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DOMINION MEDICAL COUNCIL ACT.

By THE EDITOR.

THE thanks of the entire medical profession of Canada is due to Dr. Roddick for his efforts in connection with the important question of a Dominion Medical Council. Dr. Roddick has struggled on for years; and now sees his efforts crowned with success, so far as it was possible for him to go in the new direction.

The Act in itself is a very important and valuable one. It does not interfere with provincial rights in the least. There is a clause in the Act to the effect that the several Provincial Legislatures must approve of the terms of the Act. When this is done, the Dominion Council, as arranged for in the Act, comes into operation. It is to be sincerely hoped that the Provincial Legislatures will lose no time in enacting such a measure as will make effective Dr. Roddick's Act.

The Act is comprehensive in its scope. When all the Provinces have approved of it, a vast step will have been taken onwards in Medical Education and the status of the medical profession. The CANADA LANCET gives its many readers the text of the Act. It is, perhaps, the most important Act that has ever been passed in Canada, so far as the medical profession is concerned. It will have much influence in binding the Provinces more closely together into a United Dominion, and the Dominion with Great Britain. The union of the medical profession of Canada into one harmonious body, and them with that of Britain, will wield no small weight in the Empire's affairs. It can truly be said of Dr. Roddick, as was said of Christopher Wren, "Si monumentum requiris, circumspice."

THE ACT.

An Act to provide for the establishment of a medical Council in Canada.

HIS Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

1. This Act may be cited as *The Canada Medical Act, 1902.*

2. In this Act, unless the context otherwise requires:—

(a) The Expression "medicine" shall be held to include surgery and obstetrics and to exclude veterinary surgery, and the expression "medical" shall be held to include "surgical" and "obstetrical."

(b.) The expression "Provincial medical council" includes "Provincial medical board" and "College of Physicians and Surgeons."

"(c.) The expression 'medical school' includes any institution wherein medicine is taught."

"(d.) The expression 'student' means only persons admitted to the study of medicine in virtue of Provincial laws."

3. The persons from time to time appointed or elected, or otherwise being, under the provisions of this Act, members of The Medical Council of Canada, are hereby constituted a corporation under the name of "The Medical Council of Canada," hereinafter called "the Council."

4. The purposes of the Council shall be to promote and effect—

(a.) The establishment of a qualification in medicine, such that the holders thereof shall be acceptable and empowered to practice in all the Provinces of Canada ;

(b.) The establishment of a register for Canada of medical practitioners, and the publication and revision from time to time of such register ;

(c.) The determination and fixing of the qualifications and conditions necessary for registration, including the courses of study to be pursued by students, the examinations to be undergone, and generally the requisites for registration ;

(d.) The establishment and maintenance of a board of examiners for examination and for the granting of certificates of qualification ;

(e.) The establishment of such a status of the medical profession in Canada as shall ensure recognition thereof in the United Kingdom, and enable Canadian practitioners to acquire the right to registration under the Acts of the Imperial Parliament known as the "Medical Acts ;"

(f.) The enactment, with the consent and at the instance of the medical councils or boards of the various Provinces of Canada, of such Provincial legislation as is necessary to supplement the provisions of this Act and to effect the foregoing purposes.

5. The Council may acquire and hold such real estate and personal property as is necessary or expedient for the purposes of the Council or of providing a revenue therefor, and may sell, lease or otherwise dispose thereof ; but the annual value of the real estate owned by the Council and held for the purposes of revenue only shall not at any time exceed the sum of twenty-five thousand dollars.

6. The Council shall be composed of—

(a.) One member from each Province, who shall be appointed by the Governor in Council.

(b.) Members representing each Province, their number being fixed in each case according to the number of practitioners registered under the law of the Province, in the following proportions :—

For the first 100, or fraction thereof..... One.

For the second 100, or fraction thereof over one-half.. One.

After the first 200, for each succeeding 600,
or fraction thereof over one-half... One.

The elected members representing each Province shall be elected—one by the Provincial Medical Council, and the others by the duly registered medical practitioners having received a license or certificate of registration within the Province under regulations to be made in that behalf by the Provincial Medical Council ; provided that it shall not be competent to any Provincial Medical Council, or the regular practitioners of any Province, to elect any person as a member of the Council who is in

any wise connected with the teaching staff or governing board of any university or incorporated medical school which is under the provisions of this Act entitled to elect a member of the Council, nor shall it be competent to them to so elect any person belonging to any such particular and distinct school of practice of medicine as is mentioned and intended by paragraph (d.) of this subsection ;

(c.) One member from each university or from any incorporated medical college or school in Canada having an arrangement with a university for the conferring of degrees on its graduates, engaged in the active teaching of medicine, who shall be elected by the university or by such college or school under such regulations as may appertain.

(d.) Three members, who shall be elected by such practitioners in Canada as, by the law of the Province wherein they practice, are recognized as forming a particular and distinct school of practice of medicine, and as such, are by the said law entitled to practice in the province.

(2.) No one shall be a member of the Council unless he—

(a) resides in the Province for which he is an appointed or elected member ;

(b.) is duly registered as a medical practitioner in the register established under the provisions of this Act ; but this qualification shall not be required of any of the members originally composing the Council.

(3.) No Province shall be represented upon the Council either by appointed or elected members until the Legislature of the Province has enacted in effect that registration by the Council shall be accepted as equivalent to registration for the like purpose under the laws of the Province, and when all the Provinces shall have legislated in effect as aforesaid, it shall be lawful to appoint and elect in the manner aforesaid the members of the Council : Provided, however, that if any of said legislatures afterwards repeals its legislation contemplated by this section, no more persons shall be given the right to practise medicine within the jurisdiction of such legislature, by reason of their qualification or registration under this Act.

7. The term of office for appointed members shall be four years.

(2.) Members elected by Provincial medical council shall remain in office until the expiration of the term of office of the members of the medical Council of the Province for which they are elected.

(3.) All other members shall be elected for four years.

(4.) Any member may at any time tender his resignation by written notice thereof to the president or to the secretary of the Council. Upon the acceptance of such resignation by the Council, the Council shall forthwith give notice in writing thereof, in case of an appointed member to the Secretary of State of Canada, and, in case of an elected member, to the secretary of the medical council for the Province, or to any University, incorporated Medical School or College, or to the President or the Secretary of any recognized distinct School of Practice of Medicine represented, which such member represents.

(5.) Any person who is or has been a member may, if properly qualified, be re-appointed or re-elected : but no person shall at one time serve as a member in more than one capacity.

(6.) In the case of members of the Council whose term of office is about to expire, successors may be appointed or elected at any time within three months before the expiration of such term ; provided that where any vacancy exists in the membership of the Council by reason of any term of office having expired, or otherwise, such vacancy may be filled at any time.

(7.) If there has been a failure to elect a member of the Council, or to elect a properly qualified member, or to cause the name of the member elected to be certified to the secretary of the Council within a reasonable time after such election might have been made, then, after notice from the Council, requiring the Provincial medical council, or the incorporated Medical School or College or University, or the recognized distinct School of Practice of Medicine to cause such election to be made and to certify the result thereof to the Council within one month from the date of service of such notice, the Council may, in case the default continues, itself elect such member.

(8.) A member appointed or elected to fill a vacancy caused by death or resignation shall hold office in all respects as the person in whose place he is appointed or elected would have held office, and for the remainder of the term for which that person was appointed or elected.

(9.) All members appointed or elected shall continue in office until their successors are appointed or elected, or until the expiration of their term of office if their successors are appointed before the expiration of such term of office.

8. The Council may from time to time—

(a.) elect from among its members a president, a vice-president and an executive committee ;

(b.) appoint a registrar, who may also, if deemed expedient, act as secretary and treasurer ;

(c.) appoint or engage such other officers and employees as the Council deems necessary to carry out the objects and provisions of this Act ;

(d.) require and take from the registrar, or from any other officer or employee, such security for the due performance of his duty as the Council deems necessary ;

(e.) fix the allowances or remuneration to be paid to the president, vice-president, members, officers and employees of the Council.

9. The Council shall hold its first meeting at the city of Ottawa, at such time and place as is appointed by the Minister of Agriculture ; and, thereafter, an annual meeting of the Council shall be held at such time and place as is from time to time appointed by the Council.

(2.) Until otherwise provided by regulation of the Council, twenty-one members of the Council shall form a quorum, and all acts of the Council shall be decided by a majority of the members present.

(3.) The president or vice-president, when in the chair, and the chairman of any meeting of the Council or of any committee of the Council, shall have a casting vote in addition to his vote as a member of the Council or of the committee.

10.—(1.) The Council may make regulations not contrary to law or to the provisions of this Act, for or with reference to—

(a.) the purposes mentioned in paragraphs *a*, *b*, *c*, *d* and *e* of section 4 and in section 8 of this Act ;

(b.) the direction, conduct and management of the Council, and of its property ;

(c.) the summoning and holding of the meetings of the Council, the times and places where such meetings are to be held, the conduct of business thereat, and the number of members necessary to constitute a quorum ;

(d.) the powers and duties of the president and vice-president, and the selection of substitutes for them if unable to act for any cause at any time ;

(e.) the tenure of office, and the powers and duties of the registrar and other officers and employees ;

(f.) the election and appointment of an executive committee and of other committees for general and special purposes, the definition of their powers and duties, the summoning and holding of their meetings, and the conduct of business by such committee ;

(g.) generally, all fees to be required, paid or taken under this Act ;

(h.) including the establishment, maintenance and effective conduct of examinations for ascertaining whether the candidate possesses the qualifications required ; the number, nature, times and modes of such examinations ; the appointment of examiners ; the terms upon which matriculation and other certificates from universities, schools and other medical institutions shall be received as evidence of qualification ; the dispensation of candidates from undergoing examinations, either wholly or partially ; and generally all matters incident to such examinations or necessary or expedient to effect the objects thereof ;

Provided, however, that—

(i.) The requirements of any curriculum established by the Council, shall not, at any time, be lower than the requirements of the most comprehensive curriculum then established for the like purpose in any Province ;

(ii.) The standard of examination shall not, at any time, be lower than the highest standard for the like purpose then established for ascertaining the qualification for registration in any Province ;

(iii.) The possession of a Canadian university degree alone, or of a certificate of Provincial registration founded on such possession obtained subsequent to the date when this Act shall have become operative, as provided in subsection 3 of section 6 hereof :—Provided that no retroactive effect shall be given to this Act, and especially as regards persons duly inscribed as students under the laws of any of the Provinces of Canada at the time it shall become operative as aforesaid ;

(l.) The recognition of licenses granted by any British, Canadian, colonial or foreign licensing body or authority ; the arranging and bringing into effect of any schemes of reciprocity as to registration with any British, colonial or foreign medical licensing body or authority ; the terms and conditions upon which, and the circumstances under which, medical practitioners shall be entitled to registration under this Act in cases where such medical practitioners are duly registered or licensed under the Medical Acts of the United Kingdom, or under the laws of any British possession other than Canada, or under the laws of any foreign country, which British possession or foreign country extends reciprocal advantages to Canada ;

(m.) Generally, all matters which it is necessary or expedient to provide for or regulate in pursuance of the purposes of this Act and in furtherance of its general intention.

(k.) The enrolment and registration of all persons entitled under this Act to appear on the register for Canada of medical practitioners.

(2.) No regulation made under the authority of this section shall have effect until approved by the Governor in Council, and such approval shall be conclusive evidence that the regulation has no retroactive effect

11. A copy of any such regulation certified by the registrar or secretary under his hand and the seal of the Council, may be received in evidence in any court of justice without proof other than the production of a copy purporting to be so certified.

12. The Council shall enact such regulations as shall secure to practitioners who, under the laws of any Province, are now recognized as forming a particular school in the practice of medicine, and to all applicants for registration who desire to be prac-

titioners of such school, all the rights and privileges now possessed by them under the laws of any province, and the regulations of any Provincial medical council.

13. At each annual meeting of the Council, the Council shall appoint a board of examiners, to be known as "The Medical Council of Canada Examination Board," whose duty it shall be to hold the examinations prescribed by the Council, subject to the provisions of section 12 of this Act.

2. The members of the board of examiners shall be eligible for reappointment.

14. The subjects of examination shall be decided by the Council, and candidates for examination may elect to be examined in the English or French language; and the examinations shall be held only at those centres at which there is a university or college actively engaged in the teaching of medicine and having hospital facilities of not less than one hundred beds.

15. The Council shall cause to be kept by the registrar, under the direction of the Council, a book or register to be known as "The Canadian Medical Register," in which shall be entered, in such manner and with such particulars as the Council directs, the names of all persons who have complied with the requirements of this Act and with the regulations made by the Council respecting registration under this Act, and who apply to the registrar to have their names so entered.

16. Every one who passes the examination prescribed by the Council, and otherwise complies with all the conditions and regulations requisite for registration as prescribed by this Act and by the Council, shall, upon payment of the fees prescribed in that behalf, be entitled to be registered as a medical practitioner

2. Any person who has received a certificate of registration previous to the passing of this Act and who has been engaged in the active practice of medicine in any one or more Provinces of Canada, shall, after six years from the date of such certificate, be entitled to be registered under this Act as a medical practitioner, without examination, upon payment of the fees and upon compliance with the other conditions and regulations for such cases prescribed by the Council.

(3.) Any person coming within any of the classes of registered or licensed practitioners to which paragraph (i) of section 10 of this Act applies shall be entitled to be registered upon complying with the orders and regulations established by the Council in that behalf.

17. Any entry in the register may be cancelled or corrected upon the ground of fraud, accident or mistake.

18. (1) In any case of an application for registration or for correcting or amending any entry upon the register, the applicant, if aggrieved by the decision of the registrar, may appeal to the Council, and the Council shall hear and determine the matter; but all applications to cancel or strike off entries from the register made adversely to the person whose registration it is desired to affect shall, after three months' notice sent by post, prepaid and registered, to the last known address of such person, who shall have the right to appear by counsel, hear and determine all such applications.

(2.) The decision of the Council in all matters affecting the register, the entries made or to be made therein, and the right to registration, whether upon appeal or otherwise, shall be final.

19. If it is made to appear to the Council, after inquiry, that any person registered under this Act has been convicted, either in any part of His Majesty's possessions or elsewhere, of an offence which if committed in Canada would be an indictable offence

under *The Criminal Code*, 1892, and its amendments, or that he has been guilty of infamous or disgraceful conduct in a professional respect, then, whether such offence has been committed, or such conviction has taken place, or such infamous or disgraceful conduct has occurred, either before or after the passing of this Act, or either before or after the registration of such person, the Council shall, after three months' notice sent by post, prepaid and registered, to the last known address of such person, who shall have the right to appear by counsel, direct the registrar to erase the name of such person from the register : Provided, however, that if a person registered under this Act has likewise been registered under the laws of any Province, and such provincial registration has been cancelled for any of the causes aforesaid by the authority of the medical council for that Province, the Council shall then, without further inquiry, direct the registration of such person under this Act to be cancelled.

(2) The name of a person shall not be erased under this section—

(a.) because of his adopting or refraining to adopt the practice of any particular theory of medicine or surgery ; or

(b.) because of his conviction out of His Majesty's possessions of a political offence against the laws of any foreign country ; or

(c.) because of his conviction for any offence which, though coming within the provisions of this section, is, in the opinion of the Council, either from the trivial nature of the offence or from the circumstances in which it was committed, insufficient to disqualify a person being registered under this Act.

20. (1) Whenever it is made to appear to the Governor in Council by a Provincial medical council that any of the requirements of paragraphs (i) and (ii) of the proviso to paragraph (h) or section 10 of this Act are not complied with, the Governor in Council may empower the commission of arbitration hereinafter provided for to inquire in a summary way and report to him whether such is the case and, if so, to prescribe what remedies are necessary, if any.

(2) The Governor in Council may require the Medical Council of Canada to adopt the said remedies within such time as he, having regard to the report of the commission, thinks fit to appoint. In default of the Council so doing, he may by Order in Council amend the regulations, or make such provision or order as he deems necessary to give effect to the decision of the commission.

(3) The commission of arbitration shall be composed of three members, one to be appointed by the Governor-in-Council, one by the Medical Council of Canada, and the third by the complainant.

(4) The commission may compel the attendance of witnesses and examine them under oath and require the production of books and papers, and shall have such other necessary powers as are conferred upon it by the Governor in Council for the purposes of the inquiry.

21. This Act shall not be interpreted as authorizing the creation of medical schools, or otherwise giving medical tuition.

GASTRO-JEJUNOSTOMY.*

By J. A. GRANT, Jr., M.D.,
St. Luke's Hospital, Ottawa.

BATISTE SOUBLIER, aged 61, was admitted to the hospital, July 22nd, 1901, complaining of abdominal pains, vomiting and loss of flesh.

The only points of interest in the case were that, in Feb. of that year, he was quite strong, when his stomach began to trouble him. He had always been used to hard work, chiefly in the shanties, and drank a large quantity of whiskey. His weight had lately fallen from 162 to 140 lbs. Under medicinal treatment and lavage, the patient's condition became more serious; and, for the first time since admission to the hospital, he had a hæmatemesis on the 28th August.

I had frequently palpated his stomach, but had never been able to diagnose definitely any tumor.

I now made out a rather distinct growth in the region of the pylorus; and decided to do a pylorotomy at once, as the patient was fast losing strength, and suffering more or less constant and severe pain.

Under the anaesthetic the tumor could not be palpated at all distinctly, and one of my assistants thought it superficial.

On opening the abdominal cavity by a median incision, the great omentum was found firmly adherent to the parietal peritoneum. It was ligatured and divided.

On examining his stomach, a large carcinomatous mass was found involving the first portion of the duodenum, the whole of the pylorus, and extending well up the pyloric end of the stomach. It was well covered by the liver and so firmly adherent that it was absolutely impossible to do a pylorotomy. I at once decided to do a gastro-jejunosomy, making an opening in the transverse meso-colon, the posterior wall of the stomach was drawn through the opening and clamped, the jejunum was picked up close to the ligament of Treitz and clamped in two places.

By a continuous Lambert suture the jejunum and stomach were first approximated—the parts being well protected by aseptic towels. An incision 3 inches in length was then made in both stomach and jejunum. The edges of these openings were united by through and through interrupted stitches, and the continuous suture brought around the anterior surface.

The patient made an uneventful recovery. The pain, vomiting and more urgent symptoms were immediately relieved. I have seen the patient to-day, 6 months after the operation, and find him in a very good

* Read before the Ottawa Medical Society.

condition. He has gained 20 lbs., has a splendid appetite, and in fact can eat anything, and there has been no regurgitation of food into the stomach. His general appearance is good, being very much better than when he left the hospital. He goes about and enjoys life.

I wish to speak briefly on the following points in connection with this case:—

1. The value of early exploratory laparotomy ;
2. The choice of operations ;
3. Sutures.

On reading over the subject of cancer of the stomach and comparing the well-marked picture given us, with the meagre clinical symptoms we so often find, one cannot help feeling the utter impossibility of at present diagnosing this disease, not only at an early stage but even at a late stage in many cases.

In this patient, during his first month in hospital no definite diagnosis could be made although he had been complaining 5 months ; and it was only two days before the operation that he had his first hæmatemesis, and even then the question of a tumor was fairly indefinite, although a large one was discovered at the operation, but it was so firmly fixed and overlapped by the liver that it could not be palpated positively. The question of early diagnosis of this disease is of great importance ; and, as our present methods of diagnosis are so uncertain, exploratory laparotomy will in future have to be done much more frequently, as by this means you not only settle the question of diagnosis, but may discover the cancer before its extensive growth and lymphatic infection preclude the possibility of complete removal.

One of the troubles most frequently confounded with cancer, "gastric ulcer," is fast becoming a surgical disease, thus making exploratory laparotomy all the more necessary.

A. E. Maylard, in his work on the surgery of the Alimentary Canal, says : "It is not, I think, too venturesome to predict that the day is not far distant when the stomach will be explored and resutured simply for diagnostic purposes." Again he says : "My sole contention is that we should not go on indefinitely striving to cure by simple remedial measures diseases of the stomach, as to the true nature of which we are in doubt, but should submit the patient to an exploratory operation."

With regard to the operation in pyloric cancer Loreta's Method and pyloroplasty should, I think, have no place, as both are performed on the pylorus, simply seeking to enlarge the stricture without any attempt at the removal of the malignant growth, consequently they are very temporary in their results, and the mortality is almost as great.

The choice is between pylorotomy and gastro-jejunosomy. There is no question that an operation, which seeks to entirely remove the cancerous growth must rank higher than one which simply side tracks it; and so pylorotomy is the more ideal operation, theoretically speaking; but until we arrive at a stage when pyloric cancer will be diagnosed early, pylorotomy is practically out of the question, as the disease has usually made such strides and the lymphatic infection is so advanced that removal of the growth is impossible. Further, the mortality of pylorotomy is so much greater in advanced cases that it can hardly rank as a competitor to gastro-jejunosomy.

George Heaton says: "It is only quite recently being recognised what an excellent palliative measure a well-timed and executed gastro-jejunosomy is in such cases."

Much of the agony of cancer of the stomach is due to the obstructions, which the growth presents to the free exit of the stomach contents through the pylorus; and also to the gastritis, set up by the retained food, and broken down portions of the growth. This obstruction causes dilatation of the stomach, the greater curvature becoming so dependent that it is doubtful if a pylorotomy would ensure a complete evacuation of the stomach's contents.

The artificial opening in gastro-jejunosomy is made in the most dependent part, and effectually drains the stomach, the food is no longer retained in the organ, and the growth itself is much less irritated by food.

With regard to anterior and posterior gastro-jejunosomy, Wolfer's or Von Hacker's method, there seems to be little choice: and, if there are no pathological conditions present to influence us, we may choose for ourselves, judging by recent comparisons. I did the posterior, that is Von Hecker's method, and it seems to me to displace the stomach and intestines less, picking up the jejunum just as it emerges under the ligaments of Treitz, where it is only separated from the greater curvature of the stomach by the transverse meso-colon. This being opened here, these two viscera come naturally into apposition; and, I think, we reach the most dependent portion of the stomach. On the other hand, by Wolfer's method the jejunum has to be brought over the transverse colon, and is subjected to more or less pressure which also must tend to block the gastro-jejunal opening, favouring regurgitation of the bowel contents into the stomach, a complication seemingly more frequent in the anterior than in the posterior method. Let us remember that the anatomical course of the small intestine is behind, not in front, of the transverse meso-colon, and I think we do well to imitate it.

A WORD ABOUT SUTURES.

I used a through and through interrupted stitch, tying those on the posterior edge inside the opening and those on the anterior outside, taking care to bring the serous surfaces into apposition. The continuous stitch outside these was a Lambert.

Our success or failure in intestinal surgery lies chiefly in our stitching. If we adopt some laborious stitch our operation is apt to be prolonged beyond the patient's power of endurance as mortality is greatly dependent on the length of the operation. On the other hand, there must be no leakage from defective apposition. Much has to be learned in this direction. Lambert's continuous suture for the final closure is I think the best; but I am not at all sure that a simple through and through stitch to first approximate the edges is not preferable to a Czerny-Lambert, or Wolfer. It is quickly applied, and there is no time lost in trying to differentiate the intestinal coats.

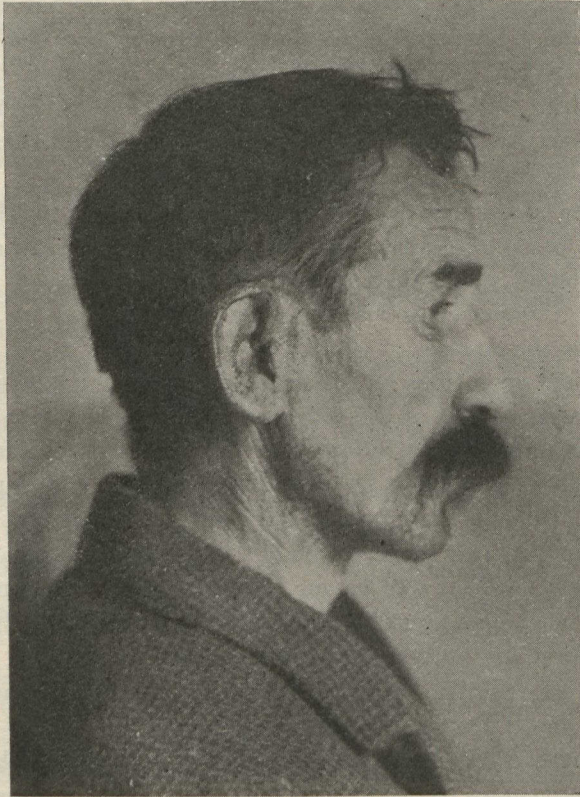
Some idea of the size of hole that may be made in the intestinal wall without leakage is gained by the injury inflicted by a Mauser or Lee Metford bullet, many instances of recovery being on record after such lesions. Compare this with a needle puncture and we can imagine how much less the chances of leakage.

Postmortem operations on the intestines are an imperfect guide as to the comparative value of the different methods, as every injury to a living tissue is immediately followed by the exudation of inflammatory material, which at once tends to block the puncture; and, rapidly becoming organized, cements the opposing surfaces. It seems that if the parts can only be kept at rest for a reasonably short time all chance of leakage will have passed. What will be our form of suture, what intestinal layers involved, what care must be taken, and time absorbed in the nicety of our apposition, are all points that time alone will solve. We are on the threshold of intestinal surgery. Czerny, Lambert, Senn, Halstead, Abbe and Maunsell are all pioneers; and, I feel sure, some simple and expeditious method will be evolved which will not only shake the faith of the many advocates of mechanical aids, such as the "Murphy button," but, by our decreased mortality, will enable us with a far greater degree of freedom to perform an exploratory laparotomy at an early stage in gastric and intestinal cases as to the true nature of which our diagnosis remains uncertain.

DIPHThERIA OF THE EXTERNAL EAR.*

By G. H. CARVETH, M.D., Toronto.

The patient was a man 45 years of age, father of four healthy girls. His previous history is unimportant. The girls were vaccinated and all four cases took, developing staphylococcus infection which eventually healed completely. The patient at this same time had a scratch upon the right ear with a piece of skin torn off. Four days later he noticed considerable swelling for which he consulted me (see photo). At first appearance it seemed like a frost bite, but on the next day it looked very



much like erysipelas. Out of curiosity I took a swab expecting to find streptococcus infection, but was very much surprised to find the diphtheria bacillus. Wishing to be positive another swab was taken and submitted to the Provincial health authorities, who reported Klebs Löffler. A swab from the throat was free from Diphtheria germs. The treatment consisted in isolation, the ear being washed with Bi-chloride 1-1000 and tied up in carbolic soln. 1-40 At the end of one week of this treatment the germs

*Read at Toronto Medical Society Jan. 1902.

were very vigorous. They were still found present at the end of twenty-five days, but not on the twenty-seventh day. Ulceration and membrane formation were both present. Recovery was complete on the thirtieth day. The temperature, pulses and respiration were normal throughout.

POINTS OF INTEREST

1st. Diphtheria may be contracted in a very simple way. This man could easily have placed the germs where they could have spread to a very large number of homes, as for instance, by washing his face and ears on a towel in the factory where he worked.

2nd. The Diphtheria germs were treated with strong antiseptics and were not killed. Hence there is no use in spraying the nose and throat with Bi-chloride 1-3000 or 1-100 carbolic solution.

3rd. Diphtheria of the external parts of the body and not in the throat concurrently is very uncommon. Even Diphtheria of the external parts with throat involment is not common.

DISCUSSION

Dr. A. Fletcher asked if the Silver Salts had been used. Dr. W. J. Wilson said this is the first case he has heard of where the body only and not the throat was infected. He related a case of a woman with infection of the throat and wrist. The House Surgeon in the Children's Hospital reported a case of Pustules on the Scalp containing Klebs Löffler but none were found in the throat. Dr. Graham Chambers said that Morris in his new work on Skin Diseases states that Dermatitis due to Diphtheria may occur with wash-leather like membrane. Dr. McPhedran stated that the germ did not penetrate the tissues and asked why should it penetrate the membrane. The treatment and result was very instructive. Dr. Andrew Gordon asked if Formalin had been tried, also if there had been any rapid extension. Dr. Bryans asked what cured the case. He had seen a case of Diphtheria at the back of the neck with infection of the throat. Dr. Rowan reported a case of Diphtheria of the Vulva and Vagina, source of infection not known, both cases died, but there had been no symptom of throat trouble in either case. However, swabs had not been taken. Dr. Rudolf asked if any cases of wound infection following throat trouble had been reported.

REPLY

Dr. Carveth said no other antiseptics had been used in this case than those already mentioned and that these were employed throughout its entire course. The disease ran its course and he thought he had interfered with the formation of the anti-toxins by his treatment. The disease did not extend beyond the ear. The source was unknown.

TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.*

By J. W. SHAW, M.D., Clinton, Ont.

THE symptoms, diagnosis and characteristics of prostatic enlargement will not receive much notice: for to give a full paper on the subject would occupy far too much of your valuable time. Although the treatment of chronic prostatic enlargement has long been under the attention of the profession, and, notwithstanding the great progress made towards its solution, there is still room for improvement, although we think an almost ideal operation can be done, of which you will hear later on. The prostate gland—*musculo glandula*—situated at the outlet of the bladder, and surrounding its neck, behind the triangular ligament and impinging on the rectum, has two lobes, united by an inferior and superior isthmus from apex to base, this union forms the prostatic region of the urethral canal. The base embraces the vesico-urethral orifice and the anterior ends of the spermatic canals. It is well supplied with blood vessels, nerves and lymphatics, which may explain the more or less mental and physical reflexes which occur after operations, and also in infectious diseases attacking this organ. It is both a genital and a urinary organ, because the milky mucous secretion contributes largely to dilution of semen; and, being muscular, helps the ejaculation of semen. The floor is particularly the seat of the pleasurable sensations, experienced in the functional act. There is a divergence of opinion as to whether it assists in urination or not; but the majority are of the opinion that, being an integral part of the urethra, it assists in expelling the urine. It attains its normal size about 25 years of age, and increases slightly after 50. Enlargement is the proper term, not hypertrophy, as it is not over-nourished, but rather the contrary.

Prostatic enlargement is a disease of old age, seldom giving trouble under 45 years of age. Not more than 40 per cent. of men, between 55 and 70, are affected with chronic enlargement, which rarely begins after 70: and of those 40 per cent. not more than 6 per cent. suffer seriously from disordered urination.

So it seems plain with such a diversity of morbid states and freaks of form, that no exact method of treatment can consistently be adopted, but that the proper management of any case must be premised by a diligent inquiry into each particular case.

Formerly, the progressive enlargement was regarded as a chronic inflammatory action. Later on, by the aid of modern methods, research

*A paper read before the Huron Medical Association.

has led to the belief that phlegmatic action, excited by hyper-lithuria, common between 30 and 60, is a potent factor in the enlargement.

Microscopic examination of the soft prostates of the aged shows no new growth, but an increase in the bulk, due to dilatation of the ascini with increase in the number of muscle bands, perhaps due to increased contraction of the bladder.

Among the etiological factors may be mentioned the following.—Infection from disease, mechanical and chemical violence, masturbation, sexual excess, passage of instruments, urethral and bladder diseases, anal and rectal diseases, exposure to cold, alcoholic and dietic excesses, the gouty, rheumatic and tubercular diatheses.

In some cases, only one lobe is enlarged. In others, both, and again the isthmuses also may be slightly enlarged with some residual urine, and recurrent cystitis.

Treatment becomes necessary when the functions of the bladder are interfered with, generally speaking, in ordinary cases of prostatic enlargement, of however long standing, in which obstruction is not great, and the power of bladder is fair and there is not an excessive amount of residual urine, or if the use of the catheter is easy and painless, and the cystitis not severe but controllable by antiseptic washing, operative treatment is not indicated.

In cases not governable by the above, operation is essential. The following methods have been employed with more or less success.

(1) Cauterization through the rectum : clean out the rectum, plug above with gauze, hook down the prostate and cauterize for two minutes with actual cautery over whole extent of prostate, confine the bowels and keep the catheter in the bladder for some time. This plan has not given very satisfactory results.

(2) Castration had given the best results in the hands of many surgeons, though accompanied by many disadvantages double castration is necessary. The favorable results are due to a shrinkage, caused by reflex reduction of hyperaemia followed by atrophy, chiefly nervous. The power to void urine is the first symptom after castration, but is not always permanent. Atrophic changes then begin, as the spermatic plexus has been ligated. Psychological disturbances may follow. Some authorities attribute these to uraemia. Castration is more efficacious in those cases of large and tense prostates where obstruction is due to pressure of the lateral lobes on the urethra. It is of no use whatever in myomatous and fibrous prostates.

(3) When castration is objected to, division of the vas deferens has been resorted to. After the vas is divided it becomes converted into a

cord and the testicle atrophies. The effect in some cases has been prompt and efficacious, and accompanied with far less danger than castration.

(4) Enucleation of entire gland I consider the only reliable operation. It was first performed in 1866 by Billroth and in 1873 by Dr. Margay. The advantages over castration are that it allows a thorough examination of the bladder and the discovery of other conditions not before suspected, as calculi, which have been removed in the usual way, after castration had failed to make any improvement. It is applicable to more cases than castration.

There are several methods of enucleation; (1) the suprapubic, (2) perineal, and (3) combined.

These may require the

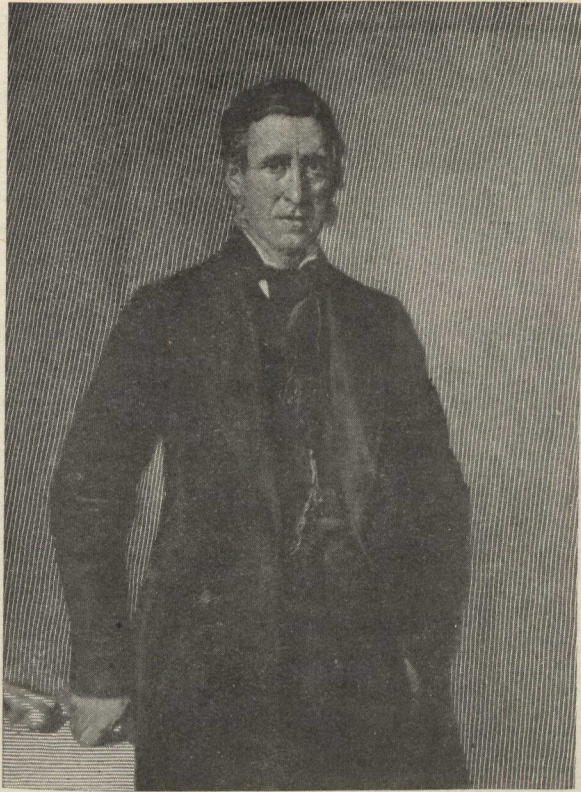
- (1) Incision of the urethra vesical walls,
- (2) Excision of the post $\frac{1}{3}$ of the lower isthmus,
- (3) Enucleation of the whole gland.

The operation performed by Dr. Gunn and myself is as follows, which has the advantages of being most direct, no injury to the bladder, a small incision and no hemorrhage, excellent drainage and comparatively little shock.

The operation.—The patient is placed in the extra lithotomy position, the middle finger of the left hand is placed in the rectum and pressed against the urethra at the membranous portion. An incision is made in the median line through the raphe to apex of prostate. The capsule is opened and kept open with retractors, which forces the gland forwards. The organ is then pulled out with the fingers and removed piece by piece with a gouge, similar to that used in post nasal growths. Remove the entire prostate in this manner, insert a drainage tube, covered with gauze, for three or four days, after that keep parts perfectly clean.

A long tube may be attached to the drainage tube. A few stitches may be put into the wound to prevent the drainage tube from coming out.

The results have been excellent, and within three weeks the patients are walking around and say they are as well as ever.



SIR JAMES PAGET.

THE SKILL OF A PAGET.

By H. S. HUTCHISON, M.B.,
Toronto General Hospital.

IN the following words Mr. Gilbert, the humorist, makes reference to a London character of the last half century: "The skill of a Paget about to trepan."

His skill—it is this which brings a great man before the eyes of the world. We look on it and marvel. In the looking, however, how seldom can actual help be gained by those who need it in the mapping out of a career. For the acquiring of skill, with its obstacles, bitterness, and calls for endurance, and the satisfaction of properly using skill when obtained, are matters but seldom committed to the world in sufficient exactness to be of material assistance. Then again biography in a general discussion of problems in which its hero was engaged, does not often paint a completely satisfactory personal picture.

In medicine we are to a great extent denied even this knowledge. For

though high, amongst Britain's grand sons, is the place held by her great medical men, we have but scant records of their lives.

It is extremely satisfactory to be able at least by means of a recent charming publication* to trace, step by step, the battle of a boy who settled in great London with no advantages but the gift of a medical education from his people and a resolute ambition from Providence, and who rose to such heights that his memoirs have been dedicated by willing permission to the Queen of his country, Her Most Gracious Majesty Alexandra.

James Paget began his hospital studies in the year eighteen hundred and thirty-four. It may be considered that the history of the struggle of a young medical man of so long ago can hardly be of use as an example at the present day. Moreover in reading the life of a great man we are often speedily discouraged from expecting to derive therefrom any benefit but pleasure, by reason of the occurrence, during the early part of that life, of definite bursts of genius. In the first place, however, hospitals and schools were nearly as numerous, competition was quite as keen, and, on the whole, existing relations were much the same as at the present day. In the second place, at no period during the life of this character, from beginning to end, does genius shew itself, to account for success in any other way than by continual and laborious work.

The course at college was influenced by several circumstances. In the first place, there appears on looking back through such length of time a difficulty which touches at once a warmly sympathetic chord in the heart of the present medical student—his means were scanty. In the second place through the previous success of his elder brother, he was introduced into a circle of educated and industrious men, somewhat older and more advanced in study than himself. Under these undoubted stimuli and having for several reasons on his hands the time which others were spending in social pursuits, James Paget took a high stand on his examination and, learnt what he calls the priceless power of being able to read German.

It was during these student days that there came before his observation certain small specks in the muscles of subjects in the dissecting-room. Others including many of the professors, had seen these, but Paget, with his love for and training in botany "looked at" them. He found a little worm inside the little spots, and though he did not at the time obtain the credit, to him was due the discovery of what Professor Owen named the *Trichina Spiralis*.

On the whole the undergraduate days were ones of a fair, but not

* "Memoirs and letters of Sir James Paget," by one of his sons: London, 1901, Longmans, Green & Co.

too great, amount of work for young Paget, who endeavoured to appear as idle as the rest, and was well liked by his fellows. On graduating he continued to walk in the paths of the conventional medical student—he became engaged to be married.

And now began life's problem. Was he to settle in London or elsewhere? From a financial standpoint not even a bare living was assured in London. No more help need be expected from home, and indeed it was becoming apparent that assistance might have to be given. Certainly other positions, such as the services, and that of assistant to practitioners in smaller places, must have given much greater inducements, including a possibility of soon bringing to its climax his *affaire du coeur*.

From other standpoints, London was assuredly the interesting centre of medicine and the place for ambition. But under such circumstances the ordinary pleasures of young life would be absolutely impossible. He summed up the whole question in writing to his brother that he had to choose between a life of moderate pleasure throughout in some small place, or one in London of very little pleasure for the first twenty years and a great deal for the next twenty.

The decision was finally made in favor of the large place, and nothing can be more interesting than the history of that ever trustful struggle through the years of patient drudgery that followed, and the final coming to look for success, bringing with it, as it did, full measure of happiness. Never could better example be found of the worth of Benjamin Franklin's good old maxim, "Stay with the shop and the shop will stay with you." Never could better interpretation be found of the feelings of the clever nurse exclaiming, "Oh! to be a man with the possibilities! the possibilities!"

For seven long years after graduation, the barest living was made by writing and by translating (from French, German, Italian and Dutch!) for the magazines. The position of curator to the museum of the hospital was given to him, meaning that in addition to work at times menial, during these seven years not one hospital case was seen until it came to the dead-house. And this for a man who intended to be a practical surgeon! Several times in these years were disappointments, great and bitter enough to cause utter despair of success in London, met always courageously. Once, for instance, a promotion sufficient to warrant marriage and fair prosperity, was given, and then actually taken away again. A professional plate on his door brought to the young surgeon during these seven years practice to the extent of four hundred and eighty dollars!

At last promotion began to come, and in the establishment of a collegiate system of residence for the students of St. Bartholemew's (a num-

ber of ordinary dwellings being obtained and overhauled, and a common dining-room being arranged), Mr. Paget was made Warden. The duties consisted of being a sort of registrar and general advisor, and in maintaining a certain amount of discipline, such as breaking up noisy late parties, and seeing that no one was spending time in absolute dissipation. Bitter complaints had been made previously by medical men that their sons had come up to London and gone completely to ruin entirely unobserved by college authorities. It is interesting to note that this scheme proved to be a great success.

During these years the lectureship in physiology and pathology was held by the Warden, and later, after a keen contest, the position of assistant surgeon to the hospital. Much attention had always been devoted by him to pathology, special use being made of the microscope, an instrument at the time but little understood. So assiduously did he work at it that at the close of eight years of residence in college, it was said of him by an eminent scientist that he had his choice, to be the foremost physiologist and pathologist in Europe or to have the largest surgical practice in London.

Honors began to flow in, and at last after sixteen years of post-graduate work it was decided that for the sake of the fairly large family, private practice must be entered upon.

Paget had now been married for eight years, and during this time had lived a life of toil indeed, his home life being of the simplest, and the only social life he had. It is remarkable to think a life of such austerity possible to a man whose heart was as tender to all suffering as a woman's, whose sympathy with the pleasures of life, such as music, art and literature was of the keenest, and whose physical strength had more than once been taxed by severe pneumonia.

And now what were the rewards for such long years of waiting? In the first place there was the great satisfaction of having the largest number of, and the most difficult surgical cases of any man in London. The honor always paid to him, as being one of the world's best surgeons, was a constant source of real pleasure.

Travel was now possible at regular intervals, and the letters to friends describing the keen enjoyment of father and family, exploring together new scenes, all day long, present a picture of perfect human happiness.

His sincere love of his profession made him the object of friendship and admiration of the greatest minds of Europe. Thus, outside of science, he had the greatest enjoyment from associations with George Eliot, whose gold watch chain he wore and who always sent him the first

copy of a new work, Tennyson, Browning, Gladstone, Newman, Lowell; and amongst scientists he loved dearly to engage in expert talk with his contemporaries Virchow, Pasteur, Rokitansky, Darwin, Ruskin, Tyndall, Huxley and others, to nearly all of whom his knowledge was of service.

He was early made surgeon-extraordinary to Her Majesty Queen Victoria, and for the rest of his life enjoyed the friendship and respect of the Royal Family. Her Majesty conferred on him a Knighthood

The zenith of his fame may be said to have been reached in the year eighty-one, when, as president of the most successful medical congress ever held till that time, having on one hand the Prince of Wales, and on the other the Crown Prince of Germany, he delivered, in three different tongues, a most beautiful and masterly oration to three thousand medical men from all quarters of the globe. On the same day he entertained in his own house the Royal guests, and many of the great minds of Europe.

A grander approach to old age can never be found. Hand-in-hand with the loving wife of his youth, and surrounded by a family whose admiration and affections had remained undisturbed by the heavy hand of death, he proceeded to four score years, doing almost to the last a hard day's work, receiving honors on every hand, until finally, the limit of human possibility being reached, he closed his eyes, and a great man worthily returned to his Maker.

THE NEW MEDICAL BUILDING OF THE UNIVERSITY OF TORONTO.

J. J. MACKENZIE, B. A., M. B.

BEFORE the close of the present month, it is expected that the ground will be broken for the new medical building of the University of Toronto which is to be erected in the neighborhood of the present Biological Department.

For many years past, the work of the final years in the University Medical Faculty has been carried on in the old building on the corner of Gerrard and Sackville Streets, formerly occupied by the Toronto School of Medicine, which has been rented by the University from the Toronto School Corporation.

The remarkable growth in numbers of students during the past three or four years has rendered it imperative that arrangements should be made to accommodate growing classes and with this end in view, the medical faculty began over a year ago to discuss the advisability of erecting a new building nearer to the University itself.

At the same time the growth of the classes in the Biological Building made it necessary that expansion for the arts department of Physiology should be thought of and the University Trustees decided to consider the question of providing for both needs in the same building.

After mature consideration by all the bodies interested, and after consultation with the Government, a scheme was proposed for a building to cost about \$125,000, and Messrs Darling and Pearson were retained as architects.

The site set apart by the University Trustees was the piece of land between the Library and the west wing of the Biological Department, now occupied by a small brick dwelling, there being ample space there, for a large building, yet leaving plenty of room for expansion of the present Library Building when that shall become necessary.

The planning of such a building necessitates very careful consideration of all the problems involved, for not only must it be fitted for the purposes of medical and physiological teaching, but occupying as it will a prominent position facing the campus, the architectural features had to be carefully thought out.

The plans and specifications are now complete and Messrs. Darling and Pearson may be congratulated on meeting their problem effectively, first by a ground plan which leaves nothing to be desired from the standpoint of convenience and efficiency, and, second, by an elevation which will be a decided ornament to the lawn.

The plan proposed is simple, the laboratories are arranged upon what has been called the unit system, that is a unit laboratory is 23 feet deep and 30 feet in width lighted by two large windows. Each unit will accommodate twenty four students with necessary desk room and sinks. The inter unit partitions may be removed at any time or the units may be divided if necessary so that variations in the size of classes may be readily arranged.

The main portion of the building faces the lawn and two short wings run easterly from the ends into the ravine.

The building is three storeys high; the southern wing being reserved for Physiology, the main building and north wing for medical work.

Flanking the structure are two lecture rooms, lighted from above the larger one on the north side seating 350 students.

In front the ground floor is devoted to Faculty rooms, Library, etc., and at the back of the Pathological Museum. In the two upper storeys of the main building and north wing are situated the laboratories of Pathology and Bacteriology.

By the extension of the wings into the ravine an additional storey is obtained in each and in the north one will be situated a large museum of Hygiene, for the equipment of which the Faculty are now making provision.

A number of small rooms in different parts of the building have been set aside for the accommodation of special research students.

The ventilation is to be of the most modern type and between the lecture rooms and main building will be two towers into which all the ventilating shafts will open.

These ventilating towers with the solid masonry of the lecture rooms have been used to good purpose by the architects to balance the somewhat large extent of glass which is necessary to light the units. The result is a handsome facade facing the lawn.

Brick is to be largely used in the construction but as much stone as possible will be introduced on the west side and the colour selected harmonizes with that of the Library and Biological Buildings.

It is somewhat difficult to convey in print an adequate idea of all of the features of the plan, but the building committee and the University Trustees are thoroughly satisfied with it and it is expected that when finished there will be few buildings on the continent so well adapted for the purposes for which it has been designed.

THE HAEMOPHILIC ARTHROPATHIES.*

By M. P. PLOLLET, Intern of the Lyons Hospitals.

THE above mentioned article gives a most comprehensive and interesting review of this very important subject. On account of the limitations of space, the translator is obliged to omit parts of the article dealing with the history and pathogeny of the subject, selecting only those divisions that are of direct practical value.

The malady, ordinarily hereditary and occurring in members of the same family, which is known by the term haemophilia, or bleeder disease, is characterized by three orders of symptoms viz, external haemorrhages, either spontaneous or provoked by insignificant traumatism; interstitial haemorrhages, ecchymoses and haematomata, and thirdly by special articular troubles, which are characteristic enough to merit a detailed description.

ETIOLOGY. In the etiology of haemophilia in general there are two noticeable features, the geographical distribution is almost entirely confined to the northern races, out of 252 cases analyzed 106 were in Germany and 58 in England and in the second place it is generally to be found among the members of certain families, with a peculiar heredity that has been summarized in the following law: a woman of a haemophilic family, even if she is not herself affected, transmits it to her children, but a man of the haemophilic tendency does not transmit it to his descendants even though a sufferer himself: it also generally appears in the males of the tainted families.

The etiology of the arthropathies themselves, is in a similar manner dominated by a primordial idea, that of sex: it is the male sex which is practically always affected. If one finds in haemophilic families some females which present manifestations of the diathesis (one female to thirteen males according to Grandidier) this is practically never in the form of an arthropathy, one case only being reported. On the contrary any haemophilic male may be attacked.

The age at which these lesions appear is almost always the same, during the first fifteen years of life the first attack appears, hardly ever in the first year, but rarely before two years, and very commonly between four and six.

Other causes are suggested, *e. g.*, cold, and the majority of attacks are in the spring and fall; traumatism, too, is mentioned as a disposing factor, and while the history in some cases may give support to this belief,

*Translated from the original article in the "Gazette des Hospitaux," April 5th, 1902, by A. J. Mackenzie, B.A., M.B.

yet many attacks occur when the patient may be immobilised in bed. The joint most frequently attacked is the knee, in almost half the cases examined; then the elbow in about a fourth of the cases, and next in frequency the ankle. Rarely but one joint is attacked; when it is the knee, generally several are effected.

SYMPTOMATOLOGY. Koenig has divided the study of the articular signs of haemophilia into three periods, viz.: first period, articular enlargement; second, chronic arthritis; third, definite deformity: and this division should be maintained.

First period, Haemarthrosis. It is almost always, as we have seen in the case of a young child, in the knee that the trouble appears. Suddenly, apparently without reason, the joint becomes tumid, and so painful as to prevent the patient either moving it or placing his weight upon it. If it is examined at this time the joint is found to be filled with an abundant effusion, the synovia is distended to a maximum, all the cul-de-sacs are full, and the member is in a position of semi-flexion. The patellar impact is prevented, the palpation of the joint is painful, but does not reveal any especially tender spot. If one attempts to move the joint, one will find that the pain will set a definite limit to the excursion of the limb, and if the patient be old enough to explain his sensations he will complain of a sensation of tension, increasing at night, preventing sleep, and causing the child to cry out. Finally, the chief sign is the withdrawal of blood almost pure if an exploratory puncture is practised.

Some other signs should be mentioned. There are no true signs of inflammation, the skin is stretched and glistening, but is not red, hot, nor oedematous. One can at times delineate the base of the synovia and after a few days there may be found an ecchymosis extending to that point, at other times one may find punctiform ecchymosis. It is rare that one finds crepitation. Some authorities have described an accompanying rise of temperature, due probably to re-absorption of the blood, but others do not note this symptom.

The duration of the attack is short; the symptoms end suddenly, the haemarthrosis reaches its maximum in a few hours, the tension remains unchanged twenty-four or forty-eight hours, then little by little the effusion diminishes, fluctuation may be felt in the joint, the pain disappears, and the articulation returns little by little to its normal state. But what is the more remarkable is the frequent repetition and the great number of successive attacks. Not only are different articulations attacked, but the same joint may be attacked in succession as often as 31 times in ten years in one reported case. The first attack may leave the joint in quite a normal condition, but one cannot say that this is the rule, for others reach the second condition after a fewer number of attacks.

Second period, Arthritis. This second phase of the malady is characterised by chronic inflammation of the articular tissues. Under the influence of successive haemarthroses, the peri-articular fibrous tissues react, the synovial membrane becomes thickened, and roughened. At the same time resolution is incomplete between the attacks, and one finds constantly in the joint, a small quantity of liquid non-absorbed. The adjacent muscles are affected and become atrophied. At the knee this is particularly the case, there is an augmentation of the size of the joint, with disappearance of the normal hollows, with a considerable atrophy of the thigh; in fact all the signs that recall tuberculous hydrarthrosis, but the functional signs are much less marked. There is spontaneous pains, but it is difficult to find tender points, though the patient may limp, he can nevertheless lean his weight on the affected limb; the amplitude of the movements is diminished, being at the knee from a right angle in flexion to 120 degrees in extension. The symptoms are the same in other joints, but in the hip and shoulder the examination is often inconclusive a little limitation of movement with some crepitus, without much pain, and some muscular atrophy complete the clinical picture.

This period of chronic arthritis is marked by frequent acute attacks, with all the accompaniment of pain, intersynovial effusion, with the irregularity of appearance; after each attack there is a slight increase in impotence, until the articulation finally reaches the third stage of definite deformity.

Third period, Deformity. The articulation passes insensibly from the preceding condition to this. Slowly the fibrous tissue proliferates, surrounding the joint with a sheath, while the muscles atrophy. This produces an ankylosis, often in a vicious position, and the knee is the place where this ankylosis most frequently appears. It may be so firm as to suggest an ossification, while others have described a form of out-growth mistaken for an osteophyte, which has some influence in producing the ankylosis, but investigation will show that these excrescences are fibrous not osseous.

PATHOLOGICAL ANATOMY. During the first period, puncture will show an effusion of blackish blood, with some clots; the ligaments are distended, the synovia injected, and hyperaemic, and covered in places with clots. In the later stage the blood in the joint coagulates, the fibrinous part is deposited on the synovial membrane chiefly in the cul-de-sacs, and the serum, more or less tinged remains in the centre. If there is no new haemorrhage, these conditions may be to some extent dissipated leaving only slight thickening, staining and fibrous deposit. On the contrary, if there is a succession of attacks, we find a synovia thickened, resistant, and covered on its internal face with a brown

fibrinous stratum, in which one sees some vascular tufts. There are no osseous lesions, and radiography shows at this period, but little diminution of the inter-osseous space, with at times, an opacity produced by the thickening of the synovia.

In the period of deformity the lesions are more marked. The cartilages are destroyed in great part, the capsule is thickened and hardened, the articular cavity is filled with fibrinous deposits more or less adherent, and there is a marked atrophy of the osseous extremities. Radiography shows the bone porous, lessened in volume, and separated by a space more opaque than normal. We find, too, articular deformities characterized by a displacement of the osseous extremities, either merely a simple vicious position in flexion or in extension, or even subluxation more or less complete. The ankylosis which is always fibrous is produced by the thickened capsule and by the peri-articular muscles atrophied and affected by fibrosis.

DIAGNOSIS. The diagnosis will not be difficult in cases where the diathesis is known, or if other characteristic lesions are to be found. The conditions with which it may be most readily confounded are scurvy, the pseudo-rheumatic infectious diseases characterized by purpura, barlow's disease and the nervous and syphilitic arthropathies. The prognosis of haemophilia itself is bad, 60 per cent. dying before the age of eight years, but curiously enough in those cases in which the manifestation is arthritis the outlook is a little better.

Treatment. Above all there is a negative indication "do not operate"; four out of five cases will die if submitted to operative procedure. At the time of haemarthrosis the indications are immobilization with gentle compression, and the application of ice, with such general treatment as may seem suitable.

When the tension begins to diminish, it has been suggested to use a puncture to remove the remaining fluid to prevent if possible the deposit of fibrin, but the dangers associated even with this forbid its general use. A maintenance of the treatment already suggested will be found the wisest procedure. Massage is to be avoided on account of the ecchymoses that follow its use.

When ankylosis has supervened, if it is in a favorable position it should be left undisturbed; if the position is vicious, then the treatment will depend to some extent on the age of the patient. If still young no sudden or violent force should be used, but a slow and continuous extension may be applied; if the patient is of such an age that it is thought that the danger of haemorrhage is lessened, then more vigorous methods may be resorted to, but it must not be forgotten that such may still set up the old symptoms, or be followed by the formation of haematomata.

MARITIME TOPICS AND NEWS.

Conducted by W. D. FORREST, M.D., Can., L.R. C.P. Lond., M. R. C. S. Eng., B.Sc. Halifax.

THE Halifax Branch of the British Medical Association held its last meeting for the season on the evening of April 23rd. A very interesting paper on the treatment of acute rheumatism was read by Dr. N. F. Cunningham of Dartmouth. Considerable discussion then arose among the members as to the use of the salicylates when cardiac complications supervene. The consensus of opinion seemed to be that they should be continued. Fifteen to twenty grain doses were recommended, from the commencement of the disease, every four hours until the symptoms abate, after which they may be given in smaller doses and at longer intervals, and continued until a week or so after the temperature has been normal. Cardiac weakness need not prohibit their use, unless extreme; but Dr. Cunningham urged the advisability of diminishing the dose when this occurred.

Dr. R. Evalt Mathers then reported a case of primary tuberculosis of the larynx, which he saw in consultation with several other physicians. The onset was sudden. The patient complained of severe sore throat. On examination the uvula was found enlarged and oedematous, and the pillars of the fauces inflamed. On the left aryepiglottic fold was an oedematous swelling. This shortly broke down and formed an ulcer. Greyish patches then appeared on the uvula and anterior pillars, which also broke down in time. There was an evening rise of temperature, sometimes going to 103° F.—pulse rapid. Examination of the sputum revealed the presence of tubercle bacilli in abundance. Nothing whatever was noted in the chest until one week before death. Death was due to exhaustion, owing to inability to take food, and occurred eleven weeks after onset of the disease. Dr. D. A. Campbell suggested that the primary lesion may have been in some organ other than the lung. No autopsy having been made, this question could not be answered.

The meeting then adjourned to meet again in October, when officers etc. will be appointed for the ensuing year.

As a result of the recent competitive examination held at the Victoria General Hospital, J. Ross Millar, M.A. M.D. C.M. was appointed senior House Surgeon, for the ensuing year. L. E. Borden, B.A., M.D. C.M., D. G. Campbell, M.D. C.M., J. R. Corston, B.A. M.D. C.M. and D. T.

Watson, M.D. C.M., also received appointments on the intern staff. These gentlemen entered upon their duties May 1st.

At the convocation of Dalhousie University, held on April 28th, twenty candidates received the degree of M.D. C.M. Among this number was a young lady—Miss Martha Philp of Halifax. The gold medal, awarded for general proficiency in the third and fourth year subjects, was won by Mr. Silas Fulton of Truro. It is noteworthy that many of these graduates also hold degrees in Arts, while others have attended the classes of that department for one or more sessions. This certainly augurs well for the profession in the Maritime Provinces.

The Maritime Medical Association meets this year in Charlottetown, on July 9th and 10th. The president of the Association is Dr. F. P. Taylor of Charlottetown, the local secretary, Dr. F. R. Jenkins, Charlottetown, and the general secretary, Dr. George M. Campbell, Halifax.

Dr. G. Close Van Wart of Fredericton, will read a paper entitled "A Plea for surgical treatment of Appendicitis." Dr. Geikie of Toronto will open "a talk on therapeutics," while Dr. Housten of Souris will report on cases of Bulbar Paralysis and osteomyelitis. Besides these there will be a general discussion on "Medical Ethics," opened by Dr. McNeil of Charlottetown, reports on cases of cancer of the uterus by Dr. Murphy of Halifax, together with a discussion on the etiology of cancer, by Dr. Halliday of Halifax. Judging from what we have heard, the meeting will be largely attended by the medical men of the lower provinces.

PROVINCE OF QUEBEC NEWS.

Conducted by MALCOLM MACKAY, B.A., M.D.

The eighth regular meeting of the Montreal Medical Society was held on April 18th. Dr. Shepherd showed a case of apparent cure of Sarcoma. The patient came under his care early in the Summer of 1901 with a large tumor on the right side of the neck. This he opened and removed as far as possible, although he made no attempt to completely dissect away the growth, it being intimately associated with the great vessels of the neck. The tumor had the clinical history of sarcoma and on microscopical examination the diagnosis was confirmed. In a few weeks the patient returned with the growth as large as ever, and it was again removed with the same result, the patient returning with a similar condition. For a third time the operation was performed and the diagnosis again verified microscopically. Nothing further was seen of the patient until recently, when she came under Dr. Shepherd's care for an entirely different disease. There was then no sign of her former trouble except a scar on the right side of the neck perfectly free from induration. In the discussion which followed the examination of the case, Dr. Shepherd referred to another apparently spontaneous of Sarcoma which came under his observation some fifteen years ago. After the second operation the growth disappeared and the man is at present alive.

Dr. Anderson showed a pathological specimen of vesical calculus, also two cases of carcinoma of the stomach. The latter were particularly interesting because they were obtained from male twins aet 38. Each had a history of dyspepsia and they died within a year of one another.

Dr. Shirres then read a paper on spinal localization in connection with spinal fracture. The case was that of a man who after falling down an elevator shaft received a blow on the back with a packing case. He had almost complete paralysis from the neck downwards, the upper extremities showed slight power in movements at the elbow and shoulder. Sensation to touch was present throughout, although sensation to heat cold and pain were absent in the lower part of the body. There was an incomplete band sensation about the region of the clavicles. Knee jerks were absent but Babinski's sign was present. It was considered that the probable lesion was a hæmato-myelia about the sixth or seventh cervical segments, but that possibly the symptoms were due to pressure on the cord. Laminectomy was performed and it was found that the la-

minae of the sixth cervical vertebra were fractured and that there was no pressure about or below the seat of fracture.

The patient died on the eleventh day and the post mortem revealed the fact that a haemorrhage had occurred in the grey matter at the seat of the injury, and that it extended through the sixth and seventh segments.

At the following meeting of the Society, held on May 2nd, Dr. Shepherd drew attention to a case of leprosy which had been in the Montreal General Hospital for some weeks. The patient, who was in an early stage of the disease, had a squamous eruption on the forehead and on various parts of the body. Anæsthetic areas were found in the middle of some of the squamous patches and the nature of the disease was at once suspected. Further examination showed that the ulnar nerves were enlarged, and, on cutting down, the lepra bacillus was found in the nerve sheath. Dr. Shepherd then brought forward a living case of recovery from typhoid perforation after operation. He wished to show this case on account of some recent articles which stated that there was but one case on record in Canada. The patient was operated on in May, 1901, during the second week of fever and twelve hours after perforation. She made a good recovery, although there is at present a hernia at the seat of incision which is easily controlled by a truss.

The second case was that of a man who was operated on two hours after perforation. The temperature remained in the vicinity of 104° for two weeks, but the patient recovered perfectly. The third was a case of ambulatory typhoid operated on ten hours after perforation. The abdomen contained a quantity of pus but the patient made an interrupted recovery. Dr. Shepherd advocated the use of the incision commonly used in appendix operations, because the ileum could be found immediately and the perforation easily located.

Dr. Maud Abbott showed two pathological specimens, the first an aneurism of the innominate artery, the second a case of an anencephalus monster. Skiagraphs of the latter were passed round and the specimen compared with one which has been carefully described by Dr. Ballantine, the resemblance between the two being very striking.

The meeting adjourned after a lantern demonstration of various forms of skin lesions by Dr. Shepherd.

Apart from notices appearing in French Canadian medical journals, very little attention has been paid to a very important meeting of the French speaking members of our profession which was held recently in Montreal. This meeting had for its object the formation of an associa-

tion consisting of all the doctors in North America speaking the French language. Prof. Brochu was elected president, and in his address he pointed out the necessity for such an organization, the chief object being the reading and discussion of papers on medical subjects. Not only would there be a new stimulus given to such work, but the numerous independent societies throughout the country would be in a measure united.

Prof. Foucher stated that the majority of the French profession hesitated to take an active part at an English meeting, not on account of want of knowledge of the subjects under discussion, but on account of hesitation in using any language but their own, when literal accuracy was essential to perfect demonstration of any scientific fact. With a large society where French alone would be used this difficulty would be overcome, and he called upon all his *confreres* to support and promote the welfare of the association in every way possible.

The speeches were received with enthusiasm by the large number of medical men present, and if one may judge by the first meeting the association will prove a great success.

The following gentlemen were elected to office :

- 1° Présidents d'honneur :
- MM. les professeurs ROTTOT, *doyen de l'Université Laval de Montréal* ;
 SIMARD, senior, *doyen de l'Université Laval de Québec* ;
 CRAIK, *ex-doyen de l'Université McGill* ;
 CAMPBELL, *doyen de l'Université Bishop*.
- 2° Président général :
- M. le professeur BROCHU, de Québec.
- 3° Vice-présidents :
- M. le professeur E. P. LACHAPPELLE, de Montréal .
 M. le docteur COYTEUX-PRÉVOST, d'Ottawa ;
 M. le docteur ARCHAMBAULT, de Cohoes, E.U.
- 4° Secrétaires-généraux :
- (a) M. le docteur SIMARD, junior, de Québec ;
 (b) M. le docteur LESAGE, de Montréal.
- 5° Trésoriers :
- (a) M. le docteur MAROIS, de Québec ;
 (b) M. le docteur CLÉROUX, de Montréal.

Work on the extension of the Hotel Dieu, Montreal, will be commenced immediately. The new building, which is to face St. Urban St., is to be of the same height as the old one ; and, while having the most modern improvements, will be in keeping with the rest of the hospital. It will contain a new operating-room, and two special rooms for X ray

machines, also large dispensaries, the remainder being reserved for private wards for which there has been a great demand for a number of years. The various departments will be furnished with every convenience in the way of apparatus and special instruments. This addition will be much appreciated by the students of Laval University, for it will both facilitate their practical work and increase their clinical material. The Sisters have not yet decided to build a ward for contagious diseases; but, should they do so, it will be placed to the west of the present community building on the Park Ave. side.

At the annual convocation of the medical faculty of Bishop's College, the following gentlemen received the degree of M.D.C.M.: C. M. Cass, D. K. H. Cowley, E. G. Gale, J. MacGregor, W. H. Still, C. W. Smith, W. F. Roach. James MacGregor won the gold medal, J. J. McGovern the silver medal and C. M. Cass the chancellor's prize. The report showed that the attendance was much the same as last year, and that there had been numerous additions to the teaching staff.

A banquet, unique in many ways was given on May 7th, by the medical profession of Montreal, to Drs. Rottot, MacCallum and Sir William Hingston, who have completed fifty years of active practice in their profession. A more perfect representation of the medical talent of the city could hardly have been chosen. Dr. Rottot, Dean of Laval University, and Dr. MacCallum, emeritus professor of McGill, represented the French and English elements, while Sir William Hingston formed the connecting link, for although Irish by birth he has practiced largely among the French, and is identified with a French Hospital and a French College. This most happy union of race and language was the key-note of the proceedings during the whole evening; speeches, songs, and toasts, being given in both languages.

The committee in charge, completed the arrangements in a most satisfactory manner, and the dinner was in every particular a complete success. The decorations were tasteful, and the menu, on which were reproduced photographs of the guests, were exceedingly appropriate.

After the health of the King had been drunk, the chairman, Dr. Campbell, proposed the toast of the evening; Our guests'. He remembered a similar occasion but twice before in fifty years, when the two men they honoured were Dr. George W. Campbell, late Dean of McGill, and Dr. d'Odseuens, late dean of the Victoria College. The gentlemen in whose honour the banquet had been prepared had done much for the city and much for medical education. Dr. Rottot had graduated at

Montreal College in 1847, and had been Dean of Laval for years. Dr. MacCallum graduated at McGill in 1850, and had occupied the chair of obstetrics in that institution until he retired. Sir William Hingston graduated in 1851, and was professor of Clinical Surgery in Laval, while, as a public man, he had been Mayor of Montreal, and was at present a Senator.

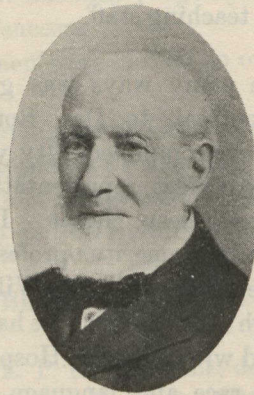
Dr. Lachapelle stated that the celebration of the professional golden wedding of three deans of the profession, was a unique one and was all the more delightful, because the Doctors of both races and both languages were meeting in friendly intercourse.

The toast was received with the greatest enthusiasm and Dr. Rottot briefly replied, thanking them for the honour of the banquet, and said how much he appreciated the compliment.

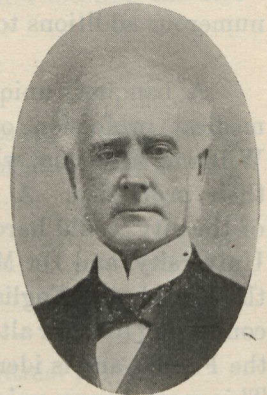
Dr. MacCallum dwelt upon the enormous difference half a century had made to Canada, and mentioned the political and social changes which



DR. ROTTOT.



DR. MACCALLUM.



SIR WM. HINGSTON.

had occurred during that time. He was glad to see the members of the two races to whom the fortunes of Quebec were entrusted meet together in friendly and sociable intercourse.

Sir William Hingston thanked all present for his reception in "the language of our first colonists in Canada," and then referred in English to the gathering of the profession to congratulate him upon the honour her late Majesty had conferred on him. He was glad to meet round one board men of all nationalities and all religions and urged them to meet one another in friendly intercourse, and to converse in each others language.

Dr. Girdwood also proposed the health of the chairman, who suitably replied. The speeches were interspersed with songs by Drs. Lauterman, Craig, Desrosiers, and Mr. E. Lebel.

MILITARY MEDICAL TOPICS AND NEWS.

Conducted by Lt.-Col. Nattress, P.M.O. M.D. No. 2.

RECRUITING.

THE enlisting of another contingent for South Africa has occupied the attention of the Military authorities for the past two weeks. This time 2,000 men are being sent, and recruiting has been general throughout the Dominion. The physical conditions, called for this time, vary a little from preceding regulations. Age 20 to 40 years; height, not under 5 feet 4, nor over 5 feet 11 inches; weight, not more than 180 pounds, and chest measurement, not less than 34 inches.

Besides those of the Permanent Force who were taken on this time, I examined at the Armouries 299 men; out of this large number for one Depot, only 164 passed as medically fit. It has been suggested that the material presenting was not up to the standard of three years ago, but this was not the case. The regulations called for a more rigid examination, and the selection of those only who were entirely free from any physical disability.

The examination of a young man, for active service, differs widely from his examination for life assurance, or that of his family physician for existing ailments. In the above batch of 299, probably not more than 6 to 8% would be rejected by any life company, nor would the remainder of those rejected be regarded even as impaired lives. There are many disabilities, which render a man unfit for active service, that do not bear at all upon his longevity in ordinary civilian life. Many of these disabilities are trifling, so far as the man's physical condition and general health are concerned; but not so trifling, when taken into consideration with the work he may have to perform, or the hardships he may be called upon to endure—exposure, hunger, coarse food, toilsome marches, or long weary hours in the saddle, hard-riding, patrols, out post duties, etc.

The following is a list of those marked "unfit" roughly classified regionally.

HEAD AND NECK	31
(a) Sight imperfect.....	13
(b) Teeth "	15
(c) Voice (stammerers)	2
(d) Sore Throat (syphilitic)	1

UPPER EXTREMITIES		2
(a) Undeveloped left arm (Infantile paralysis)	1	
(b) Thickened Knuckles (Rheumatism)	1	
THORAX		26
(a) Chest (Too narrow and deformed).....	18	
(b) Heart (Valvular lesions)	8	
ABDOMEN		5
(a) Herniae	3	
(b) Appendicitis	} Attack 2 months ago 1 } Operated within a year . . . 1	
GENITO-URINARY REGION.....		37
(a) Varicocele	50	
(b) Hydrocele	3	
(c) Phimosis	1	
(d) Undeveloped testicle and scrotum.....	1	
(e) Undescended testicle.....	1	
(f) Hypospadias and varicocele	1	
TRUNK		2
(a) Exaggerated Lateral Curvature	2	
LOWER EXTREMITIES		25
(a) Flat-footed	10	
(b) Overlapping toes	8	
(c) Hammer toe	5	
(d) Knock-kneed	1	
(e) Varicose veins of legs	1	
HEIGHT.....		7
(a) Under regulation height.....	6	
(b) Over " "	1	
Total.....		135

The eyes are tested with the "dot card"—first the right eye and then the left. So far as could be revealed by this test, the defect was chiefly due to astigmatism, and seemed to be very much more common in the left eye than in the right.

The percentage of bad teeth, in the class of young men presenting, was high—much higher than one would expect at from 20 to 25 years of age.

Only two stammerers presented; and, indeed, I am not sure it was not the same one who presented himself a second time under another name.

That so many rejections appear under the subdivision *chest*, is not due to weak lungs, but inability to comply with regulations. It would seem that 34 in. normal chest is too much to expect in a young man 5 ft. 4 in. in height and only 20 years of age.

Less than one per cent. of hernia is not up to the public average.

Probably a large number of those afflicted know already it is a sufficient disability, and hence do not present themselves for examination.

In the whole of the human "make up," the region of the external genitals seems to be the most vulnerable, when put to the test for *active service*. Varicocele stands at the head of the list. It seems almost incredible that one out of every ten, in such a promiscuous list of young men, should be thus affected; but such was the case. Another noticeable feature was that, in every one of the 30 cases, there was a left varicocele. There were two or three right varicoceles but not without the same weakness being present on the left side. As to the etiology of this ailment, while exciting causes count for something, predisposition, due to anatomical condition, must be a far greater factor.

Congenital deformities of the sexual organs were not common with this batch. There was one case of phimosis; one of hypospadias, the urethra being only about $\frac{1}{2}$ in. short; one case of undescended testicle, which was entirely out of reach; and one rather interesting case of an atrophied right testicle, quite soft and not larger than a small hazel nut, lying in the scrotum, the right half of which was so small and contracted as to resemble a right external labium. The condition presented to my mind the possibility of this testicle being retained in the canal, and not reaching the scrotum, until some years after birth or even puberty.

The two cases of lateral curvature were so marked that the deformity was noticeable, even *in mufti*.

It was not a foot-parade *solely*, but many were turned away on account of their feet. Ten were so flat-footed that they could not be accepted; and, I fear, felt that they received a corresponding "turn-down." Eight others were rejected because of overlapping toes, and five more owing to the presence of a condition known as "hammer toe."

SALE OF INTOXICANTS IN MILITARY CANTEENS.

THE authorities have always endeavored to restrict as far as possible the sale and use of intoxicating liquors in Military Camps of Instruction, but nevertheless "camp rumors" reach the general public from time to time.

If we may be permitted to remark the views of the G. O. C. on this subject as embodied in his Annual Report to the Minister of Militia are exceedingly well thought out, strong, forceful and to the point, and approach an explanation for these "camp rumors."

We are convinced that the Militia generally and the Medical Service in particular would be glad to see these views receive due consideration.

The General remarks:—"I would not on any account permit the sale of spirits in the canteens during annual drill, but I must here most strongly protest against a system that forces a soldier, if he needs a glass of beer, to resort to the saloons and drinking shops of the nearest town where there is no control over either the quality, nature or quantity of the liquor supplied to him. The effect of this regulation is to largely increase the amount of drunkenness in camp, and it is easy to show why this is so. In a military canteen all liquor has to be consumed on the premises, and, if proper supervision is exercised, no man should be served with more liquor than is good for him. But what happens under the existing system of prohibition? The man who would have been contented with his glass of ale or lager beer had he been able to procure it in camp, has to walk some distance to get his drink, probably takes whiskey instead of malt liquor, and very often returns to camp with a bottle of bad whiskey under his coat which he takes to his tent and proceeds to make his comrades intoxicated.

"I contend that it is a serious evil to drive our men into the temptation of the city liquor bars, rather than let them buy a glass of wholesome beer in their own camp, and I trust that this incentive to intemperance may be removed from the Militia Regulations."

PERSONALS.

The wound received by Lord Methuen is a compound fracture of the thigh in the middle third.

Lt. F. W. Marlow has obtained his L.R.C.P. and M.R.C.S., and has also passed his examination at the Volunteer Ambulance School of Instruction in London.

The Surgeons for the last contingent are:—Major C. E. Elliott, Quebec; Capt. D. M. Anderson, Toronto; Capt. L. R. Murray, Halifax; Capt. J. M. Jory, St. Catharines.

CURRENT MEDICAL LITERATURE.

Conducted by A. J. MacKENZIE, B.A., M.B.

FULL TERM PLACENTA WITHOUT A FOETUS.

AT the meeting of the "New York Post-Graduate Clinical Society" on March 7th, as reported in the "*Post-Graduate*," two cases were recorded of this rather rare condition; in the first a full-sized placenta was delivered accompanied by a form of an encysted foetus of about one month; in the other there was no foetus but a calcareous spot in the centre of the full-sized placenta.

THE INFLUENCE OF PHOSPHORUS ON ORGANIC SUBSTANCES IN PILLS.

FOR the determination of this influence (*British Medical Journal*, March 8th) an investigation was undertaken by W. H. Martindale, London, combinations of the common alkaloids with phosphorous in pill being used, with the ordinary bases. The examination after the interval of more than a month in all cases showed that there was no interaction or decomposition in this form of preparation, and that no considerable amount of oxidation of the metal had taken place.

SWALLOWING A METALLIC DENTURE, TREATED SUCCESSFULLY BY THE ADMINISTRATION OF COTTON WOOL.

IN the Medical Press, April 2nd, 1902 G. J. Johnston, of Dublin, reports a case in which a metallic denture, weighing ninety-five grains and measuring four centimetres by one and a half, was swallowed; severe pain and dyspnoea were at first experienced, but it was passed on to the stomach, where it caused less trouble. Dr. Johnston gave finely frayed cotton wool in the form of sandwiches with bread and butter; pain was experienced in the right iliac fossa, presumably when the foreign body was passing the ileo-caecal valve, but after the administration of a mild purgative the denture was passed on the eighth day from the time that it was swallowed, and it was found to be tightly wrapped with the cotton wool, forming, without doubt, a most efficient protective to the tissues with which it had come in contact. The X-rays had failed to

locate it, the writer suggests that the cause of this was that it had entered the small intestine at the time, and the constant peristaltic movement prevented it being seen.

THE TREATMENT OF VESICO-VAGINAL AND RECTO-VAGINAL FISTULÆ HIGH UP IN THE VAGINA.

IN The Bulletin of the Johns Hopkins Hospital for April, Howard A. Kelly has an article on the above subject, in which he advocates opening the peritoneal cavity widely from side to side, so as to free the bladder from its fixation at the vaginal vault and render it thoroughly mobile. By this means it becomes possible to displace the entire affected area downward to any extent required, exposing the part of the bladder that lies above the vaginal vault and contiguous to the fistula. The author refers in this to cases in which vaginal hysterectomy has been done, and the fistula is a result of the operation.

The knee-chest position is chosen, because the bladder readily becomes distended with air facilitating manipulation, while on opening the peritoneal cavity the viscera fall away toward the diaphragm, leaving the field of operation unencumbered. The vault is opened in the line of the transverse scar, and the incision carried widely from side to side, setting the bladder free, the margins of the fistula are split, and the vagina separated from the bladder, and the bladder is sewed up by a row of buried sutures of fine silk or cat-gut, uniting the muscularis alone, and turning in the vesical edges to form as it were a buttress. The vaginal surface is then united with a row of fine silk-worm gut sutures, being careful to leave no dead space between this row and the buried sutures. A little suturing at the corners, and a drain of iodoform gauze completes the operation. It is advisable to leave the catheter in place for seven to nine days following the repair.

THE RUSSELL METHOD.

IN a recent number of THE LANCET we mentioned the results obtained from the Russell method of treating pulmonary tuberculosis, among the poorer classes in New York city. From the report of the committee of inspection, published in the April number of the *Post-Graduate* we are able to quote the following outline of the method:

Each patient comes to the dispensary twice a day—in the morning any time between 7 and 9 o'clock, and in the evening between 7 and 8

o'clock. They are given the Russell emulsion of mixed fats at such times, they are also questioned and advised. Sunday morning they report at 9 o'clock when they are weighed and examined.

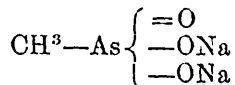
They are taught to sleep with their windows wide open; to eat all they can at each meal, to take a stated quantity of milk and eggs, to allow an interval of 5 hours between meals. The value and importance of cathartics is impressed upon them. They are taught to avoid over-clothing, to keep the feet dry and warm, to obtain nine hours sleep at night when possible, to avoid places of amusement. Alcohol, tea, coffee, and all unnecessary exercises are forbidden.

The beginning dose of emulsion is one half ounce, gradually increased until from two to four ounces are taken each evening. Castor oil is the main cathartic used. This is taken at first three times each week until the patient gets to full doses of emulsion and full general diet when a dose is given every day.

The rules are carried out with great strictness and patients are made to understand that they must obey. In case of disobedience they are at once dismissed. Any patient with uncomplicated pulmonary tuberculosis is accepted in any stage of the disease, who is able to come to the dispensary twice a day and to obtain suitable food. The most common complications which bar treatment by this plan are tuberculous laryngitis, old cases of emphysema on which tuberculosis has become engrafted, and cases in which repeated profuse hemorrhages take place.

HISTOGENOL.

THE "*Progrès Medical*," April 12th, has an article on an arsenic compound which has been given this name and on its application in the treatment of consumption. A short time ago Gautier and Mouneyrat made a report on the methyl-arsenate of soda, which has the following graphic formula:



and which while isomeric with the cacodylate of soda has the great advantage of being administerable either by mouth or hypodermically, and of lacking the disagreeable alliaceous odor and the irritative action of the latter.

Mouneyrat found that the methyl-arsenate had not the property of preventing the phosphaturia of the tuberculous, and so undertook to find

some means of supplying the body with this element. Seeking a form that would resemble the phosphorus found in the nuclei of the human leucocyte, he chose nucleinic acid prepared from the roe of fish, and associated this with the arsenic compound in the relation of 4 to 1. To this compound he has given the name of "Histogenol," and after using it since the first of August last in 120 cases of pulmonary tuberculosis, he believes he is justified in claiming for it remedial properties of a high order. Besides the amelioration of the ordinary symptoms and the disappearance of physical signs, which were marked, there was a noticeable decline in the phosphaturia and a well-marked tendency to the cicatrization of the lesions.

THE SUPPOSED INFECTIVITY OF DESQUAMMATION IN SCARLET FEVER.

THE Lancet, April 5th, has an article on this subject by C. Killick Millard, in which he questions the finding of the committee of the London Clinical Society, which in 1892 reported that the danger of infection was co-existent with, and by implication due to, desquamation. In view of the fact that infection sometimes appears after all visible desquamation has ceased, and that the disease is infective before this condition begins, the author of the paper wrote to 25 superintendents of fever hospitals for an expression of opinion, 21 sent replies, and of these 16 gave as their opinion (1) that they can adduce no evidence that desquamating epithelium is *per se* a source of infection; (2) they consider that too much importance has, in the past, been attached to desquamation as a source of infection; (3) their experience does not support the popular view that desquamation after scarlet fever is necessarily an indication that the patient is still infectious; (4) they believe that a patient may continue to desquamate for some time after he has ceased to be infectious; (5) they do not believe that it is necessary, in order to prevent the spread of infection, that patients that are otherwise ready to leave hospital, should be detained until every visible trace of desquamating epithelium has disappeared.

The author calls attention to the fact that he is merely trying to establish that the desquamation of scarlet fever is not infectious, *per se*, although it may convey the infection just as fomites; it does not contain in itself the infective organism in the same way that the scab of small-pox does. The eruption is an erythema—a process characteristic of a

chemical poisoning or of poisoning by the chemical products of microbic action, rather than the direct action of microbes themselves.

As bacteriological evidence is lacking, we must turn to clinical evidence for the support of our theory, and the writer believes that he is correct in the following conclusions: The desquamation is not necessarily infectious because of (1) the absence of evidence; (2) the fact that infectivity begins prior to the onset of desquamation and frequently continues long after it has ceased; (3) the fact that scarlet fever wards, although abounding in desquamating epithelium, are not a danger to neighboring houses; (4) the fact that the proportion of return cases does not appear to be increased amongst patients sent out from hospital still desquamating.

THE DIAGNOSTIC VALUE OF THE VARIATIONS IN THE LEUCOCYTES AND OTHER BLOOD CHANGES, IN TYPHOID AND MALARIAL REMITTENT FEVERS.

IN the *British Medical Journal* for April 5th this subject is discussed by Leonard Rogers, M.D., Professor of Pathology in the Calcutta Medical College. The investigation was carried on in fifty cases of continued and remittent fever, and the author believes that his results will tend to make the difficulty that so often attends the differential diagnosis of these conditions more easy. The results attained may be summed up as follows:

1. The percentage of the different forms of leucocytes counted in a stained blood film is of great diagnostic value in differentiating malarial and typhoid remittent fevers, and is easily ascertained.
2. An increase in the lymphocytes to forty per cent. or over, without an increase in the large mononuclears, points to typhoid as against malarial fever.
3. An increase in the large mononuclears to about twelve per cent. and upwards, especially during the remissions of the temperature, strongly indicates malaria as against typhoid fever. This change is of great value when parasites are absent from the blood.
4. The presence of myelocytes in any number as from one to five per cent., points to malaria as against typhoid fever.
5. A high degree of anæmia, such as reduction of the red corpuscles to below 3,000,000 per cmm, is much more frequently met with in malarial than in typhoid fever.
6. A very great reduction in the total leucocyte count, such as to below 2,000 per cmm., is much more frequently met with in malarial

than in typhoid fever, while the proportion of white to red corpuscles in malaria is not infrequently less than 1 to 2,000, which is rare in typhoid fever.

7. Leucocytosis can be detected by a great excess of white corpuscles, upwards of 80 per cent. of which are polynuclears, in a stained blood film, and is often of service in excluding malaria in intermittent fever due to liver abscess or other local inflammation.

With regard to the erythrocytes, while a secondary anæmia is not infrequent in the latter stages of typhoid fever, the ordinary case shows no well marked deviation from the normal; this is true in many cases of malaria, but in some we find a reduction, and the hæmoglobin as indicated by color index may show greater variation, both above normal and below, than is commonly found in typhoid fever.

AN EXPERIMENTAL AND CLINICAL RESEARCH ON THE TEMPORARY CLOSURE OF THE CAROTID ARTERIES.

IN the *Annals of Surgery* for April, George Crile of Cleveland discusses this subject in the light of a number of cases in which this method of preventing hemorrhage has been used. There is no doubt that the most serious complicating feature in the field of operative surgery in the region of the head and neck is that of hemorrhage, not only on account of the difficulty it causes in obstructing the field where the technique is so difficult, and the danger to the patient from loss of blood from vessels which their position renders difficult to clamp or ligature, but also on account of the danger arising from pneumonia following the inspiration of blood. This being the case the surgeon naturally looks to some method of shutting off the blood supply to the parts; permanent closure of the external carotid has been done in many instances without serious effects, but the permanent closure of the common or internal has been found a much more serious operation on account of the cerebral complications which follow in a large number of cases, 11 per cent. according to Wyeth.

Examination as to the effect of temporary closure of the common carotid by means of clamps in the dog showed an absence of serious histologic injury to the vessel wall after as long as forty-eight hours if the site of application was not infected. As to physiologic effects, it was found that while pressure rose on application of the clamp, it soon afterwards fell, that respiration was not considerably affected, and that the giv-

ing of the anaesthetic could be carried on as before while no emboli or thrombosis were found, or effect on the brain.

Encouraged by this result the author applied the method to the operation on the human subject, with the result outlined below. The method was as follows: Twenty minutes previous to operation where the vagus or its branches was to be subject to manipulation, one one-hundredth of a grain of atropine should be injected. Each common carotid is closed by means of a small clamp with a long blade protected by thin rubber, and so arranged that when the blades are approximated by means of a thumb-screw with which it is fitted, they shall be parallel. In operations in which blood may enter the pulmonary tract, the patient should be placed in the Trendelenburg position. If this has been done it is safer to restore the patient to the horizontal posture before removing the clamps.

The operations for which the method was used consisted of removal of tumors of various kinds requiring extensive loss of tissue and difficult dissection. A clinical summary is as follows :

One or more carotid arteries were closed in eighteen patients. Both common carotids were closed in ten ; one common carotid in five ; one external carotid in three. In all there were twenty-eight closures of individual vessels. These were performed between the years of 1897 and 1901.

The age of the patients ranged from seven months to sixty nine years. There were no deaths attributable to the temporary closure of the arteries.

In every instance the circulation was resumed immediately upon releasing the clamps. There was no appreciable late effect upon the vessel wall at the point of clamping and none upon the circulation in the closed arteries and their branches.

There were no later cerebral effects. Less anaesthetic was necessary with closed arteries, especially in the cases in which the common carotids were closed. In the latter case there may be embarrassed respiration. Wholly or partially releasing one or both carotids gave material and immediate assistance to the respiration.

The operating time was much diminished, since the field of operation was free from blood.

The amount of blood-loss was strikingly less, as was also the difficulty in keeping blood from the respiratory tract.

The application of the clamp may be accomplished through a very small incision, and in several minutes. The proper interpretation of a slowed or of an accelerated pulse, or of an inhibited respiration, the pre-

vention of either direct or reflex inhibition of the heart from mechanical stimulation of the vagus or its branches by the use of atropine or cocaine, the safe and absolute control of hemorrhage by temporarily closing the carotid arteries render operative procedures on the head and neck so much safer as to greatly increase surgical possibilities.

LARYNGEAL PERICHONDritis IN DIABETES.

DR. HUTCHISON reports the following interesting case in the April number of the *Journal of Laryngology*. A school master aged 30, athletic, had contracted diabetes mellitus six years previously, sugar being constantly present in the urine during that time, and frequently in large quantity. Besides teaching, the patient also trained and led the choir in the village church, but in spite of this overuse of the larynx, was free from throat trouble of any kind. Fatigue in speaking was first noticed in July, and hoarseness about the third week of August, followed rapidly by aphonia and dysphagia. The pharynx and fauces became hyperaemic, the left arytaenoid bright red and much swollen, the left vocal cord fixed near middle line. The right side of the larynx was less affected, the movements of the cord seemed slow, and abduction was incomplete. There was no tenderness or swelling over the larynx externally. Three days afterwards a large red swelling extended, from the back of the arytenoid region to the epiglottis, completely hiding the left vocal cord. Externally, there was a marked swelling and great tenderness over the left side chiefly, but spreading to some extent over the right side. The dyspnoea and dysphagia were very marked, and there was a distinct smell of acetone in the breath. Death followed in a very few hours.

A striking feature of this case is the rapidity with which the laryngeal condition developed, there being but little over a week between the onset of slight hoarseness and the appearance of wide spread perichondritis. Syphilis could be definitely excluded, and as regards tubercle, there had been no symptom at any time to give rise to a suspicion of its presence.

Laryngeal perichondritis appears to be a very rare complication in diabetes. When the larynx is affected in diabetes, the condition found is most commonly a laryngitis sicca; in cases with marked cachexia and anaemia, ulceration of the posterior laryngeal wall has been described; and in cases in which tuberculosis has developed in a diabetic subject tubercular ulceration has been noted in the larynx, but this is rare.

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EDITORIAL.

SCIENTIFIC RESEARCH AID.

IN this country there are as yet, no research scholarships or endowments, for the encouragement of the Scientific investigation and study of disease. This is much to be regretted.

The various hospitals, throughout the country, have struggle enough to make ends meet, and cannot set aside a sum of money to aid in the scientific study of the cases in their wards. In like manner, the Medical Colleges have not sufficient funds to enable them to pay persons to devote their whole time in the investigation of pathological and bacteriological questions.

There happens to be a law of nature that renders it impossible for the scientific investigator to live without food, raiment and shelter. This being the case, those who would wish to devote themselves to research work are deterred, and forced into other avocations, or are able to give, at serious loss, a portion of their time to experimental and pathological work. In this way the country suffers a great loss. There is something stimulating to the medical profession, as a whole, to have in its midst a certain number who can give their whole time and attention to the study of diseases as they manifest themselves in the country.

The pursuit of scientific medicine is inconsistent with the attempt to conduct a general, or special practice. No man can abstract himself from his investigations to see his patients. Nor, if he did, would he be in a fit condition to see patients, especially surgical cases, after conducting post mortems. or working in the laboratory over diseased and infective tissues. The scientific medical man should be a co-worker with the practical medical man. They cannot well be combined in the same person.

It has been shown that the hospitals have no money for such valuable work, and that the earnings of the medical colleges are used up in running expenses, and a moderate remuneration to the lecturers. The result is that the scientific work of the colleges too frequently falls to the lot of one of the younger men of the staff, whose lot it is also to receive the small end of the pay.

All this can be remedied, and ought to be remedied. Here is an op-

portunity for persons of means. There is no way known by which a gentleman of fortune could do more good than by making over some of his wealth for the encouragement of scientific study. Some of the influential trades bodies could also take this up. The Manufacturers' Association could easily found a chair, or scholarship. So could the railways, the grocers, the dry goods men, the travellers, &c. It only requires a beginning. We hope to hear soon from some of our wealthy and generous people on this very important subject.

Physicians and Surgeons, all over the country, are giving their time freely in attendance on the destitute, and for which they receive no remuneration. At great inconvenience to themselves they are trying to carry on scientific investigations that the wealthiest receive the full benefit of in times of sickness. In consideration of these gratuitous sacrifices that the medical profession is constantly making for the good of all, it is not too much to ask, and expect, that the rich members of the community will come to the aid of the Medical Scientist. There are in Toronto alone hundreds of citizens who are able to make a liberal donation to such a praiseworthy object. In many of the large cities and hospital centres in other countries, some large gifts, have been made in aid of original research. *Felix faustumque sit*

THE ONTARIO MEDICAL ASSOCIATION.

THE 22nd Annual Meeting will be held on June 4th and 5th at the Education Department, Toronto.

Some weeks ago, the preliminary notices were mailed to the 800 members in all parts of the province; and the list of papers, promised thus far, is very satisfactory.

It is hoped that the Committee will receive a still more hearty response, and a ready coöperation in their efforts to make the meeting a success.

A new feature of the meeting will be the devotion of a whole session to the exhibition of clinical cases, medical, surgical, skin and diseases of children.

It is expected that a large number of cases will be presented, not only from Toronto, but from elsewhere, as arrangements have been made with the railroads, by which patients, brought to the meeting, may enjoy the same privileges as those extended to members of the Association. Regarding railroad certificates, it is well to have it understood that the reduction given, in the return fare, is figured on the number of railroad certificates presented to the Secretary at the time of meeting, and not on the total attendance at the meeting.

The provisional programme will be sent out about May 20th, and it is requested that all members intending to participate in the work of the meeting, will inform the Secretary as to the title of his paper, or the character of his clinical cases by that date.

Of the subjects, already fixed for discussion, may be mentioned Obstetric Emergencies, Dry Labor, Placenta Praevia, Anaesthetics, Pneumonia, Tonsillar Hypertrophies, Cerebro-Spinal Meningitis, Ventrofixation, Cerebral Embolism, Anomalous forms of Small Pox, and others. The committee will be glad to hear from members desirous of discussing any of these subjects, and, if informed in time, will make provision for the same. Such communications may be sent to Dr. J. T. Fotheringham, 36 Carlton St., Toronto, Chairman of Committee on Papers, or to Dr. H. C. Parsons, 72 Bloor St., West, General Secretary.

We would urge upon the members of the profession throughout the Province to attend the meeting. In doing so they will increase the interest and enthusiasm of the Association, and will also derive a positive benefit themselves. The Association has done much for the profession during the past twenty-two years. A generous and hearty support from the profession would greatly enhance its usefulness.

On several occasions the advisability of publishing the proceedings in book form has been discussed. The Publication Committee this year will likely submit some definite proposition in this matter. It would be a very desirable thing indeed to have the proceedings in some collected and permanent form.

It would be of the utmost assistance to the committee in its efforts, if those who cannot be present would either remit their fees, or intimate their willingness to subscribe for a copy of the proceedings. It is perhaps in this way that the membership can be made both more permanent than at present and materially increased.

CONFUSIONAL INSANITY.

THIS form of insanity has been recognized for some thirty years. It was first spoken of in Germany under such names as amentia, acute hallucinatory insanity, etc. It was described in the United by Dr. Spitzka in 1877. Since then many articles have appeared upon this form of mental derangement.

This form of insanity comes on after severe mental or physical exhaustion, or from some intoxication of the system with the poisonous products of germs, or of deranged action in some of the organs of the

body. The variations in this form of insanity are numerous, from that of acute delirious collapse to complete stuporous insanity.

There may be a predisposition to the disorder. The active causes are excitement, mental overwork, exhausting acute diseases, lactation and the puerperal state, or such conditions as affect the nutrition of the brain. The two main factors, in the etiology of the condition, are exhaustion of the brain cells, and auto-intoxication. The state of exhaustion may be the primary, or main cause. On the other hand the toxins may be mainly responsible for the brain-cell exhaustion.

There is usually a weakened state of the general organism. Long hours, and night watching, without proper sleep and rest, favor the onset of the trouble. The occurrence of an attack of typhoid fever, the attempt to nurse a child, or a period of religious excitement may prove quite sufficient to precipitate mental derangement in one who is, at the time, in a reduced state of health, or who, by predisposition, has an unstable nervous organization. The acute collapse delirium type is more frequent than the long-continued amentia, or stuporous form.

In many instances, the onset of the attack is sudden. The person may have a vague notion that something is wrong and may try to explain the delusions passing through the mind. In most cases, however, all knowledge of the mental state is soon lost, and there is no recollection afterwards of what took place, or of the delusions. In the collapse cases there is usually little, or no appreciation of the persons condition or surroundings. Meaningless phrases are constantly repeated; and the person is the victim of a great variety of illusions and hallucinations, and may be dominated by the notion of being under spells, or influences. There is often marked alliteration, or incoherence in speech.

There is, as a rule, exaltation rather than depression. There may be periods of terror; and, during these, the patient may become violent, and do acts of self-injury. There is, at times, much motor excitement. Generally, however, these cases are easily managed. In some cases, the attack is preceded by insomnia, or a feeling of exhaustion and overwork. These sensations may last for only a few days, or for a month, or more, before the mental symptoms begin. In the cases with a somewhat slow onset, there is usually depression. The erotic and hilarious manifestations are no longer the rule. The mental confusion may come on very gradually.

The degree of agitation and motor activity, to some extent, is lessened by the previous physical exhaustion, caused by the disease that has induced the attack. If the person attacked is in a much reduced condition, the mental symptoms may be those of extreme apathy, or amentia.

If the attack comes on while in a vigorous condition, the mental state may be that of maniacal agitation. As the attack progresses, the mental confusion becomes more pronounced, the hallucinations more evident, and the memory worse, or altogether lost. The emotional condition may be one of depression, hilarity, grand delirium, or delusions of exaltation. The actions are generally of an aimless nature, but easily resisted and controlled. Only rarely are they of the furious kind.

The physical state is usually one of weakness from exhaustive work, severe illness, hæmorrhages, the toxins of febrile diseases, lactation, etc. Attacks that are due to overwork, or sudden shock may be more muscular and difficult to manage. In cases of collapse delirium, the strength may be fairly well retained till convalescence commences. Digestion is usually poor, there is loss of appetite, and forced feeding may be called for.

Some cases which begin with delirium may in a few days pass into the stuporous type. This may vary from dull apathy to absolute abolition of mental activity. The states of agitation and apathy may alternate. Throughout all the types there is marked mental incoherence.

The prospects of recovery are variously estimated by different writers. In the acute form of collapse delirium the chances of recovery are good. In the more developed types the outlook is not so good. Sometimes the progress of recovery from an acute attack is interrupted by some trivial cause, as the visit of a friend, or some annoying news. The prospects of recovery from the mental derangement is dependent to a large extent upon the physical condition of the patient. This again is influenced by heredity.

The treatment has to deal with brain exhaustion, mal-nutrition, and the action of toxins. The indications are to restore nutrition, secure rest, and eliminate the poisons. These patients must be treated as sick people. Mental quiet is indispensable. Rest in bed may be necessary; but this may be difficult of attainment in delirious forms. The bowels must be thoroughly cleared out by aperients and enemas. A warm bath of 95° F. for half an hour helps to secure sleep. The warm bath may be continued for several hours in excited cases, or the warm pack may substituted. Cold compresses to the head have a soothing effect. In cases of much motor excitement, seclusion may be requisite. In cases when these means fail, recourse to some hypnotic may be demanded.

The feeding of these cases is very important. Milk, eggs and good broths are called for. Forced feeding may have to be invoked. Usually after one or two forced feedings, the patients submit to being fed, or take their food without further trouble.

As to sleeping drugs, those of greatest utility are chloramid, par-

aldehyde, sulphonal, and the bromides. In some cases a dose of alcohol in milk punch, or ale will induce sleep. Restraint should be resorted to with much hesitation. It is much better to control the patients by means of the influence of a skilful nurse.

SUDDEN DEATH IN KIDNEY DISEASE.

THE important relationship between disease of the kidneys and sudden death is being more and more recognized. A few years ago Sir Samuel West pointed out that a very considerable number of those who were brought into the hospitals in an unconscious condition, or in an apoplectic state, were the victims of chronic kidney disease.

Cirrhosis of the kidneys is a most insidious disease. It may be far advanced before the person becomes aware of anything seriously being wrong with the health. During the progress of this disease, the arterial system becomes involved, or is perhaps first the seat of pathological changes. These vessels become hardened and tortuous, and the arterial tension is raised. This means extra work for the heart to perform; and it becomes hypertrophied. In time the arteries are diseased in places, so as to render their rupture an easy matter.

In this condition of the vascular system, a sudden and severe hemorrhage may take place in some portion of the brain, often causing sudden death, especially if the clot is large, in the ventricles, in the pons, or on the medulla.

But these cirrhotic kidneys may cause sudden death in another way.

The diseased condition of these organs renders them poor subjects for any extra work, or acute congestion. The sufferer from cirrhotic kidneys is exposed to a chill and the action of the skin is promptly lessened. This means extra work for the kidneys, which they cannot perform, and the uræmic state is soon ushered in, with coma, or convulsions, or both.

Under exposure, too, these diseased kidneys may become congested, and, in their impaired condition from long standing and progressive degeneration, they fail completely to purify the blood. The person is stricken down with acute uræmia. Sudden death is the almost invariable result of such a complication of acute illness planted on the old diseased state of the kidneys.

If the apex beat is displaced outwards, the sound at the base accentuated, the arterial tension increased and albumin found in the urine, the diagnosis of renal cirrhosis is certain. Albumin may often be absent; but careful search will at last detect it. Casts, too, may be ab-

sent, but they are not always absent. The less the amount of albumin, the more difficult, as a rule, is it to find casts. The casts are generally small and hyaline in character. Albumin may only be found in the morning specimen, or after severe exercise. If casts are found from time to time over a considerable period of time, there need be little doubt, when taken with the cordio-vascular changes mentioned.

APPENDICITIS.

THE medical and surgical relationships of the appendix veriformis are now recognized by all physicians and surgeons. As the result of the many researches during the past ten or fifteen years, many important facts have been fairly well established.

It is now admitted by the most experienced anatomists and surgeons that the appendix is never absent except as the result of disease. Failure to find it is, therefore, almost invariably due to the fact that it is hidden in the retroperitoneal tissue. When the symptoms are of such a character as to justify operative interference, the failure to find the appendix is an undoubted misfortune to the patient.

Dr. McBurney's point, one and a half to two inches from the anterior superior spine on a straight line to the umbelicus, is a land mark of much value. This is the position where the appendix arises from the caecum. It may not, however, be the situation of the disease. Because pain or pressure is absent from this point, cases have been declared not to be instances of appendicitis. In this way serious errors have been committed. The painful point may be in Douglas's pouch, right flank, in the iliac fossa, near the umbelicus, and beneath the right rectus, or right linea similunaris. A rectal examination may clear up any doubt.

The appendix is a small portion of the large intestine. It consists of the following layers: the peritoneal and subperitoneal, the longitudinal and circular muscular tissue, the submucosa, the muscular layer of the mucosa, and the mucosa. The peritoneal coat and the meso-appendix are continuous. The subperitoneal tissue, blood-vessels, nerves and lymphatics, which are contained within the layers of the meso-appendix, are intimately connected with the submucosa. This union takes place through gaps in the muscular coats. Through these gaps pass vessels, nerves and lymphatics. The importance of this becomes apparent when it is remembered that the mucosa and submucosa are places for bacterial invasion. Through these gaps, and by means of the vessels and lymphatics, the subperitoneal tissue may become readily infected. The lymphatics empty into those of the external iliac artery, of the right broad ligament, and of the right side of the pelvis along the internal iliac artery.

The nature of the muscular coats, the vascular supply, the lymphatic tissue and vessels favor rapid spread of inflammation, ulceration and perforation. The lymphoid tissue may become so swollen within the muscular coats as to lead to its rapid gangrene.

There may, or may not, be ulceration of the mucosa. These conditions may occur with, or without, bacterial invasion. Foecal concretions may be found in some cases. There are still some differences of opinion on the formation of these concretions. Many hold that they are caused by the moulding influence of the muscular coats on the soft foecal matter. On the other hand, and with much force of argument, they are thought to be of bacterial origin. These concretions may cause ulceration, perforation, gangrene, and septic peritonitis. In some cases of foecal concretion in the appendix, there is severe and sudden attacks of appendicular colic, without rise of temperature, vomiting, or increased frequency of pulse.

The appendix may become strictured. As the result of ulceration there are thickening and contraction of the submucosa. Beyond this constriction, the appendix becomes dilated and contains a considerable quantity of purulent, or other unhealthy, fluid. At the seat of the stricture, the lumen of the appendix may be completely obliterated. These mucous cysts and empyema of the organ frequently cause recurrent attacks of appendicitis. In some cases the entire canal of the appendix is obliterated. This has been regarded as the natural method of cure. This is by no means always true; some of these appendices, with complete obliteration of the lumen, have caused much pain, and been often the seat of fresh attacks of inflammation.

There is a considerable group of cases in which the lymphatic vessels and glands suffer the chief damage. The glands around the appendix and caecum are swollen. There are usually adhesions, and the appendix is enlarged, firm and reddened. The lymphoid glands are swollen, and there is dilatation of the lymph spaces and vessels of the mucosa and submucosa. These cases may undergo complete cure; or their subjects may be the victims of many repeated attacks. There may be peritonitis, with and without suppuration. In some instances, the most rapidly fatal examples of peritonitis occur without the existence of pus. It is of much more importance to ascertain the nature of the infection and the involvement of the peritoneum than the presence, or not, of pus in the appendix.

Sometimes there is perforation and the formation of a chronic abscess. This abscess may remain walled off from the general peritoneal cavity. The abscess may form in the pelvis, in the iliac fossa, or behind

the caecum. Some of these cases pursue a decidedly chronic course. The pus may find its way out by the rectum, or vagina, or in the right flank. These are natural directions for the pus to take when the appendix ruptures into the retroperitoneal tissue.

ARTHRITIS DEFORMOUS.

THIS disease has had a number of names attached to it. It is known as chronic rheumatism, rheumatic gout, osteo-arthritis, arthritis sicca, rheumatoid arthritis. Some of these names seem to connect the disease with rheumatism or gout; others have a pathological significance; while others have reference more to the clinical appearances. There are possibly different diseased states included under these names.

Clinically there appear to be two well defined varieties. In one, there is considerable inflammation and tenderness in the soft part of the smaller joints. The patients are usually moderately young, under mid-life. There is not at first any marked tendency towards the formation of bone projections about the affected joints; and the patients health is often moderately disturbed. In the second group there is a greater average age, there is not much pain, nor tenderness, the health is seldom much deranged, and there is a formation of bone about the affected joints from the commencement of the disease.

Three views have been strongly urged as the causes of the affection. First, it has long been contended that it is a diathetic disease, and is closely allied to gout. The supporters of this theory claim that it is partly hereditary and partly dietetic. The second theory is that it is due to some neuropathic state. Those who support this view point to the joint affections in ataxy and syringomyelia. The third opinion is that it is an infection disease, and owns its origin to bacteria.

This latter view is the one that is certainly gaining ground, and has most facts to support it. At sometime or other in the progress of these cases there are pain, swelling, tenderness, fever, sweatings, etc. In some cases, a well defined septic, infecting focus has been found in the body. In some cases, the treatment of this focus has cured the joint disease. The chronicity of this disease can be well explained on the bacterial theory. First of all there is the chronic character of the infecting focus. Then there is the persistency of the germ life in the affected joints, after the focus of infection has been cured. Finally, there is the persistency of the changes in and around the joints as the remains of the disease while it was in an active stage.

All this leads to an entirely changed view as to treatment. The source of infection must be sought for and removed. The disease must be treated as a sepsis of very chronic character. The diet must be

nutritious and wholesome. The notion that arthritis deformans was a gouty condition led to great errors in the feeding of these patients. Generous diet and stimulants in judicious quantities are of much service in many cases. There is in all probability no case of the disease that cannot be explained on the bacterial theory. On the other hand there is probably no case that can be satisfactorily explained on the gouty or neuropathic theories.

"THE HEALING POWER OF GOD."

SUCH is the heading in the daily papers a short time ago of the discussion that took place at the Ministerial Association of Toronto. One of the speakers said he had no sympathy with Christian Science, though he was a firm believer in "Divine healing," which he said "was the supernatural interposition of God, in answer to prayer, restoring health to the body in cases of sickness without the use of drugs."

Another minister believed "in faith healing up to a certain point." He thought certain means should be used.

Another contended "that all healing was divine from first to last, and that it was only according to laws of body, soul and spirit laid down by God."

Another that an extreme position had been taken by one of the speakers, and asserted that the feeling of scepticism would disappear if a genuine case of cure of cancer or advanced consumption could be proven.

Another speaker said that he was more than ever fortified in the opinion that the system was not absolutely sound.

One other person gave some statement of marvellous cures.

Finally, a minister said that seven cases out of eight got well if left alone, and that a minister could not make a plank of Divine healing any more than he could of the aid which God gave a man in business. He said he had never heard of a really incurable case in which recovery was accomplished by Divine healing.

From the above can be gathered the opinions of a number of persons upon a subject they do not understand. Not one of the speakers could give any reason why one case of hiplegia makes a good recovery and another no recovery at all; and that to restore the latter case new tissue would have to be given the patient.

Every medical man knows of the variety and different characters of tissues. It is not necessary to inform medical men of the difference between the phantom tumor of a nervous woman and the ovarian cyst of another woman.

If ministers would only adhere to their own special work and leave the study and treatment of disease to the proper parties it would be a good thing for science and religion.

EDITORIAL NOTES.

In order to have the complete text of Dr. Roddick's bill, *THE LANCET* has been issued a few days late.

The Trinity Medical College has closed a very successful year. The College examinations are over, but the results are not yet known.

The new operating room for Grace Hospital, Toronto, is nearly completed. It is fitted up with every modern requisite. The entire cost of a new room, and all the appliances is the generous gift of Lt. Col. H. M. Pellatt.

The Toronto Western Hospital has now had an extensive and very favorable experience with the tent system of treating patients. The results in both medical and surgical cases, are quite satisfactory. The large tent for consumptive patients is being highly spoken of by those who have been in it as patients, or have had friends in it. The Board of Governors is making arrangements for two additional tents for those patients, male or female, who may require isolation for any reason.

A case was decided in England last month that is of peculiar interest to the profession. A medical attendant had received presents from a patient previous to her decease amounting to £800. The executors moved to recover this sum, on the presumption of influence and lack of independent advice, though there was no representation of undue influence or pressure being brought to bear by the doctor upon his patient, or of incapability of intellect on the part of the latter. The judge decided in favor of the plaintiffs, and ordered the amount to be refunded. The onus of proving the absence of undue influence is thus put upon the medical man.

We have received a notice from Dr. Frederick Peterson, President of the Commission of Lunacy of New York State, 4 West 50th St., New York City to the effect that some twenty-eight appointments in various asylums are offered for Internes or Clinical assistants, to students about to graduate or young physicians, the Institutions are as follows:—

Utica, Buffalo, Gowanda (homeopathic), Binghamton, Kings Park, L. I.; Flatbush, Brooklyn; Central Islip, L. I.; Ward's Island, N. Y. City, (two hospitals); Rochester, Ogdensburg, Poughkeepsie, Willard, Middletown (homeopathic).

These appointments are good for one year and lodging and board is provided. We do not doubt that the experience obtained in this way would be considered valuable by many of those entering the profession.

FORTHCOMING CONVENTIONS.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.

The following is a list of the papers, corrected up to date, that will be read at the forth coming meeting of the American Medico-Psychological Association, which meets in Montreal June 17, 18, 19 and 20.

Papers have been promised as follows: Dr. Henry M. Hurd, Baltimore, Md., Folklore of Insanity; Dr. E. G. Carpenter, Columbus, Ohio, Insanity and Degeneracy; Dr. J. H. McBride, Pasadena, Cal., Boarding out for the Chronic Insane; Jas. M. Buckley, D.D. L.L.D., Morristown, N. J., The Possible Influence of Rational Conversation on the Insane; Dr. A. B. Richardson, Washington, D.C., Women Nurses in Hospitals for the Insane; Dr. George Villeneuve, Longue Pointe, Que., Conjugal Jealousy as a Cause and Excuse for Crime from a Medico-Legal Standpoint; Dr. Jas. Russell, Hamilton, Ont., the Psychology of Anarchism; Dr. William Rush Dunton, Towson, Md, Dementia Præcox; Dr. E. D. Bondurant, Mobile, Ala., The Early Diagnosis of General Paresis and the Possible Curability of the Disease in its Initial Stages.

The Psychical Symptoms of Focal Diseases of the Brain, Dr. C. K. Mills, Philadelphia, Pa.

An Analysis of Two Homicides, Dr. E. C. Runge, St. Louis, Mo.

Hydriatics as an Adjunct in the Treatment of Insanity, Dr. E. C. Dent, New York.

The Criteria of Insanity and the Problems of Psychiatry, Dr. E. Stanley Abbot, New York.

How near akin are Insanity, Crime and Degeneracy? Dr. J. Elvin Courtney, Denver, Col.

Care of the Insane in Brazil, Dr. D. H. Kiddon, Ogdensburg, N. Y.

The Study of Psychiatry To-day; what should it be? Dr. Louise G. Robinwitch, New York.

On a few Important Terminal Diseases of the Insane, Dr. Adolf Meyer, Ward's Island, N. Y.

Litigious Insanity, Dr. Ed. B. Lane, Boston, Mass.

The Organic Sensations in Mental Pathology, Dr. Edward Cowles, Warner, Mass.

Some Results and Possibilities in Family Care of the Insane in Massachusetts, Dr. Owen Copp, Boston, Mass.

Observations on the Insane Negro, Dr. D. F. Drury, Petersburg Va.

Night Nurses in State Hospitals for the Insane, Dr. C. R. Woodson, St. Joseph, Mo.

The Development of Self-Control, Dr. W. H. Hattie, Halifax, N.S.

Papers of which the titles are not yet announced are promised by Dr. A. Vallee, Quebec; Dr. Daniel Clark, Toronto; Dr. Jas. V. Anglin, Montreal; Dr. Geo. L. Sinclair, Halifax, N.S.; Dr. D. H. Hancker, Farnhurst, Del.; Dr. M. E. Wittee, Clarinda, Iowa; Dr. C. G. Hill, Baltimore, Md.; Dr. J. W. Babcock, Columbia, S.C.; Dr. J. A. Houston, Northampton, Mass.

INTERNATIONAL MEDICAL CONGRESS.

The Fourteenth International Medical Congress will be opened in Madrid, Spain, on April 23rd, 1903, and close on the 30th of the same month.

Dr. Abraham Jacobi, having been requested by the officers of the Congress to form the American Committee, has arranged that the plan devised by Dr. William Osler, which worked so well in preparation for the Thirteenth Congress, shall be followed also for the Fourteenth.

Invitations to accept places on the Committee have, therefore, been sent to the President of the American Congress of Physicians and Surgeons, the President of the American Medical Association, the presidents of the fourteen constituent societies and associations of the American Congress, the Surgeons-General of the Army, Navy and Marine Hospital Service, the President of the Canadian Medical Association, and the President of the National Dental Association. Acceptances have been received from nearly all of those invited.

Dr. Howard A. Kelly, of Johns Hopkins University, will deliver the address at one of the general meetings of the Congress, and has chosen for his subject, "The Passing of a Specialty."

Dr. Ramon Guiteras has been appointed delegate to the Congress by the New York Academy of Medicine.

The Committee to date consists of W. W. Keen, M.D., of Philadelphia, President of the American Congress of Physicians and Surgeons; John C. Wyeth, M.D., of New York, President of the American Medical Association; R. H. Chittenden, M.D., of New Haven, President of the American Physiological Society; Walter S. Christopher, M.D., of Chicago, President of the American Pediatric Society; Joseph Collins, M.D., of New York, President of the American Neurological Association; John W. Farlow, M.D., of Boston, President of the American Laryngological Association; Samuel A. Fisk, M.D., of Denver, President of the American

Clinatological Association; S. C. Gordon, M.D., of Portland, Me., President of the American Gynecological Society; Geo. T. Jackson, M.D., of New York, President of the American Dermatological Association; Horace G. Miller, M.D., of Providence, President of the American Otological Society; Presley M. Rixey, M.D., of Washington, Surgeon-General of the Navy; F. J. Shepherd, M.D., of Montreal, President of the Canadian Medical Association; George M. Sternberg, M.D., of Washington, Surgeon-General of the Army; O. F. Wadsworth, M.D., of Boston, President of the American Ophthalmological Society; DeForest Willard, M.D., of Philadelphia, President of the American Surgical Association; H. August Wilson, M.D., of Philadelphia, President of the American Orthopedic Association; James C. Wilson, M.D., of Philadelphia, President of the Association of American Physicians; Walter Wyman, M.D., of Washington, Surgeon-General of the Marine Hospital Service; Abraham Jacobi, M.D., of New York, Chairman.

JOHN H. HUDDLESTON, M.D., Secretary,
126 West 85th St., New York City.

AMERICAN ACADEMY OF MEDICINE.

We have received the following notice and particulars of the 27th Annual Meeting of the American Academy of Medicine. Any further information can be obtained from the Secretary, Charles McIntire, Easton, Pa.

"The twenty-seventh annual meeting of the American Academy of Medicine will convene at the Kensington, Saratoga, June 7th, at 11.00 a.m., and continue during Monday, June 9, 1902.

A series of interesting and valuable papers is promised, covering a variety of subjects and not confined so closely to a symposium as has been the custom for the past few years. A feature of the meeting will be an address, by invitation of the committee, by Edward T. Devine, of the United Charities of New York, on "Co-operation of the Medical Profession in Charitable and Social Reform." It is expected to have a full discussion of this important subject immediately following the address.

The President's address will be given on Saturday evening and the social session on Monday evening. The price of the tickets for the latter, including supper, is two dollars each.

The completed program will not be ready until about the middle of May when it will be sent to those who will advise the Secretary of the Academy of their wishes to receive copies.

The Committee of Arrangements reports as follows: Rates—one in a room \$3.00 and \$4.00 a day. Two in a room \$6.00 and \$7.00 a day.

It is especially requested: 1. That you make requests for reservation as soon as possible, the choice of rooms being given to those who are booked first. 2. That you expressly state whether you expect to remain for the meeting of the American Medical Association. This is important to prevent your rooms being assigned to some one coming to the Association meeting only. For reservations address the proprietor, Henry A. Bango, at the Sturtevant House, New York City."

A PATHOLOGICAL EXHIBIT.

We have been asked to publish the following notice with regard to the Pathological Exhibit of the American Medical Association.

"The Committee on Pathologic Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th, inclusive.

This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul, respectively, where were collected valuable exhibits from all parts of the country. The materials included not only pathologic specimens but the allied fields, bacteriology, haematology, physiology and biology were well represented.

It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in Medical Colleges.

This exhibit has already become a permanent feature of the annual sessions of the American Medical Association, and the Committee is desirous of securing its list of exhibits as early as possible, and to this end asks those having desirable materials to communicate with any member of the Committee.

To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification, and by such specialization enhance the usefulness of the display.

Those lending their materials may feel assured that good care will be given their exhibits while in the hands of the Committee, and due credit will be given in the published reports.

Very respectfully,

F. M. JEFFRIES, 214 E. 34th St., N. Y. City.

W. A. EVANS, 103 State St., Suite 1+03, Chicago, Ill.

ROGER G. PERKINS, West. Res. Med. School, Cleveland, O.

Committee on Pathologic Exhibit, American Medical Association."

OBITUARY.

MR. JAMES SCOTT

THE late Mr. James Scott of Toronto, was a prince among men. His thoughts were ever with the poor and the suffering. This was well manifested by his untiring work for the Home for Incurables, The Orphans' Home, The Toronto Western Hospital, and many other charities. Of his wealth he has made most generous bequests to educational and charitable work. He has placed at the disposal of his sister Miss Scott, \$50,000 for Trinity University; and \$50,000, either for a Hospital for Consumptives, or \$20,000 to the Toronto Western Hospital, \$20,000 to the Kingston General Hospital, and \$10,000 to Trinity College. These munificent bequests are in keeping with what the LANCET is urging upon the wealthy citizens, of the Country. Mr. Scott has set a noble example. Truly may we apply to the late Mr. Scott's acts the words of Horace:—

“ Exegi monumentum aere perennius,
“ Regalique situ pyramidum altius.”

PERSONAL.

- Dr. Balfour will open an office in London, Ont.
Dr. Steele, of Keewatin, will locate in Winnipeg.
Dr. Andrew Scott, of Peterboro' has gone to London.
Dr. Cowie, of Halifax, has removed to 81 Morris St.
Dr. Milne, Victoria, B.C. spent a few days in Toronto.
Dr. W. H. Clutton was taken seriously ill at Edgar, Ont.
Dr G. S. MacCarthy has returned from a trip to Jamaica.
Dr. Rudd, of Woodstock, has recovered from his late illness.
Winnipeg will build a new small-pox hospital this summer.
Dr. J. W. Russell succeeds the late Dr. McKillop in Wardsville.
Dr. Macaulay reports fifteen cases of small-pox at Westport, Ont.
Dr. A. M. Forbes, of Montreal, has removed to 122 Stanley St.
Dr. Westland, of London, has returned from a trip to Bermuda.
Dr. Rose of Winnipeg, has entered on practice at Gladstone, Man.
Dr. Cameron of Galt, Ont., has gone to California for a couple of months.
Dr. Morphy of Lachine has returned from a winter's course in Vienna.
Dr. Culbertson, Durham, Ont., will open an office at Dauphin Man.

Dr. Stockton, late of Otterville, Ont., has begun practice in Moosejaw.

Dr. A. T. Mussen has begun practice at 119 MacKay St. Montreal.

Dr. and Mrs. Hodge of London, have gone on a visit to Great Britain.

Dr. Greer, Peterboro', has recovered from a severe attack of pneumonia.

Dr. Shirres, of Dorchester St. Montreal, is studying in Philadelphia.

Dr. and Mrs. Wilson, of Niagara, have returned from their wedding tour.

Dr. W. J. Clark of Orangeville was hurt in a runaway accident last month.

Dr. F. LeM. Grasset and Mrs. Grasset, Toronto, left for England, April 18th.

Dr. J. T. Finnie, of Montreal, has removed from 137 Bleury St. to 35 Park Ave.

Dr. Beecher of London has completed a post-graduate course at Johns Hopkins.

Dr. R. J. Dwyer of Toronto, has gone on a three months' trip to the old country.

Dr. Caldwell, of Dundas, and Mrs. Caldwell have returned from their wedding trip.

Dr. McKay, Reserve Mines, Sydney, has gone to take a post-graduate course in London.

Dr. G. W. Smith, house surgeon of the Water St. hospital, Ottawa, has gone to Mattawa.

The Brantford Hospital Board are fitting up new operating and surgeons' rooms.

A new hospital has been opened at Levis under the patronage of Mgr. Charles Guay.

Dr. Kirkpatrick, of Halifax, recently visited the eye and ear hospitals of New York.

Dr. J. H. Eastwood has removed his office from Brock St. Peterboro' to 467 Water St.

The Victoria B.C. Hospital have determined to copyright their nurses' uniform.

The new free Hospital for Consumptives will be opened at Gravenhurst, on May 21st.

Dr. Pennyfather, of 387 William Ave., Winnipeg, is recovering from injuries received last month.

Dr. Gunne, of Dauphin, Man. is leaving for the old country to engage in post-graduate work.

Contribution Box Receipts at an Ontario Hospital for the month were reported to be one cent.

A sanatorium is to be built in Vancouver, B. C. under the direction of Dr. Ernest Hall of Victoria.

The meeting of the American Congress of Tuberculosis has been postponed to June 2nd, 3rd and 4th.

Dr. H. A. Kingsmill, M.R.C.S. of London, has returned after a prolonged post-graduate course in Europe.

Dr. G. W. Howland of Toronto, has received his M.R.C.S. at the recent examination in London, Eng.

Dr. Jas. Stewart of Montreal, has been elected President of the Association of American Physicians.

Dr. Richardson, is again able to attend to his duties as Surgeon to the Toronto jail, after a long attack of illness.

Dr. Kirkpatrick, of Halifax, has returned from a visit to the New York eye, ear, nose, and throat hospitals.

Dr. F. A. Gadbois, of Sherbrooke, has been appointed Inspector of the Board of Health for the district of St. Francois.

Dr. I. W. N. Baker, of Woodstock, has completed a course in the New York eye, ear, nose and throat hospitals.

Dr. Langlois, of Quebec, was tendered a complimentary banquet on the occasion of his approaching marriage.

Dr. W. H. Drummond, author of the *Habitant* and other books lectured recently at Massey Music Hall, Toronto.

Dr. Thom and Dr. Clark, recent graduates of the Western Medical School, have left for Manitoba to engage in practice.

The Victoria Hospital, Fredricton, N. B., has been the recipient of benefices in the form of endowments for beds and a fine organ.

Dr. Porter, of North Bay, a patient at the Oakville Sanatorium was accidentally drowned while bathing in the lake on May 6th.

Dr. P. C. Park of Hamilton, has left for the hospitals of New York and the continent, where he will spend some months.

Dr. Harbottle of Burford, has been released from the Central prison to which he was sentenced for shooting Herman Stuart.

Dr. J. R. Cox, General Secretary of the McGill Y.M.C.A. has resigned to enter on the practice of his profession.

Dr. H. V. Pearman, of Halifax, is visiting some of the eye, ear, nose and throat hospitals of New York and other American cities.

Sir. Wm. Macdonald has offered to build a consumption sanatorium at Montreal and Mr. W. C. Edwards has offered a similar boon for Ottawa.

Dr. Boisvert of St. Joachim de Shefford, died, March 22nd, from pneumonia. He was a graduate of Laval, and was only 32 years of age.

Dr. Redly has resigned from the position of attending physician to the Montreal Western Hospital, to be succeeded by Dr. W. Grant Stewart.

Dr. J. M. Rogers of Ingersoll was married on April 24th to Miss Edythe Belle Hambidge, only daughter of Mr. J. B. Hambidge, of Aylmer.

Dr. A. M. Hebb (Dal. '02) intends entering the firm of Marshall & Hemeon, Bridgewater, Dr. Hemeon having gone to London to pursue post-graduate work

Dr. C. P. Cameron (Dal. '02) will practice his profession in his native home, St. Peters, C.B., where he will enter into partnership with Dr. Chas. Bissitt, of that place.

Dr. M. A. Curry, of Halifax, leaves shortly on a trip to the old country. He will be accompanied by Mrs. Curry and expects to be in London during the time of the coronation.

Notre Dame Hospital, Montreal, has acquired a new site on Sherbrooke St. opposite Parc Lafontaine, comprising 79,476 ft. for which it is said, \$27,563.65 was paid.

Dr. G. B. Maillet, of 360 St. Andre St., Montreal, died suddenly on April 19th. He was a graduate of Burlington College; he came to Montreal, in 1881 and had a large practice.

There is trouble in Montreal over the proposed site for the Isolation Hospital, the municipality of Outremont refusing to have it located there and a new site must be sought.

Silas Fulton (Dal. '02) intends practicing his profession in Truro. He leaves college with a good record, having led his class in all four years. We feel confident that ere long he will be successful in building up for himself a good practice.

Dr. H. A. Beatty, M.R.C.S., whose home is at 207 Simcoe St., Toronto, has been offered the position of surgical registrar of Westminster Hospital, London, Eng. Dr. Beatty has just returned home from a four years' course of post-graduate study in Europe, and was lately senior house surgeon at this famous English Hospital.

The recent graduating class at the Western Medical College number fifteen. Of these only those receiving house surgeons are remaining in Ontario. Dr. Fisher is interne at St. Joseph's Hospital, Dr. Little is house-surgeon at the Asylum, and the appointments at the Victoria will fall to two of the following four who stood highest: Drs. McGugan, Fleming, Mason, and McNeil.

Dr. Harris of the Consulting staff of the Royal Infirmary, Manchester, is making a tour of inspection of American and Canadian hospitals for the purpose of acquiring information for use in designing the new building shortly to be erected for the institution he represents. He was the guest of Dr. J. D. Thorburn, at Niagara, on Sunday, May 4th., and has gone to Montreal to visit the Royal Victoria. Prof. Adami was a pupil of Dr. Harris, and Dr. Thorburn was an interne under him.

BOOK REVIEWS.

GENITO-URINARY DISEASES AND SYPHILIS.

For Students and Practitioners. By Henry H. Morton, M.D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island College and King's County Hospitals and the Polhemus Memorial Clinic, etc. Illustrated with half-tones and full page color plates. Pages XII-372. Size $9\frac{1}{2} \times 7$ inches. Price, extra cloth, \$3.00 net, delivered. Philadelphia; F. A. Davis Company, Publishers, 1914-16 Cherry street.

IN this work the author presents a comprehensive and succinct view of the pathology, symptoms and treatment of diseases of the class specified in the title. In the last decade great strides have been made in genito-urinary surgery, and all the later methods as well as those which are more familiar are here described and the instruments and apparatus represented by numerous illustrations. The descriptions are lucid and pointed, and will on that account be of the more practical value, though from the size of the book the reader naturally expects more detail and more discussion of those features which are as yet in the experimental stage.

There are twenty-four chapters in the volume, each one dealing with a specific division of the maladies met with in practice. There is a valuable section on syphilis, setting forth the diagnosis and treatment of the various lesions, and a convenient list of instruments required for office use is given. The press-work is particularly good and the cuts are numerous and well executed.

A. J. M.

SAUNDERS' AMERICAN YEAR BOOK.

The American Year-Book of Medicine and Surgery for 1902. A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D. In two volumes—Volume I, including "General Medicine," octavo, 700 pages, illustrated; Volume II, "General Surgery," octavo, 684 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1902. Per volume: Cloth, \$3.00 net; Half Morocco, \$3.75 net. Canadian Agents: J. A. Carveth & Co., Toronto.

THE publishers have again brought this book before the profession in two volumes under the natural divisions of Medicine and Surgery. The original design, namely, to present an epitome of new medical truths and suggestions which have been published during the year just completed, has been faithfully followed throughout the work, and a careful study will demonstrate that the high standard set in preceding volumes has been maintained.

At the first glance Volume I. appears to be familiar to the reader, for the editor has closely adhered to the order found in Osler's well-known "Practice of Medicine." In Volume II. the systems are followed out in their natural anatomical order.

The selection of articles suitable for such a work from the vast quantity of material at the disposal of the editor has been carefully done, and nothing appears which is not new and worthy of notice. On the other hand, the volumes are very complete, and it is very difficult to find any article omitted which should be present. Still, there are a few unavoidable repetitions, such as Ravenal on tuberculosis and Switalski on changes in the spinal cord after amputations.

It is impossible to do more than mention a few of the articles worthy of special notice. The proceedings of the English Congress on Tuberculosis prompts a splendid resumé of the views of Koch, Ravenal and other authorities on the relation between bovine and human tuberculosis. Very special attention is drawn to *Materia Medica* and the allied subjects, the progress in this department being evident from the quantity of recent literature of high standard which appears under this head. The x-rays and Finsen light receive a prominent place in medical and surgical volumes, and there are some excellent plates showing the results obtained from their use in lupus and epithelioma.

In Volume II. there is a good synopsis of recent literature on anaesthetics, spinal cocainization, and Schleich's method is very thoroughly discussed.

Throughout the work, the editorial comments are of the greatest service. They are not intended to be a check on every article printed, but they express the opinion of specialists on the recent methods and theories which are under consideration. They are, on the whole, just and conservative.

The book is one which will be useful to the general practitioner in order that he may keep in touch with the most recent ideas. To the specialist and to those engaged in research it will prove invaluable rendering unnecessary a great deal of mechanical search for articles bearing on a particular branch of special work, while to every library of reference it will be a necessary addition.

The references are arranged in such a way that they can be readily found, the index is convenient and the printing and illustrations are in the usual excellent style of Saunders & Co.

J. W. M.

The Palisade Manufacturing Company, of Yonkers, N.Y., have sent out another of their elegant brochures in the form of a "Syllabus of Bacteriology," in which they give a succinct but graphic account of the

ordinary pathogenic germs, with directions for the preparation and examination of specimens, and for the differential diagnosis between different forms. Five full-page colored plates are given; and the booklet has all the characteristic artistic excellence and practical value that is distinctive of the publications of this firm.

MORPHINISM AND NARCOMANIA.

Morphinism and Narcomania from Opium, Cocaine, Ether, Chloral Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medicolegal Relations. By T. D. Croth-M. D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental Diseases, New York School of Chemical Medicine, etc. Handsome 12 mo of 351 pages. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth \$2.00 net. Canada J. A. Carveth & Co.

THE special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not have been better accomplished. The work gives a general preliminary survey of this new field of psychopathy and points out the possibilities from a larger and more accurate knowledge, and so indicates degrees of curability at present unknown. The author shows his familiarity with his subject in the clear, concise, and admirable work which he has given to the profession.

His account of the history of the study of the morphine habit is very interesting. The account as to how the habit is acquired in most cases is also instructive. He deals fully with the nerve side of these cases, both as a cause and result of the habit. He is hopeful in a matter of treatment.

CLIMATOLOGY AND HEALTH RESORTS.

Vols. III and IV of "A System of Physiologic Therapeutics," edited by C. S. Cohen, A.M., M.D. These volumes are by F. Parkes Weber, M.A., M.D., F.R.C.P., Physician to the German Hospital, Dalston, and Guy Hinsdale, A.M., M.D., Secretary of the American Climatological Association. Illustrated with maps. Philadelphia; P. Blakeston's Son & Co.

THESE two volumes, comprising together some 750 pages form a rich storehouse of information useful to the practitioner in reference to the important matters of climatology, health resorts, mineral springs, etc. Volume III deals first with certain general topics as the composition of the air, dust and micro-organisms, temperature of the air and factors modifying it, atmospheric electricity, humidity, altitude, soil and general topography, etc.

Part II of Volume III discusses more in detail ocean climates and sea voyages, giving specific information in reference to voyages from

England and from Atlantic and Pacific ports in America to resorts in different parts of the world, pointing out the advantages and disadvantages of each and their indications in the management of various diseases. Then follows detailed descriptions of European resorts and their adaptability to the treatment of different affections. The contra-indications and drawbacks of these resorts are also dealt with. Volume IV deals similarly with the health resorts of Africa, North, South and Central America and the neighbouring islands, Australasia and the Hawaiian Islands. It would be difficult to overestimate the value of the information given in enabling one to choose a suitable place at different times of the year, in the climatic treatment of different diseases. The numerous maps illustrating and explaining the text also prove of much advantage. The remainder of Volume IV is devoted to the discussion of the general management of patients at health resorts and the selection of suitable resorts for the treatment of rheumatism, tuberculosis, hay-fever, cardiac diseases, skin diseases, certain nervous diseases, etc. This part of the work is essentially practical and contains information of the greatest value to the clinician. To the practitioner who has frequently to select resorts to which he may advise patients suffering from various diseases to go, these volumes will prove invaluable as works of reference.

H. B. A.

HISTORY OF CREMATION.

A PAMPHLET published by the Mount Royal Cemetery Crematorium, of Montreal, entitled "Cremation, its History, Practice and Advantages," is to hand. The pamphlet contains about 40 pages, very tastefully gotten up, bound in white linen boards and containing a number of half-tone illustrations of the rooms and equipment.

The history of cremation in Canada dates to 1898, when Mr. J. H. R. Molson, in his will, left the sum of \$10,000 to the Mount Royal Cemetery for the establishment of a crematorium, but on account of legal objections the trustees were obliged to decline its acceptance. In 1900, Sir William Macdonald offered the funds necessary for the erection and equipment of such a building, the cemetery accepted the trust and legislation was secured from the Quebec Legislature, to the following effect: "The company may dispose of the bodies of deceased persons by cremation . . . subject to conditions as follows: (1) That the deceased at the time of his death is entitled to be buried in Mount Royal Cemetery and has expressed a desire either in his will or in a codicil thereto, that his body be cremated; (2) That a medical certificate similar to that required for burial has been produced; (3) Provided also that in addition to the above conditions the Company shall not by cremation or incineration dispose of the bodies of persons who have died a sudden or violent death, without permission from

the Coroner of the district in which such person died. These conditions are common to the regulations governing all such institutions."

At present no charges are made, as the funds provided cover all expense. The building is well suited for the purpose, having been constructed by an architect well acquainted with the requirements, it is designed to make the æsthetic conditions irreproachable, and its working is surrounded by all possible safe-guards. Arrangements for service at the cemetery can be made, and the final disposition of the cinereal remains rests with the relations of the deceased. Altogether the institution seems to be a creditable one and its establishment marks a distinct advance in Canada.

A. J. M.

PROGRESSIVE MEDICINE.

Progressive Medicine. A quarterly digest of advances, discoveries, and improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M. D. and H. R. Mc Laud's M. D. Vol. 1 March 1902. Lea Bros & Co. Philadelphia New York.

THIS volume deals with the surgery of the head, neck and chest; infectious diseases as acute rheumatism, pneumonia, and influenza; diseases of children. Pathology; Laryngology and rhinology; otology.

This quarterly volume of the progress of medicine and surgery, like its predecessors, is well written, and contains much valuable information. We can highly recommend this series.

J. F.

A PRACTICAL MANUAL OF INSANITY.

A practical Manual of Insanity. For the Student and General Practitioner. By Daniel R. Brower, A. M., M. D., LL. D., Professor of Nervous and Mental Diseases in Rush Medical College, and in the Post-Graduate Medical School, Chicago; and Henry M. Bannister, A. M., M. D. formerly Senior Assistant Physician, Illinois Eastern Hospital for the Insane. Handsome octavo of 426 pages, with a large number of full-page inserts. Philadelphia and London. W. B. Saunders & Company, 1902. Cloth, \$3.00, net Canada, J. A. Carveth & Co.

THIS work, is an intelligible, up-to date exposition of the leading facts of psychiatry, and will be found of service, especially to the busy practitioner unable to yield the time for a more exhaustive study. The work has been rendered more practical by omitting elaborate case records and pathologic details. Certain special features of the work, are the mention of the forms of insanity not usually met with in hospitals, and the including of a comparative table of classification and a chapter on some of the ethical questions relating to insanity as they may arise in the practice of medicine.

The volume is gotten up in an attractive form. The illustrations are good, and aid the descriptions in conveying a correct impression of the different types of insanity.

We recommend the work of those who require a manual on insanity.

J. F.

TRADE NOTES.

It is an important point in the treatment of pneumonia to reduce the dyspnea and irritating cough. This may be done without internal medication, and without disturbing the patient, by the use of vaporized cresolene. Vaporized cresolene has a marked sedative influence on all diseases of the respiratory organs attended with irritation and a spasmodic element.

Henry K. Wampole & Co. have opened a branch office in Montreal, No. 20 St. Alexis St. (over the Bank of Ottawa) which will be in charge of their representative, Mr. R. E. Pineo. It is the intention to carry but a limited stock in this office, that small city orders for immediate delivery, can be promptly handled.

During la grippe and afterwards the experience of thousands of physicians proves the value of Angier's Petroleum Emulsion. It braces the patient, and enables him to withstand the ravages of the disease and guarantees him freedom from the subsequent exhaustion and sequela. Angier's Petroleum Emulsion relieves immediately the cough and symptoms of respiratory irritation, palliates the nervous symptoms and hastens convalescence.

In the *British Medical Journal*, No. 197, p. 880, Thomas W. M. Blake, M.D., St. Andrews M.R.C.S., Eng., says: "Many patients with consumption or other wasting diseases appear to tolerate its (Angier's Petroleum Emulsion) use when cod liver oil cannot be tolerated. Instead of setting the stomach in revolt, as the latter will often do, it appears to soothe the mucus membrane and produce a more natural tone and power of assimilation. Petroleum does not irritate the nerves supplying the mucus membrane of the stomach, but doubtless cleanses away the foul mucus and leaves the digestive organs in a more healthy condition to perform their functions naturally. Nutrition is improved, therefore the condition of the weakened and diseased lungs improves."

A valuable Remedy in Intestinal Irritation, Louis Leroy, A.M., M.D., of Nashville, Tenn., writing in the February number of the *Medical Examiner and Practitioner* states that while Terraline has been restricted in its use largely to cases of bronchial inflammation or in allaying troublesome coughs, or for its nutritive value in conditions of emaciation, it seems that one of its most useful actions and broadest fields has been largely overlooked. This is the soothing effect which it has upon the mucous membrane of the gastro-intestinal tract. The oil is perfectly bland and tasteless and so thoroughly refined that it lacks the irritating fatty acids which are nearly always present in any of the oils used for internal administration. These qualities permit its administration in good

sized doses, over prolonged periods of time without causing digestive disturbances, eructations or surfeiting the patient. This will be found to afford relief to a marked degree in cases of tubercular ulceration of the intestine, and in the pain of gastric ulcer. In pyloric carcinoma, with stenosis, a moderate dose administered before meals seemed to facilitate the digestion and favor the ready passage of the food through the pylorus, and cause some remission in the pain.

In one case of gall stone which recently came under my care, Terraline was substituted for olive oil with the most pleasing results. The patient took the large amount recommended (16 ounces) more readily than would have been the case with olive oil and passed safely through the attack. Since the first attack she has been kept on tablespoonful doses three times a day for two months without any inconvenience, and not expressing any distaste for the remedy. There has so far been no indications of a return of the trouble.

Terraline also has proved in our hands a pleasant adjunct in the administration of cathartics. With these the amount of griping is very much diminished, and larger doses can be given, and a very thorough effect obtained without the unpleasantness which would otherwise be produced.

When used for its sedative effect on the gastro-intestinal mucosa it can be given in larger doses than one usually recommended when its effect upon the respiratory tract is sought. Tablespoonful doses, or even ounce doses three times daily will be found to be well borne. As the oil is of mineral origin and chemically nearly as stable as paraffin, it may be combined with any of the other remedies desired, directly if they are mixable with the oils, separately if not, but with the assurance that each will have its own therapeutic effect without detriment from the other.

The results which we have had in the past with Terraline indicate quite a field of usefulness which can readily suggest itself from the foregoing.

GUDE'S PEPTO-MANGAN.

An interesting suit occurred a short time ago in the State of Massachusetts between the M. J. Breitenbach Company and Henry N. Thayer & Company over the use of a term and wrappers, by the latter company, that appeared to infringe upon the rights of the former company. The contention of the Breitenbach Company was upheld to the effect that Henry N. Thayer & Company were restrained from using wrappers resembling those employed in putting up Gude's Pepto-Mangan; and also from using the name "Peptonate-Manganese." This decision is an important one for the Breitenbach Company and their rights in the preparation known as "Gude's Pepto-Mangan."