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THE TREATMENT OF CIRRHOSES OF THE LIVER.*

BY PROF. R. SAUNDBY, BIRMINGHAM.

The report I am asked to prepare is to deal with the treatment of cirrhoses of the liver, that is to say, with all the forms of interstitial hepatitis. Very many of those known to pathologists are recognized only in the post-mortem room and have no special clinical symptoms, or these are overshadowed by the primary disease. This is undoubtedly true of the cirrhoses of the liver met with in chronic pulmonary tuberculosis, in heart disease, in malaria, and in infantile syphilis. In fact it is a question whether interstitial hepatitis is in itself gives rise to any symptoms which attract attention apart from the mechanical disturbance of the circulation. In Hanot's hypertrophic cirrhosis with jaundice, and in the pigmentary cirrhosis of the liver seen in cases of bronzed diabetes, there is no special indication for treatment of the liver condition. In alcoholic cirrhosis the symptoms present are frequently only those of alcoholic gastritis, and it is undoubtedly possible for a case of alcoholic cirrhosis to go through all its stages without giving rise to any symptoms calling for medical aid, until death occurs from fatal hemorrhage. The main symptom of importance which really depends upon the hepatitis is ascites, but the occurrence of this is rather an accident than a necessary consequence of the disease.

The obstruction of the portal circulation in the liver is caused by the gradual destruction of the hepatic lobules and the obliteration of the capillary plexuses lying between the radicles of the portal and hepatic veins, but at the same time a collateral circulation is developed by which the blood from the portal vein is carried onwards. This collateral circulation is formed by the dilatation of the coronary veins of the

* Read at meeting of International Medical Congress, Lisbon.

stomach and the sub-diaphragmatic veins which join to form the oesophageal plexus of veins which empties into the azygos veins. As the progress of interstitial hepatitis is necessarily slow there is no reason why these collateral vessels should not develop sufficiently to carry on the circulation and so to prevent peritoneal dropsy; in fact it is probable that but for some accident this would always occur. An alcoholic debauch leading to sudden congestion of the liver is probably the most common cause of the equilibrium being upset; an injury such as a blow on the liver, caused by a fall, may have the same effect. When dropsical fluid has been poured out into the peritoneal cavity it constitutes in itself a hindrance to the venous circulation by raising the intra-abdominal pressure, and therefore so long as it persists it prevents the re-establishment of the circulatory equilibrium. For this reason attempts to get rid of the fluid by diuretic drugs fail, while the use of hydragogue cathartics is not unattended by danger of setting up an enteritis which may prove fatal. It is therefore recognized that the best means of removing the fluid is by paracentesis. This operation is generally performed by puncturing the abdomen in the middle line, midway between the umbilicus and the pubes, the patient being seated in a chair and propped with pillows; the trocar should be connected with a tube, the lower end of which is sunk under water by a weight; a broad flannel bandage should be wound round the abdomen and drawn tighter as the cavity empties itself. Where the patient is weak the abdomen may be tapped in the right flank while the patient remains in the recumbent position, but this is seldom necessary in ascites of hepatic origin. The operation of paracentesis should be performed so soon as the fluid has accumulated in sufficient quantity to cause discomfort, and it should be repeated as often as the fluid re-accumulates. By these repeated punctures there is a fair prospect of permitting the re-establishment of the circulation and of effecting thereby a cure of the abdominal dropsy. This object is one worthy of attainment because when relieved the patients feel themselves restored to health and are able to resume their ordinary duties without being conscious of any disease. A hospital patient of mine, who was tapped five times during 1901, wrote to me in August, 1904, to say that at the time of writing he had never felt better in his life; he is a gentleman's servant, and had been able, with the assistance of the footman, during the whole of the previous winter to carry his master, who weighed sixteen stone, up and down stairs every night and morning.

Where repeated tapping is not successful in preventing the return of the dropsy the Talma-Morison operation may be performed. This consists in opening the abdomen and stitching the omentum to the abdominal wall so as to increase the area of the collateral circulation. In Morison's operations he has subsequently drained the abdomen for many weeks, keeping a tube in position so long as there was fluid to run away, but in one of his cases after the wound had healed the ascites re-accumulated and had to be drawn off by tapping. This prolonged drainage does not seem to be justifiable. The essential part of the operation is the creation of additional adhesions between the viscera and the wall of the abdomen, and time is required to permit of the development of the new vessels to such a size as to be of real service; but it is not necessary to drain continuously in order to effect this. So long as the tube is kept in the patient must be confined more or less to bed, whereas if the wound is allowed to close he should be able to get about in five or six weeks' time, and would only, at the most, have to go to bed again for a few days at such times as it might be necessary to remove any accumulated fluid by further punctures. This is the procedure adopted by Prof. Terrier, and seems to be that which deserves approval.

The value of this operation should not be overestimated. As a rule repeated simple punctures suffice. It may be admitted that Morison has proved that his operation adds considerably to the collateral circulation, and therefore where repeated punctures have failed the operation should be tried. It is not fair to postpone it till the patient is moribund or suffering from the terminal infection to which these cases so often succumb. If tapping is employed sufficiently early and repeated as often as necessary, the stage at which the operation will become indicated will not be too late.

The other symptom which is a direct result of the hepatitis is hematemesis caused by the rupture of a dilated vein formed in the course of the development of the collateral circulation. These veins usually rupture in the esophagus.

The symptoms of ascites and hematemesis are more or less mutually exclusive, and rarely occur in the same individual except, perhaps, just before death.

The condition is one which does not admit of any radical treatment; rest, abstinence from food, and an ice-bag, with a hypodermic injection of morphia constitute the extent of our therapeutic resources.

A PLEA FOR THE INTERNATIONAL STUDY OF CARCINOMA.*

By NICHOLAS SENN, M.D., CHICAGO, ILL.
Professor of Surgery in the University of Chicago.

"Sed oportet privati utilitatibus publicas, mortalibus aeternas
anteferre: multoque diligentius in aeri suo consulere, quam
facultatibus."

INTRODUCTORY REMARKS.

Humanitarian Service.—From time immemorial the medical profession has been in search of ways and means to reduce the sum of human suffering in its efforts to prevent and treat disease.

The physicians of all times, more than any other class of men, have devoted a large part of their time, talents and energies to promote the happiness, welfare and usefulness of their fellow-beings without any expectation of a pecuniary gain for their unselfish, self-imposed and often arduous task.

The philanthropic spirit has always animated medical men and their organizations, large and small. A liberal part of the transactions of the medical societies throughout the entire civilized world is devoted to subjects which have a bearing on the prophylaxis of disease. The public will never realize the vast amount of work that has been done in this direction by the mass of the profession, inspired by men of the highest scientific attainments. The growing knowledge of the real cause and nature of disease, the outgrowth of original research and accurate scientific investigation by a host of earnest students the world over has already resulted in erasing from our nomenclature a number of formidable diseases and in limiting the spread of deadly epidemics.

Preventive Medicine.—The crowning glory of our profession in the future will be preventive medicine. The sphere of the general practitioner will become more and more circumscribed; that of the scientist will expand and keep step with the progress and advancements of preventive medicine. Rational preventive medicine had its origin contemporaneously with the foundation of the new science of bacteriology, and its further development and sphere of usefulness must necessarily depend on the progress and expansion of the latter. We may confidently look to the near future for more men like

*Delivered before one of the general sessions of the Lisbon International Medical Congress, April 19th to 26th, 1906.

Jenner, Haffkine, Lister, Pasteur and Koch, who will do their good share in blotting out preventable diseases.

Surgery has not been idle and has contributed its liberal part toward reducing the death-rate and diminishing human suffering. Based on the teachings of Pasteur and Lister, a system of aseptic and antiseptic precautions has been gradually perfected, which is now in force wherever modern surgery is practised, and which has been the means of almost entirely eliminating from wound complications the disastrous affections due to infection, and has greatly increased the range of operative procedures. Primary healing of wounds is now the rule, instead of the exception, as was the case only a quarter of a century ago. Hospital gangrene, the black monster of military and civil hospitals less than half a century ago, has disappeared from the face of the earth never to return. Erysipelas and pyemia have become pathologic curiosities. Secondary hemorrhage, such a frequent and dangerous occurrence formerly, seldom now disturbs the peace of mind of the operating surgeon since he has come in possession of the aseptic absorbable ligature.

CARCINOMA A MYSTERY.

There is one dark chapter in surgery to which I wish to call your attention on this occasion, and in which I desire to enlist the interest of the medical profession throughout the entire world—it is carcinoma. It is an old, old subject, which has interested the profession for centuries and, which, notwithstanding the prodigious efforts which have been made to solve the mystery of its real cause and nature, remains unexplained. Carcinoma is so common, and, according to recent statistics, unquestionably on the increase that it behooves our profession to make use of every possible means and avenue to discover its real cause and nature, and, having accomplished this, to open up the way for its prevention and more successful treatment.

The prevalence of this disease, its relentless course and obstinacy to all known methods of treatment surround it with the gloom of fear and hopelessness to the public. By hearsay and observation the masses of the people are firmly impressed with the idea that carcinoma is a fatal disease, and when such a diagnosis is made it is regarded as a death sentence. The medical profession is equally aware of the painful fact that in the great majority of patients afflicted with this disease it

proves fatal within three to five years, and that the only cases which recover permanently are those in which an early radical operation is performed.

A LOCAL DISEASE.

One feature of this dreadful disease has been definitely settled, and that is that it begins as a local affection, and it is in this stage that it is amenable to successful treatment by an early radical operation, and it is safe to state that not more than 25 per cent. of all the patients who apply for surgical aid are within reach of successful operative intervention. Left to itself, the intrinsic tendency of the disease is to destroy life. Its malignant course is not influenced by any kind of internal medication or local treatment short of complete destruction or removal of every vestige of carcinoma tissue. The prevention and successful treatment of any disease depend on the neutralization or removal of its cause. Material progress in the treatment of carcinoma can only be hoped for after we have succeeded in demonstrating its essential cause.

NON-PARASITIC.

The most intense interest in the study of carcinoma was awakened with the origin and rapid growth of the modern science of bacteriology. As soon as it became known that all inflammatory processes are caused by specific pathogenic microorganisms it was very natural that, by reasoning from analogy, the conclusion was reached that carcinoma must be a parasitic disease. There are so many similarities between chronic infective diseases, notably tuberculosis and carcinoma, that we can readily appreciate the motives that led to the investigations in all parts of the civilized world concerning the microbial origin of carcinoma. Various methods of tissue staining, cultivation and inoculation experiments have all been utilized by thousands of earnest investigators in their strenuous effort to discover and prove the essential microbial cause of carcinoma. A number of intracellular and extracellular bodies have been found and described as the specific parasitic cause of carcinoma, but for none of them has the claim been substantiated by crucial impartial laboratory and clinical tests. Searching criticisms from different reliable sources have disarmed all such claims.

From an etiologic standpoint, very little has been added to our knowledge of the nature of carcinoma since the epoch-making researches of Vischow, Cohnheim, Thiersch and

Waldeyer. The pathology of carcinoma has been materially advanced by the most pains-taking and accurate microscopic work concerning the origin, growth, multiplication and life history of the carcinoma cell and its manner of local and general dissemination. The atypical, irregular mitotic figures which are seen in the segmenting carcinoma cell are in strong contrast with the regular, symmetric, karyokinetic processes observed in direct division in normal tissue cells. The metastatic processes have been traced, step by step, through the lymphatic channels and the systemic circulation, and it has been demonstrated beyond all doubt that the secondary tumors are the direct offspring of migrating carcinoma cells from the primary tumor, and that the pre-existing mature tissues take no active part in the tumor formation, primary or metastatic.

This tends to prove that the histology and histogenesis of carcinoma speak against the parasitic origin of this disease and in favor of a disease of the epithelial cells independent of infection. The mass of tumor tissue, the parenchyma of carcinoma, is invariably made up of epithelial cells in the primary, as well as in all metastatic tumors, regardless of their anatomic location. Inflammatory products, on the other hand present the same histologic structure independent of their anatomic location or character of the tissue involved. Infective processes are caused by the pathogenic action of micro-organisms on pre-existing tissue, and the inflammatory swelling is made up of the products of effusion and cell migration through the damaged capillary walls plus new tissue cells generated by the pre-existing tissues acted on by the microbial cause of the inflammation.

Carcinoma is a tumor that invariably starts from a matrix of embryonic epithelial cells of prenatal or postnatal origin, and in its growth only epithelial cells take an active part; hence, if its microbial nature should ever be demonstrated, it will be a microbe which has a special predilection for epithelial cells, a very unlikely, exceptional phase in the vast field of bacteriology. The failure to discover the microbial origin of carcinoma, together with the histology and histogenesis of the tumor, speaks strongly against the parasitic origin of the disease. Inoculation experiments have so far only proved the negative side of the question. As an additional proof of the truth of this statement I will mention an experiment which has confirmed me in the belief of the non-parasitic nature of carcinoma.

Author's Experiment.—On May 4, 1901, I inoculated myself with carcinoma tissue immediately after I had completed a radical operation for advanced carcinoma of the lower lip. The patient from whom the malignant graft was obtained was an Irishman, 60 years of age. The submental and submaxillary lymphatic glands were involved. The excised glands were immersed in a warm saline solution, and from one of them a fragment, the size of a split pea, was used for implantation. A small incision was made about the middle of the forearm, over the supinator muscles, under strict aseptic precautions. One of the margins of the skin wound was undermined sufficiently to make a pocket large enough to receive the graft. After implantation of the carcinoma graft the wound was closed with a horsehair suture and iodoform collodium. The carcinomatous nature of the glandular affection was proved by microscopic examination of the gland from which the tissue was taken. In the course of a week a subcutaneous nodule, the size of a pea, made its appearance, which remained stationary for two weeks, when it gradually disappeared. At the present time a faint linear scar remains, indicating the site of the incision. This, as well as a few similar experiments made by Alibert, furnish strong, if not convincing, proof of the non-parasitic nature of carcinoma. The bacteriologic search for the supposed microbial cause of carcinoma will continue in the future, but undoubtedly will be as devoid of positive results as it has been in the past.

INTERNATIONAL CO-OPERATION INVITED.

It seems to me that the time has come when it is necessary, by joint and persistent action, to study the etiology of carcinoma from other standpoints, and it is for this reason that I have chosen as the subject for my oration "A Plea for the International Study of Carcinoma." The vast importance of this subject merits united systematic efforts, in which representatives of all nations should take a willing active part. It is only by such concerted action that we may expect to reach the final solution concerning the true nature of this strange disease, and in doing so prepare the way for a rational and more successful treatment.

So far as our present knowledge goes, carcinoma must be regarded as a tumor caused by an atypical proliferation of epithelial cells from a matrix of embryonic cells of congenital or postnatal origin. The epithelial proliferation takes place in vascular tissue where epithelial cells are never found in a

normal condition. The heterotopic location of these cells distinguishes carcinoma from all benign epithelial tumors. Atypical proliferation of epithelial cells signifies their growth and multiplication in a locality where they have no legitimate citizenship.

The malignancy of carcinoma is due to the fact that the epithelial cells remain in their embryonic state, fail to reach maturity, retain their abnormal vegetative capacity until degeneration sets in, and by virtue of their ameboid movements invade the neighboring tissues, enter the lymphatic channels and finally give rise to regional and general metastasis. It is this abnormal behavior of the epithelial cells, their prodigious vegetative capacity and their migration into all adjacent tissues, irrespective of their histologic structure, that characterizes their life history and intrinsic pathologic tendencies. What are the general influences or local conditions productive of such a morbid erratic cellular life? The disease in its incipiency being local, it would be natural to search for local causes. If this be the case, where do the first textural changes take place? Are they to be found in the epithelial cells or in the tissues in their immediate environment? These are questions that must be answered before the etiology of carcinoma is definitely settled.

FACTORS IN THE ETIOLOGY OF CARCINOMA.

That the general condition of the organism, an aptitude, has some influence in determining the disease there can be no question, but that it is entirely responsible for it is more than doubtful. If a general predisposition were the principal agent in causing the disease, autoinoculation experiments ought to have proved successful. In the case of an inoperable carcinoma of the leg, a few years ago, I implanted subcutaneously fragments of carcinoma tissue from the same patient at two points on the affected limb. A little nodule formed at the seat of inoculation, remained stationary for about two weeks, and then disappeared entirely. The same experiment has been made by several other surgeons, with a similar negative result. The microscope has proved an invaluable aid in the study of the histology and histogenesis of carcinoma, but so far it has been powerless in demonstrating its cause. Future microscopic researches may yield unexpected results, but it appears to me that the time is at hand to extend our inquiries regarding the etiology of carcinoma beyond the

confines of laboratories and explore other fields less cultivated in search for its cause or causes. United action on a large scale, embracing enthusiastic investigators of all nations, concerning the influence of heredity, age, race, climate, diet, habits, trauma, prolonged irritation, chronic inflammation, scar tissue and benign tumors in the causation of the disease, could not fail in bringing more light on this perplexing subject.

Heredity. The influence of heredity in the etiology of carcinoma is unquestionable. Every surgeon of large experience has observed cases in which the disease could be traced through several successive generations. The percentage of cases in which carcinoma has been shown to be hereditary is estimated at from 12 to 33 per cent. by different authors. More extensive and accurate statistics from all available sources are needed to prove the influence of heredity in the etiology of carcinoma. In studying the influence of heredity, it is not fair to exclude from the statistics distant cancerous relatives, as has been done by Cripps and others, because it is well known that congenital deformities, physiognomy and mental peculiarities frequently reappear several generations apart and in distant relatives. There is no reason to doubt that at least a predisposition or aptitude for carcinoma is transmitted in a similar manner.

Age.—It is a familiar fact that advanced age plays an important role in the etiology of carcinoma. Of the 9,906 cases collected by De la Camp, there was only 19 less than 20 years of age. I have seen a carcinoma of the mammary gland in a girl, 21 years of age; a carcinoma of the rectum in a boy of 17, and several cases of carcinoma of the stomach in persons between 25 and 30 years of age. There appear to be conditions, local or general, antagonistic to carcinoma during the most active physiologic processes concerned in the growth and development of the body, and the disease manifests a special predilection for the aged when all the active processes in tissue formation are on the decline. Age has also a decided influence on the clinical course of carcinoma, as it is well known that its malignancy diminishes with advancing age. The senile state favors the development of the disease, but exercises an inhibitory influence in its progress, while, on the other hand, the juvenile tissues are antagonistic to it, but when it does occur to young subjects it pursues an unusually malignant course. The influence of age on the prevalence and malignancy of carcinoma merits more careful study in

searching for the key that will eventually unlock the mystery of its etiology.

Racial and Social Influences. It is a well-known fact, confirmed by reliable and extensive statistics, that some races are much more predisposed to carcinoma than others. The black and yellow races are not as susceptible to the disease as the whites. Our North American Indians have been and still are peculiarly exempt from this disease. As a rule, to which there are few exceptions, it may be stated, without fear of contradiction, that the primitive races, as long as they remain true to their original habits, customs and manners of living, seldom suffer from carcinoma; on the other hand, the disease is most prevalent where civilization has reached its climax. This difference in the prevalence of carcinoma among the ignorant and educated, the savage and the highly civilized, is undoubtedly due, to a large extent, to diet, brain rest on one side and a strenuous life, worry and discontent on the other. That the state of the nervous system plays a part in the etiology of carcinoma I am satisfied and have seen it repeatedly demonstrated in my practice. Future statistics based on racial and social influences will bring out many important facts that may forge the connecting link in the long chain of evidence necessary to reach the final aim of etiology research.

Climate and Topography.—The very unequal geographic distribution of carcinoma over the surface of the earth points to local conditions, climatic, racial and dietetic, which favor or inhibit the development of the disease. Like lepra, carcinoma has its favorite geographic haunts. A careful study of the local conditions where carcinoma is most prevalent should form an important part of future researches relating to the etiology of this disease, and, if done on a large scale by the most competent men in such localities, may lead to important results.

Legrain makes the statement that carcinoma is unknown in Algeria, except as it appears in the European. Behla has made a study of the geographic influences in the causation of carcinoma. According to his observations it is very rare in the extreme northern and southern countries. It occurs with greatest frequency in the temperate zones of Europe, Asia and America. It is very rare in Central Africa, the South Sea Islands, Central America, and almost unknown in New Guinea. Haviland, in his researches, found the disease in the same latitude most prevalent along river courses and in localities subjected to periodic floods, while it is less frequent in high latitudes and in the spring districts at the river

sources. It was a noteworthy fact that geologically the alluvial soil appeared to constitute a local cause, while the chalky or lime soil exercised the opposite effect. Heimann made similar inquiries and came to the same conclusions.

Diet.—For a long time popular belief has accused certain articles of food, such as meats, tomatoes, condiments, as causes of carcinoma. Verneuil and Reclus long ago called attention to the fact that herbivora were much less liable to carcinoma than the carnivora, and they ascribed the great increase in the number of patients suffering from carcinoma that came under their observation during forty years to the increased consumption of meat by the laboring classes. That diet may have some influence as a predisposing influence there can be no doubt, but to assume that it is the sole or even the principal cause of carcinoma would be a position which is not sustained by facts.

During my trip last summer to the very heart of the Arctic, to within 650 miles of the North Pole, I made special observations and inquiries in reference to the occurrence of tumors among the aborigines. These people have lived for unknown centuries on an exclusive animal diet, blubber and meat; they do not know the taste of a single article of vegetable diet; they are the filthiest people in the world, as they never wash themselves, and wear fur throughout the entire year, and yet they appear to be immune to tumor formation of any kind. The idea occurred to me that this immunity might be due to the iodine contained in the food obtained from the sea animals.

The North American Indians, who in their primitive state lived largely on an animal diet, were likewise singularly free from tumor formation, more especially carcinoma. The subject of diet as a causative element of carcinoma deserves further and more thorough and systematic investigation.

Habits.—Certain habits appear to be conducive to the occurrence of carcinoma. Habits and occupations which expose certain parts to repeated and prolonged irritation deserve special mention here. I will refer to two only as most striking illustrations, smoking and betel chewing. Justly or unjustly, smoking has been accused for a long time as being a frequent cause of carcinoma of the lower lip, tongue and tonsils. The clay pipe has an unenviable reputation in this respect in cases of carcinoma of the lower lip, and probably deservedly so. It is singular, however, that in many countries where cigarette smoking is practiced to the greatest excess, like Turkey, Palestine, Algeria and Morocco, carcinoma of the lip and mouth

is of rare occurrence. The vice of betel chewing, so generally practiced in Ceylon and all through India, is unquestionably responsible for the frequency with which carcinoma of the mucous lining of the mouth is met with in those countries. The principal constituents of "betel" are the betel leaf, areca nut, caustic lime and some sort of a strong condiment, all powerful irritants of the mucous membrane. The disease affects the buccal surface of the cheek, generally commencing opposite the teeth of the lower jaw and spreading with varying rapidity according to the pathologic type of the tumor.

Trauma.—The influence of traumatism in the etiology of carcinoma is variously estimated by different authors. Trauma exercises a more important role in the causation of sarcoma than carcinoma. In most cases in which an alleged single trauma has been charged with having caused the disease, the carcinoma was present when the injury was received, the injury having called the patient's or physician's attention to it. Carcinoma seldom, if ever, follows a single injury, but develops more frequently in consequence of prolonged irritation.

Prolonged Irritation.—Frequently repeated and long-continued irritation is usually recognized as an exciting, if not the principal, cause of carcinoma. Certain occupations, habits, malposition and diseases of teeth and displacement of organs due to abnormal sources of irritation must be included under this category as agents which so often precede carcinoma and which must be regarded at least in the light of determining causes, as without such local harmful action the disease might not have made its appearance. The local irritation effects tissue changes conducive to carcinoma formation in persons who are subjects of a hereditary or acquired predisposition or aptitude to the disease. It would be well to study more thoroughly and on a larger scale, experimentally and clinically, the effect of chronic irritation on the etiology of carcinoma.

Chronic Inflammation.—While the histologic processes observed in inflammation have nothing in common with carcinoma clinical observations appear to prove that carcinoma not infrequently develops in an organ or part which is the seat of a chronic inflammation. It is not at all uncommon to find a carcinoma take its starting point in ulcers of the stomach, and chronic ulcers of the lower extremities, in tubercular lesions of the skin, and in chronic inflammatory affections of the mucous membrane of the tongue and other organs. Goodhart

has called special attention to ichthyosis of the tongue as a cause of carcinoma. It has been well known for a long time that this superficial inflammation of the tongue frequently precedes carcinoma.

Another inflammatory product, very often the starting point of carcinoma, is the wart. Warts on the forehead, cheeks and hands of aged persons, "verruca senilis," most frequently undergo such malignant transition. The inflammatory process is undoubtedly concerned in laying the histologic foundation for carcinoma by causing the penetration of embryonic epithelial cells into the inflammatory product, where they are brought into contact with vascular tissue, which increases their vegetative activity and alters their habits of life.

The influence of chronic inflammatory processes involving the epithelial cells of glandular organs and the surface of the skin and mucous membranes as one of the causes of carcinoma should receive more careful attention than has been devoted to it. Extensive and reliable statistics on this phase of the etiology of carcinoma is what is needed in the further elucidation of this subject.

Scar Tissue.—The origin of carcinoma in scar tissue has been so often observed that German surgeons designate it as "Narbenkrebs." The tumor almost invariably begins as a subepidermal nodule from a matrix of embryonic epithelial cells buried in the mesoblastic tissues during the process of healing by granulation of the injury or lesion which gave rise to the tissue defect.

Trauma, irritation, inflammation and cicatrization as causes of carcinoma undoubtedly play a double role in lighting up the disease in persons predisposed to it, as any of them may be the means of transporting the essential tumor elements, epithelial cells, from their normal vascular physiologic habitat into a vascular district and may likewise be concerned in stimulating their vegetative life by diminishing the normal physiologic resistance of the adjacent tissues.

Benign Tumors.—The frequency with which benign epithelial tumors undergo transformation into carcinoma remains a matter of individual opinion and isolated experience. In papilloma and adenoma the epithelial cells which make up the parenchyma of the tumors are not in touch with the blood vessels. Any and all influences, local and general, which are capable of stimulating cell growth beyond the limits observed in benign tumors and which result in penetration of the membrana propria by embryonic epithelial cells, are the causes on

which depends the transition of a benign epithelial tumor into a carcinoma.

Among the local causes which bring about such a malignant transformation may be enumerated trauma, prolonged or repeated irritation, and incomplete removal of the benign tumor by excision or the employment of caustics. Benign tumors on exposed surfaces of the body are most prone to become malignant, because they are most subjected to injuries and irritations which result in histologic changes favorable to the development and growth of carcinoma. From a scientific as well as a practical point of view, it is extremely important that by concerted action more light should be shed on the frequency with which benign epithelial tumors become the starting point of carcinoma and the influences which determine such transition.

THE TREATMENT OF APPENDICITIS AND ALLIED BOWEL TROUBLES BY HIGH-UP INJECTION.

By P. PALMER BURROWS, M.D., C.M., LINDSAY, ONT.

Ex-President of the Association of Health Officers, Member of the American Public Health Association, and Member of the Dominion Medical Association.

To the President and Members of the Fifteenth International Congress:

GENTLEMEN,—At a meeting of the Medical Association held in Toronto on June 6th, 1895, I read a paper showing that the ordinary indiarubber syringe presents several faults of construction. Its vaginal attachment is of such small size that it does not smooth out the mucous folds, and therefore the wash-water or medicine does not reach the irritated or ulcerated surface; the ear-nozzle ought also to be of soft india-rubber as less likely to injure delicate structures. My principal object, however, on the present occasion is to point out that the hard, short nozzle used for the administration of enemata per rectum is in several respects objectionable. Being short, it does not reach far enough to deliver its charge where it would do most good, and, being hard, it impinges on the sphincter muscle and this stimulates to impulsive action; the injection being delivered low down is speedily voided; and little opportunity, therefore, is given for solvent action on the contents of the bowel. I then proposed the using of an elastic indiarubber tube from fifty to sixty inches long and similar in calibre and character to the tube used in washing out the stomach. With such an apparatus, solvents, anti-septics, or purgatives could be introduced at a point to serve the purposes intended. At this time I gave it as my experience that the soft indiarubber tube is not only a valuable agent in the relief of obstinate constipation, impaction of feces, invagination, and muco-enteritis, but it is also of pre-eminent utility in the treatment of appendicitis.

Since writing that paper more than ten years ago I have had abundant opportunity of further observation, and although I have had some very serious cases under treatment I have yet to meet one in which surgical interference was necessary, nor have I one death to record. The emptying of the bowel and the removal of irritating matter are not the only effects of high-up injection, for when the bowel is distended the

* Paper presented at Lisbon, April 24th, 1906.

appendix is retracted and distended, and in this way the fluid injected has a chance to enter and remove sources of irritation when immediately within the appendix, and is more largely curative. I do not hold that this or any other medical or expectant treatment will in all cases supersede the knife; for instance, when the temperature of the patient has increased with a subsequent sudden lowering, and the formation of pus is suspected, I certainly would not rely on medical treatment alone. It is, however, well to remember (1) that Dr. O. Hanolan has stated from personal observation that in 42 necropsies in which a previous diagnosis of appendicitis had been made 32 of the deceased were found to have normal appendices; and (2) that Dr. Horrick has related that in the French army 188 cases were operated upon with 23 deaths, and 480 were treated medicinally with 5 deaths. Surgeons of experience maintain that it is best to operate early, but in my opinion there is little danger in delay if the patient is given easily-digested, non-fermentable food, rest in bed, anti-phlogistine (a combination of clay, glycerine, boric acid, menthol, and eucalyptus) over the bowels, or a cold compress. The measures which I take to mark the ne plus ultra in the treatment of appendicitis are as follows: The filling (or rather the complete dilating) of the bowel by means of the long tube with sweet oil, glycerine and water, or soap and water; hypodermic injections of morphine or morphine and atropine; and complete abstinence from food, or the taking of it sparingly in order to secure digestive rest. The following case supplies a good example of the extent to which by the long tube an injection may be forced. The patient, who was a man about 40 years of age, weighing about 275 pounds, and of immense girth, had partaken heartily of pork and beans. He was normally a large eater, consuming four or five pounds of steak, with potatoes, toast, and so forth, at a sitting. When I saw him he was suffering from severe pain in the bowels, which were constipated and much distended with gas and food. The medical men who treated him in a village some distance from Lindsay had used the low-down injection repeatedly and had given him purgatives without effect. I at once used a tube fully six feet long, and after one or two very scanty evacuations succeeded in passing the tube for its entire length and pumped in a gallon or two of warm water, the abdomen being kneaded at the same time. A quantity of broken-up, partly digested beans came away. There was considerable vomiting, after which the injection entered more

readily. When a very large quantity of fluid had been injected the patient complained of great discomfort. The vomiting became more continuous and smelt of peppermint, which had been added to the injection as an anti-flatulent. The vomiting, with the continued pressure of the injection, had evidently reversed the peristaltic action, and there was no doubt that the water flavored with peppermint had passed completely through the alimentary tract and was being ejected by the stomach through the mouth. The distension and soreness were relieved, and the patient made a quick recovery. Another case, which was almost a complete replica of the foregoing one, was published by Dr. E. E. Tope in the *Medical World* of August, 1904. He does not give the length of the tube employed, but writes: "A large rectal tube was passed the full length into the bowel. . . . We kept on pumping water into the patient and calling for more water, while the patient kept vomiting it up, until we had used more than five gallons, and the water was no longer discolored." I need not enter into a controversy as to the possibility of passing the ileocecal valve, for in these cases there is no doubt that the long tube placed the injection beyond that point and so far up that peristalsis was reversed and the stomach accepted the inevitable. This is, perhaps, not, after all, so very strange, as in incarcerated bowel and even in appendicitis stercoraceous vomiting occurs, and as soon as it is admitted that the ileocecal valve may be passed the rest would appear easy.

In the above letter to *The London Lancet* I have endeavored to make plain three special points:

First, the urgent call for an efficient action of high-up injections of a nutritive antiseptic or solvent character. To this I would add the testimony of Dr. R. D. Mason: "There is no doubt but that patients often come to a hospital with serious abdominal affections and desire an operation. It is a rule that these patients are constipated and the bowel filled with excrement and ptomaines that should be cleared out. I have repeatedly had cases where the patient had taken cathartics until the stools were composed of nothing but watery secretions of the bowels, and yet several days later hard, solid motions were passed. There seems to be an accumulation in the cecum that is with difficulty dislodged."

Second, that an elastic tube can be passed up into the bowel to a greater length than has been formerly thought possible. In a paper by Dr. Sloan, which appeared in the *Medical Review*, he gives the accepted idea: "A rubber tube three

feet long and three-eighths of an inch in diameter should be passed as high as possible and the rectum and lower colon emptied by enema. If they are already empty it will pass through the sigmoid flexure to the junction of the transverse and descending colon; the tube should pass twenty-six to thirty-two inches; the latter brings it fairly within the outlet of the transverse colon."

Third, by filling the bowel we mechanically dilate, and in dilating shorten the appendix, just as inflating a bladder or toy balloon with a teat attached. It will shorten and the opening dilate so that the fluid can enter and more thoroughly wash out.

I have thought this subject of sufficient interest to be brought before the medical profession.

COLLEGE OF PHYSICIANS AND SURGEONS
OF ONTARIO.

RESULTS OF THE PRIMARY, INTERMEDIATE AND FINAL
EXAMINATIONS.

The results of the May examinations of the College of Physicians and Surgeons of Ontario are announced in the primary, intermediate and final classes. They are arranged in alphabetical order as follows:

PRIMARY EXAMINATIONS.

C. E. Anderson, Oil Springs; W. A. Atkinson, Barrie; A. R. Alguire, Cornwall; J. B. Auston, Brighton.

C. W. Becker, Legrange, Ill.; J. C. Brown, Paisley; J. G. Bricker, Gorrie; H. K. Bates, Toronto; J. C. Byers, Eganville; W. Biggs, Hallville; E. Boyd, Toronto; P. G. Brown, Toronto; A. M. Bell, Moscow; T. W. Blanchard, Appleby; R. P. Burwell, Shedden.

D. W. Clarke, Ballyduff; H. Crasweller, Sarnia; D. F. Carswell, Elora; S. V. Carmichael, Spencerville; J. D. Campbell, Arnprior; W. G. Coulter, Windsor; N. A. Connelly, Kingston; A. L. Campbell, Belwood; O. W. Craise, Petrolean; W. F. Cornett, Kingston; G. L. Cockburn, Sturgeon Falls; M. J. Casserly, Tottenham; L. L. Cairns, Huntsville.

D. W. Davis, Brockville; R. O. Davison, Brantford; D. G. Dingwell, Lancaster.

C. Elmore, Springvale; H. L. Emmett, Font Hill; A. W. Ellis, Toronto; D. L. Ewin, St. Thomas.

H. W. Feldham, Copper Cliff; W. D. Ferguson, Valletta; F. J. Folinsbee, Strathroy; F. J. Fox, Lucan; J. M. Fowler, Petrolea.

W. M. Gilmour, Brockville; C. W. Graham, Goderich; W. Glanfield, Jarvis; L. A. B. Grier, Dundalk; D. G. Galbraith, Iona Station.

J. P. Harrison, Dunnville; H. T. Hamill, Meaford; C. E. Hill, Toronto; R. J. Hamilton, Brinsley; F. C. Harrison, Toronto; W. A. Harvie, Orillia; W. G. Hutchison, Walsingham Centre; B. B. Horton, Bridgewater; A. K. Haywood, Toronto; J. G. Harkness, Irena.

D. Jamieson, Glen Arm; L. Jamieson, Birmingham, Mich.

W. Krupp, New Dundee; B. C. Kelly, Bridgenorth; J. T. Keyes, Oakwood; A. L. Kinsey, Bracebridge.

A. S. Large, Poole; H. B. Longmore, Camden East; C. Laidlaw, Georgetown; Rosamond Leacock, Orillia; J. H. Lawson, Brampton.

H. H. Moore, Weston; S. E. Moore, Oliphant; W. Mabee, Toronto; G. R. Mackenzie, St. Thomas; A. H. Miller, Castleton; P. S. MacFarlane, Toronto; H. L. Minthorn, Queens-
ton; W. Morrison, Ashgrove; A. S. MacPherson, London;
F. W. Mohr, Ottawa; A. M. Murray, Newton; H. S. Muckleston, Perth.

T. T. McRae, Cranbrook; W. D. McIlmoyle, Fraserville;
L. G. McCabe, Waterdown; W. G. McCulloch, Enfield; A.
McDonald, Scotch Line; Sarah McLean, Dresden; A. D.
McKelvey, Brussels; D. McLellan, Foresters' Falls; W. J.
McCormick, Toronto; F. B. McIntosh, McDonald's Corners;
W. B. McNaughton, St. Raphael.

F. L. Neely, Dorchester Station.

F. J. O'Connor, Long Point.

O. S. Pogue, Lindsay; W. Pratt, Cobourg; R. K. Paterson,
Renfrew.

G. Rogers, Kingsville; W. E. Robertson, Monkton; R. S.
Richardson, Toronto; J. A. Routledge, Dunkeld; W. H.
Robertson, Toronto; G. E. Richards, Newboro'; A. Ross,
London; A. G. Rice, Toronto Junction; Edith Russell, Wind-
sor; C. E. Rowland, Toronto; A. C. Ricker, Dunnville; W. C.
Ross, Peterboro'; J. J. Robb, Battersea.

C. W. Sawers, Brucefield; J. B. Simpson, Maynard; W. R.
Scott, St. Thomas; N. E. Sproule, Schomberg; J. M. Smith,
Cannington; F. R. Sargent, Kingston; J. R. Stewart, Waba;
E. Sutherland, Montreal.

W. E. Tisdale, Woodstock; E. J. Trow, Stratford; R. A.
Thomas, Toronto; R. M. Turner, Thorold.

C. B. Ward, Amiens; F. D. Wilson, Toronto; G. W. Wil-
liams, Aurora; E. C. Wilford, Blyth; A. I. Willinsky, To-
ronto; R. E. A. Weston, Tillsonburg; F. W. Wallace, Saint-
field; J. L. Wilson, Toronto; R. R. Walker, Waterdown.

C. A. Young, Ottawa.

INTERMEDIATE EXAMINATIONS.

W. A. Atkinson, Barrie; A. R. Alguire, Cornwall; J. B.
Auston, Brighton.

F. B. Bowman, Dundas; R. P. Burwell, Shedden; A. M.
Bell, Moscow; B. A. Blackwell, Clandeboye; N. H. Beal,
London; W. Bapty, London; W. E. Brown, Millbank; P. C.

Bonghart, London; E. Batton, Phillipsville; J. K. Blair, Tarbert; D. C. Balfour, Hamilton; G. Boyd, Gravenhurst; Alice Baxter, Toronto.

A. A. Campbell, Shanty Bay; C. R. Cununing, Galt; J. W. Counter, Toronto; J. C. Colhoun, Toronto; J. W. Crookshank, Blenheim; R. O. Coghlan, Wyoming; R. Colville, Vasey; J. Chant, Chantry; H. B. Coleman, Cookstown; D. G. Cameron, Wallacetown; Blanch Campbell, Ridgetown.

D. G. Dingwall, Lancaster; E. G. Davis, London; R. T. Dillane, Tottenham; J. Duncan, Toronto; E. C. Dickson, Orillia; F. B. Dawson, Maple Creek.

D. L. Ewin, St. Thomas.

E. George, Port Elgin; O. Glenn, Adelaide; A. J. Gilchrist, Toronto.

L. S. Holmes, London; J. E. C. Henderson, Hamilton; A. Henderson, Palmerston; N. J. Heatlie, Salina; D. E. Howse, Port Elgin; C. S. Hawkins, Canton; J. H. Holbrook, Toronto; G. W. Houston, Tweed; H. H. Huebnergard, Berlin.

E. J. Jessop, Fergus; R. A. Jones, Mount Forest.

C. G. Kirkpatrick, Oro; D. M. Kilgour, Guelph.

C. A. Lawlor, Kingston; W. A. Lewis, Barrie; L. C. Lauchland, Oshawa.

Cora Murdoch, Sarnia; F. W. Manning, Windsor; R. J. MacMillan, Dutton; R. J. Manion, Fort William; B. D. Mumro, Toronto; F. J. Munn, Toronto; N. A. Mumro, St. Thomas; R. W. Mann, Bridgenorth; L. Main, Sheffield; F. W. Mohr, Ottawa; H. S. Mucklestone, Perth; S. J. N. Magwood, Toronto; J. C. Masson, Toronto; A. S. Moorehead, Toronto.

T. T. McRae, Cranbrook; D. McLellan, Foresters' Falls; W. J. McCormick, Toronto; T. McQuaid, St. Columbus; A. D. McConnell, Chesley; S. McCollum, Beaver Mills; W. B. McNaughton, St. Raphael; D. McKenzie, Morden; A. D. McMillan, Finch.

F. J. O'Connor, Long Point.

W. R. Patterson, Kingston; R. K. Paterson, Renfrew; L. L. Playfair, Kingston; A. Pain, Hamilton.

Olive Rea, Toronto; W. H. Reid, Lucknow; W. T. Rich, Oakwood; J. J. Robb, Battersea; F. J. Reid, Orillia; J. Reid, Renfrew; A. H. Rolph, Toronto; F. X. Robert, Chatham.

R. N. Shaw, Niagara Falls; E. Sutherland, Kingston; J. R. Stewart, Waba; H. A. Stewart, St. Thomas; W. E. Spankie, Wolfe Island; C. W. Slemmon, Hayden; W. B. Sproule, Thornton; J. Spence, Webbwood; J. Spiers, Drumbo; R. R. Smale, Bowmanville.

R. A. Thomas, Toronto; A. Thibadeau, Chatham; F. B. Thornton, Consecon; C. A. M. Thrush, Byng; Rachael Todd, Toronto.

F. R. Warren, Moose Jaw; J. L. Wilson, Toronto; R. E. Wodehouse, Blenheim; J. J. Wade, Balderson; F. Woodhall, Hamilton; J. W. Wigham, Toronto.

C. A. Young, Ottawa.

FINAL EXAMINATIONS.

W. A. Atkinson, Barrie; A. R. Alguire, Cornwall.

W. J. Bell, Toronto; J. H. Brodrecht, New Hamburg; H. W. Burgess, Toronto; W. J. Browley, Hamilton; S. J. Boyd, Sutton West; A. C. Bennett, Toronto; M. R. Blake, Toronto; T. C. Brereton, Bethany; P. C. Bonghart, London; G. Boyd, Gravenhurst; Mary Bryson, Ottawa; F. L. Beer, London; A. W. Beattie, Pond Mills; Edith Beatty, Fergus; Elizabeth Bagshaw, Toronto; R. H. Bonnycastle, Campbellford.

W. H. Cameron, Arthur; H. D. Cowper, Welland; M. H. Cameron, Toronto; H. B. Coleman, Cookstown; D. G. Cameron, Wallacetown; J. Campbell, London; R. J. Carson, Sunderland; W. F. Clemesha, Port Hope; Mary Callaghan, Toronto.

J. M. Dalrymple, Bismarck; W. J. Dobbie, Guelph; W. Dales, Silver Hill; E. C. Dickson, Orillia; J. M. Dale, Oakwood; S. R. Dalrymple, Bismarck; D. L. Ewin, St. Thomas; H. M. East, Toronto; G. E. Eakins, Toronto; C. B. Eckel, Pembroke.

R. B. Fitzgerald, Sanborn, N.Y.; Geo. Ford, Toronto; J. F. Finnigan, Oshawa.

W. C. Gilday, Toronto; H. Glendinning, Valentine; W. J. Gould, London; W. E. Grimshaw, Wolfe Island; O. Glenn, Adelaide; A. J. Gilchrist, Toronto; C. A. Gaviller, Grand Valley; J. A. Gallagher, Toronto.

R. E. Hughes, Ottawa; J. E. C. Henderson, Hamilton; A. Henderson, Palmerston; J. F. Hogan, Kingston; E. Hixon, Glen Oak.

A. Keane, Essex; H. C. Kindred, Havelock; J. A. Kinnear, Toronto.

G. G. Little, Windsor; G. C. Leach, Fenella; L. G. Laughland, Oshawa; M. W. Locke, Brinstin's Corners; R. C. Lowrey, Toronto; W. S. Lemon, Aylmer; W. S. Laird, Guelph.

W. Merritt, Smithville; A. C. Mumns, Moorefield; G. L.

THE MAY EXAMINATIONS.

MacKinnon, Orangeville; G. D. MacLean, Woodbridge; R. J. MacLaren, Columbus; H. S. Mucklestone, Perth; F. W. Mohr, Ottawa; B. D. Munro, Toronto; R. J. Manion, Fort William.

T. T. McRae, Cranbrook; W. J. McCormick, Toronto; S. McCollum, Beaver Mills; W. B. McNaughton, St. Raphael; D. McKenzie, Morden; A. A. McIntyre, Milverton; W. E. McLellan, Almonte; D. F. McLachlan, Essex; J. H. McPhedran, Wanstead.

M. J. C. Naftel, Goderich.

W. J. O'Hara, Cayuga.

W. R. Patterson, Kingston.

E. C. A. Reynolds, Scarboro' Junction; Hanna Reid, Tillsonburg; L. G. Rowntree, London; H. L. Reazin, Toronto; J. D. Reid, Prescott; Olive Rea, Toronto; Minerva Reid, Tillsonburg.

E. Sutherland, Montreal; J. R. Stewart, Waba; J. Spiers, Drumbo; A. H. Spohn, Penetanguishene; G. S. Strathy, Toronto; C. E. Spence, Toronto; Chas. Schlichter, New Dundee; A. Sinclair, Kilsyth.

R. W. Tisdale, Lyndoch; R. A. Thomas, Toronto.

R. E. Valin, Ottawa.

A. L. Webb, Brighton; C. A. Wigle, Warton; A. M. Watson, London; J. W. Wigham, Toronto; J. L. Wilson, Toronto; W. M. Wilkinson, Woodstock.

C. A. Young, Ottawa.

THE FIFTEENTH INTERNATIONAL MEDICAL CONGRESS.

FIRST IMPRESSIONS OF LISBON.

A glimpse at the beautiful capital of Portugal in April suffices to show that the place chosen for the Fifteenth International Congress is more fitted for a week of pleasure than for a week of work; but in spite of the drowsiness inseparable from an almost tropical climate, and in spite of the fact that Lisbon is situated at a considerable distance from most of the great centres of science, our Portuguese brethren have risen to the occasion, and have extended a welcome as warm as could possibly be desired. First impressions are not always to be relied on, and, in spite of expressions of disappointment which I have heard from one or two Englishmen who have just arrived, I do not hesitate to say that the visit of the greater number of Congressists will leave behind it memories of the most pleasant character. Of the place itself a few words must be said. The town, built on seven high hills, faces the broad mouth of the Tagus. The lower parts bordering on the river still retain much of the character of an ancient town, especially in the narrow, ill-paved alleys and the primitive fish market which faces the landing stage. But the scene is rendered all the more impressive by the fish-wife and the work-girl of the lower order; she is of Oriental beauty (marred, it is true, in part by the dirty condition of her naked feet), costumed in bright colors with shawl and head cloth, and carries a surprising burden on her head with graceful ease. She ages early, but before the relentless hand of Time has made his ineffaceable marks she is a picturesque figure. And the children! Little imps of three feet high, with dark sensuous eyes, and knowing looks, dusky with the tan of the sun, they run about cunningly on their bare little feet. The girls, as a rule, wear a long skirt, with gaudy shoulder and head shawls, and look for all the world like tiny dolls of a former century. It was first in Oporto that I was so struck with these fascinating imps, and I found it difficult to keep my eyes open for the old-time architecture of the quaint town, which I had been told to study closely. The living things were more beautiful and more interesting. And why should one go to the galleries and see a fine painting of the Madonna on these lovely days, when one can see her exterior counterpart at every corner? The town hall and

post office next arrest one's attention—the former by its perfect harmony and symmetry, and the latter by its size. Then the Arch of Triumph on the north side of the Praza do Comercio. How imposing it is! But all this belongs to the guide book rather than to the Congress. The Avenida da Liberdade (Avenue of Liberty) is wonderful. Trees rich in pink and white blossom, huge palm trees, and a variety of other tropical growth produce a soothing and beautiful effect.

OPENING OF THE CONGRESS.

At 2 o'clock on the 19th, the King and Queen opened the Congress in state, in the large and magnificent Museum of the Geographical Society. The platform was decorated with rich red velvet on a basis of red carpeting, with furniture carved in a style in harmony with the surroundings. The spectacle was most impressive. Every conceivable uniform, with almost every conceivable order and medal, university gown and cap, ministerial (native) shawls, Catholic bishops and dignitaries in their robes, ladies in dainty Paris dresses, with their beautiful faces and graceful bearing, the ordinary man in the evening dress which is *de rigueur* on such occasions, and everybody decorated with the insignia of the Congress—what words can describe the varied scene? Each nation was adequately represented, not only on the platform but also in the mass of those in the body of the hall; and during the time that elapsed before the King and Queen arrived one had time to study the physiognomies of all the races—a study which was extremely interesting.

At 2.30 p.m. the National Anthem was played and every one rose to his feet. First a few Court officials passed along the central passage; they were in full civil attire. Then came the King, looking pleased and well, and greeting every one in a friendly yet dignified style. And then the Queen. If I have been somewhat effusive about the Portuguese ladies, I may be taxed justly with a weakness for the opposite sex; but there is no question of weakness or strength when one speaks of the Queen in the highest terms of admiration. Her beautiful face and figure, majestic and graceful, her delightful smile, her kindness—all sent a thrill through every one present.

During the speeches that followed, the Queen bent forward and listened attentively, applauding at the termination of each, but there was something very human in the momentary relaxation of the interested, listening expression into one brimful of fun, and I might almost say amusement, whenever she

caught the eye of some of her ladies, or exchanged a brief word with His Majesty. The latter sat comfortably reclining in his chair, with his eyeglass immovably fixed in his left eye, without showing the least sign of boredom. Retaining his seat he opened the ceremony formally with his speech. There was a decorous silence during the delivery, and enthusiastic applause at the termination, but this appeared to have been the limit of restraint which those present could put on themselves. During the speeches which followed, a continuous hum or buzz of conversation was kept up, even immediately in front of the platform, while I was not a little amused to note that it was chiefly those who had paid the least attention to what was said who were the most energetic in their applause. French was the language chosen for the meeting, and the King used this tongue with a vivacity and smoothness which lent an especial charm.

THE KING'S SPEECH.

His Majesty said :

"*Madame, Ladies and Gentlemen*,—In assembling at this Congress, which is so eminently scientific and humane, you are doing a noble and worthy action. Allow me, therefore, first of all, to congratulate you most heartily and to extend to you a frank and cordial welcome in the name of this country, of which I am the supreme magistrate.

"Among other things which have been handed down to us from the past as an inheritance, we find these magnificent festivities recurring in cyclical turn of events, and it is our duty to carry them out now.

"These gatherings emphasize the solidarity and intellectual unity of the nations, and the various peoples bring to them the best offerings of their work and endeavors. I once more repeat that this Congress is doing a good and noble work, for there is nothing more noble than a victory in the vast field of science, nothing better than the relieving of pain and suffering.

"I am certain that this learned assemblage will add a new and brilliant page to the book of universal science; and medical science will here review the thousand soldiers detached from her powerful army to come here to-day and pitch their tents under the shade of the Portuguese flag.

"Each one of you will relate the experiences of his struggles and tell of the glories of his victories—of the fights against disease, which are nobler than all the fights in which

the cannons vomit forth, in their firing and booming, suffering and death on the field of battle, fights in the quiet of the laboratory against infinitely small enemies, which every day cover the field with a larger number of dead than the greatest battles.

“During the six days during which the Congress is meeting here, days full of work, we shall see, as if in a kaleidoscope, facts, observations, analyses and investigations, all of which will arrange and group themselves in the most varying ways. They will dazzle our eyes, by the impression made of the actual position and extent of medical science, and will indicate to you and your colleagues the direction in which new conceptions and great victories are to be gained.

“The torrent of science, white and pure as that of the glaciers, which is represented by this assembly, where so many men of great fame have gathered together, will descend, as it were, from the extensive areas of many high summits; and the progress of it, like that of the glacier torrents—albeit slow—is irresistible, and forces pain and death to recede before its overwhelming might.

“Your brains are the grains of snow of the great torrent, brilliant and pure, and by the powerful action of your brains you inundate and burst asunder the skies, in which the secrets of Nature are hidden, and reveal them to view, often making human life longer, more tranquil, and stronger.

“You find yourselves in a country which knows your work and prizes it, and which, I can assure you, appreciates your actions most highly.

“Portugal is at one with you in your endeavors to carry out that which you regard as its international mission. She never forgets that her people are citizens of the world, and, as the citizens of each country have duties towards it, the nations have their duties toward humanity.

“Portugal was one of the first pioneers of the civilization of the world. She adheres to her old traditions, and with the help of these she receives you in your civilized mission, the aim of which is the welfare of humanity.

“As for myself, I am with you heart and soul, following your sciences with a profound interest. I admire you, I understand you, and I respect you, and I am deeply gratified to be able to assure you that you may depend on me for anything within my power which may assist you.

“And Her Majesty, the Queen, my well-beloved spouse, has shown you very plainly by her interest in the fight against

tuberculosis, which she has followed so closely, how she sympathizes with you with her whole heart.

"I do not wish to conclude without expressing my thanks to the Organizing Committee of the Congress for having asked me to preside at this inauguration of your work. I am deeply sensible of the task, and feel proud at finding myself presiding here to-day. Once again I add my heartiest good wishes to this Congress, in which my country is taking the leading part, and to which she is proud to receive you. I trust that the ultimate results of this Congress may be valuable to the cause of humanity.

"The Congress is open."—*B. M. J.*

PLACE OF MEETING.

All of the work of the Congress took place in the new medical college, including registration and all executive business. The arrangements here were perfect and all officials courteous and obliging. The building is a modern one, and proved admirably adapted for the needs of the Congress. Business was conducted much more promptly and systematically than at Madrid. Exhibitions were conspicuous for their absence, and physicians who came here for the purpose of collecting a supply of proprietary medicines were sadly disappointed. The well-equipped laboratories were at the disposal of the delegates, who made free use of them in making their demonstrations. As all the sections met in the same building, it was easy to go from one to the other, either for the purpose of change of subject under discussion or to meet friends. It is true if the Congress had been large the space for the general meetings and section work would not have sufficed. As the attendance was small, ample room was given to each section with the exception, perhaps, of the military, which afforded scant space for sixty persons, and being the one which on an average had the largest attendance, it was sometimes badly crowded.

SCIENTIFIC WORK.

The subjects of the general addresses were modern and opportune. They comprised: "Relations of Acute Infectious Diseases with Tuberculosis," by Dr. Aaser, of Christiania; "The Prophylaxis of Yellow Fever as the Result of the 1905 Epidemic in Central America and New Orleans," by Professor Boyce, of Liverpool; "Infantilism," by Dr. Brissaud, of Paris; "The Mechanism of Reflexes and of Muscular

Tonus," by Professor Crocq, of Brussels; "The Significance of Domestication for Diseases of Animals and Man," by Professor von Hansemann, of Berlin; "The Anatomic Causes of Syphilitic Relapses and Methods to Follow to Combat Them," by Professor Neumann, of Vienna; "Local Anesthetics," by Professor Reclus, of Paris; "Radium in Biology and Medicine, or Organo-therapy of Our Days," by Prince Jean de Tarchanoff, of St. Petersburg. The oration for the United States was "A Plea for the International Study of Carcinoma." The programmes of all the sections, as usual, contained more material than could properly be disposed of even in six days. Many of the titles lacked the paper as well as the author. This vicious practice of sending in titles and names without any intention on the part of the prospective authors to attend the Congress should be suppressed.

ABUSED PRIVILEGES—DELEGATES AND MEMBERS.

The present system of delegation of the Congress is wrong in more than one way. In the first place, any one can become a member of the Congress by paying the stipulated fee. This privilege, extended to laymen and physicians, increases the attendance without adding to the working force of the Congress. Many take advantage of this provision in order to secure reduced rates and to take part in the social entertainments of the Congress. Such attendance is a heavy ballast on the efficiency of the scientific work of the Congress and a source of discomfort to the legitimate members of the Congress—the delegates—as they crowd the railway trains and hotels and tax the financial resources of the Committee of Organization without giving an equivalent of any kind. Lay membership should be abolished. If this were done the doors to the Congress would likewise be closed to physicians who have no standing in the profession. In the second place, delegates from disreputable institutions find their way into the Congress, although they are not eligible to membership in the smallest and remotest county medical society. Restriction in the matter of appointment and acceptance of delegates should be strictly carried out at the next and all future meetings of the International Medical Congress.—*J. A. M. A.*

THE BULL FIGHT.

I have just returned from the Villa Franca de Xira, where a special bull fight—or, as a German colleague and friend of

mine expressed it, "an affray of oxen"—was held. At half-past 12 we gathered together on the quay to embark in the boats placed at our disposal. The journey up the river to Villa Franca takes about two and a half hours, and is extremely interesting and picturesque. On the right-hand side of the river the country is as flat as Holland, and no towns or villages are visible; but, inasmuch as the river is very wide, one only sees a thin line marking off water from sky. On the left the hills are moderately high, and are very pretty. High up, when one nears the Villa Franca, windmills of a peculiarly fragile-looking type cap some of the hills. Half way we halted to get the whole fleet of eight boats together. Three of these were smallish launches, and the rest were like glorified L.C.C. Thames paddle boats, only bigger. A ninth boat had preceded the fleet. Each member was presented with a cardboard box containing half a bottle of excellent white wine, a couple of croquets of sorts, two rolls with ham, and some pastries. Drawing near the village, lines of peasants in their picturesque garb, mounted on horseback, line the bank, cheering and waving as we passed. Then volleys of rockets were sent up into the air, until the noise became deafening, but one only saw the smoke, travelling in lines and then diffusing. The arena was next seen, gaily decked in multitudinous colors, with the royal flag of red with a yellow crown flying on high. A band played as we passed. At the landing stage hundreds and hundreds of the people had gathered to greet us, and the variegated picture was rendered more charming by the presence of sailing boats, decked with flags, which sailed by us as we waited our turn to get in, saluting by lowering the flags. These boats took some of the members ashore. At last we steamed up, and the kindly Portuguese greeted us heartily as we passed between the two throngs, so that one had to bow an acknowledgement at every few paces. Flags, draperies from the balconies, garlands and bright dresses filled the scene with color. As we walked along dark-eyed girls and matrons, comely to look at, pelted us with rose-leaves and every now and again threw roses to one of us. The Southern sentiment was so infectious that I could not resist throwing a kiss to some of the gentle creatures, and was rewarded by a bombardment of roses, so that I had to secure them inside my hat lest they should get lost in the carrying. The sight was so dramatic, so intensely characteristic, so unaccustomed, that we felt as if we were some powerful princes of the middle ages and the villagers our subjects. Here, as in Lisbon and Oporto, a large number of cripples and a few lepers were to be seen, and

although the poorest had come out to meet us there was very little begging. Then we found our places in the amphitheatre. Throngs flocked in from all sides, and tier upon tier filled up, till, at about half-past four, the house was quite full. About five thousand persons were present. The royal box opened, and the King, Queen, and Queen Mother, with the two princes, and two gentlemen-in-waiting, took their places. A very noisy band had disturbed my peace of mind during the interval of waiting, and then the military band set up in a special compartment. The distances were much too great to see the audience in detail, but the massed impression one gained was splendid. The sun screens had been erected without a thought of the wind, and the light blue and white fabric was wafted high up into the air, leaving us exposed to the scorching sun. The galleries were hung with blue cloth, on which large red, white, and yellow artificial flowers were sewn. The royal box was worked in red, blue and gold. The programme consisted of fancy riding by distinguished amateurs, mostly titled men, dressed in the peculiar garb of the bull-ring; sparring with long sticks by men on foot, a sport which does not appear to have a definite aim or end; and the bull fights. The Portuguese bull fight is a tame affair. Men, horses, and beasts are all well trained, and the only criticism one can make is that it is a shame to worry the bull. The bandarilheiros were very picturesque and skilful, and graceful withal. One of the six bulls was very fresh on starting and followed one of the men over the arena boundary, sending all the attendants, police, and others flying in all directions. I am told that the little wounds are treated and healed, and that the bulls serve again and again for the purpose, although the supposed regulations are that the bull is slaughtered after and the meat given to the poor. The game of the rose was very pretty. Three horsemen appeared, and a rose was stuck into the coat of one of them, which the other two attempted and succeeded in snatching it away. All the horses were splendid Arab steeds, and pranced and danced very prettily. Each performer received a large bouquet after his performance. Then we left. The walk to the station was dusty and thirst-giving, and one felt that the show had been too long. Three-quarters of an hour in over-filled trains brought us back to Lisbon ready for dinner, and satisfied with the experiences of the past seven and a half hours. The villagers distributed a pretty little poem to us as we passed, in which they greeted us, frankly and warmly, as the protectors of humanity; the mothers bless us, and the people call us their benefactors.

GARDEN PARTY AT THE PALACE.

A more picturesque, impressive, or splendid sight than that which presented itself in the grounds of the Pago das Necessidades on the afternoon of April 24th can seldom be met with. The grounds themselves are exquisite with tropical growth, beautiful beds of flowers, and magnificent trees. Add to this the picturesque uniform of countless servants of the household, and a sort of civil guard, and the picture gained in brilliance. Still further, imagine a crowd of some four thousand guests, among which were soldiers in the uniform of every country, stately *savants* in civil, and good-looking women in the daintiest of fashionable attire, and the impression becomes yet more striking. But the crowning point of all was the beautiful, fascinating, gracious and graceful Queen herself, who, with the King, Queen Mother, two Princes and Prince Alfonso, greeted her guests in a supremely charming manner. Every one was loud in praise of Her Majesty, and, however extravagant that praise may have sounded, it was certainly not exaggerated. With a never-failing memory, she shook hands with hundreds of her guests, always saying appropriate words, which fitted exactly to the guests, and always smiling sympathetically and regally. One can only say that she is every inch a Queen. Your humble correspondent was honored by being allowed to kiss her hand, and it did him good. Three bands refreshed the air with tuneful harmonies, and the inner man (and woman) was more substantially refreshed at the lavish buffets, which provided a feast unusually solid for an afternoon, and yet dainty.

Editorials.

THE INTERNATIONAL MEDICAL CONGRESS.

The Fifteenth International Medical Congress was held in the beautiful and picturesquely situated city of Lisbon on the 19th to 26th April. We talked with representatives from nearly all countries, from Japan, Greece, Italy, Germany, England, Servia, Austria, France, Belgium and America, and all were agreed that the Congress was well organized, perhaps too minutely organized, having as many as eighteen different sections. The detail work in connection with the meetings must have been enormous; and the details were all so tied up with red tape, which only the tactful secretary-general could unfasten, that it goes without saying that he was besieged by interviewers from early morning until late at night; but each morning he returned to the work smiling, and apparently not the least disconcerted, exercising great astuteness in the laborious office which he so well honored. His knowledge of the German and English languages was but meagre, and the confusion at times was most interesting, and not a little amusing to the quiet observer. Not all of his interviewers spoke French, which was the official language, or Portuguese or Spanish. Some of the English brought their insularities of speech, and appeared bewildered in the Babel of tongues. The British delegates numbered about sixty, and many of them would have had a sorry time of it had it not been for the quartette of young English ladies who were in the Rotunda of the School of Medicine, where the sessions were held, and who acted as interpreters. The Canadians, of whom there were five, had among them an acquaintance with Italian, Spanish, French and German. The Americans, who numbered about thirty, were marshalled and well looked after by the astute Guiteras of New York, who, in addition to being eminent in his profession, is a noted linguist, and speaks Spanish and Portuguese with the fluency of a native brought up on the wine of the country.

The meeting, which was entertained royally by the authorities of Portugal, and inspired constantly by the interest taken by the beautiful Queen of Portugal, may be truly said to have been socially an immense success. Receptions, concerts, socials, garden parties and bull fights there were galore, and the delegates will carry home with them lasting recollections of the hospitality so generously extended. But it may be further said that the British Ambassador contributed practically but little to the enjoyment or pleasure of the British visitors, which was in marked contrast to the many social courtesies extended to the visitors from this continent by that cultured and capable diplomat, Col. Bryan, the American Minister.

With regard to the Queen of Portugal, Dr. Nicholas Senn's tribute to this royal personage, which appeared in the *J. A. M. A.*, was such a beautiful photograph of Her Excellency that we copy it here:

"Queen Amelia is a remarkable woman physically and mentally. She is above average size and weight, and every look and movement denote a noble bearing. A scion of the noblest and most aristocratic family in France, she was trained from earliest childhood for her present exalted position. The large black eyes, firm, well-formed lips, high forehead and luxuriant jet-black hair, sharp, perfectly modelled nose, heavy eyebrows and long lashes, pearl-white perfect teeth, round chin, fair complexion, and perfect form of face make up a picture of classic beauty. She is one of the most intellectual women of the present age. She speaks several languages, among them excellent English; is a member of the medical profession, in which she takes the keenest interest, and is a trained nurse as well. A picture in which she delights, and which is very popular among her subjects, is the Queen dressed in the garb of a nun rendering first aid to the wounded. The hospital and clinic for patients suffering from tuberculosis is her own creation, built and maintained out of her own private means. She is the mother of two sons, the Crown Prince, now 18 years old, and his brother, two years younger. She is a devoted mother, giving her own attention

to the education and training of her children. She is very wealthy in her own right, and makes free use of her wealth in relieving the sick and poor."

To the enquiry, Was the Congress a success from a scientific standpoint? it must be said that there was a considerable difference of opinion on the point, and therefore a few extracts obtained from various sources are given, embodying the views of experienced Congressists present, of those who have attended many such meetings, and who are well able to form an impartial judgment on the shortcomings, and the many excellent features of the late meeting.

The next meeting of the Association will be held in Budapest in 1909. The Canadian members of the Congress who were present in Lisbon will act as a temporary committee in connection with this Congress. The invitation from Hungary was made official by the Government, which had already appropriated \$50,000 for this purpose. The hospitality of the Hungarians is said to be unbounded, as will no doubt be the testimony of those who may find it convenient to attend.

W. H. B. A.

THE ONTARIO MEDICAL COLLEGE FOR WOMEN.

An event which demands more than a passing notice is the closing of the doors of this institution. The College was organized in 1883, under a slightly different name, by the late Dr. Michael Barrett. It was organized in order that those women who desired to study medicine might do so in their own country and in a college of their own, for co-education in medicine was not then popular. The difficulties to be overcome were very great. Funds had to be gathered, a suitable building secured, a board of trustees elected and a faculty organized. Aided by friends who sympathized with the object, however, all difficulties were overcome, and on October 1st, 1883 the Women's Medical College opened its doors. The faculty consisted of: Dr. M. Barrett (President), Physiology; Dr. George Wright, Practice of Medicine; Dr. I. H. Cameron, Surgery; Dr. A. H. Wright, Obstetrics and Diseases of

Women and Children; Dr. A. McPhedran, Materia Medica and Botany; Dr. J. T. Duncan, Anatomy and Microscopy; Dr. R. A. Reeve, Diseases of Eye and Ear; Dr. R. B. Nevitt, Sanitary Science; Dr. F. Krauss, Jurisprudence and Toxicology; Dr. Augusta Stowe-Gullen, Demonstrator of Anatomy; Mr. A. R. Pyne, Chemistry. The first Board of Trustees consisted of Rev. Dr. Caven, Mr. James Beatty, Dr. Barrett, Dr. G. Wright, Dr. Adam Wright, Dr. I. H. Cameron, Mrs. Gooderham, Mrs. McEwen, and Mrs. Harvie.

Dr. Barrett remained President of the Faculty until his death, when Dr. McPhedran held the position for a short time. Upon his resignation Dr. Nevitt was elected Dean, which position he has since held. The building was a small brick one, just opposite the eastern gate of the Toronto General Hospital. The opening exercises of the College were held in the theatre of the Hospital, and the college lectures commenced the following day, with an attendance of *one* regular student. This was not encouraging, but in the following year three entered. The attendance gradually increased, until an incoming class of eight to ten was the rule, which gave a total number of students in any one year of between thirty and forty. The old building had become inadequate, and in 1889-90 a new building was erected on the site of the old one, that building having been moved back to form a dissecting room. The new building was complete, commodious, and contained excellent facilities for the teaching of medicine. Excellent clinical teaching was provided for in the various hospitals of the city, and the staff was constantly being added to as needs arose. Among those added may be mentioned: Dr. J. F. W. Ross, Dr. Wishart, Dr. McMahon, Dr. Cleland, Dr. G. B. Smith, Dr. A. A. Macdonald, Dr. Machell, Dr. Eadie, Dr. Susanna Boyle, Dr. Lelia Davis, Dr. Jennie Gray, Dr. Ida Lynd, Dr. Lelia Skinner, Dr. Minerva Greenaway, and Dr. Helen McMurchy.

The College was affiliated with Trinity, and, later, with Toronto University, thus giving students a choice in regard to their degrees, every provision having been made, indeed, for the medical education of women. In spite, however, of

the excellent laboratories and facilities of the building, in spite of the admirable and thorough clinical and didactic teaching they received, the tendency has of late been towards the University Medical College. Co-education in medicine is not so unpopular as it was a quarter of a century ago. Recognizing this, the University Commission recommended that the women students of medicine attend University Medical College. The Ontario Medical College for Women has agreed, and its doors are now closed.

The College has done a good work. For twenty-three years it has, unostentatiously, but none the less effectively, carried on the education of those women who desired to study medicine. Its graduates now number more than one hundred and twenty, scattered all over the world, many of them holding high positions in the missionary and medical world.

THE BRITISH MEDICAL ASSOCIATION.

There are probably few people in Toronto, and certainly none in the medical profession, who will have any difficulty in "thinking imperially" on and after August 21st, 1906. A meeting which will bring together representatives from the British Dominions in Egypt, India, China, from Australia, New Zealand, Canada, England and Wales, Scotland and Ireland, will help to make Imperial history. Nor are these the only guests whom Toronto will delight to honor in August. It is now almost certain that we shall have two representatives from Greece and one from Japan, as well as a number from other European countries. From the United States a strong and distinguished representation will be present by invitation. These invitations have been issued by the President-elect of the British Medical Association to the members of the constituent societies of the American Medical Congress (which meets every three years), and acceptances are arriving daily at the medical laboratories. The Membership Committee report a probable Canadian representation of 1,000, and it is now thought, judging by a cable just received

from Mr. Guy, Elleston, that the number who will come to us from Great Britain will be about 500.

These facts give augury, if any further augury were needed, of a successful meeting; indeed, the General Secretary in Great Britain is said to have expressed the opinion that we are on the eve of the greatest meeting in the history of the Association, an opinion that we shall all do our best to justify when registration opens on Saturday, August 18th. Already the membership of the British Medical Association comprises considerably more than half of the whole medical profession in Great and Greater Britain. Its objects are to promote medical science and allied departments of knowledge, and to maintain the honor and interests of the profession. We hope that the medical profession in Canada will take this favorable opportunity to join the British Medical Association almost in a body and remain permanently in the membership, thus securing for themselves and the Association the maximum benefit from this memorable meeting.

To our guests *THE CANADIAN PRACTITIONER* bids the warmest and kindest of welcomes. Blood is thicker than water, the bonds of professional life and work are strong and true, and the relation of host and guest is, and ought to be, a happy relation. A hundred thousand welcomes to our thousand guests.

THE ANTI-VACCINATIONIST.

The anti-vaccinationist is with us still. Along with the Christian Scientist, the Theosophist, the Faith Healer, and many other fakirs, still doth he revisit the glimpses of the moon. It is a serious question whether the profession do altogether wisely to hold their peace in the dignified way they do while the blatant and untiring tongue of uninstructed and unthinking persons proclaims to the well-meaning citizen a great many things that are not so. It was hoped that the new Board of Education in Toronto would be a great improvement on the Collegiate Institute Board and the Public School Board. We do not see much evidence of it so far. We can recall a

great many gentlemen on both of these Boards in years gone by who would have been incapable of voting for the recent action of the Board in regard to no longer requiring scholars to present a certificate of vaccination. There is no doubt that unless this action of the Board is speedily reversed, the community will have great and perhaps tragic reason to regret it. Just because vaccination has been observed and we have been protected by it, people have forgotten that the protection from smallpox is due to vaccination.

This matter should not be forgotten at the elections next January. Trustees who are then elected should understand what vaccination is and why it is necessary in the interests of the community.

NOVA SCOTIA EN AVANT.

One of the seaboard Provinces of Canada, from which many a Canadian statesman, churchman and man of affairs comes, has been the first to take advantage of the British Medical Act Amendment Act of 1905. The mode of procedure was surrounded by many safeguards, and consequently was a little slow, but the proceedings are all over now, for we are informed by the *British Medical Journal* of May 19th that His Majesty the King made an Order-in-Council on May 11th, 1906, declaring that the Province of Nova Scotia shall be deemed a separate British possession, and applying the second part of the Medical Act of 1886 to Nova Scotia, it being His Majesty's opinion that it affords to the registered practitioners of the United Kingdom such privileges of practicing in Nova Scotia as to His Majesty seem just.

As it is further stated that before taking this action His Majesty's Privy Council communicated with the General Medical Council, and the latter august body declared that they heard of the application of the Nova Scotian authorities (through the Governor-General of Canada) with satisfaction, we see that the thing is done in fact as well as in name.

The Executive Committee of the General Medical Council have also stated their intention, as soon as the Order-in-

Council should be issued, to take all necessary steps to ascertain what qualifications granted in Nova Scotia should be recognized. We shall await this decision with interest. Meanwhile let us congratulate the profession in Nova Scotia on medical reciprocity with Great Britain. Who will be next?

SCHOOLS, GARDENS AND PUBLIC PLAY-GROUNDS.

The Board of Control of the City of Toronto have, with commendable liberality and foresight, offered to purchase playgrounds for the children in that densely populated district of the city bounded by Queen, Yonge and College Streets and University Avenue. Whosoever is responsible for this proposal is a public benefactor, and we cordially welcome the prospect of this public boon, and look with immense satisfaction on the proof which this step affords of a new and better day in city affairs. There are many little children in St. John's Ward. They have at present no playground but the streets. Many of them are the children of foreigners. Often they are without much care or supervision, and in that very neighborhood, a year or two ago, a little child was run over and killed by a heavy waggon in the street.

The Board of Education might be reasonably expected to take charge of these playgrounds when they are acquired. Space and grass and trees, a shady place to play, are all that is required; but some kind and experienced woman should be in charge of the little park and the children, to take the place for the time of the parents and see that the children do not get hurt or use bad language, or do anything else that might make a good mother hesitate to let her children go. Again, these grounds should be reserved for children. No loafers should be allowed to monopolize places there. The benefit of such breathing-places from a health point of view would be very great.

In this connection the subject of school gardens comes up for consideration. The Macdonald Rural Schools in different parts of Canada are wisely remembering the fact that boys

and girls should be taught so that the school shall be in the closest connection with the interests and work of the home. The garden teaching at the Macdonald schools is on the right line. The garden plots for each scholar in many of the schools in Cleveland, St. Louis, Philadelphia, and other American cities are not only a valuable part—perhaps the most valuable part—of the great industrial movement in education. They are a great and wise provision for the development of the physical and mental powers of the individual. You will find few neurasthenics, consumptives or melancholy patients who own and work in a garden plot. For children, when one thinks not only of their present but of their future, the school garden is going to be a powerful force for good. We hope to see this movement, which began in Austria and other European countries about twenty-five years ago (there are now 100,000 school gardens in Europe) and which on this continent began with Arbor Day in Nebraska, the first school garden proper being begun twelve years ago in Massachusetts in connection with the George Putnam Grammar School, and which has now been recognized in Canada as part of the work of the Macdonald Rural Schools, go on and prosper greatly in this country.

PRACTICAL INSTRUCTION IN OPERATIVE SURGERY.

How to produce a skilful operator from the raw material of the medical schools is no easy problem. The surgical staff of the Johns Hopkins Medical School and Hospital have for some time been endeavoring to give students practical surgical training in operative technique by means of operations on living animals, especially dogs, both in health and in disease. Dr. Harvey Cushing has had the direction of this course, which is an attractive one, and has certainly met with success, for a new building, chiefly for this purpose, called the Hunterian Laboratory of Experimental Medicine, has been added to the Johns Hopkins Hospital buildings.

Animals have rights, which doubtless are not ignored in this

or any other part of the excellent medical course at Johns Hopkins.

Dr. Cushing is a brilliant and original worker in the surgical field. No one who has attended even his didactic lectures on surgery could well avoid profiting by his enthusiastic and able teaching. Ambidextrous at the blackboard as well as at the operating table, Dr. Cushing teaches there like a master, and has before now taught new things to the profession as well as to his students.

Veterinary medicine and surgery should certainly profit by this new departure, and our general knowledge may also be enlarged.

NOTES.

The Blue Book of the Empire.

A great achievement about which little has been said is the new Blue-book containing a census—or rather a summary and digest of all the census returns—for the British Empire. It is interesting enough to justify the remark of the *Birmingham Daily Post* that it might be called the “Romance of a Nation.”

This is the first time that this Blue-book has been issued, and the documents on which it is based range from the smallest, a pamphlet of ten pages, which is the census of the Falkland Islands, 2,253 inhabitants, to the sixty volumes containing a mass of information about India, dealing with 295,000,000 people, who speak 147 different languages.

In the last forty years the territory of the Empire has increased nearly one-half, and is now one-fifth of the land surface of the earth. Its population is now about 400,000,000, 300,000,000 in Asia, 43,000,000 in Africa, 42,000,000 in Europe, 7,500,000 in America and 5,000,000 in Australasia. As it lies before us this Blue-book is smaller than most, but to any enlightened citizen of the Empire few Blue-books are more valuable. We have naturally been most interested in pages to which no great allusion has been made in the public press. The birth-rate, the death-rate, the proportion of men

to women, of married to single, of different ages to the whole population, etc., have occupied our attention. The dwelling-house question is dealt with in a series of interesting tables.

The cost of the Blue-book is 3s. 5d., and anyone may order a copy from the King's Printer in London.

The Jungle.

The horrors of Chicago canned meat products, both in connection with the packing-houses and the slaughter-houses, have at last attracted public attention, chiefly through the publication of a work of fiction bearing the above title. The *Lancel* published letters from a special commissioner telling the same truths a year or more ago, but the pen of the novelist, like the pencil of the cartoonist, has a unique power of impressiveness. The greed for unlawful and excessive gain, the worship of the golden calf, is responsible for the scandalous and horrible state of things from which the mask has now been torn. To live for this present evil world, to can meat for other people to eat that we would not want to eat ourselves, and other more subtle ways of breaking the Golden Rule, have brought to this pass a great and increasing industry from which many people might justly have made an honest livelihood and even justly amassed considerable fortunes. The action of the President of the United States should stimulate all civilized countries to more careful inspection of all food processes and products.

Reunion of the Class of 1881.

The graduates of the University of Toronto of 1881 held a reunion and dinner, June 7th, in the Faculty Union, fourteen of the original fifty-five members being present. This was the second dinner of that class, the first one having been held five years ago. Eleven of the original members have died. Those who were present were: J. A. McAndrew, Prof. Maurice Hutton, A. G. Campbell (Harriston), Dr. J. M. McCallum, S. J. Young (Trenton), J. Nason, F. W. G. Lawrence, Prof. W. S. Milner, W. D. Gwynne, John Douglas, T. J. Blain (Brampton), Rev. Walter Laidlaw (Secretary of the Associated Federation of the Churches, New York), Dr. Samuel Stewart (Thamesville), and I. M. Levan (Woodstock).

New Physics Building.

The contractors for the new \$200,000 Physics Building for the University of Toronto commenced work last month. After taking away the trees and fences to the west of the Observatory

Building, the old wooden building to the south was removed, and the roughest building which stands to the west of Convocation Hall will be used as an overflow office by the officials of the Meteorological Station.

New Wing for Nervous Diseases at the General Hospital.

The opening of the new wing for nervous diseases took place at the General Hospital, June 14th. The function was purely informal. Hon. W. J. Hanna, his Worship Mayor Coatsworth, Mr. J. W. Flavelle, Dr. Bruce Smith, and a number of other prominent citizens were present and inspected the new wards.

A great deal of interest is taken in the new department. It is the first one of the kind to be fitted up in connection with a Canadian hospital, and the only other one on the continent is in Albany, N.Y. Only cases of acute nervousness will be treated in the wing, and the work will be looked after by Dr. D. C. Meyer, and Dr. E. C. Burson, the senior resident doctor.

Dr. O'Reilly's old house at the eastern extremity of the hospital was fitted up as the new wing, and contains two private and two public wards, with accommodation for twelve patients.

University of Toronto Alumni Association.

The Alumni Association held its annual meeting on June 7th, at which these officers for the year 1906-7 were elected: Honorary President: James Loudon, M.A., LL.D. President: R. A. Reeve, B.A., M.D., LL.D. Vice-Presidents: I. H. Cameron, M.B., F.R.C.S., Toronto; J. M. Clark, M.A., LL.B., Toronto; James Mills, M.A., LL.D., Guelph; Hon. Chief Justice Hunter, B.A., Victoria, B.C.; F. Barlow Cumberland, M.A., Port Hope, Ont.; Hon. J. D. Cameron, B.A., Winnipeg, Man.; his Honor Judge Chisholm, LL.B., Berlin, Ont. Secretary-Treasurer: J. C. MacLennan, M.A., Ph.D. Executive Council: Miss C. M. Woodsworth, B.A., Miss Julia S. Hillock, B.A., Miss M. Cartwright, W. J. Alexander, Ph.D., E. N. Armour, B.A., Rev. R. P. Bowles, M.A., B.D., F. C. Colbeck, B.A., Rev. Eber Crummy, B.A., B.Sc., Rev. H. J. Cody, M.A., A. P. Coleman, M.A., R. A. Gray, B.A., J. F. Gooderham, B.A., D. B. Gillies, B.A., Thomas Langton, M.A., LL.B., H. T. Machel, M.D., T. J. Mulvey, B.A., S. J. McLean, B.A., LL.B., Gordon Osler, W. Pakenham, B.A., D. Paed., T. A. Russell, B.A., James Ross, B.A., Charles Sheard, M.D., C.M., M.R.C.S., Harold Clark, D.D.S., F.N.G.

Starr, M.D., J. F. M. Stewart, B.A., G. Oswald Smith, M.A., F. H. Torrington, Mus. Doc., S. C. Wood, B.A., LL.B., S. M. Wickett, Ph.D., W. T. White, B.A.

An amendment to the constitution, moved by Prof. A. B. Macallum, was adopted, providing for the filling by the Executive Committee of any vacancy occurring in it between annual meetings by resignation or death.

A vote of thanks was extended to the Government and the Legislature of Ontario for the liberal financial provision made during the last session for the immediate necessities and future expansion of the university.

The Executive Committee's report noted considerable development in the Alumni Association's scope and influence.

An Ambulance Service for London.

At last London is about to adopt the ambulance system. A bill providing for the purchase of ten automobiles for such use has just passed the House of Commons, and it now rests with the upper branch of Parliament whether the old method of conveying injured persons to hospitals by means of portable stretchers will be supplanted by the modern apparatus. The success which seems about to crown the movement in favor of ambulances is largely due to the untiring labors of Dr. Henry Nachtel, of Paris. Dr. Nachtel is a prominent physician in the French metropolis. He has sought for nearly thirty years to induce the British Government to provide ambulances for the use of London. He succeeded in having it introduced in Paris about fifteen years ago, but his efforts until the present time in England have gone for naught.

Spring Examinations at the University of Toronto.

The following have passed the examination of the fourth year in the Faculty of Medicine of the University of Toronto:

D. C. Balfour, Miss M. B. Beattie, D. Black, F. B. Bowman, W. E. Browne, J. C. Calhoun, A. A. Campbell, Miss B. Campbell, K. Campbell, V. E. Cartwright, C. G. Chapin, R. O. Coghlan, G. Cooper, J. W. Counter, J. G. Crookshank, F. B. Dawson, E. C. Dickson, R. H. Dillane, J. Duncan, R. G. Edwards, G. H. Gardiner, E. D. Gillis, M. R. Graham, C. S. Hawkins, A. Henderson, M. S. Henderson, J. H. Holbrook, R. L. Hutton, J. H. H. Jackson, E. T. Jessop, R. A. Jones, D. M. Kilgour, C. G. Kirkpatrick, H. J. R. Lindsay, J. D. London, W. A. McClure, G. C. MacIntyre, D. McKenzie, M. A. MacKinnon, H. MacLean, R. J. MacMillan,

H. M. McNeil, S. J. N. Magwood, L. Main, F. W. Manning, J. C. Masson, F. H. Mayhood, A. S. Moorhead, F. J. Munn, Miss C. B. Murdock, A. Pain, W. C. Pratt, A. B. Rankin, W. H. Reid, W. T. Rich, A. T. Ripley, J. X. Robert, A. H. Rolph, J. D. Russell, H. A. Stewart, J. H. Storry, A. A. Thibadeau, F. B. Thornton, C. A. M. Thrush, T. C. Weldon, F. Woodhall. A. Mitchell completed the third examination as conducted by the University of Toronto, and was entitled to admission to the degree.

Medals.—Faculty gold medal, H. M. McNeill; first faculty silver medal, J. H. Holbrook; second faculty silver medal, E. C. Dickson; third faculty silver medal, A. S. Moorehead.

Scholarships.—First year, W. F. M. Marcy, R. McTavish, C. A. Harvie (aeq.); second year, J. G. Herkness, W. A. Robertson.

Post-graduate Scholarship.—The George Brown Memorial Scholarship in Medical Science, E. C. Dickson.

Graduates of Trinity.—Honors—Robert William Mann (gold medal and certificate of honor), Norman James Heattlie, Archibald Duncan McCannell, Victor Alwyn Mason (aeq.), silver medal and certificate of honor. Class I.—William Albert Lewis, William Perot Kaufmann, Henry Howard Galloway, Herbert Stanley Monkman. Class II.—Miss Mellissa Mabel Manderson, Edward Joseph Madden, Miss Alice Baxter (aeq.), George Wellington Huston, Edwin George Hodgson, Robert Colwill, Donald Allan Murray, Richard Russell Smale, Miss Lily Ethel Taylor (aeq.), James Spence, Cyrus William Slein, David Edwin Howes, Robert Elmore Wodehouse. Class III.—William Edward Bryans, Miss Rachael Rogers Todd (aeq.), Walter Bingham Kendall, John Thomas Courtice, George Gordon Malcolm, has to complete matriculation; Frederick Alexander Douglas, Miss Ak Mae Wong, Arthur Buckham McLean, Reginald Stipe, Clare Annis Langmaid, James Freeborn McKee, Hamlet D. Thompson, Frederick George Vernon. C. R. Cumming and N. D. Frawley completed the examination of the fourth year, M.D., C.M.

Hospital for Sick Children.

The Trustees of the Hospital for Sick Children have appointed the following staff for the year commencing 1st July, 1906: Consulting staff, surgical, Dr. R. B. Nevitt, Dr. G. A. Peters, Dr. N. A. Powell; medical, Dr. A. McPhedran, Dr. H. C. Scadding, Dr. R. J. Wilson. Surgical services, No.

1—Mr. Irving H. Cameron, senior; Dr. A. Primrose, associate; Dr. B. Milner, junior. No. 2—Dr. G. A. Bingham, senior; Dr. F. N. G. Starr, associate; Dr. Charles Shuttleworth, junior. (The surgical services are co-equal in status. They are numbered separately for convenience.) Orthopedic service—Dr. Clarence Starr, senior; Dr. W. Gallie, Toronto, associate. Medical services, No. 1—Dr. H. T. Machell, senior; Dr. W. B. Thistle, associate; Dr. R. D. Rudolf, junior. No. 2—Dr. Allan Baines, senior; Dr. J. T. Fotheringham, associate; Dr. H. C. Parsons. (The medical services are co-equal in status. They are numbered separately for convenience.) Isolation Wards—Medical, Dr. William Goldie, Dr. C. J. Copp, associate; Surgical, Dr. S. Westman, Toronto. Specialists—Eye, Dr. R. A. Reeve, senior; Dr. James MacCallum, associate; Dr. W. Lowry, junior; Ear, Nose and Throat, Dr. G. Wishart, senior; Dr. G. Boyd, associate; Dr. D. N. MacLennan, junior. Pathologist—Dr. T. D. Archibald. Anesthetist—Dr. Alan Canfield. Registrars—Surgical, Dr. E. Stanley Ryerson; Medical, Dr. H. S. Hutchison. Director of the Roentgen Rays Department—Dr. Samuel Cummings. Residents—Dr. A. C. Bennet, from 1st January, 1906, to 31st December, 1906; Drs. A. H. Rolph, James C. Masson, Robert E. Woodhouse, for one year each, from 1st July, 1906, and R. A. Jones and Fred W. Manning, for one year each, from 1st January, 1907.

Canadian members of the British Medical Association who intend to avail themselves of the special rate (\$67.25) single fare excursion to the Pacific Coast at the close of the meeting in August, should communicate their intention at once to the General Secretaries, Medical Laboratories, University of Toronto, in order that information may be given to the railways of the probable number for which provision must be made.

A EUROPEAN TOUR OF WORK AND RECREATION.

If asked what features of the Lisbon Congress are most prominent in one's memory, I would answer : the Queen of Portugal, the frieze of the faculty room, and the desire of our Portuguese confrères to make everything smooth and agreeable,—in which they succeeded. There was a want of co-ordination in the initiation of the railway rebates, renewed here and there with fresh "station chiefs": otherwise all worked to perfection; the frieze of the faculty room is a splendid history of medicine and surgery in colors; and the Queen is "every inch a queen."

I was told by Lisbonians outside the profession that Prof. Bombarda had worked himself almost to the point of breakdown to insure the success of the Congress. I hope he felt somewhat rewarded by having attained it in so marked a degree. It may seem invidious when all (assistant secretaries and everybody)—did so much, for us to single out any by name; but in my work I came so much in contact with Prof. Ricardo Jorge, of the Maritime Disinfection Service, and Superintendent of the Museum of Hygiene, and with the Director of the Contagious Diseases Hospital (or Village, one might say), Dr. Lopez, that I may be allowed to refer to their kind offices; as also to record my thanks to Mr. Alexander Pyrrait, who showed us so much courtesy.

A member of your staff has a good stock of observations of the Iberian continent, so I will merely say that my party returned by way of Coimbra, the picturesque university town of Portugal. The dress of the students on the street was as much an object of interest to us as I suppose ours was to strangers in the days when our students used constantly to wear cap and gown. The uniformity extends beyond the cloak and bare head to the black frock-coat and trousers and high-buttoned waistcoat. To Coimbra we were accompanied by Dr. J. Hubbard, of Forest, Ontario, who merited and received literally the hugs of the natives for his proficiency in the Portuguese and Spanish languages. I must hurry past the lines and Torres of Wellington, past Fuentes d'Onor, the fortified Ciudad Rodrigo, and through Salamanca, all names to thrill with a pardonable pride the breast of a freedom-loving Briton; past the treasures of the Escorial the large-planned city of Madrid, to Algeciras. Whilst so many visit Madrid and the storied Granada, Cordova and

Seville, few avail themselves of the magnificent wildness of Ronda, with its gorges and old Roman bridges. To intending tourists I would say, take a few hours at Ronda. By this route we returned to Gibraltar and sailed for Genoa and Naples. We drove out from the elegance of the shopping and residential portions of Naples to Vesuvius, through the squalid suburbs to Portici, a portion of which overlies Herculaneum. We traversed the greater portion of the inclined railway; a fractional part of it was still buried beneath the recent showers of dust and ashes, and the funicular railway is entirely destroyed. On the following day we met Dr. Cuthbertson, of Chicago, a Toronto graduate, and together we traversed the excavations of Pompeii, and thence drove up to the recently ruined village of Boscorease, and walked across the still hot and smoking debris of lava, by the broken-up masses of which, as by an ice-jam floated down stream, the walls of the opposing houses were crushed in.

Rome and Florence have been so often and so well described that I will not attempt them. We stopped again at Bologna, with its odd, angular leaning towers and its memories in the old Archiginnasio of Vesalius, Arantius, and Malpighi, of Galvani, and, in the far-off haze, of "the Dante." For two weeks we enjoyed the beauties of Switzerland and the unique Venice, with its memories of Middle-Age greatness, not yet wholly disappeared. I ran over to Padua to visit the scene of the early footsteps of dear old Prof. Forneri—my visit and the old university I hope to describe in our *University Monthly*. Please do not say anything of my "going through" on the platform there. From Venice and Padua we went to Milan, one of the objects of my trip being

THE INTERNATIONAL CONGRESS FOR THE DISEASES OF LABOR

in that city. Years ago it was a surprise to some of us to find the Italians forging ahead amongst the alienists, and again taking such a prominent place in bacteriological and pathological research; as witness their work in connection with researches and clinical experiments connected with malaria. And now they have inaugurated and successfully carried through the first International Congress for considering the "physiological and pathological" conditions connected with special industries and spheres of work (physical and mental), and the hygienic factors applicable to such conditions. They were in downright earnest as to the necessity of arriving at the facts, and of acting upon deductions based upon them.

The debates were as warm—and sometimes as heated—as though politics or money were under consideration; then the president would invite the debaters to unite as well as they could, and a resolution to represent what was the most general view of what should be done was framed and sent in to the Government and other bodies seeking advice, or most competent to act on it.

WATER FILTRATION.

Proceeding to Paris, I visited the newest water-filtration plant, and the sewage farms of Gennevilliers.

There are many filtration stations supplying Paris, and I went to that of Ivry. Here I presented my credentials of the University of Toronto and as delegate from the Provincial Board of Health of Ontario, and was treated with the greatest courtesy, the Engineer-Superintendent in charge, Dr. Régis Tartary, spending more than two hours conducting me over the plant and making explanations. The number of filter-beds is being more than doubled, and I was fortunate in arriving a few days before the new ones were put into use, thereby seeing their construction. They are abandoning the layers of gravel and broken brick and stone, thus saving space for an increased depth of sand, and this rests on a foundation of a porous cement laid to the thickness of an inch or a little more on a framework of a thick plate of iron or steel divided by ribs into squares apparently of 12 to 15 inches. The plate under the cement is perforated by numerous small holes and rests on strong rows of vitrified-brick (?) material, leaving run-ways for the filtered water between the iron plate and the cement bottom of the filter-tank. You will remember that in the early days of filtration on the large scale, frequent renewal of the top sand was recommended, and then the Massachusetts people, to whom we owe so much, promulgated the theory, since generally held, that the filter-bed did not attain a fair degree of efficiency until a gelatinous film had formed on its surface. M. Tartary smiled and said, "I used to believe that once, but one day a horse fell into the filter-bed, and floundered all over it. I do not believe that theory any more." And they now do not fear frequent scraping of the surface, and do not wait for the flow of water to be greatly lessened in quantity before removing the top. There was so much to hear and see that I did not ask him whether that incident was the only ground of his change of belief, but gathered that he had been taking observations before and after renewal. The water, after

running through a series of these tanks, passes into a small tank or passage-way divided by a wall into two compartments, from each of which is an outlet pipe, one which we shall call "A," leading to a reservoir for water sufficiently purified to be potable, and the other, which we shall call "B," not yet pure enough. By means of a sluice-valve in the partition wall the water may be allowed to flow in the direction of "A," or of "B," as desired. Which it shall be is determined daily by an analysis of the water as it enters the first compartment: by "A" it goes to a reservoir for distribution; by "B" to a reservoir from which it is again pumped on to the filter beds, to receive further purification. The circuit is so arranged as to give the water aeration, in addition to that obtained in the filter-beds themselves.

At this station of Ivry, where the Seine enters Paris, some of the water is pumped to a reservoir, without change, for fire, street-watering, and for factory purposes, whilst other portions are purified as above for domestic use and industries where a pure water is required. Dr. Tartary was pleased to find that I hailed from Toronto, as he holds in affectionate remembrance M. Marijon, of St. Michael's College, whose pupil he once was.

AT THE SEWAGE FARMS OF GENNEVILLIERS

I had to rely largely on my own observations and information from workmen. I asked two or three questions of the chief men in the office—such as regarding outlay and return, the character of the effluent, etc.—but they were either not posted or careless and unwilling. This was at the so-called "Model Garden," under municipal oversight. Many gardeners throughout the extent of the plains are also recipients of the irrigating sewage. The sewage was about such as we see here, the modes of application such as are familiar to us in like establishments. The resulting effluent looked very good, and a workman in the Model Garden assured me it was *assez bon pour boire*; but for accurate data, or data officially accurate, I will write to the Hotel de Ville. I met another workman on the railway, who was an old resident and seemed intelligent and old enough to remember the former sandy plain, and intelligent enough to tell me of its conditions then and now. From his statements, added to my own observation of the now, I came to the conclusion that the reports so approbatory of the work are correct. The old man gave a dubious assent to the absence of insalubrious conditions; but on cross-questioning I found nothing to

contradict the generally received opinion that sewage-farms do not injure the health of the community. Another good piece of evidence is that the gardeners take the sewage and that they get good crops from what was once a desert. They receive the sewage in their gardens from hydrants similar to our fire hydrants, and it is distributed through the usual channels and sluices. The existence of some lazy-looking filter-beds in the "Jardin Model," seemed to me an indication that the sewage was sometimes *de trop*—a little more than they wanted for agricultural purposes.

THE UNIVERSITIES AND SANITARY INSTITUTES VISITED.

Those after leaving Spain and Portugal I can hardly more than enumerate: the University of Rome, and Sanitary Institute, at both of which I met Professor the Honorable Celli (of the House of Deputies)—the old Universities of Bologna and Padua I have already referred to; in the latter the old lecture and dissecting room of Morgagni, A.D. 1593; University of Genoa (*en passant*); of Lausanne, and Zurich, with goodly collections in the Museum of Hygiene in both; Red Cross, Naval and Field Hospitals and Sanitary Exhibits at the International Exposition at Milan; the Parkes' Museum in London, the laboratories of the Hygiene and Public Health Departments of the University and College of Surgeons, Edinburgh; and of the University of Glasgow—the latter beautifully situated; last, but not least, one nearer home, at McGill, through the kindness of Prof. Starkey, whom I must congratulate on the result of his struggle with difficulties, and with whom I can heartily sympathize.

Yours truly,

WM. OLDRIGHT.

Personals.

Dr. Edmund E. King returned to Toronto June 24th.

Dr. K. C. McIlwraith is spending two weeks at Stoney Lake.

Dr. Augusta Stowe-Gullen returned from New York last month.

The Toronto Western Hospital has opened a new emergency ward.

Dr. W. A. McAuley, of Copper Cliff, spent some time in Toronto last month.

Dr. Adam Wright arrived in Toronto, July 9th, after a two months' trip on the Continent.

Dr. John Malloch, of Toronto, has obtained the Fellowship of the Royal College of Surgeons.

Dr. Palmer was suddenly called home to Toronto on account of the severe illness of Mrs. Palmer.

Dr. H. C. Scadding returned to Toronto June 12th after spending four months on the Continent.

Dr. Frederick James Sheahan, Delhi, has been appointed an associate coroner for the County of Norfolk.

Dr. Bruce L. Riordan arrived home June 10th from a short trip to England, Scotland and Ireland.

Drs. H. A. Bruce and H. C. Parsons, of Toronto, spent the first ten days of this month at Georgian Bay.

Dr. W. J. McCollum, of Toronto, has returned home after an absence of seven weeks in London and Paris.

Dr. McNally, one of the house surgeons at the General Hospital for the past year, has gone to St. Paul, Minn.

Drs. Blake (Trin. '02) and Irwin (Tor. '02) have returned home after doing four months' post-graduate work in London.

Dr. A. E. Schultz, of the village of Elmira, has been appointed Associate Coroner for the County of Waterloo.

Dr. F. A. Cleland (Tor. '01), who has been practicing in New York for the past two years, spent last month in Winnipeg.

Dr. N. Amyot (Tor. '95), Belle River, is doing post-graduate work in medicine at Johns Hopkins Hospital, Baltimore, Md.

Dr. W. H. B. Aikins, after attending the Fifteenth International Medical Congress at Lisbon, and spending some time in Vienna, returned to Toronto June 27th.

Drs. J. H. Mullin, Hamilton, John McCrae, Montreal, and W. E. Maybury, Ottawa, spent a few days in Toronto last month.

Dr. W. W. Jones (Tor. '96), after spending some years in London, during which time he obtained his F.R.C.S., has commenced practice at 92 College Street, Toronto.

The following have been selected as internes for the next year at the Toronto General Hospital: W. F. Lemon, Aylmer; J. A. Kinnear, Toronto; G. S. Strathy, Toronto; F. J. Munn, Toronto; C. E. Spence, Toronto, A. G. Wallace, Humber, Ontario.

The local committee of the Dermatological Section of the British Medical Association desires any doctor who has any interesting case of skin disease to communicate with the Secretary, Dr. D. King Smith, 311 Jarvis Street, as arrangements for presentation of cases at the clinic will be made by the committee.

Dr. Helen MacMurchy, of Toronto, has been commissioned of the Ontario Government to take a census of the feeble-minded people of the Province who are not confined in asylums and houses of refuge. Her work will refer chiefly to women, and the data will be obtained in order to aid the Government in deciding on some course of action.

Births.

AMYS—At 270 Charlotte Street, Peterborough, on June 14th, 1906, to Dr. Amys and Mrs. Amys, a daughter.

MCCULLOCH—At Grace Hospital, to Dr. and Mrs. E. A. McCulloch, a daughter.

KEITH—On Saturday, June 9th, 1906, at Omemee, Ont., to Dr. and Mrs. J. Paterson Keith, a son.

SOFTLEY—On Sunday, June 17th, 1906, at Claude, Ont., the wife of Dr. Softley, of a son.

Marriages.

GIBSON—BELL—On Wednesday, June 6th, by the Rev. Dr. McTavish, Agnes E. Rathbun, daughter of the late John Bell, to D. M. J. Gibson, M.D., of Belleville.

REIVE—MICHELL—On Wednesday, June 6th, at the residence of the bride's aunt, Mrs. E. Burk, Markham, Bessie Michell, daughter of Mrs. T. Michell, to Wilfred Gilmour Reive, M.B., of Arthur.

JOHNSTON—METCALF—At "Swallowbeck," Grimsby, June 6th, 1906, by the Rev. J. A. Ballard, Ethel Mary, second daughter of the late Dr. W. G. Metcalf, to Hugh R. Johnston, of Toronto.

MILLAR—MCKIM—On Wednesday, June 6th, 1906, by Rev. R. J. Treleavan, of Hamilton, at 76 Close Ave., Toronto, Marcella Ruth (Betty), daughter of the late Sheriff McKim, of Guelph, to Dr. Stanley Millar, of Battleford, Sask.

WILY—BRIDGLAND—At St. Thomas' Church, Bracebridge, by the Rev. W. A. J. Burt, Beatrice, daughter of the late Samuel Bridgland, M.D., to Walter Wily, son of Arthur Wily, of Toronto.

DIXON—BROUGH—At the home of the bride's mother, 295 Seaton Street, on Tuesday evening, June 12th, 1906, by the Rev. S. W. L. Harton, William Dixon, M.D., of Wetaskiwin, Alberta, to Margaret Maude Brough (of the Ontario Department of Agriculture), daughter of the late William Brough.

MCGILLIVRAY—NELSON—On June 14th, 1906, at St. Paul's Church, by the Rev. Canon Cody, Helen, daughter of Mrs. Horatio W. Nelson, to Donald McGillivray, M.D., both of Toronto.

ANDERSON—BELL—At Atlantic City, New Jersey, June 16th, 1906, by the Rev. Newton N. Caldwell, D.D., Gertrude Aminta Bell, of Washington, D.C., to Dr. Duncan Anderson, Toronto.

Book Reviews.

A Treatise on Surgery. In two volumes. By GEORGE R. FOWLER, M.D., Examiner in Surgery, Board of Medical Examiners of the Regents of the University of the State of New York; Emeritus Professor of Surgery in the New York Polyclinic, etc. Two imperial octavos of 725 pages each, with 888 text illustrations and 4 colored plates, all original. Philadelphia and London: W. B. Saunders Company, 1916. Per set: Cloth, \$15.00 net; half morocco, \$17.00 net. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto, Ont.

The first volume of Dr. Fowler's "Treatise on Surgery" has just appeared, and is an accurate, up-to-date book skilfully presented by a man skilled in the art of practical surgery. This part of the work deals with general surgery, and embraces what is usually included under the head of principles of surgery. Special attention is given to the subject of inflammation from the surgeon's point of view, due consideration being accorded the influences of traumatism and bacterial infection as the predisposing and exciting causes of this condition. Then follow sections on the injuries and diseases of separate tissues, gunshot injuries, acute wound diseases, chronic surgical infections (including syphilis), tumors, surgical operations in general, foreign bodies, and bandaging. The text is well illustrated with entirely new and original illustrations.

A Text-Book of Materia Medica, Therapeutics and Pharmacology. By GEORGE F. BUTLER, Ph.G., M.D., Associate Professor of Therapeutics in the College of Physicians and Surgeons, Chicago. Fifth Edition, thoroughly revised by SMITH ELY JELLIFFE, M.D., Ph.D., Professor of Pharmacognosy and Instructor in Materia Medica and Therapeutics in Columbia University (College of Physicians and Surgeons), New York. Octavo of 694 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, \$4.00 net; half morocco, \$5.00 net. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

For this fifth edition Dr. Butler's text-book has been entirely remodelled, rewritten, and reset, bringing it in accord with the new (1905) Pharmacopeia. All obsolete matter has been eliminated, and special attention has been given to the toxicologic and therapeutic effects of the newer compounds. The general arrangement of the book has been so changed that those drugs the predominant action of which is on one system of organs of the body are grouped together, thus suggesting their therapeutic as well as their pharmacologic alliances. We believe this classification to be more thoroughly practical and useful than any other. By use of a more compact type the work has been reduced in size. It is with pleasure that we commend this book to the profession, for it is most thorough, and is one of the best on the subjects it includes.

Reference Hand-Book on the Diseases of Children. By DR. FERDINAND FRÜHWALD, Chief of Clinic in the Vienna Polyclinic. Philadelphia and London: W. B. Saunders; Toronto: J. A. Carveth & Co.

This work has been translated and edited, with additions, by Dr. T. S. Westcott, Associate in Diseases of Children in the University of Pennsylvania, so as to make more easily available the results of the great and unusual experience in this department of medicine possessed by Prof. Frühwald. It may be said at the outset that the work is strictly what it is named, a reference hand-book. It is an epitome of present knowledge, not a systematic treatise. Everything has been done (alphabetical arrangement, cross-references, illustrations, etc.) to facilitate rapid reference and practical use. As such it is valuable, but it does not take the place of a standard text-book. One of the most satisfactory articles is that on measles, while, on the contrary, that on hemophilia seems somewhat inadequate.

There are numerous illustrations, some from photographs, others of a diagrammatic character.

On the whole, the book is a useful addition to any medical library.

On Common Ground. By SYDNEY H. PRESTON. New York: Henry Holt & Co. Toronto: The Copp, Clark Co.

If any gentleman wants a book to read on the happy day when he shakes the dust off his feet and departs for the doctor's brief holiday, here it is. Moreover, if any British gentleman (or lady) wants advice as to a Canadian book to buy and read while he sits in a Pullman and goes a few thousand miles over the country, east, west, north, or south, tell him to go into our own Tyrrell's and buy this book. Blessed be the Canadian Humorist! What should we do without him? He sometimes raises his head from the newspaper desk and says things to us, things that delight and sweeten the mind. Humor is a great antiseptic. We are not going to say any more about the book, except that its author lives on his own good little farm within sixteen miles of where the *Canadian Practitioner* is published, and that he was strictly made in Canada. Moreover, he has done what hardly any other novelist has done—he has made his medical local color correct. Listen to this—it is the medical history of Joseph, the "hired man," as given by himself. "It began with water-in-the-eye, of course, and when the doctor examined his eyes he looked exceedingly grave and said it was not

water-in-the-eye at all, but a bad case of a-stick-my-tism, which frightened Joseph out of his boots ; then he opened a number of drawers, containing gleaming instruments and spectacles and glass eyes, studied them thoughtfully, and told his patient to come back at two o'clock and he'd attend to him. And Joseph, weak with apprehension, escaped, and feeling faint, dropped into a saloon for a glass of beer ; and meeting there a friendly and loquacious person, he learned that in cases of a-stick-my-tism the doctor replaced your eyes with a glass pair while he soaked the old ones in whiskey for a month to clear the sight. And the learned acquaintance solemnly adjured him to soak his own and save the expense by getting on a drunk, which he accordingly did, with deplorable results in some ways, he admitted, but with complete success in regard to the painful malady."

The Peters Self-Registering Electric Target. By LIEUT.-COL. GEORGE A. PETERS, 9th Toronto Light Horse. Toronto: William Tyrrell.

Dr. Peters has printed for private circulation the paper read by him before the Canadian Military Institute on April 26, 1904. It has been revised and illustrated to show development to date (March 1, 1906), and forms an attractive little book, the illustrations and typography of which reflect credit on the publishers. In regard to the value of the target, and the skill and ingenuity of the distinguished author, all the military men we have had access to have but one opinion, and we congratulate Lieut.-Col. Peters, and express the hope that he will reap the laurels he has well deserved and something more substantial as well.

Obituary.

DR. MARY PUTNAM JACOBI

Dr. Mary Putnam Jacobi, of New York, a distinguished woman and physician, the daughter of George P. Putnam (founder of the great publishing house still bearing his name), and the wife of Dr. Abraham Jacobi, died on Sunday morning, June 10th, at her home, No. 19 East 47th Street, New York City. A great change has come over the medical world since she graduated in 1864 at the Woman's Medical College in Philadelphia. Had she not chosen a medical career (to the surprise of her father and friends) she would still, doubtless, have had a literary career. She had an article accepted by *The Atlantic Monthly* when she was sixteen years old, a distinction that falls to few, and she was the author of several books. She was born in London, England, in 1842, came to New York with her family in 1847, began the study of medicine when she was twenty years of age, and after graduation held a resident appointment in the New England Hospital for Women and Children, Boston., 1866-1871. She was the first woman to be admitted to the Ecole de Médecine in Paris, and also the first woman admitted as a Fellow to the New York Academy of Medicine. She was married in 1873. Dr. Mary Jacobi took a great interest in public affairs, and carried on a large hospital and private practice, devoting much attention to children's diseases and nervous diseases.

DR. J. W. DIGBY.

The death occurred very suddenly, on May 29th, of Dr. J. W. Digby, the most prominent physician in Brantford, and one of the best known residents of western Ontario. Deceased was born in Brantford in 1842. He was educated at Dr. Tassie's School in Galt, matriculated at Toronto University and graduated at McGill in 1862.

During the American rebellion he received the appointment of acting assistant surgeon, and was stationed at the hospital at Point Lookout, Md. After the Battle of Stone River, he participated in the campaign through the western State as hospital surgeon until the Battle of Chickamauga, when he was stationed in the field hospital at Chattanooga in charge of several wards. Later he received the appointment of regimental surgeon of the 16th U.S. Infantry, and with that regiment took part in the campaign through the South. He returned to Brantford in 1866. Dr. Digby was President of the Royal Loan Company of that city, Vice-President of the Farmers' Binder Twine, Vice-President of the hospital, a director of the Toronto General Trusts, surgeon of the G.T.R. He was three times mayor of that city and had held nearly every position in the gift of the citizens.