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Original Communications.

AN ADDRESS ON TUBERCULOUS LESIONS FROM A CLINICAL POINT OF VIEW.

Being the Address in Surgery delivered before the Canadian Medical Association at Ottawa, Sept. 13th, 1900.

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MR. PRESIDENT AND GENTLEMEN,—Though the substance of the Address which I have the high honor of presenting to you may entirely fail to arouse in you any measure of satisfaction, yet I think I may, at any rate, claim your kind appreciation for its title, for it gives you the assurance that I am not going to ask you, even in your imagination, to pass any of this September day in that gloomy room in which Death is made to deliver up his grosser secrets; nor in that other place where, in an atmosphere of methylated spirits and oil of cloves, you are accustomed patiently to unravel the tangled threads of morbid tissues. My remarks will deal with tuberculous lesions as the surgeon meets them day by day in hospital-ward and operating-theatre, and in private practice. And if I shall find occasion to ask you to go beyond these spheres, it will be to take you to some of those beautifully placed convalescent institutions in which, when full of gratitude for having triumphed over the distress of chronic disease, or the risks which are inseparable from its operative treatment, the tuberculous patient spends possibly the very happiest weeks of his life.

It is, I make bold to say, a good and wholesome thing for a surgeon now and then to get away from the pathologists

and morbid histologists—to play truant, as it were, from his unbending schoolmasters. In recent years there has been a little too much inclination to apotheosise the morbid anatomist. His brow has been decked even with roses, and now standing high in his suit of sable, he looks upon the clinical surgeon as if his chief duty were to supply him with material.

In the title of my Address are the words "from a clinical point of view," and desiring to emphasise the fact that the word *clinical* related solely to remarks made and work done in the sick-room and in the theatre, I thought it well to call attention to its exact meaning. But on looking it out in "Liddell and Scott," I found to my dismay that κλινη was not only *that on which one lies*, *a couch or bed*, but, secondarily, a *bier*. The discovery somewhat disconcerted me. If a *bier*, why not a *mortuary-table?* At any rate the word *clinical* is of wider significance than I supposed; so that the pathologist might have right on his side when he claimed that clinical instruction, begun at the bed side, and carried, perhaps, into the operating-theatre, is not complete until he has written the epitaph.

Even on this side of the middle of the dying century, institutions were in existence in which much pathological work was actually done within the walls of the hospital itself. This, of course, we know to have been wrong. But surely we have now gone to the other extreme; the pathological laboratory is constantly getting further and further away from its source of supply. The pathologist is no longer a practitioner of medicine, his interest is not in the *case* but in the *subject*. Like the carpenter, he does not interest himself in *living* material; his thought is only for dead tissue. The surgeon sees the human tree during its life (and perhaps helps to fell it), but he now, unfortunately, rarely follows it off his estate. So with the student; he does his clinical surgical work at one time and in one place, and his pathological work at another, and he is unable, I regret to say, to follow any individual case, or any part of it, straight from the ward to the laboratory.

The present arrangement is, of course, incapable of

alteration, but it is an unfortunate one for the student; and on his account it behooves the surgeon to do all that he can towards wielding the pathological details of his cases with the clinical features, so as to represent to his class that the two aspects are inseparable, and must always be considered together. If, for instance, he is demonstrating a tuberculous knee-joint, he should, whilst discussing the clinical features of the case, explain precisely the histological changes that are taking place; and supposing that a resection or amputation is eventually resorted to, he should show on the fresh specimen in what respect the morbid conditions harmonise with or differ from the account which he had described. He should, as far as possible, make his teaching independent of his colleague in the laboratory, for the specimen which the latter takes out of a jar of formalin or alcohol is no more like the condition as it exists in the wards than canned salmon is like a fresh-run fish.

The clinical surgeon has sometimes been a little too much under the influence of the experimental pathologist and bacteriologist. When an important surgical problem awaits a solution which cannot be effected in the ward or on the operating table, the clinical surgeon turns to his enthusiastic and obliging friends in the laboratories, who, in order to help him, straightway proceed with careful thought and gentle hands to sacrifice upon the altar of Hygeia some mongrel curs or a few of those tail-less rodents, which, so far as I can see, have been provided solely for the use of the experimentist; then, because such and such a thing happens in such and such circumstances in the laboratory to the dog or the guinea-pig, the pathologist is apt to assume that in different circumstances it must happen also in man himself!

When in due course the pathological and bacteriological Athanasius formulates his Creed, I am afraid that I shall be burned at the stake. But in saying this I trust that no one will jump to the conclusion that I would hinder experimental research. Indeed, I think it absolutely necessary, and I am strongly of opinion that the life of a man is of more value than that of many sparrows (or guinea-pigs), and that the clinical surgeon is deeply indebted to the experimentalist for much valuable collaboration. But if there is one matter more

than another in which the work of the experimentalist has led to faulty generalisation from a clinical point of view, it is with regard to the course of certain tuberculous lesions. Nor will anyone think, I trust, that I would underrate the value of the work of the experimental pathologist; it certainly is not so, for it is to these workers that we owe our knowledge of the precise cause of diphtheria as well as of tuberculosis—of tetanus and erysipelas, and of many other serious diseases. And knowing the cause we have been enabled in many cases greatly to influence the course of the disease by treatment. Indeed, it would be almost impossible to over-estimate the practical value of experimental laboratory work both to the profession and to the public. Nevertheless there are some of the public who, in their ignorant well-meaning, would once and for all stop such beneficent research. But stranger still, there are some members of our own profession in England who also try to get in the way of scientific progress. Fortunately, however, they have not the power of doing much harm!

Not long ago we used the word "strumous" or "scrofulous" when we were in a surgical corner; but to-day these indefinite terms are deleted from our nosology; indeed, they are devoid of scientific meaning, and we now call *tubercle* by its proper name, our patients reaping the benefit of our greater precision.

From the medical point of view an unusual amount of attention has lately been drawn to the subject of tuberculosis by means of excellent societies which have recently been organized to carry on a never-to-be-ended warfare against the disease. Taking its birth upon the Continent, the scheme has received a considerable amount of support in Canada, in the United States, in England and elsewhere, and its effect cannot be but for good.

Three Important Facts.

There are three great facts in connection with tuberculosis of which the public must be made fully conscious:

The first is that the disease is *communicable*. The truth of this fact we have ourselves only of late entirely realized.

The public, therefore, must be allowed a little time before they generally accept it. But accepted it must be, and it behooves each one of us to do all that we can towards promoting its acceptance.

The second is that the disease is *preventable.* This follows almost as a corollary to the previous statement, and when the truth of it becomes fully understood how great will be the responsility of those who wilfully disregard it.

The third fact is that the disease is *curable.* And as we are to-day considering certain surgical lesions of tuberculosis from a clinical point of view, I shall seize this opportunity of entering somewhat fully upon the question of curability.

THE CURABILITY OF TUBERCULOUS LESIONS.

A few years ago tuberculosis was regarded as a well-nigh incurable affection, for the word had been chiefly reserved for hopeless cases of pulmonary consumption, and of meningitis complicating certain chronic diseases. To call a surgical lesion, therefore, *tuberculous* was tantamount to signing the patient's death-warrant. It was in the public estimation a term of dreadful omen. But among the many uncertainties of our professional environment, one thing has of late become quite certain, namely, that tuberculosis is not necessarily of the intractable nature that it was formerly considered to be. So far as my practical acquaintance with the disease is concerned—and I have worked at a large general hospital, and at the largest children's hospital in London for a quarter of a century—tuberculous lesions are exactly what they used to be. But we know much more about them, and careful clinical study and microscopical and experimental work have enabled us to treat them more successfully, and, therefore, to warrant us in taking a much more hopeful view of them. But I would like to know if the surgical lesions of tuberculosis which are met with in your dry, bracing climate are just as we have them in Western Europe. Many of you have studied tuberculous lesions under your own bright skies and also in the mother country, whose borders are washed by the seas and whose life is so greatly influenced by the Gulf-stream.

From your cradle you have been taught that the sun never sets on the Empire of our dear Sovereign Lady, but I am afraid that when some of you have come over to us in a bad season you have wondered if there are not parts on which it never rises. Well, do you find that tuberculous lesions are exactly the same clinically in the two hemispheres? Every country has a climate, just as it is said to have a form of government, which is equal to its deserts; ours is a damp climate which exactly suits the soil and the race; but it is a bad one for the unhappy individual in whose blood the bacilli of tuberculosis are lurking, as well as for those who by heredity or surroundings have acquired that condition of tissue which renders it vulnerable by the mean bacilli of tuberculosis, and adapts it for their cultivation.

Sometimes when I have been going round my wards I have asked a visitor to note how large a proportion of the cases are tuberculous. Is it thus also in *your* surgical work? Do chronic tuberculous affections of the hip-joint, knee, spine, lymphatic glands, shoulder, elbow, foot and hand, represent a very large proportion of lesions which come under treatment by the general surgeon? Have you, in proportion, just about as much tuberculous disease in Canada as we have at home; and does it take the same course?

Much of my clinical work has lain amongst senior students; I come in contact with them just as they have left the laboratories and are proceeding to put what they imagine to be the "finishing touches" upon their professional education. They have spent many delightful hours in a pathological laboratory and in a white cotton smock; they have cultivated and even tamed bacilli; they have seen how potent they may be for evil, and they are firmly of opinion that if once such germs gain access to a suitable spot in a suitable individual, nothing short of the most vigorous surgical measures can suffice for the eradication of the disease and for the emancipation of the host. This is the students' bacteriological faith, and except they act up to it their patients cannot be saved. Many young practitioners also hold that faith. Where do they learn it? Not in clinical surgery. The public also have begun to believe it; but the public will be-

lieve anything that they are told if only they are told it often enough. And if the statement is couched in semi-scientific or mysterious phraseology they seize upon it with all the greater avidity. Otherwise, how would bonesetters, vendors of patent medicines, and other quacks, qualified and unqualified, flourish like a green bay tree in a sunny corner of an arboretum?

But is the outlook in advanced tuberculous disease necessarily so hopeless in the absence of active surgical treatment? To answer this important question I will instance an imaginery case of a young man who, a year or so previously, hurt his back in a fall at a gymnasium. He has now pectoral neuralgias, and dull pains between his shoulder-blades and in his back, which have probably been ascribed to "rheumatism." Eventually the discovery is made that the third and fourth dorsal spinous processes are unduly prominent, and it is evident that the bodies of those vertebræ have undergone tuberculous disintegration. The disease is close behind the arch of the aorta, and the surgeon is unable to get at it. He cannot scrape it, and he cannot even irrigate it with germicidal lotions. I believe that there are some surgeons who would attack it if they could: *rien n'est sacré pour un sapeur;* but fortunately one cannot possibly get at it. What, then, is to be the future of this patient? Is he going to die the death, as the guinea-pig would, in the laboratory? Most certainly not. Everyone here has acquaintance with such an individual, or if he does not know him personally he has seen him in the street. He is rather a short man with peculiarly high, square shoulders, and with a boss between them. And not only has he long since outgrown his tuberculous disease without any operative assistance whatever, but could we see him in his own home, we might not improbably find him —and I say it with some regret—surrounded by a number of apparently healthy sons and daughters.

Such a case is one of great clinical importance; it shows that a man with an undoubted tuberculous lesion of the first magnitude can completely recover without having undergone any operative procedure. At the end of the 19th century it is somewhat unusual for any patient with any surgical affec-

tion to be allowed the opportunity of showing what he can do without submitting himself to operation, so that such an account as that which I have just instanced is not only important but actually interesting. One rarely hears speak now of the *vis medicatrix Naturæ:* surgical zeal has apparently rendered it not only obsolete but superfluous.

Another instance of the favorable course which severe tuberculous disease may run in the absence of active surgical interference, is seen in the case of old standing hip-joint disease, the boy actually "growing out of his trouble." The disease, let us suppose, began at that period of life when it is customary to send a boy to school, and his school-life was frequently interrupted and was continuously clouded by the affection. But he is now a young man at College, and though he walks lame and is precluded from taking an active part in athletics, still he is vigorous, and he has evidently and completely triumphed over his disease. I am not sure that I have in clinical work ever before used the specious expression, "growing out of a disease;" and possibly I might not do so now if I thought that there were any students or unqualified persons present, for its adoption might prove unfortunate or even dangerous. It is a rather favourite expression, however, amongst parents and other ill-informed persons when confronted with a child with a tuberculous lesion. Would they expect a garden to grow out of its weeds or a field out of its thistles? No; it is a popular superstition, but, like most erroneous beliefs, it is founded on a substratum of truth. For, as a matter of fact, many patients do "grow out of" tuberculous disease, and, strange to say, sometimes most markedly so after a surgeon has made the clear pronouncement that without operation recovery is quite impossible. A boy, for instance, has chronic tuberculous and suppurative disease of his tarsus; he is albuminuric and very ill. His able young surgeon says that unless the foot is removed the boy will die. This is an unwise thing for any surgeon to say, for he cannot possibly know for certain what is going to happen. But what *may* happen is this: The operation is declined, the child is put under the care of another practitioner who, though not so clever a surgeon, is, perhaps, older and a

better man of the world. By good luck rather than by good management the disease clears up, and in a couple of years' time the boy is walking about with scarcely a limp. "See that boy?" says the proud father, "well, Dr. Omniscient wanted to cut off his foot, but his mother and I would not let him!" According to the rules of the game the foot, of course, ought to have been amputated; but Nature does not always play according to the rules, as the young practitioner sometimes finds out to his cost. *Knowledge* is the prerogative of youth, but *wisdom* should come with years.

I recollect that I have wandered from that case of chronic hip-joint disease; I was instancing it merely to say that, though the head of the thigh bone and the socket in which it worked have been quietly destroyed by the growth of tuberculous granulation tissue, so that the limb is greatly shortened, still, it is now, years afterwards, solidly fixed and fairly serviceable. The skin has remained unbroken, and the man has completely triumphed over his disease.

In connection with this little batch of reports, I would like to make a few disconnected statements, chiefly from a clinical point of view:

1. Chronic inflammation of a joint in a child or young person is always tuberculous—except in those very rare cases in which it is due to hereditary syphilis or osteo-arthritis.

2. Tuberculous inflammation may completely destroy a joint, and then leave it solidly and soundly synostosed, without the surrounding tissues or the skin having been implicated.

3. If tuberculous granulation-tissue breaks down into a fluid, that fluid is not *pus*, and the collection is not, properly speaking, an *abscess*—unless, by bad fortune, or by worse surgery, it has become infected by septic micro-organisms.

4. The fluid collection is not to be treated as an abscess —by incision and drainage, that is—but is to be opened and emptied, and scraped and cleansed of its unhealthy lining of granulation-tissue. Then the wound in the skin is to be completely closed by sutures; firm pressure is to be evenly applied and the part is to be kept absolutely at rest. It is no news to most of you to be told that the success attending this line

of treatment leaves, as a rule, little to be desired, or that for this important advance in practical surgery we are chiefly indebted to the patient researches of our friends with the smock-frocks and the guinea-pigs.

5. I have failed to discover that iodoform is of any peculiar value in the treatment of tuberculous lesions. At any rate I have long since discarded it, and I have not noticed any falling off in the results of my practice in consequence. Iodoform is an irritant and a poison; it is apt to be septic, as germs can grow upon it, but I have no knowledge of the truth of the statement that mushrooms have actually been cultivated on it.

Sometime since a lady was sent to me for my opinion about a tuberculous ulcer of the anus which a practitioner had long been treating with iodoform. She earnestly begged me to consider if I could not recommend some other local application, as she said that the smell of the yellow powder rendered her "socially objectionable." This was for her a very serious matter, as she kept a fashionable boarding-house, and whilst many members of her household seemed to notice the peculiar odour, some few of her young men "paying guests" actually appear to recognize the drug itself.

I confess that I have a sort of feeling of sorrow for a surgeon who thinks that he cannot successfully carry on his practice without iodoform, just as I have for the lady who deems patchouli to be indispensable for her toilet.

The Forcible Straightening of Carious Spines.

The direct treatment of the angular deformity resulting from tuberculous disease of the spine is a subject that a few years ago was thrust somewhat vigorously upon us, not only by articles in the medical papers, but by the reproduction of photographic representations of ghastly clinical procedures in the pictured journals of the lay press. This is scarcely the way in which one would expect solid surgical work to be advanced. One remembers that there was a somewhat similar outburst in the lay press a few years ago, when the Koch treatment of tuberculosis was being boomed in Berlin. For this, however, the illustrious Koch must not be held respon-

sible; he was hurried into bringing forward his work ere he had assured himself that the results of his injections justified their being regarded as *curative.* Immediately there was a rush to the German capital, and medical men lent themselves and their names to lay journalism and their portraits to the illustrated papers, passing glad to obtain notoriety in such a beneficient, or at any rate in such a popular, movement.

I do not know how it may be with you, but in Western Europe every new method or invention is at once greedily accepted and not improbably made the means of unmistakable advertisement. It does not much matter whether it is to turn out a real success or not, the point seems to be to have one's name associated with it whilst it is on the crest of the wave.

I say that I do not know how it may be with you, but I hope and I think that in your peaceful Arcadia you can practice your profession undisturbed by many of the anxieties, struggles and temptations by which your less fortunate *confrères* are sometimes well-nigh overwhelmed in an older country. And long may it continue with you, not only for the good of your honorable profession, but also for your own self-respect and happiness.

To affirm that the forcible straightening of carious spines must needs be unsurgical simply because it is a reversion to the ways of the bone setter would be unfair, for the blundering bonesetter sometimes did good by chance. But at any rate he experienced none of that sense of responsibility which a surgeon must feel when he is proposing to straighten a tuberculous spine. It is obvious that in straightening the angle the tuberculous ulcer of the vertebræ must be widely opened out, and that, if the neural arches have been already cemented together, this rigid support must be broken across. And, supposing that this is done, and that the patient survives the risks which are inseparable from the procedure, will the widened osteal ulcer duly heal and the neural arches again become solid? Possibly so. But—and this is the point—will there be no further recurrence of the hump?

Though I should be grieved to stand in the way of surgical advancement, I do not mind getting in the road and

temporarily impeding traffic whilst we are taking time to consider the route, and are assuring ourselves that the stream of surgical practice is going in the right direction. My opinion is that the deformity of Pott's disease does not lend itself to operative treatment; that forcibly to interfere with it is to thwart Nature in her good attempts at effecting a curative consolidation in her own way—and Nature's ways as a rule, are not unworthy of our respectful recognition. I think, further, that in a short time we shall hear very little about this method. This is what I *think*, but I am absolutely *sure* of this, that if a child of my own had an angular deformity of its spine, no person on earth should be allowed roughly to meddle with it. This is the only trustworthy way of testing one's opinion concerning the therapeutic value of speculative methods of treatment, and when a surgeon is planning some new scheme of procedure, it is a good thing for him to measure it out first with the golden rule—would he accept such and such a line of treatment for himself, or for those nearest and dearest to him? But surely, after all, each one of us actually does this, though some apparently have greater belief in heroic measures than others. At any rate, let us not be precipitate or over-enthusiastic with respect to each untried method as it is introduced; *festina lente.*

There is a small class of cases for which forcible rectification of the angular deformity may, perhaps, eventually be found suitable, namely, in a certain few of those in which pressure by bone, or by organizing inflammatory deposits, has taken place upon the anterior surface of the cord, so that the patient has lost the power of voluntary movements in the lower extremities. In a few such cases I might perhaps be eventually inclined to resort to forcible straightening rather than to a laminectomy, an operation of which, by the by, I have but a poor opinion.

The humped back of spinal disease is of course an opprobrium, and it is small wonder that the surgeon is anxious to efface it. But if he had given proofs of such laudable anxiety at the beginning of his treatment of the case, he would probably have had no hump to deal with. I have no hesitation in saying that, even at the present time, the treat-

ment of spinal disease in its early stages is too often half-hearted and sometimes actually blameworthy. It may be urged by way of excuse that at the very beginning of spinal disease the symptoms are so equivocal that the practitioner hesitates even to whisper his opinion, lest the disappearance of the symptoms should suggest that after all he is an alarmist. He knew that the girl had symmetrical pains in her chest, belly and legs; he knew that she got easily tired at play, or that she was inclined to loll and lie about when others were full of activity, and that, regardless of nursery manners, she persistently sat at meals with her elbows on the table. He suspected spinal disease; he even told the parents that the girl should be kept quiet. He may actually have gone so far as to sketch out a plan of treatment which was designed to secure a certain amount of rest, but he was slack in seeing that even this small measure was carried out, in short, he had not the courage of his opinions and the case was allowed to drift.

Oh, for the spirit of Lady Macbeth, who called out to her weak-kneed spouse and fellow-practitioner,

> Infirm of purpose! Give me the dagger!

I am a great admirer of Lady Macbeth, though I am fully aware that her character is not faultless. She was not the sort of person, perhaps, to be trusted with the dissection of tuberculous glands from the neck, or of operating on a case of torticollis, but how splendid she would have been in the treatment of early spinal disease! There would have been no half-measures with her!

THE TREATMENT OF VERTEBRAL CARIES.

If a practical surgeon were asked what is the proper treatment of early spinal disease, he would unhesitatingly say *Rest!* Yes, absolute and uninterrupted rest. But there is only one way of ensuring such rest for a child, and that is by making him lie flat in bed. As I shall set forth directly, he is not to be kept actually *in bed* all the time; but in every case the treatment is at any rate to be commenced by imprisoning him in a pillowless bed. This, I feel sure, is the only way of successfully inaugurating the treatment of *rest*.

But it is of little use if, when in bed, the patient is allowed to roll about, to sit up for his meals, or to hang over the side of the bed in order to pick up a dropped toy. The details of the treatment must be seriously considered, and the medical man must make it his business to see that they are loyally and thoroughly carried out. He must not content himself merely with giving his instructions; the parents will very likely want careful looking after, as well as the boy, or else as soon as the doctor has left the house, or at any rate after a short period of rest, the boy will probably be allowed to do pretty well what he likes, and so the case will quietly drift. What the circumstances demand is the presence of a sort of clinical policeman in the house, in the shape of a hospital nurse.

I know that there are all sorts of schemes, corsets, apparatus and braces (as my American friends call them) for treating spinal caries without keeping the patient flat. But they are all wrong; wrong in theory and wrong in practice; and if they could be cast into the bottomless pit, and every case of spinal disease could from the beginning be treated by continuous rest in the horizontal position, there should be no more of those unsightly humps to invite speculative interference. Of course, I do not include in my anathema Phelps's box-splint, the double Thomas's splint with head piece, or any form of cuirass which takes the child in bodily and keeps him flat. Indeed, the design of each one of them is well-nigh perfect; but what I want utterly and severely to condemn is the modern, ambulatory treatment of spinal caries. I think it probable that, after all the stir about the new treatment of hump-backs by forcible straightening has subsided, the chief beneficial outcome will be that every surgeon feels himself compelled to be far more careful in the adoption of patient and efficient prophylactic measures in the early days of the disease.

As I look back through many years of active hospital practice, I cannot divest myself of the thought that the plaster-of-paris jacket treatment (of which, I confess, I have been a warm advocate) must be held responsible for much of the existing deformity of Pott's disease. Many a time

have I seen the angular protection coming on and increasing when the child had been getting about in a plaster jacket or some other form of support.

Though the child is to be lying flat for six, twelve, eighteen or more months he is not to be shut up in a close bedroom; the windows are to be kept open, and he is to be carried out every day into God's blessed sunshine—which is as necessary for warm-blooded animals as for plants; his muscles are to be maintained in good trim by massage, but he is to be kept all the time in the horizontal position. I know that in these days of activity and progress such unromantic treatment demands great confidence on the part of the parents in the judgment of the practitioner who insists upon it, but no little experience enables me with the utmost confidence to recommend it. Certainly it is not a new method. Hear what Sir Benjamin Brodie says upon the subject—this is the sentence at the very beginning of his valuable chapter on the "Treatment of Caries of the Spine." "From the first moment, therefore, in which the nature of the case is clearly indicated, the patient should abandon his usual habits, and be confined altogether on his bed or couch." *

Naturally one turns also to see what Percivall Pott has to say upon the question of the treatment of the disease which bears his honoured name. And it is somewhat of a disappointment to find him so taken up with the subject of the *Palsy of the Lower Limbs* which follows destruction of the bodies of the vertebræ, that apparently he has not the inclination to discuss general measures. But it is all delightful reading, and even to-day it is brimful of clinical instruction. What a relief it is to read a chapter or two of Pott, or Brodie, or Chassaignac after one has been poring over the pages of some modern text-book in order, as the saying is, to "keep abreast with the times!" Pott seems to put his red velvet sleeve around one's shoulders and to draw one aside from the bustling crowd of the "busy practitioners" (in whose peculiar interest modern text-books are quaintly said to be written), and to talk to one in the de-

* Observations on the Diseases of the Joints, 1850, page 342.

lightful manner of those whose literary style has not been spoilt by the habit of counting words on telegraph forms or by compiling "copy" of precise length, and in a limited time for medical publishers!

However, Pott has a few pregnant remarks to make about the treatment of the later stages of spinal disease, but I am afraid that they will not prove quite acceptable to most modern surgeons any more than my own poor words on that subject may do. Still, it is a great pleasure to know that one is in good company the while! Pott is talking about the treatment by "spinal-supports" and "steel bodices," and, as I am telling you what he says, I feel his velvet sleeve leaving my shoulders and actually passing around my neck. He says that, though the use of these "pieces of machinery" is so general, and the vulgar prejudice in their favour is so great, he has long been convinced of their perfect inutility, and, moreover, that he is satisfied their effects are mischievous.

Speaking generally, the acceptance of a simple unromantic clinical method makes a far more serious demand upon the parent's or the patient's confidence than does the bidding of him to do some greater thing. This is understood and acted upon by the quack who, merely to create an impression, inserts in a lengthy prescription some rare and perhaps rubbishing ingredient which he thinks the apothecary will be unlikely to have in stock; who writes out a fussy dietary with unworthy attention to detail, and who, having failed to effect the promised cure, endeavours to preserve an unenvied reputation by sending his confiding patient to some far-distant watering place. In spite of education, people love quackery now just as much as they did in the time of Elisha, and, strange to say, the higher they are in the social scale the more they seem to hanker after it. The brief clinical record which have to the tuberculous lesion of the Syrian Lord Roberts admirably illustrates these points, for

Naaman was wroth, and went away, and said, "Behold, I thought, He will surely come out to me, and stand, and call on the name of the Lord his God, and strike his hand over the place."

No; if he was to undergo the water-cure it certainly

should not be in a muddy Israelitish stream; he knew of a couple of spas in Damascus which were really high class!" "So he turned and went away in a rage." But being "a great man" he was not obstinate; so he changed his mind, followed out the instruction to the letter, and to his intense delight, attained the reward which sometimes falls to those who do exactly what their doctors tell them.

Here, so far as this Address is concerned, the clinical aspect of the case of Naaman ends, but it still contains an important lesson from a public point of view. For when the gallant officer found that his cure was complete he went straight to his good doctor—whilst the tear of gratitude was still in his eye—and begged his acceptance of a substantial and appropriate reward for the great service which he had rendered.

If during the unromantic treatment of spinal caries the weather is very bad and the patient has to be kept in his bedroom, the window should be open, and, if necessary and practicable, a fire should be burning—not a poisonous, parching gas-fire, however, as one finds in so many bedrooms. The condition of the bedroom of town-dwellers in England is a subject which greatly needs reform. The bedrooms in many London houses have recently become the recipients of a kind of back-wash of that unwholesome tide of æstheticism which was so much in evidence about twenty years ago. The walls are heavily papered and covered with fans, silly brackets and ornaments, dirty-looking hangings and rubbishing photographs. The table or chest of drawers is spread with an uncleaned cloth on which are arranged more photographs and dozens of nick-nacks—every one of which is a dust and germ collector. The furniture and window-hangings are heavy and the room is stuffy, dusty and teeming with germs of all sorts, I should think, and not improbably with those of tuberculosis.

Such rooms should be stripped bare, fumigated and washed; the walls should be distempered, and the floors should be treated to a weekly scrubbing. A small iron bed, a washstand and a couple of rush-bottomed chairs would be about all the furniture allowed. This does not sound artistic,

I admit, but it is healthy, and it is better to be healthy than "artistic"; but art which is not subservient to intellectual and physical health is false and unwholesome.

When much of my work lay with out-patients, I used to have the children with spinal caries placed in the empty boxes in which oranges are imported. Such a box could be bought for a few pence, and an old blanket folded on the bottom of it served as a mattress. In the process of evolution the orange-box became for certain children a Phelps's box-splint. By some such means a child with caries can be carried from one room to another or taken into the open air without risk, and by slightly tilting up the box or tray the child can see what is going on around him, and thus he feels that he is not entirely excluded from the bustling world—the bright and sunny world in which his happy friends are permitted the enjoyment of work and relaxation.

Some years ago a man of about thirty was brought to me with the stiff, straight back, and all the other signs of lumbar caries. He lived close to a cricket-field, and it was early summer; so, having had him fitted with a rigid jacket, I told him to spend the whole day lying on his face and watching the games. Thus he was able to enjoy to the full those three essentials for the successful treatment of the disease, rest, fresh air and sunshine, and he made a complete recovery.

But supposing that the child with dorsal caries has been kept lying flat from the very first, the surgeon cannot even then promise that no deformity shall ensue, because the vertebral ulceration heals by granulation-tissue, which is ultimately converted into fibrous and osseous scar tissue. This, in consolidating, of necessity undergoes a considerable amount of contraction, which may suffice to draw the front of the vertebræ together. The more extensive the ulceration the greater is the amount of cicatricial contraction, and the more pronounced the deformity.

Here, in Eastern Canada, it would especially ill-become me to speak lightly of the value of cod-liver oil in the treatment of the disease under consideration, but perhaps I may humbly suggest that there are other remedies which may be

looked to in the circumstances. As a matter of fact, I am a great believer in the value of the oil, but I would not, against his will, insist on a child taking a dessert-spoonful or even a tea-spoonful of it three times a day, as the manner of some is. So forced down, it is apt to upset the stomach as well as to cause diarrhœa, and it may then be found floating upon the surface of the dejections.

We are all apt to get too much in the habit of prescribing medical and dietetic treatment by routine, ignoring the fact that constitutions are not equally made to pattern. You have heard of that submissive patient for whom Sir Andrew Clark had laid down a very particular and strict regimen which ended up as follows: "And after dinner one cigar; not a strong one; a single Manilla cheroot." In answer to the illustrious physician's inquiry, a week later, as to how the dietary had answered, the unhappy patient, whilst replying that he was certainly better, pleaded to be let off the cheroot, which had invariably had the result of dispossessing him of his dinner. Possibly, however, after all, it was that cheroot which had played the most important part in effecting the gentleman's improvement!

Cream, butter, bacon and other fatty foods are all good for tuberculous patients, but I think that there is nothing quite so valuable as cod-liver oil. And if a patient assures me that he *cannot* take it, I often manage successfully to administer it after breaking up a conspiracy amongst his olfactory, optic and pneumogastric nerves. He probably confesses that he likes sardines; so, without his becoming aware of the trick, I have the preservative cotton-seed oil emptied away, and keep the sardine box filled with fresh cod-liver oil, of which every day he unconsciously takes a substantial amount.

For a tuberculous infant I order systematic inunction of the limbs and body with cod-liver oil every evening after the warm bath. I fully understand that this is apt to make the child "socially objectionable," but this is overlooked when the mother finds that he is improving and steadily increasing in weight.

PROPHYLAXIS.

The extermination-treatment of tuberculosis is a subject in which every member of the community should be encouraged to take a personal and intelligent interest. It is a great mistake to allow it to be regarded as merely "a doctor's question." And to wage a successful war of extermination the attack should be begun right early. It is a question which is of vital importance for the nursery, the school-room, the dwelling-house, the store, the office, the barrack—in fact it concerns every department and every period of life. The disease is everywhere, and its eradication is, therefore, a matter of concern to everyone.

It has not yet been shown that the offspring of tuberculous parents are born actually tuberculous, but it is beyond question that they are very prone to inherit a peculiar physical condition which renders their tissues an easy prey to the germs of the disease. The family history of many patients who at the threshold of life become the subjects of enlarged glands, or of chronic affections of the bones or joints, gives incontrovertible evidence of their being a marked hereditary disposition in the matter of tuberculosis.

So comes the question, ought there to be a law preventing those who are undoubtedly tuberculous taking upon themselves the responsibility of parentage? There are some who would answer this affirmatively and without hesitation. But what would the Church in general say to it, and what would the tuberculous curate in particular say to it? He would tell us that he reads in the very beginning of his Book that he is to "Be fruitful and multiply;" and, to do him justice, it must be admitted that in England, at any rate, he does his best to carry out this instruction to the very letter. But let him finish the injunction—Man was to be fruitful that he might *replenish* the earth. Now, though I do not claim to be in possession of peculiar knowledge on this point, I cannot think that the Great Architect of the Universe who "saw everything that He had made and, behold, it was very good," could have desired that this beautiful world was eventually to be stocked with so large a proportion of tuberculous rubbish.

I am fully conscious of the fact that, in suggesting the desirability of preventing the marriage of tuberculosis persons, I am advancing a somewhat extreme measure; but surely the subject enters very largely into the question of prophylaxis. It is one, moreover, that will have to be deliberately approached and dealt with some day, and that, perhaps, soon. I do not think that our Houses of Parliament as at present constituted will be anxious to occupy themselves with an attempt to solve this question, vast as its imperial importance is, but I think that the County Councils, which we have lately established through England, might find the task not uncongenial. The question is fully as important as that of water supply, or of protection from fire, or of the isolation of infectious disease, each of which is already in their grasp. Indeed, I think that it falls in under the last heading. And what scope it would afford for discussion!

You will remember that when Horatio and Marcellus joined Hamlet on the platform after the appearance of the ghost, and showed great anxiety to know what had been the subject of his remarks, Hamlet tried to put them off by telling them that his communication had been something of a quite commonplace nature, on which Horatio ejaculated:

> There needs no ghost, my lord, come from the grave
> To tell us this.

I do not know what space the "perturbed spirit" had traversed in order to deliver his Address to the unhappy Prince, but I have travelled about four thousand miles to deliver mine. And if you feel inclined to suggest that there was no need for one to come so far to tell you that which I have just unfolded—that it is commonplace, and by no means worth my long journey or your short one—I shall conclude with Hamlet's retort:

> Why, right; you are i' the right;
> And so, without more circumstance at all,
> I hold it fit that we shake hands and part.

As a matter of fact, I have not, like the ghost, temporarily escaped for the purpose of this communication from a place where sulphur, burned in the open, is the ordinary domestic fuel, but I am here in response to a kind and highly

flattering invitation from yourselves. I had, indeed, made arrangements for spending my autumn holidays, which certainly did not include two weeks of sea-sickness; but, when I received your President's command (for so I regarded your invitation), I at once scattered my personal plans and considerations to the winds and decided to accept it. And let me tell you that coming to Ottawa is not to me like going among strangers, though it is my first visit here, it arouses in me a feeling somewhat like that experienced by a man who is taking a homeward journey, for my father was a Canadian. From my infancy I have had pictured to me, and have been encouraged to interest myself in, your forests and rivers, your orchards and wide fields of waving corn, your green pastures and still waters, and your lingering snows (kindly notice that I have put the snows *last*) I have also constantly heard from my childhood of the intense loyalty of the peoples of this great and fertile country, and of the loving devotion of its sons and daughters to that dear Lady who is, indeed, a mother to us all.

Lastly, let me tell you that your complimentary invitation came to me just after those dark days of trial in which an ambitious, a cunning and an unscrupulous race had been endeavouring forever to overwhelm us. Dark, indeed, were those days; but darker still would they have been had we not known that your strong-limbed and keen-eyed sons were standing by us in our time of need! It is certainly not for a humble individual like me to presume, or to attempt, to say what the feeling of undemonstrative England may be towards Canada—I allude to this and to other circumstances only that you may in some measure see with what pride I accepted your invitation, and in order that you may more fully appreciate the sincerity of the thanks which I herewith tender you for thus directing my course to Ottawa, with an inclination eastwards to Nova Scotia—and to Halifax—where, in 1812, my good father was born.

Medical Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

The "Century" Meeting, which was the Thirty-Third Annual Meeting of the Canadian Medical Association, took place in the Academic Hall, of the Ottawa University, Ottawa, on the 12th, 13th and 14th of Sept., 1900, Dr. R. W. Powell, the President, in the chair, and Dr. F. N. G. Starr, Toronto, Secretary.

The Minutes of the last meeting held in Toronto were read by the secretary and adopted.

Dr. DREWER, of Ottawa, presented the report of the Committee of Arrangements.

THE PRESENT STATUS OF THE ELIMINATIVE AND ANTISEPTIC TREATMENT OF TYPHOID FEVER.

Dr. W. B. THISTLE, of Toronto University, read this paper. Some seven years ago he introduced this plan of treatment of typhoid fever to the profession. He claimed that this form of treatment for typhoid fever had time and again been misrepresented by Professor Osler and others, as he had never held to the opinion that the eliminative and antiseptic plan could rid such organs as the liver and spleen of the bacilli lodged in them. When once the typhoid bacilli gain access to the intestinal tract, the multiplication of them occurs with extreme rapidity, and the intestinal contents teem with countless numbers of them. These are not confined to the intestine, but are to be found in the walls, and in fact in almost every organ of the body. He was of the opinion that the draining of the intestinal walls following upon the action of a purgative either as calomel or mag. sulphate would tend to get rid of some of these bacilli in the intestinal walls, but he did not claim that it would effect their exit from the liver, etc. He thought the treatment had been imperfectly applied in many instances without a clear conception of the underlying principles. Under this plan of treatment Dr. Thistle has never had a single case of hemorrhage, what hemorrhage occurred having been always very slight. He has also had very few perforations—and twenty per cent. of the death rate is from perforation and hemorrhage. In Toronto this plan of treatment is universally adopted. Statistics at the Toronto General Hospital show that, from 1893 up to the present time, there have been 833 cases in that institution, with 56 deaths—a mortality of 6⅝ per cent.

In discussing this paper Dr. McPhedran said that he had been watching Dr. Thistle's work in this direction from the time of the appearance of his first paper on the subject, but could not agree with all his conclusions. He did not think that this plan of treatment lessened diarrhœa, tympanites, fever or delirium. He considered that Dr. Thistle was harboring the idea that purgatives in typhoid were a new discovery with him; this was not so. Twenty-five years ago he (Dr. McPhedran) gave these for the first ten days at least. In addition to this he used to give carbolic acid and iodine, and in a certain class of cases he thought he had the exact treatment. Another class would then come along in which that treatment had no effect whatever. He considered that the general toxæmia that existed could not be eliminated through the bowel; it had to be done through the kidneys and skin.

Dr. Thistle, in his reply, emphasized the fact that he was *not* trying to eliminate bacilli from the glands; in clearing out the bowels he is trying to eliminate *toxins* from the body and not bacilli.

A Case of Sarcoma of the Right Nasal Fossa with Acute Sinusitis and Orbital Cellulitis.

Dr. Perry G. Goldsmith, Belleville, Ont., presented this paper and patient. The patient was a man of thirty-eight years, a farmer with an unimportant family and personal history. He consulted the doctor on the fourth of August last with severe frontal headache and double vision. Examination of the nasal fossae revealed growths, which, along with some of the bone in the right fossa, were removed. After this swelling and pain in the eye began, so that it was seen to project far forwards, downwards and outwards. The right nasal fossa was curetted, the tissues being sent to Professor Anderson, of the Trinity Pathological Laboratory at Toronto, who pronounced them of sarcomatous origin, small, round cell variety, with the walls of the blood vessels thin and poorly developed. The discharge from the nostril was of an odor similar to that emanating from cancer of the uterus. Up to ten years ago Bosworth had collected forty of these cases.

Dr. R. A. Reeve stated that a number of years ago he had presented a paper before this Association on the same subject. He directed attention to the importance of examining the naso-pharynx in diseases of the orbit. He instanced a similar case to Dr. Goldsmith's. In his case there was little pain, but an examination of the nose revealed the tumor.

President's Address.

On the afternoon of the second day, with a packed hall for an audience, Dr. Powell delivered the annual Presidential address. He first recited a few reminiscences when on former occasions the Canadian Medical Association had convened in the Capital City, that was in 1871, 1881, 1889 and 1893. He made reference to the South African war in order to show the unsatisfactory condition of affairs which permitted other colonial surgeons from Australia and New Zealand practising their profession in that land without hindrance, whilst the Canadians were debarred from the same privileges. An earnest and united effort on the part of the profession throughout the whole Dominion of Canada in an endeavor to bring about inter-provincial registration would facilitate matters in the direction of securing these privileges for the Canadian profession in other parts of the British Empire. The hackneyed subject of tuberculosis was lightly touched upon; whilst a very important matter relating to the profession, that of a Medical Defence Association, was dealt with at considerable length. Dr. Powell favored the formation of such Association, and later on in the proceedings nominated a Committee to look into the question to report on the advisability and practicability of forming a Dominion Association of this character.

Scme of My Experiences in the South African War.

Dr. George S. Ryerson addressed the Association on this subject. He dealt first with the experience gained of modern bullets. The very latest returns show that 986 officers and 11,701 non-commissioned officers and men had been wounded, of whom only 732 have died of wounds received in battle, which is to be ascribed to the aseptic character of the bullet and the prompt attention and antiseptic treatment. Dr. Ryerson then dealt with the wounds caused by these bullets. Referring to poisoned bullets b ing used, this was not the truth, as the tarnish or verdigris propably accumulated in transit through the barrel. He also doubted the fact of explosive bullets being used. The Boers made use of thousands of Martini-Henry, a heavy bullet, which caused great destruction of soft parts, necessitating amputation. There were few amputations in this war. He quoted Kendal Franks, who had performed 20 amputations in 2,000 cases. Whilst abdominal section in wounds of the abdomen was mainly inadvisable, he saw one case where the results were excellent. He spoke highly of the magnificent work of the R. A. M. C.

Dr. T. G. Roddick, M.P., told of the great sacrifices of Dr.

Ryerson in proceeding to South Africa at his own expense to carry out the work of the Red Cross Association. While in England recently, he stated he had made it his special business to enquire of returning Canadian soldiers as to the hospital management in South Africa, and, although he had spoken to many of these, he had failed completely to find a single Canadian who had anything but praise for the hospital arrangements in that country.

OUR RACE AND CONSUMPTION.

This was the title of a very able paper contributed by Sir JAMES GRANT, Ottawa, who considered it an important fact, and one worthy of consideration, that races had been born on this continent, had lived and entirely disappeared, leaving mounds in the West and other traces in Florida and elsewhere of their undoubted existence, and that thus far there was no information as to the exact cause of the disappearance of these races. He thought it remained for the Anglo Saxons to see whether they will prove more successful than their predecessors in establishing themselves on this continent. He referred to the loss of 3,000 lives in the fair province of Ontario in 1898 by consumption alone, and deplored the fact that the people were not as yet alive to their danger. Sir James endorsed the legislation passed at the last session of the provincial parliament designed for the purpose of assisting municipalities in the erection and maintenance of sanitoria for consumptives.

RECOGNITION AND MANAGEMENT OF TABES DORSALIS.

Dr. ALLAN MCLANE HAMILTON, New-York prepared this paper, but on account of illness was unable to be present to read it. The President undertook this task. It appeared that, as an etiological factor, syphilis was not referred to by the early writers on this disease. While some would attempt to divide the symptoms of the disease into the leg and eye types, the writer would consider that to be unwarranted. He considered there was a close resemblance or rather relationship between the different forms of cerebro-spina sclerosis. There was no disease of the nervous system which had drawn forth so many plans of treatment; and but little or no good had resulted from any one thing. Most tabetics are favorable subjects for expectant treatment, and many derive temporary benefit from some new drug. Looking back over a number of years, he finds that most good has been accomplished where little or no medicine had been given. He has found rest by suspension and persistent cauterization of the back, good treatment. In the opinion of the writer, syphilis cannot be traced

in more than fifty per cent. of the cases. For the arthropathies there is little to be done. Perforating ulcer is a rare feature of locomotor ataxia, and most obstinately resists treatment. He has seen three cases of this unusual condition in ataxics ; and the ulcer rarely exceeds two or three centimeters in diameter. One authority mentions five cases cured by means of nerve stretching. Through out the course of the paper numerous cases were cited with their symptoms and treatment.

THE PHYSICIANS' "VASTER EMPIRE."

In this paper Dr. JOHN HUNTER, of Toronto, its contributor dealt with the questions of sanitary science, education, social purity and medical missions. Referring to sanitary science, he entered a plea for the broader and freer application of the principles of this branch of medicine, in the building and construction of our homes, schools, churches, theatres, etc. No dwelling-house should be constructed except under the supervision of an architect and a physician versed in sanitary science. In the matter of sanitary science architects had improved wonderfully during the past ten years. Another important question was that of our educational system—the mental and physical health and development of our school children. The best way to secure physical vigor and high mentality was surely within the province of the physician to grapple with and study. In all forms of social purity and impurity, physicians should speak *ex cathedra* against every form of vice and immorality. The boys and the girls of the family should be enlightened as to their sexual proclivities at proper periods by their fathers and mothers respectively. In medical missions he referred to the vast field for medical missionary work in foreign countries.

ADDRESS IN SURGERY—TUBERCULOUS LESIONS FROM A CLINICAL POINT OF VIEW.

The President introduced MR. EDMUND OWEN in a few well chosen words. This address was delivered at the evening session of the first day, and the distinguished visitor was greeted by a crowded house. In commencing his masterly address, he stated that he would deal with tuberculous lesions as the surgeon meets them day by day in the hospital wards, in private practice or in the operating theatre. Referring to the pathologists, he considered his (the pathologist's) thought to be only of the dead tissue, while the surgeon sees the human tree during its life, and rarely follows it after death. The student does clinical and pathological work at different times, and he is enabled to follow the case straight from

the ward to the laboratory. He considered that study of the fresh specimen was the best, for the specimen taken from formalin was no more like the condition than canned salmon was like fresh-run fish. He would not hinder experimental research work; it was absolutely necessary. The life of a man was of more value than a sparrow or many guinea pigs. It would be almost impossible to overestimate the direct value of experimental laboratory work. Strumous and scrofulous are now terms devoid of meaning, and we now call tubercle by its proper name. There are three great factors in connection with tuberculosis which the public must be made acquainted with: 1. The disease is communicable, but the public must be allowed a little time before they accept this statement and fact. 2. The disease is preventable; this follows almost as a corollary to the first statement. 3. The disease is curable. Years ago, the subject of tuberculosis was regarded as well-nigh hopeless, but now we do not consider it of the untractable nature that it was formerly considered. Tuberculous lesions are exactly what they used to be, and Mr. Owen has worked at the largest Children's Hospital in London for over a quarter of a century. We now take a much more hopeful view of these lesions. Many of you have studied tuberculous lesions under these skies, and also in the mother country. Do you find that the tuberculous lesions are the same in both hemispheres. One rarely hears now of the *vis medicatrix naturae*; surgery has rendered it superfluous. All have noticed cases of old standing hip joint disease where in time the boy actually grows out of his trouble. This may be a popular superstition, but, like most erratic beliefs, it is founded upon a stratum of truth. In children these chronic diseases are always tuberculous. Where chronic abscesses occur it will not do to open and drain, but they must be scraped out, their unhealthy lining destroyed. In the treatment of these diseases, the learned surgeon stated that he had failed to find any virtue whatever in the employment of iodoform. It is an irritant and a poison, and it is apt to be septic, as germs can grow on it. Mr. Owen condemned the use of complicated apparata, and also the forcible correction in cases of spinal deformities. He considers that this deformity does not lend itself to operative treatment. There may perhaps be a small class of cases where it may eventually be found applicable, as where bone or organized inflammatory deposits press upon the cord so that the patient has lost movement in the lower extremities. The plaster of Paris jacket must be held responsible for much of the deformity of Potts' Disease. The proper treatment of these cases is rest in the horizontal position, with plenty of good

fresh air and sunlight. At the conclusion of his extremely able and instructing address the thanks of the Association were moved in a complimentary speech by Professor Shepherd, of Montreal, and seconded by Professor Cameron, of Toronto, put by the President, unanimously carried amid great enthusiasm, and appropriately presented to Mr. Owen by Dr. Powell. Mr. Owen made a happy reply.

Excision of the Knee Joint in Tuberculous Disease.

Professor Primrose, of Toronto University, minutely described Kocher's method of dealing with tuberculous disease of the knee joint, recited the histories of a few cases in which he had obtained excellent results where this operation had been employed. The steps of the operation were made clear by a blackboard drawing, and, at the conclusion of his demonstration, Dr. Primrose was highly complimented by Mr. Owen for his lucid exposition of his subject.

Recent Pathologic Studies of the Blood.

The last paper on the evening of the first day was a most interesting and instructing one by Dr. L. H. Warner, of Brooklyn. At the commencement of his paper he asserted that he believed there was a necessity for experiments for the progress of pathology. His experimental researches were directed along three lines of enquiry, viz., experiments, observation and individual observation at clinics in hospitals. He considered that the examination of the blood in most cases was of more importance than an examination of the urine. Dr. Warner gave the formula of a new staining solution which he had found very practicable: The blood specimen should be prepared in the regular manner. The slides are heated in a hot oven to 98 degrees. Immerse for one minute in a one per cent. aqueous solution of methylene blue, washing in water, then in a one per cent. alcoholic solution of eosin, washing again with water, and then in a one per cent. solution of Bismarck brown. Dr. Warner's paper was illustrated with suitable diagrams.

Some Experiences in the Treatment of Hernias.

At the morning session of the second day, Dr. F. J. Shepherd, Montreal, contributed the first paper. Some twenty years ago surgeons began to perform these operations by the open method. Older methods in vogue were touched upon and described, and he instanced one very large hernia which had come under his observation then where the man could not put his trousers on. The methods of operation are almost as numerous as

surgeons, but there are certain general principles underlying all operations: 1. The necessity for excision or obliteration of the sac. 2. Closure of the canal. 3. Union by first intention. Some also held that alteration in the direction of the canal is necessary. The operation performed by Dr. Shepherd is Bassini's, but with it he is not always successful. He has used all kinds of sutures. Absorbable sutures are the best, and if antiseptic they are to be preferred. A suture that will last for three weeks is all that is wanted. He has used chromicized catgut now for some time. Professor Shepherd never washes out the wound, and thinks it better to dissect out the sac with the knife than to tear with it the fingers. He never uses a drain. For two years past now he has used rubber gloves in all his surgical work, abdominal in character, and he considers that he has got better results since beginning their use. In hernia operations the mortality is practically nil. Operations on children are now our most successful cases; formerly they were not advised except in strangulated cases.

DR. LAPTHORN SMITH discussed this paper and the cases described, although his experience lay mostly in ventral and umbilical work. In some of these he had seen them so large as to require twenty stitches. During the past two years he has abandoned silk and resorted to catgut, chromicized, which he always prepares himself.

Replying to the criticisms, DR. SHEPHERD stated if there was any oozing in the wound he would pass a probe in between the edges of the wound to let out the accumulated serum. This way he finds to be quite efficacious, as then you minimize the chance of the introduction of any germs from without.

A CASE OF SYPHILITIC GUMMATA OF THE SPINAL CORD SUCCESSFULLY TREATED BY ENORMOUS DOSES OF IODIDE OF POTASH.

DR. F. W. CAMPBELL, of Montreal, reported the history of this very interesting case. It occurred in a man of highly neurotic temperament who, a short time before the onset of symptoms of a definite character, had suffered from repeated attacks of insomnia of a very aggravated character. When his sickness began there were noticed retention of urine and loss of power in the lower limbs. Patellar reflex was about normal. The loss of power in the lower limbs was absolute. The pulse varied from 80 to 96; the temperature was never above 99. The stomach remained in fairly good condition all the time. A consultant from New York was brought on and a diagnosis established of tumor of

the spinal cord situated about the first lumbar vertebra, which might be sarcomatous or syphilitic. The advice of the consultant was to give 500 grains of iodide of potash per day, commencing with a drachm three times a day. Dr. Campbell detailed minutely the daily history of the patient whilst getting him under the large dose, and then again whilst it was gradually being withdrawn. The patient is alive to-day and in good health, having recovered complete control of his lower extremities.

Address in Gynecology.

A very practical address was that delivered by Dr. William Gardner, of Montreal, on the mistakes in diagnosing gynecological and obstetric cases. He states we often learn more from our mistakes than we do from our successes. Correct and accurate diagnosis depends mainly upon the sense of touch, which can only be attained by long and patient practice. He referred to the advantages of examining on a plain table instead of on a couch or bed. The patient's rectum should always have been emptied before presenting for examination. As for the bladder, it is best to empty that viscus yourself per catheter when the patient is on the table, as in this way you will be able to notice any discharges, etc. That the physician will have to do this often is quite clear, from the fact that there are many women of nervous temperament who would not be able to empty the bladder voluntarily in the physician's office. Another advantage of doing this for yourself is, that you get an uncontaminated specimen for examination. In cases where tension is present in the muscles of the abdomen, if you make a series of circular movements over the lower abdomen, gradually narrowing your circle, you will be able to overcome whatever rigidity there may be present. Dr. Gardner urged caution in the use of the uterine sound. He rather considers it a dangerous instrument, that its use ought to be extremely limited and holds the opinion that many women have lost their lives through this instrument. Then there is the danger and risk of infecting and injuring the uterine canal. This instrument, the uterine sound, is a great deal too much employed by the general practitioner. Mistakes in diagnosing displacements of the uterine body he considers the most common. The uterus is a very movable organ, and a distended rectum or bladder may cause it to be diagnosed as a retroversion. Then, it is important to remember that it may be displaced through acts of coughing, vomiting, etc. In all examinations of the pelvic organs, Dr. Gardner has made it a point to examine the position of the kidneys as well. Referring

to examination by the Sim's method, it is necessary to have the patient in the proper position, and, if you have not a Sim's speculum, a bent table fork or the finger of the opposite hand may be used to distend the perineum. Mistakes are often made in the diagnosis of pregnancy, but still the patients are few in whom the diagnosis cannot be made by careful examination of history, signs, etc. Many women are probably inaccurate as to date. Dr. Gardner illustrated his points as he proceeded by reciting cases. One in particular he instanced where he once found a woman in his office on her hands and knees in the throes of a twin pregnancy, which a fellow practitioner had failed to recognize, and had tapped the gravid uterus, and had drawn a quantity of the liquor amnii. Dr. Gardner referred to the mistakes made by himself as well as by his brother practitioner. The close of the paper referred to an interesting account of mistakes which had occurred in diagnosing extra-uterine pregnancy. The Association voted him unanimously a hearty vote of thanks for his exceedingly practical paper.

An Unnoticed Factor in the Production of Abdominal and Pelvic Disturbances in Women.

Dr. Clarence Webster, of Chicago, contributed an interesting paper with the above title. Symptomatology in women, he said, was often overlooked by the general practitioner. The question of the normal relationship of the abdominal and pelvic contents was dwelt upon, and then he proceeded to account for inter-abdominal pressure, holding to the view that the pelvic organs, as well as the abdominal, were to a large extent held in their respective positions by reason of the pressure of the abdominal and pelvic walls. He stated the average specific gravity of the viscera to be a little more than that of water; the liver was 1.5 sp. gr. He maintained that there was no proof that the mesenteries acted as constant supports or were ever meant to be such; and the main factor in sustaining the viscera is the strength of the abdominal wall and pelvic floor. Local weakness of the abdominal wall has been fairly well described under hernia, while general weakness of the abdominal wall has been described as pendulous belly. General weakness in his experience is an exceedingly rare condition. As to the question of etiology, the condition is found in women who have borne children; and so, on examination of the great majority of women, there is found some degree of separation of the recti muscles in the region of the navel. All evidence later on may disappear. but permanent widening remains. The results of all this is unavoidable enteroptosis; and this is generally found in women who

have been addicted to the pernicious habit of tight lacing. A very common displacement seen is that of the right kidney. Dr. Webster dwelt upon the diagnostic symptoms of these conditions and then proceeded to describe the operation he performs for their relief. This consists in bringing the edges of the two recti muscles into apposition. He first performed this operation in Nov., '98. Since that time he has operated upon forty-one cases, and the results have been most satisfactory in all.

MR. I. H. CAMERON took exception to Dr. Webster using the word "unnoticed" in the title of his paper, as he thought this was not an unknown factor in the production of the conditions mentioned in the paper.

DR. W. S. MUIR, Truro, N.S., asked what effect leaving off the use of the binder after confinement had to do with the production of these conditions.

DR. WEBSTER held to the opinion that this had not been noticed except by himself, and challenged Mr. Cameron to quote authority otherwise. The absence of the binder, in his opinion, had not made any special difference.

ADDRESS IN MEDICINE.

PROFESSOR S. F. SHATTUCK, of Harvard University, said, in opening his address, that the advance in knowledge had brought about our relation to things in general. There is noticed a subdivision of labor in every branch of industry. As a consequence, specialization has taken place in the science and art of medicine. In specialization lies, the clevage between medicine and surgery; and nowhere has the line been more closely drawn than in England. Anesthesia greatly enlarged the bounds of surgery. Twenty-five years ago there was not a pure surgeon in America. Bellyache is now a surgical disease. The heart is practically the only viscus which remains the exclusive property of the physician; and he was not so sure that even this organ would not soon be attacked, and we might hear of suturing of the mitral valves. In this country the general practitioner is clinging to obstetrics for family practice. In some of the larger centres there is now even a tendency to specialism in obstetrics, where the specialist will preside at the accouchement, and the family practitioner then step in to oversee the attendance throughout the puerperium. Pure gynæcology scarcely exists to-day · and pelvic tinkering is suffering from a rapid decline. The great bulk of major gynæcology is nothing more than abdominal surgery, which properly belongs to the general surgeon. Gynæcologists should study general surgery and become general surgeons

first. The field in medicine is so large that no one man can grasp it all in a lifetime. Other specialties were referred to. The desire on the part of some to escape the hurly-burly of general practice may be a cause in throwing them into special lines; and then there is the fact that special knowledge draws larger fees. Ophthalmologists get more for removing a speck of dust from the eye than the general practitioner. When we have specialists for diseases of the young, why not also have a specialty for the diseases of the old. In the belief of the distinguished professor from Harvard, specialism had come to stay. The gathering was exceedingly delighted with the deliverance of Dr. Shattuck, and at the close voted him a cordial vote of thanks, to which he made an appropriate reply.

Gastric Hemorrhage.

This paper was read by Dr. George E. Armstrong, of Montreal, who believed there was a fairly well determined field in which surgical interference may be of use in hemorrhage of the stomach. Hemorrhage occurs in fifty per cent. of gastric ulcers and is fatal in eight per cent. Cases are arranged in two groups, the acute and the chronic. Rodman has reported thirty-one operations for frequently occurring or chronic hemorrhages, with six deaths. Dr. Armstrong has operated five times for gastric hemorrhage, one being a chronic case. In one of these the patient was getting along nicely after the operation, when she expired suddenly, and,on a post-mortem examination being made, thrombi were found in the branches of the pulmonary artery.

Some Cases in Stomach Surgery—Gastrostomies, Two Cases; Gastro-Entrostomies, Two Cases; Pylorectomy.

Dr. A. E. Garrow, Montreal, reported these cases. In one patient operated on, the patient was fed before he left the operating table. Another, a woman of fifty years, who had a persistent hacking cough, had gastrostomy performed and discharged able to feed herself through a tube. In another case, in a man aged 33 years, who had vomiting and blood in the stools, the patient suddenly had acute pain with a pale face. Duodenal perforation was present; and when the abdomen was opened, gas escaped from the incision. When discharged on July 24th last, he was feeling well. Six cases were reported.

The Modern Treatment of Retroversion and Prolapse of the Uterus.

Dr. A. Lapthorn Smith presented an able paper with the

above title. It referred to the proper and most successful management of procidentia uteri in elderly women between seventy and seventy-five years of age—a most pitiable condition. Except for this trouble, she may be otherwise in excellent health; the perineum, however, is so relaxed that no pessary will remain in place. Then the majority of these cases have an ulcerated cervix. After confinement the uterus remained large and the pernicious habit of keeping women too long on their backs has a tendency to produce the backward displacement. Dr. Smith feels certain that women who have been relieved of this distressing condition will have little difficulty in persuading others to avail themselves of the treatment. He removed a woman's uterus a few months ago, which had been out of her body for twenty years; and the patient now assures him that she feels like a young woman. In correcting this deformity, Dr. Smith makes a small incision in the abdomen and performs ventrofixation. After that the vaginal canal is narrowed by a large anterior and posterior colporraphy. In selected cases, he also amputates the lower half of the organ and then stitches the vagina to the upper half. He considers ventro fixation, if properly performed, a most reliable means of fastening up the uterus. The operation has given him the most complete satisfaction of any operation he has ever performed, especially when combined with amputation of the cervix and posterior colporraphy.

GASOLINE AS A SURGICAL DETERGENT.

A paper that was highly original was contributed by DR. BRUCE L. RIORDAN, of Toronto, on the use of gasoline as a detergent. With this dirty, greasy hands of machinists, who are the subjects of injuries in these parts, can be effectively and rapidly cleaned without the ordinary brush and soap and water. It is far better for this purpose than any method heretofore devised for cleansing. He now constantly carried a small bottle of this in his surgical bag. A report from Dr. William Goldie, Toronto, showed its effects upon germs and germ life, a report which would conduce to its employment as indicated. One word of caution was thrown out by Dr. Riordan in its use; as it is a highly inflammable substance, it should not be used in any quantity near an exposed light; and then it is painful in the eyes or ears. It is also useful in cleansing sutures of accumulated serum, blood and dressing powder, thus freeing these particles and enabling one to locate the stitches easier and quicker.

DR. J. C. MITCHELL, Inniskillen, Ont., stated that he had tried gasoline recently as a detergent in two very severe threshing-ma-

chine accidents, where the parts were all smeared over with oil and grease and dirt, and it was very satisfactory, as he was able to get perfect cleanliness in a short time, both wounds healing by first intention.

Dilatation and Prolapse of the Stomach.

Professor ALEXANDER MCPHEDRAN, of Toronto University, presented this paper, which dealt principally with prolapse. This condition rarely occurs alone, but is associated with prolapse of other abdominal organs. There is generally present as well some degree of dilatation ; and the abdomen may be prominent or flat, or even retracted. The case of a man aged 51 years was referred to, a manufacturer, who had been ailing for two or three years. The stomach was below the umbilious. He was directed to massage the abdomen very thoroughly and to practice abdominal gymnastics. Through this treatment, combined with dietetics and some strychnine, he has been restored to health and able to resume business. Another case of a woman aged thirty-five years was reported. This woman had been the subject of recurrent attacks of vomiting for two years. The symptoms were detailed ; massage and abdominal gymnastics ordered with satisfactory results. The different ways of examining the stomach were described ; and, in concluding, Dr. McPhedran spoke of the benefits of a change of scene in treating these cases.

Physical Training ; its Range and Usefulness in Therapeutics.

Dr. B. E. MACKENZIE, of Toronto, gave a very interesting account of the methods employed by him in correcting deformities in his orthopoedic hospital in that city. The paper was illustrated by lithographs showing improvements in spinal deformities after physical training in the direction indicated. The paper embraced the results of his observations for thirteen years past, and was ample justification of the benefits derived from gymnastics in the correction of lateral curvature, club foot, etc. He had also found physical training valuable in hysteria and chorea, especially the former.

Inter-Provincial Registration.

Dr. T. G, RODDICK, M.P., read the report of the Committee having this matter in hand. A new feature to be incorporated in the measure was that of allowing the homœopaths representation on the proposed Dominion Council, as, according to the law of Ontario, these had their vested rights in that province, and so must

be accorded similar interests in any proposed Dominion Council. These will be allowed three representatives, which will be equivalent to the representation from any one province of the Dominion. Their term of office will be four years. Homœopathy, however, as such, will not be inserted in the measure, but they will be classified under "any other school of medicine having legal recognition in any of the provinces in Canada," as the British Medical Council would not recognize any such body. Dr. Roddick stated that the Bill would be introduced at the next session, and advised the members of the Committee from each province to bestir themselves before their respective provincial parliaments, as these bodies must sanction the measure before it can be finally acted upon by the Dominion Parliament.

CEREBRAL ABSCESS.

Dr. JAMES STEWART, Montreal, reported two interesting cases of abscess of the brain situated in the tempero-sphenoidal lobe, and referred to the unusual existing aphasia which was present in both cases, viz., simple inability to name objects. The first case occurred in a young man of twenty-two years who had otitis media following an attack of influenza. Some six weeks afterwards an abscess formed. The abscess was diagnosed as being confined to this area simply on account of the peculiar aphasia—the simple inability to give the name of a pen when that object was presented to him. The patient was operated on by Professor Bell, who secured two ozs. of pus. Meningitis, however, set in and the patient died. The second case was a girl of 21 or 22 years of age. She had had ear trouble for a great many years, with very severe pain at times. She, too, had difficulty in naming objects, and she could not name any object whatever finally. She died suddenly a few hours before the operation was to be performed for her relief. On opening the skull at the subsequent *post mortem* examination, two abscesses were found, one skirting the upper margin of the lobe, and the other situated about the center thereof.

In reply to a question of the President, whether we were to take this kind of aphasia as a distinct diagnostic symptom of abscess in that region, Prof. Stewart stated, there is what they call a "naming centre," and, when this is destroyed, that particular form of speech defect is present. The cases were aptly illustrated by a diagram.

GANGRENE OF THE LEG FOLLOWING TYPHOID FEVER.

Dr. H. H. CHOWN, Winnipeg, reported two cases of gangrene

of the leg following typhoid fever, which had recently come under his observation. In the first case the patient had the charactaristic symptoms of typhoid fever, the spots appearing at the end of the first week and being very numerous. Great pain set in in the calf of the leg, with collapse symptoms, while the limb was cold and bloodless. Cutaneous sensibility was lost over the leg. The third day after the complication set in the part involved included the lower third of the leg on the inner side and the lower half on the outer. Operation was done at junction of upper and middle third of femur. Patient stood the operation well. The temperature before the operation was 102.6; pulse 120. On the following day the temperature was normal and the pulse 110. On the tenth day the flaps were united. There was a rise of temperature a few days later—a relapse, with hypostatic congestion of the lungs. On the fifth day after there was hemorrhage of the bowels. The patient is now a picture of health, weighing 200 lbs. The second was a somewhat similar case in which the blood reacted early and promptly to the widal test. The gangrene began in the first case on the 11th day of the disease; in the second on the ninth. Keen reports gangrene on the 14th day. The gangrene in the second case extended to the upper and middle third of the leg. The leg was amputated and prompt union took place throughout.

Dr. R. B. NEVITT, Toronto, discussed these cases, and mentioned a similar case coming under his observation during the past summer. Gangrene occurred in his case about the third week of the fever, and the patient was seen about a week or ten days thereafter. Amputation was performed through the middle third of the femur. He also referred to a case of gangrene of the arm following an attack of pneumonia, recently observed by him.

NOTES ON ATROPINE.

An interesting paper was that contributed by Dr. R. D. RUDOLF, of Toronto University, which was illustrated by means of a chart showing the action of the drug on animals and the inferences drawn therefrom of its therapeutic uses. He finds that the drug directly stimulates the heart, and thus the blood pressure is markedly raised. He considered that the maximum single dose as laid down by Witherstine of 1-20th of a grain as too large unless used as an antidote, and thinks that we ought never to give more than 1-100th of a grain of atropine sulphate at one time, except in emergencies. He also referred to its action in catarrhal pneumonias of children and its employment before anesthesia to ward off danger.

The paper was discussed by Dr. A. D. BLACKADER, who con-

gratulated Dr. Rudolph upon it, and said that he hoped he would pursue his studies farther upon the same subject to find out the effect it would produce in controlling vomiting after anesthesia. He considered, however, that strychnine and not atropine was the most powerful heart tonic in our possession. He thought that late experiments would throw doubt upon atropine being a direct stimulant to the heart muscle ; and he thought it would be questionable practice to administer a drug when we wanted to stimulate the heart's action that would paralyse nerve endings.

LANTERN SLIDE DEMONSTRATION OF SKIN DISEASES.

The demonstration of these cases was conducted by DR. GEORGE A. FOX, of New York City, and it proved to be one which the members of the Association thoroughly appreciated. The great majority of the skin lesions shown were of syphilitic origin; and, as they appeared on the canvas, Dr. Fox described the histories of the cases. One in particular is remembered from the disfigurement of the woman's face. It was a large mass of excrescences on the nose, which Dr. Fox was able to get rid off in the course of two or three months, leaving only a slight superficial scar. He laid down a timely word of caution in treating syphilitic conditions, that, when the patient was run down and emaciated, through large doses of mercury or iodide of potash, not to keep on pushing these drugs, but to desist for a time, and in the interval endeavor to build up the patient's strength and general condition. That accomplished, return to the specific treatment, and the results would be found to be more beneficial. At the conclusion of the doctor's demonstration, which will rank as one of the features of the meeting, Dr. Fox was voted a cordial vote of thanks for his instructing work.

Dr. F. J. SHEPHERD showed a very interesting case, a boy of sixteen years, who at the age of six sustained a severe cutting injury of the nerves and vessels of the axilla. All the nerves of the brachial plexus below the cords of the brachial plexus being severed completely. At that time, ten years ago, Dr. Shepherd dissected out each nerve separately and united their respective ends by suture. All did well with the exception of the musculo-spiral, and as a consequence, the lad exercises very little control over the extensors of the forearm.

THE SUCCESSFUL TREATMENT OF TWO IMPORTANT CASES OF DISEASE OF THE EYES BY THE COMBINED METHODS OF MERCURY AND IODIDE OF POTASH INTERNALLY AND PILOCARPINE HYPODERMICALLY.

Dr. G. H. BURNHAM, Toronto, reported two cases successfully

treated by his combined method. Under this method no such result follows in other plans of treatment, and with this plan a permanent result is got. This treatment has a wide application. Whether iodide of potash or mercury or the iodide alone be given internally in suitable cases without satisfactory results, if the pilocarpine be added, good results will always follow.

MENTAL SANITATION.

The assistant superintendent of the Brockville Asylum for the insane, Dr. R. W. BRUCE SMITH, contributed a scientific paper with the above title. It was a plea for prophylaxis in insanity, and he thought that much would be accomplished in this direction during the twentieth century. Insanity was on the increase in Canada, and it can be ascribed to the fact that, while these unfortunates are well attended when they become insane, the fact that there have been no preventive measures employed speaks for itself. In order to accomplish good in this direction, we must seek either to lessen the demands on, or to strengthen the resisting power of the brain. He condemned inter-marriages in families, and also amongst those of a deranged mentality. Fifty per cent. of the cases of insanity were hereditary, and the descendants of these should be careful in contracting marriage ties. He referred to a portion of one county in Ontario alone, where indiscriminate marriage and inter-marriage has become most fruitful; and he has seen several members of one family from that locality inmates of the same institution at the same time. He considers that the day may yet dawn when we will give the same attention to the rearing of children as we now give to the breeding of horses. Speaking of farm life and the tendency it has to melancholy, he thought this class of the community should receive education in participating more in the enjoyments of life and not to continue to rot in domesticity. An upheaval in the sentiment and surroundings of the rural homes would work wonders in prophylactic principles.

The Canadian Medical Association endorsed the scheme for the formation of a Dominion Anti–Consumption League. The following were recommended as provisional officers:—President (Honorary), The Governor-General; President, Sir James Grant, Ottawa; vice-presidents were appointed for all the provinces; the secretaries are to be the secretaries of the different provincial boards of health. Secretary-Organizer, Rev. Dr. Eby, Toronto; Treasurer, J. M. Courtney, Esq., Deputy Finance Minister, Ottawa.

RE MEDICAL DEFENCE ASSOCIATION.

The Association recommended that Dr. V. H. Moore, Brock-

ville, be the permanent Chairman. One member for each province was appointed. This Committee will gather information on the subject and bring in a recommendation at the next annual meeting.

The Treasurer's report showed that 153 members were in attendance, and that there was a balance in the treasury of $240.65.

ELECTION OF OFFICERS.

Next place of meeting, Winnipeg.—President, H. H. Chown, Winnipeg; Vice-President, P. E. I., H. D. Johnson, Charlottetown; Vice-President, N. S., A. J. Maiter, Halifax ; Vice-President, N.B., T. D. Walker, St. John ; Vice-President, Quebec, A. Lapthorn Smith, Montreal ; Vice-President, Ontario, A. A. Macdonald, Toronto ; Vice-President, Manitoba, J. A. Macdonald, Brandon ; Vice-President, N. W. T., J. D. Lafferty, Calgary ; British Columbia, S. J. Trinstile, Vancouver ; Treasurer, H. B. Small, Ottawa ; General Secretary, F. N. G Starr, Toronto.

Sir William Hingston and Dr. F.W. Campbell, Montreal, were appointed on the Board of Governors of the Victorian Order of Nurses as representatives of the Canadian Medical Association.

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Editorial.

THE CANADIAN MEDICAL ASSOCIATION.

The Thirty-third Annual Meeting of the Canadian Medical Association, which was held in the City of Ottawa, on the 12th, 13th and 14th of September, was among the most successful which the Association has had; nearly one hundred and sixty members registered. The number of papers read and their general character was, if anything, greater in number and superior to any presented at prevous meetings. Moreover, the attendance was well kept up, even at the last meeting held on the afternoon of the 14th inst.

The address on surgery, by Mr. Edmund Owen, of London, England, who came to this country specially for this purpose, was the treat of the meeting. Couched in the most beautiful English, and delivered with more than usual oratorical force, it held the large audience spell-bound up to its close. Of its eminently practical character we will not write, as we publish it in full in this issue.

The address on medicine by Dr. Shattuck, of Boston, was also a scholarly production, and was much appreciated. Dr. William Gardner, of Montreal, gave the address on gynecology, which gave full evidence that he fills a prominent place in that field of practice.

The hospitality of the professors in Ottawa was un-

bounded, and all present bore away with them feelings of the very warmest regard toward their hosts. The details of this hospitality consisted of an electric car ride to Britannia on the Bay, a most delightful spot on a warm day; also a dinner at the Russell House, and lastly a car ride through the city and out to Rockcliffe Ranges, where a most sumptuous lunch was served in the handsome new building just erected by the Dominion Rifle Association. The Staff of the Protestant Hospital also entertained at lunch those whose time permitted them to visit that institution.

Winnipeg has been selected as the next place of meeting, and the time most likely will be about the middle of August. If the officers of the Association can secure from the Canadian Pacific Railroad terms as good as they got when the Association met in 1889 at Banff (including special rates to the Coast), there is every reason to look forward to a very large attendance.

SIR WILLIAM STOKES, M.D., F.R.C.S.I.

The late Sir William Stokes died at the base hospital at Pietermaritzburg, South Africa, on the 18th of August last. Among the large number of medical men employed at the seat of war, no death which has occurred among them can in importance be compared to that of Dr. Stokes. This gentleman was the son of William Stokes, whose splendid works on Diseases of the Heart and Lungs are still read by every educated physician, and whose kindness to the writer when on a visit in 1861 to Dublin has always been green in his memory. Sir William was appointed consulting surgeon to the forces in South Africa on 29th of December last, and arrived at the Cape about the first of March. He at once proceeded to Natal and took up his duties at the General Hospital at the Mooi River. These duties were most harrassing in their nature, but, like a true surgeon, he was happiest when doing his best to relieve suffering and save or prolong life. But the surroundings were not of a nature to suit a constitution never very strong, and rendered distinctly weak by some months of great mental anxiety owing to serious illness in his family. He was also troubled with a chronic winter

cough. When we take these facts into consideration, we can see the courage of this brilliant and loyal Irishman in facing the onerous duties in the field in South Africa. Sir William was beyond any question the leading Irish surgeon, and was in his 62nd year at the time of his death. He was Surgeon-in-Ordinary to the Queen in Ireland, President of the Royal College of Surgeons, Ireland, and Surgeon to the Meath Hospital, Dublin.

UNITED STATES MEDICINE.

Dr. Jacobi, of New York, read before the late International Medical Association, in Paris, a paper on what he terms "American Medicine" (we have styled it United States Medicine). This paper has been adversely criticised as being too apologetic in its tone, and having read it we are inclined to agree with its critics. Dr. Jacobi is a well-known figure in United States medicine, and is generally held in high esteem. But, although he has resided a great many years in New York, we fancy that some of his European ideas have not been entirely brushed off. In writing of the Medical Schools in the United States he says, "Of the 156 Medical Schools, which exist at the present time, 3 date from 1765 to 1800, 12 from 1801 to 1825, 22 between 1826 and 1850, 33 between 1857 and 1875, and 86 since." He adds "How many more have been so good as to disappear from the face of the American (United States) earth nobody cares to learn or know. If we knew we should shed no tears."

THE LONDON BRANCH OF W. B. SAUNDERS & CO.

W. B. Saunders & Company, of Philadelphia, the well-known Medical Publishers, announce that they are about to establish a branch of their business in Great Britain. Mr Saunders has recently spent several weeks in London, where all the arrangements preliminary to the opening of an English house have been completed.

This London branch will be operated in immediate connection with the home establishment in Philadelphia, and

the same methods that have been so successful in building up the business in the United States will be employed in the conduct of this new branch.

The details of the various departments of the firm's affairs have now been developed to such a state of perfection that the House feels the time has come for extending its field of operations. For a number of years Saunders' books have been sold in England through the agency of a London publisher, and, although they have already met with remarkable favor, the House is confident that by applying to the English market the same policy that has proved so successful at home, the sale of its publications in Great Britain and her colonies can be enormously increased.

PERSONAL.

Dr. E. P. Lachapelle, President of the Provincial Board of Health of the Province of Quebec, and President of the College of Physicians and Surgeons Province of Quebec entertained Mr. Edmund Owen, the well-known London, Surgeon at lunch at St. James Club on the 15th September. The guests present were Dr. Craik, Dean of McGill Medical Faculty; Dr. Rottot, Dean of Laval Medical Faculty; Dr. F. W. Campbell Dean of Bishops Medical Faculty; Dr. Powell (Ottawa), Ex-President of the Canadian Medical Association; Dr. Roddick, M.P.; Dr. Gardner, Dr. Benoit and Dr. Lafleur.

Dr. Fuller, of Sweetsburg, was in Montreal on September 20th, and visited several of his friends.

Book Reviews.

A Manual of Personal Hygiene.—Edited by Walker H. Pyle, A.M., M.D., Assistant Surgeon to Wills Eye Hospital, Philadelphia, Fellow of the American Academy of Medicine. Contributors: I. W. Courteney, M.D., George Howard Fox, M.D., and several others. Illustrated, Philadelphia W. B. Saunders & Co., 1900. J. A. Carveth & Co., Toronto, Canadian Agents. Price $1.50.

The object of this manual is to set forth plainly the best means of developing and maintaining physical and mental vigor. Throughout the book there is concise but adequate discussion of the Anatomy and Physiology of the parts under consideration, upon which is based the advice given. In other words, there is an exposition of proper living upon a physiological basis. Purely technical phraseology has been avoided, as far as compatible with the scientific value of the text, and numerous explanatory diagrams and illustrations have been introduced, Although each chapter is complete in itself, there has been purposive repetition of remarks upon subjects of such general interest, as eating. drinking, breathing, bathing, sleep, exercise, and in order that they may be discussed more throroughly from several standpoints. The style in which this manual is written is very pleasant, and no one could rise from its perusal, or of any part of it, without absorbing a very large amount of must valuable information. As a text book, it should find an entrance into all schools where Hygiene is taught, and the general public will find it well worthy of perusal. It is a sad commentary on human nature, that so few really know how much they can do to make their lives healthy and in this way prolong life. Even the medical professor is not guiltless in this respect. This book deserves a very wide circulation.

Progressive Medicine.—A quarterly Digest of advances, discoveries and improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc., etc., assisted by Charles Adams Holder, M.D., Assistant Demonstrator of Therapeutics in the Jefferson Medical College. Vol. III., September, 1900. Diseases of the Thorax and its Viscera, including the Heart, Lungs and Blood Vessels, Diseases of the Skin, Diseases of the Nerve System, Obstetrics. Lea Brothers & Co., Philadelphia and New York, 1900.

This volume has appeared very promptly on time, and is equally as valuable as any of its predecessors. The departments in this volume have been collated by such well-known men as William Ewart, M.D., F.R.C.P., Henry W. Stelwagon, M.D., William G.

Spiller, M.D., Richard C. Norris, M.D. Every practitioner who desires to keep up with the rapid advance the profession is making should subscribe for this publication, beautifully bound, which is issued every quarter. F. W.C.

Medical Diseases of Infancy and Childhood. By Dawson Williams, M.D., London, Fellow of the Royal College of Physicians, London, and of University College, London; Physician to the East London Hospital for Children; second edition revised with additions by Frank Spooner Churchill, M.D., Instructor in Diseases of Children, Rush Medical College, in affiliation with the University of Chicago; Professor of Pediatrics, Chicago; Polyclinic. Illustrated with 72 engravings and two colored plates. Lea Bros. & Co., Philadelphia and New York, 1900. Cloth, $3.50 nett.

There is no class of patients who appeal more strongly to the physician and surgeon than those who come under the designation of infants and children. This is due to two causes, viz.: 1. They form a very large percentage of those they are called upon to treat, and are of immense importance, therefore, from a pecuniary sense. 2. The very helplessness of infantile life, depending almost entirely on objective symptoms for elucidation of its diseases, appeals with much force to the better nature of the profession. Yet, strange to say, up to twenty years or so ago in this country no special attention was given to diseases of infancy. The consequence was that young graduates felt themselves at sea when confronted with an infant, unable to tell its tale of woe except by signs which speak to experienced eyes well-nigh as well as words. How different it is now? With special professors in every Medical College, and an extensive literature on the subject, these little sufferers receive vastly better treatment and care. Among the numerous works which have of late years appeared devoted to diseases of infants, that of Dr. Williams, of London, has occupied a prominent place. The present American edition, edited by Dr. Churchill, is decidedly of more value than the original London edition, inasmuch as it brings the work up to date, and represents also in addition, enclosed within brackets, the views of the leading physicians of the United States. There is a very valuable chapter on infant feeding, in which the views on this subject held on this continent are very clearly and concisely stated.

The work is one that should be in the hands of the general practitioner, and we commend it to them as a most valuable book.

F. W. C.

Elements of Clinical Bacteriology. By Dr. Ernst Levy and Dr. Felix Klemperer, of the University of Strasburgh. Translated by Augustus A. Eshner, M.D. Published by W. B. Saunders, Philadelphia, 1900.

This is the authorized translation of the second edition of this well-known work—well-known in Germany, and deserving to be better known here. A work by one German is usually imposing

enough, but, when three of them have had a hand in it in two languages, it is apt to be a fine affair. Even the works on medicine, which endure, are those which possess style. Facts are not enough, and a laboratory is not a good place for the cultivation of the literary quality. That is why so many of the recent books on bacteriology will pass away. This book will not pass away, because, while this artistic quality is absent, it contains a full and plain record of thorough work set forth according to a plan and easily accessible by means of a good index. A thorough test of the book warrants the statement that it contains all that a reasonable person requires to know upon the subject with which it deals. Matters, not yet decided, are discussed in a temperate way, and the authors do not try to prove too much. One who reads all of Mr. Saunders' publications, and they are all worth reading, seizes with joy upon the pictures that have now become so familiar by their continual reproduction. That admirable exercise in prespective, "The Boy filling the Tubes," originally drawn by Kaula, is much missed in the present work.

A. M.

PUBLISHERS DEPARTMENT.

SANMETTO IN SENILE IMPOTENCE, AND AS A GENERAL REMEDY IN GENITO-URINARY CONDITIONS AND COMPLICATIONS.

Sanmetto has, during the past few years, pleased me very much, particularly in senile cases, where impotence was and had been pronounced for years. As a general remedy in genito urinary conditions and unpleasant complications accompaning these cases, the results are, in the majority of cases, very satisfactory. Chas. E. Bennett, M.D., 1876, Detroit School of Med.; Mem. Am. Med. Assn., Ohio State Med. Soc., late Pres. Fulton Co. (Ohio) Med. Soc., Surg. L. S. & M. S. R. R., Wauseon, Ohio.

SANMETTO IN CYSTITIS AND PROSTATITIS—ALSO IN GRAVEL.

I used a bottle of Sanmetto upon myself. I was suffering with cystitis and prostatitis and received some relief. I think by continuing its use will effect a cure. My age is sixty-five years, not so easily cured as younger persons. We have a man in town by name J. S. K., who had been suffering with gravel for years and had spent much with physicians. He used Sanmetto, and it would be hard to believe the amount of calculi that passed in a few days; in fact it was disintegrated and passed so rapidly that he was forced to stop the medicine for several days. If desired, he will report the case himself. J. Y. DeShong, M. D., Judsonia, Ark.