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REPORT OF A CASE OF BILATERAL, CONGENITAL DISLOCATION OF THE HIP TREATED BY THE LORENZ BLOODLESS METHOD—A BRIEF REVIEW OF THE PRESENT STATUS OF THE LORENZ METHOD.*

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E. L., aged two years and four months. I first examined this patient on February 26th, 1903. The parents sought advice because the child's gait had been peculiar from the time she began to walk, and was not improving. The waddling gait and the characteristic deformity of a patient with bilateral, congenital dislocation of the hip were very apparent, and the diagnosis could be easily and positively made by examination. Fig. 1 is reproduced from an X-ray picture taken a couple of days before treatment was commenced. While this is an exceptionally clear skiagraph, it is unfortunate that it was taken with the limbs rotated outward, so that the head, neck and trochanter are viewed in antero-posterior perspective, which makes it difficult to appreciate the proper shape and true relations of these parts of the femur. The fact that the head of the bone is not in the acetabulum, however, can be seen with perfect distinctness.

Fig. 2 shows the position of right-angled abduction in which the limbs were placed and retained by the plaster-of-Paris dressing. This first dressing was not disturbed for six months,

* Read before the Ontario Medical Association, June, 1904.

when it was cut off and immediately replaced with the limbs in the position shown in Fig. 3. Eight weeks later the third and last dressing was put on with the limbs brought still nearer the natural position, as shown in Fig. 4. This final dressing remained on about seven weeks.

While the dressings were on the child was encouraged to stand upon the feet. While wearing the last two dressings she learned to walk after a fashion with a fair degree of freedom. She has now been going about without any dressing on the limbs

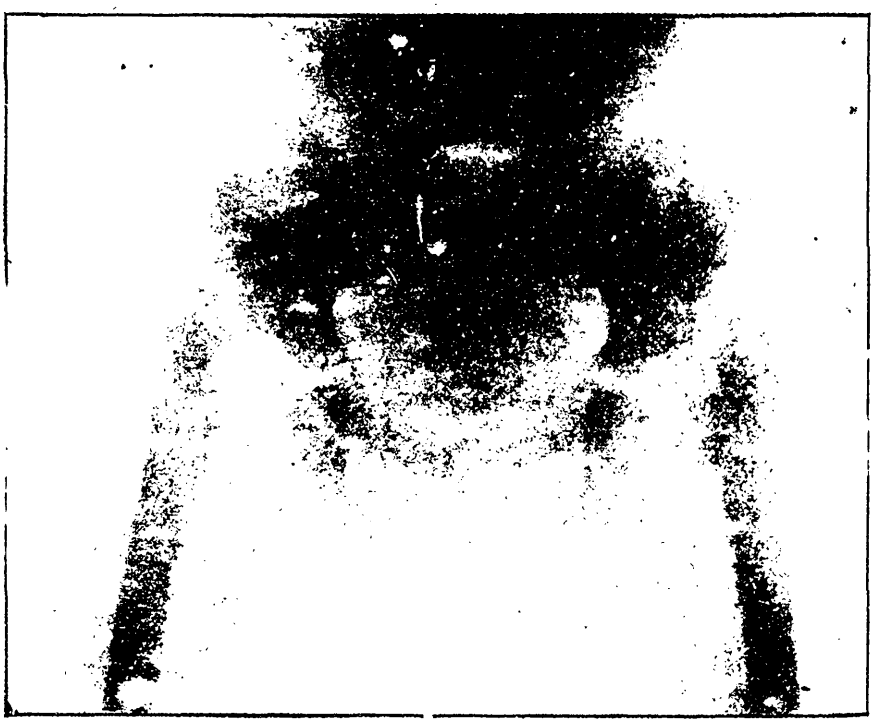

FIG. 1.

for nearly six months, and the X-ray picture shown in Fig. 5, which was taken two days ago, shows perfect anatomical replacement. The gait is improving all the time and will soon, I believe, be absolutely natural.

There is so much confusion and misunderstanding in the profession as well as among the laity regarding what has come to be known as "The Lorenz Bloodless Method" of treating congenital dislocation of the hip, that a brief review of the present status of professional opinion in relation to this subject may not be untimely.

Like most surgical procedures this operation must pass through a period of trial, and the experience of various operators in different parts of the world must be carefully reported, and the evidence derived therefrom judicially weighed before anything approaching final judgment can be arrived at. Inasmuch as this operation aims at the relief of a disability until recently regarded as practically beyond help, not to say cure, the importance of the matter is everywhere conceded; but unfortunately, it is likely to take an unusually long time before professional opinion can finally crystallize, owing chiefly to the relative rarity of congenital dislocation of the hip, which must make it ever impossible

FIG. 2.

for more than a comparatively small number of surgeons to gain any large amount of experience with it. It is only fair to state that Dr. Lorenz should not be held accountable for the exaggerated and extravagant claims regarding his methods of treatment, which for several months were so much in evidence in the lay press. It is the business of newspaper representatives to be perpetually hungry for news, and the altogether extraordinary circumstances under which Dr. Lorenz visited this continent, gave the press an exceptional opportunity, with the result that the reporters fully sustained their reputation for enterprise and inventive power. I personally saw and heard Dr. Lorenz refuse information to a representative of one of the Boston newspapers, who asked for a

copy of his address at one of his clinical demonstrations in that city in December, 1902.

At one of his clinics in New York City, Dr. Lorenz was asked specifically regarding the results claimed by him. In effect, he replied, that he expected twenty-five per cent. of cures in bilateral dislocation, and fifty per cent. in unilateral cases. By "cure" was meant practically perfect anatomical and physiological restoration of the joint. Of those that could not be "cured" in that sense, he claimed that the vast majority were greatly improved, the location of the head of the femur being so changed by the manipulations used in the operation that the functions of the joint were much more perfectly discharged. Using this statement of Dr. Lorenz as a starting point it remains to be seen how far the experience of other operators will justify the claims made.

FIG. 3.

Recently Ridlon, of Chicago, in a paper read before the New York Academy of Medicine, presented an extended review of this subject based upon an exhaustive study of results in ninety-four cases operated upon; these cases included a number of those operated on by Lorenz during his stay in Chicago. His conclusion is that of the cases operated upon by this method there will be about ten per cent. of perfectly stable and anatomically perfect replacements; about fifty to sixty per cent. of "good results," and twenty to thirty per cent. of failures. Under "good results" are grouped the cases in which an anatomical replacement has not been secured, but the location of the head of the femur has been so changed that improvement in function has resulted, the shortening being diminished, the limp lessened, and the characteristic deformity largely obliterated. This changed location of the

head of the femur usually means that anterior transposition has been brought about.

In the discussion which followed Dr. Ridlon's paper, Royal Whitman expressed the opinion that forty per cent. of the cases operated upon by the Lorenz method should be perfectly cured. Somewhat varying opinions have been expressed by other operators. Against Whitman's somewhat optimistic view it is interesting to balance the following statement by Walsham, of St. Bartholomew's Hospital, a surgeon of wide experience in general and in orthopedic surgery: "No one has yet demonstrated a definite and permanent improvement by this method, but it may

FIG. 4.

be held that the arrest of the increasing adduction is valuable." This quotation can be found on page 1150 of the last edition of Walsham's "Theory and Practice of Surgery," published last fall. It is well known that Lorenz was not enthusiastically received in England, but it is difficult to understand how such a pessimistic opinion could be arrived at by so able an observer as Walsham.

In a paper read before the American Orthopedic Association in Atlantic City last June, Prof. Albert Hoffa, of Berlin, Germany, claimed 30 per cent. of anatomical cures in unilateral cases, and 7.7 per cent. in bilateral, when operated upon by his bloodless method of reduction, which differs somewhat from the

Lorenz method. At the same meeting various members of the association reported results of treatment in a considerable number of cases treated by Lorenz during his American tour, and the general feeling was one of disappointment at the results secured. When at Philadelphia last June the writer saw a number of cases that had been operated upon by Lorenz and other surgeons, who

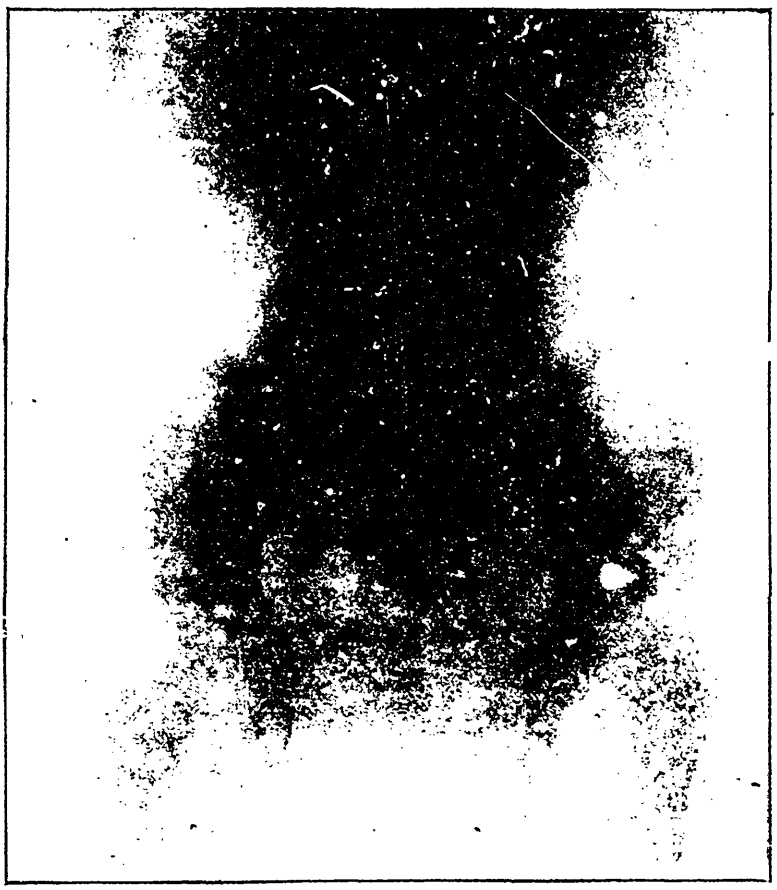

FIG. 5.

had followed his methods, and the average result was certainly disappointing.

Dr. Harry Sherman, of San Francisco, read a paper at the meeting above referred to, in which he very ably advocated operation by open incision, in preference to uncertain bloodless methods. He argued that we are not justified in submitting our patients to the primary dangers, and the subsequent prolonged after-treatment

of the Lorenz method when we know that not more than one in ten of those treated will realize a perfect anatomical cure. He was satisfied from his study of the anatomical conditions present in nearly thirty cases, upon which he had operated by open incision, that an anatomical cure was mechanically impossible by any purely manipulative method, except in a very small proportion of cases; and strongly urged that it was much better practice for the surgeon to open the joint, remove the mechanical obstructions to reduction, and thus work with certainty and precision.

Few operators on this continent have yet had sufficiently extended experience to reach final, independent conclusions. Without extending the scope of this paper so as to review the available evidence in detail I shall simply formulate a number of conclusions which I believe correctly represent the general trend of the most reliable professional opinion in regard to this important subject:

1. A certain proportion of cases of congenital dislocation of the hip are intrinsically incurable, owing to anatomical obstacles which are hopelessly beyond the surgeon's control. The acetabulum may be too shallow to retain the head in position; the head and neck of the femur may be so imperfect or deformed as to be quite unsuited for articulation; or there may be such contraction of the soft tissues as to form an insurmountable obstacle to reduction. The X-ray is of great value in many cases in determining the actual anatomical conditions.

2. Subcutaneous or open division of tendinous, muscular and ligamentous tissues which obstinately oppose reduction may be resorted to with benefit in certain cases when reduction by manipulation alone is impracticable.

3. In about ten per cent. of the cases treated by the Lorenz bloodless method, a perfect anatomical and physiological cure will be obtained.

4. In some of the cases of apparently perfect cure, redislocation may occur, even several months later. A repetition of the operation will be followed by ultimate success in some of these relapsed cases.

5. In probably sixty per cent. of the cases treated by the Lorenz method a true anatomical replacement is not secured, but an anterior transposition of the head of the femur is brought about. In a considerable proportion of these cases the condition of the patient is greatly improved, the shortening being diminished, the limp lessened, and the characteristic deformity largely or completely obliterated. In a word, there is a large and distinct functional gain.

6. The ideal age for operation is from three to five years. Under three years of age replacement is easy but the difficulty of

keeping the plaster dressings from becoming very foul is almost insuperable. After five years reduction is often very difficult, but success may sometimes be attained up to the age of thirteen years, and even beyond. Within reasonable limits the age of the patient *per se* has less to do with success or failure than the anatomical conditions in and about the joint in the individual case. One may fail in a patient of seven years and succeed in another of ten or twelve.

7. The operation usually is perfectly safe. Accidents have occurred, however, both in the hands of Lorenz and other surgeons. The possible accidents are thus summed up by Ridlon: Paralysis from over-stretching; fracture of the neck of the femur; fracture of the shaft of the femur; fracture of the ramus of the pubes; fracture of the ischium; tearing of the perineum; rupture of the femoral artery; gangrene from cutting off the circulation through stretching the femoral vessels. He somewhat facetiously adds: "There may be others, but these are sufficient for the surgeon who has experienced one or more of them."

8. The results in the cases operated upon by Lorenz himself and by his followers on this continent have on the whole proved disappointing.

9. Open methods of operation, which permit some of the obstacles to reduction to be discovered and removed, and which afford the surgeon the opportunity to satisfy himself that his manipulations have really placed the head of the femur in the acetabulum, are likely to be largely adopted in the future, the bloodless method being reserved for very young patients, and cases where objections to the use of the knife cannot be overcome.

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THE DIAGNOSIS OF MODIFIED SMALLPOX (SO-CALLED).*

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THE term "modified smallpox" given in the title is somewhat misleading, for heretofore the word "modified" has been reserved for cases of smallpox occurring in vaccinated persons only; it has, in short, been considered a synonym of varioloid. The continuance of variola in a mild form for the past five years has led to the application of the term "modified" to all cases where the course has been considered in any way atypical. By the setting up as a clinical standard a certain chain of symptoms, which has for many decades been considered diagnostic of variola, there has become engrained into medical practitioners the idea that these are the only symptoms which could be found in a case warranting the diagnosis "smallpox."

The infallibility of this doctrine has, like many other of the "sure things" of this world, been proved to be fallacious. Like others of the group exanthemata, we know, as indeed have all writers of authority upon the subject, that smallpox is capable of every degree of modification, from the initial stage through each successive stage, until that of complete recovery is reached.

That this long continuance of smallpox in so mild a form is perhaps unprecedented, is true, certainly, as far as modern medical history is concerned; but a careful study of the writings of those who have discussed the subject at any length, cannot fail to convince one that in outbreaks where the mortality was high, atypical (mild cases) were always to be seen. Most cases were severe, and so the description recorded corresponded with the type. In like manner one writing now would describe in detail the progress and symptoms of the type of case as observed, incidentally referring to the severe or very mild ones as atypical of this epidemic.

Again the modified cases have for the past one hundred years been considered as those upon which vaccination has had a controlling influence, and at this date to apply the term "modified" to a large series of cases upon which the beneficial effects of vaccination cannot claim to have exercised any modifying influence, is most misleading.

It is, therefore, preferable to consider all cases which occur in the unvaccinated as smallpox, no matter of what type, reserving the terms "varioloid" and "modified smallpox" for

* Read before the Ontario Medical Association (by request), June 15th, 1904.

those cases happening in persons who have derived any immunity from a successful vaccination or re-vaccination, or previous attack of smallpox. The possibility of an inherited immunity derived from vaccination in a line of ancestors as being a factor in the cause of the mild type characterizing the recent epidemic, is not substantiated by observations extending over the whole period of its presence.

For the past five years perhaps no subject has called forth more discussion than that of smallpox, chiefly from the fact that the mild type, which characterized the first cases of the disease, has been almost constant throughout that period. True it is that individual instances have not been wanting where all the virulent symptoms have been present, but these typical cases have been like oases in the desert, and their appearance has cheered the heart of many an anxious medical health officer, whose diagnosis had at last been confirmed, his hope being often realized that virulence would be followed by public alarm, which would result in precautionary measures being taken with more alacrity.

Before considering the differential diagnosis, the presentation of a brief review of the symptoms which have characterized the disease as it has occurred in Ontario, is desirable.

History.—Some five years ago the first cases appeared in Essex County, and in the following year the disease became widely scattered in the lumber camps of Northern Ontario before its presence was known. In both instances it came from the State of Michigan. At first considerable difference existed as to the diagnosis. By some it was considered to be chickenpox; while others were as confirmed in their opinion that it was impetigo contagiosa; and a number expressed the opinion that it was some new cutaneous disease without a name; and for a time, at least, the opinion was expressed that it was of a syphilitic character.

This latter opinion was, no doubt, due to the fact that male adults seemed to be the chief persons attacked, but soon it became apparent that it was not limited either by age, race or sex; and, although it spread somewhat insidiously, yet those unvaccinated became its victims when brought into contact with it. Usually it required more than a passing exposure, but frequently cases occurred where the contact was but slight. When it occurred in schools, unchecked, it was particularly interesting to observe that a period of several weeks would elapse between the appearance of the first case and the general outbreak, the first cases being those occupying seats contiguous to the initial one, it being clearly evident that the infection was of a mild character. A very noticeable feature, and one that was emphasized as the cases became more numerous, was the immunity of those who had been

vaccinated, the disease pursuing an almost unaltered course through thousands of unvaccinated persons, at times presenting slight exacerbations in those who, from personal susceptibility, developed the old-fashioned type of smallpox.

Climate and season.—The disease has continued from year to year, with a maximum number of cases in January, and a minimum in the summer months. The type presented no variation in the cold of winter as compared to those happening in the heat of summer.

Contagiousness.—It would appear that the virulence of the contagion is in direct relationship to the severity of the attack. During the early stages preceding pustulation, the infection is not as great as subsequently, and the mere entering a room or house wherein is a mild case during the pustular stage, is not always followed by an attack. Often persons live for weeks in the same house with a mild case before they develop it. I have not known of a case due to convection; indeed, on this point I am somewhat sceptical.

Incubation.—The usual period of twelve full days from the date of one receiving the specific infection of smallpox is, as a rule, the correct one; but the exceptions have been so numerous during the past five years, where fifteen, sixteen and eighteen days have elapsed, that for mild cases the period may safely be extended to fifteen days. For the reason of prolonged incubation, the period of quarantine has been extended to eighteen days, and in some of the neighboring districts three weeks is the statutory period.

Initial symptoms.—While in many cases the onset, although slight in character, is often sudden, yet many patients have suffered so little discomfort, that it has been hard for them to fix any time for the onset. Mild and insidious, indeed, have been his prodromata, from a passing malaise to headache and backache, accompanied by nausea and vomiting; children and adults alike have had the same experience, and the latter have often followed their usual occupation throughout the whole progress of the disease. Many have described this group of symptoms as simulating la grippe more than anything else. The temperature has averaged from 100 F. to 102 F., while the instances have been as many below the minimum as above the maximum quoted.

The fever continues, as a rule, for twenty-four hours to seventy-two hours, although it frequently passes unnoticed by the patient; the temperature drops to normal or subnormal with the appearance of the eruption, and thus ends for many their sickness, and the usual occupation is resumed. Because the onset is severe it does not follow that the attack will be severe, nor

does it hold true that the mild onset will be followed by a slight attack.

The Eruption.—This appears from a few hours to seventy-two hours after the onset, and consists, in the first instance, of minute red macules that disappear on pressure. They are not hard to the touch nor perceptibly raised above the surface. The distribution conforms very much to that of the more severe type of the disease, being more marked upon the face and extremities than on the trunk. Often within a few hours the maculæ become papules, when the shotty feel is first noticeable. This is frequently the first stage noticeable in mild cases, and this time some of them may show distinct signs of beginning vesiculation. Thus it is stated by the patient that they began as vesicles, whereas the correct way to state it would be, the eruption was first noticed when vesiculation began. This is a fruitful source of error in diagnosis, and leads the practitioner to call the attack one of chicken-pox.

The rash may appear in one crop, but more frequently, even in very mild cases, from one to three days may elapse before it has fully come out.

During vesiculation, which continues for about three days, rarely five, as seen in previous outbreaks, the rash increases in size until many of them become as large as a pea, pearly in appearance, and either filled or partially filled with serum. The more typical will be found to be multilocular and different to the others; will not collapse on being transfixed by a needle. Some, but not all, of the vesicles will present umbilication.

The change to a pustule may begin as early as the fourth day, and usually, in most cases, is markedly noticeable on the fifth day. The rash on the face, usually shrinking and drying up into thin crusts, is shed from the face and neck often as early as the tenth day. Not so, however, is the course of the lesions on the other portions of the body and the extremities. The course here is prolonged, and the pustules present a more typical appearance, and on the sixth to the eighth day of the eruption there will be found a circular pustule presenting a dome-shaped appearance, and surrounded by a marked areola. These pustules shrivel, and subsequently rupture or are broken, and the contents form a dry crust, or they become inspissated, presenting a brownish appearance. Particularly is this the case in the feet and hands, where the epidermis is thickened. The stage of incrustation continues for a longer period in the latter case than where simply thin crusts form. In the majority of cases there is no dermatitis, and if present, is but slight. Intumescence, if present, is not only slight in degree but is evanescent in character, and lasts for two or three days.

The average duration of this atypical form of smallpox is slightly under twenty-one days. The chief difficulties met with have been as follows: 1. The frequently mild form of the onset. 2. The abortive character of the eruption, as observed chiefly on the exposed parts. 3. The entire absence of constitutional depression after the appearance of the rash, thus permitting of many persons resuming their usual calling. 4. The absence of secondary fever, even in more markedly typical cases. 5. The extreme mildness of the infection, as shown in many instances. 6. The brevity of the period of isolation as compared with former outbreaks. These, and possibly a few others of a minor character, have thrown many a physician off his guard, and led in the past to rather widespread outbreaks in some portions of the Province.

Of the foregoing, the abortive character of the eruption is the greatest source of diagnostic mistakes, for it is found that the eruption, when once out, does not pass through the successive stages even in an imperfect manner, but it pursues an abortive course; given a case with a definite number of maculæ, there will be found to be an aborting of numbers of these, the remainder developing into papules, of which in turn, a number will also abort before becoming even slightly pustular. It will be further found that the papules have developed into solid conical elevations, crowned by small vesicles containing sero-purulent or sero-sanguino-purulent fluid, which vesicles desiccate early, leaving the solid portion which remains for some time as a warty-like excrescence of the skin. This is most frequently noticed on the face, but disappears without leaving any permanent disfiguration.

The size of the pustules or the aborted vesicles will be briefly referred to before leaving this portion of the subject. Usually circular in size and of the size of a split pea, yet in many instances it is found that the greater number are smaller in size, some not larger than a good-sized pin-head. The apex of many will present a dark appearance similar to an acne, though without any marked dermatitis or intumescence. In such cases some few typical pustules will be found, possibly, on the abdomen or extremities or along the hair line. Again, early rupture of the vesicles or pustules produces, where such has occurred, an irregular outline, somewhat simulating chicken-pox.

The affections with which smallpox of the present type has been, and unfortunately still is, most frequently confounded, are chicken-pox, impetigo contagiosa, pustular syphiloderm, urticaria papulosa and acne. Of these chicken-pox is the most common, chiefly owing to the fact that the premonitory symptoms have been so mild that the patient has misrepresented them to the physician; and coupled with these mis-statements there is found

on looking at the exposed parts only a few, often only one or two, abortive vesicles or pustules. The examination is not pushed any further. Both parties concerned are satisfied; the patient particularly so from the knowledge of the fact that isolation will not be necessary, although he may be well aware that had the physician stripped him, an altogether different condition of affairs would have been found on the "hidden parts." The blame is in most instances to be laid at the door of the patient rather than at that of the medical attendant for the mistake, for had the one been honest, the other would have been more painstaking in his examination. In smallpox, believe nothing you hear, doubt much you see on first appearances, but carefully note all that the surface of the body has to reveal to both touch and sight.

The chief characteristics which distinguish chicken-pox from the present mild form of smallpox are: 1. It is a disease chiefly confined to childhood, being only occasionally seen in adults. 2. It rapidly runs its course in a week, passing through the stages of pimple, vesicle and scab often within a few hours; certainly within twenty-four hours after the first appearance of the papular rose spot the vesicle develops. 3. The premonitory symptoms are but slightly marked; indeed, are frequently wanting altogether. 4. The temperature accompanies or follows the appearance of the rash. 5. The vesicles of chicken-pox are ovoid or irregular in appearance, and attain their maximum development much quicker than do those of smallpox. 6. The eruption, as a rule, appears first on the portions of the body covered by clothing. 7. After the crusts fall off they leave a red instead of a pigmented spot.

With these marked differential symptoms, it must be stated that many cases of smallpox of the present type occur, making it extremely difficult to correctly place them.* "It may, however, be stated in a general way, that a mildly febrile eruption, appearing without prodromal symptoms, being distinctly vesicular from the beginning, and commencing to desiccate on the second or third day, should be regarded as chicken-pox; and on the other hand, an acute exanthem, preceded by an initial stage of forty-eight hours, in which the temperature was distinctly elevated, beginning as papules and ending in vesicles and vesico-pustules, even though the period of evolution be short, should be regarded as smallpox."

Impetigo Contagiosa.—The chief points in the differential diagnosis of this disease are: 1. It is a skin affection, rarely accompanied at any stage of its progress by an elevation of temperature. 2. There is no initial stage. 3. It does not begin as a papule, but as a vesicle, or vesico-pustule, or growth of the

* Wm. W. Welch, M.D., *Philadelphia Medical Journal*, Nov. 18th, 1889.

same upon an apparently normal skin. 4. It appears chiefly on the face, head and hands—the exposed parts. 5. It is usually unsymmetrical and superficial, and spreads from the periphery, often attaining the size of a ten-cent piece. 6. The crusts are of differing degrees of thickness, are varied in color from straw to a brownish hue. They are friable, crumbling very easily. On removal, the base is covered with pus, which on healing leaves no scar. 7. Fresh inoculation may occur in the same individual, the infecting material being generally carried by the finger nails to any part of the skin.

Pustular Syphiloderm.—Although few mistakes have arisen from the diagnosis of cases of smallpox for pustular syphiloderm, yet there is a greater resemblance between these two diseases than is generally supposed. This stage of syphilis is ushered in by fever and accompanying pains and aches, very similar to smallpox. There then follows the papular eruption, which subsequently ends in the pustule. The chief distinguishing points are: 1. The absence of the shotty feel of papules. 2. The formation of small vesicles at summit of the papules. 3. The large indurated base of the vesicles. 4. The appearance of the rash in successive crops. 5. Umbilication is absent. 6. The tendency of some of the lesions to ulcerate. 7. Examination reveals other symptoms of syphilis. 8. A history of the initial syphilitic lesion is confirmatory.

Urticaria Papulosa.—In this disease the papules are small, the size generally of a split pea; in color a dull white. They attain their full size in one to two hours. The initial symptoms are absent.

Acne.—This skin affection occurs chiefly at puberty, and the chief points in the diagnosis are: 1. The absence of initial symptoms. 2. The pustules are acuminated with a black central dot or comedo. Base is indurated. 3. The face, shoulders and back are chiefly affected. 4. The rash will be found in all stages in the different portions of the body. 5. The chief diagnostic difficulty is found in the rash as it affects the face, as in these mild cases it often simulates acne. An examination of the whole body will assist in clearing up the diagnosis. There is no necessity to refer to the rashes which happen in the initial stage, for in this type of smallpox they do not occur.

A CASE OF GASTROSCHISIS OR FISSURA ABDOMINALIS.*

BY JOSEPH H. PETERS, M.D., HAMILTON, ONT.

THE specimen presents the condition known as gastroschisis, or fissura abdominalis. The abdominal organs have no covering, except the peritoneum and the chorion and amnion continued from the placenta. There is a hernia of the liver and intestines, if not more of the abdominal organs, into the sac so formed. The pubic bones do not unite in the middle line. There is complete absence of the anterior wall of the bladder, and one can see its posterior wall continuous with the skin. Just posterior to the bladder will be noticed a projection of mucous membrane, which is found to be the rectum slightly prolapsed. The genital organs are completely absent with the exception of a rudimentary scrotum, which is cleft, each lateral half being attached to the corresponding nates. It will be noticed that the right leg is rotated inwards through an angle of 180 degrees, so that the foot looks directly backward. There is a spina bifida in the lower dorsal region.

It will be remembered that in the process of development, the visceral arches (splanchno-pleures) grow forward, and for the most part coalesce in the middle line. The neural arches unite behind in a similar fashion. Non-union sometimes occurs and gives rise to various forms of clefts, such as those illustrated by this case.

The incomplete closure is said to be caused by the abnormal protrusion of the viscera, preventing closure in front. "The cause of such protrusions may be dropsical accumulations, more especially in case of the thorax and abdomen, but it may be due to interference, by adhesions, or otherwise, of the amnion or allantois."—*Coates.* The child was alive at birth.

*Read at the Ontario Medical Association, Toronto, June, 1904.

Selected Articles.

PROGRESS IN THE TREATMENT OF ECZEMA.

BY PROF. KROMAYER, BERLIN.

THE province of eczema treatment shares with the remaining provinces in therapeutics, the questionable lot, that at brief intervals new remedies or novel compositions are ever being advanced and recommended as particularly effective in their action. In spite of these recommendations, however, but few remedies have been proved to represent real progress. The majority have met with a well-merited fate: in a short time they have become forgotten and been replaced by new ones.

As against all these passing appearances, which prove the need of a new system of treatment, there stands fast, like a *rocher de bronce,* the old method of the Hebra school: Hebra ointment, tar, sulphur and soft soap (sapo viridis). Not that I mean to say, there has not been considerable progress made in the treatment of eczema since Hebra's time, quite the contrary; but despite such progress, the Hebra treatment in all essentials has maintained its position; it constitutes, as it were, the foundation upon which later improvements have been built up, without, however, rendering the foundation either unnecessary or superfluous.

If, therefore, the progress which has been made in eczema treatment is to be rightly judged, we must go back to this foundation and get a clear idea of the principles upon which the Hebra treatment is based; and it is, of course, a matter of indifference, whether Hebra himself worked according to these principles, or whether he, our most genial clinical dermatologist, created the treatment, as a poet his song, without any theoretical speculations.

At all events, I am unable to discover in Hebra's works any theoretical expositions on the point. Nevertheless, such are not to be dispensed with, if we wish to arrive at a proper understanding of the treatment of eczema.

There are three principles underlying the treatment of eczema:

1. *Removal of the irritation of the skin.*—All inflammatory

processes which have not yet brought about any considerable alteration in the histological structure of the skin, are again reduced to the normal (acute eczema).

2. *Removal of the chronic inflammatory processes* (which have led to deep-seated alterations in the histological structure) by means of a reducing agent (chronic eczema).

3. *Destruction of the tissue-changes* which do not return to the normal, either through removal of the irritation of the skin, or by means of a reducing agent (chronic eczema, obstinately complicated with acute, inflammatory outbursts).

If we consider these three indications which come in question in the treatment of eczema, and the progress which has so far been made, we shall not only obtain a clear opinion of them, but also be able to judge their value in the treatment of eczema itself.

1. *Indication of the removal of the irritation of the skin.*—For this indication we find Hebra employed: water dressings, dressings treated with ointment, and dusting with powder. An essential improvement has been the introduction of ointments, which, as is well known, were first recommended by Lassar; whilst the mulls treated with ointment, as proposed by Unna, have not been able to maintain a permanent position, and painting with gelatine, as recommended by Pick in the treatment of eczema, has been given up after a very short time.

Ointment, as prototype of which I may cite Lassar's (zinc oxide 10, amyl 10, vasel. 20), protects the skin better, not only from external injuries, by reason of its very suitable consistency, but it is also far better adapted to absorb the secretions, so that the ointment treatment must be regarded as a great advance. Furthermore, the ointment is perfectly adapted for absorbing the medicaments in solid, soft or liquid form, so that it likewise forms an extremely convenient method of application for all medicaments.

2. *The second indication*, removal of chronic inflammatory alterations (inflammatory infiltrations), is effected, according to Hebra, essentially by means of tar, soft soap and also red or white precipitate-ointment. Strange to say, Hebra thinks little of sulphur in the treatment of eczema. To understand this, it is necessary to make a further division of "chronic eczema," under which we generally understand two altogether different conditions:

1. Acute eczema, which has persisted for a considerable time, and by frequent recurrences has caused chronic inflammatory infiltration of the skin, whereby the latter has become thick, red and swollen.

2. True chronic eczema, which from the commencement appears as red, scaly papulæ, and which is variously designated seborrheic, psoriatic, or parasitic eczema.

Whereas the first group of eczemas is, it is true, but little, if at all, accessible to treatment with sulphur, the latter is one of the chief medicaments for the group of so-called "seborrheic" eczemas. Tar, on the contrary, has its domain in the first group of chronic eczemas. This is a distinguishing feature in the application of tar and sulphur, which should be clearly understood, since other medicaments in their action are grouped around these two remedies, and it is in this direction that much progress has been made in therapeutics.

As tar, owing to both color and smell, is disagreeable to the patient, many attempts have been made to find a substitute, but without complete success. The derivatives of tar: phenol, naphthol, salicylic acid, greatly allay irritation, and in this respect render admirable service also in eczema, especially in a cooling ointment of the following composition:

R Naphthol,
Acid. Carbol.,
Acid. salicyl .....aa. 0.5—1.0
Lanolin,
Vaselin. alb. amor.,
Aqua dest.....aa. 30.0

Nevertheless, there is not the reducing action on the inflammatory infiltrated connective tissue. The same must be said of tumenol, which is likewise only a good palliative for the itching irritation. The experiments hitherto made with a view to improving the tar itself have also been but partially successful.

The preparations from pit-coal tar, by their number alone, show that they have not fully met the reasonable demands made of them: liquor carbonis detergens, liquor anthracis simplex, tinctura lithantracis (Leistikow), solutio lithantracis (Sack), liantral (Troplowitz).

Recently, a really great advance in the purification of tar, and thus in the tar treatment, appears to have been made, Veith having succeeded in distilling both from pit-coal and wood tar, a colorless product, *anthrasol* (Knoll),* which, according to my observations (extending over a period of nine months), proves admirable in its purely tar effect. The absence of color is not only agreeable to the patient, but also no small advantage to the physician, since he can observe the action of the tar with much more exactitude, and can far more readily remark any irritation on the just commencing redness, not hidden by any brown color.

*A. Sack, M.D., Ph.D., and H. Veith, Ph.D. *Munchener Med. Wochenschrift*, 1903, No. 18
Dr. Sack, *Allg. Medic. Centralzeitung*, 1903, No. 44.
Report of the Eighth Congress of the German Dermatological Society, Sarajevo. *Monatshefte fur prakt. Dermatologie*, Vol. 37, No. 9, p. 390.
Dr. Veith, *Therapie der Gegenwort*, 1903, No. 2.
Karl Hercheimer, M.D. (Senior Physician, Station for Skin Diseases, Municipal Hospital (Frankfort-on-Main). *Deutsch. Medic. Wochenschrift*, 1904, No. 5.

With the second group of chronic eczemas (seborrheic and psoriatic), the therapeutic progress which has been made since Hebra, has been much more considerable; here pyrogallic acid and chrysarobin have made a triumphal entry. With them or their derivatives, especially eugallol, with its pronounced action, cures in these forms of eczema can be effected so quickly, that sulphur would appear to be altogether left in the shade. And yet sulphur cannot be altogether dispensed with: it works much slower and more quietly, but, on the other hand, it has not the disagreeable properties of the two new medicaments, viz., their poisonous character and tendency to slightly irritate.

A special province remains for it, viz., that of seborrhea, pityriasis, acne. The following preparations exhibit essentially the action of sulphur: ichthyol, thiol, thiocol, but without having any essential advantages over sulphur itself, and thus not constituting any appreciable progress in the treatment.

3. The most difficult is the third indication, in which case Hebra has recommended liquor potassæ and soft soap. It is here generally a case of extremely irritating eczema, which has persisted for a long time, failing to give way under the ordinary treatment adopted for the removal of the inflammation, since the tissue-changes have already progressed too far. Even the reducing treatment with tar and its substitutes cannot here be usefully employed, as they are liable to cause further irritation. For this obstinate eczema, which is exceedingly difficult to treat, and in which the red, infiltrated, edematous skin usually exhibits numerous superficial or deep-rooted vesicles, running places and scurf, Hebra reserved as *ultimum refugium* liquor potassæ, with which in 30 per cent. solution he cauterized the whole of the eczematous surface, and thus simply destroy the, for the most part, altered and inflamed tissue. Such cauterization must be undertaken several times, at intervals of one week, before it is of any definite effect, as, even after the cauterization, new inflammatory outbreaks take place. One of the chief advantages to be noticed immediately after the cauterization is the disappearance of the tormenting itch, since the liquor potassæ destroys the covering of the vesicles, so that the inflammatory secretion can escape and run over the surface of the skin.

Since this cauterization, however, is attended with no inconsiderable pain, Hebra, before having recourse to this extreme measure, first employed soapy ablutions, by means of which he likewise disturbed the covering of the vesicles, naturally without producing so intense a cauterizing action.

So excellent the prescriptions of Hebra are in themselves, they have one drawback, which was acknowledged by him himself, viz., that the application is by no means easy, and that a

certain degree of experience is necessary to apply the cauterization and the soapy ablutions at the right moment and in the proper strength. Otherwise, these measures may bring about irritations and change for the worse.

These are the reasons why Hebra's method has not found its way into ordinary practice, at all events, not amongst general practitioners, and, so far as I am aware, not even among all specialists. There is thus a real want in the therapeutics of eczema, and it is owing to this void that all other, however well-chosen, measures in the treatment so frequently fail.

This want has been met in recent years by lenigallol.* This is a chemical compound of acetic acid and pyrogallic acid. It is a white powder, insoluble in water, which, in contact with the diseased skin, gradually splits up into its compounds, acetic acid and pyrogallic acid, by reason of the former exercising a slightly macerating effect, and owing to the pyrogallic acid having a mild, cauterizing action. This latter action, however, is so slow and moderate that no pain or irritation is caused. Lenigallol is usually applied in 10 per cent. zinc ointment:

℞ Lenigallol (Knoll).....10.0
Past. zinci..... ad 100.0

and is used in the same manner as the latter. As lenigallol is not decomposed on the healthy skin, it exercises no irritant action on such. Hence it is that, in spite of its cauterizing action, it belongs to the almost non-irritant remedies, and can thus be employed in all cases where there is danger of irritation being caused by other cauterizing agents

Owing to these properties, it is a remedy *par excellence* for eczema, where all irritation must be carefully avoided. All eczemas, with the exception of acute, irritant eczema, can be treated with lenigallol.

Its most brilliant action is seen naturally in those cases where, on chronically altered and inflamed skin, acute inflammatory outbursts are ever making their appearance anew; that is to say, where, in addition to the thickened skin, there are running places, vesicles and scurf, where an excruciating itching always tempts the patient to scratch, thus calling forth a new outburst of inflammation. In such cases lenigallol acts like magic. Whereas the patient, in consequence of the persistent itching, for weeks and months can get no sleep at night, rest is obtained after the first application of a dressing with lenigallol zinc ointment. When the dressing is removed after twelve hours, innumerable brown and black places, spots and points on the skin

*Prepared by Dr. Veith, chemist to Messrs. Knoll & Co., Ludwigshafen-on-Rhine, and introduced into dermatological practice.

will be observed, where the lenigallol has been decomposed and has exerted a mild cauterizing action. On the eczematous province the irritation is allayed; whereas, otherwise, one is shocked at the effects caused through the patient scratching himself, and through the signs of a new outburst of inflammation the acute inflammatory swelling will now be seen to be diminished, the province of the eczema is more sharply defined, the scurf readily loosens, the wet places become dry. After the lenigallol treatment has been continued for some days, for the purpose of increasing the cauterizing action and rendering it more permanent, the lenigallol will have done its work. It is not advisable to continue the lenigallol treatment for any great length of time, as finally, in consequence of the liberation of pyrogallic acid, irritation may be caused, and for the treatment of this eczema there are other steps to be taken before cure is effected.

I have already stated several times, that the first group of chronic eczema comprises acute and chronic processes of inflammation. When the acute have been overcome by means of superficial cauterization with lenigallol, it remains to remove the chronic processes with the aid of tar.

This can be done by employing, instead of lenigallol zinc ointment, a tar zinc ointment:

Anthrasol (Knoll).....10.0
Past. zinci. .....ad 100.0

or by continuing the lenigallol treatment, but at the same time applying tar, by means of the following ointment:

℞ Lenigallol (Knoll)..... 10.0
Anthrasol..... 10.0
Past. zinci..... .....ad 100.0

D.S. Lenigallol anthrasol ointment, only concluding the cure with the tar treatment, gradually increasing in strength.

This therapeutic scheme suits nearly all ordinary eczemas, as the majority consist of chronic and acute inflammatory changes, with the sole difference, that in the one the chronic and in the other the acute symptoms predominate; and that in the one considerable, and in the other slight, irritation is present, which, of course, must be carefully observed in treating.

If, during the tar treatment, new outbursts occur, the tar must be desisted from, and the lenigallol treatment again commenced, the tar only being returned to cautiously later on.

In this manner, the treatment being adapted to the various individual requirements, even the most obstinate eczemas can be cured, such as hitherto could not be done without the aid of liquor potassæ.

Naturally lenigallol is no panacea. As it practically acts only on the surface, deep-rooted alterations are not reached by it. Vesicles and pustules which have formed beneath a thick corneous layer, remain uninfluenced, as the horny layer is not penetrated by the remedy. If cauterization is here to be undertaken, resource must be had, after all, to liquor potassæ.

But even in these cases a preliminary treatment with lenigallol is of the greatest value, as all superficial inflammatory processes are in this manner cured, and the field thus prepared for the more convenient and certain application of liquor potassæ. For the latter now no longer has to attack the superficial seat of inflammation and eat deep holes, but penetrates gradually into the deeply located seat of inflammation and destroys the parts there, where the fresh outbursts and recurrences most frequently commence. The action of the liquor potassæ is rendered much more intense and thorough, but at the same time less extended and painful, and thus more certain in its effect.

Every physician who has had experience in the treatment of eczema, knows that there is no other cutaneous disease in which it is so important to have the parts under strict observation, and to control the course of treatment; knows that definite prescriptions for the treatment even in any particular case, can only be given for a short time. Here it is necessary, as in no other skin disease, in each case to observe continually how the skin reacts to the therapeutic measures adopted. That physician will be best able to cure eczema who is best in the position to observe and judge the effect of the treatment.

If, therefore, in the above I have endeavored to set forth a scheme of treatment in eczema, it is only intended for quite general application, since it must be modified to suit each particular case.

I am, therefore, of opinion that it may be profitable to describe a concrete case, which was a difficult one to treat and frequently led to total changes in the treatment, but which, for this very reason, is instructive and to a certain degree typical.

F. K., railway official, 50 years of age, suffering from eczema for over six months. Status: both hands and forearms, both thighs and legs, attacked *in toto,* and in patches, the back and head (well haired). Taken into my private clinic. Character of the affection: arms and legs much swollen and edematous, intensely red and bluish red (legs), surface covered, for the most part, with dirty, crusty scurf, partly running, partly drier, scaly, places covered with the effects of recent scratching.

Treatment.—I should have preferred to have put the man into a bath at once, in order thus to soften the scurf, scales and dirt in the mildest manner; since, however, the affected parts

were very extended, and would be converted from dry, and at all events crusted over places, into running patches, whereby general irritation might easily be caused—and I was, as yet, wholly ignorant of the condition of the patient's skin—I decided to proceed with caution, and commenced the treatment on the same evening by application of a dressing with lenigallol zinc ointment. Next morning, the whole of the parts effected were cleansed with liquid paraffin; the crust, as far as soft, removed; dressing renewed. This treatment continued for four days in succession, morning and evening. The result was brilliant; the itching almost entirely ceased; the edema disappeared with the exception of mere traces; the skin dry all over, and now that the edema is gone, it can be seen how intensely infiltrated and thick it is. On closer observation numerous groups of vesicles can be seen, especially on the backs of the hands.

On the fifth day of treatment: Bath and ablution with soap, for the purpose of disturbing the covering of the vesicles, thereupon anthrasol in lenigallol zinc paste. Evening, dressing renewed, result good, no irritation.

Sixth day of treatment: The same; result good, no irritation.

Seventh day: Same treatment. Evening, irritation. The patient had, during the day, for the first time left the clinic, and, in view of the fine weather, had made a walk, had perspired, and scratched himself. Evening, dressing renewed, only with zinc ointment.

Eighth day: Irritation persisting; cooling zinc ointment of the following composition: lanolin, vaselin, paste zinci, each 30.0; aceti, aqua, each 15.0.

Ninth day: Irritation less, but still considerable itching. Patient longs for bath, which is allowed. After the bath, immediately rubbed over with cooling zinc ointment. Notwithstanding this, increased irritation, which only disappears after two days under treatment with cooling zinc ointment and wet dressings with acetic acid clay (1:200).

Eleventh day: Previous experience thus shows that the skin of the patient is extremely sensitive, and inclined to prolonged irritation, so that great caution is requisite in the treatment. Very characteristic, also, is the fact that once the irritation has arisen, the skin has now become altogether more irritable, and not even a simple bath, which was at first taken without complaint, can be well borne, despite the mildest subsequent treatment with cooling zinc ointment.

Twelfth day: Lenigallol zinc ointment again; result good, no bath.

Thirteenth and fourteenth days: Anthrasol zinc ointment; result good, no bath.

Fifteenth day: Both hands and forearms cauterized with officinal 15 per cent. liquor potassæ. This proved necessary, firstly, on account of the numerous groups of vesicles on the backs of the hands, and, secondly, because of the several seriously infiltrated knots on the forearms, which are ever itching anew. Result good, itching disappeared.

Fifteenth to eighteenth days: Dressing with anthrasol zinc ointment, below which, on the formerly uniformly deep red patches, lighter places and stripes now form, a sure sign of commencement of healing.

Sixteenth to twentieth days: Anthrasol zinc paste, further healing; every other day a soap bath, no irritation.

Twenty-first day: Hands cauterized again with potassium.

Twenty-second to twenty-fourth days: Healing progressing under the anthrasol treatment and baths.

Without the preliminary treatment with lenigallol it would have been absolutely impossible in this case to have obtained such rapid results.

It was only through the softening of the crusts, and simultaneous drying of the wet skin below, in consequence of the mild cauterizing action of the lenigallol, that the possibility was presented of the tar treatment being successfully employed, and for the application of the baths and liquor potassæ.

I have for now some six years, in over one thousand cases of eczema, tried lenigallol, and should be sorry to miss it from amongst my medicines.

If, now, in concluding, I sum up the chief progress which has been made in eczema treatment since Hebra's classical treatment, for acute eczemas and as a form of application of medicaments, the first advance to be mentioned is the ointment treatment. For chronic psoriatic forms of eczema, chrysarobin and pyrogallic acid represent an essential improvement in therapeutics; the tar treatment has been greatly enriched through the preparation of anthrasol, and finally in lenigallol* a remedy has been discovered which must be classed as almost ideal for all forms of eczema which are to be attacked by the mildest superficial cauterization in the rapidest manner possible.

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AN ORATION DELIVERED BY DR. W. P. C. BARTON IN 1821. WITH EXPLANATORY NOTE.

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(*Continued from the July Issue.*)

"Can it be possible," thought I, "that this man, whose physiognomy bespeaks rather extreme benevolence, intermingled with correct judgment, than keen intellect—can it be possible that he, too, is a professor in the same school?" I awaited an answer to these mental queries, in further opportunity of observation. During this period I found the professor—for such his preparations for an anatomical lecture discovered him really to be—characterized by a kind, very urbane, and conciliatory attention, a considerate, patient and willing instruction, to the pupils who were dissecting, and a remarkable degree of modesty and suavity of demeanor toward all around him. At his invitation I took a seat near the table containing the subjects for his lecture, which was at the bottom of an immense circular room, with benches rising gradually above each other to a great height, and crowded with students, the same I had seen in the field, the laboratory, the surgery and the hospital.

A profound silence reigned on the appearance of their beloved preceptor; and the pleasant countenance beaming with kind greeting, which each student presented to my view, gave goodly assurance that they were accustomed to hear from his lips strains of useful instruction. He began with great modesty after a courteous salutation; and when he became animated with his subject, a greater degree of eloquence did I never hear! Fluent, clear, concise, impressive, full of fire and enthusiasm, he taught me the useful lesson that physiognomy is not always to be trusted. Never shall I forget the effect which his demonstrations had upon me and his class! All were silent as the tomb, riveted with attention, and all evidently disappointed when a long lecture was terminated. Such a man, thought I, must make the study of anatomy a pleasure, and the hour of his prelection a mental repast.

I crossed the table, accosted my sage guide, and entreated him to give me a view of the exterior of the building, within the walls of which these eloquent and instructive lessons in the various departments of medicine were delivered. He obligingly did so.

I found it a massy structure of plain doric architecture, elevated considerably in the air, and even towering, and supported by five huge moonstone columns or pillars, deeply embedded in a solid mass of enormous stones, resembling small rocks. He informed me that they had been brought there by great labor performed by the five professors, aided by one who was dead,* and by the pupils, who occasionally lent a helping hand. That perseverance, probity, a conscientious discharge of their duties, as lecturers and preceptors, added to their learning and talents, endeared them to their pupils, and thus rendered the latter willing to impose this subsidiary help on themselves. That under the whole mass two worthies had been interred,† and, being converted into granite, were the foundation stones, giving a steadfastness and strength to the superstructure which the professors themselves had laid. He modestly said that four of the moonstone pillars were, in fact, professors; that he told me this because he would not deceive me for the world, never having, in a long life, willingly done that to any man. He directed my attention to a closer examination of the materials of these columns; and they suddenly presented to my view, strong though coarse resemblances of the professor I had seen in the fields, he in the cavern or laboratory, the one in the hospital, and that one who dissected in the anatomical theatre; and when I turned around to inquire why the fifth pillar appeared solid rock without resemblance to human kind, a mist had enveloped him, he faintly pronounced "Farewell;" and, on imploringly asking him in the grief of separation if I should never again see him, his finger alone was visible, pointing to the fifth pillar of moonstone; then, with a faint ejaculation of the word "There," the finger disappeared, and all vanished from my view. Chagrined and distressed, I voluntarily looked toward the column to which my lost guide's finger pointed, and, to my astonishment, found it a strong, unspeaking resemblance of himself! I became spellbound and bewildered, with mingled emotions and conflicting thoughts; then faint with sick-heartedness, and on turning around to look for a seat, from which

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* James Hutchinson, born in 1752, had been Professor of Materia Medica from 1789 to 1791, and Profesor of Chemistry from 1792 to 1794. He was in medical service in the patriot cause in America. He was a trustee of the University, 1779 to 1789. He also was one of the incorporators of the College of Physicians of Philadelphia. He died in 1793, aged forty-two years.

† John Morgan and William Shippen, who may well be called the foundation stones of the first medical school in America. Morgan died October 15, 1789, aged fifty-three years. Shippen died July 11, 1808, nearly seventy-two years old. Morgan was the first Professor in the Medical School, being elected to the Chair of Theory and Practice of Physic, May 3, 1765. Shippen, the second to be elected, only a few months later, September 23, 1765. So much has been written of these two young men, who on beginning their professional duties were but thirty and twenty-nine years old, respectively, that I shall add nothing further.

my eye could dwell on the petrified countenance of my benefactor and guide, the scene suddenly changed.

The great massy structure had vanished from my view, while a prospect of totally different description was presented before me. An unbounded expanse of open sea here broke upon the sight, the horizon only terminating the view in front. I thought myself at the White seat of Mount Edgecumbe, in England; and from the commanding spot where I stood the whole circumjacent country was expanded at my feet. I could completely and distinctly overlook Hamvaze, and the whole course of the river Tamar, as high as the town of Sattark; the ship in the harbor, dock-yard, and town of Dock, the fortifications and Government house; the church and village of Stoke; the Military Hospital; the Stonehouse, with the Naval Hospital and Marine Barracks; the citadel and churches of Plymouth; Saltrem; Catwater, with its shipping, enclosed by Mount Baten; St. Nicholas Island; the Sound and Stratton Heights beyond it, the whole view bounded by a range of lofty hills, among which the round top of Kingston Down, the peaked head of Brent-Tor, and the irregular summits of Dartmoor, all in rapid succession, presented themselves to my glance.* At this moment I was hailed from the beach below by a midshipman of a boat, who told me he had come to carry me on board the frigate to which I belonged, and which I now found had not been shipwrecked!

After six years' foreign service I sailed for my native country, and thought myself, when in sight of it, again shipwrecked on the same shores where many years before I had fallen and been wounded, and met with relief from my chirurgical guide.†

The entrance from the landing-place, where I was thrown into the traversable grounds, was at the end of a double avenue of finely spreading elms. The arcade of foliage thus formed gradually widened, and on reaching the foot of the hills it dilated into a spacious lawn, irregularly bordered by poplar and dogwood trees, the gay Judas tree, and the flowering Aronias. Groves of stately chestnut and other trees were scattered along its margins, and formed a natural enclosure laid out in irregular beds of shrubs and flowers. Between this a deep valley presented itself. Its sides above the road were planted by nature's hand, with various fragrant shrubs, the lower part thickly overspread with wild plants, and down the centre was a grassy walk. At the upper end I descried a picturesque building, dedicated to Flora, composed of moonstone arches, niches and pinnacles, and

* This may refer to some visit Dr. Barton made to England.

† I take it that Dr. Barton is now describing the affairs in connection with the Medical School a the time the wrote this oration, namely, in 1821.

overgrown with ivy. Its portal was illuminated by rays of fascination, and its entrance strewed with flowers. The most perfect order, subordination and arrangement characterized each department of this temple. The coppices which surrounded it, the lawns which were spread before it, and even the waters which irrigated the meadows of its neighborhood, were decked with Flora's charms, checkering their surface with the various hues of fragrant shrubs and trees. From a seat in the portal I could look down on the irregularly formed vale in front, beyond the opening of which no object whatever appeared, but a wide expanse of sea.* I soon discovered a young man at a distance digging roots and culling flowers, shrubs and twigs of trees.† He seemed deeply engrossed with the objects of his search, and a few seconds after I overheard him instructing, with much ardor, a few youths who had been concealed from my view by a thicket. He dilated on the properties and characters of the plants before him, with an enthusiasm which showed that he had a real love for the subject. I approached him, and, apologizing for my intrusion, stated that a few years before I had observed an older man deeply engaged in the same pursuit, but with a larger train of pupils, and begged to be informed if he were still living.‡ He replied, with an air of sadness, that he presumed I alluded to one of the five moonstone pillars of their academy, which had fallen by the hand of time. That three others had been prostrated by the same cause almost simultaneously,** and the superstructure had well-nigh tumbled to the earth. That though these pillars had been renewed,†† they were not of moonstone, but of softer material, and the cement by which they were fixed to the base and capital of the old columns had never thoroughly dried, owing, he presumed, to the heterogeneous nature of the new and old materials. That a pernicious moisture was exhaled from the still soft mortar, which blighted all the plants in the neighborhood, and so subtle, chilling and damp was its vapor that it insinuated itself into the lecture-room appropriated for teaching botany, there killed

* Is he, perhaps, describing Bartram's Garden?

† This is Dr. W. P. C. Barton himself at this time, 1821, Professor of Botany in the University of Pennsylvania.

‡ Dr. Benjamin Smith Barton, who died in 1813.

** Woodhouse, who died in 1809, Rush in 1813, and Wistar in 1818.

†† Dr. Woodhouse had been succeeded in 1809 by Dr. John Redman Coxe, who held the Chair of Chemistry until 1818, and was then succeeded by Robert Hare. Dr. Coxe is evidently the man of softer make. Dr. Rush had been succeeded in 1813 by Dr. Benjamin Smith Barton, who held the Chair of Theory and Practice until his death in 1815, when Dr. Nathaniel Chapman was elected. Chapman is one of those he refers to as the softer material. Dr. B. S. Barton had been succeeded in the Chair of Materia Medica by Dr. J. S. Dorsey, who held it only two years, and was followed in 1818 by Dr. J. R. Coxe, mentioned above. Dr. Wistar's successor will be explained later.

the plants, chilled the professor's zeal, and drove his pupils out. That, resolved never to be overcome in his pursuit, he was obliged to seek this sequestered spot (I now found it was to the professor I was speaking) with a few pupils, who avoided standing under or leaning against the new and chilling pillars, and consequently escaped the effects of the vapor-damp which emanated from them.

He further informed me that a sixth pillar had been added to the building which supported the apartment above it, destined to the cultivation of obstetrical knowledge;* that it was very solid and well shaped, stood somewhat apart from the new ones, and did not send forth the noxious effluvium which blighted plants near the others, because its cement had acquired solidity; but that being alone it could afford very little protection, yet what support it could yield, by occasionally suffering a twining plant to cling to it, was given; and it was evident, from the kindness with which it lent its single aid, that with a plurality of pillars of the same material, and equally innocent with itself toward the plants, much good to botany could yet be done. This young man further said that *one* moonstone pillar of the original five still remained, and to this one all the others, by one consent, and all the pupils and friends of the building, looked as its only remaining prop.†

"But join in my train," said he, "and I will cheerfully conduct you to a further acquaintance with this interesting subject." Eager to learn whether this remaining pillar of moonstone bore any resemblance to my former guide who dressed my wounds, I gladly accompanied him. In our walk he spoke of the surrounding scenic beauties, and called my attention to the richness and variety of the herbage and shrubbery. He told me that beside the purposes of decoration, and the joy they imparted to the beholder, the surrounding plants, shrubs and trees were not only useful, but many of them indispensable in satisfying the multifarious necessities of man; that they supplied his numerous daily wants, and in the aching hour of sickness and sorrow yielded those medicines which ministered to his comfort and relief. "Yet the study of all this," said he, "is decried as useless, and I daresay I shall have occasion to show you some of those most active in disseminating this idea, industriously at their work."

* Dr. Thomas Chalkley James, elected Professor of Midwifery in 1810, the first man of this country to occupy a Chair devoted solely to the teaching of Obstetrics. He was born in 1766, and graduated in 1787 from the Medical School. He was a Fellow of the College of Physicians, a member of the Philosophical Society, and one of the Medical Staff of the Pennsylvania Hospital. He died in 1835, having held his position in the University for fourteen years.

† Dr. Philip Syng Physick, who lived until 1837, being at the time of death sixty-seven years old.

We had not gone far before he descried someone in the perspective, and pointed out to me, on a nearer approach, a very elderly, gray-headed, and grave-looking man,* deeply engaged in girdling dogwood and tulip trees, and throwing into a burning pile large quantities of roots of Indian physic and wild ipecacuan. "Who is that, and what is the meaning of his occupation?" asked I. "Is he substituting those roots for barilla and kelp to make soda, that he should thus burn them? And why does he kill the dogwood and tulip trees?" "Alas!" said this second botanist, "there is no rational way of accounting for his conduct, which justly excites your astonishment as it often has mine. He will not leave my medicinal trees and flowers to myself; but, though he will not himself use nor recommend them, and though these grounds are none of his, nor does he know the riches they contain, he unkindly intrudes on my premises, lays waste my domains, burns my roots, and girdles my trees to kill them, saying they are useless; that we have enough medicines from foreign countries. He supplies the place of one of the fallen moonstone pillars of our school, and has ample opportunity to instigate his pupils to enter my field and tear down my flowers, as you now see him doing himself.

"The pupils, however, of that institution are characterized by their manly and correct behavior, and I really do not think I have seen a single instance of one of them injuring these products of nature, by a rude footstep or a wanton blow. They, on the contrary, walk through these vales and lawns in the heyday of spring, admire and gaze with evident pleasure on their charms, and would woo them were they not taught to believe it is against their interest. This cannot be doubted, for the natural ebullition of youthful feeling is in strict harmony with a cultivation of every department of natural history, but particularly botany."

I contrasted this information with the interesting story told me by my sage guide of the first botanist he had introduced me to, and I asked why the successor of that teacher in one of his branches had so much power over the interests of another chair, which he had also held. To my sorrow and chagrin I learned that a little corner only in the great building was appropriated to botany.† And as neither immunities, privileges, encourage-

* Dr John Redman Coxe, born in 1773. He was a graduate of the Medical Department of the University, and also a Trustee before being elected Professor of Chemistry in 1809 In 1818 he resigned from that Chair to take that of Materia Medica. He served in this capacity, until in 1835 the Medical School went through that riotous time, so aptly termed by some wit its "attack of Coxalgia," which resulted in the forced retirement of Professor Coxe. He lived to be ninety-one years of age, dying in 1864.

† Dr Barton again refers here to his chief cause of complaint, the fact that his own chair had been separated from the Medical Faculty

ment nor reward attended the discharge of its duties, and as the room suffered greatly from the damp exhalation before spoken of, and the incumbent took cold whenever he went into it, it was not surprising that labor was vainly applied to contend against the bulls of excommunication which medical popery was perpetually throwing out from those walls. He concluded this account by telling me that the delightful spot on which we were enjoying the beauties of nature belonged to the institution, and had been purchased for a botanical garden.* But, though nature had done everything for it, the governors of the medical castle (though willing) could not appropriate funds to improve it, being sedulously taught that such an establishment would be unpopular amongst students—thus incorrectly attributing their apathy to a natural dislike of the subject, while in fact it arose, in every instance where shown, from too near an approach to the subtle and freezing vapor-damp arising from the new pillars.

"Yet," he added, "I will not deceive you. That teacher whom you have seen girdling trees has his virtues.† He conscientiously does his best. He labors and toils with increasing assiduity, and is willing to give more than his pupils bargain for. So that I am surprised he withholds his influence in favor of botany. He is reputed to be, and I believe he is, a man of great, nay, exemplary probity; yet, strange to tell, he defrauds me of my just rights, and enters my grounds with no other view than wantonly to devastate the seedling products of my soil. He is a master director of those young gentlemen whom you see hard by pounding drugs and compounding medicines. And, after a certain probation in his terms, they are taught the means of emptying the bottles and drawers of that long range of shops of nearly all their contents. The useful simplicity of this novel mode of instruction is particularly conspicuous in this country, he contends, because, in his opinion, extensive as is its territory, and rich as you have seen it is in vegetable productions, it cannot possibly be supposed capable of yielding any active medicines or drugs! The few which he has been told are so he directs them to burn and girdle, as he himself is now doing. Yet this gentleman finds too ready assistance in his views from a coadjutor of very different and very remarkable character.‡ See yonder, he is near the

* In 1817 the Trustees of the University did purchase a botanical garden, and the Medical Faculty subscribed $600. The ground was sold, however, shortly afterward.

† Dr. J. R. Coxe.

‡ The Faculty in 1821 was composed of:

Dr. Coxe, Professor of Materia Medica.
Dr. James, Professor of Midwifery.
Dr. Chapman, Professor of Theory and Practice.

foundation of that huge mill digging a grave, and throwing medical books, essays and opinions into it, thus burying them from sight, as well as the reputation of their authors.

"Possessing a mind of keen and native power, and educated in adversity, he knows men's hearts and frailties well. He is, perhaps, the most pleasant man alive. No sternness can withstand the point of his satire, his mirth, his pleasantry and his facetiousness. Care, pain, anger, resentment, distress and mortification all fly before the shafts of his adroit colloquial talents. Need I say that to these he owes his influence? He is, too, in the main, magnanimous and forgiving, or seems so, and really possesses, or seems to possess, an uncommon share of the charities and benevolence of this life. He is not without brilliant and very subtle talents. His mind is quick in its conception, though for this reason often faulty in its views, vehement in its decisions, and consequently often indiscreet in judgment, and, finally, it acts with the celerity inseparable from dangerous errors. His mansion you perceive faces the north, and its porta[1] opens on the path straight in that direction, which it is expected he will pursue. A few crooked and diverging lanes, all leading from the object of his life, strike out of the path directly south of his home. And, though it is quite as easy to travel to the north as to the south, the man will turn his steps that way; this strange gentleman flirts occasionally through the crooked south ways. In one of these he has imbibed notions prejudicial to the science of plants, and consequently inimical to the interests of liberal medicine. He has, fatally for that science, so far as connected with the institution over which he holds a mystic kind of influence, as well as for the real interests of enlightened medical education, not hesitated to use his utmost efforts, and successfully, to crush it. Yet he has at times planted flowers in his own garden, and reared medicinal plants there.* And, though conscious that he has gained credit for so doing, and embellished his little favorite spot, he still

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Dr. Hare, Professor of Chemistry.

Dr. Physick, Professor of Anatomy.

Dr. Gibson, Professor of Surgery.

As Dr Barton has spoken of Coxe, James, and Physick, the other three names are left to choose from, and, as Chapman had been connected with the school since 1810, and because Dr. Barton's description fits him better than Gibson or Hare, I believe without any doubt that he is here meant.

Dr. Nathaniel Chapman, born in 1780, of an old Virginian family descended from a Captain of Cavalry in the British army, who was a cousin of Sir Walter Raleigh, graduated in 1801 from the Medical Department of the University of Pennsylvania. He published a book on Therapeutics and Materia Medica, and was Professor of the Theory and Practice of Medicine from 1816 to 1850. In 1848 he was by acclamation elected the first President of the American Medical Association; he was also one of the Philosophical Society. He died in 1853.

*Referring to the time (1813-16) that Dr. Chapman had been Professor of Materia Medica.

strangely turns in moments of slumbering perception as to what is really useful, rudely treads down the poor innocent herbs, plucks up the flowers by the roots, and throws the physic to the dogs.

"The pillar, therefore, which supports his department is one of those which sweats the same kind of subtle, insinuating, pernicious moisture which has been mentioned. It even seems, though not so visible, to penetrate farther than the exhalation from the others. This strange man, with all his genius, is a schemer. He has expended much of his time in erecting and superintending a huge Mill."* Here I interrupted the young man by an ejaculation of surprise, to know what a Mill could have to do with a medical school. The only answer I could obtain from him was the remark, attended with a significant shrug of the shoulders and very meaning look, "that on that subject he would not presume to speak. But he supposed, of course, it was to grind something. And as it was near the great building, he also thought it likely the grist came thence. The common people supposed it was to grind physic out of dead men's bones," he said; "while shrewder people, namely, doctors, had openly declared it was to grind doctors themselves. All that I know on the subject," continued he, "is that the Mill stands where the hospital used to be; and you must examine for yourself, and judge accordingly. More than one miller attends the grinding, whether this grinding be of physic or doctors. Certain is one thing, that lots of dissension have been laid out in the neighborhood of the Mill. Discord, medical anarchy, jealousy, suspicion and distrust have all sprung up wild weeds in the exposed parts of those lots. As, however, in the whole course of a long study of botany I have not met with a single plant referable to any one of the genera distinguished by these names, I am wholly ignorant of them or their uses, nor do I wish to be further informed on the subject." Here our conversation was interrupted by a sudden arrival at the building itself, and the young botanist vanished with his class, fearing, I suppose, the deadly effect of the vapor-damps from the new pillars. I saw him no more.

I was affected with a mixture of pleasure and pain on beholding once more this structure—pleasure at recognizing in the upright fifth moonstone pillar my old friend, the sage guide who dressed my wound; pain at discerning the evident shock and cracks the building itself had received. The principal alterations

* I do not understand this allegory of the huge mill. Does it refer to the Philadelphia Medical Institute which Dr. Chapman founded in 1817, and in which he delivered his famous summer lectures?

I could discover were marks of removal in the fifth stone pillar a little to the left of where it formerly stood.* And as I used to think its old place was exactly right, I was lost in amazement to understand why this change had been made. Indeed, I could not help exclaiming to myself, "I would have thought no power on earth could have achieved so miraculous a change of position." "True," replied a voice from a crack in the wall, near the most showy of the new pillars,† "it was a Herculean labor. But we have a talismanic power attached to this structure, which alters its arrangements at a moment's warning. Yet you must not suppose this pillar has been changed to another part of the building without reason, or, at least, a semblance of it. It was not at first contemplated to remove it. On the loss of the moonstone pillar which last fell,‡ it was determined to supply its place by a material of the strength and excellence of which exalted expectations were justly formed.§ But no sooner was this done than an unexpected blow levelled it with the earth, and again it was to be removed. At one time a rock of schistus beset with rubies, emeralds and topazes from a mineralogist's collection was contemplated.** At another it was supposed a sparkling gem from the practical department would be placed there, under the impression that the glory-rays surrounding it would dazzle and allure, though they could not afford a tangible support.††

"It was at length determined to supply its place by a Scotch pebble, and a huge one was imported for the purpose. But it was declared to have a flaw, and consequently disused.‡‡ Indeed, after much faultfinding with the materials, some being too little, and some too great, some from their solid nature not likely to

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* Dr. Physick had in 1819 resigned the Chair of Surgery that he had so gloriously filled for fourteen years, and had accepted the Chair of Anatomy; this fact had naturally excited comment.

† Dr. William Gibson.

‡ Dr. Caspar Wistar, who died in 1818.

§ Dr. John Syng Dorsey, born in Philadelphia in 1783. He graduated from the Medical Department of the University of Pennsylvania at the age of eighteen years, by special permission from the Trustees. In 1807 he was elected Adjunct Professor of Surgery; in 1815 Professor of Materia Medica, and in 1818, on the death of Dr. Wistar, he was elected Professor. He delivered but his introductory lecture, and was then the same evening taken violently ill and died the same week, at the early age of thirty-five.

**In the minutes of the Board of Trustees the names given as applicants for the vacant Chair of Anatomy are Dr. T. T. Hewson, Dr. W. E. Horner, Dr. G. S. Patterson, and Dr. George Watson.

††Which of these Dr. Barton refers to in these two allusions I am not able to say.

‡‡Is this Dr. Granville Sharpe Patterson? In the minutes of the Board of Trustees of date April 6, 1819, there is mention of their having received a letter dated Glasgow from him.

unite with the peculiar cement employed in keeping the building together, the present plan was adopted.†

"All the contemplated materials were easily got rid of except this huge Scotch pebble, owing to the trouble at finding a place for it in the purlieus of the building; until at length a coach, drawn by four professors, arrived from a neighboring place and carried it away, and it was found to fit well in the place allotted to it. It has since, by the handsome manner in which it is displayed in the front elevation of a building, vieing with this for solidity, brilliance and duration of materials, produced some unpleasant feeling in those who decided that it would not fit here."

The distant sounds of drums, fifes and other martial instruments of music here suspended the invisible communicant's remarks. Volumes of smoke rolled through the skies in the direction whence the sounds came. These drew nearer and nearer, became harsh, discordant and grating. A large body of men, strangely accoutred, now rapidly approached, and I could discern a troop of mounted soldiers, armed with a novel kind of warlike weapons. These were huge lancets, scalpels and gorgets. Large sheets of printed paper, stamped with opprobrious epithets in five-line pica, answered the purpose of flags, and, on a nearer inspection, it seemed to be a regiment of surgeons.

The doors of the great building were now violently thrown open, and a similar procession emerged from its apartments. A hostile disposition was soon evinced, and the combatants proceeded to immediate and desperate battle. It was, however, soon over.

Desirous to render what assistance I was able to the wounded, I approached the field of battle. Many had been slain, but I found a great number only wounded. On washing away the blood I observed that each one of the killed and wounded was marked by his name on an engraved breast-plate. I particularly remarked among the names of the slain those of Professional Dignity and Harmony. The first appeared to have been killed in the onset, and the other had evidently fought desperately before he yielded, being covered with wounds. Among the names of the wounded I read those of Propriety, Integrity, Truth, Decorum and Justice. But so desperate were the wounds that I hastily left the field to seek some other and more experienced aid. Breathless I retraced my steps to the building, hoping to find a physician or surgeon whose humanity would induce him to lend assistance; but what was my astonishment to find stains on it, from the gush of blood issuing from this fatal contest. The first assault had been made with great guns, and a few shots had penetrated two of the

† Namely, that of transferring Dr. Physick to the Chair of Anatomy.

pillars of the building. A dense mist from the reeking battle-ground obscured the whole structure. I found myself alone, and called loudly but vainly through the empty halls on Humanity and Decorum for aid; when, at length, observing a crowd of physicians and surgeons standing at a distance, I beckoned their approach. They, however, obstinately resisted all solicitations to enter the field. Believing it possible that they had not understood my signals, I approached and inquired querulously who and what they were that so sullenly looked on this devastating carnage, and why they did not afford succor. They were, they said, the physicians and surgeons of the city in which these feuds originated; but to my second interrogatory coolly replied that they were mere lookers-on, and would not enter into disputes, which their hearts and heads taught them were unnecessary and ruinous, and of which they most cordially disapproved. And as each one had a larger or smaller volume in his hand, bound in black, and containing, I found on inquiry, more or less personal complaint, which he was receiving to lay at the door of the great medical edifice, I could not blame them for their determination.*

I returned to the building and invoked its inhabitants, who had now entered it, by all the names of its founders to send for some healing balm for these deadly wounds. But, instead of succor craved, I had proscription thrown on my head from one window, hatred from another, cold water from a third, and from the angry group which looked out of all I was received with frigid suspicion and distrust. "Begone ! intruder," cried they, with one voice; "we desire no balm for these feuds. It is only on terms of utter extermination of our enemies we are willing to make peace."

Indignant as I may naturally be supposed to have felt at this unjust and impolitic denunciation, and conscious that good motives alone actuated my conduct, I was on the point of recriminating, when I thought my path was crossed by the shadow of the venerable man I had once seen in the hospital giving clinical lectures, and imploring *"still one minute more for instruction."*

He was habited, not as he then was, but in the costume of a

* This all refers to the truly troublesome condition of Medical Education in the early twenties. Almost every practitioner of any prominence unconnected with the University of Pennsylvania had his private school for medical students, and many were the squabbles and fights. Dr. W. P. C. Barton, while Professor of Botany in the University, applied to the Legislature during the session of 1818-19 for a charter, intending to start up a rival medical school: this attempt was very nearly successful. Such affairs must have caused very strained relations between a great many of the physicians in Philadelphia. In the Philadelphia Medical Society the discussions were very warm and lengthy, and the daily press was also used by the contestants to air their views. From all this fomenting sprang (in 1825) the Jefferson Medical College, to which Dr. Barton changed his allegiance, which, for the University, had become very slight by this time.

prophet, and it was only by his peculiar physiognomy that I recognized him. A large black cowl was drawn carelessly over his head and shoulders, while his silvered locks strayed from under it, and by separating on the forehead discovered a wreath of green and imperishable holly twined round his wrinkled brow. A sackcloth robe drawn tight to his waist by cincture of scintillating gems invested his aged frame and tottering limbs. His sorrowful eyes were fixed on the building, while the furrows of his keen visage were filled with floods of galling tears. Overcome withal by his mysterious appearance, I did not venture to address him, not knowing, indeed, whether he was a sprite of the glens, a being of this, or a spirit of the other world. A deep, sepulchral voice soon convinced me that he was the latter. He waved a wand of mistletoe which he carried in his left hand, while with his right he grasped mine and drew me rapidly away.

"Come, young man, from the vicinity of that tottering pile," said he; "see ye not that it is falling?" And here sobs of grief choked his utterance. When a little recovered, he addressed me in these prophetic words: "Some of the inhabitants of that structure are academicians of Laputa and Balnibari. They are projectors of so wild a cast that they seem to verify the old observation 'that there is nothing so extravagant and irrational which some philosophers have not maintained for Truth.' They possess the power or claim the prerogative of extensive monopoly, and edicting bulls of excommunication and ruin. They act, in some of their freaks of self-aggrandizement and fame, like harlequins of a fair, before a mixed and tumultuous concourse of people, who, according as they are directed by minions in the crowd, evince a pandemic impulse in their favor and applaud them for their charlatanical tricks. They domineer with ill-judged intolerance over all without their walls, and then wonder that they are jealously watched. They set themselves up, though but two or three of a whole body, as umpires of merit and awarders of just praise, taking care to foster or protect none but those willing to be trammelled by subserviency to their will. Yet scrutinize this self-appointed caucus—this fag-end of a distinguished public assembly. It has not even the aspect of a deliberative association nor the physiognomy of an impartial tribunal of professional merit, equity, or justice—*nec color imperii, nec frons erat ulla senatus.* They have power, but, like the evil genius, they blindly use it to destroy themselves. Tyranny produces, in a country and a profession like theirs, the most ruinous effects. Dissolute monopoly and extravagant thirst for unearned fame will abuse a cause which, judiciously conducted, would produce an influx of solid reputation. The spring of that spirit which should move such a body is relaxed by intolerance or snapped by arbitrariness. They, by intemperate exercise of their ill-used talents, sophis-

tically confound their power with a sense of justice and prudence. And they will perceive too late that it is only when power and justice are the same that they can exert the former to the stretch they have extended it, consistently with wisdom or even self-interest itself. They will find that vain and idle speculation and purloined effulgence will never penetrate beyond the mist which envelops the community.

"Be assured, then, that such measures are as certainly ruinous as they are manifestly impolitic and unjust. Where there is such repeated confiscation of character to satisfy self-interested views the treasury may grow rich, but it will groan ere long, with its ill-acquired wealth burst its enclosures, and waste its coin on the greedy onlookers who cry '*scrambles,*' and each catches what he can get!

"Already rival institutions are performing this part, and it will be surprising if the natural and just causes of blame at home, united with the force of novelty and exaggerated odium abroad, do not eventually seduce away the youthful concourse which in my day filled that mansion.

"Where there is no dignity there can be no philosophy, and where sophistry reigns truth cannot stay. Wonder not, then, if ere a few short years rapacity after fame, inveterate deafness to the merits of others, and a sordid desire to accumulate wealth at the expense of duty shall raze with the earth this once gorgeous structure in which you have taken so much interest. And that such will be the result *I prophesy!*

"Once earnestly engaged in decorating it by my toil, I have not ceased to haunt its walls with parental solicitude. I have heard the discourses delivered in it, and insinuated myself into its secret council chambers. Though I confess I have found several occupying the places of dignity, truth and science, and honestly and perseveringly pursuing their ways, some who occupy the *highest* seats in the synagogue remind me of Burke's pathetic reflection on the state of philosophy and learning in France during the period of its cabalistic anarchy. 'Alas! the age of chivalry is done, that of sophisters and self-aggrandizing calculators has succeeded, and the glory of Europe is extinguished forever!'" And having said this he struck me with his wand, the darkness was dispelled, the building became visible, he mysteriously pointed to the fifth moonstone pillar, saying, "Observe, think and judge for yourself," and vanished into air!

A tumult arose from the lobbies of the building, which I found occasioned by the pupils running hastily, some to the north and others to the south to finish their studies. The sudden noise of their footsteps and vociferations awakened me, I presume, for I found myself in the act of taking leave of them as I now, gentlemen, do of you.

DR. WILLIAM OSLER, RECENTLY APPOINTED BY KING EDWARD VII. REGIUS PROFESSOR OF MEDICINE, OXFORD UNIVERSITY.

(*Vide* page 205.)

The Canadian Journal of Medicine and Surgery

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Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month. London, Eng. Representative, W. Hamilton Mlln, 8 Bouverie Street, E. C. Agents for Germany Saarbach's News Exchange, Mainz, Germany.

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Editorials.

QUACK ADVERTISEMENTS.

ON August 2nd, one of the closing days of the last session of the Federal Parliament of Canada, Sir William Mulock introduced an amendment to the Post Office Act in order to restrict quack advertisements. The amendment reads as follows: "It shall not be lawful to transmit by mail any books, magazines, periodicals, circulars, newspapers, or other publications, which contain ad-

vertisements representing marvellous, extravagant or grossly improbable cures, or curative or healing powers, by means of medicines, appliances or devices referred to in such advertisements."

In speaking to the amendment, Sir William said that it was necessary to put a stop to the methods of scoundrels who advertise marvellous cures and make fortunes out of the unfortunate sufferers. Only the other day one advertisement claiming supernatural powers and shocking in its nature was published. This method of making fortunes was one of the greatest frauds allowed by the law of the land.

The amendment was adopted and the bill reported. On the following day, August 3rd, however, at the request of the leader of the Opposition, Mr. R. L. Borden, the bill to further amend the Post Office Act was referred back to the Committee of the Whole for the purpose of striking out the clause inserted at the suggestion of Sir William Mulock, prohibiting the passage through the mails of newspapers, magazines and periodicals containing advertisements of marvellous, curative medicines, etc. Mr. Borden said that very little consideration had been given to the clause, which was far-reaching in its effects. He had received many representations in reference to the matter, and thought it might well be left over till next year without any great evil being done. Sir William Mulock accepted the suggestion of Mr. Borden and the bill was amended accordingly. Mr. Borden's first statement, that very little consideration had been given to the clause, which was far-reaching in its effects, coupled with the second statement, that he had received many representations in reference to the matter, and thought it might well be left over till next year without any great evil being done, meant a good deal which does not appear on the surface. In the first place it meant: That the patent medicine advertisers of Canadian newspapers did a good deal of consideration after Sir William Mulock's amendment had been adopted by the Committee of the Whole in the Canadian Parliament on August 2nd; in the second place it meant that they sent many representatives to the leader of the Opposition in reference to the amendment; so many, indeed, that as the Government had announced a wish to prorogue on Saturday, August 6th, Mr. Borden had only to indicate his determination to fight Sir William Mulock's amendment to a finish in order

to show that the retention of the dangerous amendment in the Civil Service Amendment bill would mean a considerable prolongation of the session.

As Sir William did not wish to injure his bantling's health, he picked it out of the ring and retired it for the present. Thanks, Sir William Mulock. We shall keep an eye on the Civil Service Act and expect to see your amendment in the forefront of the fight next session.

We cordially approve of the amendment outlined above, and hope that it will become law in Canada. Our readers will recall that in several issues of this journal we have drawn attention to the shameless quack advertisements which deface our leading newspapers, and we feel gratified that our strictures have evoked a very telling protest. The editors of our newspapers, the leaders and formers of public opinion, forsooth, know full well that these quack advertisements are all a pack of lies, but they print them all the same, because it pays them to do so. One of these papers had the effrontery to turn on this journal and endeavor to prove a *tu quoque,* stating that the real reason why we object to the lucrative traffic between the owners of proprietary medicines and newspapers is because we want to do it all ourselves.

Let us say, once for all, that this argument is baseless. The newspaper reading public contains in its ranks a great many credulous, unskilled, uneducated persons, quite unable to form a valid opinion as to the diseases or ailments from which they suffer, and incapable of differentiating between good, bad or indifferent remedies for the same. Proprietary medicines which are advertised to the medical profession in reputable medical journals are offered to keen critics, who believe in facts and know exactly what they seek; *i.e.,* understand the diseased condition they are treating and know what they may expect from a remedy. The owner of a proprietary medicine who sets out to please the medical profession must be perfectly sure of his ground, be accurate in his statements, and must, if he wishes to receive the financial backing of his patrons, supply a first-class article.

Is there any comparison between advertising of this kind and the shameless, blatant advertising of the general press? None whatever. We repeat that we are delighted with the stand taken by the Canadian Postmaster-General for repressing quack adver-

tisements, and think we voice the opinion of Canadian physicians when we say that Sir William Mulock deserves the highest praise at our hands for the contemplated amendment to the Post Office Act.

NEW RESEARCHES IN DIPHTHERITIC PARALYSIS.

Dr. Leo Babonneix has just published at Paris a thesis, in which he details some new researches made by him to elucidate the origin of diphtheritic paralysis. An abstract of this thesis appears in *La Presse Médicale* (June 4th, 1904). In the first pages reference is made to the notions prevalent to-day about the nature of diphtheritic paralysis, which may be summarized as follows: Anatomico-pathological examinations reveal cellular lesions in the spinal marrow, especially in the anterior horns and neuritis, ordinarily of the Wallerian type, and sometimes of the peri-axial type. Experimentally he succeeded in reproducing these legions, but whether the question related to human paralyses or experimental paralysis, the lesions of neuritis may exist alone, or be accompanied by central lesions. From these anatomico-pathological facts it results that some authors explain diphtheritic paralysis as a pure neuritis, while others believe in the coexistence of medullary and peripheral lesions. This coexistence leaves involved the question whether the lesions have developed in a concomitant fashion or if some have appeared as a consequence of others; peripheral lesions secondary to central ones, or *vice versa;* the partisans of the theory of ascending neuritis are much less numerous than the partisans of the other theory. Respecting the *modus faciendi* of the lesions, two theories offer interpretations: that of Roux and Yersin, who attribute their production to the toxin brought by means of the blood, and the theory of Beaulieu, who places these lesions under the dependence of a direct action of the bacilli carried to the nerve tissue. In presence of these pathogenic uncertainties the author remarks that one cannot dream of establishing a one-way pathogenesis, because it is not a case of *one,* but of *several* diphtheritic paralyses, and because in what concerns more particularly experimental paralyses, those which he has reproduced up to the present time differ profoundly from human paralyses. Experimentation ought, therefore, to aim at realizing

paralyses approaching as closely as possible to the paralyses observed in man.

The most important clinical character of human paralyses consists in the remarkable relation which, in the majority of cases, exists between the seat of the primitive diphtheritic inoculation and that of the consecutive paralysis; pharyngeal diphtheria, for instance, followed by paralysis of the velum palati. In certain cases even a unilateral paralysis succeeds a unilateral angina. This is the leading idea which the author has followed in his experiments when diphtheritic toxin has been introduced into the dog and the rabbit. By intra-venous injection of strong doses of toxin he has succeeded in reproducing, as Roux and Yersin and many others have done, subacute intoxication without paralysis; by subcutaneous injection of strong doses of toxin acute ascending paralysis has resulted, followed by death in a few days. These results bear no evolutionary or symptomatic analogy to what is observed in man. To reproduce paralyses exactly similar to human ones, it is necessary to operate with very small doses of an attenuated toxin, and then one gets a monoplegia strictly localized in the paw of the animal, where the injection was made. By augmenting the dose a little, one gets paralysis, beginning in the inoculated region like the generalized form observed in man and which increases slowly in the sequel. In spite of everything one obtains in these experiments only an analogy, and the experimental reproduction of generalized human paralyses remains yet to be realized.

Localization of paralytic phenomena in the injected member makes one ask if the toxin follows the blood route, or the nerve route, in causing these lesions. The experiment made to settle this question, and which consists in injecting toxin into the sciatic nerve, brings about a paralysis of the corresponding paw, but the paralysis does not always remain localized in the same paw and may extend to the opposite one.

Experimentally, therefore, one may realize all the intermediate conditions between subacute intoxication without paralysis and strictly localized paralysis; the relation between primitive diphtheritic localization and consecutive paralysis appears to be explained by the ascending propagation of the toxin along the peripheral nerves. This is a new idea, which permits us to place

diphtheria alongside of certain infectious diseases, such as rabies and tetanus.

From the experimental point of view the researches of Dr. Babonneix make him conclude that, like Landry's paralysis, experimental paralyses are due to central lesions; localized paralyses appear equally to spring from central lesions, although they are less marked. Finally certain distant paralyses obtained by injection of toxin into the sciatic nerve appear to be connected with an ascending neuritis. J. J. C.

OUR REPORT OF THE VANCOUVER MEETING.

As the current issue of THE JOURNAL goes to press before the Canadian Medical Association adjourns at Vancouver, B.C., it is impossible for us to publish our special report till next month.

From appearances at time of writing, the 1904 session of our National Association is going to be a huge success from every standpoint, and, notwithstanding the fact that to attend the Convention means a trip across the Continent, we understand that, in point of numbers, it will almost beat the record.

We hope to give our subscribers the benefit of a splendid report in detail in next issue, thinking it wiser to do so than to disappoint them by not coming out, as is our wont, sharp on the first of the month. W. A. Y.

TORONTO'S NEW MEDICAL LIBRARY.

A MEDICAL library in a University City the size of Toronto is a necessity. For years we have had one, good enough in its way, but hardly adequate to the demands of the present. The value of the library as a factor in medical education cannot be over-estimated. We feel we cannot do the subject more graceful justice than by reprinting a paragraph from the interesting paper of Albert T. Huntington, of Brooklyn, N.Y., published in the *Medical Library and Historical Journal,* of April, 1904. He writes: "As Dr. Spivak has pointed out, the medical school course is merely preparatory for what is to follow. Real knowledge of the science and art of medicine is post-graduate. . . . Private practice is the first institution, a teacher grim and morose, but of the highest order, if one only knows how to take advantage of its chastising lesson. Hospital practice is an institution wherein instruction is

more systematized, the observations more certain, and the results better noted. Unfortunately there are but few in a city and less in the country. . . . who can utilize it. Medical societies are valuable means of education, fostering and encouraging thought. But they have their drawbacks—the stated meetings that one is unable to attend; the subject that one is obliged to listen to in which he is not interested; the idle and empty discussions from which there is no escape even in the best societies, etc. There is but one grand institution that stands above all, that has

NEW MEDICAL LIBRARY, QUEEN'S PARK, TORONTO.

all the virtues and none of the defects of those enumerated, and that is the *library*. . . . On this shelf is my physiological laboratory, on the other my biological institute; here is my anatomical theatre, there my lying-in hospital."

A library near the circle of student life, and yet not too far from the centre of the city, where the members of the profession could peruse some "latest edition," or meet and chat over things medical amid comfortable and pleasant surroundings has been a longed-for oasis in the Sahara of the Toronto doctor's daily round. But, alas, the project was only a longing, until three men, good and true, saw this new harvest moon over their left shoulder, and

wished, and (with apologies) a goose laid a golden egg, and then other geese who wanted to peck at the oats in the new barnyard followed the example of the leader, and, presto! birds of a feather, "the house is yours." The site is a beautiful one, consisting of No. 9 Queen's Park, worth about $12,000.

The acquisition of the Thorne residence was rendered practicable by the generosity of the Massey estate, which subscribed $5,000 towards that purpose. Other generous friends then came forward, including Dr. Wm. Osler, of Philadelphia, who subscribed $1,000; Mr. Timothy Eaton, $500; Mr. George Gooderham, $500, and Mr. E. B. Osler, $500, and others, the medical profession contributing the balance. The property has been put in the hands of the following trustees: Dr. J. F. W. Ross, President of the Association; Dr. R. A. Reeve and Dr. N. A. Powell.

The library housed at present in the Medical Council Building, on Bay Street, consists of about 8,000 volumes. But the Association intend, upon removing to their new building, to encourage the use of it as a meeting place for the profession.

The Toronto Medical Society, the Toronto Clinical Society and the Toronto Pathological Society will hold their regular meetings there as soon as the necessary alterations are made. Sufficient of the funds now in hand will be invested in order to yield the small charge per annum for the leasehold, which still has nearly twenty years to run and is renewable. It is proposed to put a competent librarian in charge, who will catalogue the books and make the library of the greatest possible use to the profession. Dr. J. F. W. Ross and his Associates deserve the thanks of their confreres for the efficient work they have done to complete the purchase of this beautiful property, of which the profession has every reason to feel proud.

We hope the city authorities will unhesitatingly consent to the new medical library being exempt from taxation. As medical men, we feel we are in this not begging any favor; but that, as the building is to be used for scientific purposes, it rightfully has a place on the honor roll of institutions free from the payment of taxes. The new building is to be unhampered by cliquism, devoid of University control, and free to the profession throughout Ontario. Let the City Council do their duty in this matter and thereby earn at least the gratitude of the medical profession in Toronto.

In these days of rapid and cheap travel by boat and train what a boon the Toronto medical library may prove to the physicians living in the country, who often sigh regretfully and justly envy the privileges enjoyed, or, perchance, unappreciated, by the city doctors. We understand the door of the new building is ever to be on the latch, and the old clock on the stairs is to each hour "chime," "Welcome." W. A. Y.

HONOR CONFERRED ON DR. WILLIAM OSLER.

Just as we go to press we learn with great pleasure of the appointment of our distinguished confrère and fellow countryman, Dr. Wm. Osler, of Johns Hopkins University, Baltimore, Md., as Regius Professor of Medicine at the University of Oxford. Perhaps King Edward has, since his accession to the throne, done no more gracious act than this one, in so honoring a Canadian scientist, than whom none stand higher in the profession the wide world over.

We understand that Dr. Osler has accepted the offer made him, but does not intend to remove to England for a year or so.

Dr. Osler's appointment as Professor in one of the greatest Universities in the world is a severe blow to Johns Hopkins, and it will be found very difficult to fill the position he has occupied there.

We extend our heartiest congratulations to, not only the recipient of this honor, but to Oxford University who will, through the appointment, find still added strength and increased prestige in the eyes of the scientific world. We fully concur in what the *Telegram*, (Toronto) says Editorially in this connection.

"Greatness on the line of Dr. William Osler's genius is difficult of attainment and unapproached in the blessings it conveys to suffering humanity.

Such greatness is not honored with the applause that rewards other and cheaper types of human greatness.

But Medical Science has her heroes no less renowned that those of art or literature, sport or finance, and William Osler is a sovereign figure in the realm of modern medicine.

There is perhaps no greater living Canadian than Dr. William Osler, if Greatness is measured by its humane and helpful qualities. Canada is honored in the honor that comes in King Edward's appointment of Dr. Osler to the place of Regius Professor of Medicine at the University of Oxford." W. A. Y.

EDITORIAL NOTES.

Bulletin No. 96, Adulterated Jams and Jellies.—Out of a total of 74 specimens of jams and jellies, which were examined in the Inland Revenue Department, Ottawa, 55 were found adulterated, 5 doubtful, and only 14 genuine. Thos. Macfarlane, Chief Analyst, says: "They (jams and jellies) are, as Webster defines jam, the products of boiling fruits with sugar and water. The only word about which any doubt can exist is the word 'sugar.' This is defined by the same authority as a sweet crystalline substance, obtained from certain vegetable products, as the sugar cane, maple, beet, sorghum, and the like. This identifies sugar as the substance known to chemists under the names cane sugar or sucrose. Commercial glucose is not grape sugar, but a product of the action of acids on starch of very indefinite composition, always containing, as well as reducing sugars, dextrine, starch, water, etc. Every grocer and consumer understands quite as well what is meant by sugar, and the substitution of commercial glucose for it in ordinary trade would not be tolerated. It is also to be remembered that reputable manufacturers of jams and jellies use only cane sugar in preserving. Similar views to the foregoing prevail in other countries, and more especially among the Boards of Health in the United States. In general the rulings of the latter are to the effect that fruit jellies, preserves, canned fruits, etc., must consist of the fruit specified on the label of the package preserved only with cane sugar, and must not contain artificial flavors, coloring matter, or preservatives. If such articles contain any substitute for the fruit, or any material to make weight or bulk, they are considered to be adulterated." Now that the adulteration of jams and jellies with glucose is well known, would it not be well for the Department of Trade and Commerce of Canada to let the grocers know that they must not offer for sale any jams except those preserved in grape sugar?

Organic Plumbing of the Upper Epiphysis of the Tibia after an Osteo-Myelitic Abscess.—Dr. Chaput presented to the Parisian Society of Surgery (March 1st, 1904), a woman, forty years of age, whom he had been called to treat over a year before

for a large abscess of the upper epiphysis of the tibia, which appeared after several attacks of osteomyelitis. After trephining the epiphysis, and carefully curetting the abscess, which was about the size of a large walnut, with eburnated, congested and bleeding walls, Dr. Chaput introduced into the bony cavity a large lump of adipose tissue, got by making an incision in the iliac fossa of the patient. He afterwards stitched the soft parts over the cavity, allowing for a small orifice over the cavity. This result was satisfactory. The graft remained in place and survived, the wound contracted rapidly and closed entirely in five months. The patient has remained well since then. Dr. Chaput thought that this case was interesting enough to publish, for surgeons know how difficult it is to obtain the healing of an epiphyseal osteo-myelitic abscess, particularly when the walls of the abscess are eburnated, congested and infected; the greater number of such abscesses persisting indefinitely in a fistulous condition. It was for this reason that Dr. Chaput selected, after much thought, a procedure which enabled him to obtain a surer and more rapid cure than the one usually obtained. The graft of cellular tissue, which he put into the bony cavity, immediately checked the free oozing of bloody fluid, rendered unnecessary the plugging of the cavity with gauze drains, which infect the wound, and drain imperfectly, and obtained the immediate reunion of the graft with the bony walls of the cavity. Dr. Chaput thinks that this method of organic plumbing is simpler, surer and less dangerous than metallic, mineral or medicinal plumbing, any one of which is liable to be followed by the elimination of the foreign body. Besides, it is always an easy matter to find in the gluteal region of even a thin patient enough cellular tissue to obliterate a bony cavity in a large epiphysis.

Overfeeding with Sugar.—Dr. Toulouse reported to the Therapeutical Society of Paris (June 22nd, 1904), some experiments which he had carried on in order to determine the dietetic value of sugar in different morbid conditions in which emaciation of the patient is to be prevented. He used sugar given in large doses, over and above the ordinary hospital diet or milk diet. The quantity of sugar varied from 50 to 300 grammes per diem, amounting in emaciated women to 8 grammes of sugar per kilo of body weight. The results obtained were remarkable. From the

time this regimen was begun, the patients fattened at the rate of 100 grammes per diem at certain periods, and in certain patients the increase in weight amounted to 500 grammes, which was consequently over the daily amount of sugar taken. Patients thus gained a third of their weight, rising in a few months from 35 to 48 kilos. During the overfeeding with sugar examinations of the urine generally showed a lowering of the level of the nitrogenous wastes, without the proportions appearing sensibly changed. With a milk diet of three litres of milk per diem, sugar exercised the most intense action. Fermentation of the stomach and digestive troubles were not observed. These high doses of sugar do not pass off by the urine in healthy persons. The experiments show the doses in which sugar can be used in therapeutical alimentation. It is an exceedingly active agent, and is free from visible inconveniences in conditions of profound malnutrition, especially in cases in which the patients are not well nourished as the result of digestive troubles.

Metallic Suture in Simple Fracture of the Femur—Perfect Result.—At a regular meeting of the Surgical Society of Paris (June 9th, 1904), Dr. Dujarier presented a patient, a man about thirty years old, whom he had treated for fracture of the femur by means of a metallic hook-and-eye suture, and also two radiographs, one taken before and the other after treatment. The fracture was at the junction of the upper with the middle third of the bone, and the two fragments had been widely separated. After an incision in the soft spots, and a complete reduction of the fracture, together with the removal of a detached spiculum of bone, Dr. Dujarier reunited the two ends of the femur with a metal hook-and-eye. The result obtained is perfect. This also appears from the radiograph, which was taken two months after the accident, in which the two fragments can be seen exactly coaptated, end to end, without the slightest deviation. There is no shortening and the patient walks without any appearance of lameness.

Branch Laboratory of the Provincial Board of Health of Kingston, Ont.—Arrangements have been made by the Ontario Government for the establishment of a branch laboratory of the Provincial Board of Health at Kingston. Dr. W. T. Connell

has been appointed Assistant Bacteriologist for Ontario, and he has arranged with the medical faculty of Queen's University for the use of the laboratories in making the necessary examinations. These duties Dr. Connell assumes, in addition to his duties as professor of pathology and bacteriology, professor of sanitary science, and secretary of the Kingston faculty of medicine. Dr. W. T. Connell announces that he will make free examinations for medical practitioners of swabs from cases of diphtheria (diagnosis or release), blood from suspected typhoid fever, sputum for tubercle bacilli or pneumococci, and pus for its contained micro-organisms. Bacteriological examinations of water samples will be made when such are forwarded through officials of local boards of health. Urine, tumors and morbid tissues do not come under free regulations. The address is Dr. W. T. Connell, Pathological Laboratory, Queen's University, Kingston, Ont. We cordially extend our congratulations to Dr. Connell, and hope that the relations established between himself and the Provincial Health Department will be advantageous to the physicians living in the eastern part of the Province.

Contaminated Food Causes Summer Diarrhea. — Dr. Starkey, Professor of Hygiene, McGill University, reaches the following conclusions as to the causes of summer diarrhea in Montreal: First, attention to external ventilation, so that such things as blind alleys, closed-in courtyards, should never be constructed or allowed. In this way the air ventilating the house immediately around would certainly be pure and free from infectious disease. Second, the proper paving and drainage of these yards would prevent the soil becoming badly polluted, and eventually giving rise to infectious dust. Third, the removal of refuse is important, applying both to house refuse, which is found lying in the yards, in many instances forming foul heaps, and also to the removal of the liquid house refuse, namely, that associated with drains, privies and cesspools. Fourth, cleanliness; that is, frequent and efficient washing of these paved yards would lessen the incidence of the disease. Dr. Starkey thinks that the diarrhea results from the contamination of the food of the inhabitants, and his recommendations are based on the fact that they would tend to prevent the food becoming contaminated. He does not minimise the good results obtained from the sterilization of food, be-

cause, as he states, food might be contaminated elsewhere than in the homes of the people, and, under these circumstances, only sterilization before consumption would lessen the risk of disease.

Radiograph of an Old Fracture of the Patella.—Dr. Lucas-Championière, who has had an extensive experience of the advantages of silver wire suture in fracture of the patella, recently presented to the Surgical Society of Paris the radiograph of a patella, on which he had operated three and a half years ago for fracture. The bone having split into five pieces, the suturing of so many fragments would have been impossible, so that the operator contented himself with uniting them by drawing silver wires around them. The radiograph showed that consolidation of the pieces of bone had taken place under favorable conditions; the patella was a little spread out, but of a regular shape, and of sufficient depth. One of the silver wires had got loose, but had not caused any trouble, and (a remarkable fact) it is in the way of being absorbed. The patient walks very well.

Contagious Diseases of Animals (Canada.)—An important amendment to the Canada Animal Contagious Diseases Act of 1903 was adopted and a bill founded thereon passed through the Federal Parliament just before prorogation. The provisions of the amendment add "maladie du coit" to the list of contagious diseases, and provide that the compensation, if any, for slaughtered animals will be two-thirds of the value of the animal before it was infected. Maladie du coit is a contagious disease of the generative organs of the horse. It is comparatively rare, but, unfortunately, is considered incurable. In case a valuable stallion were to become infected, a compensation equal to two-thirds the value of the animal would be allowed by the new amendment. In reference to the other contagious diseases of animals, the amendment is quite sound. The owners of animals afflicted with contagious disease are not likely to assist in depleting their byres, unless the Department of Agriculture is willing to assist them in making good the loss. As the Government is willing to increase the compensation to two-thirds of the value of the animal, we may expect that in future the owners of diseased stock will assist in giving notification of the contagious disease.

Street Telephones.—From *Literary Digest,* August 6th: That telephones at street corners, either on the telephone pole or on the same post with the mail-box, may be a future convenience of many cities and towns, is asserted in *Popular Mechanics* (July). Says this paper: "Already they are in use to a limited extent, keyless stations opened by merely turning the handle, and which contain the pay station and a directory, being the equipment. Hollow iron posts allow the necessary ground wires. In some places the agreement with the company insures that, for the privilege of placing the telephones, all emergency calls, such as police, fire departments and hospitals, may be free of charge. This makes the system a public benefaction, saving time in case of fire or accident, and to an extent protecting the citizen. These stations are paying investments to telephone companies, as they require little extra wiring and cost little to maintain. George A. Long, in the *American Telephone Journal,* says there is no reason why these stations should not supersede the so-called police telephone systems now in use. Police could send in their reports to headquarters over the public stations, and the blue police-box would no longer be needed; certain that such a system in residential sections would be of great public benefit. How often it would save persons going four or five blocks to the drug-store or grocery." May we add what an unspeakable boon to the tired workman, who often has to walk a long distance to ring the door-bell at his physician's house to summon him in the wee sma' hours to attend some ailing member of his household. The mouth piece of a public telephone is apt to become laden with disease germs which may be inhaled by healthy persons and cause in many cases severe illness. To obviate the possibility of this suggested danger, a Frenchman has invented a method which prevents any disease germs lodging in the receiver. He puts a pad of paper into the mouthpiece, containing a hole in the centre, and the the upper disk of the pad is torn off after every conversation.

W. A. Y.

PERSONAL.

Drs. W. A. Creswell and R. W. Irving, late senior house surgeons at Toronto General Hospital, left on August 3rd for the West, where they have received lucrative positions.

School Hygiene.

THE NUREMBERG CONGRESS.

THE great success which attended the First International Congress of School Hygiene, recently held in Nuremberg, may be judged by the fact that nine hundred members were present, while nearly as many more showed their interest by becoming members, although unable to be present.

The meetings were well organized, being held in a school building admirably adapted for the purpose, and the officials of the Congress had taken great pains to afford every information and assistance to members, who showed, in their turn, their appreciation of the importance of the Congress by their steady attendance and earnest discussion. Twenty European countries, also the United States and Japan, sent representatives, and no European country was unrepresented, except Italy and Turkey.

England was well represented, and this was due largely to Dr. James Kerr, the able and energetic medical officer of the London School Board, who aided in forming a special committee, presided over by Sir T. Lauder Brunton, and including representatives from the Royal College of Physicians of London, the Royal College of Surgeons of England, the London School Board, the Medical Officers of Schools Association, the Incorporate Society of Medical Officers of Health, the London School of Medicine for Women, the Childhood Society, the Child-Study Association, the National Union of Teachers, and the Sanitary Institute. At the general meeting the following papers were read:

1. "What Have Ophthalmic Surgeons Done for School Hygiene, and What Has Yet to be Done?"
2. "The Position of School Hygiene in Norway."
3. "The Hygiene and Personal Health of the Master in Relation to His Pupils."
4. "The Arrangement of Elementary Schools, According to the Mental Capacity of the Children."
5. "The Duties and Education of the School Doctor."
6. "The Prevention of Infectious Diseases in Schools."
7. What Is Most Required in School Ventilation?"

The sectional work of the Congress was divided into seven sections:

1. School Buildings and Furnishing of the School-room.

2. The Hygiene of Residential Schools, the Methods of Hygienic Investigation and Research in Schools, and the Physiology and Psychology of Educational Methods and Work.

3. Instruction in Hygiene for Teachers and Scholars.

4. Physical Education and Training in Personal Hygiene.

5. Contagious Diseases, Ill-health, and Conditions Affecting Attendance at School.

6. Special Schools, including Feeble-Minded, Blind, Deaf, Dumb, Crippled, Invalid, and Exceptional Children.

7. Out-of-School Hygiene, Holiday Camps, the Relation of the Home and School and the Hygiene of the Teaching Profession.

Among noteworthy things said were Professor Cohn's remark that myopia might be regarded as a widespread disease produced by school life, and that the true cause was not known, although close work, hereditary disposition and bad light produced it. Dr. Benda, Berlin, advised no matriculation examinations, no afternoon school hours, and as few home lessons as possible Dr. James Kerr recommended "window-drills," direct mechanical movement of air by means of large fans, and the special ventilation of cloak-rooms and stairways in order to improve ventilation. The tendency of the Congress was in the direction of increased specialism, both in educational work and in medical supervision.

The next meeting of this Congress will be held in London in 1907, and a short conference and exhibition of school hygiene will be held in London, under the auspices of the Sanitary Institute, in January, 1905. H. M'M.

INHERITANCE AND EDUCATION.

Prof. Karl Pearson delivered the Huxley memorial lecture. He took for his subject the "Inheritance in Man of Moral and Mental Characters and Its Relation to the Inheritance of Physical Characters." He has spent much time in collecting statistics with a view of elucidating the condition of the nature in these respects. He dealt with his figures as a master, and some of his audience must have followed him only by the closest attention and determined effort. I can, therefore, only mention points in his conclusion: General health he held to be inherited just as stature and head measurements. The same law governed mental and moral characters, consequently good qualities were in the breed and not created by the environment, though they might be cultivated by it. But the parental stock was of the first importance, education and other influences were quite secondary, or at least what could be gained thereby depended very much on the stock.

I don't know that this conclusion differs very much from the popular notions of the value of good breeding or from the experience of schoolmasters. You cannot develop a genius out of a dull boy or girl by the most prolonged education. The children of the physically feeble are heavily handicapped in the struggle of life, and it may well be that mental and even moral qualities are apt to fade in the contest. But, even so, we cannot altogether exclude environment.

We have heard much of our national decadence in physical qualities, though the pessimists have not convinced the nation that it is only a dying one. Prof. Pearson seems to think we are declining in the other qualities, and he blames the intellectual classes, which, he says, for the last forty years, enervated by pleasure and leading a wrong life, do not furnish the right stock to carry on the work of the empire. The remedy would be restraining the breeding by bad stock and increasing the fertility of the good. This, of course, can be done in the breeding of animals, but how can a nation accomplish it? Education is the modern panacea for everything, but if we tell men they ought not to marry, how many will heed us? Even if we admit that physical and psychical qualities march in parallel lines it is hopeless to expect to persuade the feeble or degenerate that their duty is to die out and leave the world to a better breed. And as to this better breed, there are many who will deny its existence, and say such views, though interesting to speculate about, are unproved, and, even if true, outside of practical consideration.—London Letter of the *Medical Record.*

"Ringworm Schools."—At the meeting of the Metropolitan Asylums' Board of London in January, the report of the Downs Ringworm School for 1903 was adopted, showing 618 admissions, 208 discharges, and 1 death. Of those discharged only 153 had been pronounced cured (14 were transferred, and 41 were sent for by their guardians). Steps are to be taken to prevent children from being removed before they are cured.

Mentally Defective Children.—The first school for mentally defective children was opened in Germany in 1863, and was a successful institution, many of the children trained there being capable of supporting themselves. In Britain the first school of this character was opened in 1893 in Leicester and there are now schools in London, Birmingham, etc., to care for these children. In Birmingham about 17 per cent. of these children are practically self-supporting after leaving the school. Much interest attaches to the effort now being made by the Ontario Government to establish such a school at Orillia. The newly-appointed principal, Miss Nash, is to take up her duties at once.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

"NEURASTHENIA IN SOME OF ITS RELATIONS TO INSANITY."

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—I beg to submit a few suggestions cerebrated from reading the excellent paper of Dr. Meyers, on "Neurasthenia as an Etiological Factor of Insanity," and especially the prophylactic value of early treatment. I have no criticism of his dogma. Latterly the tendency of all writers upon psychiatry has been to assume that the general practitioner is ignorant of all things psychical, and this assumption naturally engenders platitudes. In thirty years' experience, with over 20,000 insane, and their former doctors—general practitioners—I can say that among the latter I have found many astute psychologists at whose feet many modern specialists might sit with profit to themselves. It is the rapid enlargement of neuro-psychical nomenclature that puzzles the busy doctor, and in fear of not using the latest term he refrains from giving verbal expression to experiences and observation of great value. Yet he recognizes facts and knows the meaning, and has observed the truth so well expressed by Dr. Meyers, of a neurasthenic basis for the mass of idiopathic insanities, for a long, long, time. Take the farmer's wife, for instance, a member of society furnishing more than her proportion of asylum population; ask her physician for the pathology and cause and note his reply: "She has worked like a mule sixteen hours each six days a week, and ten hours on Sunday, without companions, diversion, or brain food, until her nerve cells are starved, degenerate, exhausted, and don't work together." What reply could be better? Moreover, the country doctor in such a case recognizes the prophylaxis quite well, doctor, when he gets the chance, and uses all means in his power to put it in practice, but what can he do? He cannot give his patient change of environment (until she is legally insane), or rest, or any other effective treatment, except a short course of tonics until she gets temporary relief. He sees the inevitable end, but cannot avoid it, knowing full well it is avoidable. As for treatment suggested—travel, isolation, diversion, hydrotherapy, etc., it is not available to the great mass of neurasthenics. Drugs, although not useless, are only efficient as adjuncts to the course of treatment referred to. I want to make one ex-

ception to this dictum, although the product is not a drug, but an organic remedy, and its action is physiological. I have found wherever assimilation is much disordered, where systemic metabolism is faulty, and where these disorders are more or less basic to the symptom-complex, that dependence upon bioplasm in one of its forms is never displaced when I can reach the patient's toleration. It has become my individual dogma: for neurasthensia, bioplasm and elimination. I esteem it as the greatest boon to the nerve-exhausted—the victim of overwork, worry, and the many other causes. Respectfully yours,

P. M. WISE, M.D.

New York, Aug. 3rd, 1904.

USE ANTITOXIN AS EARLY AS POSSIBLE.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—Please allow me to correct an error in your otherwise very full and correct report of the late meeting of the Ontario Medical Association, on page 110, of August number. I am reported as saying that the mortality was greater with the use of antitoxin than without it. My opinion is the very opposite of this, for my experience teaches me to use antitoxin as early as possible, as the result of doing so is generally most satisfactory.

Yours, etc.,

J. HUNTER.

News of the Month.

AUTUMN POST-GRADUATE COURSES AT PARIS.

From Monday, 19th of September, to Saturday, 1st of October, courses and practical demonstrations, the details of which follow, will take place at the Hotel des Sociétés savantes (Science Societies House), rue Serpente (Serpente Street), and in several hospital services, at Paris:

At the Science Societies House (Hôtel des Sociétés savantes, rue Serpente): Bacteriology, Dr. Veillon; Dermatological and Syphilographical Therapeutics, Dr. Leredde; Massage, Dr. Marchais; Diseases of Urinary Organs, Dr. Noguès; Electrotherapy, Dr. Zimmern; Midwifery, Dr. Dubrisay; Nervous Diseases, Dr. Sillier; Applied Therapeutics, Dr. Landowski; Hygiene and Therapeutics of Children, Dr. Lesné.

At the different hospitals: Gynecology, Dr. Arrou (St. Antoine Hospital); Practical Surgery, Dr. Souligoux (Lariboisière); Auscultation, Dr. Caussade (Tenon); Stomachal Diseases, Dr. Soupault (Bichat); Oto-rhino-laryngology, Dr. Laurens (Bichat); Ophthalmology, Dr. Morax (Lariboisière).

The fee for every course (which will include about from 8 to 10 lessons), is 20 francs, to be paid when registering. Detailed programmes will be sent on request. For all information, apply to Dr. Marchais, Hôtel des Sociétés savantes, rue Serpente, Paris.

ITEMS OF INTEREST.

Must Leave Canada.—One hundred and thirty-five Syrian immigrants, who arrived on the 2nd ult., by the steamer *Halifax* of the Canadian line, from Havre, and landed at Grosse Isle quarantine station for medical inspection, were examined, and 105 of the lot were found violently affected with trachoma, and declared incurable. They were ordered to be deported by the *Halifax* on her return to Havre. This is the largest number of immigrants ever deported from any Canadian or American Atlantic port in the history of immigrant medical inspection.

The Physician's Library.

BOOK REVIEWS.

The Doctor's Recreation Series. Editor-in-chief, Charles Wells Moulton; Associate Editors: Nicholas Senn, M.D., Ph.D., LL.D., C.M.; Wm. Henry Drummond, M.D., LL.D.; John C. Hemmeter, M.D., Ph.D.; Wm. Warren Potter, M.D.; Titus Munson Coan, M.D.; Emory Lanphear, M.D.; Albert Van Der Veer, M.D., Ph.D.; Winslow Anderson, M.D.; W. J. Bell, M.D.; Henry W. Roby, M.D. 12 volumes, octavo. Cloth and half morocco. Akron, O., New York and Chicago: The Saalfield Publishing Co.

The aim of the editors has been to amass a great amount of useful, curious and entertaining literature pertaining to the medical profession, which has heretofore been either inaccessible to the general practitioner, or so widely scattered as to be practically unattainable when most needed. These volumes present as complete and varied a collection of the best purely literary medical literature as can be brought within the compass of a dozen volumes. As an actual encyclopedia of medical literature, they will take a place not hitherto occupied. Much good material, both prose and poetry, drifts hither and thither on the stream of fugitive literature, and, if not wholly lost, is likely to become forgotten. Many of the pieces here collected have been rescued from the oblivion that seemed awaiting them, while much of the set is original and presented for the first time.

In last month's issue, we had occasion to review Vol. I., "The Doctor's Leisure Hour." Vol. II. has come to hand recently. It is entitled "The Doctor's Red Lamp," a book of short stories concerning the doctor's life, selected by Charles Wells Moulton. It is a most interesting volume, containing short stories by different authors touching upon the daily life of the physician. The material has been selected from a large number of sources, the authors including such well-known litterateurs as Conan Doyle, Ian Maclaren, Ambrose Bierce, Lucy S. Furman, J. E. Montgomery, Maud Wilder Goodwin, Henry Seton Merriman, and Joseph Kirkland. We know of no better series of books for the busy physician to buy, with which to amuse himself on his vacation, or after a busy day's work. W. A. Y.

A System of Practical Surgery. By PROF. E. VON BERGMANN, M.D., of Berlin; PROF. P. VON BRUNS, M.D., of Tubingen, and PROF. J. VON MIKULICZ, M.D., of Breslau. Volume III., Surgery of the Extremities. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York; and John B. Solley, M.D., New York. New York and Philadelphia: Lea Brothers & Co. 1904.

The volumes of this excellent work continue to appear with great regularity and celerity. Volume III. is even better than its forerunners. The contributors are men of excellent reputation, and are known to the profession the world over: Dr. M. Borchardt, Prof. Dr. P. L. Friedrich, Prof. Dr. A. Hoffa, Prof. Dr. F. Hofmeister, Prof. Dr. D. Nasse, Oberarzt Dr. P. Reichel, Oberarzt Dr. A. Schrieber, Privat-Docent Dr. M. Wilms. The work is largely free from the defects which so mark various "systems." It is not a compilation where the antiquary may search who is looking for discarded and effete methods; viewed even from the standpoint of the specialist it is exhaustive, yet concise, thoroughly modern, though conservative. The illustrations and mechanical execution of the work are of the best. The reviewer need only refer to such subjects as "Congenital Dislocation of the Hip," the treatment of which has made such rapid strides in the last decade, and to "The Treatment of Club-Foot," which has reached the very ideal of perfection, to be able to recognize that the author of these, as well as of the other subjects treated in this volume, has written what represents the best and latest knowledge upon the subject in hand. No better system of surgery has been published. B. E. M'K.

Small Hospitals: Establishment and Maintenance. By A. WORCESTER, A.M., M.D.; and Suggestions for Hospital Architecture, with Plans for a Small Hospital, by WILLIAM ATKINSON, architect. New York: John Wiley & Sons, 43 and 45 E. 19th Street.

At a time when so many new hospitals are being built, and when the public are becoming so interested in the care and management of the ill and injured, a book of this kind is of great value, as it not only describes how the public may be interested, the arrangements of committees, and the organization of hospital boards, but it goes into the whole question of the difficulties which might be expected to exist where allopathy, homeopathy and eclecticism are all recognized as legitimate modes of practice. This little book contains many valuable hints with regard to the temporary hospitals, and the steps that may be taken to fit a

dwelling-house to serve as a hospital until a better one can be built. It contains plans also for the building of hospitals, smaller and larger, and isolation wards, and the letterpress of these plans is full of suggestions that must be of value, not only to those who are building hospitals but to every practitioner, as from the knowledge of what is best, he may see a way to improve what exists in the very houses that he has to visit. A. J. J.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. KELLY, M.D., Philadelphia, U.S.A., with the collaboration of Wm. Osler, M.D., Baltimore, U.S.A.; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; J. G. Clark, M.D., Philadelphia; Jas. J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris, and Richard Kretz, M.D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vols. I. and II. Fourteenth Series. 1904. Philadelphia: J. B. Lippincott Co. Canadian agent: Chas. Roberts, Montreal.

Volumes I. and II. of the fourteenth series of "Clinics" are fully up to, and in some respects ahead of, some of their predecessors. We are pleased to see that the name of Dr. Alex. McPhedran, of Toronto, has been added to the list of collaborators, and feel that such is a distinct acquisition and of additional value to the series. Among the contributors to Volume II. appears the name of Dr. John McCrae, Lecturer in Pathology at McGill University. One of the most valuable contributions to Volume I. is "The Progress of Medicine during 1903," by Drs. David L. Edsale, Joseph C. Bloodgood and A. A. Stevens. The article covers over one hundred pages, and makes Volume I. worth purchasing, if for no other reason. In it, Dr. Edsale covers Infectious Diseases, Parasitic Diseases, Diseases of Metabolism, of the Blood, of the Cardio-vascular, Respiratory and Gastro-intestinal Systems, and Diseases of the Liver and Kidneys. Dr. Jos. C. Bloodgood takes up Surgery under the headings of Shock, Surgical Infections, Anesthesia, Blood Examinations, Blood Cultures, Burns and Scalds, Fractures, Tumors, and the Surgery of the

Stomach and Pancreas. Dr. A. A. Stevens deals with Treatment, viz., that of Infectious Diseases, Constitutional Diseases, Diseases of the Blood, Ductless Glands, Circulatory System, Diseases of the Kidney, Respiratory Tract, Stomach, Intestines and Liver.

Of Volume II., the first 128 pages are devoted to "Diseases of Warm Climates." Among those who contribute short articles to that department is Dr. John McCrae, who writes one of 22 pages on "Recent Progress in Tropical Medicine," a chapter well worth reading, and showing great scientific thought. Dr. C. Jarvis contributes 15 pages or so on "Sleeping Sickness," which is comparatively common in the Uganda country. A very interesting and instructive chapter, "Broncho-pneumonia in Children," is contributed by Dr. Isaac A. Abt, and one on "The Limitations of the Utility of Digitalis in Heart Disease," by Dr. Jas. M. French, is worthy of careful perusal. W. A. Y.

Cap'n Eri. By JOSEPH C. LINCOLN. Toronto: William Briggs, Publisher.

The Cap'n is a man without a mate in the story-book line, excepting wonderful old David Harum. Eri lives, moves and has his being in and around Cape Cod; his quaintness has an irresistible charm, and his love of comfort appeals to many a physician, especially those who have spent their earlier years in the country, and can remember being asked to step into the parlor and "set on the sofa"—to which invitation the Cap'n answers, "No, thanks; hair-cloth's all right to look at, but it's the slipperiest stuff that ever was, I cal'late. Every time I set on a hair-cloth sofa I feel's if I was draggin' anchor." W. A. Y.

A Text-book of Alkaloidal Therapeutics. Being a condensed resume of all available literature on the subject of the active principles, added to the personal experience of the authors. By W. J. WAUGH, M.D., and W. A. ABBOTT M.D., with the collaboration of E. M. EPSTEIN, M.D. Chicago: The Clinic Publishing Co. 1904.

This work covers a field that, up till now, has been largely ignored by the bulk of the profession. The tide, however, has been gradually turning till to-day physicians, who decried the system most vehemently, are now among its active supporters. There is little doubt that anything that is new, as a rule, is slowly taken up, and the headway made is discouraging. Alkaloidal medication is to-day receiving a good deal of attention, and the Waugh-Abbott text-book consists of 400 pages of literature, covering the 138 different alkaloidal preparations, their toxicology, physiological action, etc. As the authors say, "The mission of our book

is to get together from all sources all the facts obtainable concerning the alkaloids and active principles, and present them in a 'ready-to-use' truly 'alkaloidal' form." The volume is well written and will prove, we feel sure, the means of adding many to the list of converts to this new, but, very often, indeed, successful method of medication.

A Manual of Practical Medical Electricity, the Rontgen Rays, Finsen Light, Radium and Its Radiations and High Frequency Current. By DAWSON TURNER, B.A., M.D., F.R.C.P. (Edin.), M.R.C.P. (Lond.), President Royal Scottish Society of Arts, Vice-President British Electro-Therapeutic Society, Fellow of the Physical Society, Lecturer on Experimental Physics, Surgeons' Hall, Edinburgh, etc. Fourth edition, revised and enlarged. University series. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1904. Canadian agents: J. A. Carveth & Co., Toronto.

It is but two years or so since we had the satisfaction of reviewing the third edition of Dr. Turner's excellent work, and now we have before us the fourth edition still further enlarged. In his edition of 1902, the author devoted a good deal of space to a subject which was new then, viz., the treatment of disease by means of the ultra violet light, and since then it has been proved what rapid improvement can take place by this method in malignant cases. In the last edition, Dr. Turner has paid a good deal of attention to the use of sinusoidal currents in treatment, and also to the consideration of radium and its uses. He also goes into the therapeutics of high frequency currents. Quite a number of illustrations have been added.

The Clinical Study of Blood-Pressure. A Guide to the Use of the Sphygmomanometer in Medical, Surgical and Obstetrical Practice. With a Summary of the Experimental and Clinical Facts relating to the Blood-Pressure in Health and Disease. By THEODORE C. JANEWAY, M.D., Lecturer on Medical Diagnosis, University of Bellevue Hospital Medical College, New York City. With seventy-five illustrations in the text, many in colors. New York and London: D. Appleton & Co. 1904.

Instruments of precision for ascertaining blood-pressure have not been of much service in the past, but this author believes that, with modern instruments in the hands of those who understand their use, diagnosis, prognosis and therapeutics cannot but gain in efficiency through blood-pressure determinations at the bed-side and in the office.

The work is divided into three parts. Part I. deals with the

purely physiological aspect of blood-pressure along the same lines that are followed by our leading text-books on physiology.

Part II. deals with the technical construction and application of various kinds and makes of instruments. The author favors the use of the modern instrument called the sphygmomanometer, several varieties of which are described, and attention is drawn to their several advantages and disadvantages.

The main interest centres in Part III., where the clinical aspects of the subject are discussed under such headings as, "The blood-pressure in disease in general," "In internal disease," "In nervous and mental diseases," "In surgical conditions," and "In obstetrical conditions."

Practical results have been obtained in nephritis, in perforation and hemorrhage complicating typhoid fever, in shock and collapse from various causes, and in a host of other conditions. During the administration of chloroform, any serious depression of the blood-pressure is at once indicated, and shows that the chloroform should be stopped and ether substituted.

In obstetrics, the greatest importance attaches to the arterial pressure as a means of foretelling, and, as a consequence, possibly forestalling, an eclamptic seizure. The author says, "To take the arterial tension is far easier than examining the urine, and the information thus obtained is no whit less valuable."

It is impossible, from a hasty perusal of the work, to determine the practical clinical value of obtaining blood-pressure as a routine practice in all cases. There can be no doubt, however, that the value of such tracings is very great in some, if not all, cases. I am sure that everyone who reads this work will be pleased with it. A. E.

Insanity in Every-day Practice. By E. G. YOUNGER, M.D. (Brux.), M.R.C.P. (Lond.), D.P.H., etc.; Senior Physician Finsbury Dispensary; Late Senior Assistant Medical Officer, London County Asylum, Hanwell; Formerly Assistant Medical Superintendent, Metropolitan District Asylum, Caterham. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1904. Canadian agents: J. A. Carveth & Co., Toronto.

This little book is an excellent illustration of what may be accomplished by an intelligent and determined attempt at condensation. The usual experience of an author when undertaking to write on the subject of mental diseases is that so much important material presents itself to his mind that a large work is compiled before he can forgive himself for bringing it to a close. Dr. Younger, however, has contrived to present a comprehensive view

of his subject within the compass of 106 octavo pages, and one reason why he has been able to successfully accomplish this surprising result may be found in the simple symptomatological classification which he has adopted. The wide divergence in the classification of various authors constitutes one of the discouraging difficulties to the professional mind in acquiring a knowledge of mental diseases, and Dr. Younger spares his readers by refraining from the introduction of a new terminology. He only refers to his monograph as an "outline chart," but certainly the masterly clearness and completeness with which he has sketched these outlines will cause every reader to hope that he may soon be induced to give the profession what he would regard as a more exhaustive treatise on mental diseases. N. H. B.

Tuberculosis and Acute General Miliary Tuberculosis. By Dr. G. Cornet, of Berlin. Edited, with additions, by Walter B. James, M.D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Handsome octavo volume of 806 pages. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., 434 Yonge Street, Toronto. Cloth, $5.00 net; half morocco, $6.00 net.

This is the seventh volume to be issued in Saunders' American Edition of Nothnagel's Practice. Professor Cornet's exhaustive work appears at a time when the subject of tuberculosis has a peculiar claim upon the attention of mankind. Within a few years both professional and general public interest in the disease has made great advances. In almost every civilized community societies for the prevention of tuberculosis are being organized, and these are composed not only of physicians, but of laymen, while governments themselves are taking an active part in the movement. Under these circumstances, and at this time, the work is of interest to practitioners, for there is no other treatise which gives an equally clear and comprehensive view of this subject.

As to the relation of human to bovine tuberculosis, it is pointed out that while the bacilli of bovine tuberculosis are more virulent for cattle, and those of human tuberculosis for man, the two are, nevertheless, to some degree interchangeable, and we are, therefore, not justified in relaxing our efforts to prevent the use of milk and meat from tuberculous cattle.

However, the fact cannot be reiterated too often, that the great danger lies in dried tuberculous sputum. This is the great source of infection for human beings at all ages, from birth to old age. A second fact of equal importance is that bacilli die

within a few hours if exposed to sunlight, and within a few days in diffused light. In the light of these facts, all that is required to prevent the spread of tuberculosis is cleanliness, light and fresh air.

The editor is to be congratulated on the excellence of the translation. His own additions, though few, are excellent, and materially add to the value of the work. A. M'P.

The Practical Medicine Series of Year-Books. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued monthly, under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. V., Obstetrics. Edited by Joseph B. DeLee, M.D., Professor of Obstetrics, Northwestern University Medical School. April, 1904. Price, $1.00. Vol. VI., General Medicine. Edited by Frank Billings, M.S., M.D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago; and J. H. Salisbury, M.D., Professor of Medicine, Chicago Clinical School. May, 1904. Chicago: The Year-Book Publishers, 40 Dearborn Street. Price of series, $5.50; of this vol., $1.00.

These volumes are parts of a series of ten issued at monthly intervals and covering the entire field of medicine and surgery. Each volume is complete for the year prior to its publication on the subject of which it treats. These volumes are published primarily for the general practitioner, but being arranged in several volumes, those interested in special subjects may buy only the parts they desire.

Volume V., on Obstetrics, takes up Pregnancy, Labor, the Puerperium and Operative Obstetrics.

Volume VI., on General Medicine, treats of Typhoid Fever, Malaria, and Diseases of the Digestive Organs. General medicine, being a large subject, is divided into two volumes, viz., May and October. We are very much pleased with these volumes, and can recommend them to our friends. W. J. W.

Epilepsy and Its Treatment. By WILLIAM P. SPRATLING, M.D., Superintendent of the Craig Colony for Epileptics at Sonyea, N.Y. Handsome octavo volume of 522 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited., 434 Yonge Street, Toronto. Cloth, $4.00 net.

If for no other reason than that it is now well over a quarter of a century since any work of any account on epilepsy has come

from the press, Dr. Spratling's volume will be welcomed by the profession. The author has had the necessary experience as a neurologist to write the book, and, judging from what we have read of it, it is a volume that will interest, not only the specialist, but the general practitioner alike. In comparing the method of treatment adopted in epilepsy twenty years ago with that of the present day, one cannot but see what wondrous advance has been made, so that, for that reason, too, this volume should find a ready sale. The section that interested the reviewer most is that dealing with the medico-legal aspects of epilepsy, thirty pages full of thought, and yet conservative.

A Text-Book of Mechano-Therapy (Massage and Medical Gymnastics). For Medical Students, Trained Nurses and Medical Gymnasts. By AXEL V. GRAFSTROM, B.Sc., M.D., Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N.Y. Second edition, revised, enlarged and entirely reset. 12mo of 200 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, $1.25 net.

Dr. Grafstrom considers in this small book Mechano-Therapy in 17 chapters, and takes up such in different departments and from different aspects; *e.g.*, Gymnastic Postures, Medical Gymnastics, Massage, A General Massage Treatment, Disease of the Respiratory Organs, Movements and Cardiac Diseases, Mechano-Therapy used in the Treatment of Rheumatism and Gout, Diseases of the Urinary Organs and their Treatment by Mechano-Therapy, Chronic Constipation and Diseases of the Liver, a short review of Mechano-Therapy in connection with Obstetrics, Mechano-Therapy as an Agent in the Treatment of Diseases of Children, Diseases of the Nervous System, Local Treatment, Massage of the Eye, Ear, Nose and Throat, and Pelvic Massage. The last two chapters are additions to Volume II., and have not appeared before. The volume is not only of interest to medical gymnasts and nurses, but to medical practitioners as well.

Atlas and Epitome of Diseases of the Mouth, Pharynx and Nose. By DR. L. GRUNWALD, of Munich. From the second revised and enlarged German edition. Edited, with additions, by James E. Newcomb, M.D., Instructor in Laryngology, Cornell University Medical School; Attending Laryngologist to the Roosevelt Hospital, Out-Patient Department. With 102 illustrations on 42 colored lithographic plates, 41 text-cuts, and 219 pages of text. Philadelphia and London: W. B.

Saunders & Co. 1903. Canadian agents: J. A. Carveth & Co., Limited, Toronto. Cloth, $3.00 net.

In designing this atlas the author has kept constantly in mind the needs of both student and practitioner, and, as far as possible, typical cases of the various diseases have been selected. The illustrations are described in the text in exactly the same way as a practised examiner would demonstrate the objective findings to his class, the book thus serving as a substitute for actual clinical work. The illustrations themselves are numerous and exceedingly well executed, portraying the conditions so strikingly that their study is almost equal to examination of the actual specimens. The editor has incorporated his own valuable experience, and has also included extensive notes on the use of the active principle of the suprarenal bodies in the materia medica of rhinology and laryngology. The work, besides being an excellent atlas and epitome of the diseases of the mouth, pharynx and nose, serves also as a text-book on the anatomy and physiology of these organs. Indeed, we wonder how the author has encompassed so much within such a limited space. We heartily commend the work as one of the best we have seen.

Obstetric and Gynecologic Nursing. By EDWARD P. DAVIS, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. 12mo volume of 402 pages, fully illustrated. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Polished buckram, $1.75 net.

Every practitioner sees daily the immense value of good nursing, the boon it is to the patient, and the manner in which it removes a large part of the burden from his own shoulders. A perusal of Dr. E. P. Davis', volume will still further assist the medical attendant and help him so as to systematize what his nurse ought to do so as to make his task all the lighter and more enjoyable. Apart from that, the book should be in the hands of every nurse who is anxious to be thorough and proficient in her life's work.

Fatigue. The Science Series. Edited by PROF. J. MCKEEN CATTELL, M.A., Ph.D., and F. E. BEDDARD, M.A., F.R.S. Toronto: William Briggs.

This small volume is divided into 12 chapters, dealing respectively with The Migration of Birds, Carrier Pigeons, History of the Study of the Movements of Animals, Origin of the Energy of the Muscles and of the Brain, General and Special Charac-

teristics of Fatigue, Substances Produced in Fatigue, Muscular Contracture and Rigidity, Law of Exhaustion, Attention and Its Physical Conditions, Intellectual Fatigue, Lectures and Examinations, Methods of Intellectual Work, and Overpressure

Before "the dog days" cease to be for 1904 it would be a good thing to purchase from Wm. Briggs a copy of Prof. Cattell's unusual book, and, lying in a hammock when you think you are fatigued with a big day's work, peruse it and find how quickly that "tired feeling" will disappear.

W. A. Y.

Diseases of the Stomach and Their Surgical Treatment. By A. W. Mayo Robson, F.R.C.S., and B. G. A. Moynihan, M.S., London, F.R.C.S. Second edition. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1904. Canadian agents: J. A. Carveth & Co., Toronto.

Less than a decade ago, it was considered out of the question to attempt to treat diseases of the stomach by surgical interference. During the past two or three years, however, opinion along this line has materially changed, and the surgery of the stomach is now a source of active discussion at any and every medical society meeting. The authors have a record of over 600 operations, the death-rate of which during the last year or two has been cut down to less than 5 per cent. Mr. Robson is strongly of the opinion that in cancer cases gastrectomy has advantages over gastro-enterostomy, and that, even as a palliative operation, partial gastrectomy can afford great relief. It may be said that the whole book has been rewritten, or nearly so, and the authors are deserving of congratulation for the literary character of the volume now before the profession.