are much better than what they were when he was first appointed provincial medical health officer. He is also taking a great interest in Tuberculosis and it is through his persistent efforts and untiring energy that we trust soon to have a tubercular sanatorium established in B.C.

In the city of Vancouver Dr. V. G. Underhill, our medical health officer, is doing excellent work in bettering the health and hygienic conditions of the city. He devotes the whole of his time to the work and does not engage in private practice, and the city is already reaping the benefit of his experience and judgment.

In order to do effective work all medical health officers should be qualified in public health, and their appointment should not be dependent on the whims of local legislators. However, we hope to speak more on this subject again.

Winnipeg.—The annual meeting of the Winnipeg Medical Association was held at the Medical library rooms. President, Dr. Bell, was in the chair. After the annual reports had been read the following officers were elected for the ensuing year:—President, Dr. E. W. Montgomery; 1st vice-president, Dr. J. R. Davidson; 2nd vice-president, Dr. N. J. McLean; secretary-treasurer, Dr. C. H. Vrooman; councillors, Drs. McKenty, H. Mackay, Galloway, and Todd. Dr. Bell the returning president then gave his address at the close of which he invited the members present to a supper at the Mariaggi. During the last year papers have been read by the following members:—Drs. O'Brien, Elkin, Vincent, MacArthur, McLean, Galloway and Webster.

For William.—Fort William and Port Arthur have their medical organization in the Thunder Bay Medical Association. There are between the two towns about twenty members. The president is Dr. Birdsall of Fort William; secretary Dr. Pratt of Port Arthur. Monthly meetings are held alternately in each town.

Calgary.—The meetings of the Calgary Medical Association have, of late been concerned with questions of economic importance rather than with topics of medical or surgical interest.

At the October meeting, was discussed the attitude of the profession towards lodge and contract medical practice. Dr. James D. Lafferty introduced the subject, and his remarks in part were as follows:—

"This discussion cannot of necessity, refer to that part of the practice exempted by Dominion statutes in the Public Works Act.

The practice is bad for both doctor and patient in that it lowers the standard of attendance given, and oftentimes deprives the patient of attendance he might, under other circumstances, obtain. There is no reason why one body of men, because they belonged to a lodge, should get medical attendance for less than others. Many men in this way get medical attendance for practically nothing, who can better afford to pay for it than the doctor can afford to treat for nothing. Medical men should not be made the medium for strengthening any lodge or association. The practice is an injustice to the medical profession generally, in that the men who do the work, do it as a rule with hope of obtaining ultimate advantage in other ways. In this way it often happens that better men are overreached by the unjust associations formed by inferior men through their lodge connection.

If the practice is done away with, the work will be more equally distributed and the men get work on their merits. The men who indulged in this practice, lowered themselves, cheapened their work, and did themselves and their medical brethren an injustice.

As regards the fee for examinations for fraternal organizations, there should be no difference between the fee in this instance and that for regular Life Insurance Companies. The fee for all such examinations should be \$5.00."

In a general discussion which followed, those present were unanimous in their approval of the sentiments expressed above.

A committee was appointed to draw up resolutions respecting this question, to be presented at a special meeting of the society a week later. This committee reported a week later, the resolutions given below, and another committee, consisting of all those men at present engaged in lodge practice, was appointed to obtain the signatures of all medical practitioners in Calgary and its vicinity, to them.

"Whereas it is not in the interests of the public or the profession, that any contract, agreement, or undertaking to perform any medical or surgical work for any lodge or body of people (except such as is exempted by Dominion Statute) should be entered into by any regular member of the profession, for a monthly or yearly fee;

"We, the underscribed practitioners in Calgary and its suburbs hereby agree and undertake, that we will not enter into any contract or agreement, or undertake to perform any medical or surgical work for any lodge, organization or any body or number of people for a monthly or yearly fee: except such work as is provided by the Dominion Statutes."

GEO. R. PIRIE, Sec. Calgary Medical Association

Reports from Local Editors

Victoria, B. C.—21 candidates presented themselves for examination. 15 were ordered to be registered. Dr Telford, whose name was struck off register of B.C. for unprofessional conduct, applied for re-instatement at the last council meeting, held November 3rd. His application was refused.

Dr. C. J. Fagan and Dr. J. C. Davies delivered addresses on tuberculosis before the Board of Trade, Victoria, B.C.

Vancouver, B.C.—Our local editor sends a full and interesting account of medical association work which appears in our Reports of Societies.

Nelson, B. C.—The practitioners of Nelson have bound themselves to make no examinations for life insurance companies that do not pay the standard fee of B.C., \$5.00, for examination. All medical men of the province have been asked to sign the same agreement..

Edmonton.—The election of the first Medical Council to the College of Physicians and Surgeons, Alberta, resulted as follows: Dr. Braithwaite, Edmonton; Dr. Hctson, Strathcona; Dr. Simpson, Lacombe; Dr. Brett, Banff; Dr. Lafferty, Calgary; Dr. Ke aedy, McLeod; Dr. Newburn, Lethbridge.

Calgary—The increase in the number of physicians and surgeons in Calgary has been in proportion to the growth of the city. In 1902 there were ten men practising here, while to-day there are 35. With the population of Calgary, as determined by Henderson's directory, at 20,000, the ratio would be about 1 to 600. But these figures do not give the ratio correctly. Surrounding the city is a vast, more or less thickly settled, expanse of country which is supplied from Calgary with medical men; and in addition, there is a great deal of work, especially operative work that comes to Calgary from the towns and villages around about it.

Calgary is supplied with two very well equipped and up-to-date hospitals, viz,—The Holy Cross Hospital and the Calgary General Hospital, and in connection with the latter institution there is a Maternity Hospital, and an Isolation Hospital. The Holy Cross has at present in the course of construction a new wing which will be completed about the end of this year and which will give this institution accomodation for 100 patients. Next year they have plans for the further extension of the hospital by the addition of a surgical wing which will be as complete and up-to-date as it is possible to make it.

The General hospital is also contemplating a new wing, and subscriptions are at present being taken up for this purpose.

From this it will be seen that Calgary is well equipped with medical men and hospitals, and the work that is being done there is of the best. In the near future it is to be hoped that we will have from the Calgary men many interesting case reports, and original articles that will be of benefit to the profession at large.

The health of the city has been in an excellent condition. There have been isolated cases of Typhoid, but in almost every instance these cases can be traced to the use of well water, and as soon as water and sewer connections are completed to the outlying districts, cases of typhoid should be rare. Of Diphtheria and Scarletina there has been very little during the past two years. Cases of measles have been more numerous though at present there are practically none. During the summer months there were quite a number of cases of summer diarrhoea in Infants, and this fall there was an epidemic of Pertussis. From its beneficial climate and atmospheric conditions, Calgary is made the Mecca of many Tubercular patients so that of this disease in its various manifestations, we have not a little, and the majority of cases derive great benefit from their residence here.

The hospital reports show quite a number of cases of typhoid but by far the greater number come from outside the city for treatment.

In conclusion, we would ask the medical men of Calgary if they would write up any cases of interest that come under their care, so that the profession at large may be benefitted thereby. The local editor in Calgary will be ready at all times to receive and forward any such reports that may be handed to him.

Neepawa.—The citizens of Minnedosa with the co-operation of the Board of Trade and the councils of the surrounding rural municipalities will endeavour to equip a hospital in 1907. During the season of 1906, 36 typhoid cases have been treated in the Neepawa General hospital, with one death.

Deloraine.—Dr. Thornton calls our attention to the Canadian Mason's Mutual Life Insurance Association. This Association claims to furnish life insurance at cost and is not organized for speculation. There are no dividends or profits for stockholders. Anyone desiring further information should write to Dr. Thornton.

Fort William—During last January, February, March and April, Fort William, Ont., experienced one of the most severe epidemics of typhoid fever. Dividing the period from January 15th to April 25th into weeks, one finds that the number of cases reported per week was as follows,—eleven, eleven, seventeen, fifteen, seventy-four, one hundred and sixty-one, one hundred and twelve, sixty-nine, thirty-two, fifteen, twenty, one, five and four. So it is seen to have been sudden in onset and to have subsided as quickly as it began. Arranged in chart form, this record makes a very interesting picture.

When first realizing that we were experiencing an epidemic, the first question of course was—What is the cause? And as is usual, the great source of infection was found to be the water supply, which was being contaminated in two ways, directly and indirectly.

The water supply was then taken from the Kaministiquia river at a point about midway between the two extremities of the town, which is situated right along the river banks. And into the river above the intake pipe drained a sewer, called the Ford street sewer. This sewer then was the main source of direct contamination, for three typhoid houses were discharging their excretions into the sewer, in the early part of January.

A second direct source was the Power house itself which contained typhoid cases and the excretions from these were got rid of through a box drain which was discharging quite close to the intake pipe.

The third direct source came from a coal dock settlement, about one mile above the intake pipe. From this settlement two cases were taken early in January.

Indirectly, the water supply was polluted by surface drainage from rain and snow.

These then were the first and most important causes of the epidemic; but the study of conditions showed the spread and continuance of the disease to be in a large measure due to contact cases. As there existed, a lack of isolation of patients, improper care of excreta and bed linen, and, lastly, an omission of disinfection of the hands of people nursing the sick.

A study of the record cases reported will show that the epidemic arose quickly and was assuming alarming proportions, when the population of about 8,000 people is considered. And it was realized by those in authority that drastic measures must be enforced to control the epidemic. And again a study of the figures shows how effectual were these measures.

These were undertaken by the Board of health, which systematically placarded all houses containing typhoid patients sent out notices of instruction to all houses and sent particular

notices to all houses infected. All hotel, restaurant and boarding house proprietors were warned of the dangers of using the water and also of the danger of contact.

When a case was reported it was at once visited by the Sanitary Inspector with the following instructions: First, that every patient that could not be isolated must be removed to the hospital; secondly, to educate the attendants as to the disinfection of stools and linen, to separate eating utensils, cups, saucers etc., from the rest of the household; and thirdly, to instruct the attendants in the care of their hands.

The total number of cases reported in what may be considered the epidemic period was 585, and the number of deaths was 69—a death rate of 11.79%. This in a period of fifteen weeks is a tremendous record. And the deaths had in their number a large percentage of bread-winners and heads of families, and many but barely escaped death.

At great cost this town has had a lesson which resulted in active construction of an adequate sewage disposal system and the undertaking of a gigantic scheme for supplying pure water, so that we shall never again be at the mercy of such a bad condition of affairs. We, then, have benefitted by the lesson; but how much better it would have been had we evaded the scourge by a timely improvement of the conditions which those in authority should always recognize.

Too much vigilance cannot be exercised in the supervision of water supplies and sewage systems, especially in such new town as Western Canada contains in great numbers.

Manitoba Medical College.—On October 1st last, Manitoba Medical College entered upon the 24th year of its history under circumstances which justify the use of the hackneyed phrase, "a new epoch." Unquestionably the conditions existing this year differ widely from those of any former year since the doors of the College were opened in 1883. At that time the teaching staff and those interested in the establishment outnumbered greatly the student body, the first class consisting of six men. The premises occupied were of very limited dimensions and devoid of necessary appliances. But the courage and perseverance of the faculty were undaunted, and for many years they worked with great zeal in behalf of a project which seemed to the majority of the members of the profession in the province to be a hopeless scheme. Soon, however, new quarters were needed for the foundling, which to the profound astonishment of some even of its sponsors, evinced a seeming disposition to thrive amid environments which, to say the least, were not the most promising. Gradually the degree of success attained

and the quality of the work done, won for the College the respect of many who yet lacked faith in its future. In a few years the absolute need of more suitable accommodations became so pressing that the faculty had to face the question and try by some means to devise ways and means. Of course, the great problem was that of finance, and this was solved in a way characteristic of the medical profession. With no funds in the treasury, and no prospect of any for years to come in excess of the daily needs of the institution, the members of the faculty contributed liberally and further pledged their individual credits and erected a solid brick building on the corner of McDermott and Kate streets that was then looked upon as likely to afford accommodation for many years. But again, only a few sessions had passed when more room was an imperative need, so a wing and additional storey were added. This fulfilled the requirements for a short time, but not for long, since the rapid increase in the number of students called loudly for more room still. A couple of years ago the conditions became so acute that it was evident no further temporizing would do. Furthermore the faculty, somewhat to their own surprise, as well as to the discomfiture of numerous prophets of evil, found their financial conditions greatly improved. With the help of only a few hundreds of dollars from outside sources, by efficient management, the fees of the students and contributions of the faculty had been sufficient to wipe out the indebtedness on the building and establish a surplus besides. With this encouragement, a further advance was planned. A full block of land just west of the Winnipeg General Hospital was purchased, and a larger and much more pretentious building erected thereon. In February of 1905 the new college, though incomplete in many minor details, was taken possession of, a glad farewell being given the over crowded and not too attractive building that had been for so many years the arena for the exercise of the prowess mental and otherwise of many who today hold high places in the ranks of the profession, and some others who aspire to positions of eminence.

During the summer vacation the finishing touches were put to the new building and this season finds an enrollment of 140 students, of whom 35 are entering upon the first year of the new course which is to extend over five years. It may in passing be a matter of interest to former students to know that this year's class was most enthusiastically initiated into the mysteries and privileges of medical student's life in due and ancient form, with all the accustomed honors and a few extra without—and now it is to be feared that the writer's veracity may be called in-question—one cent's worth of damage

to building or equipment—a contrast with former days which may have a practical bearing on the question of caution money.

While it is impossible here to enter into a detailed description of the building, it will be of interest to alumni to learn that the accommodation provided includes a main lecture room arranged in amphitheatre style with seating capacity for 175; a smaller amphitheatre for anatomy lectures and demonstrations; a dissecting room large enough for all needs, splendidly lighted, ventilated and—yes, heated also; library; museum in which are neatly arranged a large number of pathological specimens accurately labelled; a large laboratory for histology and pathology classes; commodious Faculty rooms; a gymnasium; large cloakroom; dwelling rooms for the caretaker; the Provincial Bacteriological laboratory where Dr. Gordon Bell presides, and with all this there yet is a large room for which no present use is found, so that expansion is yet possible to a considerable extent.

With this splendid building, into which new equipment is being placed; with the new five year course; with important and welcome additions both to the Faculty and the arrangement of the present work of the curriculum, the better clinical facilities provided, and the constantly increasing number of students, the future of the College presents a much more roseate aspect than ever in the past, and both Faculty and student body look out into the coming years with a confidence and assurance unknown in days of yore.

The editor of this department will welcome suggestions from alumni and students as to suitable themes for discussion in these columns that may lead to more helpful conditions of College and University relationships.

Acknowledgements.—We thank the writers and senders of the following contributions which will appear later in the Journal.

Contributions have been received from the following:—Dr. Hall, Victoria; Dr. Fagan, Victoria; Dr. Hewitt, Pincher Creek; Dr. Nicholls, Edmonton; Dr. Pirie, Calgary; Dr. Heustis, Edmonton; Drs. Soltan Fenwick, London, Eng. and; Dr. Jones, London, England; Dr. Arthur, Nelson, B.C.; Dr. Robertson, Litchfield; Dr. Rorke, Winnipeg.

General Medical News

The directors of the General hospital, Regina, are asking the Council of the City to establish a \$100,000 Municipal hospital.

The Spruce Hills' Sanatorium for Consumption is now in working order. Superintendent, Dr. Pennyfather; Consultants, Drs. J. R. Jones, Blanchard and Milroy.

Dr. Moore, Secretary of the Canadian Association for Prevention of Tuberculosis, assisted by the Department of Agriculture, held a number of meetings in Saskatchewan, in the interests of that association. Dr. Moore gave addresses on Tuberculosis and Dr. Seymour, Health Officer, on Typhoid. Meetings were at Saskatoon, Battleford, Lloydminster, Arcola, Moose Jaw and Regina.

Drs. Johnston and Callum, Regina, expect their new hospital addition will be ready about January, 1907.

There is now in Winnipeg one of the Victoria Order nurses, Miss McCullough, while no non-paying patient is refused a fee of 5 to 10 cents is collected for each visit. Miss McCullough made as many as 118 calls last month.

The Selkirk hospital has been incorporated. It intends to look after the sick of Selkirk and the rural municipalities of St. Andrews, St. Clements, Gimli, Brokenhead, and Springfield. The Board of directors are purchasing a site for \$35,000.

Mr. A. C. Pratt has a bill before the Ontario legislature which seeks to regulate the manufacture and sale of patent and proprietary medicines.

B. C. is to have a provisional Sanatorium for Consumptives. Dr. C. Fagan, the Provincial Medical Health officer, states that the sanatorium would probably be erected at Kamloops Lake and that he was in favour of building a smaller sanatorium at a point higher than Kamloops Lake, where it would not be so hot and where the patients could be moved from Kamloops. The citizens of the province must raise \$40,000 if they are to have advantage of the Hon. Jas. Dunsmuir's offer. A committee of business men are already working in New Westminster to raise their share, and Dr. Fagan hopes to get a similar committee in Vancouver to do the same.

Since Oct. 31st the management of the General hospital, Maple Creek, is under the hospital board. The hospital Ladies' Aid having given up management.

Dr. R. M. Simpson, chairman of Provincial Health Board, Winnipeg, and Dr. Douglas, City Health Officer, attended the annual gathering of American Health Association held in the City of Mexico.

It is said that 1,400 acres of land at St. Laurent, fronting Lake Manitoba, have been purchased with the intention of establishing a Sanatorium for Consumption in connection with the scheme of co-operative farming and market gardening.

Diplomas granted by the Manitoba College of Pharmacy are not legal in Ontario under present arrangement. This was the decision of the Council of the Ontario College of Pharmacy when J. A. Dunkin of Port Elgin, who had a diploma from Manitoba, applied to be registered in Ontario. This decision was due to the fact that the Manitoba College of Pharmacy had no reciprocal relations with the Ontario College. It seems that Ontario College is willing to grant such requests should Manitoba grant such relations.

Dr. Charlton, Provincial Bacteriologist, Regina, investigated two cause of typhoid epidemic. He reported that in two instances he found milk contaminated with typhoid germs.

Virden hospital was opened Oct. 9th.

The German Medical Press proposes to get up a Black List which will contain names of those who contribute "write-ups" for pay and of those who publish an article in more than one paper without the consent of the publisher.

Dr. Seymour, provincial health officer, Sask., left Dec. 10th for Saskatoon to take radical measures to stamp out reported smallpox epidemic in that City. It is alleged there are 14 cases already and that the Iroquois Hotel has been quarantined.

Marriages

Dr. Thomas Glendinning Hamilton, of Elmwood, Winnipeg, was married to Miss Lillian May Forrester, niece of Mr. Donald Forester, Winnipeg.

Professor F. G. Roddick, Dean of the Faculty, Montreal, was married to Miss Redpath of Montreal, at Chislehurst, England.

Dr. M. B. Dean of Fort William was married Nov. 20th, to Miss Lottie McDougall of West Fort William.

Dr. Alexander Young of Saskatoon was married Nov. 20th to Miss Alice Maud Stanley of Montreal.

Obituary

Dr. J. M. Lefevre, M.D., M.R.C.S., England, died at Vancouver after very short illness Sept. 16. Aged 53 years.

Dr. Lefevre was a distinguished graduate of McGill. He practised for a time at Brockville, Ont., was surgeon to the C.P.R. construction days on the Algoma branch. In 1886 he went to Vancouver as surgeon to the western division of the C.P.R. which position he retained till his death.

Dr. Jas. Stewart, M.D., (McGill), L.R.C.R. and M.R.C.S., Edinburgh, well known specialist on nervous diseases, died at his residence in Montreal, Oct. 6th, from cerebral hemorrhage, after an illness of 9 days. Aged 59.

At Carman, December 1st, William Harold Smith, infant son of Dr. and Mrs. W. H. Smith, aged 3 months and 7 days.

Personals

Dr. Creighton of Melita, left Dec. 1st for England, where he will take a post graduate course in the Metropolitan hospitals.

Dr. F. G. White of Arden, Man., left for Chicago where he takes a three months' post graduate course.

Dr. B. A. Hopkins has started practice in Prince Albert.

Dr. Chisholm of Wingham, Ont., has also located in Prince Albert.

Dr. Spence of Prince Albert, and Dr. Shadd of Melfort, have arranged a partnership.

Dr. Bradford, Rosthern, has left to take a post graduate course at New York.

Dr. Roche, M.P.P., Minnedosa, left for Ottawa. He addressed the members of the Young Conservative Association at Montreal.

Dr. K. C. McDonald was liberal nominee for the Okanagan.

Dr. Schaffer, M.M.P., attended Provincial Board of Health meeting, Winnipeg, Nov. 22nd, on his way to Ottawa.

Dr. J. O. McCall, Foam Lake, had two fingers badly lacerated and it was found necessary to amputate them.

Dr. Hassard, Sidney, Man., is suffering from a slight attack of fever.

Dr. Galbraith, Lethbridge, has been appointed Mayor.

Drs. Hardie and Bradford, Morden, have dissolved partnership.

Dr. J. R. Jones of Winnipeg, had a very serious accident Nov. 29th, being thrown from his sleigh. We are glad to hear that he is gradually recovering.

Dr. J. H. Willoughby was a guest at the Regina Hotel on the night of the fire. He managed to escape safely.

Dr. William Osler delivered the Harveian Oration, "on the growth of truth as illustrated in the discovery of the circulation of the blood," before the Royal College of Physicians, London, Eng., Oct. 18th.

Dr. McKechnie has returned to Vancouver after two months spent in hospitals of Eastern Canada and the States.

Dr. Fred Hart, of Barrie, Ont., has started practice in Winnipeg.

Dr. Alex Hugh Ferguson has been rewarded for eminent services to surgery by being presented with the decoration of "The Commander of the Order of Christ," by King Carlos I, of Portugal, whose wife, Queen Amelia is a graduated physician and surgeon

Dr. Ferguson who contributes a paper to this journal is a Canadian, of Trinity College, Toronto. He practised first at Buffalo and then moved to Winnipeg, practised there till 1894 when he moved to Chicago where he has since been devoting himself to surgery with great success. He was one of the founders of Manitoba Medical College.

Dr. Rondeau of Shoal Lake, has removed to Birtle where he has formed a partnership with Dr. Wheeler.

Dr. Roche of Minnedosa has left for Ottawa to attend the parliamentary session.

Dr. Stewart of Saskatoon, has been offered post of neuropathologist and lecturer in pathology in the Indiana State Hospital at Indiannapolis. It contains over 1600 beds. Dr. Stewart is a graduate of Toronto.

Dr. Houston has opened an office in Carrol near Souris and will practise there.

Dr. Braithwaite, Edmonton, was elected president of Alberta's first Medical Council.

Dr. Tupper, Claresholm, had an attack of blood poisoning.

Dr. and Mrs. Lockeridge have left Brandon and settled in Napanee, Ont.

Appointments

Dr. A. B. Alexander was appointed physician to the Winnipeg St. Andrew's Society.

Miss Bowman of Winnipeg, was appointed Lady Superintendent of the Portage la Prairie hospital.

Dr. Frank Beemer had charge of Asylum for Insane, Penetanguishene, during the absence of Dr. Spohn.

Dr. Ross was appointed physician to the Selkirk branch of St. Andrew's Society.

Dr. Galloway, Winnipeg, has been appointed Lecturer in Orthopaedic Surgery to the Manitoba Medical College.

Miss Allward has been appointed matron of new Convalescent Home, Winnipeg.

Review

H. Leo.—Ueber die Behandlung der Blutungen aus dem Verdauungskanal Deutsche Medizinische Wochenschrift.

No. 36, 1906.

Where there is any considerable hemorrhage from the digestive tract not requiring surgical interference, bodily and mental rest is imperative, that is the patient must remain in bed. In the milder cases the head may be raised.

If symptoms of anaemia of the brain or heart weakness supervene, the body must be in a horizontal position with the head low and the legs bandaged. In hemorrhage from the rectum pack with gauze pledgets moistened with Ferri Perchloride. In cases where these measures are not sufficient, give half-hourly hypodermic injections of camphor oil (1c.c. each dose.)

If the dangerous symptoms still persist give subcutaneous injections of normal saline solution. The site chosen is the upper part of the thorax, which is rendered surgically clean and a half liter allowed to flow in from an irrigator fitted with a needle.

If you have not apparatus at hand for this use an enema containing Na. cl. and Soda, (to 1 liter of water $\frac{1}{2}$ teaspoonful each of Na. cl. and Soda). It is advisable to add 10 or 20 grammes of gelatine to this solution.

To prevent the continuance of the bleeding an icebag is placed upon the cardiac and abdominal regions and ergotin given hypodermically. If the haemorrhage is from the stomach

give nothing by the mouth except small pieces of ice. Give nourishment per rectum not oftener than three times a day and in quantities not greater than 250 C. C. Tincture of opii may be added.

About one week after cessation of the haemorrhage begin feeding by the mouth with ice cold fluids such as milk and mucilaginous soups going gradually to the solid foods.

Haemorrhage from the Oesophagus.—Most common cause Carcinoma of Oesophagus. When new growth begins to break down get some bleeding, but it is rarely serious. It is a warning against using stomach tube or oesophageal sound. The growth may penetrate the aorta or an aneurism of the aorta may rupture into the oesophagus causing fatal haemorrhage. Can do nothing except to recognize the condition early and warn the patient against anything raising the blood pressure.

The varicose veins of the oesophagus often associated with cirrhosis of the liver occasionally rupture leading to severe and it may be fatal haemorrhage. In such a case patient must remain absolutely quiet, take all nourishment by enema and avoid solid food.

Gastric Haemorrhage.—Most common causes are ulcer and carcinoma. Other causes are uncompensated heart lesions, portal congestion, acute yellow atrophy of liver, infectious diseases, septic processes, haemophilia, nephritis and Leukæmia.

Treatment.—Bleeding from cancer is not usually severe therefore put to bed and feed by the bowel. If vomiting continues and there is evidence of stagnation of gastric contents, lavage is advised. In severe cases gastro-enterostomy will perhaps be required. Gastric ulcer often causes severe and repeated haemorrhages. It is strongly advised to carry out careful treatment of ulcer when patient comes under treatment before onset of any bleeding. However, owing to the lack of symptoms or because they are so vague, diagnosis is not always possible until bleeding occurs. Where any uncertainty the author advises to put patient to bed and carry out a strict course of treatment rather than have a hæmorrhage later. That is the patient must be kept in bed, fed per rectum or, if by the mouth, a solution of gelatine in small quantities. After a few days give bismuth subnitrate or 1% solution of silver nitrate to protect the ulcer.

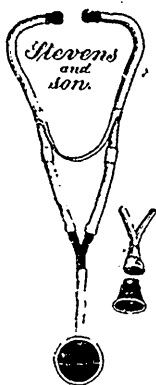
Lavage of the stomach is advised wherever there is motor insufficiency of the stomach, allowing stagnation of the food which dilates the stomach promoting haemorrhage and preventing healing. If the introduction of the tube causes much effort at vomiting, use cocaine to moisten the pharynx.

Surgical interference may be required either to stop a bleeding that is going on or to prevent a recurrence. The first is seldom possible as ligating of arteries outside the stomach is useless owing to the free anastomosis and to excise the whole bleeding ulcer is a very severe operation and seldom survived, besides the strict carrying out of internal treatment gives good results. When fearing the recurrence of milder haemorrhages which injure the general health or in the interval between more severe bleedings, a gastro enterostomy frequently gives good results, leading to healing of ulcer. The author believes the healing after the operation is due to pancreatic secretion which neutralizes the H. cl. and pepsin of gastric secretion.

Haemorrhage from Intestinal Tract.—Duodenal ulceration and bleeding may be included with that of the stomach and requires the same treatment. Of the various causes of intestinal haemorrhage, many are not serious and require no special treatment. Among those are enteritis, dysentery, intussusception, syphilitic ulceration, amyloid degeneration of mucus membrane of bowels, haemorrhagic infarct of arteria mesenterica, trichinosis, septicaemia, scarlet fever, phosphorous poisoning, nephritis, leukæmia and other blood affections. Cancer of the bowel usually causes rather slight bleeding unless ulceration is into a larger artery, when may be fatal. The conditions are similar in cases of tubercular ulceration, rupture of aneurism of abdominal aorta or other arteries as hepatic into bowel lumen. Treatment then is not possible. Practically the most important causes are typhoid fever and haemorrhoids. About 5% of cases of enteric have a haemorrhage towards the end of the second week or in the third week. Prognosis is serious as about half of cases are fatal.

Patient must be kept quiet in bed, ice-cold fluid nourishment. Alcoholic beverages as well as coffee and tea to be avoided. As to drugs, give 3 or 4 times a day m.v of lig. Ferri sesquichlor with oatmeal gruel and, if not too great apathy, mx tincture of Thebaica. If collapse has a threatening character, give normal saline solution with the addition of 1% to 2% of gelatine. Keep at rest for 8 to 14 days.

Bleeding from Haemorrhoids.—Prognosis varies as do the therapeutic measures. In florid full-blooded persons recurring haemorrhages may require no special care which in a weaker person may be dangerous. Overcome constipation by food as far as possible and also by laxatives. Avoid alcohol, tea, coffee and spices. Take out-door exercise and cold sitz baths. If these measures are not sufficient resort to operation.



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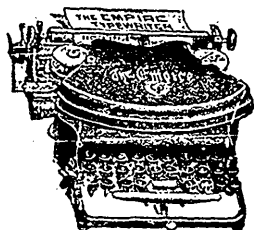
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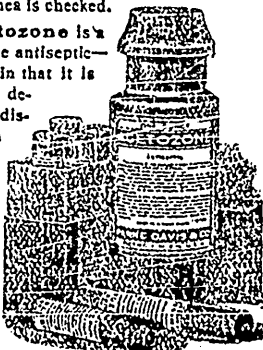
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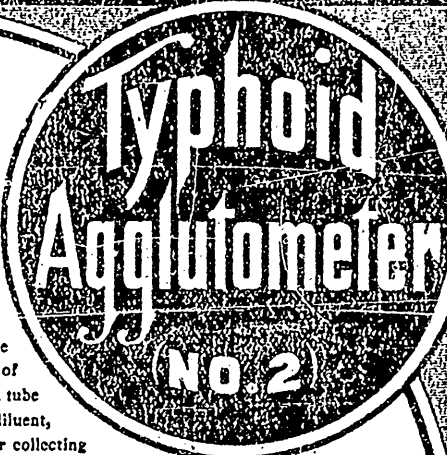


For Diagnosis of Typhoid Fever

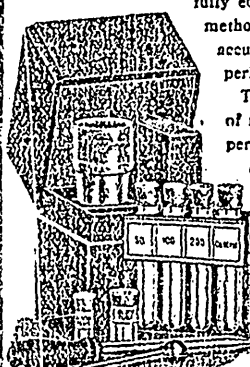
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