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Original Articles.

MEDICAL THOUGHTS, FADS, FACTS AND FANCIES.

BY JAMES S. SPRAGUE, M.D., STIRLING, ONT.

Author of "Medical Ethics," etc.

It is really needless to state that we, of the medical profession, are the most poorly and insecurely bound together, when the unity of those connected with the bar, and even the pulpit, and most especially trades unions is brought into evidence for confirmation and illustration of the assertion.

That we—even all of us—have often felt the urgent necessity of a closer union, in which every righteous interest should be nursed, is a solemn truth, which all of us wish—only wish to encourage, and the very few to work for it. Yet, as a rule, the most zealous of those interested, while publicly announcing their views, are content to see another assume the task of clearing the way for this desirable unity, and are unwilling to encourage or assist zealous workers. Too many there exist among us who say: "Go ahead; that's all right; that is just what we want," yet, do not want to assist us, who of the minorities are zealous in good works, and are pathfinders in medical interests. Too often those among us—our fellow practitioners, yet no fellow-workers—will sneeringly taunt us when a proposition, however well contemplated and well presented fails through want of fraternal support, with the cold and conciliatory remark, "I told you so." Yes, we of the medical

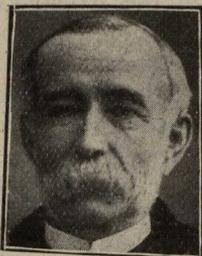
profession belong to the loosest of all corporations, and I, in making this statement, am repeating views, by me advanced in this and many other medical journals; and most pleasurable to me was it, that I noticed the remarks of Dr. McCullough, of Alliston, in his address before the late session of the Ontario Medical Association, which confirms my similar views, and those held by all of us, who have the interest of medicine constantly in our keeping, and are not leaving to others the task of making reforms, while they sit on the fence, and grow old in criticising our movements, and while living in this fool's paradise, expect to gain our respect and reach heaven.

One pleasurable and encouraging fact is this: *Patet omnibus veritas, nondum est occupata*, pronounced by Seneca, and illustrates that truth is open to all, it is not occupied; and Bacon offers further encouragement of pleasure in our delightful and never ending researches, by telling us there is no pleasure comparable to the standing upon the vantage ground of truth. We must admit that "conservatism never made an invention, wrote a book; painted a picture, nor breathed a prayer that rose above the roof."

That we, who have had the bad luck to study physic, should have limited boundaries established wherein we could, without fear of molestation, be allowed to practice our profession, which, in time, study, self-sacrifice, anxiety, brains and shekels demands more than any other profession or calling, is most lamentable when we hear, and very frequently read, that "Canada is for Canadians." To make the statement that no one State of the United States offers one-half the obstacles to the acquiring of its medical license, than are demanded by our several poorly settled and new Provinces for a similar privilege, is in no sense pleasing; but the truth remains, and although most grievous is it for our young men to bear, yet no successful attempts, so far have been encouraged to remove these objectionable restrictions, and our Dominion, in consequence of our indifference in the matter of the establishment of our Board of Medical Examiners, is, yearly, losing many of her best sons—and from a careful study, during several years, I can safely state, that of our graduates, nearly one-fourth, during their graduating year, seek homes in the United States.

These most lamentable and unpatriotic barriers, interfering not only with our liberties but with our rights as citizens, or rather subjects of the Crown, in the matter of the practice of

our profession and also in the participation of all the promises and illimitable possibilities which our great prairie Provinces present us—are still before us and have to be faced and overcome. Canada is certainly not for Canadians—it really is the dumping ground for the Japanese, who, each week, are landing on our shores more than one thousand souls. During the early part of, in fact all through the seventies—and even through the early years of the eighties—no State of the American Union had any medical license laws, and as a result hundreds of our duly qualified men and holders of Canadian degrees, found homes and peaceful enjoyment in their practice there, even under a foreign flag. These self-expatriated young men were the



James S. Sprague.

And if at times beside the evening fire
You see my face among the other faces,
Let it not be regarded as a ghost
That haunts your house, but as a guest who loves you.

—*Longfellow.*

stated, were regularly graduated in medicine, and were well received, and recognized for their worth. Yes, easily separated from the quack, who had equal rights for a season.

These lines are written with a thorough knowledge of medical life and interests, confirmed by long residence in a trans-Mississippi State, in which, and in neighbor States and territories many fellow-graduates were in active practice. When I reflect upon the average worth and wealth to every community, of an average citizen, and think how much our Province has lost and will lose, in fact is losing—and that our prairie Provinces are losing good citizens—young doctors—by their unjust medical legislation in regard to licenses, I grieve to think that there are none to arise to champion the rights of our young men

for their inheritance in homes within our own borders, and for a Dominion licensing system, even while I esteem, and am upholding the noble work of our College of Physicians and Surgeons, for which, during the last four years, I acted as one of the examiners, and although with humility I may here state that I justly considered myself not only highly honored but privileged to understand more fully the most perfect system of medical examinations and just rulings most happily and satisfactorily arranged by the members of our Council. That a Dominion licensing system should exist, whose rulings were or would be those now held by our College, however, is not only my wish, but the wish of all who are true Canadians, and love medicine for other than purely selfish interests. Who is to come forward to advocate the necessity of a Dominion license and the establishment of the Royal College of Physicians and Surgeons of Canada?

All of us who are quietly settled in practice; those, too, who are not fully established; those, the twelve hundred young men whom for the College of Physicians and Surgeons I have examined, and those of the first year in medicine; all, yes, all, will hail the day when we can say: "Truly, Canada is for Canadians—for it includes us of the medical profession."

However, to many such will be a pleasing dream for many years, when we reflect that we are the loosest of all corporations—are "easy marks," and are living, each in a "fool's paradise" of jealousy and marked indifference, while even dentists, even pharmacists, not forgetting the nurses, Osteopaths, kite-flyers of every color, tradesmen and unions, are daily offering us lessons in organization work.

A certain vein of censure, even of criticism, may have been introduced in this paper; however, I solace myself with the belief that they never do harm to or hurt anyone—even if I have advocated strenuously the introduction of interests for our good, and even if my statements are false, no one is hurt, unless he lacks character, and will not call into exercise the most heaven-born of all virtues, namely, charity, which our dear Osler, the master mind of this century, urges us to employ in all our fraternal relations.

In order to relieve the mind of the reader, the following most pleasing poem is added, thoroughly believing age and wisdom, and holiness, have peremptory claims, and will be listened to (in the words of the *Abbot*, by Sir Walter Scott):

This poem, by T. A. Daly, Philadelphia, is written in the

Italian dialect, and "Father McCann" and the "Gran' Doctor" are the heroes:

"Padre Domineec McCann,
 He ees great beeg Irishman,
 He ees growla w'en he speak
 Like he gona go fer you,
 Jus' for busta you in two,
 My, he talk so rough, so queeck,
 You weel wisha you could be
 Som'where else w'en you see
 Padre Domineec.

"Padre Domineec McCann
 Stop at dees peanutta stan',
 W'en my leetla boy ees seek;
 Talk so rough he mak' me cry,
 Say ees besta boy should die
 So he go to heaven queeck.
 He ees speak so cold to me,
 Nevva more I wanta see
 Padre Domineec.

"Den Gran' Doctor com', ees queer,
 We'n I ask who send heem here,
 He jus' smile, an' weel no speak,
 Only justa for to say:
 'You no gotta cent to pay,
 I gon' feex dees boy dat's seek.'
 Oh! beeg hearta man an' true,
 I'm gatin' on to you,
 Padre Domineec."

In advocacy of mutual interests, and for your best consideration, is this paper prepared, brother, it is not acroamatical, and is done to pass most pleasurable a leisure hour, and with the hope that others, in our ranks, may become interested or benefited, or agree with us in regard to the great, even urgent, invocation for unity as is named herein, fully believing:

"That united, we stand;
 Divided, we fall."

and

"In essentials, unity,
 Non essentials, liberty,
 In all essentials, charity."

And with Emerson, believing, too, that, "One look at the face of heaven, and earth lays all petulance at rest, and soothes us to wiser convictions."

Brother, as I am collecting material for a proposed publication, whose title shall bear relationship to medical anthology and allied subjects, it will be much pleasure and satisfaction to me if you furnish me copies of such choice subjects in prose or verse, consisting of very brief extracts, articles or papers, aphorisms of the masters, etc., and in so doing, you will receive my best thanks.

"For this was the manner in former times in Israel, . . . for to confirm all things, a man plucked off his shoe and gave it to his neighbor."

A BRIEF RESUME OF THE DEVELOPMENT OF CLINICAL PSYCHIATRY.

BY JOHN G. FITZGERALD, M.B., TORONTO.

That the study of the various manifestations of mental alienation dates back to the earliest times need not be emphasized, and without recalling any names, antedating his, it need only be mentioned that Galen described one type of disease which in its essential features was not unlike the picture described by Georget, an eminent French alienist of the early nineteenth century. In this picture were certain features which were incorporated in one of the forms of the now well-known condition—Dementia Praecox.

When one thus considers that Psychiatry had its beginning at such a remote date, it seems hardly credible that so little progress was made in so many decades. To trace the historical development through all the ages would require considerable time, and it is possible only to sketch in the briefest fashion the more important of the earlier events.

It is highly probable that the most important etiologic factor in the retardation of knowledge in regard to the nature of mental diseases was the view held by the Church, which was that all persons exhibiting symptoms of anomalous, mental activity were possessed of an evil spirit (this view was also held by eminent alienists of the eighteenth century), and that the proper treatment was that which the priests would administer. A second factor, which partially explains the first, was this: the activities

of the diseased mind, not being understood, were looked upon as supernatural and were consequently avoided, and tales of the bizarre conduct of one so afflicted were told to frighten the children, just as stories of ghosts, goblins, etc., are implements of offence in the hands of those in charge of the youthful, in many parts, in this enlightened twentieth century.

Despite the handicaps thus imposed, many excellent observations were recorded, even at the time when witches were being sent to the stake, and one may be pardoned for quoting the author of the "Religio Medici" in regard to his views on the subject of witches. He says: "For my part, I have ever believed, and do now know that there are witches; and they that doubt of these, do not only deny *them*, but spirits, and are obliquely and upon consequences a sort not of Infidels but Atheists."

As early as 1536, Felix Plätter, a German alienist, described four conditions, to wit: mental weakness corresponding to the state later spoken of as Dementia; mental alienation corresponding to Paranoia or Mania; mental abolition corresponding to mental confusion; and mental anxiety corresponding to Melancholia. So here we have a descriptive symptomatic classification almost four hundred years old. Various other investigators, later in the eighteenth century, and early in the nineteenth century, described symptom-pictures, some of which hold good even to-day; in the great line of names associated with this early time one must linger for a moment to mention Chiarurgi, Pinel, Esquirol and Georget, in France; Tuke and Cullen, in England; and Benjamin Rush, in America, the last-named finding time in the midst of multifarious duties as head of the Institute of Medicine in the University of Pennsylvania, to devote many hours to the consideration of the symptoms shown by the inmates of the Philadelphia Asylums, and the fascinating descriptions contained in the writings of the man who has been described as the father of American Psychiatry, make most interesting reading for the present-day student of the subject.

Passing on to still more modern times, Griesinger, Kahlbaum, Hecker and Zeller, in Germany; Baillarger and Bayle, in France; Tuke, Prichard, Bicknell and Connoley, in England, are all landmarks on the way. In 1840 Zeller described all forms of insanity as belonging to one type, each case passing through four phases: that of depression, excitement, irrelevancy and dementia. What a different conception from that of one modern German psychiatrist who describes eight or nine forms of Paranoia alone.

Following in chronological order, the names of Morel, Mey-

nert (who divided all forms of mental diseases into Mania, Melancholia, Amentia and Paranoia), Chaslin, Christian and Regis, in France; Maudsley and Clouston, in Great Britain; and finally Ziehen, Wernicke and Kraepelin, in Germany; and our own Canadian representative, the late Dr. Workman, who did so much to further the truest interests of psychiatry.

For many decades the students of mental disease concerned themselves chiefly with the matter of classification; all cases admitted had to be diagnosed and classified. This was found to be a herculean task, and almost more than could be accomplished; but a way was found which seemed to solve the problem, and that was the adoption of the symptomatic method. In this method the symptom-picture presented by the patient at the onset of the psychosis, dominated and was the clue to the diagnosis, and of course to the prognosis and treatment.

Now it may not at once be apparent what the actual significance of this state of affairs naturally led to. In the first place, the psychic sphere most involved, and as a consequence exhibiting the greatest degree of parafunctioning, almost invariably was the only one observed or studied, and gave the name to the condition. For example: a patient showed excitement—it was a case of mania; depression—a case of melancholia; conspicuous reduction—dementia, etc., etc. The evident lack of breadth and comprehensiveness of this method cannot but be apparent to the most casual observer. When one feature so colored the picture in the mind of the alienist that all other manifestations were entirely overlooked or neglected, it necessarily implied that accurate, painstaking, laborious psychologic analyses were not the order of the day.

So that, as long as classification was the end object of the alienist, progress was bound to be slow. Many extremely interesting observations were made, but they were isolated, could not be correlated, and were practically valueless. Because the clinical picture as drawn by the alienist was so often one-sided, many of the most essential points were overlooked. In order to illustrate this we have only to again refer to a case of acute mania. Here the features which predominated were: the emotional exaltation and the greatly increased psychomotor discharge seen in the patient's busy activity, marked restlessness, etc. The lesion in attention, the nature of the psychic processes of association, ideation, etc., were not critically analyzed.

So to briefly sum up the disadvantageous features in the symptomatic method, there were: first, that it did not consider

the psychoses in their entirety, including a review of all phases of the condition; secondly, that it was concerned with the matter of naming conditions rather than thoroughly studying them; thirdly, that the symptomatic picture did not give one a sufficient grasp of the situation to be in a position to express a fairly accurate prognosis; and lastly, that the treatment was often not based on a thorough understanding of the cases, and could not be designated rational therapeutics.

That the field of neuro-histology and neuro-pathology was naturally looked upon as ground which would yield the richest harvest is not to be wondered at; and very early many most eminent workers in laboratories the world over were devoting themselves to a consideration of the conditions found *post-mortem* in cases of mental disease. There was also a large band of investigators who devoted themselves to a study of the normal cortex cerebri, and the underlying white zone. Of the men whose activity and scientific zeal have caused their names to be of true historical interest, in this realm of medicine, must be mentioned Leewenhock, who in 1684 had observed by means of the rude lens designed by him, the nerve fibres; Vic. d'Azyr, whose discovery of the intra-cortical zone in the occipital region was the first step in the elaboration of the cortical anatomy; Ehrenberg, who in 1833 described nerve cells and fibres. Valentine, however, in 1838, really laid the first foundations in the study of the nerve cell, although the year before Purkinje (1837) had described the processes of the nerve cells, and in the same year Remak described the cells in the corna of the cord, and one year later gave the first description of the fibre elements;—the axis-cylinder of myelinated fibres which were spoken of as the "Primitiv-band." The observation of Virchow that certain elements in the cortex were essential nerve elements, and others non-essential, supporting structures, was made before staining methods were introduced. It must be remembered that all this extremely painstaking work was done by isolating the elements in fresh material. Of other early workers, Schwann, who in 1838 gave to the world the cell theory named after him; Kalkiker (who elaborated the theory of Schwann), and Gerlach were also great names in the cytologic period; and Dieters, who with Max Schultze carried on the work of Remak on the myelinated nerve fibres, and when one repeats Gerlach's definition of a nerve cell—"It is a cell which, through its axis-cylinder process, is continuous with a myelinated nerve fibre"—it will be at once apparent that in certain directions neuro-histology was making rapid strides, especially when it is kept in mind that this was the Car-

mine period, when differential stains were unknown. The names of Müller, Stilling, Gennaret, Baillarger, and later on those of Krause, Cohnheim, Corti, and finally the modern workers, Weigert, Waldeyer, Exner, Tuzek, Apathy, Cayal, Held, Van Ghehuchten, Golgi, Brelschowsky, and Nissl, who has done much splendid work both in neuro-histology and pathology, are all too well known to require more than passing mention.

Despite the fact that so many really great investigators have turned their attention to the work, and despite the fact that histologic studies of an extremely accurate and thorough character have been done, the sum total of the results obtained in the field of neuro-pathology and the correlation of the same with clinical observations has been extremely small. And it has been evident for some time that many of the psychoses which could be recognized as distinct clinical types showed no characteristic pathologic modification in the cortex cerebri after death. For this reason a large number of groups of cases have been designated functional psychoses, in contradistinction to those in which it was possible to demonstrate a definite and constant pathologic alteration after death. Of the clinical entities belonging to the latter class, Paresis or Dementia paralytica was the condition whose morbid anatomy and histology were earliest the subject of study and observation, and in 1822 Bayle described certain characteristic changes in the pia-arachnoid and certain other gross appearances which he regarded as pathognomonic of the paretic cortex. Tuzek's work in 1884, on the disappearance of the tangential and supra-radiary fibres in the brains of paretics was another epoch-making observation in the same condition, and Alzheimer, Vissl and others have made important contributions to the literature of the same condition. Work also has been done in the senile psychoses, certain of the alcoholic psychoses, and by Binswanger and Alzheimer in arterio-sclerotic conditions. It seems at the present time, however, that an exact pathologic basis in many of the mental diseases is not likely to be arrived at for some time to come.

Although the clinical method proper may be said to have originated with Bayle in 1822, it is not generally adopted, and for many years after this all prominent authorities featured the symptomatic method, though the conception of Hecker's Hebefrenia, Kahlbaum's Katatonie, Falret's Folie Circulaire, and Meynert's Amentia were all worked out along clinical lines, as were also two products which are distinctly Kraepelinian, namely, Dementia Praecox and the Maniaco-depressive psychosis. So

that the clinical method, while not in the strict sense a modern development, still in its much wider application it is truly a method whose usefulness has been much more widely recognized in recent times, to be of considerable value in aiding (or at least in being a step) in the progress that psychiatry is making.

The clinical method aims to make complete biographies in every case, beginning with the family history, and including in this all points of interest, going back as far as possible to obtain all important positive or negative evidence. Then tracing the development of the individual up to the date of the present illness, and in so doing the patient's norm is ascertained and all accidents or events which might tend in any way to modify the character of this norm are also learned. Then the chapter dealing with the incidents which have probably led up to the development of the psychosis brings us to a consideration of the present mental status, and physical condition of the individual, and it is hardly necessary to emphasize the importance of a thorough and searching analysis and examination. The course of the condition, its termination, the examination of the tissue pathologically in case of death, or the subsequent course of the case after discharge, in those who have recovered, round up the survey and tend to make it complete and exhaustive. Such is the clinical method, and although in many respects it was distinctly progressive, it had one disadvantageous feature, that it tried to force every case into one or another disease group, something palpably impossible, so that many eminent authorities are agreed, that, as Ziehen has expressed it, a single ideal classification of the psychoses may be impossible.

Kraepelin, the man who probably has done more for modern psychiatry than any other leader of recent times (not forgetting Wernicke's pioneer and inestimably valuable work), in 1890 established the first laboratory where physiological and morbid psychology could be studied side by side, to the very great advantage of both. That finer analyses, a better correlation of the ascertained facts, and a more rational consideration of the phenomena of mental disease naturally resulted, is not to be wondered at.

Kraepelin continued this splendid work at Heidelberg until two years ago (attracting students from all quarters of the globe), having for his pathologist Vissl, whose work on the histologic and pathologic side has made him equally well known to students of the literature. At the present time Kraepelin is chief of the clinic of psychiatry in Munich, doubtless the first clinic in the world.

Just a word in regard to the *individual method*, which is of recent development and bids fair to become the greatest advance psychiatry has yet made.

In this the questions are attacked from several standpoints: that of the psychologist, pathologist and physiological chemist, not working in each one alone, but in unison, correlating results obtained by laboratory methods, reducing to a minimum the personal equation, and ascertaining the nature of the normal psyche, noting the manifestations of this same psyche when in a diseased condition; learning all the facts, not necessarily trying to label conditions, but rather estimating exactly the full significance of all symptoms, thus arriving at the basic features which will insure more valuable forecasts as to the probable outcome of cases already developed, a means of formulating a system of preventive medicine, and the adoption of a more rational therapy.

DISCUSSION.

DR. BARNHARDT.—The paper has been very interesting and is a valuable historical contribution. I regret that the limitation of time has prevented Dr. F. from bringing the *resumé* to greater completion regarding the present state of clinical psychiatry. In his closing remarks he indicated the three channels through which investigation must be made. There seems at present to be three distinct schools of investigation. They may be called the Anglo-Saxon, German and Latin schools. The Anglo-Saxon school is working at morbid anatomy, the German school is engaged on morbid physiology, while the Latin school has made most progress in morbid psychology. Classification is still the great bugbear of psychiatry. The only rational classification is a pathological one, and is the only one that is scientific. Any number or amount of observations on patients is of no value unless checked and interpreted by scientific process.

CHILDREN AND DISEASE.

BY JAMES BURKE, M. D., MANITOWOE, WISC.

Children's diseases are generally the result of bad digestion and assimilation of their ingested food. Breast-fed babies are surer of proper progress in life, if the mother is healthy; if the latter is only of one of the many faulty standards of health—spells of fermentation of her food, with consequent alternations of diarrhea and constipation; or if the mother is addicted to the use of some "patent" medicine, for the "cure" of some, to her, indefinite ailment, not necessarily incapacitating her for household duties, or some other equally as vague standard of health, the nursling is bound to suffer to a proportionate degree. The mother's conversion of the three great classes of human food—carbohydrates, fats and proteids—must be right, in order that the child will be properly nourished. Especially is this true of the proteid content of her food; the ferments of proteid digestion in the stomach and intestines must be of the proper quality to revert the food protein into the right variety of amino-acids, capable of being reconstructed into protein homologous with the mother's tissues; but failure in this, to a degree, leaves a proportionate amount of heterologous protein, which is, with the homologous kind, absorbed from the walls of the intestines into the general circulation, there to be vicariously acted on by the tissues in an effort to convert it into homologous protein; but the vicarious action is but partially successful, and the residue is stored away in the tissues to await physical, chemical or medical interference to resolve it out of the tissues into the blood stream, where it is potent for good or evil, according to chemicobiological conditions presenting; a meeting and chemical union of which with a pseudo or other incomplete affinity results in an unstable entity termed a leucomain; leucomains are of variable degrees of toxicity, and bad digestion of proteids is a prolific source; unphysiologic catabolism of waste proteid is a lesser source of leucomains. Their presence in the body fluids, to an appreciable extent, and for a considerable time, sets up an artificial cellular life; the secretions—as milk—and excretions are abnormal. It is impossible to rear a normal child at the breast of a leucomain-laden mother.

So take time by the forelock and clean out such a mother's bowels with sulphate of magnesium or sodium, and thereby free

the villi and other glands, and the interstices of the intestinal walls, of the residue of the heterologous protein; practise asepsis of the bowel contents by the use of the sulphocarbolates, acetozone, or any one of the aromatic antiseptics, to prevent further fermentation and gaseous distension of the bowels, allowing the bowel walls an opportunity to resume their normal calibre and thickness, and the ingress of the proper quantity of blood to the intestinal glands to enable them to secrete the right quantity of ferments.

In the meantime, and following, the systemic leucomains must be disposed of.

The developmental and digestive ferments of the animal and vegetable kingdoms, ptomaines and leucomains and the vegetable alkaloids and other active principles of medicines, are all of proteid origin, allied, and their ultimate simpler component units are chemico-biologically interchangeable.

Strychnine unites with the asthmatic leucomain to make of it a complete chemical entity for excretion; the nitrites neutralize the leucomain that causes regional or general spasticity of the musculature of the arterioles; veratrine rounds out the eclamptic leucomain and makes of it a harmless excretory entity; aconitine neutralizes the leucomain that causes the rapid, wiry pulse, with fever and an ashen skin; atropine, in medicinal doses, neutralizes the leucomain that causes a spastic condition of the peripheral arterioles—but atropine must not be given to nursing women. The use of alcoholic beverages is never indicated in any condition of nursing women; if secretion and excretion are properly attended to, little else will be required. Personal hygiene is paramount. If the mother is right, of body and mind, the nursing is fortunate.

HEARTY CONGRATULATIONS FOR DR. WILLIAM BAYARD OF ST. JOHN, N.B.

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The seventieth anniversary of Dr. Wm Bayard's entry into the practice of his profession, fell Thursday, Aug. 1st, 1907, and the plans made to fittingly observe the memorable occasion were very successfully carried out. Not only from members of the medical profession in the city proper, but from outside points, including the University of Edinburgh, Scotland, the veteran physician's Alma Mater, came congratulatory messages, conveying the best wishes of men high up in the medical world. They bore striking testimony to the esteem and respect in which, after his long life and arduous labors in his profession, the grand old man of medicine is universally held.

At 4 o'clock yesterday afternoon members of the St. John Medical Society assembled at Dr. Bayard's residence, Germain Street, St. John, N.B. The sentiments of the society were expressed in a beautifully engrossed address, read by the president, Dr. T. H. Lunney. The ceremony took place in the drawing-room. Besides Dr. Bayard and members of his family, the following were present: Dr. T. H. Lunney, Dr. G. A. Hetherington, Dr. J. H. Scammell, Dr. W. L. Ellis, Dr. W. B. McVey, Dr. Thos. Walker, Dr. T. D. Walker, Dr. James Christie, Dr. T. E. Bishop, Dr. Murray Maclaren, Dr. O. J. McCully, Dr. W. W. White, Dr. Mary McLeod, Dr. P. R. Inches and Dr. Stewart Skinner. The address which Dr. Lunney read from the local society was as follows:

“ St. John, N.B., Aug. 1, 1907.

“ To William Bayard, Esq., M.D. :

“ Dear Sir,—The members of the St. John Medical Society desire to extend to you their hearty congratulations on this the seventieth anniversary of your graduation as a doctor of medicine. Such an occasion is, we believe, unique in the history of the profession. When, as in your case, we find added to long years of faithful service, a strong personality commanding and retaining the respect and love of the community at large, we, your professional brothers, may indeed offer our sincere congratulations.

“ Your seventy years of professional life have seen many and great advances in the science of medicine. Your natural ability, coupled with your untiring industry, have enabled you to keep

abreast of these improvements and so have won our admiration.

"It is a source of pride to us that your brethren, not only in this Province, but in the wider field of this Dominion, have honored you by elevating you at different times to the highest offices in their gift.

"Your devotion to every duty claimed from a medical man, as evidenced by your labors on behalf of the General Public Hospital, by your interest in matters pertaining to the public health and other kindred matters, merit our warmest thanks.

"It is most gratifying to us that your Alma Mater has honored you by conferring upon you the honorary degree of Doctor of Laws.

"It is our earnest prayer that the autumn of your life may yet hold in store for you many blessings and that you may be cheered by the consciousness of a life well spent and of work well done.

"T. H. LUNNEY, President.

"J. S. BENTLEY, Secretary."

A letter was read from Dr. I. W. Doherty, of Rexton, N.B. After congratulating Dr. Bayard on his anniversary Dr. Doherty stated that next to Dr. Bayard, he claimed to be the oldest registered physician in New Brunswick, and added that the first of August of the current year, would mark his sixty-seventh anniversary. He stated that for many years he has followed with pleasure Dr. Bayard's arduous career in his several endeavors to advance the standing of the medical profession in the Province, and to establish institutions and laws for the better care and treatment of those requiring it. While regretting that he was unable to be present at yesterday's function he expressed his heartfelt appreciation and extended his earnest congratulation to Dr. Bayard,

A letter from Dr. M. Chisholm, of Halifax, president of the New Brunswick Medical Society, was next read, accompanied by some verses appropriate to the occasion. The letter was as follows:

"Halifax, July 30, 1907.

"Dr. T. H. Lunney, President St. John Medical Society:

"Dear Sir,—You will kindly convey the cordial congratulations of the Maritime Medical Association to Dr. Bayard of your city, on the anniversary of his seventieth year in the profession. The evidence of a useful life well and nobly lived sits refulgent on his brow. May we be inspired by his example so that at

'our evening time,' too, 'it shall be light.' I have much pleasure in sending you this small token of the profession's esteem in the three Provinces.

"Very respectfully yours,

"M. CHISHOLM,

"President Maritime Medical Association."

The following verses accompanied Dr. Chisholm's letter:

In long years of mercy bending
You have lightened many a load,
Occupied your time in mending
Vases, shattered on the road.

In the twilight, in the dawning,
In the darkness of the night,
When the winter winds are storming,
When the summer days were bright.

When the sun was hot and blighting,
When the dew was on the grass,
When the elements were fighting,
When the snowdrifts blocked the pass.

When the rest of men and mortals
Were in slumber, soft and sweet.
When the order: "Man the portals,"
Came like thunder from the street.

Then to cheat the sleeper's charon
Of his freight across the stream,
You have buckled on your armor,
Fighting shy of pleasant dreams.

All your life a round of labor,
Making paths for others bright,
You have been to all a neighbor,
Now your even-time is light.

When the Master from His glory,
Calls to rest from weary toil,
May your life, so aged, so hoary,
Be repaired on heavenly soil.

Halifax, July 31, 1907.

M. CHISHOLM.

The President also read telegrams from the New Brunswick Medical Society and the Canadian Medical Association, both expressing sentiments of a felicitous and congratulatory nature.

EDINBURGH UNIVERSITY SENDS GOOD WISHES.

Dr. Thomas Walker followed with an address, which he read on behalf of the graduates and medical faculty of Edinburgh University, Scotland. A few days ago Dr. Walker received the address from the University coupled with a request that at the anniversary celebration he would act as their representative and present the address to their esteemed graduate. The address was as follows:

“ University New Buildings,
“ Edinburgh, July 9, 1907.

“ To William Bayard, Esq., M.D., Edinburgh:

“ Venerable and Dear Sir,—It is with keen interest and warm sympathy that the faculty of medicine of the University of Edinburgh have learned that on the 1st of August you celebrate the 70th anniversary of your graduation day and that the medical profession in New Brunswick intend to make this the occasion of demonstrating to you the respect and affection in which you are held.

“ The faculty of medicine of your old university desire to join with your many friends in this celebration and they have instructed me to transmit to you their most cordial greetings and to offer you their most sincere congratulations.

“ So far as we know you are the senior graduate on our roll, and it was with pleasure and pride that we listened to the account given to us by Dr. Walker, of the long, useful and honorable career that you have had in New Brunswick. We heard of the esteem in which you are held, of the good you have done and of your skill in your profession, and we are glad to think you are still at work.

“ Venerable sir, a life such as yours reflects honor on our University. The names of our old professors: Graham, Alison, Home, Monro, Tertias, Hope, Hamilton, Jamieson, Christison, Charles Bell, Syme, Thomson, and Traill will no doubt call up to your mind many memories and associations of your student days. There is no one in the faculty now whose experience goes so far back. The occupancy of the chairs has been changed in most cases four or five times, but although the faculty as at

present constituted is thus far removed from the faculty as you knew it, I would fain hope that we are actuated by the same spirit as that which distinguished our predecessors, and that the honor and reputation of our University is as dear to us as it was to them.

"We trust that on the 1st of August the celebration held in your honor will be a source of gratification and pleasure to you, and we earnestly hope that in this the autumn of your life you have yet much happiness and useful work before you.

"I am, sir, yours most respectfully,

"D. I. CUNNINGHAM,

"Dean of the Faculty of Medicine of the University of Edinburgh."

Dr. Bayard, in making his reply, was deeply affected. He felt much touched, he said, by their expressions of regard and esteem, and would ask them to accept his deep thanks for the many kind and appreciative words which he had listened to. Dr. Bayard referred briefly in closing to the days before he became a graduate of Edinburgh, and recalled the voyage made to New York, where he studied for some months. The trip, he said, lasted twenty days, in marked contrast to the methods of travel at the present time. Dr. Bayard concluded by renewing his thanks for the many expressions of good will he had received.

Adjournment was then made for refreshments, and individual members of the Society extended their congratulations. Before leaving a group photograph was taken, with Dr. Bayard surrounded by the members of his profession.

Dr. Bayard is also in receipt of a personal letter of esteem from Dr. McPhedran, of Toronto, President of the Canadian Medical Association, a post which Dr. Bayard himself formerly occupied.—*St. John, N.B., Telegraph.*

Seventy years a physician. Seventy years of active work in the medical profession. Such is the record of Dr. William Bayard, of St. John, N.B., who on the first day of this month celebrated the seventieth anniversary of his admission to the ranks of the medical practitioners, for it was on August 1, 1837, the year that Queen Victoria ascended the throne, that this oldest of Canadian doctors, and one with probably an unparalleled history received his degree from the University of

Edinburgh, and set out to win fame and fortune in his chosen profession.

Although now ninety-three years of age, Dr. Bayard is still an active man. Although naturally the shoulders may be somewhat bent with the weight of years and the step may be slower, there is nothing about this wonderful man to denote his great age. The intellect is as bright as ever, and the Doctor still takes an active interest in passing affairs, and although he has practically retired from active practice, he still takes a deep interest in everything that pertains to his profession, and only a few weeks ago visited a patient twice a day during an illness.

HONORED BY ALMA MATER.

This dean of the medical world was honored in a fitting way by his Alma Mater this week on the completion of his seventieth year's work. The following cable received by him tells the story:

“Edinburgh, July 19, 1907.

“Dr. William Bayard, St. John, N.B.

“Edinburgh University desires to confer upon its illustrious doctor of medicine of 1837 the honorary degree of Doctor of Laws in absentia, 26th July, 1907.

“WILLIAM TURNER.

“Vice-Chancellor University Edinburgh.”

Naturally a man so long in the profession has some interesting stories to tell of his experiences. The Doctor has a vast fund of anecdotes to draw from, and in an interesting manner spoke of the early days of practice in New Brunswick.

“It was on August 1, 1837,” he went on reminiscently, “that I received my degree, so I have been in practice seventy years, for I still attend some of my old patients. I've been a healthy man and always abstemious or I could never have gone through the immense amount of work that has fallen to me.

“I'll tell you about the first fee I ever received.” Dr. Bayard opened his desk and took out a small, elaborately chased, silver object like a match box. “This is a case with two lancets in it,” he explained. “I visited Liverpool on one occasion before I graduated at Edinburgh, and I met a Dr. Cameron who was attempting to bleed an old lady—blood letting, you know, was common in those days. I asked him to let me try, as he was

not very successful, remarking that I had bled hundreds of people in St. John. After some hesitation he consented, and the result was very satisfactory. The lady afterwards sent me this case with my crest and name on it, and that was my first fee."

Somewhat rashly the interviewer asked what was the most difficult operation Dr. Bayard ever performed. The doctor was for once at a loss. Seventy years opened up a long vista of practice. "I think," he said, "that my record of nineteen operations for strangulated hernia with the loss of only three, is the best answer I can give. The number of recoveries is said to be in general practice only seven per cent.

HIS EARLY PRACTICE.

"After I returned from college, in November, 1837," the doctor went on, "I was not a day in St. John before I started to practice, being then associated with my father. Like all young doctors I suppose I had a great respect for my own learning and sank considerably in my own opinion on my first case. It was even worse when I was called to treat a woman in convulsions. My father cured her in ten minutes by preparing to cut off her hair. Turning to me the old gentleman remarked, 'Bill, you don't know much about hysteria!'"

It is well known that by his untiring zeal and perseverance in the public welfare Dr. Bayard gave to St. John one of its most useful public institutions—the general public hospital. "I was chairman of the hospital commission for nearly forty years," said Dr. Bayard, in reply to a question, "from 1863 to 1903. I was not many years in practice before experience taught me the necessity of a hospital in St. John. The poor house was the only resort for the suffering sick at that time. In 1860 the institution was established with much opposition from those who did not understand the requirements of a hospital. The tax for the support of it was unpopular, and we received many hard knocks.

STRIDES IN MEDICINE.

The doctor also spoke in an interesting manner of the strides made in the science of medicine since he started practice.

"Looking back to 1837," he said, almost a revolution has occurred in the theory and treatment of many diseases. The abstraction of blood in those days was regarded as necessary in a case of inflammatory disease and it was some years before the

medical world realized that rest, and cold or hot applications, together with the use of certain drugs, should be substituted. Milk, too, has largely taken the place of stimulants.

"The microscope, new since my early days, has done wonders for medical science. The germ theory of diseases, as an example, owes its existence to it, and to chemistry. The thermometer, now in every doctor's pocket, was little used until 1856. Electricity and chemical analysis must not be forgotten, but the most distinguishing features which I can recall are anesthetics, antiseptics, and the germ theory.

"The power to give painless sleep on an operating table has paved the way to surgical operations which at one time would have been considered criminal. I can call to mind instances where more than one was required to hold the sufferer, and his cries could be heard in the street. Antiseptics have greatly lessened the mortality from wounds, and almost revolutionized their treatment.

"If I were to say anything on the progress of surgery, I should have to use technical terms. The modern surgeon, to give one instance, would not hesitate to open the cranium and remove a tumor. Before 1870 the interior of the cranium was a dark continent. The same advance has been made in regard to nearly every part of the human anatomy."

Dr. Bayard has travelled extensively and has visited every Province of the Dominion, and has also crossed the "pond" twenty-one times. His fame as a physician is known all over Canada, and there is not a town in his native Province that he has not visited at one time or another on important cases. Among his patients has been the Marquis of Lorne, who was ill while visiting St. John many years ago.

All the honors which his brother doctors in New Brunswick could bestow have been tendered to him, and the walls of his library are covered with testimonials which bear witness to the esteem in which he is universally held. His record of seventy years' work is declared to be without precedent, judging from his present health and vitality he has many years before him yet to enjoy the fruits of his long labors.—*Montreal Star*.

Proceedings of Societies.

CANADIAN MEDICAL ASSOCIATION.

When it is remembered that over 800 Canadian physicians registered the first day of the British Medical Association meeting in Toronto last year, surely it is not too much to expect that at least 300 will journey this year to Montreal to the fortieth annual meeting of their own national medical organization. If 300 are present with Standard Convention Certificates all will be returned home free.

HOW TO GET THERE AND HOW TO GET HOME.

The Standard Certificate plan prevails in every Province, no one requiring any certificate from the General Secretary. This means that all delegates, on purchasing single first-class tickets to Montreal, for themselves, their wives and their daughters (no others) should ask for and get, at the same time, a Standard Convention Certificate, from the ticket agent for each. These, when signed by the General Secretary at the meeting will entitle holder thereof to reduced transportation, which in all cases must be arranged for at Montreal. If 300 are present holding these certificates, all will be returned home free; one-third fare if 50 are present with certificates.

RAILWAYS AND STEAMBOATS.

The Canadian Pacific Railway, the Grand Trunk Railway, the Intercolonial Railway, all lines in the Eastern Canadian Passenger Association and the Richelieu and Ontario Navigation Company and Canadian Northern Railway, are included in the transportation arrangements. Delegates from points west of Fort William, will be permitted to use the Upper Lake Route, Fort William to Owen Sound, or *vice versa*, on extra payment of \$4.25 one way or \$8.50 both ways, when travelling on the Standard Certificate plan. Passengers going by rail, returning Richelieu and Ontario Navigation Company, or *vice versa*, rate to be one and one-half fare. Tickets will also be honored via R. and O. Nav. Co., on presentation of rail excursion ticket to the ticket agent at Toronto, or to the purser on board steamer

and payment of the following arbitraries, viz., \$6.65, Toronto to Montreal; \$3.50, Kingston to Montreal.

Those desiring to tour should consult with their local railway agents as to tourist tickets.

TRANSPORTATION RATES.

The following is the comparative schedule of transportation rates to Montreal from Victoria, \$74.55; Vancouver, \$74.55; Calgary, \$59.50; Strathcona, \$62.15; Rossland, \$67.05; Nelson, 67.05; Medicine Hat, \$53.20; Regina, \$43.95; Brandon, \$37.60; Winnipeg, 34.55; Kenora, \$34.55; Fort William, \$29.25; Port Arthur, \$29.15; Soo, Ont., \$18.00; Windsor, \$15.00; Chatham, \$14.75; London, \$12.95; St. Thomas, \$12.75; Woodstock, 12.10; Galt, \$11.60; Toronto, \$10.00; Guelph, \$11.45; Hamilton, \$10.65; Peterboro', \$7.85; Ottawa, \$3.35; Kingston, \$5.30; Quebec, \$4.90; St. John, N.B., \$14.30; Halifax, N.S., \$18.45; Sydney, C.B., \$21.75.

DATES OF SALE OF TICKETS, TIME LIMITS, ETC.

Tickets will be on sale in the Eastern Canadian Passenger Association territory—Port Arthur to Halifax—three days before first day, Sunday not counted a day, and final return limit three days after the last day. From British Columbia points tickets will be sold and certificates issued on September 1st and 2nd, and validated certificates honored for return tickets up to and including October 9th. Tickets good for continuous passage only in each direction. West of Port Arthur and Fort William, the selling dates are September 5th, 6th, 7th and 8th. From stations west of Winnipeg tickets to be good going via trains that will connect with those leaving Winnipeg the before-mentioned dates; certificates to be honored at Montreal up to and including October 11th.

PLACE OF MEETING IN MONTREAL.

The meeting place will be the McGill University Buildings. The general meetings will be held in Molson Hall, the Medical Section in the lecture room of the Redpath Museum, and the Surgical and Pathological Sections in the lecture rooms of the Arts Building.

CERTIFICATE FEE.

The railway officer at Montreal, when exchanging Standard Convention Certificate for return transportation, will collect from each, for vising the same, a fee of twenty-five cents.

HOTEL ACCOMMODATION.

Delegates desiring to have hotel or lodgings reserved for them should apply to the local secretary, Dr. Ridley Mackenzie, 192 Peel Street, Montreal.

MEMBERSHIP.

The fee for membership is \$2.00 and may be paid to the Treasurer, Dr. H. Beaumont Small, Ottawa, at time of registering. For the information of those who will apply for membership for the first time, the same transportation rates apply to them as well, and they are requested to ask for Application for Membership forms when registering.

THE SOCIAL SIDE AT MONTREAL.

There is to be a garden party at Terrace Bank through the kindness of Dr. and Mrs. Roddick, a smoking concert in the Victoria Armoury, a reception after the President's Address the first evening, in the Students' Union Building, a drive and luncheon at the Hunt Club for the ladies, golf matches, etc.

CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

During the meeting of the Canadian Medical Association, as usual, the annual meeting of the Canadian Medical Protective Association will take place. Dr. R. W. Powell, Ottawa, the President of the C.M.P.A., will deliver the annual address and present the annual report.

MILITARY SURGEONS.

There will also be a meeting of Canadian Military Surgeons, an organization which the Director-General of the Army Medical Service, Lieutenant-Colonel Carleton Jones, M.D., is promoting.

RE-ORGANIZATION.

Full discussion will take place on the report of the Special Committee on Re-organization. For this reason alone there should be a large and representative delegation from each Province.

ADDITIONAL INFORMATION.

Additional information of a local character may be obtained from the Local Secretary, Dr. Ridley Mackenzie, 192 Peel Street, Montreal; any general information from the General Secretary, Dr. George Elliott, 203 Beverley Street, Toronto.

PROVISIONAL PROGRAMME.

Presidential Address—Dr. A. McPhedran, Toronto.

Address in Medicine—Dr. Davy Rolleston, London, England.

Address in Surgery—Dr. Ingersoll Olmsted, Hamilton, Ont.

Address in Pathology—Dr. J. George Adami, Montreal.

Discussion in Medicine—Cerebro-spinal Meningitis—Introduced by Dr. J. J. Mackenzie, Toronto; Dr. H. A. Lafleur, Montreal; Dr. A. D. Blackader, Montreal.

Discussion in Surgery—Hypertrophy of the Prostate:

Etiology and Pathology—Dr. G. E. Armstrong, Montreal.

Symptomatology and Diagnosis—Dr. F. N. G. Starr, Toronto.

Treatment—Non-surgical—

“ —Operative—Dr. James Bell, Montreal.

Section of Laboratory Workers. The following have promised papers :

Dr. G. W. Ross, Toronto; Dr. Gibson, Kingston; Dr. Rankin, Montreal—Reporting work on Opsonin.

Dr. J. J. Maskenzie, Toronto—Generalized Blastomycosis. Dr. Campbell Howard, Montreal—A Study of the Eosinophile cells of the blood.

Dr. McKee, Montreal—On Retinosis Pigmentosa.

Dr. Dickson, Toronto—On the Significance of the Glomerula Changes in the Kidney.

Dr. J. McCrae, Montreal—The Neuroses in the Liver in Eclampsia and other diseases.

Dr. Tooke, Montreal—On Injuries of the Cornea.

Dr. Klotz, Montreal—The Lesions in the Media of the Arteries.

PAPERS.

Listerism—Dr. A. H. Wright, Toronto.

Seven hundred and Fifty Abdominal Sections and the Lessons They Have Taught Me—Dr. A. Laphorn Smith, Montreal.

Comparative Anatomy of the Fundus Oculi, with Lantern Illustrations—Dr. G. Sterling Ryerson, Toronto.

A Case of Primary Bilateral Mastoiditis—Dr. Perry G. Goldsmith, Toronto.

Title to be Announced—Dr. Gordon Byers, Montreal.

Notes on Tubercular Bacilli Isolated from Fatal Cases of Primary Cervical Tubercular Adenitis—Dr. Duval, Montreal.

Bacteræmia Colon, Its Diagnosis and its Diagnostic and Prognostic Value—Dr. Fraser Gurd, Montreal.

Cancer of the Breast—Dr. George E. Armstrong, Montreal.

Modern Methods in Diagnosis of Tuberculosis of the Kidney—Dr. R. P. Campbell, Montreal.

Clinical Side of Ectopic Pregnancy—Dr. W. W. Chipman, Montreal.

Danger Signals in Anæsthesia—Dr. Samuel Johnston, Toronto.

Psychology of the Sick Room—Dr. John Hunter, Toronto.

Paresis : Certain Features in Regard to the Etiology and Differential Diagnosis—Dr. John G. Fitzgerald, Toronto.

The Normal Temperature—Dr. R. D. Rudolf, Toronto.

The Rights of Children—Dr. C. J. C. O. Hastings, Toronto.

The Defensive Action of Products of Metabolism—Dr. Graham Chambers, Toronto.

Treatment of Neurasthenia—Dr. E. C. Burson, Toronto.

Papers are also expected from the following : Dr. Connell, Kingston; Dr. Keenan, Montreal; Professor Harrison, St. Anne de Bellevue; Dr. A. W. Moody, Winnipeg; Dr. W. F. Hamilton, Montreal; Dr. F. G. Finley, Montreal; Dr. C. F. Martin, Montreal; Dr. Colin Russell, Montreal; Dr. Campbell P. Howard, Montreal; Dr. A. G. Nicholls, Montreal; Dr. Ridley Mackenzie, Montreal; Drs. Lyman and D. A. Shirres, Montreal; Dr. B. W. D. Gillies, Vancouver; Dr. A. H. Gordon, Montreal, and from Drs. Lowrey, H. B. Anderson, H. C. Parsons, W. B. Thistle, R. J. Dwyer and A. R. Gordon, Toronto.

When and How to Resume Normal Feeding in Convalescence from Typhoid Fever—Dr. J. T. Fotheringham, Toronto.

Dr. Maud E. Abbott, Montreal, will present an Exhibition of Pathological Specimens from the McGill Medical Museum, illustrating the circulatory system.

Prof. J. J. Mackenzie, Toronto, will also exhibit pathological specimen.

Dr. Robert Wilson, Montreal, will give an exhibition of X-ray plates from the different hospitals.

The Occurrence of Congenital Adhesions in the Left Common Iliac Vein—Dr. J. Playfair McMurrich, Toronto.

Sigmoiditis and Diverticulitis of the Rectum—Dr. D. A. L. Graham, Toronto.

Ample accommodation has been provided in the Arts Building, Peter Redpath Museum, the Physics Building and the McGee Union. The lecture halls are provided with lanterns, and it is hoped papers will be illustrated by this means. Interesting clinical material will be shown at the Royal Victoria Hospital, Montreal General, Notre Dame Hospital and the Hotel Dieu on the mornings of the meetings at 8.30.

Physician's Library.

Practical Fever Nursing. By EDWARD C. REGISTER, M.D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Canadian agents: J. A. Carveth & Co., Limited, Toronto. Cloth, \$2.50 net.

This is a comprehensive work of 338 pages of text. The aim and scope thereof is to give to nurses a working text-book at once complete and practical. After general considerations as to instruction in the proper duties of the nurse in the sick room, such as taking and recording pulse, temperature, respiration, the use of hypodermic syringe, rectal tube, catheterization, etc., the different fevers are taken up separately and dealt with under such heads as Causation, Symptoms, Complications, Diagnosis, Prognosis and Treatment. The book is also nicely and appropriately illustrated.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. KEEN, M.D., LL.D., Hon. F.R.C.S., England and Edinburgh, Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Vol. II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Canadian agents: J. A. Carveth & Co., Limited, Toronto. Per volume, cloth, \$7.00 net; half morocco, \$8.00 net.

The second volume of this important system of surgery is now before us. It has for its contributors: John Fairbairn Binnie, A.M., C.M.; John Chalmers DeCosta, M.D.; F. X. Dercum, M.D.; Daniel N. Eisendrath, A.B., M.D.; John A. Fordyce, A.M., M.D.; Frederic Henry Gerrish, A.M., M.D., LL.D.; Robert W. Lovett, M.D.; Edward Hall Nichols, A.M., M.D.; William G. Spiller, M.D., and George Woolsey, A.B., M.D. In this volume the following are the subjects of the thirteen chapters: Diseases of the Bones; Fractures; Surgery of the Joints; Dislocations; Surgery of the Muscles, Tendons and

Bursal; Orthopedic Surgery; Surgery of the Lymphatic System; Surgery of the Skin; Pathology of the Chief Surgical Disorders of the Nervous System and Its Importance in Clinical Diagnosis; the Surgery of the Nerves; Traumatic Neurasthenia; Traumatic Hysteria, and Traumatic Insanity; Surgery Among the Insane and the Surgery of Insanity; Surgery of the Spine. The perusal of this volume shows it to be an intensely interesting one, and those wishing to keep abreast of the times will not do better than by getting this work.

Manual of Diseases of the Eye. By CHARLES H. MAY, Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University. New York.—1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York; Consulting Ophthalmologist to the French Hospital, to the Gouverneur Hospital, and to the Red Cross Hospital, New York; Adjunct Ophthalmic Surgeon to Mt. Sinal Hospital, New York, etc. Fifth edition revised, with 362 original illustrations, 22 plates and 63 colored figures. 1907. New York: Wm. Wood & Co. \$2.00 net.

No better manual of diseases of the eye has come under our notice in some years. This is the fifth edition, and it bears evidence of careful revision from the fourth edition of 1905. The illustrations are many and admirable. The manual is thoroughly up to date. We recommend it highly to students and general practitioners.

Treatment of Diseases of Children. By CHARLES GILMORE KERLEY, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Canadian agents, J. A. Carveth & Co., Limited, Toronto. Cloth, \$5.00 net; half morocco, \$6.50 net.

Success in the practice of general medicine very often depends upon the successful management of children in times of sickness. This book is essentially for such. It is not a book,

which has been written from reviews and primal articles. Rather it is one prepared from special personal observation and experience of the author, and is, therefore, all the more valuable in that it does not exploit theories but bases its *raison d'état* upon extensive hospital and private experience amongst children. It will be found a valuable adjunct to the working library of all physicians.

Modern Methods of Diagnosis in Urinary Surgery. By EDWARD D. EANDSLEY, M.D., B.Sc.; London; F.R.C.S. London: H. K. Lewis, 136 Gower Street, W.C. 1907. Three shillings.

A handy little manual dealing with the use of modern genito-urinary instruments, more particularly the cystoscope, and urinary separators, such as those designed by Luys and Cathelin.

Five Hundred Surgical Suggestions Practical Brevities in Surgical Diagnosis and Treatment. By WALTER M. BRICKNER, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, *American Journal of Surgery*, and ELI MOSHCOWITZ, A.B., M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Associate Editor, *American Journal of Surgery. Second Series.* Duodecimo: 125 pages. New York: Surgery Publishing Co., 92 William Street. 1907. Price, \$1.00.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been suggested by the authors' own observations. Many of them are bits of wisdom that are not

to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical and borderline affections, and to him, also, we commend the many diagnostic hints between the covers of this little book.

As before, the publication has been prepared in a manner worthy of its unique contents. It is a pocket manual de luxe! —printed in attractive Cheltenham type, on antique India tint paper, with marginal headings and sub-heads in contrasting ink, and with an artistic binding of heavy cloth, gold-lettered.

We warmly commend this book. Those wearied by searching for information through ponderous text-books and lengthy articles will find actual refreshment in "Surgical Suggestions," everyone of the 500 paragraphs of which is a separate and useful bit of practical knowledge.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

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

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

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

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

The annual fee is only \$3.00 at present, payable in January of each year.

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

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

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President—R. W. POWELL, M.D., Ottawa.
Vice-President—J. O. CAMARIND, M.D., Sherbrooke.
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Dominion Medical Monthly

And Ontario Medical Journal

EDITORS:

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No. 3.

COMMENT FROM MONTH TO MONTH.

Toronto Correspondence in New York Medical Journal.—The departure of Dr. C. K. Clarke, superintendent of the Toronto Provincial Hospital for the Insane, at the instance of the Ontario government, accompanied by Dr. Edward Ryan, superintendent of a similar institution at Kingston, and followed by that of the Honorable Dr. Willoughby, minister without portfolio in the Ontario Cabinet, to join them at the German psychiatric clinics, where the three are to investigate and observe the latest methods adopted in those clinics of treating the insane, indicates the progressive policy on the part of the government of placing psychiatrics in the front rank in this Province. Just why the Honorable Dr. Willoughby has been selected to take part in this manœuvre is not quite clear to the psychiatrists in Ontario, as he was never before announced to be a specialist in this department of medicine, having so far been but a general practitioner in a small lake port town and a politician. However, the government is to be congratulated that it did not send three politicians. It begins to look as though the government of this Province was getting its eyes opened in the direction of psychiatrics, although its latest appointment to a superintendency of one of the Provincial hospitals for the insane shows

clearly that it will come hard for it to divorce politics and psychiatry. Probably in no country, certainly not in Canada in recent years, has there been such a ridiculous practice carried out as the appointment of superintendents of these institutions over the heads of trained assistants, superintendents whose chief qualifications were that they had been busy in the party caucus, on the hustings, on the back township side lines, or in the close and stuffy atmosphere of the ward committee room. But the present administration is only carrying out the policy pursued by the late Liberal government in this respect, which saddled the ridiculous and silly system upon the Province, caring nothing for the welfare of its unfortunate wards, caring less for the alienists, who, as assistants, had made the study of psychiatry their life work. As a superintendent was lately removed because he had been too keen a partisan of the late government, so now the present superintendents may well be set quaking when one of the ministers, and he without portfolio, is entering the arena of psychiatry and will return to Ontario knowing all about it as it is in Germany, and also the political side of it as it is known in Ontario. Even in the matter of the selection and appointment of assistants and their transfer, it is the politician who exercises the magic wand and says who is and who is not fitted to be an alienist. Through men being passed over year after year in this self same way, Ontario lost one of the ablest alienists in America; and if the government intends to be sincere in entering upon a progressive policy with regard to psychiatry in this Province, it must, to convince the medical profession, and the alienists in particular, cut loose entirely from these political appointments of medical superintendents as rewards for party service. The Ontario medical profession is not yet convinced that the government intends to take proceedings in this direction; for almost in the same breath that the Minister was ordering the commission to Germany he was making a politician the superintendent of the largest hospital for the insane in the Province.

Toward the better study of psychiatry in Ontario there is now issued a journal by order of the Legislative Assembly. This is the *Bulletin of the Toronto Hospital for the Insane*; and from the second number, that of June, one learns what a large field there is to work in this Province. The Toronto Hospital for the Insane accommodates 850 patients; Hamilton, 1,100; London, 1,050; Mimico, 650; Kingston, 625; Brockville, 675; Cobourg, 150; Penetanguishene, 250; Orillia (imbeciles), 800;

Woodstock (epileptics), 180. Distributed among these are ten superintendents and seventeen assistants. Surely among seventeen assistants the government could find one now and again worthy of promotion to the office of chief of one of the institutions.

Editorial in New York Medical Journal, Aug. 10th, 1907—Psychiatry in Ontario.—In this issue we publish a letter from our Toronto correspondent which deals largely with the management of lunatic asylums in the Province of Ontario. What he has to say will be read with interest in this country as well as in Canada, for we have not yet wholly emancipated ourselves from acquiescence in the politician's fine work in procuring appointments of asylum medical officers, though much has been accomplished in that direction of late years.

But it is not always politics properly so called that governs the selection of asylum superintendents, setting men of no special pretensions as alienists over the heads of others more experienced in psychiatry. A public institution for the care of the insane is still in most instances something more than a "clinic"; some of its most important affairs may not best be conducted by a man notably skilled in psychiatry. It is to provide for sagacious management of these affairs, we may suppose, that other qualities than proficiency in psychiatry govern the selection of a superintendent.

The affairs which we have in mind are mostly of a "business" nature—the care of the property, the projection of additions and improvements, the judicious purchase of supplies, and the like. These matters are undoubtedly of great importance, but it may not be the height of wisdom to demand that the medical superintendent shall be charged with them, save in an advisory capacity. A capable steward might perhaps manage most of them so far as the ordinary routine goes. The medical superintendent, it seems to us, need not be a man trained exclusively or almost exclusively in psychiatry; he should rather be a physician of general experience and of known wisdom and tact in dealing with professional subordinates. He should certainly be the highest officer of the staff, but he should not be bound down either by economic responsibilities on the one hand or by the intimate care of individual inmates on the other. Such conditions are virtually realized in some of our best regulated institutions for the care of the insane.

Our Ontario neighbors are too progressive and astute to go far astray in the matter of asylum management, at least for any great length of time, and we believe that the Ontario Government's appointment of a medical commission to study German methods of psychiatry argues a settled purpose on its part to attempt all possible advances in the care of the insane.

**Editorial in New York Medical Journal, July 20th, 1907—
Psychogenesis in modern Psychiatry.**—Psychiatry may be said to-day to be in a period of *renaissance*. Awaking as it did only a few years ago from a condition in which it was almost hopelessly dormant, its first impulse was to assimilate and ally itself with medicine. In yielding to this instinct, as was but natural to expect, the methods of medicine were adopted bodily and the solution of psychiatric problems was sought along orthodox clinical lines. This move led to the general hospital idea among the asylums for the insane and the introduction of pathological laboratories in the effort to correlate the clinical pictures with post mortem findings. The general hospital idea did much toward an amelioration of the condition of the insane and toward more rational methods of dealing with them, but the pathological laboratory failed to a considerable degree to do what had been expected of it. This failure was due in the main to two factors: First, the so-called clinical types were not sufficiently clearly defined to warrant generalizations on the basis of post mortem findings; and, second, a host of cases, in fact, whole classes of cases, practically never came to autopsy, or if they did, death had been the result of an intercurrent disease which effectually clouded the findings. Then, again, in those few cases when certain findings seemed to be fairly constant, the actual relations between these findings and the psychic facts were not at all clear, and efforts at explanation too often led, on the other hand, to gratuitous theorizing or, on the other, to metaphysical discursions.

Out of this unsatisfactory state of affairs arose the conviction that the problems of psychiatry, while in general problems of medicine, were after all essentially different and required different methods of attack. The first result of this vague conviction was the psychological laboratory and an attempt to apply the methods of normal psychology in psychiatry. Great expectations were entertained by the sponsors for this change, but it

soon became apparent that the accumulation of reaction time averages was not psychiatry, and that for the solution of the problems of psychopathology the methods of normal psychology must needs be modified to suit the changed conditions.

With the application and modification of the methods of laboratory psychology to the problems of psychopathology the importance of the post mortem findings lapsed, and the wealth of problems which appeared on the horizon at once indicated that the practical thing to do was to study the conditions as they offered at first hand rather than waste time and energy on the abstruse problems of the relation of mind to brain.

Out of the changed *milieu* thus brought about grew different conceptions. The mind came to be considered from a more broadly biological viewpoint—no longer in the contracted perspective of the pathologist as a function of the brain, but rather as an adaptive mechanism seeking an adjustment of the individual to conditions. Thus the phenomena of psychopathology were evidences of a maladjustment, and it became of more importance to analyze mental make up and methods of reaction to conditions than to endeavor to outline disease entities, to define types. Thus has psychiatry in its waking up gone through a process of shaking down to a fundamental basis of method—the development of points of view—distinctly its own, a process necessary for every new science before it can proceed in an orderly way to the solution of the various problems that come legitimately within its domain.

This, then, has been the evolution of the psychogenic idea in modern psychiatry—the point of view which seeks for mental causes for mental disorders. The importance of this conception has been well brought out by August Hoch in *Psychogenic Factors in the Development of Psychosis* (*Psychiatric Bulletin*, June 15th). He calls attention to the facts that in one psychosis at least, the anxiety psychosis, the mental causation is generally recognized, and that the fretting and worry which acted as causes may be seen to graduate into and form part of the picture of the fully developed psychosis. He says: "The conflict, therefore, which existed before the breakdown and the reaction to this conflict are still present in the disease itself. That such a clear relation is not observable in other conditions is evidently an important reason for the relative disregard of mental causes in psychiatry."

While it is true that there is a general disregard of the psychogenic factors, a few investigators have done a great work in

calling attention to them, describing them, and outlining methods for their recognition and investigation. Freud has perhaps demonstrated most ably their importance, both in the phenomena of normal and in those of abnormal mental life. He has shown how various symptoms may arise as a result of distorted perspective, faulty valuations, efforts at the suppression of disagreeable experiences; how disagreeable experiences may become submerged and thus play their part in endeavoring to bring about a squaring of the individual with conditions. In other words, the mentality may be distorted, bent, crushed, deformed at points. These phenomena occurring in normal persons may be corrected by proper adjustment, but in some the first displacement merely creates a point of least resistance and the fault grows by its own weight.

How the various symptoms can be explained by this theory can hardly be appreciated except by reading the records of cases and their explanations. A single instance, cited by Hoch, might, however, serve to make clearer the general proposition of the influence of the psychogenic factors and how the resulting symptoms are explainable as reactions and as efforts at adaptation. A girl, disappointed by her lover, for whom she waited for a long time, fell into a delirium in which she believed her lover to have arrived, and she had hallucinations of all the necessary occurrences required to the fulfillment of her desires and interpreted her surroundings in accordance with them.

For the methods of investigating these phenomena, especially when they are due to "buried complexes," we are largely indebted to Jung. He has shown how they may be discovered by studying the patients' reaction by association to certain test words. To Blender, Strausky, and Jung also we are indebted for careful studies of these conditions in the several psychoses, particularly paranoia, hysteria, and dementia præcox, while the exploitation of the dynamic principle in psychopathology has been undertaken in this country, especially by Meyer, Hoch, White, and others.

From all this it will be seen that a new era seems to have been initiated by the opening up of distinctly psychopathological methods, and from the present indications in psychiatric literature the psychological laboratory will in future be considered as much of a necessity in connection with an asylum or clinic as the pathological laboratory was formerly. As wholesome indications of this tendency might be mentioned the psycho-

logical laboratory established a few years ago at the McLean Hospital, Worcester, Mass., and in the past few months the creation of a psychological department with a well equipped laboratory in connection with the Government Hospital for the Insane in Washington, D.C.

Editorial in Montreal Medical Journal—Asylum Appointments.—We have seen repeated editorial comment upon the speeches at the recent meeting in Toronto, at which Dr. Barnhart, of New York, spoke strongly against the political aspect of appointments to asylums in Canada. This is ground that we have often before held in these columns, and we make no apology for reproducing the words used on that occasion by Dr. T. J. W. Burgess of Verdun:

“In an address, ‘The Insane in Canada,’ delivered at San Antonio, Texas, two years ago, as President of the American Medico-Psychological Association, I summed up my remarks by saying, that while with respect to custodial care and ordinary treatment, moral and medical, Canada, generally speaking, was well up to the times, she was doing little toward the solution of the many problems connected with the scientific aspect of insanity, and, in this respect, she presented a sorry picture when compared with the good work being done in many hospitals elsewhere.

With the erection of a Psychiatric Hospital, as outlined by Dr. Clarke, such a reproach can no longer be made, and, as a native of this Province, I am proud to think that Ontario should be the first to take a step that will place her not only foremost as regards this Canada of ours, but foremost as regards the whole vast continent of America.

In praise of the wisdom of the Government for taking such an advanced view too much cannot be said; and here let me tell you that such an establishment will be not only a boon to the most unfortunate of all God’s afflicted ones, the insane, but a true economy. Most of you, I have no doubt, know how very prone mental disorders are to become chronic and incurable; and some of you are probably aware that, once the acute stage is passed, lunatics are even more likely than the sane to live to a ripe old age, because protected within hospital walls from so many malign influences. But have any of you thought what each thirty or forty years of lunatic life costs, not only in actual

outlay for hospital care but in the loss to the state of the wage-earning power of each insane person. It is simply an enormous sum, and if the establishment of a Psychiatric Clinic increases the ratio of cures by even five per cent., as I feel sure it will do, the institution will more than pay for its cost no matter how large that may be. For their choice of a superintendent for the new clinic the government deserves no less praise. To Dr. Clarke we are indebted for our first training school for nurses for the insane, our first isolated hospital for the treatment of the sick insane, and, I think, for our first building for the segregation of the tubercular insane. In the length and breadth of the land no better or more experienced man could have been chosen. I wish I could say the same for the rest of their appointments. To get the best results in our hospitals for the insane all medical appointments thereto should be of men thoroughly trained and experienced in every branch of the specialty, and yet how rarely we see this rule observed. The appointment of outside practitioners to superintendships for political purposes is a flagrant injustice to the patients, to the taxpayers, and to deserving juniors, of whom there are many in the service. No man should be given charge of an institution for the insane unless possessed of experience in the treatment of the insane, and no junior should be appointed unless he has had special training in psychiatry and has shown a penchant for the work.

I speak feelingly on this subject, gentlemen, because I myself have gone through the mill. Sixteen of the best years of my life were spent in the asylum service of Ontario, and when time and again I saw myself passed over in favor of some outside man, though the senior for promotion, I thought it was time to quit, which I did. This was, of course, under the regime of the late Government. Whether the present one would have treated me any better, I cannot say, but I think it extremely doubtful.

Do not think that I blame the Government entirely for the wrong done by the appointment of outside practitioners. The men who accept such positions without previous experience are equally blameworthy. As bearing on this point I would like to quote you a few words by one of the ablest writers, himself a physician, in the city of Montreal. They appeared in an editorial, "Insanity and Politics," published in the *Montreal Medical Journal*. In this the author says: "We yield to none in our admiration of the general practitioner. We are aware

of his energy, his resource and his fidelity, but not even the general practitioner will lay claim to a capacity for treating off-hand and to the best advantage grave lesions of the eye and ear, or of the more secret parts of the body. He should adopt the same attitude toward the brain. In time it will come to be a shameful thing for a general practitioner to accept a position for which he is not qualified, since thereby he is committing a wrong towards his colleagues and towards his patients."

To my mind the ideal asylum service is that which exists in New York State. There, all superintendents are appointed by the Boards of Management of the various institutions, and must be selected from men who have served at least five years in an institution for the insane, and have proved their capacity by passing an examination for a superintendency. The assistants are appointed by superintendents, their selection being restricted to the three names first on the list of these eligible for the vacancy. No step in advance can be won unless the candidate has had previous experience in a lower grade of the specialty, and proven his fitness by passing an examination before promotion.

In conclusion, gentlemen, I would urge upon the profession that they should combine to right this wrong in the matter of asylum appointments. If only the medical men of this Province, as a whole, would say, "We wish the system of the promotion of deserving juniors to be established," no Government dare gainsay them. It is for this Association, representing as it does the very pick of the profession, to set the ball rolling, and I sincerely trust that ere the close of your sessions some steps towards that end will be taken. In this way, better than any other I know of, you will put yourselves in a position to attain the ideals for asylum work in Ontario, a height which I feel sure you all aspire to see the service reach."

Acute Diverticulitis of the Sigmoid with Intra-Abdominal Abscesses.—At the meeting of the New York Surgical Society held on March 27th last, as reported in the July number of the *Annals of Surgery*, Dr. George Emerson Brewer presented an interesting case, with the following history:

The patient, a man 45 years old, had enjoyed good health up to the time of the illness under discussion. He had never suffered from digestive disturbances suggestive of appendicitis, gall stone colic or peritonitis.

In August, 1902, while at dinner, he was suddenly seized with an attack of abdominal pain, with nausea and faintness, which necessitated his leaving the table. The severity of the attack soon passed off, and he was able to join his friends later in the evening. The following night proved a restless one, as he had more or less constant pain in the lower portion of the abdomen, which prevented sleep, and at times was accompanied by nausea and general bodily weakness. The following day he continued to feel badly, but kept up and about for the reason that he was a guest at a country house, and did not wish to inconvenience his host. Later in the day he went for a drive, and suffered acutely from the jolting of the vehicle. In the evening he was obliged to call a physician, who, after an examination, pronounced the case one of colitis. He returned to the city the following day, and, as the symptoms continued, he remained in bed. During five days he continued to suffer with pain in the lower left quadrant of the abdomen, together with fever and general malaise.

When Dr. Brewer first saw the patient his temperature was 103; pulse, 110; leucocytes, 17,000. There was marked rigidity of the left rectus muscle, and a tender mass in the iliac fossa. He was immediately removed to the Roosevelt Hospital, and under ether anesthesia an incision was made over the most prominent portion of the tumor. After dividing the tissues of the abdominal wall, a large abscess cavity was entered which contained about four ounces of foul pus, and an oblong faecal concretion. On washing out the abscess cavity, a small ulceration was seen in the wall of the sigmoid, through which there was a slight faecal discharge. The cavity was packed with sterile gauze, the wound partly united, and a dressing applied.

After operation the temperature and pulse rapidly declined to normal, the pain ceased, and the appetite returned. The discharge from the abscess cavity gradually diminished until a cathartic was administered on the fourth or fifth day. This gave rise to a very abundant faecal discharge, which continued for several days. It then began to diminish, and the sinus finally closed in about six weeks from the time of operation. The patient has since been in perfect health.

During the discussion, Dr. Woolsey said he had seen these diverticulæ of the gut at autopsy, but never as a cause of infection. The case is interesting as bearing on the etiology of left sided intra-abdominal infection.

At the same meeting of the New York Surgical Society, Dr. Brewer also presented a man, 23 years old, a native of Russia,

who was admitted to the Roosevelt Hospital in January, 1907. For six weeks previous to his admission he had suffered from pain between the shoulder, stiffness of the back, and a progressive loss of weight and strength. On examination, a large fluctuating swelling was found between the scapulæ over the spinous processes of the third and fourth dorsal vertebræ. On aspiration, a dark, chocolate-colored fluid was withdrawn. There was moderate rigidity of the dorsal spine, pain on motion, and marked tenderness over the swelling.

Under ether anesthesia, an incision 15 cm. in length, was made over the tumor, and the tissues divided until the abscess was reached, beneath the erector spinæ muscles. About four ounces of pus were evacuated. On further examination it was found that the spinous process of one of the vertebræ together with a portion of its lamina and the arch of an adjacent vertebra, were exposed and more or less necrotic. These were removed and the entire abscess cavity dissected out. The surrounding parts were then douched with 1-100 solution of formalin, and the extensive wound united by deep and superficial sutures. Practically no reaction followed the operation, and the wound healed without suppuration. Patient left hospital in about two weeks.

Three or four weeks later he returned, complaining of pain in the lumbar region, and upon examination a similar fluctuating tumor was found lying to the right of the upper three lumbar spines. A second operation, similar to the first, was performed, but healing was somewhat delayed by suppuration. Patient left hospital in three weeks.

Microscopical examination of the pus and tissues removed from both foci showed abundant blastomycetes. No cutaneous or other primary lesion could be found, and there was no evidence of lung involvement, or lesion of any other organ or tissue.

Dr. Brewer said this was the first case recorded of an apparently primary blastomycotic lesion of bone, and the only case of involvement of the spine in which improvement or cure had been noted.

Canadian Medical Association.—Do not forget the dates—Sept. 11th, 12th, 13th and 14th, 1907. Purchase single first-class ticket to Montreal, and get from ticket agent a Standard Convention Certificate.

News Items.

DR. O. WELD, Vancouver, is in England.

DR. MASSIE, Santa Fe, New Mexico, is visiting in Toronto.
DR. McNALLY, of Tara, has sold his practice to Dr. McCash, of Sarnia.

CANADIAN MEDICAL ASSOCIATION, Sept. 11th, 12th, 13th, and 14th.

DR. WALTER McKEOWN, Toronto, is now practising surgery exclusively.

DR. W. A. WILKINS has resigned from Professorship of Histology in McGill University.

DR. J. RUSSELL, formerly of the Hospital for the Insane at Hamilton, is visiting in Calgary.

DR. EDWARDS, a native of Halton, is the latest addition to the medical profession in Brampton.

DR. E. S. COULTES, of Philadelphia, has been spending a few weeks at the parental home, Bluevale.

DR. CHAS. H. HAIR, Cobalt, has been appointed Associate Coroner for the district of Nipissing.

DR. A. H. PERFECT, of Toronto Junction, has been gazetted as associate coroner for York County.

DR. J. D. LAFFERTY, Calgary, has been elected Chairman of the Provincial Board of Health of Alberta.

DR. F. N. G. STARR, Toronto, has relinquished general practice, and now devotes his work to surgery.

DR. W. AND MRS. GUNN, of Clinton, returned last week from a two months' trip to Great Britain and the Continent.

DR. J. R. JONES, Winnipeg, Man., has returned from England, and we are glad to announce he has greatly improved in health.

DR. JOHN MALLOCH, F.R.C.S., Toronto, has returned home and resumed practice, after two years' graduate work in England.

DR. DARRAGH, who till very recently practiced medicine at New Hamburg, but late of Conestogo, died at that place on Aug. 9th.

DR. N. E. MCKAY, Halifax, has resigned from Professor of Surgery in the Halifax Medical College, and has been succeeded by Dr. Hogan.

DR. C. H. MONTGOMERY has returned to Orillia after four years of studying special lines of work in England and the continent.

DR. W. SHIPLEY, son of Wm. Shipley, of Clinton, left last week for Calgary, Alta., where he will enter on his career as a practising physician.

DR. RICHARD COUGHLIN, who has practised medicine in Hastings for some twenty years, has sold his business to Dr. Wade, of Havelock.

DR. MOORE has disposed of his practice in Horning's Mills to Dr. Wesley I. Rich, of Lindsay. Dr. Moore has gone to take a past-graduate course in Chicago.

DR. ROONEY, of Shelburne, has disposed of his practice to Dr. Moore, of Horning's Mills. Dr. Rooney has been in poor health latterly and will take a rest.

DR. CROSBY, of New York, has returned to Fergus prior to taking Mrs. Crosby and little son to British Columbia where the Doctor expects to locate.

DR. W. A. BURR's many friends in Fergus will be pleased to learn of his success in his medical examinations in England. He left on August 1 as ship surgeon on the steamer *Orissa* from Liverpool for Valparaiso, in Chili.

DR. A. E. HENRY, formerly of Bognor, has decided to locate in Estevan. Dr. Henry is a son of the late Andrew Henry of Mono, and formerly taught school at Honeywood.

THE Deer Park Sanitarium, corner Heath and Yonge streets, and the private hospital "Restholme," 2 Maple Avenue, Rosedale, are two well appointed and well conducted institutions.

DR. BRYCE McMURRICH, Toronto, Hon. Secretary of Committee soliciting subscriptions towards a portrait of former Dean Walter B. Geikie, of Trinity Medical College, reports good success. The portrait when completed, will be hung in the Academy of Medicine.

DR. CHARLES KINGSTON (Trinity University), of Grand Forks, B.C., is visiting relatives in Stirling. The Doctor is associated with Dr. Newcomb (McGill University), as Manager of the town hospital. On his trip eastward, Dr. Kingston was accompanied by Dr. Boucher, of British Columbia, who returns for a visit to his father, Dr. R. P. Boucher, Peterborough. Dr. Kingston will visit the great hospitals of our eastern cities and those of Chicago and Philadelphia before his return.

Publishers' Department

A SUGGESTION.—The new Glyco-Thymoline Eye Bath, which is constructed from a single piece of aluminum, has been found of exceptional service when used as a vessel to heat hypodermic solutions to the proper temperature. This little hint comes from a physician who has frequently found himself wanting just such a device. The Glyco-Thymoline people will be glad to send you one of these cups if you desire it.

CANADIAN NORTHERN ONTARIO RAILWAY—CHANGE OF TIME.—The Fall time-table will come into effect Sept. 9th, when the Sunday night special southbound from Muskoka will be withdrawn. The express for Muskoka Lakes and Parry Sound will leave Toronto 9 a.m., connecting at Bala Park and Lake Joseph with boats for all points on Muskoka Lakes, and the southbound train will also have the same boat connections from Muskoka Lakes. Observation dining parlor cars will be operated on these trains. The local service will be very convenient, leaving Washago at 6.45 a.m. and arriving Toronto 10.10 a.m., and returning leave at 6.30 p.m. All information and time-tables at city office, corner King and Toronto Streets.

DIETETIC TREATMENT OF CONSTIPATION.—To the use of improper food, or food improperly prepared and too quickly eaten, may be traced most cases of constipation. That the present treatment of functional constipation is almost entirely dietetic and hygienic is an indication that the profession generally attributes the cause of this condition to dietetic errors.

A common error of diet is the eating of food that is too concentrated—this applies particularly to present-day bread and other food-stuffs made from white bolted flour. Modern wheat flour contains practically none of the fibre of the wheat kernel, whereas whole-wheat flour contains enough of this cellulose to stimulate normal peristaltic activity of the intestines. The flaked food, Egg-O-See, not only presents the full food value of whole-wheat but retains a sufficient portion of the cellulose to give that "physiological irritation" necessary to tone the intestinal walls to a proper exercise of their function of removing effete matter from the system. Egg-O-See, fruit and the free drinking of pure water are valuable auxiliaries in restoring these cases of constipation to a normal condition.

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Publishers' Department.

ANOTHER PHASE OF THE PROPRIETARY QUESTION.—There is at least one phase of the proprietary question which we believe has not been seriously considered, and that is, that while every effort is being made by some of our earnest and really conscientious, though misguided, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide satisfactory substitutes for them, except to make the suggestion—an excellent one, too—that physicians should familiarize themselves with the official and semi-official preparations contained in the Pharmacopeia and National Formulary.

In making this suggestion they forget to add that a very large share of these "official" preparations are old proprietaries under other names. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellows' hypophosphites, Antikamnia and Hayden's viburnum compound, while the use of practically the same things under other names is suggested or advised. In some instances the very formulas are used that proprietors have published or that analytical chemistry has elucidated.

There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmacial. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the face and be sensible in our conclusions.—*Clinical Medicine.*

HAVE used and prescribed Resinol Ointment and Soap with very satisfactory results. Last case was one of Eczema on face and shoulders, and of several years' standing. The trouble has entirely disappeared with the use of one jar of ointment and one cake of soap.—Chas. Hubley, M.D., New York City.

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