

# Dominion Medical Monthly

And Ontario Medical Journal

---

VOL. XXV.

TORONTO, NOVEMBER, 1905.

No. 5.

---

## Original Articles.

---

### PRESIDENT'S ADDRESS.\*

---

BY JOHN STEWART, M.B., HALIFAX, N.S.

---

*Friends and Colleagues*,—My first duty is to thank you for the honor you have conferred upon me in electing me to preside over this meeting.

I can assure you that my pride in this great honor is tempered by a feeling of very great responsibility and a sense of marked inaptitude for the duties of this position. And in thanking this Association for an undeserved honor, I wish to thank, especially, the most earnest, energetic and cheerfully laborious Executive which any President ever had.

I wish to express my sense of obligation for the presence of His Honor the Lieutenant-Governor, whose more than eighty years of strenuous and honorable life give exceptional value to the kind words of appreciation in which he has just welcomed our Association to this city.

Permit me also to express my pleasure in having on the platform my dear old friend and colleague, the Honorable D. McN. Parker, one of the founders of this Association.

And now I bid you welcome, welcome to this picturesque province of Nova Scotia and to the city of Halifax.

---

\*Delivered before Canadian Medical Association, Halifax, August, 1905.

I bid you welcome on behalf of the medical men of this province; for when it became known that the Canadian Medical Association was to meet here, there came in from all over the province, from the county societies and from individual practitioners, expressions of a desire to have a share in your entertainment, and therefore it is that we are here to-day as the guests of the Medical Society of Nova Scotia, and that we have listened to the warm welcome of its President.

In welcoming you to this place I should perhaps say a few words of introduction to a city and a province new, perhaps, to many of you. If you are interested in history you will find much here to occupy your attention.

In the early morning mists of our history we see Leif Ericson in his Viking galleys steer along our coast. Four hundred years ago the Cabots took possession of these regions for King Henry VII. And then for two hundred years the intrepid navigators of old France, De Monts, Champlain, St. Denis, LaTour, explored these bays and headlands.

If you can spare time to visit Annapolis you will find traces of the French occupation, and see still in good preservation the old powder magazine, the oldest European masonry in America north of Mexico, and built of stone brought from France. Midway in the province, you come to Grand Pre, with its crowded memories of the past, and its wide acres of fertile dyke lands, which we owe to the industry of the early French settlers. And in the extreme east you will find the historic ruins of Louisburg, where the sea birds cry over the rain-swept turf which covers many a gallant heart. Nova Scotia may indeed claim its share in thrilling memories of "old, unhappy, far-off things and battles long ago."

We can point with pride to the distinguished names of many Nova Scotians. I shall avoid the troubled waters of political life and will mention only the fact that two of the most distinguished college presidents in this country were Nova Scotians, viz., Sir J. W. Dawson, of McGill, and Rev. G. M. Grant, of Queen's. In literature we are proud of the reputation of Haliburton. The hero of Kars and the defender of Lucknow were both Nova Scotians. Our shipbuilders and our sailors have carried our name round the world, and it is safe to say that there are few ports in the world where you may not find a Nova Scotian sea captain.

This city of Halifax is crowded with historic memories. It was up this harbor that the ill-fated squadron of D'Anville, shattered and storm-tossed, came to anchor, to meet a more

deadly foe than wind and wave in the pestilence which destroyed hundreds of brave soldiers. It was here that Cornwallis, stout soldier and sagacious statesman, arrived in 1749 and laid the foundations of this city. St. Paul's Church, built in 1750, is the oldest Protestant church in the Dominion of Canada, and the old churchyard of St Paul's is one of the most interesting cemeteries in this country. In it were laid side by side the heroic dead who made the names of the *Shannon* and the *Chesapeake* famous.

In the old provincial building, where we hope to meet this evening, Mr. Lawrence Kavanagh stood in 1827, the first Roman Catholic member since the Reformation to represent a constituency in British dominions.

And there is another old building here, which to my mind should be full of interest for all Canadians. It was a Nova Scotian, Sir Samuel Cunard, who had the enterprise to start the first line of transatlantic steamships, and there are men in Halifax to-day who remember when the *Britannia*, the first Cunarder, came up the harbor and to the shipping office of S. Cunard & Co.

And may I draw your attention to our geographical position, and to our incomparable harbor. It has the largest dry dock on this side of the Atlantic; it is defended by one of the most powerful fortresses in the world, and at any hour of day or night, summer or winter, in any state of the tide, the largest and swiftest ships afloat may come alongside the pier, or leave it punctually, without delay or interruption.

I trust that when this Association meets next in Halifax it will find the western terminus of the fast Atlantic service safe in the keeping of the "Warden of the Honor of the North."

Finally, bear with me if I point to our educational institutions. Dalhousie University, the only undenominational college in the province, has not only supplied professors to several universities in the United States, but furnished a distinguished successor to the renowned Tait of Edinburgh, and only the other day, sent one to the University of Birmingham. We have also a medical college whose graduates are now dotted all over the Dominion and the United States, reflecting credit on their province and their Alma Mater. There is the Institution for the Deaf and Dumb, where results are obtained equal to those of any similar institution anywhere; and finally we have this School for the Blind in the hall of which we are met, which is presided over by Dr. Fraser, a gentleman second to none on this continent in the skill and success of his methods, and whose marvellous per-

sonality overcomes all disabilities and inspires all who come in contact with him.

This is not the first occasion on which the Association has met in Halifax.

In 1875 the Association first met here, and again in 1881, when the General Secretary was a young Montreal physician, whose name is now a master word in the schools of Esculapius the world over—the Regius Professor of Medicine in Oxford. At the meeting of 1881 the attendance was 53; to-day we have already registered over 200.

It is only fitting that I make reference to some of those who were with us then and who to-day are not. The President was Dr. G. E. Fenwick, of Montreal, a distinguished surgeon, who occupied the chair of Surgery in the University of McGill for fifteen years. The Vice-President for Nova Scotia was the late Dr. R. S. Black, one of the leading physicians of Halifax for many years, a man of wide culture, and especially familiar with Spanish history and literature.

There are two names to which I wish particularly to refer in this place on account of their connection with this province and their interest in this Association. The late Dr. Edward Farrell was one of the foremost citizens of Halifax, and took a leading part in our political life, having been a member of our Legislature. He was one of the founders of the Halifax Medical College, where he held the chair of Surgery from its foundation until the time of his death, and his admirably lucid, well-ordered and emphatic style made him one of the best lecturers whom I have ever heard. He was surgeon to the Victoria General Hospital for thirty years. He took a keen interest in the subject of tuberculosis, especially in the organization of methods to prevent the dissemination of the disease, and was appointed by the Dominion Government to represent us at the Congress on Tuberculosis in Berlin. And it was in the discharge of his duty as a member of a commission appointed by our own local Government, to select a site for a sanitarium, that he contracted his fatal illness, through exposure to cold and wet when driving in the country; and on the first day of this new century he passed away from among us, but the brave and cheerful spirit, the ready wit, the warm, kind heart are memories that remain.

And what can I say of Dr. Wm. Scott Muir? I may say, I believe, that no member of this Association was better loved or more heartily welcomed to its meetings. He had been a Vice-President, and upon at least one occasion he was nominated for the Presidentship, but generously insisted on giving way to

others. He was a very regular attendant at our meetings, and his stalwart figure and cheery voice had become familiar to the profession throughout Canada. His business ability and his knowledge of affairs made him invaluable in committees, and his contributions to the scientific work of the Association were marked by keen observation and practical common-sense. He was my own dear friend, and I shall not trust myself to say more of what his loss has been to us.

And so one by one, just as we learned to value them more, our comrades fall, and what can we say but

Fare you well :  
Hereafter, in a better world than this,  
I shall desire more love and knowledge of you."

It is perhaps a weighty sense of the responsible position in which you have placed me that gives to my thoughts to-day a somewhat serious turn.

I look upon this great assembly, I think of the years of study, the expensive education, the physical and intellectual toil, the laborious days and anxious nights, and when I consider the results I am tempted to ask—what is the good of it all? We toil to save, and how often it is that the valuable lives, the bread-winners, the wise, the strong, the true, are taken, and we succeed in saving the idle, the dissolute, the degenerate. There is only a sense of futility, there is horror in the thought that our art may in unworthy hands be degraded to be a servant of evil passions.

And have all these then—our brothers and our forebears—died in vain? Have their lives been wasted, and would it have been better had they had no part in aught that's done beneath the circuit of the sun?

Perish such thought! These dark imaginings are nothing but rank pessimism, and pessimism is fatal to us of all men. Of all men the medical man must be an optimist. If our work is to save and prolong life, we must believe that life is something worth having and worth keeping, or we are not true to ourselves, and are false to other men.

Now, what is the value of life? Character. And what makes life worth having and worth keeping?

The more we reflect upon human life in all its manifestations, the more we do become convinced that its true criterion is character. To the unthinking it may seem that this subject is outside our province, and that health and character are in different categories. But we cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study

the physical framework of man, but as practitioners of medicine we must consider the living man as a body, soul and spirit.

Our nature is threefold, and health and character pertain to each component, the Physical, the Intellectual and the Moral. We may admit that so far as we can see, perfect physical health may exist with feeble intelligence and degenerate morals, but the ideal condition for which we should aim is the balanced blend and perfect equilibrium of all these elements. And even though at first glance it may seem that one component may attain perfection, while the others are defective, a close observation convinces us that it is not so. The brilliant intellect is hampered in its working in the diseased body which forms its transient tabernacle; the "eye sublime," subdued to that it works in by a vile spirit, loses its brightness, and

"Faults in the life breed errors in the brain,  
And these reciprocally those again."

And as Maudsley put it the other day at the British Medical Association, "Mind works in every function of the body; a sound body is the foundation of a sound mind and the lunatic is lunatic to his finger ends." We cannot think soundly about life if we ignore this essential and indissoluble trinity. Experience tells us that in our work of detecting, preventing, eliminating disease, we cannot treat our patient to advantage if we regard only his physical condition and neglect consideration of his mental equipment and moral proclivities. Indeed, the manner of man our patient is, is determined more by those invisible forces than by his corporeal form, or as we have it in the sayings of the Wise Man, "As he *thinketh* in his *heart* so is he."

And it is with the community as with the individual: that which makes a nation great is not the wealth of its people, or their intelligence, but their good name. It is because I believe that the medical profession may have a large influence in moulding the spirit of a nation, that I wish in the hour which custom allots to me here, to offer a few remarks on National Character and Public Health.

How may our national character help or hinder us in our work, and how may we, as the guardians of the public health, help to make or mar our national character?

The public health laws of a country will depend largely on the character of the people. The character of the people will be conditioned largely by their public health, that is, by that standard of health of the individuals composing the nation which, as a

national ideal, all the people are interested in and willing to make sacrifices for. This is Public Health in the largest view.

And first let us consider some of the features of national character which may influence public health.

There is *love of liberty*, and a free people is usually a vigorous and healthy people.

But there is a liberty not according to knowledge. When an individual claims the right to act according to his own judgment in matters of which he is profoundly incapable of judging, his boasted liberty may prove a perilous possession to himself and his neighbors. When a community refuses to be bound by laws which Sanitary Science has declared to be necessary, it abuses its liberty and may bring serious damage upon itself. The laws of health cannot be broken with impunity, and this spurious love of liberty frequently stands in the way of sanitary reform.

We have a striking instance of it at present in the stupid rebellion against sanitary laws shown by many communities on the lower Mississippi in the present epidemic of yellow fever.

From the thought of liberty to that of bondage may seem a strange step, yet the next national characteristic which I mention as having an influence on public health, namely, the worship of material things and the feverish haste to accumulate wealth, lays upon us a bitter and grievous bondage. The public and the representatives of the public are too apt to regard with impatience, if not with scorn, the claims of any interest which does not seem to have immediate or direct bearing on the great national occupation of money making.

There is an epigrammatic expression in the works of Aristotle which might well be inscribed in letters of gold over the council chamber of our legislatures and our boards of trade. It may be freely translated thus, "It is not seemly for a free people to be always seeking for cash returns."

I think the Greek philosopher saw the glitter of the golden manacles and would warn us, if we value freedom, to set our affections on other things than gold.

This national characteristic, disinclination to invest in medical securities, is, perhaps, due to various things. It is partly due to ignorance, to an incapacity of appreciating scientific teaching, to a hesitation in trusting the expert opinion of Science—for which, perhaps, Science herself is somewhat to blame. It is not entirely the fault of avarice. When our people are convinced that any measure is for the public weal, they are generally will-

ing to aid. And I may perhaps draw attention here to the fact that the first public sanitarium for tuberculosis, the first in Canada erected as a Government work, is now in operation in Kentville in this Province.

But, as a rule, there is great difficulty in inducing corporations and municipalities to expend a reasonable sum in carrying out the details of a public health system—to pay the water supply, drainage, sewerage, removal of garbage, disinfection. It is not too much to say that apathy in regard to questions of public health is a national characteristic.

Like the Sybil with her precious scrolls, Hygeia comes to Demos, and Demos will not buy.

And the yearly tale of death and disease preventable by sanitary measures, increases, and perhaps the only effectual clarion to rouse the indifferent will be—as it has been before in the world's history—a pestilence.

Possibly if the public could see the mere financial loss incurred by preventable disease, the loss of time, the inefficiency of workers, the increased rates to maintain the families who have lost the bread-winner, they would be willing to give more to the Health Department.

There is a feature of our public life which I think may fairly be described as a national characteristic, and that is our tolerance if not encouragement of quackery. I mention it here because I wish to point out the great injustice of this to our profession.

The youth who aspires to the practice of medicine is required by the laws of his country to undergo a certain course of study, tedious and expensive. He has to pass certain examinations and give proofs of familiarity with the requirements of his profession. He has to satisfy the authorities as to the integrity of his moral character before he is allowed to begin practice. And now see him, embarking on the practice of his profession. From his window he sees the apothecary's shop, and knows that for one patient who has gone there to have a prescription filled, a dozen go to buy some proprietary medicine. He buys the morning paper and finds one-tenth to one-fifth of the space for which he pays taken up with advertisements of nostrums, often with testimonials signed by otherwise intelligent and moral people. He dines at his club and he hears nothing but the wonderful cures wrought by some itinerant quack who has never fulfilled one requirement of the Medical Act. Truly, Demos loves the quack and seems to have a special spite at him who would practise his



profession scientifically in accordance with the noble spirit of the Hippocratic oath.

There are, indeed, many ways in which the traits of national character may influence the health of the people.

In the Report of the Royal Commission on Physical Deterioration, no evidence seems to me more interesting than that of Mrs. Close. This lady, who has given her life to the study of the domestic conditions among the laboring classes of almost every country in Europe, has no doubt of a deterioration in the physique of the laboring classes in England. And the explanation of this she finds in a diminished sense of duty, a debased ideal of the duties of wife and mother. Love of amusement and the attractions of the theatre interfere with the old-fashioned domestic economy. Houses are untidy. Food is badly cooked. Early rising is a vanished virtue. The children are hurried off to school without proper breakfast, and the husband finds in the public house the comfort he is denied at home. The picture is too true and its replica may be found in every town in Canada.

And now, how may we, in the exercise of our daily calling, contribute to the development and growth of national character?

In the first place, we should accustom ourselves to remember that the body with which we deal is of value only as the tenant and instrument of an indwelling spirit, and that the health of the body is our care simply because its ill-health may hamper the action of the intellectual and moral energy within it.

When we prescribe diet and exercise, let us remember that the luxury and excess and love of ease, which are the most potent factors in disease, injure mind and soul as well as body. Let us press the claims of temperance—that true temperance which walks the golden midway, and turns neither to asceticism nor to indulgence.

In the love of Canadian youth for manly exercise we have a most powerful lever for raising the standard of health and morals.

If we are consulted as to occupation, let us sing the praise of the simple life. Civilization is becoming terribly complex, and it seems on all hands to fungate into luxury. And history points a warning finger to the past. When culture joined hands with luxury, decadence was already at the door.

This is an age of sedentary occupations, and a large proportion of the ills which we are called to treat owe their origin to the exigencies of the sedentary life. It is not a natural life for man.

Will it be thought very much out of place if I say, let us honor the farmer. His is the only natural, the original, and the essential work. There is a moral in the fable of Hercules and Antæus. It was not until Hercules had lifted the giant bodily from the ground and so broke the magic contact that he was overcome, and the prescription for many of the ills of the body and of society to-day is in the cry, "Back to the land!"

I have spoken of occupation as bearing on health and character. There is one other fact in our social life to consider, and that is our amusements. Indeed, among some people this question seems to take precedence of work. Amusement and relaxation are necessary, but to give them so prominent a place in our life as they appear to occupy to-day is a menace to the health of the body which they are meant to secure, to the intellectual powers and to moral character.

Pleasure takes precedence of duty, and complaisant sophistry may even justify this order. To scorn delights and live laborious days is now considered folly. We amble along the primrose path of dalliance and avoid the "asperous way that leadeth to the house of sanity."

It is a delight and a hopeful omen to see an interest taken in athletics, and to know that our country takes such an honorable place in all manly exercises. But for one young man whom you will find on the football field, or plying oar or paddle, you will find many who simply waste their time, their only interest in athletics being the spectacular interest of a match or the dubious financial result of a bet. If we could only influence these young men to take a more heroic, a more manly view of life, we should be doing them and our country a service.

Even in our sports there is room for some earnestness, and it might be well if we took our pleasures, as Froissart says our ancestors did, seriously, and sympathized with the spirit of the old English ballad of Ulysses and the Syren:

" To spend the time luxuriously  
Becomes not men of worth.

.....

" ..... suppose there were  
Nor honor, nor report,  
Yet manliness would scorn to weare  
The time in idle sport :  
For toyle doth give a better touch  
To make us feel our joy :  
And ease finds tediousness, as much  
As labour yeelds annoy.

.....

“ But natures of the noblest frame  
These toyles and dangers please :  
And they take comfort in the same,  
As much as you in ease :  
And with the thought of actions past  
Are recreated still,  
When pleasure leaves a touch at last,  
To show that it was ill.”

This was the “ great spirit of high desire ” of the Elizabethan days.

But in addition to what we do effect in this way in our own generation, we and our ancestors wield a great power in the laws of heredity.

The observation of centuries and the universal experience of every-day life, no less than the laborious and well-planned experiments of science, tell us that the organism of to-day is the resultant of forces acting in the past, and the diversity of operation of these forces is what gives Nature her infinite variety. To us who see every day the working of the inevitable law, which visits the sins of the fathers upon the children and to whom the phenomena of reversion and atavism and variation are constantly present, to us heredity is one of the great powers of Nature. And we believe that by a careful application of scientific principles to the environment, education and occupation of our race, we may and can exercise a beneficial determinant action on generations yet to be, eliminating disease, stimulating and clarifying mental processes, strengthening and purifying moral qualities.

But, enormous and far-reaching as we believe the powers to be of the laws of heredity, we must not allow them to dominate us. They are not the forces of a blind, inexorable Fate. These laws are well ordered in all things. When, in view of the depressing influences of the researches of Lombroso and his school, we feel that we are all smitten, when each scans anxiously his brother's face for stigmata, or fancies himself the bearer of a hallmark of some degeneration, let us remember that not only can we, to some extent at least, control the working of the laws of heredity, but so far as we ourselves are concerned, can bid them defiance.

We may, if we will, say, “ Evil, be thou my good,” and turn our backs upon our good angel who points us to an honorable ancestry and bids us follow in her path. But, when the angel of the Pit, with mocking leer, that “ Man of Hell who calls himself Despayre,” bids us throw up our hands, tells us we are the

captives of circumstances bound in millennial chains, tempts us to give up the hopeless struggle, we may, if we will, say, "Stand thou on that side, for on this am I." We must not forget that divine part of us, that mysterious, undefinable, undeniable power for good or evil—the human will.

Thirty years ago a young man lay in the Royal Infirmary in Edinburgh. Fortune had not smiled upon him and now, maimed and crippled for life, that life seemed "Doomed to dumb forgetfulness a prey." But not to despair. The "Star of the unconquered will" rose and stood over the lonely bed of William Ernest Henley, and inspired these lines, the finest assertion of the Free Will I have ever seen :

" Out of the night that covers me,  
Black as the pit from pole to pole,  
I thank whatever gods may be  
For my unconquerable soul.

" In the fell clutch of circumstance  
I have not winced nor cried aloud.  
Under the bludgeonings of chance  
My head is bloody, but unbowed.

" Beyond this place of wrath and tears  
Looms but the Horror of the shade,  
And yet the menace of the years  
Finds, and shall find me, unafraid.

" It matters not how strait the gate,  
How charged with punishments the scroll,  
I am the master of my fate :  
I am the captain of my soul."

"Sir," said Dr. Samuel Johnson, "the man who has vigor may walk to the East, as well as to the West, if he happen to turn his head that way."

Heredity may condemn us to a life of struggle with bodily weakness and mental incapacity, to "Defects of doubt and taints of blood." It cannot chain the free spirit, and he who can say, "I will, I will not," is still a man.

We, the members of this Association, as practitioners of the Healing Art, are the heirs of a great past. The Masters of Medicine have passed from our world, but their influence survives—their spirits still live.

Nothing is plainer in the study of the lives of the greatest of our predecessors than the influence of great ideals. From the days of the grand pagan whom we call the Father of Medicine,

and whose recognition of the power of spiritual forces is so clearly seen in the oath which he laid upon his successors, to the great authorities of to-day, we can trace the power of faith in the Unseen Universe.

Let me quote from the illustrious Pasteur: "Happy he who carries with him a God—an ideal of beauty, and who obeys him. An ideal of Art, an ideal of Science, an ideal of Patriotism, an ideal of the virtues of the Gospel."

And if we are to have strength for our work, courage and hope to cheer us in our long contest with all these shapes of foul disease, we must bear in mind the supreme importance of high ideals—of life—and of man.

"You touch God," said Novalis, "when you lay your hand upon a human body." The spark of life we tend is a part of the divine, and immortal.

" The soul that rises with us, our life's star,  
Hath had elsewhere its setting,  
And cometh from afar."

We deal not with Dust and To-day, but with Life and Forever. And when we realize this, our own nature becomes ennobled that it works in and can rise to still greater power.

We who deal perforce so largely with the material and perishable, if we would keep sight of the indestructible and immortal, should cultivate a power of detachment, should rise through the cloudy region of the world, and accustom ourselves to the free air and larger atmosphere of a universe.

As the Healer of the world came from beyond its confines, so we who would help in the healing should be able to rise into the ether, where we can have a proper perspective of Time. We should visit the ethereal region where, with Amiel, we may "Listen to the music of time and the hosannas of the world," or with our own Wordsworth hear "Oftentimes the still, sad music of humanity," and be conscious of

" A presence that disturbs us with the joy  
Of elevated thoughts : a sense sublime  
Of something far more deeply interfused,  
Whose dwelling is the light of setting suns,  
And the round ocean and the living air,  
And the blue sky, and in the mind of man."

And how may we best acquire this power but by the study of our subject—the philosophic study of man?

What our profession requires to-day, even more than an in-

crease in scientific knowledge, is more of the study which gave character to the great masters of the past, and a realization of the grandeur of the divine possibilities in man. True, we see much of the lower nature, weakness and suffering and sin, but we also see in every soul the capacity of Honor, Courage and Love. Let us rather look on these. "Whatsoever things are true, . . . whatsoever things are pure, . . . whatsoever things are lovely, . . . if there be any virtue, . . . let us think on these things.

---

### THE PHARYNGEAL TONSIL.\*

By J. PRICE-BROWN, M.D., TORONTO.

---

The Pharyngeal Tonsil, otherwise called Luschka's Tonsil, is situated in the vault or upper and back part of the naso-pharynx. It lies directly upon the anterior surface of the basillar process of the occipital bone, extending upwards as far as the inferior surface of the Sphenoid. It forms the upper quadrant of the pharyngeal lymphoid ring.

This lymphoid ring bases its name upon the peculiar distribution of the lymphatics as they exist in the throat during fetal and infantile life—the position being that of a circle of lymphatic vessels and glands, placed around the pharyngeal wall, and developing into a series of quadrants—the pharyngeal tonsil above, the two faucial tonsils at the sides, and the lingual tonsil below—all being attached to each other by a slender chain of lymphatic glands.

The pharyngeal tonsil is bounded on either side by the fossa of Rosenmüller and the protuberance of the Eustachian tube. Anteriorly it ends near the orifices of the posterior nares in a more or less distinct ridge, while at the lower end it gradually shades off into the ordinary mucous membrane of the oro-pharynx.

The pharyngeal tonsil is composed of lymphatic adenoid tissue, held together by trabeculæ of connective elements. It contains numerous follicles, is highly vascular and is covered by ciliated and columnar epithelium. The gland is normally present during the years of childhood, though not of large size, and should undergo atrophy between the twelfth and twentieth years. As a continua-

---

\*Read at annual meeting of Ontario Medical Asso., Toronto, June 7th, 1905.

tion of the pharyngeal tonsil, tubal or Eustachian tonsils sometimes exist. They are merely an extension of similar tissue, involving or surrounding the openings into the Eustachian tubes. Before leaving this part of the subject, it should be mentioned that a depression or crypt of unusual size is sometimes found in the lower central portion of the tonsil, which has a tendency to take on catarrhal symptoms, and which is known as Luschka's bursa.

#### ADENOIDS.

The pharyngeal tonsil is very subject to hypertrophy, and when this hypertrophy is serious enough to interfere with normal respiration, it becomes an organic disease, and is known by the distinctive term Adenoids. It was Wilhelm Meyer, of Copenhagen, who first drew attention to the evil effects which this overgrowth produced; and, at the same time, pointed out to the profession the importance of its removal. Since its discovery this disease has been found in every part of the world, although its most persistent habitat is the north temperate zone.

This hypertrophy, which is merely an immense proliferation of the elementary tissues of the gland, is often very irregular in character. It may occur in perpendicular ridges, separated by deep fissures, or in fringe-like masses overhanging the posterior nares, or in peduncular growths depending from the centre of the vault, or big cushions overhanging the mouths of the Eustachian tubes, or comb-like processes extending down the pharyngeal wall—their true character being discovered either by digital examination or the use of the postrhinal mirror.

The evil effects of this obstruction can scarcely be dwelt upon too forcibly, as it occurs in the vast majority of instances during the formative period of life, while the bones of the head are undergoing the process of ossification, and the cartilages are still soft.

As every medical man knows, the presence of adenoids produces mouth breathing accompanied by a flat or nasal voice; and the larger the adenoids, the more continuous and complete becomes the oral respiration. Now, what does this mean? Simply that the normal respiratory act through the nose cannot be performed. Ineffective and irregular development of that organ is the result. The bones consolidate unevenly, the nose may assume a pinched appearance, and the nostrils become slit-like from the lack of normal use. The upper jaw is apt to become narrow and protuberant, overhanging the lower one, accompanied by arched palate and retracted upper lip—all being the results in a more or less degree of irregular air pressure, arising from the obstruction to nasal respiration.

Before leaving the nasal condition, the mental effect should for a moment be dwelt upon. During child-life any nasal or post-nasal lesion that seriously interferes with nasal respiration has a depress-

ing effect upon memory, temper and mental development. The condition so produced is called aprosexia, and is manifested in various ways. No matter how the child tries, it is often impossible for him to concentrate his mind upon his studies, and he may read a page repeatedly without being able to remember its contents. Irascibility of temper in these cases is of frequent occurrence. And we must remember that three-fourths, nay nine-tenths, of all the cases of absolute mouth breathing in children, arise from the presence of adenoid vegetations—together in many cases with tonsillar enlargements, which Dr. D. J. Gibb Wishart will no doubt refer to more fully.

A few words must now be said upon diseases of the ear produced by the presence of these hypertrophies in the naso-pharynx. An adenoid vault is a catarrhal vault, the whole naso-pharynx as well as nose become more or less surcharged with muco-serum or muco-pus, that it is impossible for the child to void, and which not infrequently finds an entrance into the middle ear. Frequently, too, adenoid cushions so press upon the Eustachian orifices that the tubal muscles lose their power, the tubes are not expanded for the admission of air and serious ear trouble is the result, awaiting only an attack of scarlet fever, measles, or lacunar tonsillitis, to result in acute otitis media, with prolonged discharge, not infrequently ending in deafness.

The etiology of adenoids I need not dwell upon. It is something we don't know much about, save the fact, that they occur most frequently during early child-life. They may exist at birth and even in middle age, but these conditions are rare. We might talk of lymphatic temperment and constitutional dyscrasias, of climatic influences and insanitary conditions, and a host of other things, as having influence in one way or another in the production of the disease, but we would be little better off at the end than at the beginning. The thing that stares us in the face, although we may not see it, is the fact, that behind the palate there exists a little mass of superabundant tissue, that is endangering the health as well as the mental and physical faculties of our patient, and that the whole physical organism is crying loudly for its removal.

Before deciding to operate, however, it is well to remember that mere enlargement of the gland structure in the naso-pharynx, does not in every instance imply hypertrophy. There may be congestion from temporary causes, as in acute rhinopharyngitis; there may be interference in systematic circulation, as in cyanotic conditions, induced by kidney or liver disease; or reflex action from intestinal irritation, producing turgescence of the post-nasal structures. In these cases, systemic treatment of an appropriate character may relieve the infiltration, and the supposed adenoids may at once disappear.

Some writers divide adenoids into different classes based upon



their density of structure. It seems to me that this is a refinement of distinction that is scarcely necessary. The younger the child the softer and the more cellular the growth and the fewer the connective tissue elements. As years advance these conditions reverse, until, finally, the glandular cell-like mass of the young child becomes the hyperplastic fibrous adenoid of adult life—the condition being one of gradual change, a progressive hardening of tissue.

*Treatment.*—The only method of treatment worth considering is operative—the direct removal of the offending structure. Of instruments for this purpose there are many. The electro-cautery knife and electro-cautery snare have both been frequently used, but by the best operators they are condemned, and rightly so. Cutting forceps of various kinds, curved so as to enter the naso-pharynx, have had many advocates. It has always seemed to me to be a clumsy and ineffectual instrument; and although I used it in former years, I do not use it now, and do not expect ever to use it again. Adenotomes of various forms are also in vogue.

Gottstein's curettes, however, with all their more recent modifications, are admirable instruments, as also is the human digit, unadorned with any artificial nail, in properly selected cases; and it is the use of the two latter that I advocate.

In older persons, or in large children, who have sufficient self-control to remain still, in obedience to orders, general anesthesia should never be resorted to. The operation can then be performed with the patient in a sitting posture. The nasal passages are first cleansed by antiseptic sprays; next, a weak solution of cocaine is thrown into the naso-pharynx and nose by an atomizer, followed by the application of five or eight per cent. solution, by means of a cotton holder, to the pharyngeal growth—the object being to partially anesthetize the parts for the operation, and also by shrinking the tissues to favor the free discharge of blood through the nasal passages.

Being thus prepared the patient opens his mouth widely. Then the operator, aided by head mirror and reflected light, with two or three sharp sweeps of the curette, clears the naso-pharynx of the adenoids. The whole should be done at the one sitting, if possible, care being taken to avoid injuring the Eustachian tubes during the operation. The hemorrhage is usually profuse, a very large proportion of the blood being discharged through the nostrils. If, on examination by the rhinoscope, fragments or little outside vegetations remain, these may be removed digitally. In some instances, if left to themselves, they will shrink entirely away.

After treatment in these cases is very simple. Instructions to the patient to keep the parts free by blowing the nose frequently and clearing the throat by forcible inspirations, together with the

---

use of gargles and mild sprays for a few days, being all that is required.

*Surgical treatment for children.*—In this I am afraid I differ from many surgeons. First, I do not advise formal preparation of the nose and throat before operating. In the large majority of cases the children, having received no previous nasal treatment whatever, will resist any interference. By attempting it, abrasions of mucous membrane are likely to be made; and no matter how thoroughly you or the nurse may believe that you have cleansed the parts by swabbing or spraying, it is impossible for you to place the naso-pharynx in a thoroughly aseptic condition. Therefore I do not attempt it at all.

I advise, however, that the child have the bowels moved by a cathartic before operating, and that no food be given on the same day until some hours after the operation is over. A warm drink, however, will help to clear the pharynx and can do no harm.

When operating upon children to remove adenoids, it is usual to use one of the anesthetics. Of these, ether is not held in much favor, owing to the pharyngeal hyperemia which it is likely to produce; while bromide of ethyl and nitrous oxide are widely used in England and the United States. Personally, however, I prefer either chloroform or the A. C. E. mixture, administered by a fellow practitioner, and when carefully given, these have always proved themselves both safe and reliable.

Before operating the surgeon's hands are rendered as aseptic as possible. The patient's outer clothing is removed, all bands are relaxed, and he is placed upon his back upon a level operating table. After anesthesia is produced, the mouth gag is inserted, the child's head is thrown backwards, and the adenoids are removed by a single digital operation. The operation is a very quick one, the educated finger, in the briefest time, having swept the whole vault of its soft friable tissue. Profuse hemorrhage immediately occurs, and without waiting a moment, the little patient is turned at once upon his side, with head overhanging the basin, to permit of free outlet through the mouth and nose.

In cases in which there is reason to suspect hyperplasia, the curette is applied before resorting to the use of the digit; and in others where it is difficult or impossible to remove all the hypertrophied tissues with the finger, the curette is used subsequently—each case being treated according to the conditions presented.

*After Treatment.*—The child will frequently sleep for half an hour after operation, and possibly vomit some of the blood which has been swallowed; after which he will gradually regain consciousness and self-control, although he may remain irritable for a few hours, due to the soreness resulting from the operation. There may be a little oozing of blood for a while. On putting him to bed, however, he drops off to sleep, and frequently enjoys a better night's

rest than he has previously had for weeks, notwithstanding the oozing. There is usually little or no rise of temperature, and a quickly receding throat-soreness is all that the history gives.

Subsequent medical treatment is likewise *nil*, save for the administration of a laxative or a hydro-carbon, if absolutely needed. Nutritious drinks and mild diet being all that are called for. Why medicate with a temperature of 98 degrees, and a restored normal breathing?

The hemorrhage at the time of operation is a great cleanser. As a rule the child's nostrils become free the moment the obstructing adenoids are out of the way. Some ounces of blood are always lost, the passage of which fresh from the vessels clears out the nose and pharynx and carries with it many of the innocuous germs which may be present. At any rate, an operation, though apparently a severe one, which entails no subsequent fever and but little discomfort, does not demand any further treatment, save the oversight which the surgeon always has over his cases.

The question may be asked, Does new development of adenoid tissue ever occur after thorough removal? The answer is, sometimes, but rarely. Complete removal is usually a lasting removal. In some cases the evulsion of a good sized central segment will be followed by complete contraction and absorption of the remnants left behind. On the other hand, after every vestige is apparently taken away from the vault, a good sized adenoid body may form again, even to the second or third time. This is a matter which I believe is essentially constitutional—something, however, which can always in the end be overcome, by persistent and careful efforts of the surgeon.

## THE ETIOLOGY AND ELIMINATION OF DIABETES.\*

BY G. LENOX CURTIS, M.D., NEW YORK.

Contrary to all accepted authority, the author of this remarkable paper contends that *diabetes is never a primary disease*; it is merely he declares, a frequent concomitant symptom or sequela of either an inherited or acquired condition of the system which *is* primary, and which is as amenable to *appropriate treatment*, as any ordinary disease.

The unsuccessful and unsatisfactory results which, up to the present time have attended all proposed methods of treatment, is attributed to the fact that its pathogenesis has not been properly understood.

Derangements of the liver, the kidneys, the nervous system and the spleen have, each, in turn, been considered the *offending cause* of this most serious affection, and there is probably no case which does not exhibit a lesion of one or more of the organs mentioned. But as the "immediate cause of diabetes is something which interferes with the proper oxidation of certain elements of food, and as the presence of sugar in the urine occurs from, or is accompanied with lesions in organs differing greatly in structure and function, may there not be some common cause which, owing to an *inherent* or acquired weakness of one or the other of the organs mentioned, is able so to interfere with its normal action that oxidation is inhibited to a degree sufficient to induce the affection we are considering."

The author not only believes this view of causation to be correct, but he is satisfied that he has discovered the common cause—"the disturbing element which is responsible for the existence of every case of diabetes irrespective of the nature of location of the lesions to which it most directly relates."

*"This common and potent cause is syphilis—that nemesis of evil-doers, which ruthlessly invades every organ and tissue of the body and with its blighting touch vitiates every secretion and deranges every function."*

"This discovery is not the forced assumption of a theory, it is one of the results of the observations and investigations begun twenty-five years ago and carried on for a long period, for the purpose of discovering the cause of interstitial gingivitis, a suppurative disease of the alveolar process."

\*Abstract of a paper read before the American Electro-Therapeutic Association.

" I found that a great many of those afflicted with gingivitis also suffered from diabetes. Finally I discovered that in all patients affected with interstitial gingivitis, of systemic origin, syphilis, either inherited or acquired, could be traced, and that in spite of careful and thorough surgical and dental treatment a permanent cure could not be effected until the patient was subjected to a course of anti-syphilitic treatment."

The diagnosis cannot always be satisfactorily made from the history of the case, but " fortunately there are ways of determining the existence of syphilis independently of any history the patient may give. Syphilis never invades the system unaccompanied by telltale signs of its presence. The most important and reliable of these signs are first,\* the eschar of Curtis, which may be seen upon the surface of the gums, cheeks, tonsils, pharynx, and sometimes upon the cornea and sclera ; and, second, the syphilitic spores which the microscope reveals in the freshly-drawn blood. The latter sign is of special importance because the presence of the spores is not only positive evidence that the suspected disease exists, but their disappearance, later, under the influence of appropriate treatment, is indisputable proof that the specific poison has been eliminated, and, consequently, that the treatment may be safely discontinued."

" Since diabetes is never a disease *per se* but merely an occasional accompanying symptom of sequela of syphilitic infection, the best treatment is that which will most readily and thoroughly eliminate the specific poison which caused it."

The most reliable and satisfactory treatment is that supplied by electro-ozonation. A brief outline-description of the apparatus which supplies electro-ozone is given. It " consists, practically, of an ozone generator, fed by a high tension coil, which multiplies the voltage of the commercial current a million or more times and practically eliminates all amperage. To the generator is attached brushes or corrugated wires, from which ozone is generated in large quantities, and, by a wire coil, a Geisler or other vacuum tube is connected, through which ozone is forced into and through the body.

Connected with the apparatus is an electric cabinet which generates light and heat coupled with ozone.

Although treatment by electro-ozonation, alone, is able to eliminate every vestige of syphilitic taint from the system, still, in order that the patient may have the benefit of the eliminative effects some drugs are able to produce, such alternatives as mercury and iodide of potash and such tonics as iron and veratrum viride are generally prescribed in addition.

---

\* This infallible diagnostic sign of syphilis was discovered by me over fifteen years ago. I fully described it in a paper entitled, "Syphilitic Localosis Alveolaris," which was read before the American Medical Association in 1898.

While the doctor is convinced that anti-syphilitic treatment by drugs alone is sufficient, in many cases, to eradicate both syphilis and diabetes in their initial stages, he is satisfied that a large percentage of such cases is incurable without the aid afforded by the current.

During the past seven years 20 cases have been treated by the method advocated. "All of them had either acquired or inherited syphilis. With the exception of two, all were restored to health with every symptom of diabetes eliminated. Of these exceptions one was lost sight of and the other was suffering from epithelioma. The average time required to bring about this result was about three months. The sugar usually disappeared from the urine by the end of the second month.

In only one of the cases successfully treated has there been any return of the sugar or of any other symptom. In this case after several days of high living and alcoholism, a mere trace of sugar was discovered. "Otherwise the patient who, when first treated, was invalided and whose urine contained 9 per cent. of sugar, is now in robust health."

This result, in the opinion of the doctor, is sufficient not only to substantiate his claim that he has discovered the real cause of diabetes, but also to demonstrate that this affection need no longer be considered incurable.

In regard to the restrictions of diet so irksome to the patient but so universally believed to form an indispensable part of all successful treatment, the doctor, under the method of treatment he pursues, finds them entirely unnecessary.

"Allowing," he says, "that the sugars and starches are the food elements from which the system derives the greater part of its vital energy, it seems to me that their restriction is more prejudicial to an invalid than to a person in a state of health. Under no circumstance do I enjoin my patients from using the carbo-hydrates freely, and it is to this fact that I attribute their comparatively rapid recovery; for so great is the nutritive power of electro-ozonation over the processes of digestion, assimilation and elimination, that under its influence the system is able to derive all of the nutritive benefits these highly important foods are able to bestow."

In conclusion, the doctor urges physicians "to test this method of treating diabetes." If electro-ozonation is not available, use the ordinary anti-syphilitic treatment; but if the two can be conjointly used, the desired results will be not only more satisfactory but more speedily attained.

## Clinical Department.

**Two Cases of Acute Hemorrhagic Pancreatitis.** H. W. WEBBER, M.D., M.S. (LON.), F.R.C.S. (EDIN.), Assistant Surgeon to the South Devon and East Cornwall Hospital, in *The Lancet*.

CASE 1.—A man, aged sixty-one years, was suddenly seized with acute abdominal pain on July 24th, 1904. He had appeared to be in his usual health the same morning and after breakfast had walked a distance of about a mile to church, where he was a regular member of the choir. About 12 o'clock sudden violent epigastric pain attacked him; he was taken to his home and medical assistance was summoned. In the afternoon the pain continued with signs of collapse and some abdominal distension. Dr. A. B. Soltau saw him in consultation with Dr. M. L. Griffin and thought the symptoms pointed to a ruptured gastric or duodenal ulcer. At 11 p.m. (Mr. S. F. Lynch assisting) I opened the abdomen by a four-inch median epigastric incision and the cavity was found to contain clear blood-stained fluid but no gastric or duodenal contents. The stomach and duodenum were rapidly examined for perforation, none being found, and it was then discovered that the normal outline of the pancreas was replaced by a tumor composed principally of coagulated blood of the shape and size of a closed fist which bled immediately it was handled. The patient being in no condition to stand a search for the exact source of the bleeding a thick gauze plug was passed well into the hemorrhagic mass and brought out through the parietal incision which was partly closed by mass sutures of salmon-gut. A hypodermic injection of morphine (a quarter of a grain) and strychnine (one-thirtieth of a grain) was given. The patient never rallied and died about six hours after the completion of the operation. No post-mortem examination could be obtained.

CASE 2.—The patient was an American, aged fifty-nine years, but looking at least ten years older. He was said to have worked very hard at business for several years. He landed at Plymouth on the evening of June 11th, 1905, apparently as well as usual, and at 10 p.m. had some strawberries and an apple. At about midnight violent abdominal pain seized him with vomiting, and this continuing at 3.30 a.m., Mr. H. H.

Parsloe saw him and gave him a quarter of a grain of morphine hypodermically. This was repeated at 10.30 a.m. on June 12th. At 5 p.m. on that day he tried to get out of bed, pain returned with intense collapse, and he became cold, grey, and pulseless. With the injection of brandy and strychnine, the application of a mustard leaf to the precordium, and hot bottles to the extremities, he partially recovered from his collapse, and at 6.30 p.m. I saw him with Mr. Parsloe. He was then ashy grey, in fact, with coldness of the whole body, except the parts kept warm by the hot bottles and friction. The pulse could just be felt at the wrist. The abdomen was soft; it was not at all distended; there was no dulness anywhere or local swelling; there was some tenderness on palpating the epigastric area. The rectum was empty. The patient did not recover from his collapsed condition and died about midnight (June 12th).

*Necropsy.*—At the post-mortem examination (on June 15th) there was no free fluid or gas on opening the peritoneal cavity. The gastro-hepatic omentum was distended with blood clot. The stomach presented a remarkable appearance, a subserous layer of clot covering the upper two-thirds of the anterior surface, leaving its lower third of the normal whitish color. The gastro-colic omentum, transverse colon, and great omentum were normal, but on turning these upwards to examine the posterior surface of the stomach a considerable amount of clot was seen through the posterior layer of the transverse mesocolon. On tearing through this and raising the stomach the source of the hemorrhage was found to be the pancreas which was represented by an irregular hemorrhagic mass of clot and pieces of pancreatic tissue. The whole mass of stomach and clot, etc., was removed for further examination, but circumstances causing this to be deferred for two days it was then found in an advanced state of decomposition.

The antecedent personal history in the second case threw very little light on the patient's condition. Some years previously a successful operation for radical cure of a right inguinal hernia had been performed, and for some months before his last illness he had complained of breathlessness on exertion.

In the first case there was a definite history of an injury. Seven months previously the patient, while rising to leave his seat on the outside of an electric tramcar, was thrown by a sudden jerk of the car violently against the handrail, striking himself on the left side of the lower part of the chest and frac-



turing his seventh rib. From this accident he made a very slow recovery, it being more than three months before he was able to resume his occupation.

---

**A Case of Primary Suppurative Parotitis.** J. WALTER CARR,  
M.D. (LOND.), F.R.C.P. (LOND.), Physician to the Royal Free  
Hospital and to the Victoria Hospital for Children, Chelsea, in  
*The Lancet*.

The following case appears to be sufficiently exceptional to be worthy of record. The patient was a man, aged 79, who had suffered from several attacks of acute articular gout and of gouty eczema affecting the hands. About eight years ago he had double iridectomy performed for glaucoma. During the last year or two his urine had been abundant and of low specific gravity, averaging 1010, so that there was probably some granular change in the kidneys, but no albumen had ever been found. For several months before his last illness he had, for his age, been remarkably well and vigorous, both physically and mentally. During July last he underwent an unusual amount of exertion and excitement in connection with a Royal visit to his native city, but did not appear in any way the worse for it. Two days after this visit, on July 15th, he consulted his medical man, Dr. T. Mason Johnson, of Pendleton, Manchester, on account of a painful swelling of the left side of the face which he had first noticed that morning. This rapidly extended, and on the following day the patient was evidently seriously ill. On the evening of the 17th I saw him in consultation with Dr. Johnson and Dr. J. Dixon Mann, of Manchester. There was then a large, tense, brawny swelling, exactly limited to the region of the left parotid gland; the skin over it was very edematous, but it was only slightly tender on pressure, much less so than it had been on the previous day, a result, perhaps, of the patient's increasing mental apathy, for he was only semi-conscious, his tongue was dry, his urine contained a good deal of albumen, and his temperature was 101 deg. F. There were, in short, all the indications of marked toxemia. Next morning (July 18th) Mr. F. A. Southam, of Manchester, saw the patient with a view to operation, but as no fluctuation could be made out and the general symptoms seemed distinctly better it was decided to postpone making any incision. Glycerine and belladonna were applied to the swelling, and strychnine, perchloride of iron, and

brandy given internally. The improvement was maintained for the next two days; the mental condition became much clearer, the tongue moister, the albumen disappeared from the urine, and food was well taken. The temperature in the mouth varied between 99.6 deg. and 101 deg., and the pulse from 80 to 90. The local condition remained about the same. On the 21st the patient was evidently not so well and a little thin pus was noticed to be escaping from the left ear. Mr. Southam again saw him and although still unable to detect fluctuation advised immediate operation. This, however, was unavoidably delayed until the following day and by that time the patient's condition was one of extreme gravity; he was almost completely unconscious, the temperature had risen to 102 deg., and the rapid breathing, with abundant small crepitations, especially at the base of the left lung, indicated the development of hypostatic pneumonia, or even of a more acute pneumonic process. Nevertheless, as a last chance, gas and oxygen were given, and Mr. Southam made a short incision into the gland just below the line of its duct. No definite abscess cavity was opened but the whole gland was in a breaking down condition and infiltrated with pus. Fluid injected through the incision escaped in part through the external auditory meatus. A considerable quantity of the gland substance was scooped out and a drainage-tube was inserted. There was very little hemorrhage. The patient never recovered consciousness after the operation, his breathing became increasingly rapid, and he died early the following morning, the temperature rising to 106.6 deg. shortly before the end. It was noteworthy that throughout the illness there was no severe pain on opening the mouth or on masticating, such as is usually present in cases of mumps.

In the entire absence of any evidence of primary disease elsewhere the case must be regarded as one of acute primary parotitis, analogous, presumably, to acute pancreatitis, with which gland the parotids have anatomically so many points in common. In both, such an acute primary inflammation, especially leading to suppuration, is very rare, particularly so in the case of the parotids. A secondary parotitis, suppurative or non-suppurative, is met with fairly frequently, although its exact causation has given rise to considerable controversy. It occurs after certain operations, usually in connection with the abdomen or pelvis, and in association with some of the acute specific fevers and with various pyemic and septic conditions, especially after parturition; but judging from the very scant references in medical literature and also from the experience of

the four medical men who saw the patient, the primary disease must be altogether exceptional. At first the possibility of mumps was considered, but the patient's age, the absolute limitation of the disease to one gland, the brawny character of the swelling with marked edema of the skin over it, and the severity of the constitutional symptoms were sufficient taken altogether to exclude this disease. A gouty form of parotitis has been described by Dr. Debout d'Estrees, of Contrexeville, but would seem to be excessively rare and probably never leads to suppuration. The disease in this case was almost certainly microbial in origin, and the question arises how the gland became infected; presumably from the mouth, via Stenson's duct. There was, however, no obvious cause of sepsis in the mouth; the patient had had all his own teeth extracted many years before, not even a single stump being left, and wore a complete set of artificial teeth, which appear to have been kept perfectly clean. On examination, however, of the inside of the mouth a rounded swelling of about the size of a small pea was felt close to the orifice of Stenson's duct, if not actually over it; it did not feel like a calculus and was most likely a cyst. Very probably it hindered the escape of saliva, and so led to a condition which facilitated the ascent of microbes, in the way so well described by Mr. C. J. Bond in his address on Ascending Currents in Mucous Canals and Gland Ducts and their Influence on Infection, at the last meeting of the British Medical Association at Leicester. The intensely virulent character of the process was probably due largely to its occurrence in an old man with damaged kidneys and consequent greatly diminished resistive power to microbial infection.

A case of primary parotitis recently recorded was shown to be due probably to a pneumococcal infection, but the patient was only 55 years of age, had a distinctly septic mouth, and the inflammation quickly subsided without going on to suppuration.

One may perhaps regret that in my case an incision into the gland was not made sooner, but on the whole I am disposed to think that this would not have averted the fatal issue, as even a few hours before death there was no definite abscess cavity to drain and consequently it does not seem likely that the passage of toxic products into the blood which led to the fatal toxemia would have been materially prevented.

**A Case of Acute Internal Hydrocephalus.** THEODORE DILLER, M.D., Pittsburg, Pa., Neurologist to the Allegheny General Hospital; Visiting Physician to the Insane Department of St. Francis Hospital, in the *Medical Record*.

A girl, aged 4, was sent to me by Dr. Simpson, of Indiana, Pa., on May 27th, 1904. She was the third child of healthy parents. Her birth was uneventful. Her brothers and sisters are all healthy. She developed normally, and was in perfect health up to one and a half years ago, *i.e.*, up to the age of two and one-half years, when she became suddenly ill with a fever, which confined her to bed for a week. Recovery seemed perfect. Six months later (at the age of three) the eyes turned inward, first one and then the other. These internal squints grew more marked during the next six months, when the squint of the left eye became less pronounced than that of the right.

Five months before I saw her she had an attack which was characterized by high temperature, badly coated tongue, and suppression of urine and albuminuria, and which was thought to be an attack of Bright's disease. She did not make a good recovery. In March (two months before I saw her) she had vomiting attacks. She often screamed and jerked in her sleep; again she would sob and laugh alternately. For a time she was delirious—said dogs were after her, etc.

Early in April it was noted that she did not use the left hand as much as the right; and a couple of weeks later she began to drag the left foot. These palsies steadily increased; and in the meantime defects in articulation were noted.

When examined by me, the child was somewhat dull and irritable mentally. No alteration of sensation could be discovered. She had a marked internal squint in both eyes, more marked in the right than the left. She was able to walk alone, but there was marked spastic paralysis in left arm and leg. The left knee-jerk was greatly exaggerated. Ankle clonus and the Babinski toe reflex were present on the left side. There were beginning contractures in the left hand. An ophthalmoscopic examination could not be made. Articulation was somewhat defective.

On November 2nd (more than five months later) Dr. Simpson wrote me as follows: "When you last saw her she had an aggravated strabismus, and dragged her one toe when walking. Her condition rapidly grew worse. She had what was like an attack of indigestion, sick stomach, temperature of 102-3, obstinate bowels, etc., but was evidently more than that, for

afterwards she became perfectly helpless, and has remained in that condition ever since—about fourteen yeeks. She cannot turn in bed, or swallow solid food, or speak, or cry, except a slight whine. At times she moves her arms just enough to change their position. All the muscles in the legs are atrophied, more especially those of the calves of the legs, which are perfectly flat. The feet are drawn into the position of talipes equinus, and are nearly always rigid. The thenar and hypothenar eminence of her hands have disappeared, and her fingers are usually drawn tightly into the palms. However, on some visits, I find them relaxed and quite flaccid. She remains in the one position until changed, for she cannot turn in bed. She was quite emaciated, but has gained somewhat in flesh. Her pupils are equal. Pulse is about 100 and weak. Bowels and urine regular and involuntary. Temperature normal. She can take only liquid nourishment, and that in teaspoonful doses. Tactile and contact sense appear to be everywhere absent. When hungry, she attempts to cry, and will only take malted milk, and appears never to be satisfied. In swallowing, she has not the proper use of her tongue, for even in teaspoonful doses she will allow part of the liquid to run down over her mouth. She sees and hears and will often answer direct questions by nod of her head. She is certainly the most helpless little creature I have ever treated. I will add that she suffers no pain; she lies quietly all the day or night in the one position. She can not or will not protrude her tongue.”

On December 19th (six weeks later), Dr. Simpson wrote again: “Since I wrote you, she gradually became weaker, and her condition not changing materially until she finally died of exhaustion. I removed the brain and had a good look at it, but owing to circumstances, I had to return it, so you will be minus a nice specimen. The condition was one of internal hydrocephalus. The sutures of the skull were not separated—I suppose for reason of the child’s age, four and a half years. The cortex of the brain was almost smooth. The convolutions and fissures almost obliterated, and the brain itself giving one the impression that he held in his hand a bladder. Before I had the brain entirely removed, it accidentally ruptured, and about a pint of clear fluid spurted out on the floor. I made an incision down through the brain substance and could readily see the distended ventricles. The two hemispheres appeared about equal in size. During life, I had often noticed the child’s head, and at times thought I could detect some enlargement, especially in the tem-

poral regions, but I was not positive of it. The skull cap was very thin, the saw going through it very rapidly."

It is likely that the fever from which the child suffered at the age of two and a half years was the first manifestation of an internal hydrocephalus, which more or less steadily progressed, and terminated the child's life two years later.

I am indebted to Dr. Simpson, whom I desire to thank for permission to record this interesting case, and for his excellent descriptive letters, which form the most important part of this contribution.

---

**A Case of Abdominal Pregnancy Undiagnosed Until After Operation.** A. J. RONGINSKY, M.D., New York, Instructor in Diseases of Women at the New York Post Graduate Medical School Attending Gynecologist to the Lebanon Hospital Dispensary, in the *Medical Record*.

The complete ignorance of the true pathological condition of the following case, although the woman had been attended by no less than fourteen physicians at one time or another, is certainly of interest to the profession at large.

Mrs. L., aged 39, Russian, always attended to her house work, married at the age of 21, gave birth to seven children, oldest 16 years, youngest 11 months. Labors normal. Had one miscarriage seven years ago, and was curetted for same at the Gouverneur Hospital. Her menstrual history was regular as to time, quality, and quantity. She never menstruated during lactation.

On June 10, 1904, she appeared at my office complaining of pain in the epigastric region, and slight vomiting. On examination, nothing objectively could be discovered, and I thought her indisposition to be due to an acute attack of indigestion. I prescribed the usual remedies. She called again the next day, slightly improved, but still had some pain in the epigastric region. Assuming that my diagnosis was correct, I continued the treatment on the same line. She felt greatly improved until June 14, when I was called to her house, she having had another attack of pain in the abdomen and some vomiting. On examination, I found her abdomen slightly distended, with tenderness in the epigastric region. Assuming that all her symptoms were due to constipation from which she had suffered for the past three days, I prescribed small doses of calomel to be followed by

a saline. On calling the next morning I found her very much improved.

I next saw her on June 21. Her condition had undergone a great change. She was very anemic, her abdomen was markedly distended, she was more or less emaciated, telling me that she lost nine pounds by actual weight. She presented a true clinical picture of one suffering from intestinal obstruction due to a malignant growth. Her condition rather alarmed me, and I advised that a consultant be called in, but she felt better the same afternoon.

I saw her again on June 25th, and her condition instead of getting better, grew worse since my last visit. The distention was very marked, the emaciation more apparent. Some one advised her to see a local surgeon, which she did on the previous day, but fainted in the doctor's office, and had to be brought home in a cab. The doctor called at her house a few hours later, and after examining her, prescribed digestive powders. Her general condition gradually grew worse and the obstruction became more marked. On July 1st, I asked a prominent stomach specialist to see her with me, and after a careful examination he thought the patient suffering from a general neurosis of the intestinal canal, causing spasmodic contraction of the walls of the intestines from which resulted the pain and obstruction. He advised appropriate treatment, and the patient felt somewhat better for a few days, but on July 5th, she again had an attack of pain in the abdomen which lasted for about two hours. I gave her a high rectal enema of ox gall and olive oil, which relieved her only slightly.

At this stage of her illness I confessed to her family that I was rather puzzled as to her condition. I advised that the same consultant see her again. We met on July 10th, and after a thorough examination the doctor thought that she was probably suffering from a malignant growth of the cecum, but no mass could be felt. The same treatment was continued with the addition of a stomachic tonic.

The fact that the patient had lost twenty-five pounds by actual weight, that the obstruction was on the increase, and that she was severely anemic, made me think the diagnosis quite reasonable, and from now on I thought her condition to be hopeless, and tried to relieve her symptoms only. I saw her daily up to July 17th.

During the week of the 17th, a local physician was called in to see her without my knowledge. Later I was informed that no diagnosis was established by the doctor, and he also treated

her symptomatically only. The obstruction increased, the abdomen being so distended that the skin began to show signs of atrophy at some points. Not being able to make her comfortable at home, I advised her removal to a hospital, and on July 28th I had her admitted to one of our prominent hospitals. After being examined by the attending physician and surgeon, the gynecologist was called in to see her. A probable diagnosis of obstruction due to some growth was made, and an exploratory laparotomy was advised. The hemoglobin was too low, so the operation was deferred for the present.

Her condition slightly improved during the next few days, and she was operated on August 6th, and no sooner than the abdomen was opened a fetus of about three and a half months appeared at the opening. The greater portion of the placenta was attached to the small intestines, also to the ovarian end of the tube. She died three and a half hours after the operation, not rallying from the profound shock which she went into the minute the abdomen was opened.

I am fully aware that at times a secondary abdominal pregnancy as the case here, may puzzle the most competent expert for a time, but for a pathological condition to deceive completely over a dozen physicians, some of whom are considered the most competent in their special fields, should not pass by unnoticed. Every one examined her gynecologically and to no one was the condition of the uterus suspicious. I will repeat that if ever I saw a case of chronic obstruction of the lower bowel, this certainly appeared to be one. At the latter stage of her illness her abdomen had to be supported, and to put it in her words, "Her belly was too large to be carried by her thin emaciated body."



## Therapeutics.

---

**The Best Method of Administering Potassium Iodide.** Under this practical title Huhner writes in the *New York Medical Record* of April 1, 1905. He begins by reminding us that for therapeutic purposes potassium iodide should always be given in solution, well diluted, and if possible never on an empty stomach.

For dilution, several things have been used. Milk is by far the best, for it not only disguises the taste more effectually, but also prevents, to a great degree, the disagreeable after-effects of the drug. Another excellent vehicle is compound syrup of sarsaparilla. Mineral waters or ordinary pure water may also be used. The iodide of potassium should be diluted with about half a glass of the water or milk.

It is essential to have a perfectly pure preparation. Pure iodide of potassium can be taken for a very long time and even in large doses without causing disturbances of the gastrointestinal canal. Many of the bad effects of this drug are due to an impure preparation.

It is necessary to observe strict cleanliness of the skin (daily baths) while taking iodide of potassium internally. By so doing the disagreeable skin eruption may to a large degree be prevented, the eruption being due to the decomposition of the iodine salt excreted with the perspiration by the fatty acids, setting free the iodine, which acts as an irritant.

As a practical matter it is preferable not to write for a 100 per-cent solution. Several years ago the author wrote a prescription for potassium iodide to be given in drop doses, gtt. j to represent gr. j of the drug, and was surprised to be informed by the druggist that it was impossible to make up a 100 per cent. solution. On consulting the late Dr. Charles Rice (head of the general drug department of Bellevue Hospital) he showed the author that it was possible to make up such a solution, though with some difficulty. It became evident that most druggists would not take the necessary time and trouble, but would probably give a weaker solution. Where, therefore, accurate dosage is of importance, it is safer to prescribe a 50-per-cent. solution, two drops to equal one grain of the drug.

Iodide of potassium is incompatible with alkaloids and the

ordinary soluble metallic salts. While the patient is taking potassium iodide, calomel should not be dusted into the eye, for an effect may result similar to the application of a strong caustic on the mucous membrane. This point is fully discussed in all standard works. Small doses of the drug may produce symptoms of iodism, while larger doses, in the same patient, may not have this effect.

Potassium iodide should never be given in phthisis or when there is even a suspicion or tendency to phthisis. Its irritating effect upon the bronchial mucous membrane is a decided objection to its use in such cases. If, however, phthisis is associated with syphilis, it may be used to advantage.

Taking up next the more important conditions for which potassium iodide has been prescribed, the author endeavors to indicate the best method of administering it in each condition.

*Syphilis.*—It was impossible in this space to give anything like a complete discussion of the treatment of this disease. A bare outline only of the part played by iodide of potassium therein is presented. Practically it ought never to be given in the primary stage. In the secondary stage it should not be administered until the patient has had at least six months of treatment with mercury, preferably by inunctions. There is an exception, however, where some tertiary symptoms appear ahead of time (during the secondary stage) and threaten the integrity of some important organ, the brain, eye, etc. In such cases it is absolutely necessary to start with the drug at once, and run it up as rapidly as possible in a manner hereafter described. In the simple secondary lesions it is useless, but may provide beneficial in recurrence of secondary lesions. In an ideal case, after six months' treatment with mercurial inunctions, the writer starts the use of iodide of potassium with the well-known mixed treatment, using the formula:

R	Hydrargyri iodidi rubri,.....	gr. ss
	Potassii iodidi, .....	gr. cxxviiij
	Syr. sarsaparillæ co.,.....	fʒj
	Aquæ, q. s. ad .....	fʒj

M. Sig. : ʒ drachm t. i. d. after meals, well diluted.

After a few weeks, however, the author prefers to give the drug alone, and in solution, in doses of ten to twenty-five grains t. i. d., giving mercury by inunction off and on for another six months at the same time. Throughout the treatment especial attention is, of course, given to the care of the mouth, teeth, gastrointestinal canal, and skin.

When giving the drug in this way, and intending to keep up the same dose for a long time, it is the author's preference not to order it in drop doses, but in solution, as follows:

R Potassii iodidi, ..... ℥viiij to ℥x  
 Syr. sarsaparillae co., . . . . . ℥ij  
 Aquæ, q. s, ad ..... ℥vij

M. Sig.: 1 drachm in half a glass of milk or water t. i. d. after meals.

Again, when giving potassium iodide in this manner for its specific effect, and not to counteract any particular symptom, the writer stops at the first symptom of poisoning, waits a little while, and then changes the dose.

Very different, however, is the method of administering in tertiary syphilis, especially when some vital organ is threatened. Here he does not stop simply because some pustulation or rhinitis occurs, but continues right on in increasing doses till more serious symptoms make it impracticable. This is done for two reasons: First, by increasing the dose we may sometimes cause the symptoms of poisoning to disappear, while a larger one may not; and secondly, even if the symptoms do not disappear, or even get worse, it is far more important to saturate the system as rapidly as possible with the drug than to worry over a pustulation or rhinitis. In other words, we must endeavor to put as much iodide of potassium into the system as it can possibly stand, and also do it as rapidly as possible. The method carried out by the author consists in prescribing a 50 per cent. solution (gtt. ij=gr. j), and starting off with gtt. xx increase gtt. ij at each dose as follows: First day 20 drops in the morning, 22 drops at noon, 24 drops at night; second day, 26 drops in the morning, 28 drops at noon. 30 drops at night; third day, 32 drops in the morning, and so on. Given in this way ill effects rarely occur, and the writer has rarely had cause to stop it on account of unpleasant symptoms. At the same time the increase is rapid enough for ordinary purposes, although under extraordinary circumstances we may increase by four drops instead of two at each dose. The author has two patients at present taking between 500 and 600 grains daily, without any annoying symptoms.—*Therapeutic Gazette.*

**Treatment of Epidemic Cerebro-spinal Meningitis:**

Osler defines cerebro-spinal fever as "an infectious disease, occurring sporadically and in epidemics, caused by the diplococcus intracellularis, characterized by inflammation of the

cerebro-spinal meninges and a clinical course of great irregularity." In discussing the treatment, and in estimating the success of any plan, the great irregularity in the clinical course, the grave character of the anatomical changes and the large proportion of fulminant cases (against which we are absolutely powerless) must not be lost sight of.

In the absence of any specific remedy or antitoxin and our inability to jugulate the affection at the onset, the treatment is necessarily empirical and symptomatic. It is to be sincerely hoped that ere long, when various obscure points are better understood, *preventive measures*, rather than drugs, will clear the field and counteract the invasion of the germ. While these preventive measures are matters for the sanitarian and the Department of Health the individual should not neglect his efforts. Improved hygienic conditions with plenty of sunlight tend to lessen the danger of contracting the malady. As a prophylactic measure, the intranasal employment of germicides has been suggested in a recent editorial in the *New York Medical Journal*, March 25th, 1905, page 602. This is nothing new. Jacobi has advocated such procedures for scores of years as a preventive. Caillié's many eloquent appeals have done much to popularize the method of nasal toilet.

Preventive and prophylactic measures thus far have not been crowned with any degree of success. As stated above, the treatment is symptomatic. The mortality in different years varies within wide limits. At present it is about 65 to 70 per cent. In studying the various methods, no great differences in results are noticed.

In the very acute cases of the *fulminant* type, where upon autopsy little more than intense hyperemia of the meninges and cortex is found, death is the result of a profound toxemia. No remedy thus far employed is of any service in this variety.

The onset of the disease, stormy or otherwise, does not enable the practitioner to forecast the subsequent course. The attack may be ushered in with severe symptoms which, in a few fortunate instances, subside in a few days or a week, and the subsequent convalescence is rapid. Nature, and not our remedies, works the cure in this type. Such cases belong to the *aborted or mild type*.

In other cases, the irregular and variable course leaves us in doubt as to the value of treatment. Exacerbations and remissions are frequent; unexpectedly a recrudescence or relapse will follow a short period of improvement. Each case must be judged by itself. *The strength of the patient must be maintained by proper nourishment and skilled nursing.* Nourishment and nursing are of

the utmost importance, particularly in the protracted cases. In other words, the fighting power of the body must be increased to resist the germ.

In private practice the patient should be isolated and placed in charge of a trained nurse, to secure the necessary rest of mind and body. The room should be well-ventilated and dark, or, perhaps, a bandage might be placed over the patient's eyes. The head and neck are to be carefully supported; at times raising the head of the bed six or eight inches seems to add to the comfort of the sufferer. The functions of the body must be regulated, and the bowels kept open. In the beginning the catheter may be required. Plenty of water to drink and fluid diet are advised. The ordinary rules applicable to nursing of serious febrile cases should be carried out. The nasopharynx, so frequently the seat of trouble, ought not to be neglected, but should be irrigated. Warm salt solution ( $\frac{1}{10}$  of 1 per cent.) slowly poured into the nose with a spoon will improve the breathing and prevent the dry mouth and tongue to a considerable extent. During the early stages, when swallowing is difficult from a paretic condition of the pharynx, and later on in bad cases, forced feeding through nose or mouth may be required.

The usual general recommendations were followed in our cases, both hospital and private. Cold applications to the head, ice-bags, etc., were employed as routine measures. The temperature, when above 103° F. was reduced by means of colon irrigations at 80° F., or mustard packs repeated every three, four or six hours as required.

Local abstraction of blood was not adopted. Many of our patients had been leeches without much apparent benefit before they were sent to the hospital. Ergot has been extensively used and highly vaunted, particularly in the earlier stages. Bromids have been advocated by many authors; they are inferior in their effects to the opium derivatives. Phenacetin, with or without codein, gave relief to the headache and general pains. In others, codein or morphine, by mouth, or hypodermically, was resorted to to relieve the restlessness and suffering. Iodids, so strongly recommended by various authorities, were given as a routine plan.

Various applications have been made to the spine, including Credé or mercurial ointment, without apparent benefit. In order to relieve the intracranial pressure, lumbar puncture was resorted to, with temporary benefit. It may be necessary, particularly in the chronic cases, to repeat the procedure at stated intervals upon the return of symptoms.

In a few cases, lysol injections were made, with but indifferent results. Warm baths at 95° F., given in the later stages, seemed to add to the patient's comfort and quickly relieved the contractures of the extremities and rigid condition generally. Sleep was secured in many instances.

The method of Aufrecht, initiated by him in 1894, has been followed by recoveries in two-thirds of the cases treated by Rogansky. Hot baths at 104 F. are given once or twice daily, an ice-bag being applied to the head. It is claimed that by these means consciousness is restored, the nervous system quieted and sleep is induced. The plan seems to be worthy of further trial.

A few words only regarding antitoxin treatment:—"That branch of bacteriology which deals with the mutual antagonistic relations of pathogenic germs is still in its infancy. The facts already discovered suggest important developments in the future. To what extent clinicians will be able to utilize these antagonisms in the treatment of disease it is difficult to foretell."—(*Medical News*, March 4th, 1905.)

A further contribution to the subject and one which induced Dr. Waitzfelder and other clinicians to resort to diphtheria antitoxin in treating cerebro-spinal meningitis was made by Dr. A. J. Wolff, of Hartford. He early found that there is a decided antagonism between the Klebs-Löffler bacillus and the meningococcus, and during the course of study on this portion of the investigation found that pure cultures of the meningococcus were killed by the antidiphtheritic serum, and not only precipitated when mixed with the latter, but active bouillon cultures, when mixed in bulk with the antitoxin, are precipitated in the same manner.

The high expectations founded upon the laboratory experiments were unfortunately not realized, and the procedure after a careful trial was soon abandoned at Roosevelt and Beth Israel Hospitals. Even the intraspinal injections have not yielded better results.

An interesting contribution is the following:—A little girl, three years and nine months old, previously healthy and in good physical condition, was given an immunizing dose (a suspected case of diphtheria having occurred in the same family), of 2,000 units at 2 p.m. The next day at 10 a.m. she was suddenly taken ill, became rigid, lost consciousness and vomited a number of times. When seen in consultation at four o'clock she was in deep coma, pulse imperceptible, numerous petechia over body and face, had vomited large quantity of grumous material. Subsequently "tarry stools." Large tracheal râles and evidences of pulmonary oedema made us give a bad prognosis. Death, 8 p.m., due to malignant cerebro-spinal fever.

In conclusion, I would quote from my paper in the Gouverneur Hospital Reports for 1904, as follows:—"A careful consideration of the cause and a study of the pathological lesions, lead to the belief, that in future, preventive measures, rather than remedial agents, will overcome the dangers of the greatly dreaded cerebro-spinal meningitis."—FRANCIS HUBER, M.D., N.Y., in *Archives of Pediatrics*.

## Physician's Library.

*The Era Key to the U. S. P.*—A Complete List of the Drugs and Preparations of the United States Pharmacopœia. Eighth decennial revision (1905). Vest pocket size; 83 pages; price 25 cents. The Pharmaceutical Era, Publishers, 90 William Street, New York.

The publishers announce a new edition of the well-known "Era Key to the U. S. P.," whose object is to further the introduction and employment of the official drugs and preparations of our National standard, the United States Pharmacopœia, the eighth revision of which is now in force. The book comes in vest-pocket size and gives in a "nut-shell" all the essential information required by the physician who desires to prescribe pharmacopœia remedies—their official names, synonyms and constituent parts, with average doses in both metric and English systems. The idea of putting the essential information of the Pharmacopœia in so small a compass is claimed to be original with the publishers, under whose direction the little work was compiled. The busy physician will find it both helpful and suggestive in his effort to prescribe official pharmaceutical preparations.

*A Treatise on Diagnostic Methods of Examination.*—By PROF. DR. H. SAHLI, of Bern. Edited, with additions, by FRANCIS P. KINNICUTT, M.D., Professor of Clinical Medicine, Columbia University, N.Y.; and NATHANIEL BOWDITCH POTTER, M.D., Visiting Physician to the City Hospital and to the French Hospital; and Consulting Physician to the Manhattan State Hospital, N.Y. Philadelphia and London: W. B. Saunders & Company. 1905. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Octavo of 1008 pages, profusely illustrated. Cloth, \$6.50 net; Half Morocco, \$7.50 net.

We have been anxiously awaiting the publication of Dr. Sahli's great work in English. Its immediate success in Germany will certainly be repeated in this country, and the English-speaking profession owe to Messrs. W. B. Saunders & Company a debt of gratitude for their enterprise. Not only does the distinguished professor exhaustively consider all methods of examination for the purpose of diagnosis, but the explanations of clinical phenomena are given and discussed from physiologic as well as pathologic points of view, and with a thoroughness never before attempted in any clinical work. The examinations of the stomach, sputum.

feces, urine, and blood are exhaustively treated. There is an article from the pen of Dr. Theodore C. Janeway giving a brief review of the investigations of American and English observers upon the value of the clinical estimation of blood-pressure, with a description of some newly devised instruments. Some of the new features in the chapter on urine examinations are: Seliwanow's reaction for levulose, Bial's test for pentoses, and quantitative determination of urochrome after Klemperer. Osmotic pressure and cryoscopy of the urine are also discussed at length, and a description is given of Liebermann and Posner's method of staining urinary pigments. In the chemical examination much attention is directed to describing methods; and this is done so exactly that it is possible for the clinician to work according to these directions. The nervous system has been very elaborately detailed, giving unusual space to electric examination. Indeed, the American edition of this great work contains all the material of the new fourth German edition, with which it simultaneously appeared. Many new illustrations have been added by the editors. The work is indispensable to the practitioner.

*A Manual of Diseases of the Nose and Throat.*—By CORNELIUS GODFREY COAKLEY, A.M., M.D., Professor of Laryngology in the University and Bellevue Hospital Medical College, New York City, etc., etc., etc. Third edition, revised and enlarged. Illustrated with 118 engravings and 5 colored plates. Lea Brothers & Co., New York and Philadelphia.

This, the third edition of this practical work, has been carefully prepared and made to conform with recent advances in Rhinology and Laryngology. We notice that Chapter VII., on Diseases of the Accessory Sinus, has been entirely re-written. The work is certainly a compact manual which will be of great service to both practitioners and students.

*Photographic Atlas of the Diseases of the Skin.* Physician's Edition. In Four Volumes. A series of 96 plates, comprising nearly two hundred illustrations, with descriptive text, and a Treatise on Cutaneous Therapeutics. By GEORGE HENRY FOX, A.M., M.D., Professor of Dermatology, College of Physicians and Surgeons, New York; Consulting Dermatologist to the Department of Health, New York City; Physician to the New York Skin and Cancer Hospital, etc. Vols. I. and II. Philadelphia and London, J. B. Lippincott Company.

Dermatology is a department in medicine practised by all general practitioners. All cases have practically been through the hands of general practitioners before they are referred to the Dermatologist proper. How great is the need, therefore, for all



general practitioners to have a good working knowledge of this subject. In the two volumes of Fox's Atlas, we have been privileged to examine, will be found splendid plates and concise practical text. If the other two volumes, which complete the set, are in the same class as these, the entire work then will be one of the greatest practical value to all who practice general medicine. The work deals more with the commoner diseases of the skin, all the reproductions being of a life-like character. The volumes are exquisite models of the bookbinders' art; the illustrations, mostly full page, are simply superb. We believe that the entire work will be a great delight, pleasure and profit to all who possess it.

*Introductory Physiology and Hygiene.*—A Series of Lessons in Four Parts. Designed for use in the First Four Forms of the Public Schools. By A. P. KNIGHT, M.A., M.D., Professor of Physiology Queen's University, Kingston, Ont. Toronto: The Copp, Clark Company, Limited.

So far as this little work, designed for teaching children some practical points in hygiene and physiology, concerns itself with hygiene, it can be commended. Physiology is a subject, in our humble opinion which should not be taught to children, and, indeed, adults can gain no particular good from a superficial knowledge of their organs and functions thereof.

*A System of Physiologic Therapeutics.* By SOLOMON SOLIS COHEN, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College, Vol. VIII, Rest, Mental Therapeutics, Suggestion by FRANCIS X. DERCUM, M.D., PH.D., Philadelphia. Philadelphia: P. Blakiston's Son & Co. 1904.

The importance of rest in the treatment of disease is well recognized by the medical profession. Rest may be said to be the most general remedial agent in therapeutics. In the present volume the method of rest treatment known as "rest cure" is fully discussed and the method to be followed in neurasthenia, hysteria, and in allied neuroses is described in detail. The second part of the volume is taken up in discussing the therapeutics of mental diseases. This is an important subject and deserves more attention than is given to it at the present day. The concluding section of the book deals with the most interesting and important subject of suggestion. The influence of the mind in the etiology and on the course of disease deserves close study and, as a rule, the more familiar the physician is with these relations the more successful he is in practice. We can recommend this volume as a clear concise treatise on the subject considered in the text.

*Practical Massage in Twenty Lessons.*—By HARTVIG NISSEN, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brooklin Public Schools; Former Acting Director of Physical Training, Boston Public School; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D.C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 Original Illustrations. 168 Pages. 12mo. Price, Extra Cloth, \$1.00, net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The general practitioner will find in this concise book much good, practical knowledge on massage. The writer has had thirty years' teaching as a practical masseur.

*Manual of Diseases of the Eye.* By CHARLES H. MAY, M.D. Fourth edition, revised. New York: William Wood & Co.

This is the best manual we have seen for the use of students. The arrangement followed leads the reader by a common sense path from simple inspection to the more difficult problems, and each step is made plain. The Anatomy and Physiology of the constituent parts is placed in small type as an introduction to the discussion of each such part. No useless words are introduced, but the language is clear, free from ambiguities, and sufficient. The illustrations are unusually excellent. The result obtained by the author is an up-to-date text-book, sufficiently comprehensive to permit the student to arrive at a useful and fairly thorough knowledge of the diseases of the eye with a reasonable expenditure of the limited time at his disposal.

This volume should have a good sale among final students where diseases of the eye form an essential part of their examination for degree.

D. J. G. W.

*A System of Physiologic Therapeutics.* By SOLOMON SOLIS COHEN, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College. Vol. VII, Mechanotherapy and Physical Education including Massage and Exercise, by John K. Mitchell, M.D., Physician to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases; and Physical Education by Muscular Exercise, by Luther Halsey Gulick, M.D., Director of Physical Training in Public Schools of Greater New York. With 229 Illustrations. Philadelphia: P. Blakiston's Son & Co. 1904.

This, the seventh volume of Cohen's system of Physiologic Therapeutics, is devoted to the description of the methods and technic of massage and to exercise as a remedial agent. The value of exercise in physical education as well as in the treatment of diseases, as obesity, gout, heart disease, deformities, tabes dorsalis and infantile paralysis, is pointed out and the method to be followed in each disease is fully discussed. In the chapter on massage, after explaining the various methods and giving the indications and counter indications for its use, the author describes the technic in the diseases in which it is of therapeutic value. The text is well illustrated, which greatly enhances the value of the work to a practitioner. In the addenda chapters on orthopedic apparatus, corrective manipulations in orthopedic surgery (including "Lorenz method"), and on physical methods in ophthalmic therapeutics appear and form an important addition to the book.

# The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only \$2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

## EXECUTIVE.

President—R. W. POWELL, M.D., Ottawa.

Vice-President—J. O. CAMARIND, M.D., Sherbrooke.

Secretary-Treasurer—J. A. GRANT, Jr., M.D., Ottawa.

## SOLICITOR

F. H. CHRYSLER, K.C., Ottawa.

Send fees to the Secretary-Treasurer by Express Order, Money Order, Postal Note or Registered letter. If cheques are sent please add commission.

## PROVINCIAL EXECUTIVES.

ONTARIO—E. E. King, Toronto; I. Olmsted, Hamilton; D. H. Arnott, London; J. C. Connell, Kingston; J. D. Courtenay, Ottawa.

QUEBEC—F. Buller, Montreal; E. P. Lachapelle, Montreal; J. E. Dube, Montreal; H. R. Ross, Quebec; Russell Thomas, Lennoxville.

NEW BRUNSWICK—T. D. Walker, St. John; A. B. Atherton, Fredericton; Murray MacLaren, St. John.

NOVA SCOTIA—John Stewart, Halifax; J. W. T. Patton, Truro; H. Kendall, Sydney.

PRINCE EDWARD ISLAND—S. R. Jenkins, Charlottetown.

MANITOBA—Harvey Smith, Winnipeg; J. A. MacArthur, Winnipeg; J. Hardy, Morden.

NORTH-WEST TERRITORIES—J. D. Lafferty, Calgary; M. Seymour, Regina.

BRITISH COLUMBIA—S. J. Tunstall, Vancouver; O. M. Jones, Victoria; A. P. McLennan, Nelson.

# Dominion Medical Monthly

And Ontario Medical Journal

EDITORS:

GRAHAM CHAMBERS, B.A., M.B.      WALTER McKEOWN, B.A., M.D.

ASSOCIATE EDITOR:

T. B. RICHARDSON, M.D.

MANAGING EDITOR:

GEORGE ELLIOTT, M.D.

Published on the 15th of each month. Address all Communications and make all Cheques, Post Office Orders and Postal Notes payable to the Publisher, GEORGE ELLIOTT, 203 Beverley St., Toronto, Canada.

VOL. XXV.

TORONTO, NOVEMBER, 1905.

No. 5.

## COMMENT FROM MONTH TO MONTH.

A news item which appeared in our news pages in the October issue, which came to us from Winnipeg, stated that during the month of September there had been 229 deaths in Winnipeg, thirty-seven of which had been caused by typhoid fever, a disease which has been again rather too prevalent in the Prairie City this fall. Our attention has been called to this again by a clipping from the *Winnipeg Free Press*, in which one of our much respected subscribers quotes the *DOMINION MEDICAL MONTHLY*, and points out that although these deaths occurred, no mention of the fact was made that these cases of typhoid fever did not all originate in Winnipeg. Such being the case it is but fair to point out that Winnipeg is being unjustly treated when all these cases are spoken of as having originated in that city. There are, it seems, many cases which would never be brought to Winnipeg if it were not for the hospital facilities that the city affords. Having set this aright, we may be permitted to say that it is unfortunate for a progressive and thriving city, that every autumn it is visited by an epidemic of typhoid fever of enormous proportions. Experts have been called in for their advice, but all to no good end; and it appears alto-

gether quite probable that those in charge of sanitary matters in that province and city are quite competent to deal with the matter, and deal with it effectively and promptly if given a free and untrammelled hand. To one at a distance and not on the spot, after reading the reports, interviews etc., in the public press, it would appear that there are three prime things to be done in Winnipeg, namely, wipe out all box closets, establish a visible water supply and have the administration of all health matters in the hands of a competent board and health officer, altogether independent from aldermanic influence, which may be up to-day and down to-morrow.

---

Patients in the wards of most hospitals are divisible into four classes: Charity patients, who do not contribute anything themselves; public ward patients, who pay so much per diem; semi-private and private patients, who may pay all the way from \$7.00 per week to \$18.00 per week. Any one can present himself to most hospitals without enquiry and ask to be admitted to a public ward, a semi-private or a private ward, according to his own knowledge of his ability to pay. Most of the occupants of these, having paid for their week's board and lodging in advance, will then look around for medical or surgical attendance, which, as they are in a hospital, of course must be supplied by the institution gratis. Now, upon what financial basis is a hospital going to determine the ability of a patient to pay for these respective wards, because they are apparently for different grades or classes of society, that is from a financial standpoint. Where we have a hospital establishing the rule that all entering a public ward at say \$3.50 per week, which the patient pays himself or has paid for him, shall be attended by that physician or surgeon of the staff to whom he is allotted, without any fee whatsoever, and thus placing that patient in that respect on a par with pauper patients, who pay nothing whatsoever for themselves, but are paid for in part by the municipality, then a very grave injustice, an exceedingly serious injustice is being placed upon a class of men who, all the world over, are ever ready to stretch out a helping hand to the poor and needy who may require either medical or surgical advice or attendance. It is because of this noble principle inherent in the profession of medicine, which is dissociated altogether from any mere commercial gain, that the profession of medicine is imposed upon not alone by notorious sinners, but by men who are enlightened, intelligent, educated. Take for instance the case of a girl earning \$5.00 per week in a factory, and a girl earning \$12.00 per week in a counting-house. Are these two to be classed in the same category when admitted to a hospital? Manifestly the first cannot pay for either hospital maintenance or professional attendance. There is

no question that the second should not be admitted as a pauper patient. If she pays \$3.50 per week to the hospital, just what she pays for her board in her lodging-house, why should she get free treatment for an illness of six weeks say, when she is perfectly able to pay for medical attendance, which might amount to \$50.00, and pay for it in the course of the next five or six months. The chances are that she will not need a doctor's attention again for five or a dozen years. People do not get sick every year. There are some fortunate enough not to need a doctor for a dozen or more years. The thing is most absurd, is downright foolish and ridiculous and is most reprehensible, and especially so when it proceeds from business men, and more so when it proceeds from acknowledged successful business men. Hospitals were originally designed for the poor, to provide medical and surgical treatment for them, as well as nursing, and that care and attention necessary to promote good health which could not be obtained in their homes. A process of degenerating evolution, however, has taken place, for now they must be paying and profitable institutions. What right has a hospital, a great public charity, supported by governmental and municipal and private subscriptions, to be making money? What right has it to admit to its wards patients at \$3.50 per week when they are able to pay \$10.00 or more, and then establish a rule that because the patient humbugs them the doctor must also be gold-bricked? Did any one ever hear of a more silly abortion emanating from a business mind?

---

Albuminuria and eclampsia occurring during the course of pregnancy are ever of the keenest interest to those physicians practising the obstetric art. In connection with the cause of this condition, which is generally assigned to a toxemia, and which brings about renal insufficiency through a process of fatty degeneration of the renal epithelium, there are two items which apparently have not been taken into serious consideration. The first is the anti-marital renal condition of the primipara in whom most of the eclamptic attacks occur; the second is the subsequent condition in other paras. There must be a good reason for the incidence of eclampsia in primiparæ, but apparently it has not been sufficiently elucidated. Probably the most generally accepted view is that the resistance in the abdominal walls is greater in the primipara and hence the intra-abdominal pressure is also greater and its influence is thus exerted upon the renal veins. If this be the accepted view, there yet remains the fact that most obstetricians have practically no knowledge of the condition of the renal function prior to marriage and pregnancy; and it seems to be that along this line, some good work of an intelligent nature may be prosecuted in

future years. On the other hand, if the condition be due to a damaged kidney, why does not eclampsia develop in all subsequent pregnancies, which it does not? Here also is a field for investigation. So far as treatment is concerned, the proper treatment is preventive; but when an attack is precipitated, the standard treatment, morphia sulphate, gr.  $\frac{1}{2}$ , by hypodermic injection, seems to be the popular one at the present day. This is to be repeated if required until 2 grains are administered in the twenty-four hours. Veratrum viride is a drug which has been found of much decided value both in the United States and Canada, but practically not entering into the therapeutics of eclampsia in Great Britain. It certainly, however, has a place in the treatment of the eclamptic seizure.

---

The Canadian Medical Association will meet in Toronto on the afternoon and forenoon immediately preceding the British Medical meeting. The exact dates will therefore be the 20th and 21st of August, 1906. Probably the most important item to be discussed will be that of re-organization; and there should be a full and representative meeting for that alone.

---

The question of an Academy of Medicine for Toronto is being revived by Dr. I. H. Cameron. There seems to be no good, real reason why the three Toronto Medical Societies should not be united as such. Now that all meet in the Ontario Medical Library should be an incentive to amalgamate under one roof.

---

## Editorial Note.

---

Those members of the Canadian Medical Association who attended the Halifax meeting, particularly their wives, who have great reason to remember her kindness, will be filled with profound sorrow when they hear that Mrs. Eagar, wife of Dr. W. H. Eagar, of Halifax, died on the 9th of October. A bright and charming little woman, Mrs. Eagar endeared herself to all, because she was ever assiduous in exhibiting Halifax hospitality to the visiting members of the Association and their lady companions. We join in the kindly words of the *Maritime Medical News* in expressing our sincere sympathy to Dr. Eagar in his bereavement.



## News items.

---

HAMILTON, Ontario, is said to have four hundred consumptives.

THE late Senator Fulford left \$25,000 to the Brockville General Hospital.

HAMILTON, Ont., has collected about \$15,000 for a consumption sanitarium.

DR. WIGLE, of Warton, has been appointed a coroner for the county of Bruce.

DR. P. E. McLENNAN has removed from Nelson, B.C., to Vancouver, B.C.

DR. H. H. MOORHOUS, Toronto, has been appointed an associate coroner.

DR. NICKLE, of Mather, has taken the practice of the late Dr. Riddell, of Crystal City.

DR. JOHN WESLEY, Newmarket, Ont., has been successful in a suit for alleged malpractice.

THE Dominion Government will erect a detention hospital at Quebec, at a cost of \$60,000.

DR. E. R. FRANKISH, Toronto, has returned to resume his studies in London and Dublin.

THE death is announced of Dr. A. Holmes Simpson, brother of Dr. R. M. Simpson, of Winnipeg.

DR. J. B. COLERIDGE, of Ingersoll, has been appointed an associate coroner for the county of Oxford.

DR. G. W. ELLIOTT, of Winnipeg, has been appointed Canadian Medical Inspector at Ellis Island, New York.

DURING September there were 166 patients treated in the Provincial Royal Jubilee Hospital, Victoria, B.C.

DR. J. M. LENNEY, Winnipeg, has been appointed divisional surgeon to the Grand Trunk Pacific at Winnipeg.

DR. H. L. LARGE left Shelburne a few weeks ago for Calgary, Alberta, where he will practice his profession.

DR. A. H. MACKLIN has decided to leave Mildmay shortly to go to Godefrich and practice his profession there.

DR. F. MONTIZAMBERT, Director-General of Public Health, is in Victoria, B.C., on his annual tour of inspection.

THE Estate of the late Hart A. Massey, Toronto, has donated \$100,000 to the proposed new Toronto General Hospital.

DR. MULVEY, of Minto, Man., who has been taking a post-graduate course in Chicago, will reside in Crystal City, Man.

WINNIPEG Civic Council will submit a by-law to the rate-payers to raise \$150,000 for extension to its General Hospital.

IT is estimated that there are between 30,000 and 40,000 persons in the Dominion of Canada, affected with tuberculosis.

THERE is now \$979,000 promised for the Toronto General Hospital, but between \$1,200,000 and \$1,400,000 will be required.

DR. D. KING SMITH, Jarvis Street, Toronto, announces that he will hereafter devote his practice exclusively to Dermatology.

DR. J. H. BELL, ex-mayor of Kingston, Ont., has been appointed medical health officer in succession to the late Dr. Fec.

THERE were no cases of typhoid fever reported in Winnipeg on the 30th of October, so the disease may be said to be abating.

THE number of visits made by the Toronto Branch of the Victorian Order of Nurses during the past four months was 2,120.

DR. H. H. ALGER, of Stirling, and Dr. Wm. J. McKechnie, of Marmora, have been appointed associate coroners for Hastings county.

DR. E. S. TURNBULL, Branchton, Ont., McGill '04, has been appointed on the staff of the Protestant Provincial Hospital of Quebec.

DR. DUFF CAMPBELL, second son of Mr. D. D. Campbell, Listowel, has been appointed house surgeon of Harlem Hospital in New York city.

DR. BUCKE has sold out his practice in Kent Bridge. Dr. Bucke leaves shortly for Scotland, where he will take a post graduate course in medicine.

THERE were ten smallpox patients in the Toronto Smallpox Hospital during October, four were discharged and six remained in the institution at the end of the month.

DR. J. M. SHAW, of Keene, after nearly twenty-five years' continuous practice, will hand over his work to Dr. Harold Kindred.

DR. H. M. SPEECHLY, of Pilot Mound, Man., has been appointed a coroner in succession to the late Dr. Riddell, of Crystal City, Man.

THE Edmonton Hospital, "Misericorde," will soon be completed. The edifice will be four storeys high and will cover an area of 100 feet by 50 feet.

THERE were 278 cases of typhoid fever in Ontario during September, with 45 deaths. There were thirteen cases of small pox, with one death.

DR. W. H. PHILP, of Arthur, is leaving that village to locate in Wappayello, Missouri. Dr. Philp taught school in Mulmur some years ago.

DR. STEPHEN LETT, Guelph, Ont., one of the founders of the Homewood Retreat in that city, died in that institution on the 11th of October.

THE erection of the New Alexandra Hospital, Montreal, is proceeding rapidly. When completed it will have accommodation for 112 patients.

THE Ontario Board of Health will recommend two vaccinations hereafter, and will recommend that a statute be passed making same compulsory.

DR. GEORGE W. ROSS, son of the Hon. G. W. Ross, Toronto, has been appointed Pathologist and Registrar to the Victoria Park Hospital, London, England.

DR. CHARLES DOHERTY, medical superintendent of the British Columbia Provincial Hospital, reports 362 inmates in the institution at the end of September.

NOTRE Dame Isolation Hospital, which has been called St. Paul's Hospital, Montreal, will be open for cases during the present month. It cost over \$200,000.

OF the 4,952 deaths which occurred in Montreal in 1904, amongst the French-Canadian population, 2,855 took place in children under five years of age.

AMONG the provincial appointments gazetted recently was the following: "Dr. James J. Morrow, of Arthur, to be Associate Coroner for Wellington County."

DR. GEORGE D. PORTER, Bloor Street West, Toronto, has sold his residence to Dr. S. H. Westman, at present in Europe, and has taken a trip to the old country.

DR. FRANK BULLER, Montreal, one of the most famous eye and ear specialists of the world, died at his residence on the 11th of October. He was sixty-one years of age.

DR. HALDEN LOVE, late of Carleton Place Ont., but now of North Dakota, is reported to have lost the sight of both eyes through a gunshot injury whilst out hunting.

THE nurses at Grace Hospital, Toronto, will hereafter do eight hours of practical work in the wards, and have eight hours allotted for sleep and eight hours for study and recreation.

THE Victorian Order of Nurses of Canada now have sixteen districts organized, with seventeen hospitals. During the past year 6,000 patients have been treated by the Order.

THE Ontario Board of Health is sending out circulars reminding contractors, lumber and mining men, that they must provide for the presence of a medical man in all of these places.

AT the beginning of September there were 60 patients in the Vancouver General Hospital, and 60 were admitted during the month. Forty-nine were discharged cured and seven died.

DR. D. A. CLARK, of Uxbridge, has sold out his practice to Dr. J. R. Walls, of Oakville, and is moving to Toronto, where he will continue the practice of his profession at 121 Carlton Street.

DR. C. K. CLARKE, the newly appointed superintendent of the Toronto Provincial Hospital, was, on leaving Kingston, tendered a banquet by the medical profession and other citizens of Kingston.

THE total number of patients treated in the Winnipeg General Hospital during the week ending the 14th of October, was 379, of whom 262 were men, 76 women and 41 children. The out-patients numbered 103.

DR. CLAUDE FREEMAN, late superintendent of the Hamilton City Hospital, sailed on the 4th of November from San Francisco for Shanghai, where he has received an hospital appointment at Chung-King.

DR. CHESTNUT, of Winnipeg, is the recipient of a handsome silver service from his brother practitioners of that city, on the event of his marriage. The presentation was made by Dr. H. H. Chown.

MR. THOMAS McCORMACK, of London, Ont., has donated \$6,000 for the purpose of a seven-roomed cottage on the grounds of the Muskoka Cottage Sanitarium.

DR. ROLLINS, of Exeter, who has been suffering from rheumatism for some time, has gone to the sanitarium at Battle Creek Mich. During his absence his practice will be looked after by Dr. Malloy, of Toronto.

THERE were ten deaths from diphtheria in Toronto in October. There were two from typhoid fever and none from scarlet fever. The number of cases reported was, diphtheria, 83; typhoid fever, 38; scarlet fever, 11.

DR. J. E. N. DE HAITRE has gone to Sudbury to practice his profession. The doctor is a graduate of the University of Toronto, and has been House Surgeon at St. Michael's Hospital in this city for some years.

THE following Associate Coroners have been appointed: Dr. G. D. Farmer, Ancaster, for Wentworth county; Dr. C. C. Casselman, Huntsville, for Muskoka district; Dr. R. W. Rooney, Shelburne, for Dufferin county.

DR. A. JACKSON McLACHLAN, who has just finished his medical course, has accepted a good position as physician with a construction force on the new James Bay Railroad, with headquarters at New Liskeard, Ont.

THE Montreal League for the prevention of Tuberculosis will have an institution for the reception of patients, at Ste. Agathe, to be known as the Brehner Rest, ready for occupation by the 15th of May next. Dr. A. J. Richer, Montreal, will be the physician in charge.

A CONFERENCE is to take place between the Trustees of the Toronto General Hospital, representatives of Toronto University and the Ontario Government. The present Board, which consists of five members, will likely tender their resignations and a new and larger Board be appointed.

THERE were 275 marriages in Toronto in October, as against 249 for the same month last year. The deaths were 317, as compared with 264 in October, 1904. The number of births registered were 737, as against 391 for the same month of 1904. The cause of this was due to sending out of notices by the City Clerk.

FIFTEEN nurses were graduated from the Toronto General Hospital on the evening of the 20th of October. Miss Snively, the lady superintendent of the school, read her annual report, which showed that there were eighty-eight nurses in the institution—three probationers, seventy-eight undergraduates and seven post-

graduates. Dr. R. W. Bruce Smith, Inspector of Hospitals and Prisons, presented the diplomas and badges and delivered the address to the graduating class,

ST. BONIFACE HOSPITAL STAFF, WINNIPEG.—The newly organized medical staff of St. Boniface Hospital held a meeting on the 19th October at which Dr. O'Donnell was elected President, and Dr. Jas. McKenty, Secretary. The staff consists of the following members: Consulting physicians—Drs. O'Donnell, J. R. Jones, Wm. Rogers. Consulting surgeons—Drs. England, McArthur, R. McKenzie. Attending physicians—Drs. Lambert, Nichols, Chas. McKenzie, Peatman. Attending surgeons—Drs. Todd, McKenty, Lehmann. Attending physicians, children's ward—Drs. Davidson, Dubuc, Slater. Isolated hospital for infectious diseases—Drs. Devine, Halpenny, Gardner, Teney, Howden. Oculist—Dr. Good. Pathologists—Drs. Bell, McLean, Turnbull. Heretofore St. Boniface Hospital has been an open institution. It will be the part of the newly constituted staff to see that from a scientific point of view the hospital is made one of the best in the country, as its premises are already among the finest, by making suggestions to the Board of Directors

WINNIPEG MEDICAL ASSOCIATION.—The annual meeting of the Winnipeg Medical Association was held on the 6th October at the medical library, McDermot Avenue. The report of the Secretary for the past year was read, after which the election of officers for the ensuing year was proceeded with, the following physicians being chosen to direct the affairs of the Association for 1905-6: President, Dr. Gordon Bell; 1st Vice-President, Dr. E. W. Montgomery; 2nd Vice-President, Dr. J. R. Davidson; Hon. Secretary-Treasurer, Dr. Charles Woollard. Executive Committee—Dr. Mary Crawford, Dr. Hugh Mackay, Dr. A. D. Carscallen, and Dr. N. J. McLean. An Archives Committee was appointed to collect and preserve the records of the Association and the papers read before it, the members of this committee being Drs. Beath, Vrooman and Woollard. In connection with the reports, the statement was made that the membership of the Association is now ninety-seven. Interest in it was never greater and a year of considerable interest and usefulness is looked forward to. The Association regretted having to record the deaths of two members of the profession, Dr. Riddell, of Crystal City, and Dr. W. Andrew, of Winnipeg. The retiring President, Dr. E. S. Popham, addressed the Association, reviewing the events of the past year and the aims of the Association generally. Dr. Gordon Bell made a brief and neat speech of acknowledgment of the honor of the presidency conferred upon him. After the regular meeting the members present, on invitation of the retiring President, Dr. Popham, repaired to Schofield's cafe where a sumptuous supper was enjoyed.