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THE OLDEST MEDICAL JOURNAL IN THE DOMINION

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The Canada Lancet

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THE CANADA LANCET, 200-206 ADELAIDE STREET WEST TORONTO, ONT.

Medical Council of Canada

JUNE EXAMINATIONS, 1918

The examinations of the Medical Council of Canada will be held in Toronto and Winnipeg, coincidently, on June 18th, 1918.

Forms of certificate may be obtained from the Registrar at any time.

Registration for the June examination will close promptly at the Registrar's office in Ottawa, on May 21st, 1918.

R. W. POWELL, M.D., Registrar
180 Cooper Street, OTTAWA, ONT.

The Canada Lancet

VOL. LI. TORONTO, FEBRUARY, 1918 No. 6

EDITORIAL

CHRISTIAN SCIENCE ON CREAKING CRUTCHES.

Two gentlemen called upon us a few days ago and left the following with the request that we publish it. This we do, and accompany it by our criticism, as we informed these gentlemen would be the case, and to which they agreed. They also left with us a copy of the speech of Senator John D. Works in behalf of Christian Science. For the convenience of reference, we have numbered the paragraphs in the letter we have been requested to publish for convenience in reference.

Ottawa, Canada, January3 0th, 1918.

Editor, *The Canada Lancet;*

1. "In your attempted castigation of Christian Science in your issue of November, 1917, you have written lightly but not wisely of a godly man, Doctor Fluno, who has witnessed a good confession for many years, and who at an advanced age is engaged in preaching the gospel of healing from the lecture platform.

2. "Those M.D.'s who have turned to Christian Science, investigated it, demonstrated its truth and enrolled themselves among its practitioners, are not of the sort who take short-cuts to cheap degrees, but men who aim to be worthy of their high calling.

3. "Saying that Christian Science corrects the world of such a thing as sickness is another way of saying that Christian Science presents the principle of healing all manner of diseases, the principle of which Christ Jesus is the Master exponent, who declared: 'The Son can do nothing of himself, but what He seeth the Father do; for what things whatsoever He doeth, these also doeth the Son likewise.' (John 5:19). In the words of St. Paul: 'Why should it be thought a thing incredible with you, that God should raise the dead?' If the healing of diseases pronounced incurable by material methods, healing substantiated by such evidence as no unbiased man should deny, were claimed as done by human ability, you might well object to the claim; but when it is the power of God that is invoked, who dare put limits to the result? Why should any manifestation of life and restoration to health be deemed strange when the Almighty is relied upon? Our Master said that with God all things are possible, 'all good is possible to spirit', as Mrs. Eddy has put it in *Science and Health*, with Key to the Scriptures, page 232.

4. "This healing is accomplished by the understanding of the operation of spiritual law, and benefits accrue to all mankind by this

spiritual right-thinking. Mrs. Eddy discovered this law of divine mind, whereby the healing practice of early Christianity can be reinstated. Those whose profession is the relief of suffering and who want the truth about healing, should approach Christian Science in the spirit of the honest learned, willing to receive gladly any ray of real light from whatever quarter it may come, or however it may overturn preconceptions. We must become like little children to enter the kingdom of truth; and as truth is spiritual, we must become spiritually-minded.

5. "In a speech in the Senate of the United States, January 5 and 6, 1915, Hon. John D. Works presented testimonies of 57 cases of healing by Christian Science, covering 36 distinct diseases, such as tumor, cancer, paralysis, asthma, locomotor ataxia, blindness, deafness, organic heart disease, chronic myelitis, etc. Really, if one wants to get evidence that Christian Science has healed organic diseases, he can get it readily.

6. "In a book entitled "The Sense and Nonsense of Christian Science', published in 1911, the author said: 'Generally speaking, the members of the medical fraternity, when confronted with the attested works of Christian Science, either deny the correctness of the original diagnosis or else deny the cure. The first is a reflection on the competency of their own profession, the second is a blind and utterly indefensible contradiction of the evidence." It does not follow that the editor of *The Lancet* must exemplify the bad habit thus defined by Prof. Leon C. Prince.

7. "Christian Science cannot be forced on anyone. Therefore it is not in accord with its methods of operation to have it urged upon patients of other modes of treatment, whether in hospitals or without. None the less Christian Scientists, in the philanthropic work, do help to support such institutions as are at present necessary for the care of the needy and for the relief of suffering. The Mother Church, in Boston, Mass., sent a special train with necessaries, helpers and some $17,000 to Halifax, among the very first to extend aid to the stricken city. Its War Relief Fund has provided help in many countries.

8. "Your story of a Christian Scientist who refused to contribute to the relief of sick children, saying that sickness is a delusion, is a caricature of a Christian Scientist. Our human delusions or inhuman diseases are not thus dispeller and healed, but only by the compassionate application of the truth, as illustrated and taught by Christ Jesus, geniuine Christian Science.

"Yours truly,

(Signed) GEORGE R. LOWE,

"Christian Science Committee on Publication for Ontario."

1. With Doctor Fluno's faith in Christian Science we have no concern. He is at liberty to believe in as much of its gruesome teachings as he pleases. But when he, or any other Christian Scientist, undertakes to set forth the position of Christian Science from a public platform, then they must be willing to accept criticism. That Mr. George A. Lowe speaks of Dr. Fluno as a "godly man" has no bearing upon the case. Godliness in the Christian Science way of thinking is no proof of a knowledge of medicine. The fact is the more thoroughly one swallows the

religio-medico-hysterico-mystical science of Mrs. Eddy, to that extent must he cease to be a guide in religion, philosophy, or medicine. Mrs. Eddy's knowledge of medicine was of the most limited character possible. Her knowledge of philosophy was confined to a very crude acquaintanceship with Bishop Berkeley, through the writings of P. P. Guimby, which she was too dishonest to admit. Her knowledge of Scripture and religion is most perverted and unbalanced, and commercialized to a most painful degree. No one can read Mrs. Eddy's writings without coming to the conclusion that she placed herself on a level with Christ, and that she was divinely inspired—no tongue or pen ever taught me and no tongue or pen can destroy it. e

2. Already we have stated that some M.D.'s have adopted improper methods of practice. Some have taken to osteopathy, or chiropractic, or Christian Science. This only proves that they exercised their right of choice; but it does not prove that they were well advised in their choice. That a certain doctor becomes an abortionist does not prove that this sort of practice is right. He adopted such practice for the money that was in it; and tossed ethics to the four winds.

3. On such accepted beliefs as that God can heal any disease and raise the dead, we have no comment to make. We do say, however, that this power was not given to Mrs. Eddy, with her ignorant and blasphemous travesty on religion, where everything became with her, "How much can I make out of it". She copyrighted her books. She sold spoons. She charged an inordinate fee for her lectures that were supposed to give to the public the wonders of this revelation. How beautifully commercial all this was! Christian Scientists are continually proclaiming the cures that are effected by them. The medical profession knows that there are cases of hysterical paralysis and blindness that may quite suddenly recover; there are cases of nervous loss of sensation that at any moment may become normal; there are many tumors that are not cancer, or sarcoma, or tubercular, and that in due time may grow less or entirely disappear. To a Christian Scientist who knows nothing of medical science, this might seem to be the direct result of his mental treatment, stimulated, of course, by a fee.

4. In this paragraph of the letter is put forth the absolutely untenable statement that Mrs. Eddy made the discovery of the "law of divine mind". Mrs. Eddy discovered nothing that is not a thousand times better stated in the New Testament. Anything that there is in Mrs. Eddy's system that has any value at all is what arises through suggestion. This she stole from Quimby, and boldly denied that she did so. But to lie was quite a common practice with Mrs. Eddy. She lied about her motives, she lied about her cures, she lied about how she got her so-

called revelation, she lied about her own sickness, she lied about her age, and she lied about her friends when she sought to injure them, which she often did in a most unchristian manner. It is the teachings of such a woman that we are invited to "approach in the spirit of the honest learner, willing to receive gladly any ray of real light from whatever quarter it may come". One thing is certain that "ray of light" cannot come from Mrs. Eddy, who was either mentally deranged or a base fraud, as proven by her own writings. She may have been both, but she positively was the one or the other of these. Every page of her writings stamps her as grossly ignorant.

5. We now come to the reference to the speech by Senator John D. Works. We cannot give much space to this topic. The medical profession knows that the pretensions that such diseases as locomotor ataxia, cancer and organic heart disease were cured by Christian Science, are founded upon misconceptions. The Christian Scientist does not live who can go into the wards of any hospital and cure a genuine case of any one of these diseases. The answer may be made that the sufferer must become a true believer; and, through Christian Science, come into true accord with the divine mind. This is not the case, if we are to take Mrs. Eddy as authority, for this is what she states at line 7 of page 359: "I have healed infidels whose only objection to this method was that I as a Christian Scientist believed in the Holy Spirit, while they, the patients, did not." So one sees that Christian Science can heal against disbelief. This being the case, there is no excuse from Scientists not hastening to our hospitals and our asylums and setting all things right again. The fact is they cannot do it, except in those where suggestion may act.

Let us refer to a case given on page 23. It is that of a child of 3 or 4 years. Now, one so young could not exercise any faith in or knowledge of Christian Science, and, therefore, when cured of what was said to have been a malignant growth of the eye, the cure must have been brought about by the Scientist himself. The case got well in a few months. This clearly was some sort of vascular or inflammatory disturbance that underwent gradual recovery. That it was malignant no one will believe. As one reads through the cases reported in the speech, the ear-marks of neurosis, drink, drug habits, and wrong estimation stand out. The entire effort appears to us as falling far short of proving that Christian Science can cure organic diseases. Let us give a case. The woman had peritonitis. This was followed by what some doctor called rheumatism. Later still another doctor said she had neuralgia. Then some other physicians called the trouble neuritis. This in time, in the opinion of some other physician, became multiple neuritis. Finally, a consultation of physicians concluded that the disease was locomotor

ataxia. Morphine had been used a good deal, and at last chloroform had to be employed. A Christian Scientist was now called in, and in three days the woman's mind was quite clear, and in less than a month she was out riding. This sort of story carries conviction against the side using it.

There is a lengthy attack on the use of vaccines and serums. Here Mr. John D. Works makes an effort to show that such agencies have no value or even do harm. It is too late in the day for such views to check the onward march of science, or stay the use of the preventive and curative means.

6. With regard to the sixth item in the letter, dealing with diagnosis, we would state that the making of diagnosis is a most difficult part of the practice of medicine. It calls for thorough training, and the employment of many means of arriving at the truth. Mistakes are inevitable. But just think of the condition under Christian Science, where there is no distinction of disease. All conditions are the same, and the treatment is the same. With regard to diagnosis one must remark that many cases reported by Christian Science as being of a certain kind, the diagnoses are not proven. They are merely asserted. Consequently the alleged cures are of no consequence. To state that a given person had disease and consulted a number of eminent doctors is of no moment. What would be of value would be the genuine diagnosis by competent men of blindness due to optic nerve atrophy, and the cure of the same by a Christian Scientist; but there is none forthcoming. We look in vain for the cure by Christian Science of an unmistakable example of tumor of the brain. And so one might go on indefinitely. The whole situation comes to this: Some errors in diagnosis are made; some patients make the diagnosis for themselves; some patients state certain diagnosis as having been made that were never made; and many cures are claimed that are not cures, such as the arrest of the activity in tuberculosis, the disappearance of nervous symptoms, the subsidence in the size of some tumors. All such events are common enough without treatment of any sort. With regard to sending relief to the sufferers at Halifax, all one needs to state is that it was a most praiseworthy act, and shows that Christian Scientists are still materialists enough to believe that we must have food, shelter and raiment, notwithstanding the teaching of the non-existence of matter and that all is mind. This event is rather a good argument against their own cult.

8. When one hits the teachings of Christian Science rather hard it is retorted that it was a caricature on it. This is a very simple rejoinder, but it is not an answer. Mrs. Eddy declares again and again

that all sickness and diseases are delusions of mortal mind. Our correspondent concludes by saying that "Our human delusions or inhuman diseases are not thus dispelled and healed, but only by the compassionate application of the truth, as illustrated and taught by Christ Jesus, genuine Christian Science."

Genuine Christian Science is to give a man who has ague a dose of quinnine to destroy the organisms in his blood, to administer to the syphilitic suitable amounts of mercury or arsenic to get rid of the spirochetes, to inoculate our soldiers with anti-typhoid fever vaccine to prevent this scourge of armies, to make use of anti-diphtheric serum to the lives of stricken children, to properly disinfect the urethra and vagina in cases of gonorrhœa both to cure and prevent, and so on. This is the sort of Christian Science that Christ will own and bless in the future, as He has millions of times in the past. God has placed us in the world to use our intelligence, and when we use our talents in a proper way we are assured that these efforts will meet with His favor. We have had ample proof of this in the past. True Christian Science is not to stand idly by when a child is strangling with membranous croup and resort to some silent metal treatment, but to promptly administer an efficient does of antitoxin, which has been the means of saving so many children. This is just as Christian an act as to pull a drowning child out of the water.

We hope that by this time the scales are falling from the eyes of our Christian Science friends. It is a pity to see so many really worthy persons following the lead of such an ignorant, or deluded, or dishonest woman as Mrs. Eddy.

OSTEOPATHIC LIES NAILED.

In the *Bulletin of Central College of Osteopathy* for 1917-18, located in Kansas City, Missouri, we find the following:

"Briefly stated, osteopathy is a new but firmly established and legally recognized system of treating disease by natural methods and without drugs. Instead of the medical habit of forming a diagnosis from questioning the patient as to symptoms and treating the disease by poisonous drugs, the osteopathic physician makes these symptoms secondary to a thorough physical examination, with special attention to the condition of muscles, ligaments, nerves, and bones, as well as to the internal organs, and treats the diseased or abnormal condition by manual adjustment, manipulation, and other natural methods. Under the new system, the body is examined as an intelligent machinist would examine and treat or repair a complicated machine with which he is thoroughly familiar. Through a highly developed sense of touch, and a knowledge of anatomy, the osteopath is enabled to discover the slightset anatomical disorder,

which, being mechanical, must be reached by mechanical means. This principle holds good in acute as well as chronic troubles."

Let us begin by stating that the *Bulletin* is the fifteenth annual announcement of the college. This announcement gives pictures of the college building, its chief rooms, and many of the teachers. It outlines its course, and gives a list of the textbooks in use. It is, therefore, a representative college.

Now turn to the quotation taken from the announcement. In the first place it is stated that osteopathy is a natural method of treating disease without drugs. This is a claim without a shadow of foundation to stand upon. Manipulation is not and cannot be regarded as a natural method of treating disease. Like many other forms of treatment, it is sometimes helpful; but it must be employed with discrimination and in suitable cases, and no one but the trained physician or surgeon can determine this. It is certainly incorrect to state that manipulation is a natural method of treating disease, for nature has established no natural method other than her own powers of resistance.

The next lie is the one where it is implied that the regular medical profession makes diagnosis by questioning patients. The regular medical profession does question patients, and rightly so; but its members also make use of inspection, palpation, percussion, auscultation, chemical tests, the use of the microscope, the ophthalmoscope, the laryngoscope, the cystoscope, the skiagram, etc., etc. It is then a contemptible malsehood by implication to talk about "the medical habit of forming a diagnosis from questioning the patient."

Then there is another lie by implication, namely, that the medical profession treats disease by poisonous drugs. What a lie a half truth may tell! Drugs may be curative or deadly according to the dose and the method of their administration. Curare is harmless by the mouth and deadly under the skin. Strychnine will helpfully stimulate the nerve centres in proper doses, but it will give rise to fatal spasms in unduly large doses. A dose of morphine may be a veritable angel of mercy in an attack of renal colic, or it may induce fatal narcotism according to the amount given. Mercury may cause salivation, diarrhœa, or tremors, on the one hand, or cure a patient of the dread syphilis, according to the dosage and method of administration. These lying half truths must be nailed.

Then the next untruth is the implication that the osteopath "treats the diseased or abnormal condition by manual adjustment, etc." The terms are here used to mean disease in general, and convey the impression that any and all diseases may be thus treated. Surely, even the osteopath knows that he cannot treat a cancer of the stomach by "manipulation, adjustment and other natural methods." Surely he knows that

a calculus in the urinary bladder cannot be removed by such methods as are here laid down. Then why mislead the people by speaking of disease and abnormal conditions? But a system that is wrong in theory finds that it must maintain itself by erroneous claims.

Then, again, note what is said about the human machine. The falsehood here is that man is a machine only. Yes, he is, but he is also far more. To approach the diseases of the human body from the standpoint that the problem is merely one of mechanics is no better than to attempt to adjust a fine watch with one's eyes blindfolded. By no known mechanical method could one approach the treatment of a case of repeated miscarriage due to syphilitic infection, or of gonorrhœal ophthalmia. Mere mechanism will not explain nor cure the presence of the plasmodium malariæ in the blood. These sort of half truths are intended to mislead the public and should not be tolerated. n

Finally, look at the statement that the principle on which osteopathy is founded and carried "holds good in acute as well as chronic disease." One would have thought that out of respect for themselves osteopaths would not put forth such a claim. It is quite inconceivable that "manual adjustment, manipulation, and other natural methods" can cope with acute and chronic troubles, unless under "other natural methods" they admit, surgery, drugs, hygiene, diet, etc., etc. If they do, then they give their whole case away; but if they do not, then their claim is untenable and a myth. When osteopathy tells that it "is a common-sense system of discovering and correcting all mechanical disorders in the human machine, and providing an intelligent direction of the recuperative forces within the body to the cure of disease", it tells us what is not true. Osteopathy is not even a correct nor an intelligent method of studying man as a mere machine. Its fundamental theories are wrong. Its methods of arousing the forces of the body to combat disease are equally wrong, and must lead to faulty results. The theory that the body has within it everything requisite to cope with disease, and all that is required is to call this forth by some mechanical means is absolutely contrary to the teachings of true science, whether chemical, biological or medical. The body does not contain within itself the material to cure myxoedema, and no amount of mechanical treatment will give it the lacking thyroidin. This is only one example of very many that might be advanced.

THE FOUNDER OF OSTEOPATHY.

Dr. Still, in his autobiography, gives a minute account of the schools he attended, but not a word about his medical education, nor where he obtained his M.D. His father was both a doctor and a minister of the Gospel, and perhaps A. T. Still learned something about medicine from

him. On page 56 we find that in 1853, when he was 23 years of age, "with my father I doctored the Indians." From this date on to 1859, when his wife died, his time is fully accounted for, and no college studies come in anywhere. During the fifties (1850 and on) he was practising throughout Kansas. (See page 60). On page 65 he tells us of his attending a Mrs. Jones about 1857. From these facts it becomes apparent that he received no other medical education than what he learned from his father, and by the reading of books and the study of bones. There is much said in this book about his efforts to secure a practice and establish his new belief regarding disease in the States of Kansas and Missouri. On page 103 we read that in one day he set seventeen hips, and that on another day he set three. .It would seem from this that they were rather fond of dislocating their hips out west in those days.

On page 94 we read of this theory thus: "It appears perfectly reasonable to any person born above the condition of an idiot, who has familiarized himself with anatomy and its working with the machinery of life ,that all diseases are mere effects, the cause being a partial or complete failure of the nerves to properly conduct the fluids of life."

On page 356, he describes the old ram that gave him a jolt in the side of his head, and put a lot of electricity into his head and legs so that he could climb the tree of knowledge. It is a great pity that the symbolic ram did not give him a jolt on the other side and knocked the foregoing nonsense out of it.

On page 113 there is the account of how he cured the old blacksmith of his drinking habit. It is worth reading; but it would not be wise to follow the plan described, namely, of pushing, pulling and twisting the abdomen, then working on his spine and ribs, and finally bending him backwards.

On page 224, Dr. Still says something about the merits of osteopathy, and among other things: "Either God is God, or He is not. Osteopathy is God's law, and whoever can improve on God's law is superior to God Himself." Dr. Still discovered osteopathy in 1874, and this thing or law is so perfect that to improve upon it one must be greater than God. In face of this, it is not to be wondered at that E. D. Heist, D.O., said that osteopaths did not change their opinions.

On page 229 we read: "We take up osteopathy. How old is it? Give me the age of God and I will give you the age of osteopathy. It is the law of mind, matter and motion." About all that one can do with such a statement as this is to smile at it and pass on.

On page 232 we are treated to the novel theory that the use of quinine leads one to the belief that it is a cause of filroid tumors. Then he tells us: "Osteopathy—a drugless science—finds the utero-genital nerves deranged by irritation. It proceeds to reverse the order of

things, starts the nerves into action, which removes or carries off impurities preparatory to reconstruction. Take your choice between the two: A system that produces tumors and one that destroys them." This is so unique that it should be framed and hung up in the Library at Washington and in the British Museum, London.

With regard to operations hear what Dr. Still has to say on page 324: "But when should the knife be used? Never, until all the nerves, veins and arteries have failed to restore a healthy condition of the body in all its parts and functions." It would be a hopeless task for the wisest to see how this rule could be applied in the case of retention of urine, haemorrhage, ruptured intestine, cancer of the breast, and many other conditions. The humor of this sort of teaching is enjoyable, even of the teaching itself must be made the object of ridicule.

For a rare piece of egotism the following strikes us as very fine. It is found on page 339 of the Autobiography, and reads: "Twenty-four ears ago, the 22nd day of next June, at ten o'clock, I saw a small light in the horizon of truth. It was put into my hand, as I understood, by the God of nature. That light bore on its face the inscription: 'This is My medical library, My surgery, My obstetrics. This is My book with all the directions, instructions, doses, sizes, and quantities to be used in every case of sickness, and birth, the beginning of man; in childhood, youth, and declining days,' I am sometimes what people call 'inspired'." This puts us in mind of the man whose prayer was, "O Lord, give me a good opinion of myself." The joke of the whole thing is that there are seven colleges teaching this sort of stuff, and several thousands of osteopathic practitioners advocating this system.

OSTEOPATHY.

The following letter by an eminent authority is so much to the point that we give it to our readers:

To the Editor of *The Medical Record*:

Sir:—In his note on Osteopathy to *The Medical Record* of October 27th, it is quite evident that Dr. Beverly Robinson is not aware of the fact that at all of our large hospitals there is a corps of masseurs and masseuses doing better work than he ever dreamed of from such a source.

An excellent masseuse from a neighboring city called on me a short time ago and said, "The doctors in our town will not recommend massage, and their patients who need it go to the osteopaths." The inevitable result of this is that when the patients are benefited, as they sometimes are, their physicians are denounced for a conservative lot of old fogies, who do not want their patients cured in any other way than by the use of drugs; whereas they might just as well have had the honor and glory of the cure by advising massage at the proper time and seeing that it was

correctl ydone. But many times patients do not ask advice of their physicians about such matters, and when they receive no benefit or are injured, then they come back to the fold of their own good shepherd much better sheep than when they departed. Especially is this the case with many of the patients of the orthopedic surgeons, who often have their spinal columns yanked in a most unmerciful manner by the osteopaths, when they ought to be kept quiet, and then they return meeker than Moses, and require a much more prolonged course of immobilization. Indeed, I am not so sure but that some of my orthopedic friends are highsay of the physician who is so lacking in backbone as quietly and placidly ly tickled over this, though they say not a word. But what shall we to look on while his patient is being treated by an osteopath? Surely he ought to know that in some cases valuable time is being lost; in others, that his patient is liable to be injured. We are told everything that the osteopath does is scientific, very scientific. Some even claim that it is nothing but scientific massage. Unfortunately for the patient, however, the result is too often *sigh-entific.*

Osteopathy is a word that has long been in use to signify disease of bone. It is the worst possible term that could have been cribbed for any form of manual treatment whatsoever. In the*Medical Record* of August 16, 1879, I described all these people before they were conceived or begotten and while as yet there was none of them. Here are the words: "In almost every city of the United States, and, indeed, of the whole civilized world there may be found individuals claiming mysterious and magical powers of curing disease, setting bones or relieving pain by the immediate application of their hands. Some of these boldly assert that their art, or want of art, is a gift from Heaven, due to some unknown power which they call magnetism, while others designate it by some peculiar word ending with *pathy,* or cure; and it is often astonishing how much credit they get for their supposed genius by many of the most learned as well as by the most ignorant people."

Osteopathy is nothing but a crude, rough, awkward sort of massage or movement done by people who know little or nothing about either, and who assume to know everything and who shut their eyes to all that has ever gone before them in the way of manual treatment. It is doubly true what Dr. John K. Mitchell has said: "That if physicians had only been wideawake to the value of massage in suitable cases, the osteopath would never have had a chance." When osteopathy continues to thrive as it does not, it is time the general practitioner studied medicine, said a writer in the *St. Louis Courier of Medicine.*

Douglas Graham, M.D.

Boston, Mass.

—*Medical Record.*

ORIGINAL CONTRIBUTIONS

UNEXPECTED ABDONINAL FINDINGS.*

By W. H. Harris, M.D., Toronto.

BY text, "Unexpected Abdominal Findinigs", is certainly broad enough to include any of the rarer and many of the more common troubles to which this cavity is heir.

Frequently we are scolded for lack of diagnostic care or ability. Presidential addresses and papers read at society meetings often contain references to the carelessness and incapacity of the profession in general. This may be deserved, but it is a fact that it is impossible to come to a correct conclusion in some of the cases that are presented to our care. I wish to report the three following recent cases:

Mary H., age 10 years, was taken ill at school on Oct. 22nd, last year, and was admitted to Grace Hospital next day with an acute abdomen. The pain was severe and was at intervals exaggerated. The paroxysms were in some instances followed by vomiting. The color of the vomitus changed during the day from green to brown. The right side of the abdomen was the more rigid and a mass was palpable in the ileo-caecal region. The temperature was elevated, the white blood count 16,500. The tumor was not very hard and more regular than the usual inflammatory appendicular swelling. Percussion elicited a tympanitic note due no doubt to adjacent intestinal gas. The facts cited above made us doubt a diagnosis of eppendicitis, which had been suggested. Our opinion was that we had an internal hernia of the ileo-caecal variety. This opinion may have been biased a bit by the fact that we were looking for a case of this kind. However, the symptoms persisted and the general condition grew worse. Her face was drawn and anxious.

Late in the afternoon we opened the abdomen in the middle line and found a volvolus of the ileum. The twist in the bowel was due to the torsion of a cyst which had developed in the mesentery close to its attachment to the gut. A section of the bowel was removed with the growth, end to end anastomosis was done and a rapid and uneventful recovery resulted.

Etiologically, apart from hydatids, the origin of these tumors is obscure. They are usually unilocular and contain a clear or milky fluid.

The literature on abdominal tumors suggests that benign intra-peritoneal tumors are comparatively rare. Hydatid cysts sometimes arise

* Read at the Surgical Section of the Academy of Medicine, Toronto, 20th November, 1917.

primarily in the omentum. When multiple they are usually from rupture of a primary cyst in the liver or elsewhere.

Case 2. R. B., male, age 38 years. In October last year found himself feeling ill on rising in the morning a little earlier than usual. His symptoms were abdominal uneasiness, a sense of fulness in the pelvis, accompanied by a desire to go to stool.

He was seen by Dr. John Duncan during the following night in consultation with Dr. Irwin. He was removed to the Western Hospital, where the next morning I was asked to assist at an operation to determine the cause of his symptoms.

His heart action continued weak and his general circulation far from satisfactory. In spite of his extreme condition and influenced some by the wish of his friends, we decided to open the abdomen, hoping speedily to find a solution for his troubles.

A hasty examination failed to discover what was wrong, and on the suggestion of the anæsthetist, the further exploration was not advisable we concluded our efforts. The patient died shortly after. Being returned to his ward a post-mortem examination showed that death was due to an internal hernia. A loop of the ileum had passed into the duodeno jejunal flexure. The persistent collapse and the rapid fatal termination are the features of this case that seem remarkable. Shock, of course, is given as the cause. Perhaps sometime we may be able to explain more clearly this circulatory phenomenon. Over-stimulation of the nervous system has been considered the cause of this profound depression of the circulation.

Case 3. Female, age 29, wife of a soldier, was admitted to Grace Hospital on the 24th of June. She had been acutely ill for 24 hours and gave a history of an illness three weeks before which lasted a few hours and left some abdominal soreness.

The attack for which she was seeking relief came on suddenly with pain and vomiting and temperature slightly elevated and pulse quickened. She appeared extremely ill. Physical examination showed some quite considerable distention and marked right-sided tenderness. The intense pain was paroxysmal and came, as the patient described it, in gulps. Periodical vomiting continued. White blood count 18,000. Under anæsthesia the right side of the belly was more prominent, suggesting, on palpation, a lax abdominal tumor which was not dull on percussion. A right-sided rectus incision revealed a reto-peritoneal mass which on examination proved to contain a great part of the small intestines, which had formed a sac by passing from left to right behind the vessels of the mesentery. The sac was emptied, the opening closed and an ordinary uneventful recovery followed.

In his system of surgery published some few years ago, and which, of course, is not up-to-date, Treves has this to say about seventy cases of duodenal hernia that have been recorded: "It is more common in males than in females in the proportion of 3 to 1." He further says he is not aware that a case of acute strangulated duodenal hernia has ever been diagnosed during life.

Choyce, in his system, which is recent, says duodenal hernia has been met with at all ages. Some of the recorded cases have occurred in infants. Its presence is never suspected unless stragulation has occurred, and even then in the vast majority of cases the cause of the obstruction has only been discovered on opening the abdomen.

The symptoms that may suggest the presence of a retro-peritoneal hernia of the sub-acute type are long continued. Gastric disturbance and irregularity of the bowels, with colic and the presence of a circumscribed globular swelling resonant on percussion and yielding intestinal sounds an auscultation. If in addition we have paroxysmal pain and vomiting, accompanied by the other usual abdominal symptoms, we have reason to suspect the presence of a strangulated internal hernia.

When the condition found on opening the abdomen is a strangulated internal hernia of the duodenal type the contents of the sac should be withdrawn from the fossa without dividing the neck of the sac in which runs the inferior mesenteric vein or the superior mesenteric artery. An attempt should be made to close the margin of the opening into the fossa.

The cause of these hernias may be better understood by a recitation of the following facts:

In the early embryo the intestinal canal consists of an almost straight tube attached to the middle line of the body by a fold of peritoneum, the primitive mesentery. This mesentery undergoes a series of changes as the segments of the alimentary canal, and the associated glands are differentiated and assume the dimensions and position of the fully developed organs. As a result of these changes various peritoneal folds, with intervening fossae, are developed on the posterior abdominal wall, particularly in relation to the flexures of the intestinal canal. The sugical significance of these fossæ lies in the fact that they may assume such dimensions as to form potential sacs into which a loop of bowel may pass and become strangulated.

The situations in which such retro-peritoneal hernias may occur are:

1. The termination of the duodenum.
2. In the vicinity of the caecum and appendix.
3. In the mesentery of the pelvic colon.

Two important fossae occur at the junction of the duodenum and the jejunam. The most important, the para-duodenal, is situated on the left side of the ascending portion of the duodenum. Its left border is formed by the inferior mesenteric vein, and its right by the duodeno jejunal flexure. Its orifice looks downward and to the right, its blind extremity being directed to the left. Into this fossa the left form of duodenal hernia passes and as it extends and increases in size passes down behind the transverse and descening colon.

The next most important is the mesenteric variety. This lies in the nesentery of the jejunum immediately below the duodenum and behind the superior mesenteric artery which forms its anterior boundary. Its orifice looks to the left and its base downwards and to the right and into it the right form of duodenal hernia passes, extending down behind the transverse and ascending colon.

The two cases I have reported illustrate both types of hernia in the duodenal region.

COMBINATION TREATMENT OF SYPHILIS BY MEDICINE AND ELECTRIC MASSAGE.

By Sir James Grant, F.R.C.P., Lond., K.C.M.G.,
President and Chief of Staff, General Hospital, Ottawa.

FEW subjects are attracting more attention at the present time than electro-therapeutics, in which the Royal Society of Medicine, London, under the presidency of Dr. G. Harrison Orton, is evincing a deep-toned interest. For many years electricity was looked upon as quite a side issue by the profession, and, as a member of the Ontario Medical Council, I recommended more careful study of this subtle agent with reference to its influence on the human system, in the educational institutions of or country. In 1882 my paper on "Abnormal Electrical Storage" was published in the *Montreal Medical Journal*, defining two forms of electrical storage in the system, the normal, when a person runs lightly on a carpet and stores sufficient electricity in the system to ignite a gas jet, by a touch of the finger. The abnormal when electricity lodges in certain classes of muscles, such as those in the lumbar region, constituting a perfect case of lumbago, relieved almost instantaneously by punctures of number eight needles, eight or ten on either side of the spinal column, one inch or so apart, as required. These needles are inserted by pressure of the thumb nail. Owing to the extreme tension of the muscular tissue some little pressure is required, for the entry of the needles usally half their length. So soon as their entry is completed they can be removed almost immediately with great east, inasmuch as entire relaxation of the

muscular contraction is thoroughly established, all pain completely removed, and in about ten minutes the patient is able to leave his bed and walk around his room, perfectly free in every particular. The rapidity of the relief is truly remarkable, and the absence of pain perfectly complete. When this suggested idea of treatment was first introduced there was considerable unbelief, but to-day it is generally adopted throughout the scientific centres of the world. Many years ago I addressed the British Association, Dublin, on "Clefts in the Axis-cylinders of Nerve Tissue", first brought to light by Sir Michael Foster, of Cambridge, Eng., but left uncompleted, owing to sudden demise. This obscure subject engaged my attention closely for many years, and when, by mere accident, applying a neurotone charged by dray electric cell, to the extremities, I discovered spaces on the leg, entirely devoid of feeling, and after several applications of the neurotone, feeling was completely restored to a high degree of sensibility. That some form of obstruction existed was quite evident, by the defective conducting power of the nerves involved. At this time McDonald, of Sheffield, and Sherrington, of Cambridge, Eng., defined the presence of salts of sodium and potassium in nerve centres, a most important advance in science. Aware of these facts, I concluded the poisonous gases in the alimentary canal, the outcome of imperfect assimilation of food products, exercised some change on these saline constituents in the nerve centres and prevented perfect transmission of the electric current. Gradually, after years of careful observation, I became impressed by the power of electric massage, in producing greater activity in obsorption of food products, in cases of retarded assimilation in alimentary canal. In 1909, in compliance with the invitation of Professor Jacobi, New York, I addressed the American Medical Association on research efforts in clefts of axis-cylinders, and received the endorsation of that important assembly on my views of this subject. In December, 1917, I addressed the Medical Society of Ottawa on "Electrical Massage", and announced the idea of treating the lacteals and lymphatics, the great obsorbents of the system, when under poisonous influence of syphilis. Through these absorbents medicinal agents find entrance into the system, and I feel confident that arousing increased activity, particularly in the nerve tissue of these parts, by electris massage, more perfect absorption of Salvarsan *et al*, will be accomplished, and more complete evidence of therapeutic efficacy of remedies administered.

Under such circumstances a combination form of treatment, electric and medicinal, will assuredly prove of vast practical utility in this serious disease, now considered more fatal than tuberculosis.

The time is not far distant when the whole domain of therapeutics will derive benefit from abdominal electric massage, to counteract the poisonous influence of gases, in the alimentary canal, retarding the efficacy of remedies absorbed and circulated by the lacteals and lymphatics of the system, for relief from disease.

Join the neurotone and the dry cell by the wire, and graduate the electric power mildly, always detaching the wire when an operation is completed.

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

2nd. Moisten each leg from the knee to the ankle, and apply the neurotone freely for five minutes to each leg and dry carefully.

These applications will be repeated each day, at bed-time, for two weeks, and repeated once or twice afterwards each week, for three or four weeks, should any evidence of weakness continue. No application of the neurotone should be made less than two hours after a meal. When the neurotone application is completed, drop fifteen or twenty drops of liquid antiseptic soap over the navel and use vigorous massage for ten minutes over the entire abdomen, with open hand, placed in warm water, and then dry carefully. This massage to be continued after each application of abdomen.

Regulate the bowels carefully with salines.

SOME WORK WITH MINOR ANAESTHESIA.

By H. O. Howitt, M.D., L.R.C.P., M.R.C.S.
Guelph, Ontario.

HIPPOCRATES truly wrote, "Divine is the work that relieves pain". We have heard of attempts by the ancients to perform this "divine" work in manners as crude as they were then mpirical. For example, how the Assyrians made pressure over the carotid arteries—probably altering the blood supply of the brain. Homer wrote in his "Odyssey" of how Helen gave to Ulysses and his comrades the "sorrow-easing drugs".

In the middle of the 16th century freezing with ice and snow was practised as we use ethylchloride sprays to-day. Napoleon's surgean—Larrey—reported that at 19 deg. F. amputations could be performed almost without pain.

Local or minor anæsthesia really came into its own with the invention of the hypodermic syringe by Dr. F. Rynd, of Edinburgh, in 1845, and the discovery of the local action of cocaine in 1874. Its dangers—and the relative dangers and failings of other local anæthetics as sterile water, eucain, holocain, stovain, quinine and urea hydrochloride, etc., prevented the free practice of minor anæsthesia—until the advent of novocain and anocain, which are as efficient and six to eight times less toxic than cocain.

We obtain increased efficiency with the addition of dilute adrenalin chloride sol. (about three drops of 1-1000 solution per ounce).

Minor anæsthesia may be divided into: (1) Local; (2) regional; (3) vascular.

1. Local. Injected over and around the part affected.

2. Regional. Injected (a) *direct* into the nerves supplying the part; (b) *indirect*, around the nerves supplying the part.

3. Vascular. (a) Arterial injections; (b) venous injections.

I have had no experience with class 3 (vascular).

In abdominal, and the severe cases it is necessary, and wise to give a preliminary injection of hyocine grain 1-150, and about 1-6 of a grain of morphine. The first injection should be done with a fine needle and be intra-dermal, so as to blanche the skin, and cause a white wheal. When working on the extremities constriction is often used with advantage to lessen the danger of rapid absorption and to prolong the action. Local anæsthesia is frequently combined with general anæsthesia, as prophylaxis against shock, as practised by Dr. Crile. I remember 10 years ago at the East London Hospital, Mr. Sherrin never performed an amputation without injecting the large nerves before cutting them. The contra-indications, when properly used, are few, as children, epileptics, the highly neurotic and most mental cases. Dr. Crile reports that 90 per cent. of his cases have no unpleasant memeory of the day of operation, certainly with selected cases. Minor anæsthesia has distinct advantages and few unpleasant after-effects, as nausea, shock, etc., and subjects who could not take a general anæsthetic can be operated on with relative safety when a local anæsthetic is used.

Besides having used local anæsthetics for removal of—

(1) Multiple warts,
(2) Sebaceous cysts,
(3) Ingrown nails,
(4) Lipomata (large and small).
(5) Amputation of fingers and toes,

(6) A few tonsils, turbanates, the cauterization of superficial epitheliomata, circumcision in an adult,
(7) A partial thyroidectomy.
(8) Varicose veins,
(9) Varicoceles,
(10) Naevi,

I have had some interesting cases:

Case 1. Three years ago I saw a man with Dr. Andrews, of Georgetown. He was well over 60. His heart and chest condition were such that we did not consider it wise to use a general anæsthetic, but I consented to operate if they would give me permission to use a local anæsthetic. With a preliminary injection of morphine, grains 1-8, I injected (quinine and urea-hydrochloride) 1 per cent. solution, and removed the appendix. Two weeks later he developed pleurisy with effusion. I was called again and removed about one winchester of fluid, Quinine and urea was used again. This appendectomy caused considerable pain.

Case 2. A woman of 52 years of age, with gall-stones. Her heart was dilated and pulse irregular and she was what might be called a very poor subject. Dr. Robinson, of Elora, who referred her to me, was present at the operation. Her condition at the hour set for the operation was such that the nurses who were with her sent word that she had a "weak spell", and they could not get her pulse, and that we would not be able to go on with the operation. I was of the opinion that it would be folly to allow her to have an anæsthetic and be operated on. An hour or so afterwards when her condition had improved I suggested using a local anæsthetic and that I would stop if if her condition were such that it would not warrant proceeding. I used quinine and urea, and .25 per cent anocain, and opened and drained the gall bladder and removed 98 stones. Her condition seemed to improve and as the operation proceeded she did not complain of pain, but was interested in everything going on, and actually counted the stones as they were removed. An hour afterward when I saw her in her room she was smiling and delighted with herself, and said that she would not fear the same experience again.

Case 3. A female about 38, subject to gall-tone colic. She stood the operation and did not complain of pain during or after the operation. The interesting part about this case is that I had no anæsthetist present, had one been needed.

Case 4. A female 64, neurotic woman, with high blood pressure, was brought into the hospital with an acute mastoid, and, like case No. 2, her pulse got weak and almost imperceptible and her appearance was such that she might not live to have the operation. We did what we

could to combat shock, and about 8 hours after injected hyocine, grain 150 and morphia 1-4. She became drowsy, then about one hour afterward I opened the mastoid, only using a local anæsthetic, without removing her from her bed, and she did not remember anything, but "dreamed of something pounding her head".

Case 5. A man about 59, with sub-acute obstruction of the large bowel. Dr. Irwin, of Weston, saw him with me and agreed that if possible to avoid a general anæsthetic the man's chance would be much better. An acute obstruction developed and his abdomen was prominent, tense and tympanitic. I opened and tapped the bowel and performed a lateral anastmosis around the location of the obstruction.

Case 6. A man about 34. After a "drinking bout" he developed pneumonia, which nearly ended him; then an empyema set in. His case was considered nearly hopeless. Without removing him from his bed, with a local anæsthetic, I removed a couple of inches of a rib for drainage purposes.

Case 7. A woman about 35, with osteo-myelitis of the tabia. This was opened and drained with point 5 per cent. anocain.

Case 8. A man about 65, with distressed breathing on account of ascites due to atrophic cirrhosis of the liver. I opened the abdomen to drain the ascities without removing the patient from his bed and used a local anæsthetic. About one week later the fluid re-collected and once more I opened the wound to give him relief.

Case 9. A male about 60, with enlarged prostate. I proposed to do the operation in two stages, to open the bladder and drain it and then a week later to remove the prostate. This man was in the hospital at the same time as case No. 2 mentioned above, and he said if a woman could stand it with a local anæsthetic he could—and would. He apparently did not suffer, and like case No. 5, smoked a cigar while the operation was proceeding. One week later I removed the prostate. He was quite nauseated after the anæsthetic and when he was well enough, scolded me for not having used a local anæsthetic the second time.

Case 10. A female about 50, about five days before I had operated and performed a gastro-enterostomy, but severe vomiting developed and kept up. I felt it wise to re-oped and tie off the pyloris. After a preliminary injection of morphia 1-4 and hyocine 1-150, I carried out my intention with the desired result and without the patient knowing just when it had been done.

Case 11. A female about 19, small tumor on the inner side of the wrist. This was removed with regional and local anæsthesia.

Summary.

All the above cases made excellent recovery, except case 9, which was, of course, only done to relieve distressing symptoms. Case 11 is doing well, but was done less than one week ago and as yet it is too early to include. I prefer the preliminary injection of an H.M.C. tablet, or something of that sort and would encourage a man who smokes to smoke on the table, it seems to ease the nerves and gives something to think about. Case No. 4 while smoking got some ashes in his eye which bothered him very much more than the operation, and as he was more sensitve to pain than any other case I have had, I was able to accomplish a good deal of work while he was busy getting the ashes out of his eye. Frequently I have read in text-books that the visceral peritoneum is practically painless except that covering the gall-bladder and the mesentery of the appendix, and that the parietal peritoneum, irritated or touched, causes painful sensations. My experience does not altogether confirm this. I find practically all the severe poin is in the skin, with little or none in the fat, quite painful again in the anterior fascial sheath, little or none in the muscles except when a nerve is touched (when I say nerve I mean one large enough to be easily seen). The posterior sheath is painful, but not to the same extent as the anterior one. The parietal peritoneum when it hangs loose and can easily be separated from the fascia, I have not found to be painful. I have squeezed it between my fingers and between forceps. I have placed forceps on it one inch apart and have drawn on them without causing pain. The gall-bladder causes painful sensations when pulled upon, but if gently moved does not. The piercing of the needle in the placing of the sutures did not cause pain. In the appendix case I clamped the mesentery with a forcep before ligating and apparently without pain. The application of the clamps in the lateral anastomosis case did not cause pain, but pulling on the mesentery did. The pain seemed to be mostly caused by retractors or movements of my hand against the fascia at the edge of the wound. The omemtom did not cause painful sensations when pressure was applied. One draw-back to operating with a local anæsthetic is one's inability to freely explore the abdomen; in other words the diagnosis and nature of operation must be finally decided beforehand.

I have not had any brain surgery with local anæsthesia. Cases 4 and 7 suggest that there would cease to be painful sensations once the cranium was explored. I have not heard any of the above cases express regret that they did not take a general anæsthetic. and most of them have been loud in their praise of the method used.

CURRENT MEDICAL LITERATURE

CHRONIC DIARRHOEA.

J. L. Jelks, Memphis, Tenn., (*Journal A. M. A.*, Nov. 17, 1917), enumerates the conditions found in the rectum and sigmoid in cases of chronic diarrhœa. They differ very much in different cases and are due to numerous causative factors, as follows: 1, They may be caused by a primary infectious agent, amebic, bacillary, flagellate, or some other infectious element persisting over a long period at a time. 2. The conditions may be due to the primary cause and a secondary invasion. 3. They may be due to the primary pathology the symptoms of which may have disappeared to be revived again. 4. A chronic diarrhœa has often been observed to persist after all primary etiologic factors and all primary pathology has disappeared. In this connection, the writer mentions some cases of so-called mucous colitis which have followed certain operations or which have persisted long after the intestinal infection has been controlled and all ulcers in the rectum and the sigmoid healed. But if the abdomen is reopened, he has sometimes observed a pericolic veil-like process extended over greater or lesser areas of the sigmoid colon. The veils are delicate in structure and not closely attached or adherent. To these also may be due the kinks sometimes found in cases of mucous colitis. He says he might also associate with this class of cases the almost uncontrollable diarrhœas of liver cirrhosis and diabetes and acidosis. In the voluminous writings on the subject, he has found very few references even to the gross pathology of chronic diarrhœa, a fact which he considers rather remarkable. The primary etiologic factor is usually some acute infectious agent which leaves after it often the damage done, still continuing. In primarily amebic cases we find a more thickened rectal and sigmoid wall, less edematous than in the acute primary stages. The mucosa is covered with a mucopurulent or sanguino-mucopurulent coating which conceals to some extent the real damage that has been done the mucosa until it is rubbed or washed off. In these cases the hypertrophic and atrophic areas alternate and there may be so much fibrous infiltration of the intestinal wall as to cause stenosis and valvular obstirpation. According to the writer's observation, the distinction between the amebic rectum and sigmoid colon on the one hand, and the pellagrous and bacillary conditions of the intestines on the other, are that in the former the mucous membrane appears thicker and its ulcerations appear more destructive, while in the latter there is less edema, except in very acute conditions, and the oozing is from every surface. Remission must

occur in certain cases, apparently with no other treatment than rest, the disuse of carbohydrate diets and the substitution of a milk and egg diet. If the rectum and sigmoid are examined between these recurrent attacks of pellagrous diarrhœa, the appearances of the mucosa are significant, sometimes apparently blanched and other times congested and coated with mucous as the recurrence begins. He has observed these changes as far as the cecum only, but the appendix often suffers and may become perforated. In ulceration the rectum and sigmoid suffer most. Adenomas and syphilitic condylomas are also mentioned as conditions giving rise to chronic diarrhœa, which will persist as long as these growths remain. He has never seen recurrence of the tumors after removal, though some have been pronounced malignant. Years after the primary lesion and pathology have disappeared, he has seen a pericolitis develop and result in the formation of pericolic veils and kinks. These pericolic veils he thinks are more common in the South where pellagra and other intestinal affections are more frequent. He does not refer to the bloodless fold of Treves, which he believes to be of different origin and productive of Stasis. They represent a late pathology. Hence in the majority of these cases, the rectum and the sigmoid appear normal.

THE WASSERMANN REACTION.

The public health department of the London County Council has issued to metropolitan medical practitioners a memorandum on the interpretation of the Wasserman reaction. It was originally drafted by the pathologist of one of the London hospitals, for use in the venereal department of that institution. It has since been submitted to the pathologists of the other London hospitals in which examinations are carried out under the scheme now in force, and the present leaflet embodies certain additions suggested by them. The opening paragraph admits that universal agreement has not been reached with regard to certain points, but claims that the enormous number of tests made during the past ten years leave no doubt as to the meaning to be attached to definitely positive or negative results in the great majority of cases. Since the Wassermann reaction is quantitative, there will always be border-line reactions, which, when they occur, must be carefully considered in relation to all the known facts of the case in question. The definite statement is made that a well-marked positive reaction, obtained with the full technique, or with a modification involving only unessential details, justifies a definite diagnosis of syphilitic infection, provided that leprosy, yaws, and perhaps sleeping sickness, can be excluded—conditions which can seldom enter

into consideration in this country. A positive Wassermann reaction is sometimes obtained in malarial cases, where there is a complete absence of symptoms of syphilis and no suggestion, in history or otherwise, of a previous taint; and this point must be taken into consideration in certain cases. The memorandum goes on to consider the subject under the headings of "the reaction in diagnosis"; "the effect of treatment on the reaction"; "the reaction on the control of treatment"; and on "the reaction as a criterion of infectivity". Under the last head it is stated that if a positive reaction is well marked it is, with the reservations outlined above, undoubted evidence of syphilitic infection, but that if weak it has little diagnostic value and must always be considered in relation to all the known facts of the case. With regard to a single negative result it is said that it has no diagnostic value during the first few weeks of the disease, nor in a patient undergoing treatment. A negative result in an untreated case exhibiting suspected secondary lesions almost excludes syphilis, but never absolutely. In the later stages, with certain exceptions, a rather higher proportion of undoubted syphilitic cases give negative results, so that such a result, while contraindicating a diagnosis of the disease, especially if previous antisyphilitic treatment can be excluded, must be regarded in relation to all other available evidence. In using the reaction to control treatment ,the ideal aimed at should be a persistently negative reaction following a prolonged and thorough course of treatment. This result, combined with the absence of all clinical signs, is the best evidence of non-infectivity.—*British Med. Jour.*

MILK INTOXICATION.

The term "intoxication from milk" is used more or less vaguely. In connection with young nurslings we perhaps think firt of local phenomena induced by some ingredient in the milk, and consisting of vomiting and diarrhœa. The irritating substance, even if it causes violent symptoms, is not, however, technically a poison unless it enters the blood and attacks the viscera, especially the kidneys, during elimination. Marfan, in an article in *Le Nourisson*, abstracted in the *Journal de médecine et de chirurgie pratiques* for October 25th, is opposed to the use of the term poison unless such can be shown to exist by definite tests. Nurslings vomit at times after the mother or nurse has eaten seafood or vegetables of the cabbage type, but no toxic substance can be recovered from the milk. Alcohol is hardly eliminated by the mammary gland, yet the nursling of an alcoholic mother may show marked nervous phenomena. When a mother takes a purgative her milk is diminished in quantity,

although at times the child may seem to have obsorbed some of the purgative. Certain substances, like arsenic, mercury, and colchicum, are known to find their way into the milk, and these, if any, should be able to poison the nursling. Marfan saw an apparent case of mercurialism in the nursling of a woman who was using intrauterine injections of sublimate, yet the presence of the drug does not appear to have been shown in the milk or in the nursling's urine. In menstruating nurses and recently vaccinated nurses the milk may disagree with the child, and this is true of feverish angina. Toxins may circulate in the blood in such cases and enter the milk, but of this we have no real evidence. Absorption must be minimal and effects transitory.

In artificial feeding the possibilities of actual poisoning are far greater. Chlorate of potassium has by mistake been added to milk for sugar, and hemolysis has followed, with intestinal hemorrhages. Milk preservatives belong in this category. Cows at times eat medicinal plants colchicum), and various substances used as fodder, especially waste products from breweries and distilleries, lead to the production of a milk upon which the nursling, for whatever reason, cannot thrive. It is, however, only occasionally that these cattle foods seem unwholesome, and we are still in the dark as to the existence of definite toxic principles. When, as sometimes happens, the nursling shows an extraordinary intolerance to milk which is up to standard, we can only imagine an anaphylaxis, which involves the action of a toxic principle.—*Medical Record.*

VITAL CAPACITY AND HEART DISEASE.

C. W. McClure and F. W. Peabody, Boston (*Journal A. M. A.*, Dec. 8, 1917), call attention to the importance of a decrease in vital capacity of the lungs as a factor in the production of dyspnea in heart disease. The degree of decrease of vital capacity below certain normal standards corresponds closely to the tendency to dyspnea. Since this tendency depends largely on the functional capacity of the heart, the determination of the vital capacity of the lungs may serve as an indirect index to the cardiac condition. This has ben determined by the authors in a series of twenty-four cases, as shown by the tables which the writers present. Improvement in the functional state of the heart is associated with a rise in the vital capacity. When the heart condition is apparently stationthere is evidence of increasing cardiac insufficiency the vital capacity of the lungs of patients with heart disease are frequently satisfactory objective records of the clinical course of the disease and may be an aid in prognosis.

PERSONAL AND NEWS ITEMS

The Hospital for Sick Children, Toronto, has been awarded by Mr. Justice Middleton, the sum of $30,000 from the estate of James Carter, of Sarnia.

Because of the serious need of a greater number of physicians in all parts of the country, and particularly in view of the serious strain imposed upon the profession by the demands of the war, the Board of Governors of Western University has concluded for the first time in the history of the institution to admit women to the medical college. It is announced that one application has already been received and accepted and others are being encouraged as much as possible.

There is a movement on foot for the erection of a memorial to the late Dr. W. D. Young, in Kew Beach Park.

Dr. Addison, a member of the British Government, said recently at Charing Cross Hospital that Britain was approaching a real shortage of medical men. The annual wastage due to ordinary causes and the war was now 900 or 1,000, whereas the graduation was far below that number.

It is understood that the Legislature will impose some restrictions upon the sale of essences containing alcohol, especially upon the essence of ginger.

Major Gilbert Royce, M.A., M.B., or Toronto, who has been overseas for a considerable time, has been appointed to the post of commandant of the Canadian hospital at Bromley, Kent. He went overseas with the University of Toronto Hospital No. 4.

Col. C. H. Hodgetts, M.B., who has been for some time Canadian Red Cross Commissioner, has recovered from his recent attack of pleurisy.

Major W. A. Groves, M.B., C.A.M.C., has returned to his home in Fergus. He went overseas with the 65th Battalion.

Capt. E. G. Leary, M.B., C.A.M.C., has returned home. When the war broke out he left his practice in Brampton. He was associated with the Ontario Military Hospital. He was very well known in undergraduate days as a football player.

Capt. Chas. S. BcKee, of the Vancouver General Hospital, joined the C.A.M.C., was attached to No. 5 Canadian General Hospital, and has been serving on the Balkan front. He graduated in medicine from the University in 1896.

As a result of the investigation of Dr. Bell and Dr. Allison, of the Ontario Board of Health, it has been found that there were 158 cases of diphtheria carriers in Walkerville, and eight cases of diphtheria. The medical officers examined all the school children and a number of factory

employees, with the result that 102 houses were quarantined. Steps were taken to have the germs killed before the children or the adults were allowed to leave their homes, and now it is reported that the situation is very much improved.

In a recent visit made by Mr. C. N. Senior, publicity commissioner of the Military Hospitals Commission, he had occasion to speak in high terms of praise of the efficient condition of the Guelph Military Hospital.

Miss Edith Gordon, of Toronto, who took her M.B. degree at the University of Toronto in 1915, having previously taken her Arts course there, has accepted an appointment at Cornell University with the title of assistant medical adviser of women. This special work was inaugurated at Cornell four years ago, with a Swiss medical woman, Dr. E. H. Hatzke, at the head, but it is understood that Dr. Gordon will be responsible for the work of the department. She will have the onerous task of examining the seven hundred women students, and keeping a card index showing the medical condition of each one.

The University of Toronto will receive this year $500,000 frm the succession ues, and a special grant of $125,000 owing to conditions caused by the war.

After much consideration the Ministerial Association of London, Ont., decided that there should be some attention paid to sex education, and decided to take the matter up with the Board of Education and the Medical Health Officer.

Capt. Harvey G. Young, of St. Mary's, who took his M.B., at the University of Toronto in 1916, has been awarded the Distinguished Service Order. He was for some time at the General Hospital. He enlisted with the Canadian Army Medical Corps, and went over with the 49th Battalion.

Comparatively little has been written about the good work done by the Canadian Medical Services, so that the issue of a History of No. 7 (Queen's) Canadian General Hospital will be regarded as an experiment which might well be repeated in regard to one or two other units or sections of the services which have played an important part in the great war.

Claiming that venereal diseases—namely, syphilis, gonorrhœa and chancroid, are contagious and infectious, Dr. Seymour, Public Health Commissioner for the Province of Saskatchewan, acting under the provisions of the Public Health Act, announced that these diseases will in future require to be reported, and that those suffering therefrom must at once secure treatment and remain under the care of a physician continuously until a cure has been effected. The physician is required to report the case to the Commissioner of Public Health within three days

of the patient's first visit, together with other information relating to the patient and the family, omitting, however, to give the patient's name unless the patient fails to report to the medical attendant for 30 days, when the name and address must be then sent to the commissioner, who is empowered to take such steps as may be required to arrange for the treatment of the patient.

A legal fight in which the License Board is striving to have "Wincarnis" indicted as a beverage, and therefore subject to the restrictive provisions of the Ontario Temperance Act, was begun recently before Magistrate Denison in the Police Court, and will be continued. Hartley H. Dewart, K.C., who is acting for the company which makes "Wincarnis", produced numerous expert witnesses, all of whom swore that the wine is so medicated that it cannot be used as a beverage. It was stated that it contains 14.9 per cent. alcohol, 12.5 per cent. solids, and .48 per cent. iron.

The replacing of destroyed portions of skull with layers of cartilage taken from the patient's own ribs is one of the latest methods of healing war injuries. Mr. H. Warren Woodroffe, surgeon to the Ulster Volunteer Hospital in France, describes the method which has been successfully tried on a number of severely wounded men.

A resolution asking that those suffering from diseases arising out of the social evil be subjected to the same regulations governing victims of contagious and infectious diseases was unanimously adopted by the General Ministerial Association, Toronto, after hearing a statement by Capt. J. W. Magwood, a returned chaplain, who referred to the widespread nature of these diseases.

The estimates for the Health Department of Toronto have gone up to $500,000 for this year, as compared with $367,000 last year.

Mr. H. B. Jeffs, M.B., was home a short time ago. He had won the Military Cross for gallantry in attending the wounded, though wounded himself. He is a son of Dr. W. H. Jeffs, of North Toronto. He had served for two years in France.

On January 22 the population of military convalescent hospitals was 21,584 patients, a slight increase since the last census. Convalescent hospitals are caring for 9,475 men recovering from wounds and disabilities insurred in service; in sanatoria 1,314 men are taking the cure for tuberculosis, and the remaining 795 are under treatment in other hospitals.

It has been stated on reliable authority that one-third of the prisoners of war in the German and Austrian internment camps die.

A fire broke out some time ago in the laundry department of the Military Hospital on Spadina Avenue, Toronto, but the fire drill train-

ing of the soldiers was so perfect that the fire was completely under control by the time the fire brigade arrived.

There occurred a fire in the Water Street Catholic Hospital of Ottawa on the 10th of January; and four little children lost their lives as a result. Mrs. Lacroix died of shock. The loss was estimated at $100,000.

Capt. Clarence A. Brisco, of Chatham, and an M.B. of the University of Toronto, 1913, was recently awarded the Military Cross. The record states that "after twenty-four hours spent tending the wounded, without sleep or rest, he conducted stretcher parties over the shell-swept ground with a total disregard of his own safety." Capt. Brisco has been serving with the R.A.M.C. on the Mediterranean.

Owing to the demand for more hospital accommodation in the Toronto district, the A.D.M.S. has arranged to take over the Givens Street school as a hospital for out-patients. The school has for some time past been used by the Royal Flying Corps.

When the Osmanieh was torpedoed in the Mediterranean eight nurses lost their lives by drowning.

Col. R. D. Rudolf, professor of therapeutic, University of Toronto, and who has been overseas for a considerable time, has had conferred upon him the distinction of commander of the Order of the British Empire, a new order of merit and rank

Major S. P. McMordie, formerly of St. Catharines, and a graduate of University College in 1899, has been gazetted temporary lieutenant-colonel. He has been serving with the Canadian railway troops in France, and appeared in the casualty lists as wounded in August, 1916. Lieut.-Col. McMordie also holds the D.S.O

The university shares by proxy in the honor recently conferred on Lieut.-Col. George S. Rennie, of Hamilton, who has been made a C.M.G. He was a student at Trinity College in the days before its medical school became a part of the University of Toronto, and received his M.D.C.M. in 1889. Lieut.-Col Rennie went overseas with the C.A.M.C. and has served for some time as A.D.M.S. of the Dover district and the Shorncliffe area.

Dr. W. T. Grenfell, the noted medical missionary to Labrador, paid a visit to Toronto, and told of his work among the Esquimaux, and of the possibilities of the country ,especially in the matter of fisheries. The natives are a very brave people.

His Majesty's hospital ship Rewa was torpedoed and sun in the Bristol Channel at about midnight on January 4, on her way home from Gibraltar. All the wounded were safely transferred to patrol vessels.

There were only three casualties among the crew, three Lascars being missing. She was displaying all the lights and markings required by The Hague convention. She was not and had not been within the so-called barred zone, as delimited in the statement issued by the German Government on January 19th, 1917.

In Britain an order has been issued that sugar and glycerine cannot be used in the manufacture and dispensing of medicines, as the former is required for use and the latter for explosives. The people must content themselves with less palatable preparations.

There are 1,171 military beds, which are disposed of as follows: Cobourg, 400; Whitby, 160; Brant House, Burlington, 202; Guelph, 400; and at the latter point, it is added, there are whole wards which have never been in use. The plans for the future provide for the opening of further accommodation at Whitby for 480 beds within two months, and 300 new beds in Toronto, while it is proposed to erect a 600-bed hospital at London. The objects of the commission are to concentrate all shell shock cases at Cobourg, and to allot the various hospital space for different types of cases, but the allotment and transfer of cases appears to be a matter which rests in the hands of the Army Medical Corps.

Dr. William T. Fitzsimmons is the first American to die wearing the uniform of his country. He was a member of the Hoover Hospital Unit. He was killed (murdered) by a German bomb dropped on his hospital in France.

Many will be sorry to learn of the death of Dr. Raymond Guiteras, of New York, a noted genito-urinary surgeon. Three years ago he was the guest of the Toronto Academy of Medicine.

OBITUARY

LT.-COL. JOHN McCRAE, M.D.

Lieut.-Col. John McCrae, whose early decease is profoundly regretted by the Canadian medical profession, was taken ill with mild pneumonia a short time ago and removed to a British hospital in France, where he was treated by Sir Bertrand Dawson, but succumbed to the disease. He went over with the First Field Artillery under Brig.-Gen. Morrison. He went through Ypres. His white horse, wounded, is still seen wandering about McGill Hospital grounds. He joined the hospital when it proceeded overseas, being second in command, and latterly was

appointed by the Imperial authorities as consultant physician for an area in France, this being the first such given a Canadian on active service, though Col. Bruce holds a similar appointment.

Lieut.-Col. McCrae was joint author with Adami of a text-book on pathology, and his poem, "In Flanders Fields", published by *Punch* two years ago, won wide admiration. A big-hearted, five character was Jack McCrae, said a McGill College man. Col. Gow, Deputy Minister, cousin, went to France for the funeral.

W. D. YOUNG. M.D.

Dr. William D. Young, died 4th January at his residence, 1986 Queen Street East, Toronto, after an illness of several days. He was born in Ottawa, and had been a resident of Toronto a great many years. Prior to practising medicine he was in charge of the chemical department at Toronto Technical School. Dr. Young was an Oddfellow and also a member of Beaches Lodge, A.F. & A.M. He was the second son of Rev. and Mrs. Joseph Young, of 63 Elmer Ave., Toronto, and is survived by his wife and four daughters, Misses Margaret, Isabel, Helen and Marion Young, also by two sisters, Mrs. Frank Courtice, of Collingwood, and Mrs. H. P. Broughton, Sault Ste. Marie, Ont., and two brothers, Dr. George S. Young, Toronto, and Joseph W. Young, Boston, Mass, U.S.A. The late Dr. Young was never known to turn a deaf ear to the calls of the poor, and was indefatigable in his work for the soldiers' families. Only the Saturday prior to death, although not in good health, he was working until a late hour. He made many sacrifices of his professional skill, well knowing he would receive no financial returns, and his name was held in esteem by the poor of the east end of the city.

ROBERT W. SMITH.

Word was received in the end of December by his relatives in Guelph township, of the death of Dr. Robert W. Smith. In March of 1916, Dr. Smith enlisted at London with the Army Medical Corps and went almost immediately to England. He was stationed in the Canadian Convalescent Hospital, Uxbridge, England, until he became ill last August, when he was in several hospitals, death coming while he was at the Daughters of the Empire Hospital, the cause being anaemia and acute septic tonsilitis. Deceased was born in the county of Oxford in 1885, was educated at S. S. No. 2 and the Woodstock Collegiate. He then went to Toronto University, where he graduated in 1911, afterwards practising one year in Innesfree and three years in Hardisty, Alberta, before enlisting

AUSTIN OGDEN.

Word was received in Sarnia that Dr. Austin had been killed in France. He was a son of the lat H. H. Ogden, of Sarnia, where the family lived for many years, and was well known. A number of years ago they went west. Dr. Ogden graduated from the University of Ann Arbor, later going to Germany, where he was taking a course in medicine when the war broke out. He was detained in that country for some time, but was later released and landed in England. Later he enlisted in a British regiment and crossed to France.

STEPHEN B. POLLARD.

Dr. Pollard died in Toronto on 28th December last, at the age of 72. He had practised in Toronto for many years.

CHARLES J. KELLY.

Dr. Kelly, of Hamilton, Ont., died at Tuscon, Arizona, on 29th December, where he was at the time. He was an X-ray specialist and had been in poor health for two years.

FRANK G. SWITZER.

Dr. Switzer died in the Protestant General Hospital, Ottawa, on 22nd December. He was 54 years of age, and was a well-known practitioner of the Ottawa Valley.

PHILIP J. MAGAN.

Dr. Magan died in St. Joseph's Hospital, London, in his 45th year. He had been practising in London since 1906. He was born in Bothwell.

BRIG.-GEN. BERNARD J. W. IRWIN.

Dr. Irwin died at his home in Cobourg, Ont., on 15th December, at the age of 87. He was an active surgeon in the American Civil War. He used the first field hospital tent for the treatment of the wounded at the battle of Shiloh.

CAPT. W. L. MACLEAN, C.A.M.C.

Dr. (Capt.) MacLean, died last November in France from wounds. He was born in 1885 at Glace Bay. He graduated from Dalhousie University in 1908.

HUGH McGOUGAN.

Dr. McGougan died in Port Arthur last November. He had been in practice in Thamesford, Ont., for some years. He was in his 45th year.

GEORGE NAPIER THOMAS.

Dr. Thomas died in the Toronto General Hospital in his 38th year. He was a Toronto graduate of the year 1904. He practised in several places in northern Ontario. He leaves a widow and one daughter.

JOHN SIDNEY BAIRD.

Dr. Baird was found dead. For years he had specialized dermatology in Winnipeg. He was a graduate of the University of Manitoba, and 45 years of age.

ADELSTAN L. DeMARTIGNY.

Dr. DeMartigny died in the Hotel Dieu, Montreal, in his 52nd year. He was a well-known surgeon in Montreal. He did much post-graduate work in France.

BOOK REVIEWS

DISEASES OF THE CHEST AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS.

Diseases of the Chest and the Principles of Physical Diagnosis. By George W. Norris, M.D., Assistant Professor of Medicine in the University of Pennsylvania, and Henry R. M. Landis, M.D., Assistant Professor of Medicine in the University of Pennsylvania; with a chapter on the Electrocardiograph in Heart Disease, by Edward B. Krumbharr, Ph.D., M.D., Assistant Professor of Research Medicine in the University of Pennsylvania. Octavo volume of 782 pages, with 413 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $7.00 net. Half morocco, $8.50 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto, Ont.

This very complete and large volume is divided into four parts. The first by Dr. Norris, deals with the examination of the lungs; the second part, also by Dr. Norris, goes into the methods of examining the circulatory system; the third part, by Dr. Landis, takes up the diseases of the lungs, bronchi and plura; and the fourth part, by Dr. Landis, treats of the diseases of pericardium, heart and aorta. The work is very thorough and complete in every detail, and is sure to command attention. It is an excellent guide to the busy practitioner, and is indispensable to the clinician. We have tested this work in many parts and find it up-to-date

and well written. The book is very fully illustrated, the typography is clear, the paper first-class, and the binding attractively done. Much praise is due to authors and publishers, and they should be rewarded by a large sale of this most useful book.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by H. R. M. Landis, M.D. Vol. IV., 27th series, 1917. Philadelphia and London: J. B. Lippincott Company. Price, per valume, $2.25, or $9.00 per year, bound in cloth.

This volume has aticles on clinics, medicine, psychiatry, public health and surgery. Among the contributors may be mentioned Fred H. Albee, A. D. Bevan, K. Carroll, C. G. Cumston, G. G. Davis, Leon Froger, H. H. Grant, J. Grinker, F. H. Lahey, J. Litzenberg, F. M. McCallum, E. Meroz, M. Neustaeder, G. J. Saxon, P. G. Skillern, C. K. Smith, J. Speese, W. A. Steel and B. Tucker. All of these have had long and extensive experience in the work of giving clinics and know what to say as of most use to the profession. There are a number of the articles devoted to very timely subjects. These rank sufficiently high to merit careful study. The publishers of this series are entitled to their full mede of praise.

PROGRESSIVE MEDICINE.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D., and L. F. Appleman, M.D. December, 1917. Philadelphia and New York: Lea and Febiger. Cloth, $6.00 per annum.

This volume has for its contributors J. H. Austin, J. C. Bloodgood, C. W. Bonney, H. R. M. Landis and M. E. Rehfuss. The contents cover diseases of the digestive tract and allied organs, diseases of the kidneys, genito-urinary diseases, surgery of the extremities, shock, tumors and eruptions, and practical therapeutics. There is due all these articles the highest words or enconiums, and the continued popularity of the series shows in what esteem it is held by the profession. As usual, the volume is well illustrated, the paper is good and the type clear. Dr. Joseph C. Bloodgood, of Johns Hopkins, devotes 157 pages to military surgery. This article is most timely and excellent, and this article has its value greatly enhanced by the numerous illustrations scattered throughout it. There is a very interesting article on therapeutics by Dr. H. R. M. Landis, in which he takes up many of the most important drugs. The comments offered are most suggestive and helpful. The volume can be recommended with confidence.

BACTERIOLOGY.

A Compend on Bacteriology, including Pathogenic Protozoa. By Robert L. Pitfield, M.D., Pathologist to the Germantown Hospital; late Demonstrator of Bacteriology at the Medico-Chirurgical College, Philadelphia; Visiting Physician to St. Timothy's Hospital and Chestnut Hill Hospital, Philadelphia. Third edition, with 4 plates and 82 other illustrations. Philadelphia: P. Blakiston's Son and Company, 1012 Walnut St. Price, $1.25.

We have tested this medium-sized book of 280 pages and find it lacking in no essential detail. The general account of the subject is excellent and of a most satisfying character. This is followed by an account of bacteria as the cause of disease. The most recent views are to be found in these pages. There is a section on the relationship of animal parasites to disease. This covers the various sub-group of the protozoa, such as the sarcodina, mastigophora, sporozoa and infusoria. In this group are found different forms of dysentery, trypanosamiasis, syphilis, yellow fever, malaria and variola. Among the filterable viruses we find scarlet fever, hydrophobia, yellow fever, smallpox, dengue, typhus fever, poliomyelitis, measles. The book should find many admiring readers.

BLOOD TRANSFUSION.

Its Methods and Uses in Hemorrhage and Anaemias. By Bertram M. Bernheim, A.B., M.D., F.A.C.S., Instructor in Clinical Surgery, the Johns Hopkins University; Captain, Medical Officers' Reserve Corps, U.S.A.; Author of Surgery to the Vascular System, etc. Philadelphia and London: J. B. Lippincott Company.

This special work on blood transfusion goes fully into the indications calling for its employment, the technique of carrying it out, and the diseases that most require this method of treatment. There are a number of suitable illustrations in the volume. Intravenous treatment at the present moment is holding a prominent place in the centre of the stage, and this being the case the volume before us is specially welcome. This can be said with all the greater readiness, because of the merits of the book. In 1913 the author contributed an article on blood transfusion in a monograph on the surgery of the vascular system. The present volume is the outgrowth of that article, and has been well revised and brought up-to-date. This work should find its way into the hands of everyone who is interested in this line of treatment.

DISEASES OF DIGESTIVE ORGANS.

The Diseases of the Digestive Organs, with Special Reference to Their Diagnosis and Treatment. By Charles D. Aaron, Sc.D., M.D., Professor of Gastroenterology in the Detroit College of Medicine and Surgery; Consulting Gastroenterologist to Harper Hospital. Second edition, thorough revised. Illustrated with 156 engravings, 48 Roentgenograms, and 9 colored plates. Philadelphia and New York: Lea and Febiger, 1918. Price, $7.00.

A perusal of the contents of this volume at once impresses one with the full and exhaustive manner in which the author has gone into the

subject of the diseases of the digestive organs. The physiology, pathology and therapeutics are given very careful study. The exposition of modern teaching is clearly set forth. The author has made good use of the time that has elapsed since the first edition to add a considerable amount of new matter, and thereby keep the volume up-to-date. There are few departments of internal medicine in which more satisfactory advances have been made within recent years than in the diagnosis and therapy of the diseases of the digestive organs. It is, therefore, gratifying to find that this work is quite abreast of the latest views. We can most cordially recommend this volume to the medical profession.

REGIONAL SURGERY.

A Treatise on Regional Surgery. By various authors. Edited by John Fairbairn Binnie, A.M., C.M., F.A.C.S., Kansas City, Missouri. Volume III., with 521 illustrations. Philadelphia: P. Blakiston's Son and Company, 1012 Walnut Street. Price, $7.00. 1918.

There are some fifteen well-known surgeons taking part in the writing of this volume, dealing with the respective phases of surgery with which they are specially familiar. This volume covers the regional surgery of the upper and lower extremities. Among the contributors may be mentioned J. F. Mitchell, J. W. Perkins, A. F. Jonas, Dean Lewis, E. H. Bradford, Robert Soutter, J. F. Binnie, W. J. Frick, Sir W. A. Lane, C. H. Fagge, E. Rixford, S. Stillman, Sir R. Jones, D. M. Aitken, H. Lilienthal. The work all the way through is one of rare excellency, and must become a favorite to operating surgeons. This volume, like the two which have preceded it, is got up in the very best style, as to paper, typography, illustrations and binding. The text is well written and contains sound and modern advice, as might be expected from such a corps of contributors. Taking the three volumes together this work may be pronounced the very best extant on regional surgery.

MILITARY ORTHOPAEDIC SURGERY.

Medical War Manual No. 4. Prepared by the Orthopaedic Council. Illustrated. Philadelphia and New York: Lea and Febiger, 1918. Price, $1.50. Authorized by the Secretary of War and under the supervision of the Surgeon-General and the Council of National Defence.

In the preface we are informed that much of the contents of this little volume is taken from the writings of Col. Sir Robert Jones; and no better source could be found. The subject of the soldier's foot and the military shoe is handled by Edward L. Munson, of the U.S.A. This number of the war manuals deals with the foot, the joints, the spine, fractures, bone-grafting, methods of fixation, splints, the use of plaster of Paris, etc. Like the other manuals in this series it is a most useful book. It is of pocket size and strongly bound. It is really interesting to observe

how much can be compressed into a book of this size. The illustrations add much to its value, and make clear the text. These manuals must prove of the utmost value to the soldier, through the help they will give the attending surgeon. These manuals would also be a decided aid to the general practitioner in civil practice.

MILITARY OPHTHALMIC SURGERY.

Medical War Manuals No. 3. By Allen Greenwood, M.D., Major M.R.C., U.S.A., G. E. De Schweinitz, M.D., Major, M.R.C., U.S.A., and Walter R. Parker, M.D., Major, M.R.C., U.S.A. Illustrated. Philadelphia and New York: Lea and Febiger, 1917. Price, $1.50.

This is a very excellent little manual and the proper size for the pocket. It is full of condensed and very useful information about the diseases and injuries of the eye as they come before the army surgeon. The names of the authors are sufficient guarantee as to the matter to be found in this volume. Dr. Greenwood takes up military ophthalmic surgery; Dr. De Schweinitz discusses trachoma and the common forms of conjunctivitis; while Dr. Parker gives a section to examination of malingerers. These manuals are bound to be very useful to the army surgeon. Their size makes them very convenient and their price brings them within the reach of all. When one compares the scientific skill with which the soldier is now treated compared with the lack of science in former wars, the contrast appears truly great. The doctor's surgean's and scientist's share in this war is very great. "They are worth armies to the nation's weal".

MISCELLANEOUS

IMPORTANT STATISTICS.

An increase in the cases of smallpox, scarlet fever and diphtheria, and a decrease in those of measles, whooping cough, typhoid, tuberculosis, infantile paralysis and cerebro meningitis is the comparative standing of the communicable diseases in the Province in 1916 and 1917, according to the report just compiled by the Provincial Board of Health.

The report shows that there was a tremendous slump in the number of cases of measles in 1917. In 1916 when one of the worst epidemics in the history of the Province was experienced there were 31,997 cases of measles and 227 deaths. In 1917 there were but 7,795 cases and 31 deaths.

In 191* there were 174 cases of smallpox and three deaths, while last year there were 222 cases and no deaths. There were 1,449 cases

of scarlet fever in 1916 and 39 deaths, while in 1917 there were 2,027, but only 38 deaths. While the number of cases of diphtheria in 1917 was much larger than that of 1916, there being 3,597 in 1917, as compared to 3,212 in 1916, the number of deaths decreased from 284 to 223. The mortality for diphtheria showed a decrease from 8.8 per cent. to 6.2 per cent.

There were 1,670 cases and 54 deaths from whooping cough in 1917, while in 1916 there were 2,205 cases and 97 deaths. There were 825 cases and 83 deaths from typhoid fever in 1917, a large decrease over 1916 when 1,225 cases and 158 deaths were reported.

The figures for tuberculosis show that while there were 1,813 cases and 984 deaths in 1916, there were but 1,707 cases and 819 deaths in 1917. Only about forty per cent. of the deaths from tuberculosis, however, have been reported.

A HOSPITAL IN FRANCE.

Hushed and happy whiteness,
Miles on miles of cots,
The glad, contented brightness
Where sunlight falls in spots.

Sisters swift and saintly
Seem to tread on grass
Like flowers stirring faintly
Heads turn to watch them pass.

Beauty, blood and sorrow
Blending in a trance—
Eternity's to-morrow
In this halfway house of France.

Sounds of whispered talking,
Labored indrawn breath,
Then, like a young girl walking,
The dear familiar Death.

—Coningsby Dawson, Lieut. C.F.A. in *Good Housekeeping.*

VIOLENT AND SUDDEN DEATHS IN TORONTO.

During the past year no fewer than two hundred and seventy people met violent or sudden deaths in Toronto. About one-quarter of this number were either found dead in their beds or dropped dead on the street. Last year 92 people died in this manner. Suddenly stricken or

found dead, 68; gas, 36; autos, 28; burns, 20; falls, 18; railways, 17; drowning, 16; street cars, 8; alcoholic poisoning, 7; suicide, 6; blows, 4; electrocuted, 4; machinery, 4; murdered, 3; airplanes, 3.

DR. C. K. CLARKE GIVEN AN OLD PIECE OF SILVER.

sented to Dr. C. K. Clarke recently at the Zionist Hall by the Hebrew National Association in token of the services rendered by Dr. Clarke to the poor Jewish patients of the city.

The presentation was made by Rabbi Jacobs, and many speeches followed the presentation. Among the speakers were Rabbi Margolies, of Chicago; Mr. Singer, Rabbi Weinrib, Rabbi Rosenburg, Dr. Norman Allen, Dr. Pollock, Dr. Webster and Mr. Brittain, director of the General Hospital.

The piece of silver was "older than your grandfather or your great-grandfather, and we hope it will remind you of the appreciation and love we have always had for you," is what Rabbi Jacobs said in making the presentation. In returning his thanks for the gift Dr. Clarke expressed a wish that the Jews and Christians become closer federated and that the barriers of misunderstanding be swept away.

SCHOOL FOR THE BLIND.

Halifax, N.S., Jan. 15th, 1918.

To the Friends of the Blind in Canada:

In view of the recent terrible explosion in Halifax, and the number of persons who have become totally or practically blind as a result of the same the several organizations in Halifax for the care and training of the blind find themselves almost overwhelmed in meeting the new conditions which have arisen. Even before the disaster the resources of the Halifax School for the Blind, the Home Teaching Society for the Blind, the Maritime Association for the Blind, etc., etc., found it almost impossible with their limited resources to meet the demands upon them, but these demands have been suddenly increased by the necessity for the providing shelter, care and training for upwards of two hundred men, women an children who lost their sight as a result of the recent disaster. Under these circumstances it is imperative that an appeal be made to all sympathetic and public-spirited Canadians. The best and most effective way of making provision for these sightless people is to immediately increase the blind endowment fund so that it may reach a total of $500,000. The income arising from such an endowment fund will enable us to meet the problems of the blind in Halifax in a systematic and practical man-

ner, and would bring to many a one now helpless and hopeless new opportunities to fit himself or herself for the battle of life. No greater need to help the blind has ever arisen in any part of the world and I believe that when the people of Canada fully appreciate the situation generous help will be forthcoming.

The blind endowment fund is in the hands of three trustees, namely, the President of the Board of Managers of the School for the Blind, Halifax; the Treasurer of the School for the Blind, and the Eastern Trust Co. of Halifax.

A few typical cases of the recent disaster may be cited:

A woman of 31, now totally blind, is a patient in one hospital, while her little daughter, 9 years of age, totally blind, is a patient in another. Two other children of this mother were killed in the explosion, and two were badly cut but will recover. The husband and father was killed at his work.

In another family the mother, 35 years old, is totally blind, the father has lost one eye, and a child aged 5 is totally blind. There were seven children in all in this family of whom the remaining six are being cared for by aged grandparents. One of these children is tubercular.

A young wife of 18 whose husband is in the army is still in hospital, four months pregnant and frantic over practical blindness.

In another family the mother was killed. The father, a discharged disabled soldier, who has lost one leg, was not injured in the explosion. When their two children, little girls, were seen in one hospital, one about 2½ years old had one eye enucleated, a hand nearly severel by cuts and bad cuts on face; the other child, about 20 months old, had had to have both eyes enucleated; the visiting workers met the volunteer heretofore inexperienced in nursing, who had the night of the disaster, held these children during their operations.

A mother, 45 years of age, now totally blind, had five children, of whom one is missing, one lost a leg, one is suffering from other serious injury, and one is totally blind. The father was probably killed as he has been missing since the explosion. The child of their married daughter is also totally blind and badly mutilated.

A mother of 39, totally blind, had a child of ten totally blinded in the explosion who has since ied. A second child, aged 12, has lost one eye. The husband,a soldier, is in the trenches overseas.

Contributions towards the Blind Endowment Fund may be sent to Sir Frederick Fraser, School for the Blind, Halifax.

The Canada Lancet will gladly forward any subscriptions received for this most worthy object.

ACADEMY OF MEDICINE, TORONTO.

Prof. Irving Fisher, Professor of Political Economy at Yale University, addressed the Academy of Medicine, Toronto, at its meeting on Tuesday evening, November 6th, upon the subject of health insurance.

He pointed out the ill effects following the failure of the workingman to insure himself against sickness. Whereas the wealthy man insures himself against accident, illness and death, against fire, burglary and other damage, the poor man rarely has protection. The great proportion of poverty in this country is due to illness in the household, the loss of wages and the expenses due to illness impoverish the man whose savings are scanty. Investigations of the Buffalo Charities Organization Society withi nthe past two or three years have shown that of the cases of poverty they have had to deal with 78 per cent. have been caused by illness.

Health insurance will not only provide a remedy for this poverty, but will be a great stimulus in preventing disease. As boiler inspection has all but eliminated the former large number of accidents due to explosions, so will health insurance arouse a healthy interest in the causation of disease, whether due to long hours, poor ventilation, careless habits, indiscriminate expectoration, protection against dangerous trades and processes, or other factors in the morbidity of working men. Simple rules of personal hygiene will also be impressed upon men and women who will become interested in the scheme as they become contributors to the same.

During the past few years the average age at death in America has increased 5 years. Practical hygiene has accomplished this. Yet, if the figures be closely studied, it will be found that this average has been increased through the lessened number of infant deaths. Children formerly dying in the first and second years of life are now being carried on to six, eight and ten years of age. We are preventing the acute infectious and nutritional disorders which formerly caused a high mortality in infancy, but these are only caused carried on for a few years. On the other hand the period of productive life has not increased. We have not prolonged life during the working years. In fact, the life expectancy at forty-five has not increased; while at fifty it has appreciably lessened during the past two decades, and at age sixty it has materially lessened. We have now to combat the degenerative diseases of middle life as we have combated the infections of early life. Our problem is well illustrated by the fact that of 10,000,000 conscripts of age 21 to 31 recently examined in the United States it is stated that some 60 per cent. have been rejected as medically unfit. A more careful survey was made of 1,000 employees of the Ford Motor Co., and of 1,000 bank and office workers in New York by the Life Extension Institute. Of these 2,000,

99 per cent. were found to have minor or major defects ranging from carious teeth and nasal obstruction to hypertension, albuminuria and glycosuria. And these were a class definitely above the average of their age and station in life.

REPORTING OF ACCIDENTS FROM LOCAL ANAESTHETICS.

To the Editor,—The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anæsthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that eseveral of the local anæsthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have accurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East 26th St., New York City, who has been appointed by the committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned, and such information will be used solely as a means of study-

ing the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few secondt.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the dueation of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidates were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meagre the data, so long as accuracy is observed.

The committee urges on all anæsthetists, surgeons, hpysicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention of the character of observations desired.

TORALD SOLLMANN, Chairman,
R. A. HATCHER, Special Referee,
Therapeutic Research Committee of the Council on Pharmacy and Chemistry of the American Medical Association.

MILITARY ANTI-TUBERCULOSIS PROGRAMME PERFECTED, U. S. A.

Plans for a complete programme for the prevention of tuberculosis in the army have been perfected by the National Association for the Study and Prevention of Tuberculosis, working in co-operation with the Surgeon-General, the Y.M.C.A. and other agencies. This, it is predicted,

will put the impending second draft on a better health basis than the first. The programme will include not only a follow-up for every man discharged on account of tuberculosis, but a thorough-going health educational campaign among the soldiers.

Prior to the first draft the National Association began to outline a preventive campaign. Owing to the magnitude of the task and the many practical delays in perfecting and applying the details of this scheme, the results were not as encouraging as might be expected. This was due to the fact that the report of names of men rejected by the draft on account of tuberculosis was inadequate, the slowness of the machinery in getting under way, and the many difficulties in determining the status of the men.

Inasmuch as these enlisted or drafted men do not become accepted soldiers until after their probationary period lasting from three to six months in the various services, the Government assumes no responsibility for the after-care of those whose health breaks down during that period. Hence this problem belongs to the civilian boards of health and the unofficial health organizations.

The National Association programme falls into two main divisions: (a) Follow-up work and (b) educational work. The first obstacle to the follow-up programme was section 11 of the selective service regulations regarding the second draft, which forbids giving a record of a man's condition to anyone except certain designated officials. The National Association officers, however, placed before the War Department the importance of this work and were influential in persuading them to open the records of rejected men to state and local Boards of Health throughout the country, through the United States Public Health Service and the Council of National Defence.

Inasmuch as the above section of the regulations does not apply to men dismissed from training camps after they have passed draft boards, the association arranged with the Surgeon-General and the division surgeons in camps to receive the names of all men thus dismissed. These lists are divided up by states and forwarded to state associations and state Boards of Health for follow-up work. Where men are referred to localities where there are not at present facilities for this follow-up work, the association will use its good offices to promote the establishing of such facilities.

In the meantime the medical department of the army has perfected its machinery for weeding out these tuberculosis cases. Every man passed by the draft board after going into camp is examined by the regimental surgeon, re-examined by a tuberculosis board, and then if suspected of tuberculosis, again examined by a tuberculosis expert. This follows a general policy mapped out and recommended by the National Association.

A large number of men have already been accepted into the service who are known to be tuberculous, many of them formerly inmates of tuberculosis sanatoria. Part of the association's work has been to get in touch with every tuberculosis sanatorium and dispensary in the country and compile lists of all recent male inmates of draft age, giving the history of their cases and whether or not it was known if they were in the army at present. Hundreds of such names have already been received. This data is forwarded to the training camps, the men are located and the results are reported back to the sources of information.

Furthermore, the association has sent a letter to all of its fifteen hundred local co-operating agencies, giving the provisions of the second draft and urging that these agencies procure the names and addresses of all men of military age in their section who are known to have tuberculosis; get in touch with these men and arm them with the necessary affidavits to prevent, if possible, their being passed by the draft board, and recommend to the local draft boards the names of the approved tuberculosis experts in their section.

The association is also co-operating with the Surgeon-General's office to aid the Government in providing sanatoria for those men who have been discharged from the service on account of tuberculosis after their probationary period has expired. All full-fledged soldiers and sailors returned from France or other stations will be cared for as near to their own homes as possible in sanatoria accommodations provided by the Government. The Government intends to utilize as far as possible existing institutions.

From the United States Marine Corps the National Association has secured each month a report of men rejected for tuberculosis from all its recruiting stations, and these men will receive the regular follow-up attention.

From the second, or educational, division of the programme it is hoped to derive the greater ultimate good by the establishment of fundamental preventive measures among the well.

The National Association is interested in any kind of an educational campaign among the men in the various military camps that will tend to promote interest and information with regard to the control and prevention of communicable diseases, ad toward the promotion of public and individual health in general. In the mobilization of such large numbers of men in various camps throughout the United States there have developed an unusual number of somewhat serious epidemics of colds, coughs, pneumonia, measles and various other respiratory and communicable diseases. That all of these diseases can be controlled by education and by the exercise of adequate public health measures has been clearly demonstrated in the civilian population throughout the United States. Most of these epidemics are spread through ignorance and care-

lessness. It is inevitable where large numbers of men from all walks in life and with all possible diseases and variations of physical habits are thrown together in somewhat uncomfortable and crowded living conditions that there will be an immediat crease in the amount of sickness from communicable diseases. It must be obvious, however, to even the most superficial observer that if these men can be taught to maintain a reasonable standard of personal hygiene and can be given a knowledge of the methods and principles of the control of communicable diseases a rapid diminution in the sickness rate will follow.

In co-operation with the Educational Committee of the National War Work Council of the Y.M.C.A., the National Association will furnish a number of stock lectures dealing with tuberculosis, together with lantern slides to illustrate them. It will also arrange to put the educational secretaries of each of the camps in touch with public lecturers in and around their respective camps. The association has requested the War Department to give careful consideration to the desirability of appointing one or more special officers detailed to lecture on tuberculosis and allied health subjects in all of the army camps throughout the country.

The association has prepared a special circular entitled "Red Blood," giving in brief and attractive form a message to the soldier relative to personal fitness, a health "Don't Card", and a Public Health Manual may also be distributed, the latter being a textb-ook of personal hygiene.

The association will also arrange to distribute through the departmental executives of the Y.M.C.A. a number of special tuberculosis exhibits known popularly as "The Percel Post Exhibit". In connection with these moving picture films and lantern slides will be used.

The National Association Field Secretary, Dr. Pattison, is visiting the training camps and supervising this educational work.

MEDICAL PREPARATIONS

THE PNEUMONIA CONVALESCENT.

In spite of all of the modern advances in scientific therapy, and the improvement in the general handling and management of acute infectious diseases, acute lobar pneumonia still deserves the title ascribed to it by Osler. "The Captain of the Men of Death". There are, however, especially during the fall and winter months, many cases of the lobular or irregular pneumonia that so often complicates or follows la grippe. When this condition supervenes it is more than likely to follow a subacute or chronic course and convalescence is frequently long delayed. Under such circumstances, in conjunction with treatment designed to hasten resolution, a general blood tonic and vitalizing agent helps ma-

terially to shorten the convalescent period. Pepto-Mangan (Gude) is of much value in this field, because it not only increases the solid elements of the blood, but also acts as a true tono-stimulant to the organism generally. As Pepto-Mangan is free from irritant properties and constopating action, it is especially serviceable in the reconstructive treatment of the devitalization following the pneumonia of the aged.

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ANTIPHLOGISTINE.

Many months ago, writes Leonard Williams in the *Practitioner*, London, a friend said to me, "How do you treat pneumonia?" Having never completely divested myself of my truculent mid-Victorian training, I replied, "With faith, hope and charity. Faith, in the medicatrix naturæ; hope, for the absence of complications, and charity with those who differ from me."

"You don't give Digitalis?" "No."

"Nor Calcium?" "Neither."

"Not even thyroid?" "Animal farceur!"

"And you make no local applications to the chest wall?" "Never."

"Then you are wrong. Listen."

And, being a willing listener, I listened. Some twenty years ago he had seen much hospital work in Paris. At that time in the treatment of pneumonia the practice of many of the French physicians was to blister the affected side, and he had satisfied himself that the cases thus treated did better than those in which the blistering was omitted, and he adopted the practice in England. After a time, however, largely on account of the objections urged by the patients and their friends to the pain and discomfort produced by the blisters, he rather reluctantly

ceased to apply them and reverted to the "expectant" method in which he had been nurtured. Time went by, and one day he received an advertisement of a preparation known as Antiphlogistine, for which it was claimed that when applied to the affected side in pneumonia, either lobar or catarrhal, it had the effect of reducing the temperature, slowing the pulse-rate and promoting sleep without any additional treatment. With the memory of his blistering days full upon him, he decided to give it a trial. His experiences were such as to give him encouragement, and to bring him near to believing that not all men, not even all American advertisers, were necessarily liars.

I decided to turn my attention to the claims of Antiphlogistine, which up to that time I confess to having regarded merely in the light of a conventient form of poultice, locally dehydrating, decongestioning and comforting, but probably innocent of any effect upon pulse rates and temperatures. Here again, one case in the history of my conversion must suffice.

In November of last year a young Belgian of 20 years was admitted into the French hospital with a temperature of 104 deg., a quick bounding pulse, slight cough and severe pain in the left side. On admission physical examination was negative. The following day his nose bled, but neither I nor the resident—an experienced Belgian doctor—could detect any signs in the chest. That night he was delirious and coughed a great deal. On the following day he voided some sticky sputum which was hypically rusty, and developed labial herpes. Physical examination now revealed the classical dullness and tubular breathing over the lower lobe of the left lung for which I had been looking. His temperature was 105 deg. At about 4 p.m. a gamgee jacket thrickly spread with Antiphlogistine was applied over the whole chest. The following morning his temperature was normal.

Now, I do not pretend to explain these happenings; for the benefit of the open-minded, I content myself with recording them. The clinician must protect himself against the sneers of the laboratorist. That we are unable to follow the processes by which a healing measure produces its effect is a sorry reason for discarding it. The search for a scientific explanation is a laudable and, academically, an interesting adventure, but in practice it is but a sleeveless errand. Trosseau, probably the greatest clinician of any time, has expressed in characteristically simple words the only position for us to adopt: "Je no vois en therapeutique que deux choses: le medicament applique a l'organisme, et le resultant eloikne de cette application. Quant aux phenomenes intermediares, ils nous echappent, et nous echapperont probablement toupours." Who can explain the process by which digitalis works its wonders; and what advantageth he who can?

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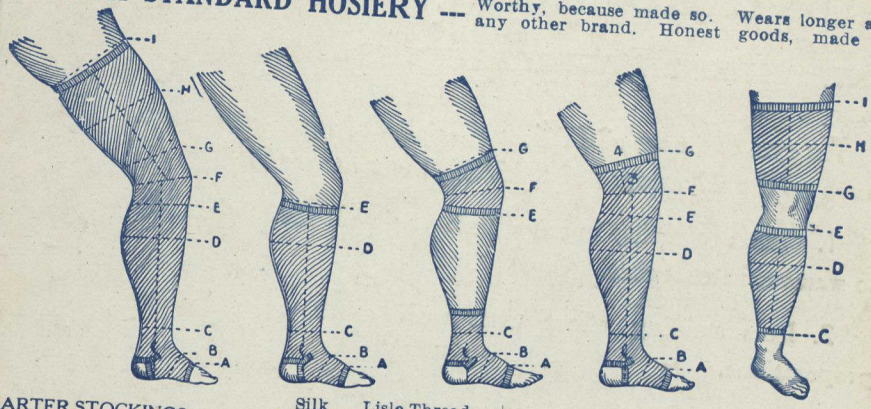

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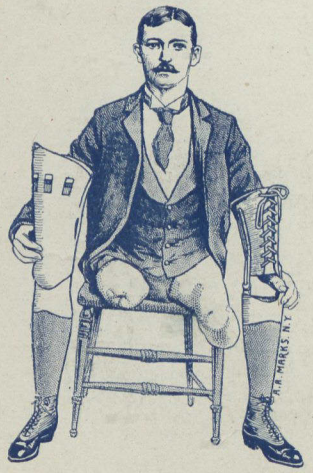

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