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Original Communications.

THE SIZE OF THE PUPIL AS AN AID TO DIAGNOSIS.*

By J. T. DUNCAN, M.B., M.D.C.M.
Ophthalmologist to the Western Hospital, etc.

The general practitioner, no less than the specialist, notices in almost every case brought before him for diagnosis, the *size*, the *shape*, and the *mobility* of the pupils.

First, in regard to the size, they may be contracted or dilated, or they may be unequal—one being larger than the other.

Then in regard to the shape, they may, instead of being circular in outline, be oval or irregular in shape.

And in regard to the mobility, instead of reacting to the light (or other stimulus) they may be immovable, or fixed.

Any of these changes suggest some abnormality, and it is the object of this paper first, to place on record the principal conditions in which these changes are seen, and second, to assist in the interpretation of these changes.

In order to understand the subject we must briefly glance at the anatomy of the iris: in so far as it has to do with the changes in the shape of the pupils. We will find that nature has provided a special means for the contraction of the pupil, and a special means for its dilatation.

In the structure of this very vascular curtain is to be found smooth muscle. The fibres of this muscular tissue are arranged in two directions.

First, we find them arranged in a circular manner around the pupillary edge, forming a sphincter of the pupil, and known by the name of the *sphincter pupillæ muscle*. The remaining

*Read at meeting of Canadian Medical Association, London, Ont., 1903.

fibres are disposed in a radiating manner, constituting the *dilatator pupillae muscle*.

But another agency having to do with the size of the pupil is the blood supply. We know that the bulk of the iris is made of vessels, which lie like the spokes of a wheel, but close together. These vessels can be rapidly filled with blood, so rapidly that some authorities speak of the iris as belonging to the erectile tissues. The more the vessels are filled with blood, the smaller the pupil is.

Now, without going into the nerve supply of the iris, it will be sufficient to say that the sphincter muscle is supplied by the third cranial nerve, the dilator fibres by the sympathetic.

The size of the pupil, then, is affected in three ways: First, by the sphincter muscle of the iris; second, by the dilator muscular fibres; third, by the blood poured into the iris.

Anything which stimulates or irritates the third nerve will cause the sphincter to contract, thereby lessening the size of the pupil. Anything which stimulates or irritates the sympathetic nerves will cause the radiating fibres to contract, thereby dilating the pupil. If, however, we have stimulation of the third nerve, with paralysis of the sympathetic, we will have extreme contraction (*i.e.*, pin-point pupils) while, if we have stimulation of the sympathetic, with paralysis of the third, we will see extreme dilatation.

What abnormalities or diseases are indicated by these various changes of the pupils?

(*a*) The patient may have the pupils evenly contracted (myosis). This may indicate:

1. Locomotor ataxia (tabes dorsalis).
2. Meningitis and encephalitis (early stages).
3. Inflammations of the cervical cord (chronic).
4. Apoplexy of the pons.
5. Epileptic fits (early).
6. Uraemic poisoning.
7. Tobacco amblyopia.
8. Inflammation of the retina.
9. Opium poisoning.
10. The use of myotics (Eserine, etc.)
11. Long continued use of the accommodation as seen in watchmakers, etc. (occupation myosis.)

(*b*) Where we have the pupils evenly dilated (mydriasis) This condition is found in:

1. Paralysis of both third nerves (as after diphtheria).
2. Intra-cranial tumors (late stages).
3. Intra-cranial effusions (pressure signs).
4. Irritation of the cervical sympathetic.
5. Acute inflammation of the cervical cord or its covering.

6. As a premonitory sign of tabes dorsalis.
7. Intestinal worms, or other irritant.
9. After epileptic fits.
11. Cataracts.
12. Amaurosis (blindness).
13. Acute mania or melancholia.
14. The use of mydriatics.

(c) But, again, we suppose a patient with unequal pupils, then we may suspect.

1. Tabes dorsalis.
2. General paralysis of the insane.
3. An unilateral lesion of the third or sympathetic nerve.
4. Diseased tooth.
5. Pain in any branch of the fifth nerve.
6. Old iritis. Inflammation of the right or left retina.
7. Aneurism of the carotid or innominati or aorta tumor of the neck of the same side (in early stages this will produce irritation mydriases, in late stages paralytic myosis).
8. Use of a myotic or mydriatic in one eye.
9. An unilateral lesion of the brain.
10. A congenital condition.
11. Acute glaucoma (unilateral).

Supposing any one of the abnormalities spoken of is observed, we at once proceed to see whether the pupils will react to the stimulus of light. This is done by facing the patient to a window (if possible), covering both eyes with the hands, then removing each hand in turn. If there is no dilatation in the shade, or contraction on exposure to light, the pupil is said to be immovable or fixed. (By darkening the room, and placing the patient with his back to a light, and reflecting the light first into, and then away from the eye, by a small mirror, we can decide doubtful cases of contraction and dilatation.)

By the foregoing methods we may determine whether a pupil is fixed or movable.

I. The pupils are contracted and *fixed*. Then, taking up our list "a," we may exclude:

- Uramic poisoning.
- Meningitis and encephalitis (early stages).
- Inflammation of the retina.
- Tobacco emphyopia.
- Occupation myosis.

For in all these conditions the pupils are not fixed. The movements, although slight, may be seen.

In list "a" remains

- Tabes dorsalis.
- The use of myotics.

Apoplectic effusions.

Opium poisoning.

Epileptic fits.

The contracted and fixed pupil may be present in any of these.

But the apoplectic or epileptic condition, and opium poisoning, are usually easily recognized, so that we have only to differentiate between *tabes dorsalis*, and the use of myotics.

The history of the cases would quickly enable us to decide, but the standard methods of examination for a case of *tabes* (the use of the convergence test, etc.,) should be brought into use. Summing up list "a" it may be said that contracted and fixed pupils point, in the majority of instances, to a case of *tabes dorsalis*.

II. But the pupils, although contracted, are *movable*. The principal use of recognizing this condition is that it enables us to be almost sure that we have not before us a case of locomotor ataxy.

III. The pupils are evenly dilated and *fixed*.

This is a rare condition. Looking at list "b," it may be stated that some movement of the pupils may be elicited in all the conditions named, except in blindness (*Amaurosis*), the use of mydriatics, and in complete paralysis of both third nerves.

IV. The pupils are evenly dilated and *movable*.

Little need be added to what was said under the last heading. Of course it should be noted that in the last stages of intra-cranial tumors and effusions, no movement of the pupils can be elicited.

V. The pupils are uneven but *fixed*.

This condition almost surely points to one of two things—it is either Locomotor ataxia, or it is General Paralysis of the Insane. The size or shape of the pupil will not help us to differentiate between these two affections, but the history will quickly clear the matter up. Looking over the remaining portion of list "c," it may be stated that in unilateral lesions of the third or the sympathetic nerves, the pupil of one eye would be found to react freely, and in affections of the fifth nerve, both pupils would react, but the smaller one less freely than the larger. In old Iritis care must be taken, for sometimes, the adhesions are so extensive as almost to bind the iris to the lens, to a large extent preventing movement. In every doubtful case a drop of atropine solution should be used. This will solve the difficulty, for the pupil will dilate between the adhesions, thus giving a notched appearance to its edge. And unless we have a case of doubtful iritis, the pupil of the other eye will react to light. In all the remaining affections of list "c" movement would be seen in one pupil.

VI. The pupils are unequal but *movable*.

In this condition we would probably find the cause to be a painful tooth or irritation of some branch of the fifth nerve. But the important point here is the fact that this condition of the pupils renders it unlikely that either *Tabes dorsalis* or *General Paralysis* is present.

Summing up the whole matter, it will be noticed, that in almost every section reference is made to *Locomotor ataxy*; one of the most important deductions, therefore, is, that in every case of abnormality of the pupils, (unless the cause is otherwise apparent) it is our duty to examine for this disease. If this rule were acted upon, many cases would be recognized or discovered in its early stages. When we recollect that much success attends early treatment of *Tabes*, but that little can be done, comparatively, if the case is not recognized until it has passed into the later stages. The importance of this rule becomes at once apparent.

THE COUNTRY DOCTOR.*

BY JAMES S. SPRAGUE, M.D., STIRLING, ONT.
 Author of "Medical Ethics and Cognate Subjects," etc.

There is no composition in music which so pleasurably affects the soul of man as that termed a medley, provided such include selections (although not classical according to modern ideas) that we heard in earlier days; those dear old melodies, such as our mothers were accustomed to sing, and our fathers delighted to hear. The memory of the good old times is awakened thereby. The present moments freed from despondency, less dismal do they appear, the future is made fair and bright, and projects of pith and moment seem to have no barriers towards being consummated, or hopes and future achievements to lose their brilliant coloring.

Brief sketches in medical literature or other writings serve equally to give us a pleasurable and instructive hour when relaxation is sought, often demanded by us, who have bared our breasts and kissed the rod in the endeavor to show to our patients "conclusively and clearly, that Death is a stupid blunder merely, and not a necessity of our lives." (Longfellow's "Golden Legion.")

With these metaphors or similitudes as introductory, it would appear as desirable that for our title, *Medical Medley*, were

* Address at the meeting of the Canadian Medical Association, London, August 26th, 1903.

better, for there are those who prefer that we designate or distinguish ourselves not as doctors, but physicians, clinicians, practitioners, practicians, therapists, and other highly elaborated names, which philologic research does not in every particular claim or clearly sanction. Therefore, "The Country Doctor" as our headlight for this paper will remain, and our authority for its adoption is, that the title of Doctor of Medicine was first given in 1324 by the University of Astio, in Italy.

It is admitted that he who selects to write these segments from the swirl of "Time and Tide," should be one of those whose aspirations, virtues and impulses he has studied many years. The same ambitions that possess the soul of the recent graduate, are such as we held in early days.

They have not, however well planned, been realized in many instances; the prizes have been few, the blanks have been too numerous, illustrating too forcibly that "our wills and fates do so contrary run, that our devices still are overthrown, our thoughts are ours, their end none of our own."

The Country Doctor is he whose early life was that of the country or village, as a rule he is the best gift of a highly honored and self-respecting family of sturdy yeomen, especially chosen to give honor to his name and family, and to be the equal in merit and nobility of the family doctor who lives in a nearby village, such are the incentives which arouse the young man. An experience of a few years as a Public School teacher enables him to be self-reliant and to develop personality, really an egotism. Such preparatory work is rivalled only by attendance during a few years, or better still, the full course of years required for the degree of Bachelor in Arts or in Science. Self-reliant, methodical, really sober in judgment, self-respectful and studious, fearless and tireless, is he; he should be set apart for medicine is the opinion of the family doctor, and the die is cast.

The "pale, sickly and pious" brother is evidently called to serve the Lord. Both bend their necks to the yokes as easily as they contracted croup in early life.

This introduction of the future spiritual adviser or "leader of faithful souls and guide of those who travel to the skies," is employed to serve as an illustration of the life work of these brothers, whose lives are directly associated with the people, whose lives in consequence of this co-mingling or association are recognized as chief factors in the advancement and maintenance of sanitation and morality. The future clerical personage has been presented as pale, sickly and pious, such an assertion is not applicable or desired, although too commonly believed as worthy of this definition. No profession calls for greater

vigor or moral worth than he, who is to assist the Country Doctor, should possess; co-workers in many enterprises, in fact, for the wrongs that need resistance, or causes that need assistance are those of the highly educated clergy. The poorly educated among such men (and such are too numerous) are the enemies of progress, in fact, our enemies. Someone has said: "Such minds have no living message for any one, they are merely speaking tubes through which the past comes down to us. God help those who have to rely on what they have to give."

This world with its sunshine and flowers, God's Word in the stars: the progressive development of man's goodness; abundant evidences of increasing philanthropy and practical benevolence are too seldom announced from the pulpit. Too much of his eloquence is employed to preserve moss covered creeds and dogmas, apparently too full of crudities and cruelties. Shorn of such tendencies, this *vir* "*pietate gravis*," this co-worker of ours would help more noticeably in the progress of civilization, and more and more would our professions conduce to each other's interests, not only to our interests, but to those of the dear people whose servants we are.

Should not such a friendship and mutual and uplifting interest exist between us as held by Nisus and Euryalus, or Pylades and Orestes? If so, the saying where three medical men are assembled two of them are atheists would be untenable, or incapable of proof.

The preparation for the long sought for degree of doctor in medicine having been fulfilled, our young doctor, thoroughly disciplined thereby, advances to the footlights, the whole profession in some respects, and those in his field of labor, act as the audience. His destiny is to see that "Life's a varied light illusion, joy and sunshine, light and shadow," and that no illiberal thought or motive should characterize his doings; he learns and has been taught it, at least (if he has been properly taught) that Catholicity reigns supreme in medicine, that whatever is administered at best is the best, our only limitations in regard to therapeutics being the sun, the air, the earth and its fulness thereof. Such is the liberality of our profession while upholding, yes venerating the honored teachings of Hippocrates, Celsus, Galen, Eristratus, Heraphilus, Heraclides—not unmindful of the labors of Boerhaave, Cullen, and of others, not less illustrious, whose services are memorable, our young doctor, contrasted with his brother, the clergyman, is free to accept or reject such teachings and yet be termed regular in practice—he learns and is learning constantly that his mission on earth is a struggle, an unceasing progressive struggle to find truths—medical truths—and to live by them.

It is his to have the "keen spirit which seizes the prompt occasion, makes the thought start with instant action, and at once plans and performs, resolves and executes," To him his profession is and ever will prove a philosophy, which never has rested and never can rest, as it knows no other law than that of progress. He learns too frequently, that a point which but yesterday was invisible, is its goal to-day and will be its starting point to-morrow.

History reminds us that new worlds have arisen and that we have lost old nations, equally can the same changes be adduced in respect to the numerous theories and schools of the past ages and the introduction of new ideas, but "he who beholds the bright countenance of truth in the quiet and still air of delightful studies," and finds encouragement in the thought that some loved theory may be either abandoned or be recast, or modified, can and will ever be able to keep a warm heart in and for his profession, and otherwise escape that condition which may justly be termed mental fossilization, a condition too frequently observed, and antagonistic to the spirit of the age.

I now introduce the Country Doctor who, possessed of such nobility of soul, such glowing aspirations, would be able, in other and more or less honored fields of labor, to advance himself to the highest and most useful point obtainable, but such is not his destiny, his work is and will be such as acquires much honor, and apart from professional services, no more useful citizen or benefactor or confidential adviser could be named. I speak as one who has full authority to make these statements, as one, who for more than three decades has been very closely associated with such men, not only with men in this, my native province, but in early professional life with colleagues, country doctors in a far distant state. Those days were days not only of perils but of discomforts and disadvantages, our faithful and tireless bronchos conveyed us and our saddle bags to widely scattered homes.

"I scarce can think those days are gone,
And yet like dreams they are no more."

Those were the times in which we respected our seniors who taught us much, not only in practice but in ethics, fraternal relationships then were stronger, and we well knew if consultations were necessary that our consultant would not try to rob us of our patients. To-day the consultant has to be carefully watched in too many instances, and the newly fledged doctor too frequently is ignorant of professional honor for his elders.

It is an admitted conviction that in our staunch adherence

to a code of moral law, and in the general and intelligent honesty of our members, we, although subjected to every form of temptations, many, great and constant, can find few illustrations of violation of our code or principles of ethics, or of honor. No other occupation among men offers more abundant material for development of all that is best, that is useful and that is noblest. When it is considered that no teachings during collegiate life are given on the subject of medical ethics, it is evident that a high grade of morals has either been inherited or has been acquired in practice by the average doctor. Although our profession is in the keeping of able men, many dangers exist and are appearing which threaten our best interests, while the expenses of living and the demands for our offices have greatly increased, have we arranged our fee tariffs to such changes? Are we not capable of being aroused to recognize that we are becoming more and more enslaved by several widely known pharmaceutical companies? Are we not able to note that our medical journals—fortunately not all of them—are greater friends to such companies than they are to us? Is it not time that our Provincial or State Medical Boards name such journals whose columns and advertising pages have the almanac character. While these so-called pharmaceutical companies are announcing their so-called ethical goods to us? too frequently is the poor and struggling doctor called to pay out his hard-earned money for them, and learns, probably too late, that if he had studied his *materia medica* and other works on medicine relative to this subject in preference to the price list of such companies he would have served his patients far better.

The evidences furnished that old medicines are not totally abandoned, but becoming more studied and used, are many and encouraging. Should not we possess qualifications in *materia medica* equal to, if not superior, to those demanded of pharmacists? If so, is such the case? Would it not be advisable that we adhere strictly to the employment of such medicines and their compounds as are named in our standard works on medicine, and not to encourage preparations praised by the pharmaceutical company and a few well-paid officials connected with medical journals? We should prepare our own tablets and compounds, if not, our local druggist can do such work, and by so doing the interests of each other would be the better conserved. Opportunities for the study of qualifications of medical students in their primary work are being afforded me in the position of Examiner in *Materia Medica* and Pharmacology for our College of Physicians and Surgeons.

These reflections, or shall I name them suggestions, are introduced for our best consideration, heart to heart talks such

as I so humbly present, are what we of the country and of the walled city so earnestly need. Although "each Life is an existence viewing itself too much through a single medium," it is well for us to observe that medicine is a very jealous mistress, and the most difficult of all arts to acquire. and at such annual gatherings of this association, is it not but our rights to make confession by naming our sins of omission and commission. To review the past, consider our present interests, and to make attempts to look into the glorious future, for Cicero says that questions of any importance have the past, the present, and the future to consider (*tria esse omnino genera quae in disceptationem cadere possint; quid fiat, jactum, futurumve sit.*)

The average longevity of members of our profession is stated to be fifty-six years, if so, the average working period cannot much exceed thirty years, and we will assign the first ten years to that period in which a young doctor becomes established in practice, and if before the closing of this the first decade—this bread and butter period as Sir Andrew Clarke calls it—he has married brain and wealth, his future will have less clouds, for the richest doctors with whom I am acquainted are those who, like the penniless scions of nobility, believe that wealth is but a fair gift in exchange for a title in the family and act according to such beliefs.

The country doctor is of essential interest in any community—in fact, is he not a necessity and so regarded? The establishment of the town-pump is equally so regarded, which is maintained and kept in order and no one appears willing or able to bear expenses in the repairs thereof. His practice is, of course, at times for the money consideration, and his consideration is (if he considers) that if the liveryman had made equal trips to his and been paid the usual livery rates, he would have been better off than he as regards shekels of gold and of silver. He eateth side pork with those who eat side pork, and drinketh milk with those who drink milk. At times he drinketh port or sherry with those who drink some variety of chosen border blends of mountain dew, whose merits he announces with no sour disdain when away from home; his breath is that of new mown hay, or that of frankincense and myrrh. His experience during this first decade is such that he estimates it as passing the understanding of men, in payment for which he is paid principally in hay, oats and other products of the farm, apparently satisfied is he if he can meet his payments for drugs and medicines, and be recognized as popular; unfortunate, however, is he if ambition should tempt him to erect too costly a residence, such a step he, like others in many similar cases will have reason to regret.

Perchance he hears of the success of a former fellow graduate, and his ambition, too, is exercised to adopt a specialty, such prospective work occupies much of his thoughts during idle moments and he is the best material from which the safe specialist emanates, but it is needless to state, such a hope is very seldom realized, he becomes more fixed to his locality, and becomes a specialist in more than one department; and the second decade finds him still there apparently afraid to move, yet anxiously looking for a government appointment; in fact, any appointment wherein there is a surety for a good living. Tired out is he, worn out really in too many instances, and really when he has become experienced, and thus more useful, but strange to state such is not the belief of his people, they want a change, yet he is always with the dear people, and a quarter of a century passes by, verily the thirty year limit is being rapidly reached and he is having for pastime the raising for the earliest potatoes or biggest beets and cucumbers, or perhaps, reaches the presidency of the county or district cattle show, or becomes the master of the village Masonic lodge—in quiet moments he feels inspired and is anxious to give the world—the medical world—many foolscap pages of his experience, but as those that look out of the window become darkened and desire fails, the world loses much, yet he forgets not those days of the usual "Hello, hello doctor," and was answered "All right" by him, and a few hours found him ten miles from home in the Bethel Settlement doing a successful version, and succeeding in overcoming much and protracted inertia, how pleasant was it to arrive home, wearied in body and soul, to find in reviewing his books that he succeeded so well, inwardly he feels as if he were a God among the people. The scene changes when he hurriedly opens a note from the editor of his best medical journal, which invites his best contribution on the financial aspect of medicine, and his wife requests a few shekels to pay her subscription to the Central Asia Missionary Society. The poetry of life and the romance of medicine suddenly vanish for he reflects that although the laborer is worthy of his hire, his account, in the Bethel settlement has not pay paid and that the prospects of reward are not too inviting—such thoughts do not long disturb him for he is rushed to the third concession to do some sewing on Jim Sharp "the reaper has run away," as Whitcomb Riley describes it. He fashioneth splints from the rail fence and taketh dinner with the men, he sayeth grace and pronounces the pork, potatoes, onions and gelatinous pie equal to the best. The open cylinder threshing machine, or the more modern wind stacker, relentless, ever starved and insatiable, does some work for him ere the evening shadows fall, and before he rests he

has heard confessions that would break up whole families and neighborhoods; he recommends balsanics to the deacon, and terms his disorder nephritis, yet both know better, and probably it will never be known—"Domine salve nos." These illustrations are those seen by the country doctor—the most revered, the most useful man, he who has the "heart within and the God overhead" impulses—"he has seen old views and patients disappearing one by one, and is entitled to a furlough for his brain and for his heart."

We cherish the memory of the old village doctor, the old country doctor; may he ever exist.

What greater birthright can any intelligent or ambitious man claim and cherish than that his name is in the list—the long list of the *æsclepiadae*—of the healers of men. A list, says Oliver Wendall Holmes, which stretches unbroken to the days of Gods and of Demigods, until its earliest traditions blend with the story of the brightest of the ancient divinities. Can crowned heads claim a lineage more noble? Can the Church with its apostolic succession traditions, its lives of patriarchs, of apostles and martyrs claim a greater or more honored progeny. Are not such reflections, and the statements that coronets have been placed on the heads of many of our learned brethren, quite enough to fill our cup of ambition. Who then among us is not or has not been ambitious to be the least among them, the country doctor?

In the words of William Cullen Bryant:

"We seek not the praise on the love-written record,
The name and the date inscribed on the stone;
The things that we do, let them be our story,
Ourselves be remembered by what we have done."

These words are equally expressed by the immortal Hufeland, and more directly appropriate to our profession: "Thine is a high and holy office. see that thou exercise it purely, not for thine own advancement, not for thine own honor, but for the glory of God and the good of thy neighbors."

Hereafter thou wilt have to give an account of it. The country doctor having time for reflection recognizes these truths amid surrounding disadvantages and trials, lights and shadows, and like virtue, a country practice is its only reward.

SANATORIA FOR CONSUMPTIVES.*

By E. J. BARRICK, M.D., M.R.C.S., ENG., TORONTO.

During the past few years there has been a world wide awakening in reference to Tuberculosis. Papers have been read at every large Medical Meeting, Associations have been formed, Congresses have been held in nearly every country with the object of checking the spread of this dread disease.

However, unless we have in view some practical and attainable end and concentrate our efforts upon it, much valuable time, and thought and energy will be expended, and very little, if any, permanent good will be accomplished.

Let us for a moment turn our attention to other great problems, and we may learn from their solution what we should aim at in an earnest endeavor to check the spread of this disease. We must keep prominently before us the fact that any solution that does not make adequate provisions for the poor, cannot for one moment be considered.

First then,—What was the goal aimed at in checking the growth and spread of ignorance of the fundamental elements of education? Was it a state university, or a private academy with Government aid, valuable as these no doubt are? Certainly not.

When the grand, heroic Egerton Ryerson came on the scene, his discerning eye saw in the distance the mountain of ignorance looming up. He evidently saw how foolish it would be to try to bring those who needed the rudiments of a liberal education to such central fountains of learning, and therefore set to work against great odds to bring a fountain of learning within reach of every pupil in every municipality of this Province, with a wide open door to the poorest and most ignorant in the land, and thus gave us our splendid system of public schools, which has been widely admired and copied.

Secondly.—Some twelve years ago it came to the knowledge of the Ontario Government that in the various jails of this province there were confined people who had no charge against them other than that of being poor. Did the Government take steps to bring these to a Provincial centre, to a House of Providence, or a House of Industry?

The folly of such a course was apparent, and legislation was enacted by which the Government co-operated with the County Municipalities for the establishment of Houses of Refuge, and it is gratifying to note that more than twenty

*Read before the Canadian Medical Association, London, Ontario, August 26th, 1863.

County Municipalities have taken advantage of this Government co-operation, and have erected Houses of Refuge for their poor.

Thirdly.—It was brought to the notice of the Government some years ago that it was in the interest of public health that provision should be made for the isolation and treatment of persons suffering from Smallpox, Diphtheria and Scarlet Fever, where such isolation and treatment could not be obtained in their own homes. Here it was also seen how futile it would be to attempt to bring all these to some central place to be cared for, and again legislation was enacted empowering Boards of Health in the Municipality, and wholly at the expense of the ratepayer, to provide Municipal Hospitals for those suffering from these diseases.

Fourthly.—On 7th March, 1900, it was brought to the notice of the Ontario Government by a large and influential deputation that better provision should be made for the care of Consumptives, especially the poorer classes who could not care for themselves.

Here again it was evident that it would be utter folly to attempt to bring all these to some central place, and again within thirty days legislation in the form of an "Act respecting Municipal Sanatoria for Consumptives" passed its first reading without a single opposing voice in the Legislature and became law.

Time and experience have abundantly demonstrated the wisdom of establishing such schools, Houses of Refuge and Isolation Hospitals, and therefore is it not reasonable to assume that similar good results would follow the establishment of Municipal Sanatoria for Consumptives?

The second point I wish to present and discuss is: Shall this Municipal Sanatorium be erected and maintained by mandatory or permissive legislation?

Shall the taxpayers of a municipality be compelled by the Board of Health to assume the whole responsibility of erecting and maintaining a Sanatorium for Consumptives, and shall the victims of this disease be compelled to submit not only to compulsory notifications but also compulsory confinement in such Sanatorium?

To compulsory measures of this kind I feel constrained to enter a strong protest.

In the first place it would be unjust to the ratepayers to compel them to assume the whole responsibility of establishing and maintaining such Sanatoria, in face of the proffered Government aid, and their opposition would have to be counted upon.

In the second place the patients and friends would object to such arbitrary measures, and the result would be that the hands on the dial of this great humanitarian movement would be

turned back, and much of the progress that has been made would be lost.

Having thus objected to this coercive plan I am in duty bound to offer in its stead one that is more in keeping with the state of public opinion.

In discussing this matter we must keep ever before our minds that the fight against Tuberculosis is primarily a campaign of popular education.

The foundations of the comprehensive movement in this country against this disease, headed by His Excellency Lord Minto, have been laid broad and deep, and the corner-stone thereof was duly laid by the Government and Legislature of this Province on the fifth of April, 1900, when the Act already referred to was passed.

Thus the first step in this campaign was made, and the first milestone on the road to success was passed.

The second step will have been made when a by-law has been submitted and endorsed by the ratepayers of a municipality. Now which municipality shall be first in the race? Shall it be London and the County of Middlesex, or shall it be Toronto? We have encountered terrible head winds in Toronto, so your chances are good.

In the passing of this Act, Government co-operation is secured to the extent of one-fifth of the cost of land and buildings, and \$1.50 a week for each patient.

So elastic is this legislation that each municipality may surround the by-law and agreement by such conditions and restrictions as is deemed best so as to induce the ratepayers to take a favorable view of the same, and support it by their votes.

To illustrate this I give the question and conditions that were passed by the Toronto Council last December, upon which the vote was to have been taken, and the matter had gone so far that the ballots had been printed, when an injunction was granted by Judge Britton restraining the Council from taking the vote. It is gratifying, however, to note that the Act was amended last session making it legal to submit this and other questions at the municipal elections.

QUESTION.

Are you in favor of the city contributing \$50,000 towards the establishment of a Sanatorium for the treatment of residents of Toronto suffering from Consumption?

CONDITIONS.

1. The city shall be at no expense in connection with the Sanatorium beyond the \$50,000 to be granted by the city, and

the payment of \$2.80 per week for each patient sent thereto at the city's expense.

2. The Sanatorium shall be exclusively for residents of Toronto; it shall be within twelve miles of the city with 50 to 100 acres of suitable land; shall consist of an Administration Building, cottages and tents, to accommodate patients who have been bona fide residents of the city continuously for at least two years immediately prior to their admission, and shall have a wide open door to Consumptives in all conditions of life and in all stages of the disease.

3. It shall not be a free Sanatorium as such would encourage pauperism, but those able to pay shall pay, and the poor shall be treated free of charge.

4. The Board of Trustees shall consist of the Medical Health Officer and eight other persons appointed by the Council, four of whom shall be nominated by the voluntary contributors.

5. The money to be derived from the city to remain in the hands of the City Treasurer, and if the Sanatorium is proceeded with, one-half or more, as may be authorized by the City Council, shall be paid over to the trustees, when a like amount has been paid to the trustees from voluntary contributions, donations, bequests, legacies, etc., and the balance of the \$50,000 is to be paid over in sums of \$2,000 when a like amount is paid in from the sources above indicated.

PLAN

The proposed plan practically works out thus:—

LAND AND BUILDINGS.

1. Government Grant.....	\$ 4,000.00
2. By-Law.....	50,000.00
3. Contributions.....	50,000.00

MAINTENANCE.

1. Government aid of weekly allowance of \$1.50
2. Municipal aid of weekly allowance of \$2.80
3. Contributions, donations, legacies, etc., from the public.
4. Contributions from patients.
5. Contributions from churches, lodges, benevolent organizations on behalf of their sick members who are unable to pay, or are entitled to sick dues.

There is reason to believe that if this Sanatorium relief is furnished, and the campaign of education as regards general sanitary measures is continued, that in five years the mortality from this disease may be reduced twenty per cent.

In support of this view I submit the following statistics

which ought to help to convince us that efforts in the right direction are not unavailing. In London, England, where perhaps more has been done in this line than in any other city, we find the following decrease in the mortality in five years :

1891 death rate per 10,000.....	22
1893 death rate per 10,000.....	19
1894 death rate per 10,000.....	17.04
1896 death rate per 10,000.....	17.03

I submit, therefore, that the plan here outlined based upon permissive legislation and backed up by a campaign of education, is in the present state of public opinion preferable to compulsory legislation.

A Municipal Sanatorium in each county municipality would be an important local educator, and as the mind of the public became seized of its importance, patients would more readily be persuaded to take advantage of a local institution, where they would not necessarily have to pass out of the care of their own physician, and out of the reach of their friends, and where their chances of cure and improvement would be greatly increased, and the spread of the disease to their friends and the public generally would be materially checked, which is the main point in the resolution, which I have the honor of submitting for your consideration, and which I trust will receive your approval.

In conclusion, may I earnestly plead for the 8,000 of our people who die of this disease each year in this Dominion, entailing annual financial loss, according to Dr. A. J. Richer, of \$48,000,000; may I plead on behalf of this nation whose natural resources are to-day the talk of the world, whose cry is for people, more people, for capital, for more capital to develop these resources; and on behalf of this great humanitarian movement that has already obtained such splendid legislation in this Province, and that is now knocking at the doors of the councils of our cities, and county municipalities for the submission of by-laws.

Let the cry go up from Halifax to Victoria, Save the people, save this financial loss, and establish Municipal Sanatoria for Consumptives.

Dr. E. J. Barrick then moved, and Dr. R. W. Powell seconded, the following resolution, which was carried unanimously :

Whereas, The removal of cases of Tuberculosis, and especially those occurring among the poorer classes of the community, to conveniently located and well regulated hospitals, is in the best interest of both the sick themselves and the community generally, and no doubt goes far towards preventing the propagation of the disease; and, whereas, It is now an accepted fact that

Municipal Sanatoria is the best, the most economical and efficient means of providing for their care, it is hereby resolved :—

That Municipal Sanatoria for Consumptives, in accordance with the Ontario Act respecting such, would be an important factor in checking the spread of this disease, and that therefore this Association desires to urge such local action by members of this Association as will tend to have by-laws submitted in their respective counties or districts, thereby rendering possible Government and Municipal co-operation in this necessary work.

TWO CASES OF UNUSUAL NERVOUS DISEASE.

By W. B. THISTLE, M.D.,

Associate Professor of Clinical Medicine in the University of Toronto.

The two cases I have to report are of interest, chiefly because of their rarity, and because of the diagnostic problems which they present. I have not encountered either of them in practice before. The facial diplegia as an isolated condition I had never seen.

CASE 1. *Facial diplegia.*—The patient, a little girl of ten years, came under my care January 27th, of this year. The child was not at all ill, but the mother noticed that she could not shut her eyes, and also that there was some difficulty about the mouth. The present illness began about two weeks before coming to consult me. Inquiring into present history I found that with the exception of a slight attack of chorea about a year ago, she had been in good health. No history of sore throat, and no febrile attack of any kind recently.

Family history. Father was addicted to alcohol and died two years ago. Mother living and well. Sister living and well. The first sign of paralysis was noticed a few minutes after the child had returned from a sleigh drive on an exceedingly cold day. The mother then noticed that the mouth was drawn to one side. This deformity appeared in a day or two, and about the same time it was noticed that there was inability to close the eyes. On examining the patient I found that there was entire loss of motion on both sides of the face, with the single exception of slight movement in the corrugator supercillii on the left side. The upper eyelids could be elevated, but the eyes could not be closed.

The muscles of the neck, with the exception of the platysma were quite normal. The paralysis corresponded exactly to the muscular supply of the facial nerves.

Muscular power in all other parts of the body quite normal.

Sensation was normal in the face and the entire body.

Reflexes. Planter and knee jerks normal.

Nothing abnormal in gait or station.

No disturbance in the function of the bladder or bowels.

The facials were the only cranial nerves implicated. Function of smell, sight and hearing preserved. Movement of tongue and palate normal. Deglutition performed without difficulty.

Pupils reacted to light, were equal, normal in size, no squint. Patient can focus accurately and can read without difficulty.

Muscles of mastication not affected, and sensation over face and in mouth quite good. Temperature and pulse normal.

The face is absolutely expressionless and mask-like. When the child laughs the effect is remarkable.

Clearly the disturbance is in the facial nerves, but the simultaneous invasion of both facials make one think of the possibility of a lesion in the pons accounting for it. The lesion, whatever its nature, must be in the nuclei, or in the course of the nerves, outward from their nuclei. If above the nuclei, some affection of the rest of the body would be inevitable. The electrical reaction also indicates infra-nuclear interference, inasmuch as there is complete loss of faradiac response in all parts supplied by the facial nerves. A lesion in the pons could, moreover, hardly take in both facial nuclei, and leave the adjacent nuclei, especially that of the sixth nerve, unaffected. The sudden appearance of the paralysis would, moreover, preclude the idea of tumor which might invade both nuclei. A second possible explanation is, that the child might have had diphtheria of a mild type, and subsequent paralysis affecting both facials. No such history could be obtained. The usual associated symptoms also were wanting. The knee jerks were normal, palate normal, no ciliary defect.

Poliomyelitis suggested itself, but the absence of acute illness and the complete confinement to the facials make it very improbable.

Double ear disease might cause facial diplegia, but here the ears were quite normal. Thus by a process of exclusion the diagnosis of damage to the facial nerves in their course was arrived at. The nuclei have already been excluded.

The first portion of the nerve can also be easily excluded, as there is no indication of any affection of the accompanying auditory nerve. That portion contained in the aqueductus fallopii cannot be the part affected, because there is no affection of chorda tympani or stapedius. Taste is preserved, and hearing normal. Thus the only parts left are the peripheral portions.

The history of a drive on a very cold day immediately before the onset is very suggestive of Peripheral facial neuritis or Bell's palsy.

The curious feature is the simultaneous affection of both nerves. The subsequent history is that usual in Bell's paralysis. After a few weeks power began to return, and with it return of faradiac response, until in April 5th, there was return of power in all parts of the face, but still incomplete. Return of power began about ten days after the patient came under observation, and was very gradual. First a very slight movement could be detected in the occipito frontalis of the left side. Then a slight dimpling of the chin. Return of power did not correspond on

the two sides of the face. There was considerable movement on the left side before any recovery took place on the right. This occasioned the usual deformity, the mouth being drawn to the left.

The accompanying photograph shows (1) an attempt to close the eyes. (2) trying to whistle or blow out a light.

At the time of writing recovery is said to be complete.

CASE 2. *Crossed hemiplegia from tumor of lateral half of pons and adjacent cerebellum.*—In January of this year I was asked to see L. M., age seven, because of some difficulty in walking, pain in the head, vomiting, and other symptoms which had been coming on for several weeks.

Symptoms began to appear shortly before Christmas, when it was noticed that he dragged one leg, and that he had some



difficulty in his speech, and at the table. There had been no previous illness, and no injury. The boy was well nourished and has always been very healthy and strong. No indication of syphilitic inheritance.

Family history. Boy was adopted from one of the city homes. The father was said to be of dissolute habits. A brother died from tuberculous meningitis. Mother alive and well.

On examination I noticed that the face was drawn to one side, and that there was thickness of speech, and inability to close the eye on the right side. There was, in fact, fairly complete facial paralysis on the right side. The lesion was evidently in the lower segment of the facial path, affecting the entire half of the face. Walking was somewhat difficult owing

to inability to maintain his equilibrium. The gait was decidedly staggering with a tendency to fall backwards or to the right. The gait was also spastic in character.

Examination of reflexes showed great exaggeration of the knee jerks and planter reflexes, especially on the left side. Ankle clonus marked on the left side. Muscular power much below normal on the left side, especially in the arm.

The boy at times would be seized with acute pain, and would cry and put his hand to the back of his head towards the right side. The face has the appearance of cerebral tumor. A strange blankness of expression, with staring and somewhat prominent eyes, and choked appearance. At times the face is flushed. At times also he shows sudden periods of abstraction and forgetfulness. Vomiting is of frequent occurrence. Appetite excessive.

Some difficulty with bowels and bladder. Urine retained for long periods voided involuntarily. Bowels were moved by enemata.

Sensation is normal in all parts of the body.

The symptoms manifested themselves gradually, and increased.

My first visit he could walk without support. A week later he required assistance, and a fortnight later walking was impossible.

Slight twitching, especially of the right face, and left arm noticed. He had had a convulsion before coming under my care, and a second fit on the occasion of my first visit. The epileptic seizures continued, and increased in frequency until the end.

Examination of eyes showed no optic neuritis. Pupils reacted to light, and were usually widely dilated.

Later symptoms of pressure became evident. The respiration became sighing and irregular. Comatose condition developed. Shortly before the end there was almost constant clonic spasm of the left arm. Death came suddenly. He had been talking an hour before the end.

Diagnosis was tumor on the right half of the pons and cerebellum.

The symptoms, pain and vomiting, were suggestive of tumor. Its location was indicated pretty clearly by the crossed hemiplegia together with the cerebellar gait.

The autopsy disclosed a tumor in the right half of the pons and adjacent cerebellum.

The tumor, as can be seen from the specimen presented, is of the infiltrating variety, probable gliomatous.

SOME BUSINESS ASPECTS OF MEDICAL PRACTICE.*

BY DR. N. A. POWELL, TORONTO.
Professor of Medical Jurisprudence, Toronto University.

In all the twenty-three years' existence of this association, the subject of the financial results of medical practice has never received formal consideration. When this fact was innocently mentioned by me a short time ago at a meeting of your committee on papers and business, that puissant body passed an order-in-council making me responsible for the presentation of this question before you. In spite of my objections and suggestion of others for the honor, the committee next found a place for my name on the preliminary programme. When it so appeared, a certain person, whose advice I often receive, and perhaps not quite so often adopt, inquired with airy sarcasm if the chances for one's being selected to read a paper before the Ontario Medical Association was in inverse proportion to one's knowledge of the subject to be taken up. I side-stepped her question then, but in the privacy of our closely tyed session I freely admit that, like certain medical examiners we have known, I may ask questions for which I have no answers ready.

For more than a quarter of a century I have been watching the course of medical men in practice, and trying to ascertain the causes of complete or partial failure in those who might reasonably have been expected to have been successful. Many die leaving no provision for those dependent upon them, others become medical derelicts, floating half-submerged, unless to themselves or to the world, and a positive danger to all who approach them unguardedly. A third, and always a larger, class have simply been disappointments to all who, in earlier years, had builded hopes of success for them. I present to you no statistical study, but give you instead certain clinical impressions, and shall ask how these accord with what has fallen under your own notice in watching the drift of medical life.

When I first entered practice I think it could be safely said that the larger proportion of those who did not succeed owed their failure to the use of alcohol. That is not so to-day: the profession to-day is moderate in the use of liquors, as a result of increasing self-respect and self-control; misuse of them is, in consequence, a factor having far less importance than it had even a few years ago. The doctor, who now drinks to excess, cannot keep the pace, and must go down and out more rapidly than of old. In this country twenty-three may be taken

* An address delivered before the Ontario Medical Association.

as about the average age for entering practice, and fifty-three as the age of death for physicians as a class. This gives us thirty years as a period within which success is to be won or lost. The time and money expended in obtaining an education and gaining a practice will represent not less than five or six thousand dollars. Since most Canadians are comfortably poor at the start, or at least are free from the paralyzing influence of wealth, we may estimate that it will take four years in the country and eight in the city for the average graduate to have cleared off all arrears of debt and reached a self-supporting basis. The modern physician, it must also be remembered, is a highly evolved individual, with tastes that must be satisfied, and needs that must be met, in addition to the ordinary living expenses of himself and of those dependent upon him. Such provision for age and sickness as every prudent man sets about making must also be taken into account.

It has been said by some one that for an ideal practitioner there are three requisites: First, he must be a thorough gentleman; second, he must be a thorough physician; and, third he must be a thorough business man. I believe that the third is the attribute most frequently lacking, and in this lies the cause of most failures.

Let me ask your attention to a few points which appear to suggest the cause of some failures. One difficulty our craft meets as many others are meeting it—the demand for first-class pay by those only able to do third-class work. That is the trouble in all other Unions as well as in ours; however, we have no walking delegate to come around and say, “This man who has made a botch of the case must be retained. You shall not discharge him and employ a better man in his place.”

I think it is bad business for a physician in general practice, making an income of, we will say, over \$3,000 in the country, or \$4,000 in the city, to attempt to be his own book-keeper. His time is, or ought to be, too valuable for such work. If he tries to do so he will have to take the time either from his patients, or from his own needed rest and recreation. The best book-keeper he can possibly have is the one who has shown either that she had sufficient confidence in him or that she had sufficient confidence in her ability to manage him, to have married him.

Year by year the world's work is passing, in larger and larger proportion, into the hands of women. They have long had more than a working majority in our churches. Some one puts it this way:

“In the world's broad field of battle,
In the bivouac of life,
The average Christian soldier's
Represented by his wife.”

I do not say that this is right, but one cannot deny that it is so. Personally I am in accord with George Ade when he says, "It is a poor plan for a man to expect to slip through St. Peter's turnstile on Ma's ticket. But no one else can take the same interest in a physician's books as the right sort of a wife—if only she be trained and trusted.

Accounts more than six months old in the city are far better handled by a collector—an honest, kindly and tactful man—than by the practitioner himself. Such a one collects money which would otherwise never be obtained, and more important still he helps to weed out the people who are able to pay and won't—always the most unreasonable and exacting of patients. In the country it is a most valuable plan to try and get all accounts of a year's standing closed by notes. This will seldom be objected to if the notes are drawn, "without interest if paid when due; otherwise, with interest, until paid." The addition of interest hurries up the payment. I did some years of country practice, and without having recourse to the courts, excepting once to vindicate a principle, I was able to collect 92 per cent. of all accounts on my books—a fair and reasonable proportion. Knowing the circumstances of one's patients, the charges can be made right to start with, and discounts never given excepting on account of poverty.

Another thing, in my opinion it is bad business for a man to neglect his correspondence, or to sit up late into the sleeping hours with it and his other writing, when by the combination of a card index system of case-histories and chest charts, a vertical filing system for correspondence, and all other records, a type-writing machine, and a stenographer coming in for a few evening hours each week, he can keep his writing not simply up to date, but up to the hour. So few physicians seem to appreciate the value of such modern aids to rapid and accurate work that I have thought it worth more than a passing reference. The necessary outlay is almost trifling, and by such a combination one is aided in obtaining that *maxima par eruditionis*, which may be taken to mean the art of knowing where any desired information can be at once found. I had a compliment paid me along this line recently; two friends were in consultation. One made an observation, and the other asked, "How do you manage to carry such things in mind?" The other replied: "I do not try to do so. When I want a thing I 'phone Powell, and he looks it up while I hold the line."

When a man has within him the potentiality of success without lodge practice, I believe it is bad business to ever touch lodge practice. The late Dr. George Wright, a conscientious man in practice if ever there was one, said to me in an almost pathetic way, "If I had only left lodge practice severely alone,

and given the time it took to study, and to cultivating the practice I wanted to keep, it would have been far better for me." As a rule we get the value we challenge for ourselves, and lodge practice tends to lessen a man's fee earning power and to handicap his future. Granting that there may be present an urgent need for keeping the pot boiling, if this is done by using lodge practice as fuel, it will, in the long run, prove even more expensive than coal did last winter.

It is bad business not to be, and to keep, good friends with our medical neighbors. Some are not easy to live with; this for the reason that lineal descendants of Ishmael, of Ananias and of Caliban, occasionally drift into the medical profession, and make trouble for us. After differences, they are ready to make up and bury the hatchet—but they take care to leave its handle sticking out. No honorable physician can fight with their weapons; he would have no better chance than a clawless cat in Hades. Perhaps the best way is to strive for that height of calm philosophy which will enable one to consider the annoyances they cause, as being purely educational.

Every medical man needs and should have one or more fads. How shall we define a fad? We must make the attempt since Plato has told us that there can be no rational discussion without a definition. Fads, according to my friend, Dr. J. L. Davison, are "mental antitoxines which overcome the poisons generated by cerebral over-activity." The best of these, in my judgment are shooting, fishing, photography and canoeing, but a score of others may be named for second choice. Even that refuge for senile decrepitude known as golf has a field of usefulness. Some of my friends, infected with the virus of this game, seem to think its field is a prairie.

It is bad business for a physician to go without a fairly long annual, and a number of week-end, or other interstitial holidays. No grass growing under his feet means only too often an early crop growing over his upturned toes. From labors so exacting and imperative as his duty to himself, to his family, and to his patients, requires that he should take the prescription he so often gives to others, and should seek rest and change. His holidays should be arranged for, insisted on, and always taken. Our great dramatist has said that—

" Universal plodding poisons up
The nimble spirits in the arteries."

Happy the man who heeds the warning, and for whom, as Thoreau said, "The woods are full of solicitations."

It is bad business, it seems to me, to drop behind the procession for want of a good working library. Two or three good journals are absolutely necessary. In addition to these the

purchase and right use of the latest and best work, first in one specialty, and then in another, will help wonderfully to keep a man out of the ruts. Now, what do we find in the office of the average physician, let us say, down in Kentucky? Things are better here, of course. If there were any Kentuckians here I would say, down in Tennessee. Out-dated text-books, journals bound up and never opened after they come back from the bindery, and subscription sets forced by glib-tongued agents upon their unfortunate purchasers. Only this and nothing more! What wonder that such a library, so-called, should become a factor in the failure of its owner rather than an aid to his success.

Trying to do modern surgery with an archaic outfit, or to do modern practice in offices unattractive, inconvenient, miserably equipped, dirty, disagreeable and depressing, are causes tending strongly towards failure.

Let me ask a plain question: Is a man honest with himself or with those who trust him, when he attempts serious surgical work with outfit and preparation inviting disaster? If stinginess, and not poverty, has limited the equipment, how grave is the responsibility. Look, if you will, into the ordinary obstetric satchel! Is it ready for the conducting of an aseptic confinement, and for meeting all emergencies of child-birth? Let each one of us, when he sits alone with his conscience, and seeks for the cause of a sepsis, answer this question.

Three or four other points occur to me as being elements in failure: want of thoroughness, want of decision, want of energy, and want of tact. The first of these runs through the work of many a man, and is a terrible handicap. Want of decision comes often from unduly considering the effect of what should be done upon one's immediate prospects in practice. It may prevent the right thing being done for a patient at the right time. Arnold said of Sophocles: "He saw life steadily, and saw it whole." I think the physician's attitude should be: determine what is right, and then go ahead regardless of immediate consequences, and looking to the whole life rather than to the present hour. The wise counsel given to the hero Sigurd in the Norse epic may be recalled: "Wilt thou do the deed and repent it? Thou hadst better never been born. Wilt thou do the deed and exalt it? Then thy fame shall be outworn. Thou shalt do the deed and abide it, and sit in thy place on high, and look on to-day and to-morrow as those that never die."

Want of energy—in other words, laziness—is often constitutional and incurable. The world, Emerson tells us, belongs to the energetic: certainly, no lasting success is to be won except by hustling hard work. But the energy—the push—must be

rightly directed. It is the hits that count not the shots fired. When a small boy, in trying to get through a crowd, I found if I proceeded straight ahead I could make but little progress, but if I put one shoulder forward and used it as a wedge, I got to the front and saw the circus. In war and peace, in medicine and surgery, if one studies the lines of least resistance, and follows these he is most likely to succeed. Some time ago a circular was sent to the successful men in a certain large city asking, Why it is that not more of young men succeed. One answer read, "Because there are so many of them looking for white shirt jobs." There is, however, such a thing as pushing business too far. Quite recently I saw the advertisement of a photographer which read: "Babies reduced to \$2 per dozen." We cannot hope to meet a cut like that!

The next feature to which I refer is want of tact: tact is not the right word, but it comes near it. I mean the discretion which can tell the best thing to say or do, and the best way to say or do it. In theological circles they have a better word than that. An old darkie preacher said, "Brethren, what we want is sanctifigumption." Devotion to a patient's interests, and good judgment in advancing these interests, would mean about the same thing.

Please do not consider from what I have said that I have wished to convey the impression that success can be measured by the dollar sign. The commercial practitioner thinks of the money first. The true professional practitioner thinks first of his patient's interest, and then he thinks of his proper remuneration. He has got to be paid for his work for he has got to pay others. He has got to protect those at home that he loves, or that he ought to have at home to love. The love that does not protect its object had better be called by some other name.

I am willing to admit this, that no medical man who is a mercenary man, whose governing principle is mercenary, ever reaches the highest success in medicine, but a man who does not respect himself and make proper collections for the work he is doing, is not doing his duty. A wise man that I knew once used to say, "The quacks get rich, but they go to hell." My own investigations have not been carried as far as that!

Character—that all-important thing for every one—consists in a man's steadily pursuing the things for which he feels himself capable. What he loves to do he is likely to do well and successfully. Supporting this view, let me conclude this rambling talk by quoting from Arnold's recently published notebooks: "Arise, be going, count your resources, learn what you are not fit for, and give up wishing for it, learn what you can do, and do it with the energy of a man."

Society Reports.

CANADIAN MEDICAL ASSOCIATION.

The Thirty-sixth Annual Meeting Held at London, Ontario, August 25, 26, 27, and 28, 1903.

Surgical Treatment of Hallux Valvus and Bunion.

Dr. James Newell said, in this paper, that in hallux valgus the great toe is outwardly deflected, uncovering head of first metatarsal bone, and base of phalanx is dislocated outward, resulting in tissue hypertrophy and often false bursa. Palliative treatment is of little use; it consists in the wearing of a proper fitting shoe and keeping the great toe in position by some mechanical means.

Cases with well-marked deformity and pain require an operation. The technic must be thoroughly aseptic, not forgetting the cleansing of the skin between the toes of the patient. Incision should be made along inner side of great toe with its center over the bunion, excise the false bursa if present, deepen incision and retract the tissues, open joint and divide the ligaments. Insert a small metacarpal saw, dividing the head of the metatarsal bone just behind articular cartilage, sawing through from above, downward and backward. With bone forceps trim off sharp edges and remove exostoses. Wound is stitched with silkworm gut sutures, a pad of cotton is placed between great and second toes, a sheet-iron splint with an upturned piece to separate great and second toes and foot and leg bandaged. Passive motion is begun in third week and splint removed in four weeks. The results of the operation are ideal.

Uterus and Adnexa in a Hernial Sac.

Dr. Ferguson of London presented a specimen of an incompletely developed uterus and appendages removed from the sac of an inguinal hernia. The external genitals and mammary glands were normally developed, but the vagina was a cul-de-sac without trace of cervix uteri or os. The patient was thirty-two years of age, married, had never menstruated, but at recurring periods of from four to six weeks was attacked with violent headaches to the point of distraction. She left the hospital twenty-three days after the operation, perfectly well, and during the four and a half months which had lapsed since

her operation she had been absolutely free from the attacks of headache. The speaker considered that these attacks were due to ovulation taking place or being attempted under abnormal conditions. The frequency of congenital ovarian hernia he attributed to sexual confusion during fetal development, being analogous to undescended testicle in the male. He had been unable to find the special congenital defects present in this case reported elsewhere.

Typhoid Fever.

Dr. W. P. Caven of Toronto opened the discussion on this subject. The conditions calling for active treatment, he said, were tympanites and hemorrhage. In the former he recommended turpentine and asafetida, in hemorrhage, morphine. Sponging should be a routine in every case, with tepid water when the temperature was below 102° , with cold water when it was above that degree.

The Toxic Element in Appendicitis.

The toxic element in appendicitis was dealt with by Dr. E. Hornibrook of Cherokee, Iowa. He gave the most advanced views on this important subject.

The Size of the Pupils as an Aid to Diagnosis.

J. T. Duncan of Toronto (see page 523.)

The Physiologic Generation Cycle of Woman.

Dr. Jennie G. Drennan, St. Thomas, Ont., said that we can see in the process of evolution that structure is determined and preceded by function and function by environment. Thus in the generative system changes due to changes in environment occur. Adaptation and heredity are the two factors which cause the changes wrought by evolution. Thus evolution works both backward and forward. The physiologic generative cycle is comprised of three factors, ovulation, pregnancy and lactation. These follow each other in physiologic sequence, one being completed before another begins. Every physiologic process is accompanied by a physiologic hyperemia, and so during the different periods the circulation is increased in that organ, which is functionally active. If from any cause a larger amount of blood is directed to a non-active organ the active organ is deprived of some of its normal blood supply and its function is lessened.

Ovulation, with its tending sexual excitement, is to the mammal what blossoming is to the plant, an evidence on the part of each that a seed is ready for impregnation. Fecunda-

tion normally should follow ovulation, then pregnancy and lactation. This is the physiologic cycle in mammals, and the primitive human female. But in the woman of civilization this cycle is interrupted by a lesser, a monthly, one, consisting of ovulation and menstruation. This is a pathologic condition arising from non-adherence to natural law. In primitive woman this lesser cycle occurs only occasionally and does not interfere with the larger cycle, but as the scale of civilization is ascended the reverse is the case. Civilization precedes menstruation. Every menstruation is the sign of a disappointed pregnancy. The human female has thirteen of the periods in a year; why this frequency in an animal whose offspring requires longer time for development *in utero* and for sustenance after birth? Should one not naturally expect ovulation to occur at much longer intervals? Such would be the case if natural law had been and were now obeyed; if an adaptation to a pernicious environment had not occurred.

In mammals and primitive woman ovulation occurs at distinct periods of the year and at no other time. Mating with the primitive woman was much like that of the brute creation now; as soon as she was sexually mature she married and entered on the physiologic cycle of a mammal, one factor of this cycle following another as night follows day and day night. As she nourished her child about two years, the length of the cycle would be about three years. Primitive peoples do not produce large families.

In the married aspirant to civilization a disrespect to natural law has arisen, and error has been handed down. As a race becomes more artificial in its mode of life it becomes a more sexually-inclined race; every factor in life is then sought as a source of pleasure. The sexual element becomes adapted to the new state of life: the function of the ovary is increased and ovulation becomes a monthly phenomenon and the lesser cycle predominates.

The Medical Treatment of Diseases of the Nose and Throat.

Dr. John Hunter of Toronto, read a paper on the above subject. The functions of that portion of the respiratory tract were referred to, including the respiratory and vocal functions. A general statement was made, referring to the condition of the body, and maintenance of good health, the influence that any other disease of the body would have upon any disease of the nose and throat, and the local treatment consisting of thorough cleansing of the secretions. Several methods were mentioned; amongst others the nasal douche in which great care must be exercised, that the return current be not obstructed lest infectious material be carried into the middle ear, and violent ear

trouble set up. Special reference was made to the irrigation tube which consisted of a hard rubber catheter closed at the end with numerous perforations in the circumference. The tube was introduced into the nostril and attached to a syringe. Reference was made to the spray and the medicated vapor and special reference was made to the patient's returning regularly to the physician's office, that after the cleansing process the vestibule should be dilated with a nasal speculum, and by means of a hand mirror the nasal chambers illuminated, and with a probe the tissues might be examined, and a stronger application applied to the diseased portions.

The mucous membrane must be cleansed from crust, and stimulating applications applied. In syphilitic lesions the surfaces were cleansed and brushed with a strong solution of iodine. In tertiary syphilis strict attention must be paid to constitutional treatment, iodine of potassium in doses of twenty to a hundred and twenty grains in a tumbler of water, one hour after each meal until physiological tolerance was reached

Gunshot Wound of the Upper Arm with Nonunion of Humerus and Destruction of the Musculospinal Nerve.

Dr. Hadley Williams, London, reported a case with operation six months later terminating in recovery. The patient was a male, aged twenty-two, who was shot through the arm, totally destroying the center of the humerus and tearing away two and a half inches of the musculospinal nerve. He came under Dr. Williams' care four months after the accident. He found the bone ununited, a discharging sinus present, and complete paralysis of the musculospinal nerve. He operated by dissecting out the nerve and resecting two inches of bone to bring the nerve-ends together, and uniting the nerve-ends by through-and-through silk sutures. Four months later the bone was still ununited, and there was no relief of the paralysis, although the nerve-ends had united. A second operation was now performed. A special silver plate was made, two inches long and one inch wide, with a screw-hole at each corner. The ends of the bone were freshened, the silver plate laid in position over the line of separation secured by four silver screws screwed into the bones. A cushion of muscular tissue protected the nerve from possible involvement in callus. In six weeks bony union was complete, in six months and four days after the nerve was sutured (first operation) movement began in fingers and wrist, twelve weeks later in the thumb, and three weeks later paralysis entirely disappeared. The patient was exhibited for examination. He attributed the favorable results to the following points in the technic of the operation: 1.

Resection of the bone to bring the divided nerve-ends together ; (2) protecting the nerve from being involved in the union of the bone by the intervening cushion of muscle tissue ; (3) apposition of the nerve-ends by through-and-through sutures instead of uniting them merely by the sheaths, and the use of a tension suture to relieve the approximation suture.

Operation on Hip-joint Without Shortening.

Dr. R. P. Robinson, Ottawa, illustrated the subject by the citation of two cases. One, a little girl four and a half years old, with a tuberculous abscess of the hip. Incision was made where the abscess pointed—on the outer side below the great trochanter, and a pint of pus emptied. Special care was taken to preserve all the shreds of periosteum and to stretch those shreds along the space recently occupied by diseased bone up to lower part of the acetabulum, where they were stitched to the periosteum raised from the ilium at this point. The overlying muscles and fibrous tissue were well buckled over the diseased area. The remainder of the wound was left open, dressed with aseptic gauze and allowed to heal by granulation. Fifteen pounds extension was used for two weeks, then moderate extension for four months longer, and not allowed to walk for six months after the operation. The wound healed in five weeks, gentle movements were kept up daily after the second week. A new joint has been formed, no shortening, and neither lordosis nor tilting of the pelvis. Skiagraphs of the joint were exhibited. A similar case in a young lady aged seventeen was operated on with equally good result, but recovery more prolonged. The points emphasized were the preserving of all existing portions of periosteum, and union to adjacent periosteum, to cover the periosteum with muscles and fibrous tissues, and to maintain extension.

Operation for Perforated Typhoid-ulcer.

Dr. Hutchison of Montreal presented a report of five cases operated on for typhoid perforation. The fifth case only was successful. In it the operator used the left oblique incision. He believed with increased experience many of these patients could be saved. The rate of recoveries with operation was now twenty per cent.

President's Address.

Dr. W. H. Moorehouse, London, extended, on behalf of the medical fraternity of London, a most hearty welcome to the Association. He also tendered, on behalf of the Association and city, fraternal greetings to delegates and visitors from abroad. He outlined the aims of the Association as follows:

1. The cultivation of medical ethics. 2. The advancement of medical science 3. The protection of the profession against outside aggression. "Genius consists chiefly in an infinite capacity for taking pains," is the ideal which should pervade the medical profession above all other vocations. The intermingling of men of widely varying capacities and standards begets a mutual feeling of enthusiasm and confidence. The occasional fellowship of men laboring for a common object, viz., the alleviation of human suffering and the conquering of disease, affords an inspiration without which the medical profession would suffer both in enthusiasm and resources. Tracing the ancestry of medicine, our profession has both a royal and a priestly origin. He advocated culture as well as skill on the part of the profession, if it is to maintain its claim to being regarded as a "learned profession." He recommended guarding well the portals of entrance to the profession by the maintenance of high standards of matriculation, a requisite, he was proud to say, in which Canada stood in the foreground. He regretted the obstacles which still stood in the way of the adoption of the Dominion Registration Bill, and hoped ere long to see the obstacles removed and the bill become law. He would like to see more Canadians entering the field of medical authorship, and keeping pace with the advance of literature in other spheres. The hospital accommodation in our cities was, he believed, well abreast that of other nations. The increasing use of patent medicines and proprietary preparations were becoming a menace to the unsuspecting public. He referred especially to the dangerous incorporation of alcohol and narcotics in these preparations. Could not our legislatures be induced to adopt the law of France which requires the makers of patent medicines to place the formula upon every patent medicine offered for sale. Lastly, the address touched on the duty of the medical man to himself. The adage, "There is plenty of room at the top," has been overdone. Many good and brilliant men perish in the ascent, or when the top is reached the strain is too great to maintain the position. He charged laxity in business methods with much of the failure in the practice of medicine. He also advised the pursuit of some hobby outside of medicine as a means of relaxation, lest in the prolonged overanxiety to save the lives of others the physician's own life may become a castaway.

Eye Strain in Civilization and Medicine.

Dr. G. M. Gould, of Philadelphia, epitomized the clinical symptoms and lessons of eleven patients, whose cases he had studied,—DeQuincy, Carlyle, Darwin, Huxley, Brown-

ing, Wagner, Herbert Spencer, Whittier, Parkman, and Nietzsche. The common symptoms were in varying degrees, headache, insomnia, sick headache, biliousness, dyspepsia, indescribable suffering; there was inability to do literary work without producing these symptoms, and relief of these symptoms when use of the eyes was desisted from, for a day, or even a few hours. There was relief of all the symptoms at about sixty years of age, i.e., with the full establishment of presbyopia. This is a definite symptom—complex and clinical picture which differentiates the fundamental pathologic condition from that of any other disease. Each one of the patients and their physicians were intensely conscious of the strange mystery of the disease, and all repeatedly showed by letters, etc., the causal relation of near eye work to the symptoms. Each found relief in a great deal of walking and physical exercise. Three fundamental errors were made by their physicians, as well as themselves: (1) That the organ was diseased in which the symptoms appeared; (2) that intellectual labor caused these symptoms, when it was the optical part of it that did so; (3) that the "change of scene," and exercise gave the relief, when it was only the stopping the use of the eyes in reading and writing. The disease was functional; the loss in time and opportunity enormous; the resultant suffering terrible. The physiology of insomnia was set forth, and the way eye strain causes it; also the influence of it in creating dyspepsia, irritability and nervousness, or, sometimes, apathy and exhaustion. The ocular symptoms were described, when they existed, others direct and indirect, intercurrent diseases, etc. The fallacy of the explanations erroneously given of these patients' disease was set forth, and the method in which eye strain does cause it, explained at length.

Causes and Treatment of Post Nasal Discharge.

Dr. Perry Goldsmith of Bellville. (This paper will appear in THE CANADIAN PRACTITIONER AND REVIEW.)

The Address in Medicine.

The address in medicine was given by Dr. A. H. McCallum, of London, in place of Dr. James Stewart, of Montreal, who was absent on account of his serious illness.

Two Cases of Hour-Glass Contraction of the Stomach.

Dr. Howitt of Guelph reported these cases. One of the cases was complicated by an ulcer on the posterior wall of stomach,

the other by cancer. In the former there was a history of gastric distress of thirteen years' duration. After operation the patient made a complete recovery, and gained fifty pounds in weight. The other patient, seventy-three years of age, recovered and lived for nearly a year in comparative comfort, being able to take solid food until a short time before his death.

A Lantern Lecture on the Open-air Treatment of Consumptives.

Was given by Dr. Elliott, Superintendent of the Muskoka Sanatorium.

Municipal Sanatoria for Consumptives.

Dr. E. J. Barrick, Toronto. (See page 535).

Wednesday morning at St. Joseph's Hospital, Dr. Wishart of London performed Halsted's operation for removal of the mammary gland in the presence of a large number of spectators.

At Victoria Hospital, Dr. Ferguson of Chicago performed a thyriodectomy and Ferguson's operation for hernia.

Dr. McGraw of Detroit did the preliminary steps of gastroenterostomy with the elastic ligature in two cases, but both patients were too far advanced in disease to warrant completing the operation.

The Country Doctor.

Dr. J. S. Sprague of Sterling. (See page 527).

The Inter-relation of Diabetes and other Constitutional States.

Dr. Geo. F. Butler of Alma, Mich., referred in the outset to the error of fixing upon one condition as a test of disease rather than upon the general complex symptoms. In diabetes, glycosuria was merely an expression of metabolic instability dependent upon nerve disturbance. He then described the conditions affecting the nervous system, which might produce glycosuria, such as parietic dementia, locomotor ataxia and epilepsy, delirium tremens, the confusional insanities and febrile conditions. He then described in a very vivid manner the symptom complex of true diabetes, and insisted upon its central origin. In conclusion, he affirmed that most cases of diabetes were at first merely expressions of nutritional and assimilative instability; in consequence of the overstrain of the liver, adrenals, pancreas, spleen and kidneys, what were at first biochemical changes became permanent pathological lesions.

The Treatment of Inebriates.

Dr. Rosebrugh of Toronto: At the meeting of the Canadian Medical Association held in 1899, an economical

scheme for the scientific treatment of indigent inebriates without the establishment of special public institutions, was by resolution, endorsed by the Association. This economical plan of treatment was subsequently submitted to the Premier and Provincial Secretary of Ontario, and at their request a bill was drafted embodying the various features of the scheme proposed. The bill as drafted was submitted to the Government during the session of 1901. From whatever cause the bill has not as yet been introduced to the Legislature, notwithstanding that it is understood to have the approval of the Premier. The bill was drafted with a view to combining maximum efficiency with minimum expense. To this end, it is proposed to combine the Massachusetts probation system with medical treatment, either in cottage hospitals, special wards in general hospitals or in the form of home treatment in suitable cases. At the outset, a medical inspector will be required to inaugurate the system. For the purpose of stimulating local benevolence the bill provides that the Government shall contribute thirty-three per cent. of the expense involved both in the equipment for and the maintenance of inebriate cases.

The bill has been endorsed by the Ontario Medical Association, the Toronto Medical Society, the Medical Press of Toronto, the Associated Charities of Toronto, as well as by a number of other influential public bodies. The Quarterly Journal of Inebriety gives the proposed bill its emphatic endorsement and adds, "We are confident that this bill will lead all the world as a new economic movement to diminish the misery and crime which associate and follow alcoholic drinking. . . . its success is simply a question of the men to carry out its provisions."

As the Canadian Medical Association has endorsed the underlying principle of the proposed bill and as the bill itself has been endorsed by the Ontario Medical Association and as the latter body has appointed a representative committee to promote its adoption, we ask that similar action be taken by the Canadian Medical Association and we also ask that every member of the medical profession who is in a position so to do, will kindly give the movement a helping hand.

The matter was referred to the Executive Committee.

Practical Considerations on Intestinal Anastomosis.

Dr. McGraw read this paper. The question of anastomosis came in for consideration, he said, when the gut had become gangrenous. In his procedure he drew the gangrenous coil out of the abdomen far enough to permit him to unite the two limbs of the bowel at a point where they seemed healthy, by means of a rubber ligature. All of that part which was liable

to slough was then fastened outside of the abdomen and the wound closed around it. The immediate result was a false anus, and in two or three days a new channel was cut by the rubber ligature and the false anus became unnecessary. It might then in time close spontaneously or be closed by the simple operation of inverting and suturing the ends. Stenosis from chronic obstruction were most commonly caused by tumors or cicatricial contractions. These obstructions furnished the largest quota of cases which required the formation of intestinal anastomosis. The differential symptoms incidental to pyloric obstruction were given, and the certainty of a positive diagnosis insisted on. The speaker maintained that a large percentage of pyloric stenoses were benign. A gastroenterostomy by the elastic ligature gave most satisfactory results in those cases. When the pyloric tumor was cancerous it did not forbid, but rather urgently indicated an operation. The relief would prolong life for from one to five years. Stenoses of the duodenum between the orifice of the bile ducts and the stomach, presented about the same symptoms as pyloric obstruction. Beyond this point bile would always be present in the vomit if the bile ducts were open. The distinctive symptoms of the stenoses of the ileum and colon were pointed out. The facts affecting the mortality following operations were discussed. With or without operation the cases became more and more hopeless, as the vomit became green and finally black.

The methods of making an intestinal anastomosis which claimed consideration were three, viz., the suture, the Murphy button, and elastic ligature. The writer's method by elastic ligature was described, and its superiority to the other two methods argued. Its advantages were (1) simplicity and quickness of application; (2) its aseptic quality, for the rubber filled the opening through which it passed so completely that no extravasation was possible; (3) the delay in opening the passage until the intestines have become well glued together; (4) the ability to make with it a communication at any desired part.

Thrombosis of the Femoral Veins Following Aseptic Laparotomy.

Dr. E. R. Secord, of Brantford, reported a case of this nature. The thrombosis occurred two weeks after an aseptic operation for double inguinal hernia, in which the wound healed by first intention. The thrombosis occurred on the left side, where there was much less handling and trauma of the parts, but where a truss has been worn for twelve years. The writer reviewed seventy reported cases of this complication, seventy-three per cent. of which were shown to be dependent on operations which produced conditions of lessened local tension. He

discussed how this factor operated, and indicated the prophylactic and actual treatment. The writer stated in conclusion, that no one etiological factor was alone responsible for the occurrence of this complication; the role of infection in otherwise non-infective cases did not appear to be an important one; conditions of sudden decrease of pressure dependent on the operation, probably had a causative influence.

"The Address in Surgery" was delivered by Dr. A. H. Ferguson, Chicago.

Brain Tumor in a Man Aged 67 Years.

Dr. J. Wishart, of London, gave a report of this case. The first symptoms appeared in December, 1901, when the patient had an attack of tremor and spasm lasting for five minutes, affecting first the left thigh, and extending down the leg. Up to October, 1902, he had five other attacks, one attack affected the whole left side of the body. When seen by Dr. Wishart, November 3, 1902, memory was impaired, speech distinct, ankle-clonus present on left side and knee-jerk on both sides, Babinsky's sign absent, pupils and discs normal, pulse 89, temperature, 99, specific gravity of urine 1.020. Operation: Trephined the right side of the skull over the leg centre. Beneath the dura mater a tumor, feeling hard and osseous, was found and removed, measuring half an inch in diameter, afterward diagnosed by Dr. Neu as a psammoma. Patient recovered from the operation and improved mentally; by January the intellect was quite clear. Physically he made no progress. He was last seen May 14. His condition was one of great debility, but the mental condition was good. He died a few days ago. The prognosis in brain tumor is extremely grave. Victor Horsley says that only six per cent. of brain tumors are operable, and that, of that number, only a very small proportion recover. The ultimate fatal termination in this case was therefore not exceptional.

Dr. Wishart also exhibited a case of "Dislocation of the Elbow-joint Treated by Open Incision." Both bones were dislocated backward, and the lower end of the humerus fractured. He saw the case four months after the accident. The dislocation was unreduced and the fracture of the humerus united. He cut down and treated the joint by open incision. Result: The humerus has united, and joint movement fair. Pronation and supination are complete, flexion and extension are not quite complete.

The Relation Between the General Practitioner and the Specialist in Regard to the Treatment of Intranasal Disease.

Dr. J. Price Brown, Toronto, Ont., said that if the required treatment can be done by the family physician, by all means let him do it, but if not, he should refer the case to the specialist. Every practitioner should be able to examine the nose with the rhinoscope, both anteriorly and posteriorly, to discriminate between the normal and the abnormal, and to diagnose the principal forms of disease which may be found within the organ.

Many conditions he can treat successfully. The instruments he may require are neither very numerous or costly. They consist of head mirror, throat mirrors of different sizes, nasal spiculae of different widths, curved or angular scissors, cotton applicators, tongue depressor, saws, snares, insufflators and atomisers.

There are certain conditions which simple treatment will relieve, but in which persistent and regular treatment is imperative; particularly atrophic rhinitis. In many cases of sub-acute and chronic catarrh, the general practitioner can do all that is required. The author outlined the treatment of these affections.

Idiopathic Peritonitis.

Dr. Geo. E. Armstrong recited a series of cases occurring in his experience, and others taken from the records of the Montreal General Hospital, in which the initial lesion could not be determined. In some cases the infective agent was the diplococcus of pneumonia, in others the staphylococcus, and he discussed the possible association of the condition with events occurring in the appendix, the fallopian tubes and uterus, in the lungs, the retroperitoneal tissue, intestines and in the blood stream. Finally he noted the occurrence of infection of the peritoneum after child-birth and gave the record of cases.

Gastro-Enterostomy with Report of Cases.

Dr. Ingersoll Olmstead, of Hamilton. This will appear in THE CANADIAN PRACTITIONER AND REVIEW.

Conservative Gynecology.

Dr. Laphorn Smith, of Montreal, who was unable to attend furnished the following extract of his paper. He thought that in many cases what was called conservative gynecology should rather be termed incomplete work; and that in no department of surgery was it more necessary to be thorough than in this. He had seen so many disappointing results in his own and in others hands, from trying to make half an operation do when the condi-

tion present called for a whole one, that he felt less inclined to risk the success of the operation and his own reputation by doing anything less than was necessary. In about a dozen cases he had been obliged to open the abdomen a second time to remove the other ovary which had appeared healthy at the first operation, so that after having treated a patient for at least a year by every possible local and general means without relief, if her condition warranted an operation at all, he endeavored to obtain her consent to his doing what he thinks best for the complete success of the operation. If both ovaries were cystic or sclerotic he removed both. In about twenty cases he had left a small piece of the better ovary and one tube, in order to keep up menstruation, and these cases, so far, had been satisfactory. Two or three of the women had since become pregnant and several others had menstruated. In one case he adopted the suggestion of Dr. Howitt of Guelph, which was to scarify the thickened cortex of the ovary through to the stroma, when the tension was immediately relieved, and the incisions became open spaces. Although the space was filled up with exudation which eventually became scar tissue, still it never compressed the ovarian nerve tissue so much as the sclerosed capsule of the ovary. He also thought there was a future for Dr. Robert Morris' suggestion to introduce a piece of healthy ovary into a slit in the back of the broad ligament and hold it there with a stitch. Dr. Morris said that every one of the women on whom he had tried this ovarian grafting had menstruated and one had become pregnant. The author was not in favor of ignipuncture on account of the cicatrix which always followed burns, and which was especially dangerous when situated in tissue so rich in nerves. He had saved diseased tubes and repaired torn ones, and even left in place half of a tube after opening it up; but none of the cases turned out satisfactorily, and two of the patients died from infection of the peritoneum. He was in favor of leaving the uterus even when both tubes and ovaries had to be removed, because it helped to keep the arch of the pelvis supported, and besides, it was useful for the purpose of suspending the fallen vagina and bladder. As he had observed, when this latter condition followed a number of operations for the removal of large pus tubes, leaving a large space into which the uterus dropped, it was a custom in nearly every case to perform ventrofixation after removing the tubal abscesses. In vaginal hysterectomy he left the ovaries and tubes in all cases except those in which the uterus was the seat of advanced cancer. When a patient had many diseased conditions which could not be cured without an operation, he endeavored in every case to perform all the operations necessary at one sitting. With good nurses and well-

trained assistants he had many times done dilatation, curetting, repair of lacerated cervix, anterior and posterior colorrhaphy, removal of both ovaries and tubes, ventrofaction, and removal of the vermiform appendix in an hour and twenty minutes. By tying all arteries before cutting them and the use of hemostats, not more than four ounces of blood need be lost, nor for the anæsthesia need more than four ounces of A. C. E. mixture be used.

The Cardiac Complications of Influenza.

Dr. E. G. Wood, Nashville, said that only a want of recognition of the cardiac dangers can account for the common practice of administering such large and frequently repeated doses of the coal-tar drugs in influenza. Months after an attack of la grippe a man still complains of unusual weakness; he is short-winded and sweats on slight exertions. Physical examination may be negative, yet he is suffering from cardiac weakness due either to functional or muscular disease of the organ.

1. *Pericarditis* is either primary, when it complicates influenza without other organs being affected, or secondary, where it occurs in association with pneumonia or pleurisy, the latter being more frequent.

In grippal pericarditis purulent effusion is comparatively frequent and myocarditis is commonly associated with it. Pericarditis may be present without symptoms

2. *Endocarditis*—This occurs more frequently than usually supposed. It is rarely primary, and in the great majority of cases it is secondary to pneumonia. The infective agents are the pneumococcus, streptococcus, staphylococcus and the bacillus of Pfeiffer. Endocarditis may be (1) simple, (2) ulcerative. The simple may present the usual symptoms or may be unrecognized. Ulcerative endocarditis may occur during the attack, but appears more frequently in the convalescing period.

3. *Myocardial Changes*.—The bacillus of influenza elaborates a poison which causes degenerative changes in the myocardium, and when convalescence begins and the patient gets up the heart muscle is unable, under the increased strain, to perform its functions, and palpitation, dyspnea, weakness and collapse are complained of. These symptoms call for a careful examination. A small, feeble pulse, unusually slow or rapid, with a short, feeble first sound, a weakening of the second sound, and a weak cardiac impulse, with increased deep dulness make us think of myocarditis with dilatation.

The symptoms are attributed to the action of the influenzal poison on the cardiac nervous mechanism; either on the vagus or the cardiac ganglia. The principal functional cardiac disturbances are: 1, palpitation which is very common; 2,

irregular action of the heart ; it may occur during or after the attack ; 3, bradycardia, which is the most dangerous, as it sometimes leads to fatal syncope ; 4, tachycardia ; this is more common than bradycardia. These functional disturbances are often difficult to diagnose from the organic affections ; they usually disappear in a few weeks.

As a rule, in addition to significant, subjective symptoms, physical examination will show a feeble, diffuse cardiac impulse with a weak first sound, and in many cases an increased area of dulness. The strength and character impulse and sounds are much more important than the presence of a murmur or irregular rhythm.

In conclusion the author depreciated the use of coal-tar products, especially in patients past middle life.

Amyotrophic Lateral Sclerosis.

Dr. A. McPhedran of Toronto read a paper on this subject.

Multiple Visceral Lesion.

Dr. Benedict of Buffalo.

"An Exhibition of the Finsen Light" was given by Dr. C. R. Dickson of Toronto.

Dr. Rudolf, of Toronto, returned from a visit to Europe, September 25th. He spent a month in Berlin.

Dr. Nattress is now living in the Annex of the Elliott House and using the office formerly occupied by Dr. Sweetnam.

Dr. Stevenson, of Toronto, returned early in September from England where he spent part of the summer.

Dr. Oldright has returned to Toronto, after spending the greater part of the summer in Muskoka.

Dr. A. Primrose, of Toronto, visited New York about the middle of September.

"A cottage hospital," which has a bright prospect for success, has been established at 31 Breadalbane St., under most skilled supervision.

J. A. Carveth & Co., who have been devoting their attention exclusively to the medical book trade for the past twenty years, have opened a branch (retail) store at 452 Yonge Street, corner College Street, where the students and doctors will find the most representative stock in Canada of British and American literature.

Editorials.

CANADIAN MEDICAL ASSOCIATION.

The thirty-sixth annual meeting of the Canadian Medical Association, which was held in London, August 25th to 28th, was, perhaps, more successful than was generally expected. This may not sound like a compliment to the officers of the Association who certainly did good work in connection with the preliminary arrangements. We heard not one word of hostile criticism. In what way then were expectations surpassed? We believe that the physicians of that beautiful western city, London, did some of the most magnificent work in the way of general management of the meeting and entertainment of guests that we have ever seen in connection with any medical society meeting. We really did not expect that such a limited number of men could do so much for an assemblage of three hundred.

London, in its medical aspects, is *wide awake and up to date*. Its physicians and surgeons are an able set of men, its hospitals are equipped and conducted most satisfactorily, its local medical society is active and progressive. Why do we not see more of the able London contingent at our Dominion and Provincial meetings? Of course Mahomet takes much pleasure in going to the mountain, but would like more reciprocity.

We regret that the attendance from provinces outside of Ontario was exceedingly small, including not more than about a baker's dozen. It was almost an Ontario medical meeting with some guests from the United States. What happened Montreal which was once almost the backbone of the Association? The meeting last year was held in Montreal, and this year Montreal sent four men to London. Was this the result of an unfortunate accident, or is there some reason not generally known? We cannot forget that Montreal has in the past done much to keep the Association alive while it was having a very precarious existence. We feel that we cannot succeed properly in the future without its active co-operation. Toronto furnished a fairly large contingent, numbering twenty-nine.

Among the entertainments provided for the members was an excursion to Springbank Park, about six miles out of London,

on the afternoon of the 26th. From thence the members were taken to the Asylum for Insane, where a banquet was given at 7 p.m. On the morning of August 27th, the members were taken by special train to Walkerville, where they inspected the Canadian laboratories of Messrs. Parke, Davis & Co. They then went for a trip on the river on the steamer *Owana*, where luncheon was provided. After steaming about three hours the members disembarked at the Detroit laboratories, and after inspecting them were taken for a trolley ride through the principal residential streets of Detroit. They were entertained in the evening at a sumptuous banquet in the Russell House, after which they were taken back to London by special train. During the whole of this trip the members and their families were the guests of Messrs. Parke, Davis & Co.

On motion of Dr. R. A. Reeve, the Association agreed to invite the British Medical Association to hold its 1905 meeting in Toronto. The meeting of the Canadian Association for 1904 will be held in Vancouver, under the presidency of Dr. S. I. Tunstall, of that city. Dr. George Elliott, of Toronto, and Dr. H. B. Small, Ottawa, were re-elected Secretary and Treasurer, respectively.

FREE LECTURES FOR THE PEOPLE.

Thirteen years ago the Board of Education of the City of New York established a course of free lectures by physicians and others, which has been a great success. Nearly one million people, it is stated, was the total attendance during the past winter. In many cases the physician delivered one special lecture of the course. Thus, for example, Dr. McDowell lectured twenty times, each time in a different school, on the subject of "vaccination." The lectures are in the evening and are largely attended by workingmen and their families. Dr. Jerome Walter, of Brooklyn, says:

"The subjects selected by the supervisor for me have been 'Foods,' 'Skin,' 'Clothing,' 'Bathing' and 'The Nervous System,' most of the time being given to the first four topics. It has been a pleasure to talk to the people on these subjects, for the audiences are attentive. They are also critical, because they have been educated by listening to

series of lectures on various subjects, most of them illustrated by lantern slides. Most lectures on hygiene do not admit of much lantern illustrations, and yet the people like 'pictures' and many come to lectures to see, not to hear. A lecture on a hygienic subject must be usually terse and interesting, and above all, truthful in statement, otherwise it will be considered as 'stupid' and people will not come a second time to hear the lecturer. It is a curious fact that while *American Medicine* advocates popularizing the science of hygiene, and the State Board of Health of Michigan suggests the use of the term in the schools of 'Sanitary Science' instead of physiology, the study of hygiene is being discouraged in the public schools of some of our cities. The fashion now is in such cities to combine physiology with biology or zoology, giving less time to physiology than heretofore. There is quite a prevalent idea among educators that physiology is an easy subject to teach, and that any teacher can grasp the subject. Whether it is or not need not be discussed now, but hygiene is lost sight of. Yet the truths of anatomy and physiology are only of value to the pupil as they help to make clear the science and art of hygiene. Shall the study of hygiene in the schools be extended or retired? is a question that should invite discussion."

Of course the greater number of lectures were on Literature, History and Science. But, perhaps, none of the lectures were as valuable to the hearers as those on personal and public hygiene. The example of the Board of Education in Greater New York might well be followed in Canadian cities and towns.

THE DUTY OF BEING WELL.

The *Christian Guardian*, of Toronto, in the course of a very sensible article on the subject of keeping well, expresses the opinion that it is a duty which a man owes to himself, his family, and the God that made him to preserve a sound mind in a sound body. A man's mental condition and spiritual state is shadowed by his physical condition.

The following quotation from Sydney Smith is given: "Happiness is not impossible without health, but it is of only difficult attainment. I do not mean by health merely an absence of dangerous complaints, but that the body should be in perfect tune, full of vigor and alacrity. The longer I live the more I am convinced that the apothecary is of more importance than Seneca, and that half the unhappiness of the

world proceeds from little stoppages, from a duct choked up, from food pressing in the wrong place, from a relaxed duodenum, or an agitated pylorus. The deception, as practised upon human creatures, is curious and entertaining. My friend sups late, he eats some strong soup, then a lobster, then some tart, and he dilutes these excellent varieties with wine. The next day I call upon him. He is going to sell his house in London, and retire into the country. He is alarmed for his eldest daughter's health. His expenses are heavily increasing, and nothing but a timely retreat can save him from ruin. All this is lobster, and when overexcited nature has had time to manage this testaceous encumbrance, the daughter recovers, the finances are in good order, and every rural idea excluded from his mind. In the same manner, old friendships are destroyed by toasted cheese, and hard salted meat has led to suicide."

The *Guardian* goes on to give some sound rules which may be abbreviated as follows :

1. Preserve a cheerful, hopeful outlook. "A merry heart doeth good like a medicine."
2. Eat wholesome food and live much in the open air.
3. Avoid nostrums as you would the devil, for the devil of diseases and ruin is in the most of them. Some patent medicines are good and useful, but we do not speak rashly when we say that in general they are the prolific cause of much misery and ill-health. By a method of skilful yet utterly diabolical advertising, the patent medicine maker stimulates the very disease that his nostrum is supposed to cure, and then, when the patient applies to him, he makes chronic what he first induced. This is the bitter fact which hundreds of victims can attest.

A FAMOUS ACTION FOR DAMAGES.

The report of the death of Dr. W. S. Playfair, brings to mind a remarkable action for damages in England in 1896. In this case—Kitson vs. Playfair—the damages were claimed for an alleged breach of professional confidence. Mrs. Kitson, the wife of Mrs. Playfair's brother, placed herself under the care of Dr. Playfair for professional treatment. He removed from the uterus a mass which was found by microscopic examination to be a piece of placenta. Dr. Playfair, being fully assured that the placenta had been retained after a recent

incomplete abortion, was certain that Mrs. Kitson had been guilty of immoral conduct as her husband had been in India for more than a year.

Under such circumstances he considered Mrs. Kitson unfit for respectable society, and explained the matter to his wife. Mrs. Playfair informed the world as to the alleged wickedness of her sister-in-law, with the result that the latter was in danger of becoming a social outcast. As a consequence Mrs. Kitson brought against Dr. Playfair an action for damages. The jury returned a verdict against Dr. Playfair for sixty thousand dollars. After a time the amount was reduced by mutual agreement to forty-seven thousand dollars. The *British Medical Journal* tells us that opinions were divided as to the merits of the case, but not the slightest stain was left on Dr. Playfair's professional character. Does the *Journal* mean that his conduct was justifiable?

The matter should be considered from two standpoints. First, the question of ethics: has a physician any right to reveal a secret of this sort which he has learned in a purely professional way? Was Dr. Playfair correct as to his opinion beyond a shadow of doubt? He asserted positively that the piece of placenta removed was comparatively fresh. On the other hand it was contended by able and competent obstetricians that the substance removed might have been the result of a conception eighteen months before, being part of a blighted ovum. With our present lights we can scarcely see how any one can say that this was impossible.

Dr. Playfair was one of the world's greatest teachers of obstetrics in the last century, and also one of Great Britain's most reputable and most highly respected physicians. In addition he was generally supposed to be possessed of exceptionally good judgment. Such facts, however, should not influence our opinions as to his actions with reference to Mrs. Kitson. Even were he correct in his opinions as to her condition his conduct in divulging her secret was grossly unprofessional; while if he were wrong (which we must consider possible) his conduct was not only unjust but absolutely cruel.

Personals.

Dr. Chas. E. Duncombe, of St. Thomas, returned from Great Britain, August 21st.

Dr. Bedford Richardson, of Toronto, spent the month of August at Bala, Muskoka.

Dr. Gowan Ferguson, of Great Falls, Montana, paid a visit to Toronto early in September.

Dr. J. T. Clarke, of Toronto, was married to Miss Malcolm, of Kincardine, September 9th.

Dr. Jerrold Ball, of Toronto, returned from his visit to Atlantic City, September 8th.

Dr. Helen MacMurehy, of Toronto, spent the month of August in the Thousand Islands.

Dr. S. M. Hay, of Toronto, returned from Caprington, Port Sandfield, Muskoka, September 8th.

Dr. C. R. Cuthbertson, of Toronto, returned to his home, September 1st, after a visit to California.

Dr. Holford Walker, of Toronto, spent a part of August and September among the Caledon mountains.

Dr. B. E. Hawke, of Toronto, left September 18th for New York, where he is engaged in post-graduate work.

Dr. E. Herbert Adams, of Toronto, returned to the city, September 10th, after spending a holiday on Grand Manitoulin Island.

Dr. Dame, of Toronto, has gone to Europe for special work in eye and ear. He will stay in London for a time, and then go to Vienna.

Dr. G. A. Peters returned to Toronto, September 7th, after spending a few weeks at Scarboro' Beach, on the Coast of Maine.

Dr. W. W. Ogden returned to Toronto, September 1st, after spending the greater portion of the summer at Caprington, Muskoka.

Dr. Arthur W. Mayburry, 253 Spadina Avenue, Toronto, has returned from Great Britain and resumed his special practice, nose, throat and chest.

Dr. Campbell Meyers, of Toronto, spent a portion of his holidays at Bar Harbor on the Atlantic Coast. He also attended the Polo tournament at Newport.

Dr. H. B. Anderson, of Toronto, is recovering his strength after his attack of enteric fever. He left for Bay of Bays, Muskoka, September 14th, and expects to remain there until the latter part of October.

Obituary.

DEWITT HENRY MARTIN, M.D.

Dr. D. H. Martin (Tor. '65) died at his home, Kincardine, July 19th, aged 66.

STUART McARTON, M. C. P. & S., ONT.

Dr. S. McArton, a graduate in medicine of 1876, and a practitioner of Paisley for many years, died, August 3rd, after a brief illness.

WILLIAM SMOULT PLAYFAIR, M.D., LL.D., F.R.C.P.

Dr. Playfair, of London, England, died in St. Andrews, Scotland, August 13th, aged 67. He was best known to Canadians through his admirable text-book on obstetrics, which, for many years, was the most popular work on that subject in the Dominion. He was in failing health for some time. He underwent a serious operation last year, and was struck down by apoplexy a few months ago in Florence. After recovering sufficiently to travel he was brought to St. Andrews in the latter part of July, but died in about two weeks after reaching that city.

SAMUEL RICHARDSON, B.A., M. C. P. & S., ONT.

Dr. S. Richardson, of Detroit, died in St. Mary's Hospital, of that city, September 3rd, aged 58. He graduated in arts, Toronto University, 1874, and after receiving his medical education in the Toronto School of Medicine, passed his final examination before the Ontario Medical Council in 1875. He then practised in Essex County, Ontario, for about ten years. He removed to Detroit in 1885, and was a successful practitioner in that city until the time of his last illness. He was born in Scarboro, Ont. John Richardson, M.P.P., for East York, is a brother.

W. H. CORFIELD, M.A., M.D., F.R.C.P.

Dr. Corfield, the eminent Professor of Hygiene, University College, London, died at Marstrand, Sweden, August 26th, aged 60.

Book Reviews.

Diseases of the Heart and Arterial System. By ROBERT H. BARCOCK, A M., M.D., Professor of Clinical Medicine and Diseases of the Chest, College Physician and Surgeon. Chicago, etc., etc. With three colored plates and 139 illustrations. New York and London: D. Appleton & Co., 1903.

The author, in the preparation of this work, has endeavored to present the subject in a simple, practical fashion to meet the needs of the student and practitioner of medicine. Special attention has been paid to treatment, and this part of the subject will be found more detailed than is the case in most books dealing with diseases of the heart.

Section I. Deals with the diseases of the pericardium.

Section II. Diseases of the endocardium.

Section III. Diseases of the endocardium.

Section IV. Treats on the cardiac neuroses or functional diseases of the heart.

Section V. Diseases of the arterial system.

Some of the chapters are especially strong, and well and carefully written. The phraseology has been kept simple and free from needless technicalities, while in terminology an attempt has been made to employ the terms which are in most familiar use among English-speaking physicians.

We commend this work to the attention of all practitioners of medicine who desire to keep in the advance guard.

Diseases of the Ear. A Text-book for practitioners and students of medicine. By EDWARD BRADFORD DENCH, Ph.B., M.D., Professor of Diseases of the Ear in the University and Bellevue Hospital Medical College. In one octavo volume of 718 pages, with 15 plates and 158 illustrations in the text. Third edition, revised and enlarged. D. Appleton & Company, New York and London, 1903.

This edition of the well-known author's work has been brought well up to date in almost every particular.

Section I. is devoted to the anatomy and the physiology of the ear. It is rather doubtful whether the information here given might not more profitably be obtained from some of the standard text-books devoted exclusively to these subjects. One's knowledge of anatomy is nothing if not accurate and in detail.

Section II. treats of the diseases of the conducting apparatus, and here much valuable information is given. For example: the use of the syringe in the removal of foreign bodies from the ear, is sound advice. Again, in the removal of impacted cerumen, the author advises complete removal at one sitting.

In Section III. diseases of the middle ear are also handled in a masterful manner.

In acute catarrhal otitis media, the author advises the complete relief from pain for five or six hours, by the use of morphine, coupled with local blood-letting for relief of the inflammation.

Section III. gives a succinct account of the surgery of the conducting apparatus, including its clinically important mastoid operation, whilst Sections IV. and V. deal respectively with the surgery of intra-cranial complications of aural suppuration, and diseases of the perceptive mechanism, and Section VI. closes with a clear account of the complicating aural affections. Altogether the book is a safe and reliable guide for the practitioner and student, and should retain in an eminent degree its previous popularity. The book is handsomely gotten up and well printed on good paper.

Scheme for the Differential Testing of Nerves and Muscles for Use in Diagnosis. By J. MONTGOMERY MOSIER, A.M., M.D., Clinical Professor of Insanity, Neurology and Electro-Therapeutics Albany Medical College; Attending Specialist in Mental Diseases and Physician to the Out-patient Department for Nervous and Mental Diseases, Albany Hospital. Illustrated. Albany, N.Y.: Brandow Printing Co., Fort Orange Press, 1903. Price, \$1.00.

We have before us this little volume on Electro-Diagnosis. It is a very concise and accurate description of the diagnostic value of the electric current, the development of the muscle change, the determining of the degree in which that change has taken place, and its cause. Since tendon transplantation is becoming a factor in surgery, the usefulness of muscles and groups of muscles must be determined before the tendons should be transplanted. This can only be done by the electric current, and the little volume before us shows us the many points at which we can determine the action of muscles and groups of muscles and nerve action. Illustrations indicating the points at which the poles of the battery should be applied are very clear and distinct, and in fact are rather unique. It is a book that has opened up a somewhat new field, and has the first publication in English language with the diagrams. We heartily recommend the book.

Essays on Rural Hygiene. By GEORGE VIVIAN POORE, M.D., F.R.C.P., Consulting Physician to University College Hospital, etc. Third Edition; 426 pages; 12 illustrations. Cloth, 6s. 6d. Longmans, Green & Co., Publishers, London, New York and Bombay.

The author laments, in these essays, that our large cities and towns are making Augean stables of our rivers and lakes, (which must serve succeeding generations for a water supply) leaving to posterity the task of Hercules. At present, the brunt of this evil is borne by the rural districts. Millions of dollars worth of manure is wasted each year by this foolish and extravagant system of sewerage which has largely arisen from the selfishness of the town-dweller, who cares little for agriculture, so long as the refuse is disposed of in the cheapest way, and the "city rates" are low.

Against the danger that village sanitation should follow "the fashion," the voice of the writer is lifted up and he endeavors,

to show how unsuited urban methods are for country districts. The time will soon come when each municipality must take care of its own refuse on its own premises, instead of passing it on to be a nuisance elsewhere.

The secret of the system he found for villages and country residences lies in the wonderful power of the soil of turning organic matter into food for plants—turning nature to fight nature, as he illustrated by the story of Brémontier's reclaiming of the French Landes. Each rural house to be securely wholesome, must have a direct connection with cultivable land.

When these methods are adopted the key may be furnished to the solution of the great problems of the unemployed and of the prevailing agricultural depression in Great Britain.

Although written chiefly for British readers, and dealing with questions much more pressing in European countries than in America, the book, which is in most readable style, is of great interest to students of sanitation and of political economy.

Portfolio of Dermochromes. By PROFESSOR JACONI, of Freiburg im Breisgau. English adaptation of text, by J. J. PRINGLE, M.B., F.R.C.P., Physician to the Department for Diseases of the Skin at the Middlesex Hospital. In two parts. London: Rebman, Limited, 129 Shaftesbury Avenue, Cambridge Circus. Toronto: Wingate, 136 Adelaide St. W.

Part I. of the Dermochromes contains twenty-four plates and forty-five illustrations, and Part II. eighteen plates and thirty-two illustrations. These plates are made by a new process called *citochromy*. We are not aware just what this word means, but the results obtained by the process are absolutely unique. We have never seen illustrations of skin lesions their equal, and they are so true to nature, and the coloring is so accurate that a clinic could easily be delivered from these illustrations alone, and the disease easily recognized on the subject. The text is brief, it does not go into old matter, but it accurately describes the lesion, gives the diagnosis and prognosis, and devotes considerable space to treatment. It would be more than superfluous to attempt to pick out any individual lesion to comment on, because the coloring is so nearly perfect that one would have to elaborate on all. Skin lesions occur in the practice of all, and an atlas of this kind with these charming illustrations so true to nature, should be in the possession of all physicians who desire to keep up to date. The illustrations in this volume are so different from those we are accustomed to see that one may be excused from becoming very enthusiastic. We desire to congratulate the Rebman Co., on the publication of this volume, and the accuracy with which the skin lesions have been depicted. The press work and paper undoubtedly add a great deal to the general appearance of the illustrations, and we can see that no item of expense has been spared in the way of presenting the volume in its best form.

Miscellaneous.

COUGH IN PULMONARY PHTHISIS.

By J. LEFFINGWELL HATCH, B.Sc., M.D., F.R.M.S., London.

As broods silence back of sound, so also stands designer back of design, and the logical mind of man has ever thus traced a presumptive relation between the thing observed and its supposed origin, and called them respectively cause and effect.

Thus in medicine we look from symptoms to a cause, and if post mortem we find a definite lesion we too often jump to the conclusion that it must be the very thing we are looking for, and are apt to forget that back of this change of structure lingers the first real cause in perverted physiologic function.

One of the best known and oldest symptoms, and one which occurs from diverse causes, is cough, and this, with another, almost as common and well known, dyspnea, go hand in hand among the various affections of the respiratory organs.

In pulmonary phthisis cough is usually the first symptom manifest and lasts throughout the disease, but the cause is not the same in each stage and consequently requires careful study and varying treatment in the different stages.

The earliest physiologic alteration is a hyperemia usually occurring at the apices. This congestion of the capillaries is the causal irritation that brings about the cough reflexly through the medium of the nervous system. Here a nerve depressant and vaso-motor dilator is indicated rather than an analgesic and expectorant.

In the next stage of consolidation the hepatized tissue acts as a foreign body and likewise reflexly brings about a useless cough in the vain effort to get rid of itself. In this stage resolution should be established by means of an alterative and the nerves quieted by a sedative.

In the third stage where the tissue has undergone cheesy degeneration and broken down, it really is a foreign body that causes the cough, which can only be relieved by its removal, hence we give stimulating expectorants in combination with sedatives and analgesics to relieve the nervous spasms and consequent pain.

The sum total of the forces of a consumptive is at the most a low figure, and we try to keep this up by a high diet that often deranges other organs, whereas regard to the conservation of force by lessening the cough will give the same result without detriment to other emunctories.

To allay cough, then, has been the aim of therapeutists from

time immemorial, and of the different concoctions and mixtures that have been vaunted and foisted upon long-suffering humanity their name is legion.

Probably the greatest boon that ever came to us in the form of medicine was opium, and some form or other of this drug has been and always will be used to a great extent as an ingredient in every cough mixture.

Of the alkaloids of opium, morphia has probably been the most popular until recent years, when codein has claimed considerable attention and threatened to usurp its place; but since the discovery of heroin, by Prof. H. Dresser, of Elberfeld, Germany, in 1898, this has been made impossible, and the new analgesic after careful study both in Europe and America has found great favor among practitioners, especially in diseases of the respiratory organs.

In the fall of 1900 my attention was called to Glyco-Heroin (Smith), and I tried a sample bottle on a patient with such gratifying results that I determined to make further observations.

What these results were, the clinical record below tells more graphically than worded phrases of description could hope to do.

It does not nauseate, and can be given in teaspoonful doses as often as every two hours to adults, dose of course being graduated in children according to the age, although they tolerate heroin where opium would produce untoward results.

The greatest advantage this preparation has over all others lies in the fact that it does not contain anything that deranges the stomach, and can be given indefinitely without the patient turning against it. The majority of cough-mixtures contain sugar, which is bound to undergo more or less fermentation; opium, which constipates and affects respiration, and belladonna, which checks the secretions, so that if they are able to lull the patient into oblivion of his condition for a few hours on account of the large amount of narcotic they contain, he awakes to find a stagnation of secretions with renewed paroxysms of coughing, and "pushing the mustard to fanaticism" for further relief he eventually becomes a slave to opium.

I have used Glyco-Heroin (Smith) now in over fifty cases, with the unvarying result that it relieved the cough, reduced the temperature, increased the volume of respiration, and allayed the night sweats, while at the same time it did not derange the stomach or cause constipation, did not produce vertigo nor nausea, never weakened the respirations, nor caused deleterious effects upon the heart, so that I can frankly say that without doubt we have in this compound the ideal cough mixture for the cough of phthisis pulmonalis.

The cases that I here quote I have selected from a series of fifty-three, with the idea of not citing cases so near alike as to produce monotonous repetition, no matter how gratifying the results.

As has been well said of this preparation, it is not only a true pharmaceutical product but an ethical one as well, and one that the physician can use understandingly, as its composition and physiologic action are well known.

Unfortunately all good things are sooner or later imitated, and something put forward as just as good but cheaper, and Glyco-Heroin (Smith) is no exception to this rule, so if results are not satisfactory, substitution must be at the bottom of it

OBSERVATION ONE.

Mrs. Marié B., aged 32, father living in good health, mother died several years ago, does not know cause of death.

She was thin, and her complexion was of a muddy, yellow color when first examined. Weight 122½ pounds; pulse, 100; temperature, 100° F. Respirations 36 and difficult.

She had a fairly good appetite, but was constipated. She menstruates regularly, but has coughed and expectorated for two or three years. Sputum analyzed showed the presence of tubercle bacilli. She had a pleurisy eight years ago the result of a cold, both lungs were affected since then, crepitant rales throughout, and areas of congestion here and there.

Her sputum had been tinged with blood, but she has never had any hemorrhages.

I gave her an emulsion of cod liver oil, and Glyco-Heroin (Smith) in teaspoonful doses every two hours. The cough was relieved from the first and after four months had entirely disappeared. The lungs cleared up, no more rales or areas of congestion, and she gained ten pounds in weight.

OBSERVATION TWO.

Miss E. M., aged 32, unmarried. Had been ill six months before coming to me for treatment, and a diagnosis of tubercular laryngitis had been already established by someone else.

There was dullness on percussion over nearly the entire area of both upper lobes of the lungs, she had night sweats, fever, and a persistent cough, raising considerable. She was pale and emaciated, highly excitable and nervous; pulse, 110; temperature; 102° F., respirations, 26.

Microscopic examination of the sputum revealed the presence of the tubercle bacilli.

On laryngoscopy I found an extensive ulcerative process on the posterior wall of the larynx just above the vocal cords, and both epiglottidian folds were congested and swollen.

Besides the local treatment for her throat trouble and constitutional care I gave her Glyco-Heroin (Smith), one teaspoonful to be taken every two hours.

There was marked improvement after the first twenty-four hours, and she said she had slept well through the night, had coughed scarcely at all, freedom from which distressing symptom she had not enjoyed for months.

The temperature gradually went down to normal, the night sweats ceased, and in little over one month's time the cough had left her entirely. The ulcer in the larynx was finally healed, which relieved her hitherto painful deglutition; besides this she gained flesh and strength, due undoubtedly, to the conservation of force which the mitigation of the cough afforded.

OBSERVATION THREE.

Mrs. I. T., aged 35, had one sister who was tuberculous. She had been ill for over ten years when she came to me; previous to her bad feelings she had been operated on for prolapsis uteri; about five years ago first noticed that her abdomen was increasing in size. This proved to be due to a fibroid tumor which grew to such an extent that her abdomen measured thirty-seven inches in circumference. She had coughed for about six years, but her aspect was fairly good; she weighed 137 pounds, but was nervous and impressionable; respirations were 20, pulse, 83; temperature, 101.1° F.

Physical examination revealed numerous moist rales on the right side, and her sputum on microscopic examination showed the tubercle bacilli.

She was given Glyco-Heroin (Smith) in conjunction with constitutional treatment, and received local electrical treatment from the hands of a specialist. At the end of eight months her abdominal measurement was reduced to thirty-three inches, cough and expectoration had entirely disappeared, as well as the moist rales, and her temperature, pulse and respiration became normal.

Whether her cough was entirely due to the lung trouble or was partially due to the uterine difficulty I was unable to determine, but granting both factors as a cause Glyco-Heroin (Smith) cured it.

SANMETTO ENDORSED AS THE MOST VALUABLE REMEDY IN KIDNEY, BLADDER AND URETHRAL AFFECTIONS.—Sanmetto is a valuable preparation. Indeed, I have found it one of the most valuable remedies in the treatment of gonorrhoea and all kidney and bladder affections, either acute or chronic, and can endorse same to the medical profession.

CHAS. E. BARRM, M.D.

Indianapolis, Ind.

Bovine in Consumption.

From the prevailing disbelief, which was almost a despair, the recent knowledge that consumption is curable is rapidly disseminating.

This is not due of any miraculous medical specific that has appeared, or ever will appear; nor to climate alone, for cases originate in California, Colorado, the Riviera, and the most noted resorts of the Swiss Alps; but it is accomplished by the rapid restoration of tissue-waste with nutrition that contains all the elements of the human body, in right proportions and ready for immediate assimilation, to enable the system to build faster than the malady can break down.

While it has been abundantly proven that the tubercle bacilli is often the means of perpetuating consumption, it never has been satisfactorily demonstrated that it is the sole cause of the disease. No doubt every human being in the civilized world is sooner or later exposed to this germ, but only a small minority are susceptible to its infection. The great majority are immune by virtue of normal vigor, normal nutrition, which does not furnish the nourishing nidus for this bacillus.

The long and feverish search for a drug that shall demonstrate its right to be called a specific has been, almost abandoned. The thousand and one alleged "cures" or specifics for consumption have all proved cruel delusions. Tuberculin is a sorry example. Creosote, cod liver oil, guaiacol, and all their derivations and modifications have signally failed. Recent searchers have confined their efforts mainly to the field of antagonizing serums, but instead of reaching favorable results, it looks as though the whole serum theory would, ere long, be abandoned as a mistake.

There is no positive cure for consumption outside of an element or influence that restores normal nutrition that enriches the blood and builds the tissues. This being accomplished, nature does the curing. The sooner we all accept this demonstrated fact that general vital recuperation, by whatever means it may be accomplished, is the only cure that is scientific that has ever been known or ever will be known, the less time we will lose in conducting the battle royal with this fatal scourge.

Patients who die of Tuberculosis starve to death. Those who recover from Tuberculosis are fed to health—cured by feeding. Feeding, however, is not necessarily nourishing, no more than eating is assimilating. Thousands of victims of this wasting disease starve with stomachs full, and plenty more within reach. There is no dearth of elegant and costly viands—it is availability they lack. They call for an exhibition of vito-chemic force which the consumptive's stomach does not