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## *Original Contributions.*

### PRESIDENT'S ADDRESS.\*

BY JOHN STEWART, M.B., HALIFAX, N.S.

*Friends and Colleagues,*—My first duty is to thank you for the honor you have conferred upon me in electing me to preside over this meeting.

I can assure you that my pride in this great honor is tempered by a feeling of very great responsibility and a sense of marked inaptitude for the duties of this position. And in thanking this Association for an undeserved honor, I wish to thank, especially, the most earnest, energetic and cheerfully laborious Executive which any President ever had.

I wish to express my sense of obligation for the presence of His Honor, the Lieutenant-Governor, whose more than eighty years of strenuous and honorable life give exceptional value to the kind words of appreciation in which he has just welcomed our Association to this city.

Permit me also to express my pleasure in having on the platform my dear old friend and colleague, the Honorable D. McN. Parker, one of the founders of this Association.

And now I bid you welcome, welcome to this picturesque province of Nova Scotia and to the city of Halifax.

I bid you welcome on behalf of the medical men of this province; for when it became known that the Canadian Medical Association was to meet here, there came in from all over the province, from the county societies and from individual practitioners, expressions of a desire to have a share in your entertainment, and therefore it is that we are here to-day as the guests of the Medical

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\*Read before the Canadian Medical Association, Halifax, August, 1905.

Society of Nova Scotia, and that we have listened to the warm welcome of its President.

In welcoming you to this place I should perhaps say a few words of introduction to a city and a province new, perhaps, to many of you. If you are interested in history you will find much here to occupy your attention.

In the early morning mists of our history we see Leif Ericson in his Viking galleys steer along our coast. Four hundred years ago the Cabots took possession of these regions for King Henry VII. And then for two hundred years the intrepid navigators of old France, De Monts, Champlain, St. Denis, LaTour, explored these bays and headlands.

If you can spare time to visit Annapolis you will find traces of the French occupation, and see still in good preservation the old powder magazine, the oldest European masonry in America north of Mexico, and built of stone brought from France. Midway in the province, you come to Grand Pre, with its crowded memories of the past, and its wide acres of fertile dyke lands, which we owe to the industry of the early French settlers. And in the extreme east you will find the historic ruins of Louisburg, where the sea birds cry over the rain-swept turf which covers many a gallant heart. Nova Scotia may indeed claim its share in thrilling memories of "old, unhappy, far-off things and battles long ago."

We can point with pride to the distinguished names of many Nova Scotians. I shall avoid the troubled waters of political life and will mention only the fact that two of the most distinguished college presidents in this country were Nova Scotians, viz., Sir J. W. Dawson, of McGill, and Rev. G. M. Grant, of Queen's. In literature we are proud of the reputation of Haliburton. The hero of Kars and the defender of Lucknow were both Nova Scotians. Our shipbuilders and our sailors have carried our name round the world, and it is safe to say that there are few ports in the world where you may not find a Nova Scotian sea captain.

This city of Halifax is crowded with historic memories. It was up this harbor that the ill-fated squadron of D'Anville, shattered and storm-tossed, came to anchor, to meet a more deadly foe than wind and wave in the pestilence which destroyed hundreds of brave soldiers. It was here that Cornwallis, stout soldier and sagacious statesman, arrived in 1749 and laid the foundations of this city. St. Paul's Church, built in 1750, is the oldest Protestant church in the Dominion of Canada, and the old churchyard of St. Paul's is one of the most interesting cemeteries in this country. In it were laid side by side the heroic dead who made the names of the *Shannon* and the *Chesapeake* famous.

In the old Provincial Building, where we hope to meet this evening, Mr. Lawrence Kavanagh stood in 1827, the first Roman Catholic member since the Reformation to represent a constituency in British dominions.

And there is another old building here, which to my mind should be full of interest for all Canadians. It was a Nova Scotia. Sir Samuel Cunard, who had the enterprise to start the first line of transatlantic steamships, and there are men in Halifax to-day who remember when the *Britannia*, the first Cunarder, came up the harbor and to the shipping office of S. Cunard & Co.

And may I draw your attention to our geographical position, and to our incomparable harbor. It has the largest dry dock on this side of the Atlantic; it is defended by one of the most powerful fortresses in the world, and at any hour of day or night, summer or winter, in any state of the tide, the largest and swiftest ships afloat may come alongside the pier, or leave it punctually, without delay or interruption.

I trust that when this Association meets next in Halifax it will find the western terminus of the fast Atlantic service safe in the keeping of the "Warden of the Honor of the North."

Finally, bear with me if I point to our educational institutions. Dalhousie University, the only undenominational college in the province, has not only supplied professors to several universities in the United States, but furnished a distinguished successor to the renowned Tait of Edinburgh, and only the other day, sent one to the University of Birmingham. We have also a medical college whose graduates are now dotted all over the Dominion and the United States, reflecting credit on their province and their Alma Mater. There is the Institution for the Deaf and Dumb, where results are obtained equal to those of any similar institution anywhere; and finally we have this School for the Blind in the hall of which we are met, which is presided over by Dr. Fraser, a gentleman second to none on this continent in the skill and success of his methods, and whose marvellous personality overcomes all disabilities and inspires all who come in contact with him.

This is not the first occasion on which the Association has met in Halifax.

In 1875 the Association first met here, and again in 1881, when the General Secretary was a young Montreal physician, whose name is now a master word in the schools of Esculapius the world over—the Regius Professor of Medicine in Oxford. At the meeting of 1881 the attendance was 53; to-day we have already registered over 200.

It is only fitting that I make reference to some of those who were with us then and who to-day are not. The President was

Dr. G. E. Fenwick, of Montreal, a distinguished surgeon, who occupied the chair of Surgery in the University of McGill for fifteen years. The Vice-President for Nova Scotia was the late Dr. R. S. Black, one of the leading physicians of Halifax for many years, a man of wide culture, and especially familiar with Spanish history and literature.

There are two names to which I wish particularly to refer in this place on account of their connection with this province and their interest in this Association. The late Dr. Edward Farrell was one of the foremost citizens of Halifax, and took a leading part in our political life, having been a member of our legislature. He was one of the founders of the Halifax Medical College, where he held the chair of Surgery from its foundation until the time of his death, and his admirably lucid, well-ordered and emphatic style made him one of the best lecturers whom I have ever heard. He was surgeon to the Victoria General Hospital for thirty years. He took a keen interest in the subject of tuberculosis, especially in the organization of methods to prevent the dissemination of the disease, and was appointed by the Dominion Government to represent us at the Congress on Tuberculosis in Berlin. And it was in the discharge of his duty as a member of a commission appointed by our own local Government, to select a site for a sanitarium, that he contracted his fatal illness, through exposure to cold and wet when driving in the country; and on the first day of this new century he passed away from among us, but the brave and cheerful spirit, the ready wit, the warm, kind heart are memories that remain.

And what can I say of Dr. Wm. Scott Muir? I may say, I believe, that no member of this Association was better loved or more heartily welcomed to its meetings. He had been a Vice-President, and upon at least one occasion he was nominated for the Presidentship, but generously insisted on giving way to others. He was a very regular attendant at our meetings, and his stalwart figure and cheery voice had become familiar to the profession throughout Canada. His business ability and his knowledge of affairs made him invaluable in committees, and his contributions to the scientific work of the Association were marked by keen observation and practical common-sense. He was my own dear friend, and I shall not trust myself to say more of what his loss has been to us.

And so one by one, just as we learned to value them more, our comrades fall, and what can we say but

"Fare you well :  
Hereafter, in a better world than this,  
I shall desire more love and knowledge of you."

It is perhaps a weighty sense of the responsible position in

which you have placed me that gives to my thoughts to-day a somewhat serious turn.

I look upon this great assembly, I think of the years of study, the expensive education, the physical and intellectual toil, the laborious days and anxious nights, and when I consider the results I am tempted to ask—what is the good of it all? We toil to save, and how often it is that the valuable lives, the bread-winners, the wise, the strong, the true, are taken, and we succeed in saving the idle, the dissolute, the degenerate. There is only a sense of futility, there is horror in the thought that our art may in unworthy hands be degraded to be a servant of evil passions.

And have all these then—our brothers and our forebears—died in vain? Have their lives been wasted, and would it have been better had they had no part in aught that's done beneath the circuit of the sun?

Perish such thought! These dark imaginings are nothing but rank pessimism, and pessimism is fatal to us of all men. Of all men the medical man must be an optimist. If our work is to save and prolong life, we must believe that life is something worth having and worth keeping, or we are not true to ourselves, and are false to other men.

Now, what is the value of life? Character. And what makes life worth having and worth keeping?

The more we reflect upon human life in all its manifestations, the more we do become convinced that its true criterion is character. To the unthinking it may seem that this subject is outside our province, and that health and character are in different categories. But we cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study the physical framework of man, but as practitioners of medicine we must consider the living man as a body, soul and spirit.

Our nature is threefold, and health and character pertain to each component, the Physical, the Intellectual and the Moral. We may admit that so far as we can see, perfect physical health may exist with feeble intelligence and degenerate morals, but the ideal condition for which we should aim is the balanced blend and perfect equilibrium of all these elements. And even though at first glance it may seem that one component may attain perfection, while the others are defective, a close observation convinces us that it is not so. The brilliant intellect is hampered in its working by the diseased body which forms its transient tabernacle; the "eye sublime," subdued to that it works in by a vile spirit, loses its brightness, and

"Faults in the life breed errors in the brain,  
And these reciprocally those again."

And as Maudsley put it the other day at the British Medical Association, "Mind works in every function of the body; a sound body is the foundation of a sound mind and the lunatic is lunatic to his finger ends." We cannot think soundly about life if we ignore this essential and indissoluble trinity. Experience tells us that in our work of detecting, preventing, eliminating disease, we cannot treat our patient to advantage if we regard only his physical condition and neglect consideration of his mental equipment and moral proclivities. Indeed, the manner of man our patient is determined more by those invisible forces than by his corporeal form, or as we have it in the sayings of the Wise Man, "As he *thinketh* in his *heart* so is he."

And it is with the community as with the individual: that which makes a nation great is not the wealth of its people, or their intelligence, but their good name. It is because I believe that the medical profession may have a large influence in moulding the spirit of a nation, that I wish in the hour which custom allots to me here, to offer a few remarks on National Character and Public Health.

How may our national character help or hinder us in our work, and how may we, as the guardians of the public health, help to make or mar our national character?

The public health laws of a country will depend largely on the character of the people. The character of the people will be conditioned largely by their public health, that is, by that standard of health of the individuals composing the nation which, as a national ideal, all the people are interested in and willing to make sacrifices for. This is Public Health in the largest view.

And first let us consider some of the features of national character which may influence public health.

There is *love of liberty*, and a free people is usually a vigorous and healthy people.

But there is a liberty not according to knowledge. When an individual claims the right to act according to his own judgment in matters of which he is profoundly incapable of judging, his boasted liberty may prove a perilous possession to himself and his neighbors. When a community refuses to be bound by laws which Sanitary Science has declared to be necessary, it abuses its liberty and may bring serious damage upon itself. The laws of health cannot be broken with impunity, and this spurious love of liberty frequently stands in the way of sanitary reform.

We have a striking instance of it at present in the stupid rebellion against sanitary laws shown by many communities on the lower Mississippi in the present epidemic of yellow fever.

From the thought of liberty to that of bondage may seem a

strange step, yet the next national characteristic which I mention as having an influence on public health, namely, the worship of material things and the feverish haste to accumulate wealth, lays upon us a bitter and grievous bondage. The public and the representatives of the public are too apt to regard with impatience, if not with scorn, the claims of any interest which does not seem to have immediate or direct bearing on the great national occupation of money making.

There is an epigrammatic expression in the works of Aristotle which might well be inscribed in letters of gold over the council chamber of our legislatures and our boards of trade. It may be freely translated thus, "It is not seemly for a free people to be always seeking for cash returns."

I think the Greek philosopher saw the glitter of the golden manacles and would warn us, if we value freedom, to set our affections on other things than gold.

This national characteristic, disinclination to invest in medical securities, is, perhaps, due to various things. It is partly due to ignorance, to an incapacity of appreciating scientific teaching, to a hesitation in trusting the expert opinion of Science—for which, perhaps, Science herself is somewhat to blame. It is not entirely the fault of avarice. When our people are convinced that any measure is for the public weal, they are generally willing to aid. And I may perhaps draw attention here to the fact that the first public sanitarium for tuberculosis, the first in Canada erected as a Government work, is now in operation in Kentville in this Province.

But, as a rule, there is great difficulty in inducing corporations and municipalities to expend a reasonable sum in carrying out the details of a public health system—to pay the water supply, drainage, sewerage, removal of garbage, disinfection. It is not too much to say that apathy in regard to questions of public health is a national characteristic.

Like the Sybil with her precious scrolls, Hygeia comes to Demos, and Demos will not buy.

And the yearly tale of death and disease preventable by sanitary measures, increases, and perhaps the only effectual clarion to rouse the indifferent will be—as it has been before in the world's history—a pestilence.

Possibly if the public could see the mere financial loss incurred by preventable disease, the loss of time, the inefficiency of workers, the increased rates to maintain the families who have lost the bread-winner, they would be willing to give more to the Health Department.

There is a feature of our public life which I think may fairly be described as a national characteristic, and that is our tolerance

if not encouragement of quackery. I mention it here because I wish to point out the great injustice of this to our profession.

The youth who aspires to the practice of medicine is required by the laws of his country to undergo a certain course of study, tedious and expensive. He has to pass certain examinations and give proof of familiarity with the requirements of his profession. He has to satisfy the authorities as to the integrity of his moral character before he is allowed to begin practice. And now see him, embarking on the practice of his profession. From his window he sees the apothecary's shop, and knows that for one patient who has gone there to have a prescription filled, a dozen go to buy some proprietary medicine. He buys the morning paper and finds one-tenth to one-fifth of the space for which he pays taken up with advertisements of nostrums, often with testimonials signed by otherwise intelligent and moral people. He dines at his club and he hears nothing but the wonderful cures wrought by some itinerant quack who has never fulfilled one requirement of the Medical Act. Truly Demos loves the quack and seems to have a special spite at him who would practise his profession scientifically in accordance with the noble spirit of the Hippocratic oath.

There are, indeed, many ways in which the traits of national character may influence the health of the people.

In the Report of the Royal Commission on Physical Deterioration, no evidence seems to me more interesting than that of Mrs. Close. This lady, who has given her life to the study of the domestic conditions among the laboring classes of almost every country in Europe, has no doubt of a deterioration in the physique of the laboring classes in England. And the explanation of this she finds in a diminished sense of duty, a debased ideal of the duties of wife and mother. Love of amusement and the attractions of the theatre interfere with the old-fashioned domestic economy. Houses are untidy. Food is badly cooked. Early rising is a vanished virtue. The children are hurried off to school without proper breakfast, and the husband finds in the public house the comfort he is denied at home. The picture is too true and its replica may be found in every town in Canada.

And now, how may we, in the exercise of our daily calling, contribute to the development and growth of national character?

In the first place, we should accustom ourselves to remember that the body with which we deal is of value only as the tenant and instrument of an indwelling spirit, and that the health of the body is our care simply because its ill-health may hamper the action of the intellectual and moral energy within it.

When we prescribe diet and exercise, let us remember that the



luxury and excess and love of ease, which are the most potent factors in disease, injure mind and soul as well as body. Let us press the claims of temperance—that true temperance which walks the golden midway, and turns neither to asceticism nor to indulgence.

In the love of Canadian youth for manly exercise we have a most powerful lever for raising the standard of health and morals.

If we are consulted as to occupation, let us sing the praise of the simple life. Civilization is becoming terribly complex, and it seems on all hands to fungate into luxury. And history points a warning finger to the past. When culture joined hands with luxury decadence was already at the door.

This is an age of sedentary occupations, and a large proportion of the ills which we are called to treat owe their origin to the exigencies of the sedentary life. It is not a natural life for man.

Will it be thought very much out of place if I say, let us honor the farmer. His is the only natural, the original and the essential work. There is a moral in the fable of Hercules and Antæus. It was not until Hercules had lifted the giant bodily from the ground and so broke the magic contact that he was overcome, and the prescription for many of the ills of the body and of society to-day is in the cry, "Back to the land!"

I have spoken of occupation as bearing on health and character. There is one other fact in our social life to consider, and that is our amusements. Indeed, among some people this question seems to take precedence of work. Amusement and relaxation are necessary, but to give them so prominent a place in our life as they appear to occupy to-day is a menace to the health of the body which they are meant to secure, to the intellectual powers and to moral character.

Pleasure takes precedence of duty, and complaisant sophistry may even justify this order. To scorn delights and live laborious days is now considered folly. We amble along the primrose path of dalliance and avoid the "asperous way that leadeth to the house of sanity."

It is a delight and a hopeful omen to see an interest taken in athletics, and to know that our country takes such an honorable place in all manly exercises. But for one young man whom you will find on the football field, or plying oar or paddle, you will find many who simply waste their time, their only interest in athletics being the spectacular interest of a match or the dubious financial result of a bet. If we could only influence these young men to take a more heroic, a more manly view of life, we should be doing them and our country a service.

Even in our sports there is room for some earnestness, and it

might be well if we took our pleasures, as Froissart says our ancestors did, seriously, and sympathised with the spirit of the old English ballad of Ulysses and the Syren:

“ To spend the time luxuriously  
Become not men of worth.  
.....

“ .....suppose there were  
Nor honor, nor report,  
Yet manliness would scorn to weare  
The time in idle sport :  
For toyle doth give a better touch  
To make us feel our joy :  
And ease finds tediousness, as much  
As labour yeelds annoy.

.....

“ But natures of the noblest frame  
These toyles and dangers please :  
And they take comfort in the same,  
As much as you in ease :  
And with the thought of actions past  
Are recreated still,  
When pleasure leaves a touch at last,  
To shew that it was ill.”

This was the “ great spirit of high desire” of the Elizabethan days.

But in addition to what we do effect in this way in our own generation, we and our ancestors wield a great power in the laws of heredity.

The observation of centuries and the universal experience of every-day life, no less than the laborious and well-planned experiments of science, tell us that the organism of to-day is the resultant of forces acting in the past, and the diversity of operation of these forces is what gives Nature her infinite variety. To us who see every day the working of the inevitable law, which visits the sins of the fathers upon the children and to whom the phenomena of reversion and atavism and variation are constantly present, to us heredity is one of the great powers of Nature. And we believe that by a careful application of scientific principles to the environment, education and occupation of our race, we may and can exercise a beneficial determinant action on generations yet to be, eliminating disease, stimulating and clarifying mental processes, strengthening and purifying moral qualities.

But, enormous and far-reaching as we believe the power to be of the laws of heredity, we must not allow them to dominate us. They are not the forces of a blind, inexorable Fate. These laws are well ordered in all things. When, in view of the de-

pressing influences of the researches of Lombroso and his school, we feel that we are all smitten, when each scans anxiously his brother's face for stigmata, or fancies himself the bearer of a hallmark of some degeneration, let us remember that not only can we, to some extent at least, control the working of the laws of heredity, but so far as we ourselves are concerned, can bid them defiance.

We may, if we will, say, "Evil, be thou my good," and turn our backs upon our good angel who points us to an honorable ancestry and bids us follow in their path. But, when the Angel of the Pit, with mocking leer, that "Man of Hell who calls himself Despayre," bids us throw up our hands, tells us we are the captives of circumstance bound in millennial chains, tempts us to give up the hopeless struggle, we may, if we will, say, "Stand thou on that side, for on this am I." We must not forget that divine part of us, that mysterious, undefinable, undeniable power for good or evil—the human will.

Thirty years ago a young man lay in the Roy i Infirmary in Edinburgh. Fortune had not smiled upon him and now, maimed and crippled for life, that life seemed "Doomed to dumb forgetfulness a prey." But not to despair. The "Star of the unconquered will" rose and stood over the lonely bed of William Ernest Henley, and inspired these lines, the finest assertion of the Free Will I have ever seen:

"Out-of the night that covers me,  
Black as the pit from pole to pole,  
I thank whatever gods may be  
For my unconquerable soul.

"In the fell clutch of circumstance  
I have not winced nor cried aloud.  
Under the bludgeonings of chance  
My head is bloody, but unbowed.

"Beyond this place of wrath and tears  
Looms but the Horror of the shade,  
And yet the menace of the years  
Finds, and shall find me, unafraid.

"It matters not how strait the gate,  
How charged with punishments the scroll,  
I am the master of my fate:  
I am the captain of my soul."

"Sir," said Dr. Samuel Johnson, "the man who has vigor may walk to the East, as well as to the West, if he happen to turn his head that way."

Heredity may condemn us to a life of struggle with bodily weakness and mental incapacity, to "Defects of doubt and taints of blood." It cannot chain the free spirit, and he who can say, "I will, I will not," is still a man.

We, the members of this Association, as practitioners of the

Healing Art, are the heirs of a great past. The Masters of Medicine have passed from our world, but their influence survives—their spirits still live.

Nothing is plainer in the study of the lives of the greatest of our predecessors than the influence of great ideals. From the days of the grand pagan whom we call the Father of Medicine, and whose recognition of the power of spiritual forces is so clearly seen in the oath which he laid upon his successors, to the great authorities of to-day, we can trace the power of faith in the Unseen Universe.

Let me quote from the illustrious Pasteur: "Happy he who carries with him a God—an ideal of beauty, and who obeys him. An ideal of Art, an ideal of Science, an ideal of Patriotism, an ideal of the virtues of the Gospel."

And if we are to have strength for our work, courage and hope to cheer us in our long contest with all these shapes of foul disease, we must bear in mind the supreme importance of high ideals—of life—and of man.

"You touch God," said Novalis, "when you lay your hand upon a human body." The spark of life we tend is a part of the divine, and immortal.

"The soul that rises with us, our life's star,  
Hath had elsewhere its setting,  
And cometh from afar."

We deal not with Dust and To-day, but with Life and Forever. And when we realize this, our own nature becomes ennobled that it works in and can rise to still greater power.

We who deal perforce so largely with the material and perishable, if we would keep sight of the indestructible and immortal, should cultivate a power of detachment, should rise through the cloudy region of the world, and accustom ourselves to the free air and larger atmosphere of a universe.

As the Healer of the world came from beyond its confines, so we who would help in the healing should be able to rise into the ether, where we can have a proper perspective of Time. We should visit the ethereal region where, with Aniel, we may "Listen to the music of time and the hosannas of the world," or with our own Wordsworth hear "Oftentimes the still, sad music of humanity," and be conscious of

"A presence that disturbs us with the joy  
Of elevated thoughts : a sense sublime  
Of something far more deeply interfused,  
Whose dwelling is the light of setting suns,  
And the round ocean and the living air,  
And the blue sky, and in the mind of man."

And how may we best acquire this power but by the study of our subject—the philosophic study of man?

What our profession requires to-day, even more than an increase in scientific knowledge, is more of the study which gave character to the great masters of the past, and a realization of the grandeur of the divine possibilities in man. True, we see much of the lower nature, weakness and suffering and sin, but we also see in every soul the capacity of Honor, Courage and Love. Let us rather look on these. "Whatsoever things are true, . . . whatsoever things are pure, . . . whatsoever things are lovely, . . . if there be any virtue, . . . let us think on these things."

**PRESIDENTIAL ADDRESS ON MEDICAL EDUCATION—  
PAST, PRESENT AND FUTURE.\***

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BY GEORGE COOPER FRANKLIN, F.R.C.S. ENG.  
Honorary Surgeon to the Leicester Infirmary.

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AFTER the usual words of welcome to the Association, and having expressed his thanks for the honor which had been accorded to him in his election as President, Mr. Franklin proceeded to give a short *résumé* of the history of Leicester. After mentioning the names of Goulston, the founder of the Goulstonian lectures; Cheselden, the famous surgeon to St. Thomas's Hospital; Halford, for twenty-four years President of the Royal College of Physicians of London; Benjamin Ward Richardson; and Tom Paget, of the Leicester Infirmary, the first provincial surgeon to obtain a seat on the Council of the Royal College of Surgeons of England, all of whom were Leicestershire men, the President passed to the main subject of his address. He said:

I now propose, ladies and gentlemen, having referred to local matters in connection with the medical profession of, I hope, some interest, to venture on some remarks with regard to the existing regulations by the State of the education of those who desire to become members of our profession. In doing so, in considering how the education is regulated to-day, I must as a necessary preliminary, consider, to some extent, the regulations of the past, and then we can ask if the improvements of to-day are as great as they should be, if the regulations are producing the best possible results; if, in fact, the average student, when he or she leaves the medical school or hospital legally qualified, is as well equipped as possible for the responsibilities of the future. That this is a tremendous problem we recognize at once, when we consider for a moment what it means to a country, or rather to a series of countless communities, to have among them thoroughly well educated representatives of the medical profession. As it is absolutely impossible to suppose that a civilized community could exist without such representatives, it follows, surely, that those communities in which are found the most highly educated members of the medical profession have an enormous advantage as compared with others. It seems to me that the importance of the education of the medical man or woman of to-day is greater than ever it was, and the responsi-

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\* Delivered at the Seventy-third Annual Meeting of the British Medical Association on July 25th, 1905.

bilities of those who are engaged in teaching are also greater than ever.

#### THE APOTHECARIES ACT.

Now, as far back as 1722 there was an Act which empowered the Apothecaries' Company to visit the shops of all apothecaries practising in London and to destroy such drugs as they found unfit for use. In 1748 great additional powers were given to the Company by an Act authorizing them to appoint a board of ten examiners, without whose license no persons should be allowed to dispense medicines in London or within a circuit of seven miles round it. The celebrated Apothecaries Act of 1815 appears to have been the first Act to legalize medical practice and penalize unqualified practice, and this was really the start in this country of any regulations recognized by the State with regard to the education of apothecaries, the then general practitioners. The General Medical Council did not come into existence until 1858, the date of the first Medical Act. Between 1815 and 1858 there seems to have been a sort of "hiatus," but two important events helped towards the first Medical Act, viz., the establishment of *The Lancet*, in 1823, and the founding of our Association, in 1832, by Sir Charles Hastings, of Worcester, under the name of "The Provincial Medical and Surgical Association."

It will be interesting to refer to two or three clauses of the Act of 1815 before we proceed further, to Clause III., for example. The Masters and Wardens were empowered to enter shops of apothecaries and to examine drugs: "They shall or may search, survey, prove, and determine, if the medicines, simple, or compound, wares, drugs, etc., and any thing or things whatsoever therein contained and belonging to the art or mystery of apothecaries aforesaid, be wholesome, meet, and fit for the fare, health, and ease of His Majesty's subjects." Again, in Clause VII., we read: "Whereas much mischief and inconvenience has arisen, from great numbers of persons in many parts of England and Wales exercising the functions of an apothecary, who are wholly ignorant and utterly incompetent to the exercise of such functions whereby the health and lives of the community are greatly endangered, and it is become necessary that provision should be made for remedying such evils, be it, therefore, further enacted that the said Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London shall be empowered for ever to superintend the provisions of this Act and carry the several regulations and provisions thereof in relation to the several persons practising the art or mystery or profession of an apothecary throughout England and Wales into full execution."

Then follow clauses to appoint examiners and to appoint a chairman, all to hold office for one year, but to be eligible for re-election. Clause XIV., "To prevent any person or persons from practising as an apothecary without being properly qualified to practise as such," enacts that they should be examined by the court of examiners and receive certificates, provided always that no person shall be admitted to such examination until he shall have attained the full age of twenty-one years, and in Clause XV. it is enacted that such person must have served a five years' apprenticeship. Clause XX. provides for a penalty for practising without a certificate.

#### THE MEDICAL ACT OF 1858.

Coming now to the first Medical Act of 1858, we find it established a Council to be styled "The General Council of Medical Education and Registration of the United Kingdom, with branch councils for England, Scotland, and Ireland, consisting of representatives from the universities and corporations." The chief achievements of the Council have been the establishment of a preliminary examination and inducing the corporations to leave it to the national educational bodies, the visitations of examinations, and the publication of the Medical Register and of the Pharmacopœia. It has had some faults, of course; the chief has been its want of sympathy with the great body of the profession, especially with regard to the representation of the profession in the Council.

A great defect of the Act of 1858 was that it permitted the separate registration of purely medical and purely surgical diplomas, and therefore, diplomas which did not guarantee an adequate acquaintance with all the subjects of professional examination were used by their holders to cover the whole ground of medical, surgical, and obstetric practice. In May, 1869, Mr. (afterwards Sir) John Simon said that persons practising on half qualifications were to be counted by thousands in the United Kingdom. Between 1858 and 1885, nearly twenty Bills were introduced to remedy these main defects. In 1870 Lord Ripon's Bill was brought in to establish a simple code of regulations common to all the examining boards of the United Kingdom, sufficient and uniform tests of qualification as a condition of entry upon the Medical Register, a more or less consolidated examining authority, and more effectual provisions to restrain quacks. The principle was accepted by the Council, but the Bill was wrecked by the opposition of the British Medical Association on the ground that no provision was made for the representation of the profession in the Council. The Government Bill of 1878 was a great improvement; among other things,



it required that all persons desiring to be placed on the Medical Register should have both a medical and surgical qualification, and it contained provisions for amending the 40th Clause—"Suppression of Unqualified Quacks"—and for the admission of women to examination. It also provided for the examination of, and registration of, dentists and midwives and amended the law relating to certificates of lunacy.

#### THE MEDICAL ACT OF 1886.

The celebrated Act of 1886 removed two conspicuous blots in the organization of our profession. It made it necessary for every medical man to be qualified completely—that is, in the three main branches of practice—medicine, surgery, and obstetrics—before he can be placed on the Medical Register, and it has conferred representation on the great body of the profession.

#### MEDICAL EDUCATION IN LONDON FORTY YEARS AGO.

In the "sixties" London students were gradually waking up to the fact that, although the College and Hall gave them the two qualifications which entitled them to be placed on the Medical Register, the diplomas did not give them the legal right to assume the title of "Doctor." Many men—hard-working and possibly ambitious—when coming up from the country to the hospital heard of the University of London for the first time. Anyway, the University of London gave a degree, and why should they not go in for it? To show you how ill-adapted the teaching was in those days in the London medical schools for those students who desired to graduate in London, I will quote from a letter addressed in December, 1879, to the Chancellor of the University by a distinguished graduate, my old friend and teacher, Dr. J. S. Bristowe:

"Only a small minority of the students entering the medical profession in England offer themselves as candidates at the matriculation examination. Nearly 50 per cent. fail; of those 50 per cent. fail at the preliminary scientific examination. Of those who have passed this examination, 35 per cent. fail at the first M.B., and of those who finally become candidates for the M.B. degree, 19 per cent. are rejected. The collective result is that not 10 per cent. of the young men who enter at the lowest series of the examinations emerge successful at the last, and that at least 72 per cent. are rejected at the matriculation and preliminary scientific examinations."

Dr. Bristowe observes that at that time there were 534 men living who held a medical degree in the University of London out of a total of nearly 25,000 practitioners holding British qualifications. The practical result of this is well known; scores

of men left the London hospitals before their time was completed to obtain degrees in Scotland, Ireland, or elsewhere. In short, the system of education forty years ago in the London medical schools, as far as there was any system, was designed to enable men to qualify at the College and Hall, or at the two Colleges, as soon as possible—this could then be done in four years, or just under—and not to encourage work for the University of London degree.

Of course, I am well aware that some very good work was done, more especially in medicine and surgery; but in obstetrics and gynecology the practice and instruction were alike insufficient. It must be remembered, when referring to the medical education of forty years ago, that those were the days of the linseed-meal poultice (in the surgical wards), antiseptics were just beginning to be used, the clinical thermometer appeared on the scene, together with the laryngoscope and the ophthalmoscope. The clinical teaching was then, I suppose, nothing like so systematic as it is now, but some of the lecturing was most excellent. I might refer to the lecturing of the late Sir John Simon, then Mr. Simon, on pathology at my old school of St. Thomas's. He used to lecture to, perhaps, hardly a score of students. It would have been of immense advantage if he could have lectured to every medical student in London. A man of his learning and intellect was, in a way, almost wasted down in the old Surrey Gardens, but there was no attempt at concentration of professional studies in those days. If I were asked, In what respect do you think the medical education of forty years ago was most deficient? I should, without hesitation, say it was deficient in three particulars: (1) preliminary examinations; (2) obstetric medicine; and (3) the administration of anesthetics; and if I were asked to-day the same question, I should give precisely the same answer.

#### MEDICAL EDUCATION OF TO-DAY.

Now I have referred to the regulations of the past, I will briefly consider those of to-day and note the improvements that have been effected. I may then, perhaps, venture to forecast what further advances may be made, not only in the interest of the medical student, but also to the advantage of the whole community. By the regulations of the General Medical Council no person can be registered as a medical or dental student who has not attained the age of sixteen years; some, a great many, think the age ought to be seventeen years. I am one of those. Further, no person can be allowed to register unless he or she shall have previously passed a recognized preliminary examination in the subjects of general education. The period of professional study between the date of registration as a medical student and the

date of the final examination for any diploma which entitles its holder to be registered under the Medical Act must be a period of *bona fide* study during not less than five years. Now this period of five years is a minimum time, and it obtains whether the curriculum be passed in England, Scotland, or Ireland, and whether the student is going in for a university degree or a college diploma; as a rule, of course the university man takes a longer time. The universities and medical corporations seem now to work on the same lines, though differing in the severity of examinational tests—lines laid down by the General Medical Council. For instance, the curriculum and examination of the Conjoint Board have now been brought much more into line with those of the University of London and other universities than was formerly the case. This, of course, is so much to the good.

Now I will suppose a young friend (to start well, we will hope he has passed the matriculation examination of the University of London) has registered at the age of sixteen or seventeen years. What has he to do by the time he is twenty-one or twenty-two years of age? He has a journey of three stages: (1) elementary science, including chemistry, physics, elementary biology, and practical pharmacy; (2) anatomy and physiology; and (3) medicine, surgery, and obstetrics. If he passes his first two examinations all right, he has two and a half to three years left for the study of the more purely medical subjects, and it is perfectly appalling to think of the lectures and other work which the student must attend during the last period of two and a half or three years. I am persuaded that the laity has not the remotest idea of the number of subjects that the medical student has to tackle. Speaking generally, he has to attend lectures in medicine six months, surgery six months, obstetrics three months, pathology, bacteriology, pharmacology, and therapeutics three months, forensic medicine, public health, together with systematic practical instruction in medicine, obstetrics, and surgery; operations on the dead body, attendance on the practice of a recognized hospital for two winter and two summer sessions, post-mortem demonstrations for twelve months and clinical lectures on medicine and surgery. He must also attend clinical instructions in ophthalmic surgery, insanity, and diseases of women, and must act as clinical clerk and surgical dresser for not less than six months each and attend twenty obstetric cases. Instruction in vaccination and in the administration of anesthetics and attendance at a fever hospital are also required.

I have said that the laity has no idea of the amount or of the variety of subjects to be studied. Another point that cannot be grasped or understood is why, when our young friend has passed

his three examinations, has done all his work, and has obtained his diploma from the Conjoint Board, he has not earned the legal title of "Doctor." I do not propose to discuss this question now. I only remark, in passing, that it seems to me that the British public will decide it—in fact, are deciding it now, for as a matter of convenience, if for nothing else, the title of "Doctor" is given to the medical practitioner nowadays much more generally than formerly, in fact, almost universally. Even in our journal I notice that the "Conjoint man" is styled "Doctor." I think, then, it will be obvious to everyone that great improvements have been made within the last two decades particularly, and that the general standard of medical education has risen considerably, notwithstanding the fact that too much of the average student's time is spent on biological and chemical studies, and that too little time is given to ward work. I have ventured to point out what I consider to have been the main deficiencies of the past. I mentioned that in three particulars I thought the medical education was deficient, namely: (1) preliminary examination; (2) obstetric medicine; and (3) the administration of anesthetics; and now, notwithstanding the great general advance all along the line, there is a pressing necessity for much improvement in these three respects.

1. *Preliminary Education.*—At the root of all progress lies the improvement in the general and professional culture of those about to enter the medical profession. Can anyone deny that some of the preliminary examinations of to-day are too easy? They are not sufficiently stringent to secure a proper standard of culture. I do not think that any student should be put on the Medical Register unless he has passed the matriculation examination of the University of London, or one of equal stringency. In the good time coming, when all medical students will be undergraduates of a university, and will be obliged to take a degree in arts, this question of preliminary examinations will be solved; until then we must do the best we can. I think the advantages of a good classical education early, to a man entering our profession, cannot be overrated. Nothing will, or can, make up for it; there would not be so many candidates deficient in ordinary spelling and composition if there had been a good classical education. To my mind there is nothing really superior to the old-fashioned Latin and Greek training, but it seems hopeless to insist nowadays upon the retention of Greek. I think it is twenty-five or thirty years ago since, in the matriculation examination of the University of London, students were allowed to take up German instead of Greek. I venture to think that, as far as medical students are concerned, that was a retrograde step. I do not envy the student sitting down to learn his

anatomy who has not learnt even a little Latin and Greek; his Gray's Anatomy, perchance, in front of him, his Latin dictionary on one side, and his Greek lexicon on the other. The student, too, must not begin to specialize too soon; he wants a liberal education, an education for its own sake. This goes when the technical education begins, that is, when he leaves school or college to learn to be a "doctor." I was most interested to observe that about two months ago the Lord Chancellor, as warden of the Guild of Undergraduates of the University of Birmingham, when delivering his address, said he thought there was a grievous omission in that University—there was no chair of Greek—and he hoped they would clamor for such a chair and that Birmingham munificence would be effectual in procuring it.

2. *Obstetric Medicine.*—With regard to the education in obstetric medicine and surgery, I would insist that its importance is not appreciated as it should be. This is a subject of which a very practical view should be taken. It is supposed that out of ten newly qualified medical men who leave hospital some seven or eight of them go into what is called, for want of a better name, "general practice"—become general practitioners. Now, what is the basis of general practice? Anyway, in a practitioner's early years it is obstetrics. The young practitioner who has his living to get is not long in finding this out, and in finding out, too, that when he has to rely on his own knowledge and judgment he does not feel himself so well equipped as he thought he was. The remedy for this is obvious—much more practical work before leaving hospital. It is trifling with the subject for it to be deemed sufficient that a man should have attended not less than twenty obstetric cases in order to be signed up.

3. *Anesthetics.*—I have a word to say about anesthetics. The administration of an anesthetic is a duty which may devolve on any practitioner at any moment almost. He should, therefore, feel himself quite capable to undertake this duty. I believe that good instruction is given at the medical schools in this subject at the present day. Anyway, there is a vast improvement in this respect as compared with what obtained in my student days. Then, indeed, unless a man was sufficiently fortunate to obtain his house surgeoncy he had no opportunity for any practical experience with regard to the administration of anesthetics. For many years I have had unusual opportunities of observing the capacities of men, freshly qualified, who have come from various schools all over the country to fill the resident appointment at our infirmary and whose duties have included the administration of anesthetics. There can be no doubt that in recent years men have been better up to this particular work. All the same I think that at the average hospital medical school the im-

portance of a thoroughly good education in this department is not sufficiently insisted upon.

#### MEDICAL EDUCATION IN THE FUTURE.

Now that I have had my grumble at what I have ventured to call "deficiencies" in the medical education both of the past and of the present day, I feel myself at liberty to say that though the average young medical practitioner in this country is a better educated man than he ever was, there is still room for improvement. But difficulties arise at once. If there be more subjects to be studied or subjects to be more thoroughly studied, how in the world is the time to be found? I have alluded to the tremendous amount of work the student has to get through, particularly in his last three years; is it right that it should be so, and is it possible that he can leave out some of the prescribed work and give more time to other subjects so as to learn them more thoroughly? The histology of to-day, together with physiology, so elaborated that its study must take up a much larger proportion of time than formerly, are subjects necessary enough, but are they not being pushed too far? The future practitioner is not expected to be a professor of physiology any more than every student can be a scientific physiologist. Just so with regard to bacteriology, which has become so much of a science that it might well in itself constitute a study for a lifetime. It must be studied, but its teaching, like that of histology and physiology, should be adapted more precisely to the actual needs of the practical physician or surgeon of to-morrow.

Perhaps the most startling fact of to-day in connection with medical education is the apparently inevitable development of the specialist. The Medical Act of 1886, to which I have already alluded, provided that no one should be admitted to the Medical Register who has not been examined and is not qualified in medicine, surgery, and obstetrics. The so-called general practitioner is one who practises these three; many add pharmacy, and thus practise as apothecaries. Whatever line a man takes eventually he must have qualified as a general practitioner. One might be inclined to ask whether the general practitioner will, as such, continue to exist when one contemplates for a moment the subdivisions of work that are undertaken by the specialist. Thus we have not only special men for the eye, ear, spine, skin, throat, and so on, but for almost every organ in the body. How has this condition of things arisen? I think I can assign two main reasons: (1) The severe competition which awaits a well-qualified man when he is about to start in practice; and (2), though perhaps this ought to come first, the demand of the public. The public do not believe in universalism as applied to the practice

of medicine, but they pin their faith to some specialist who has taken up some particular ailment or organ of the body. An old fellow-student of mine, now holding a high position as a consulting physician in London, told me that a lady of distinction brought her child for him to see because she had been given to understand that he was a specialist for children between the ages of seven and eight years, and her child was just seven and a half years old! Seriously speaking, this condition of things has to be recognized; it has come to stay, whether for the greatest good of the greatest number, is more than I can say; I can only hope so.

Of course, we all agree that some special departments in our profession are absolutely necessary; take, for example, that of public health. Now the supreme authority in sanitary matters in this country is the Local Government Board, with its chief medical officer and its medical and other inspectors; and all urban and rural sanitary authorities are required to appoint medical officers of health having registered qualifications in medicine and surgery. The duties of a medical officer of health are tremendous (in an average town, such as Leicester, for example), and require a most extensive and liberal education. The man who would aspire to so honorable a post must specialize early in his professional life. Think what he has to do. The Local Government Board directs that he shall inform himself respecting all influences affecting, or threatening to affect, injuriously the public health within the district. He shall be prepared to advise the sanitary authority, worthy aldermen and common councillors alike, on all matters affecting the health of the district. He shall direct and superintend the work of the sanitary inspectors. He has to be able to give a decided opinion as to whether some articles (meat, game, fish, and the like) when exposed for sale are fit or unfit for food. He has to write numberless reports on all sorts of subjects and to report every quarter to the Local Government Board, and oftener if there should be any epidemic. He has to prepare an annual report up to the end of each December, containing tabular statements without end with regard to sickness and death-rate. In matters not especially provided for, the medical officer of health must obey the instructions of the Local Government Board, and the lawful orders or directions of the sanitary authority. Since I have been in practice it has become necessary to notify to the sanitary authority all cases of contagious diseases, and the medical officer of health is expected to be able to decide immediately in doubtful cases of infective disease; for example, he must decide at once whether a case be one of modified smallpox or of severe chicken-pox. He has, in fact, to constitute himself a "final court of appeal." It

is now suggested that his duties should be added to in connection with the supervision of midwives under the new Act.

Now, surely the education of a man who is to carry out these duties thoroughly well must have been very special, in fact, directed towards public health *ab initio*. Although it has nothing to do with my argument, I may here express my firm opinion that our Association will be doing a great work if it will use its influence to favor the principle or policy of "fixity of tenure" as applied to competent and well-educated medical officers of health. The present conditions of service are not satisfactory, to say the least.

As another instance of special work in our profession, work requiring special aptitude and education, I would refer to the insane. In these large asylums which unfortunately seem to have sprung up, and are springing up, all over the country, and which are harbors of refuge for the most afflicted and the most to be pitied of our fellow-creatures are to be found men of our calling who have devoted, men who are devoting, their lives to the improvement of the treatment and surroundings of those unfortunate people intrusted to their care. Within the last half century the treatment of the insane has been revolutionized, improved in every possible way. This has been due to the specialists, to men who have made the care and treatment of those of unsound mind their special study. And so I might go on; it really seems as if the medical profession is soon to consist of a series of professions, and that those who enter it, if they intend to make a decent living, will have, quite early in professional life, to decide each one on his particular line. Of course this is not really so.

The two illustrations I have given of specialism in public health and lunacy are illustrations of legitimate specialism, but that there is a type of specialism existing with which we are not all in accord, no one will deny. A healthy specialism has been defined as "a practice of a special branch of treatment, a study of a special domain of knowledge of a natural and gradual growth in the varied experience of a practitioner." Something like this has always existed in medicine, greatly to its advantage, and is very different from the specialism of what I have heard described as the mushroom growth variety, where chicanery and humbug reign triumphant. There can be no doubt that honest specialism has advanced the science and art of both medicine and surgery, particularly during the last thirty or forty years. But, as has often been observed in many other lines of human activity, all sub-division of labor, while advancing the best interests and development of the people at large, has great disadvantages for those engaged in the work. This is seen constantly in many industrial pursuits, when mechanics or work-



men become almost like machines, devoting their constant toil and energy to one small section or sub-division of work, and are relatively useless in regard to other portions of the same industry. There is, then, the danger that this modern development of specialism may tend to produce a narrower type of medical men who, like the mechanics, will only know their own department and work, and be unable to understand properly the relations of special portions of the field of medicine to others or to the system at large. Whether this may be so or not, the main point to keep in view, while always admitting that specialism is with us, is "whether or not the practical result is good?"—first, as affecting the public, and, secondly, as affecting the profession. To both of these questions I unhesitatingly say, Yes, and from my experience of practice and patients I make bold to declare that the public might derive more help and benefit than they do if they knew what to have and what to avoid in the way of specialism. Now, here is the opportunity and a well-defined duty for the well-educated practitioner. He will see to it that his patient shall not become (if he can help it) a patronizer of the false specialist (legally qualified or not). After all, it seems to be a matter of trust, and just in proportion as you have young men coming thoroughly well trained from the medical schools, so you will have a corresponding amount of confidence on the part of the public. The way in which specialism is affecting the profession has already been alluded to, and I only say again that the chief danger seems to be the development of a narrower type of medical man. I think, before leaving this subject of specialism, that I may take the opportunity to express my regret that nothing seems to be able to be done to check the advertising specialist, enterprising advertisers who claim to cure diseases without seeing the patients (claim to do, in fact, what is impossible of accomplishment), and so use the daily press and religious and magazine publications for fraudulent purposes, for that is what it amounts to. In America, I think, there are greater sinners in this respect than there are here, but in England they are bad enough, and it is a matter of painful surprise that proprietors of high-class newspapers and magazines can allow such rubbish to be shot into their advertising columns. There must have been great defects in education somewhere, or such a condition of things would never be tolerated.

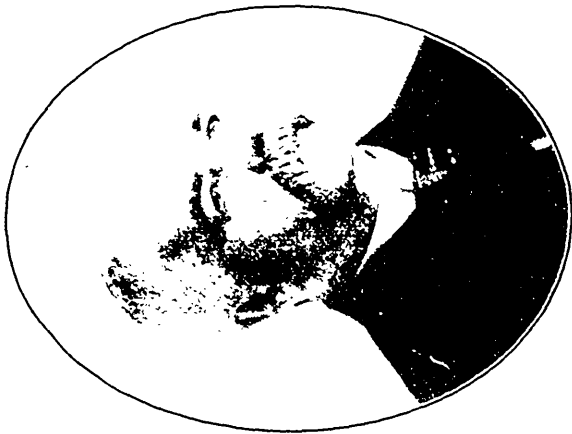
I have intimated that, to the best of my judgment, the average young practitioner of to-day is a better man than he was thirty or forty years ago, but I want him to be better still, to be more thoroughly equipped, and would not the public gain immensely if this were so? The university education is the first pressing necessity. I have alluded to the good time coming when

all medical students shall be undergraduates of a university and shall have to take a degree in arts. I hope it is not a dream, but that another generation will see its accomplishment. It is undoubtedly the fact that medical men of a former generation, whose sons are now entering the profession, send them, if they can possibly afford it, to one or other of the universities; again, when the student's time is over in the five or six years, why should it not be obligatory that he should hold some responsible resident appointment for six or twelve months before going into practice? As a matter of fact, it is more often so than not, but now that there are more opportunities for resident appointments, it would be a wise regulation that every man should have this experience. I have known many men who have regretted in after years that they had no such opportunity. I may perhaps offer one more suggestion to the newly qualified practitioner, and that is, that he should at once join the British Medical Association. The British Medical Association, as I have mentioned, was founded at Worcester in 1832. At its first annual meeting, a year later, it numbered 140 members. Its success has been very marked. I think that there are some 20,000 members, but the success will not be complete until every registered practitioner becomes a member. The British Medical Association exists for the promotion of medical and the allied sciences; it also exists for the maintenance of the honor and the interests of the profession. I will not labor this point now; I may have another opportunity, but I would earnestly invite every newly qualified practitioner to join our Association as a matter of course.

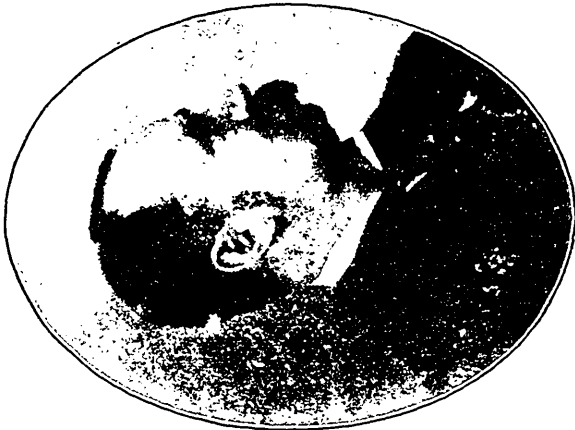
I suppose all of us, when students, indulged more or less in "hero worship." I am sure I did, and I have already mentioned the name of one of my heroes. I mean the late Sir John Simon. He was appointed lecturer on pathology at St. Thomas's Hospital as far back as 1847. He was then thirty-one years old, and on that occasion he gave an inaugural address, and I propose to conclude my remarks to-night, which I sincerely wish had been more worthy of this distinguished audience, by quoting some of his final sentences. Mr. Simon—this genius, surgeon, pathologist, and poet-philosopher—was addressing a very learned audience, not only students. He said:

"But finally, gentlemen, I cannot forget, nor can I refrain from reminding you, that the course I invite you to run is no beaten track of traditional knowledge. The science which we have jointly to study is yet but in its first dawn and immaturity, and the terms of my commission here have imposed on me as an especial duty to institute researches for the purpose of unveiling the latent processes by which disease is established and the curative processes by which it is removed. To co-operate with me in

these researches and go far beyond me in achieving their great results, I earnestly invite and exhort you. I bid you enter on a field of science where industry must have its reward in an unparalleled harvest of discovery—a field now first beginning to bear fruit, with promise of unmeasured fertility. If you have energies in you, beyond the mere care for sustenance, how can you better or more nobly bestow them than in original investigations which have nature for their field and the alleviation of human ill for their final purpose? It is in no transient access of enthusiasm, but in the deepest conviction of my judgment, that I affirm the supreme dignity of such pursuits; that I affirm them not only to be in themselves the loftiest occupation of the human mind, but to include the largest and most enduring rewards. To be the successful interpreter of nature, to discover her hidden laws of operation, or by your personal exertions to augment the permanent resources and utilities of medicine—this implies as its result to be remembered so long as man and outward nature coexist; *to be remembered as the ornaments and benefactors of your species.*”



**DR. DANIEL CLARK**  
who recently resigned the Superintendency of  
Toronto Asylum for the Insane.  
(See page 257, this Issue.)



**DR. C. K. CLARKE**  
lately of Rockwood Asylum for the Insane, recently  
promoted to be Medical Superintendent,  
Toronto Asylum for the Insane.  
(See page 262, this Issue.)

# The Canadian Journal of Medicine and Surgery

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**Clinical Medicine**—ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine Toronto University; Physician Toronto General Hospital, St. Michael's Hospital, and Victoria Hospital for Sick Children.  
**Mental and Nervous Diseases**—N. H. BREMER, M.D., M.R.C.S. L.R.C.P. (Lond.), CAMPBELL MEYERS, M.D., M.R.C.S. L.R.C.P. (Lond.), ED. J. PRIVATE Hospital, Deer Park, Toronto; and EZRA H. STAFFORD, M.D.  
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**Physiology**—A. B. EADIE, M.D., Toronto, Professor of Physiology Woman's Medical College, Toronto.  
**Pediatrics**—A. R. GORDON, M.D., Toronto; HELEN MACMURCHY, M.D., Toronto.  
**Pathology**—W. H. PEPLER, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Associate Demonstrator of Pathology Toronto University; Physician to Out-door Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.  
**Ophthalmology and Otolaryngology**—J. M. MACCALLUM, M.D., Toronto, Professor of Materia Medica Toronto University; Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.  
**Laryngology and Rhinology**—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must remember that all papers, reports, correspondence, etc., must be in our hands by the fifteenth of the month previous to publication.

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

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## Editorials.

### YELLOW FEVER.

THE bacillus icteroides, discovered in 1897 by Professor Sanarelli, of Bologna, is by many observers accepted as the efficient cause of yellow fever. It is described as a slender, motile, facultative, anaerobic bacillus from 2 to 4 c. c. in length.

Its etiological relation to yellow fever is supported: (1) by its frequent presence in the blood and viscera of the dead; (2) by

a serum test, in which the bacilli become agglutinated and motionless, after the manner of typhoid bacilli in the Widal test, and (3) by the production of the disease in man, through inoculation experiments conducted by Sanarelli and others. Yellow fever is not directly contagious, and recent observations prove that it is not carried by fomites. A mosquito, called *Stegomyia fasciata*, is the only known carrier of the yellow fever poison, which it communicates by inoculation. The female is distinguished by lyre-markings on the back of the thorax, and by the velvety and downy character of the thorax. The blood of a yellow fever patient is infectious for three days only, so that the *Stegomyia* must bite within the first three days to get the poison, and does not become infectious till twelve days after receiving the poison.

Roger (*Introduction à l'étude de la Médecine*, 1904) opines that "the bacillus icteroides is not the specific cause of yellow fever. It is, however, an interesting microbe, because of its high pathogenic power." He thinks that the specific agent of the disease is a protozoon, which is inoculated by the *Stegomyia fasciata*. Leube, in "*Special Medical Diagnosis*," 1904, supports this opinion, saying: "The exciting cause of yellow fever is probably a protozoon conveyed by the mosquito; this has, however, not been definitely determined as yet."

Recent researches made in veterinary medicine, says Roger, show that the trypanosomes, which are closely related to the malarial parasites discovered by Laveran, provoke in certain animal species real infectious disorders. The Nagana, which in South and West Africa affects horses and cattle, is well known under the name of the tsetse fly disease, conveyed by *Glossina morsitans*. This fly only transmits a parasite, which was originally discovered by Bruce in 1894. The parasite is the *Herpetonomas Brucei*, which is also pathogenic to man, and causes the sleeping sickness, a severe disease endemic in Africa, affecting chiefly the native blacks.

Surra, a disease of horses in India, is due to the *Herpetonomas Evansi* (1891); Mal de Caderas, which attacks horses in South America, is produced by another trypanosome, discovered by Elmassian. The disease, known as Gall-sickness in bovines in the Transvaal, is caused by the trypanosome of Theiler; a disease in rats has been traced to a trypanosome by Mesnil. The trypan-

osomata (Gr. τρύπανον, borer + σωμα, body) cause other diseases. Thus Dourine or Maladie de Coit, caused by Tryp. Equiperdum, a venereal disease of horses, resembling syphilis, prevails in Algiers, and has even been observed in Ontario. It is caused by a trypanosoma discovered by Schneider and Buffard. Then, looking at the question from another point of view, Leblanc has discovered the presence of hematozoa, animal organisms of species that live in the blood cells and blood stream of dogs affected with jaundice.

Vaccinia and variola have also been studied from the same etiological standpoint. V. der Loeff and Pfeiffer have observed in the pus of smallpox pustules, or in vaccine lymph, certain corpuscles, which have been studied by Guarnieri, under the name of Cytoryctes vaccinae. Funck has given to these bodies the name, sporidium vaccinale. Although many authors consider these elements as only mere cellular debris, recent researches, especially by Röger, Weil, Wassiliewski and Ischigami appear to prove that sporidium variolosum is the specific cause of smallpox, and sporidium vaccinale the specific cause of vaccinia.

Whether the causa morbi of yellow fever shall prove to be a protozoon, such as these, remains to be discovered; but the evidence points that way. Thus Schaudinn suggests (*International Medical Annual*, 1905), that the etiological organism of yellow fever (a protozoon) may be found in the Malpighian tubes, and thinks it may be invisible, unless in an agglomeration of many individuals. He was led to make this suggestion from the remarkable work on the developmental cycle of trypanosomes and spirochetes in the mosquito culex pipiens. Whatever the nature of the parasite of yellow fever may be, its life-cycle would appear, not to need the passage of the parasite through the intermediate host, *Stegomyia fasciata*, for Reed and his associates succeeded in producing the disease by injection of blood drawn from the general circulation. Practically, however, this disease is always conveyed by the mosquito. It is not conveyed by fomites, and hence disinfection of a house, except as to mosquitoes, is unnecessary.

The spread of the disease can be controlled most effectually by catching the mosquitoes in the houses; by fumigating infected houses with sulphur (one pound of sulphur for each 1,000 cubic feet of space); by using screens to pro-

teet the sick and the dead from mosquitoes, and by burning Pyrethrum (Dalmatian) powder, in the same proportion, which will either kill or stupefy the mosquitoes so that in three hours they may be swept up and burned. By these and other preventive measures the sanitary condition of Havana was improved. The following extract from Public Health Reports, Feb. 14, 1902, p. 363, shows how the work was done and the results: "Under the direction of Dr. W. C. Gorgas, U.S.A., the 'Stegomyia Brigade' began its work of inspection in March, 1901, when in 16,000 houses examined, larvæ were found at the rate of 100 per cent. This does not mean that every house examined had larvæ; many houses were found that had several receptacles which contained larvæ. During December, 1901, 16,121 houses were inspected, and in but 1.5 per cent. were the larvæ found. From May 7 to July 1 (fifty-four days), no case of the disease occurred; then it was introduced from Santiago de las Vegas, and later from other places, and yet, during July, there were but four cases, and in August, but 8. During the whole year (1901), there were but 18 deaths from yellow fever, and 12 of those occurred in January and February, before the work of prevention was begun. During the preceding forty-five years, the average number of deaths therefrom was 751.44, the minimum 51, occurring in 1866."

What has been done in Havana is also being done in New Orleans, and there is every reason to hope that the results will be equally satisfactory. Eternal vigilance is the price of liberty, and it would seem that eternal watchfulness of *Stegomyia fasciata* is the price of safety in the tropics of America. J. J. C.

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#### EVIL EFFECTS OF CHRONIC TONSILLITIS AND ADENOID VEGETATIONS.

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CHRONIC hypertrophy of the tonsils and the pharyngeal adenoid tissue generally begins about the third or fourth year, but it may be congenital. It is said to follow diphtheria and the exanthems; repeated attacks of tonsillitis may also produce permanent enlargement. There is, of course, no difficulty in recognizing this condition in a well-marked case of the disease, the enlarged tonsils being revealed on examining the throat; the adenoid vegetations



may be seen through the throat mirror or they can be felt with the finger.

The most prominent symptom is mouth-breathing, due, largely, to the presence of the adenoids. The disease develops gradually; the child becomes restless at night and sleeps with the head thrown back and the mouth open. The obstruction in the nose causes loud snoring and, in severe cases, the child awakes in a fright, as though at the point of suffocation. Next the child acquires the habit of keeping the mouth open during the day, and the face becomes dull and expressionless; the voice nasal and indistinct, especially in the pronunciation of the sounds, l, r, m and n. The hearing often becomes affected; nasal mucus is increased and the breath becomes foul. Taste and smell are also affected in some cases. Small, cheesy, foul-smelling masses from the tonsil and crypts are often brought up, by coughing or hawking. Pigeon breast or barrel chest, or funnel chest may result from this condition. Among the more remote results are: Habit chorea of the face, enuresis, dreams, forgetfulness and inaptitude for study.

In an article in the *Brit. Med. Jour.*, Feb. 4th, 1905, on the teaching of hygiene in schools, the writer draws attention to the fact, that activity of the brain produces waste products, which must be continually removed, if premature fatigue is to be avoided. There can be no doubt that this removal is, in part at least, carried out by means of the lymphatics. Large lymphatic vessels pass out of the cranial cavity with the olfactory nerves, and it is highly probable, that structural changes in the nasal mucous membrane, by exerting pressure on these lymph-vessels, will impede the current, lead to the retention of the waste products, and so produce a feeling of fatigue.

All are agreed, that children with adenoids suffer in health and are retarded in their education. The affection is usually accompanied with headache, permanent or intermittent; sometimes it is there regularly in the morning after rising; at other times it appears at school time, as the result of the slightest mental exertion. Dr. Guye says of this feature of these cases: "If it were generally known, how many cases of chronic headache, of inability to learn or to perform any mental work, are due to chronic disease of the nose, many of these cases would be easily cured, and the number of cases of children, victims of the so-called pressure in education, would be, I firmly believe, notably diminished."

d. The earlier the mischief is checked, the less grave will be the consequences for the child's education and physique. If dealt with in infancy or early childhood, there is nothing alarming in the affection, but the matter becomes grave when it is mistaken by teachers for stupidity and dullness, when children, who, free from adenoids would be quite intelligent, are punished by teachers and disliked by their fellow pupils.

If the tonsils are enlarged they should be removed. The prompt removal of adenoid vegetations from the naso-pharynx has resulted in a complete change of character and mental capacity in the pupil. If hypertrophied tonsils and adenoids are present in the same case, the obstructive breathing with the thick, disagreeable voice will scarcely be improved by simple tonsillotomy. In such cases, the adenoids are the important factor in the causation of the symptoms. After a correct diagnosis of the conditions has been made, the required operation will suggest itself.

J. J. C.

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#### HALIFAX MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

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THE thirty-eighth annual meeting of our National Association convened in Halifax, N.S., on the 23rd of August, and remained in session till the evening of the 25th. It was one of the best meetings ever held, and was attended by 222 physicians, many from the most distant parts of the Dominion. The Halifax meeting was, therefore, the third largest ever held since the inception of the Association. The papers, a list of which we published in a recent issue, were more than usually interesting, and we are glad to state that, with very few exceptions, those promising papers were present at the meeting to read them in person. This, we trust, will be the case more and more, and that all who undertake to read a paper or take part in a discussion will consider it a sacred duty to materialize and fulfil their obligation. We extremely regret that, notwithstanding all our efforts to secure for this issue a report of the meeting and an abstract of the different addresses, it was impossible to do so owing to the services of a medical stenographer not being available. We append the more interesting reports presented, and what we lack in this issue of the JOURNAL we hope to more than make up for by giving

our readers from month to month during the autumn, under "Original Contributions," the different addresses presented and papers read by the various members. We are enabled, in this issue, to present one or two half-tones of some of the more interesting points in the city of Halifax, visited by some of the delegates when away.

#### GENERAL SECRETARY'S REPORT.

Two hundred and sixty-seven names were inscribed on the treasurer's register at the thirty-seventh annual meeting of the Canadian Medical Association held in Vancouver, B.C., from the 22nd to the 25th of August, 1904. It was the third largest meeting in the history of the Association. Of this number



HALIFAX CITADEL.

sixty-one were guests, several distinguished members of the profession being present from Great Britain and the United States. Two hundred and six were from the Dominion of Canada; and the fact bears some significance, that our guests at that meeting numbered nearly one-third of the attendance from our own profession in Canada. In detail the attendance may be grouped as follows; Vancouver, 40; Victoria and the province, 40; Ontario, 56; Quebec, 21; N.W.T., 19; Manitoba, 18; New Brunswick, 3; Nova Scotia, 6; P.E.I., 3; England, 3; Scotland, 1; United States, 55; R.M.S. *Athenian*, 1; S.S. *Empress of China*, 1. One hundred and one new members were added to our list, that number having been elected to membership; and there were present forty-three members of the profession in Canada who did not seek membership in our association, which number was about

one-half of the previous year. Amongst the number were some who took a prominent part in the proceedings of the meeting, such as delivering addresses of welcome, acting on the Nominating Committee, etc. This seems rather anomalous, and I respectfully call your attention to it. I call your attention to a notice of motion handed in by Dr. H. B. Small, Ottawa, at the last meeting: "That the members from each province, present at an annual meeting, elect from themselves three representative members, who, together with the President, Secretary and Treasurer, shall con-



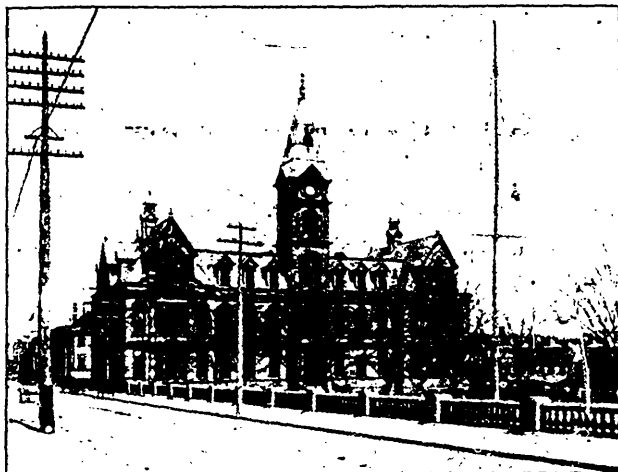
ENTRANCE TO CITADEL, HALIFAX.

stitute the Executive Council of the Association." This is a radical step towards amending the Constitution, appears like the thin end of the wedge towards reorganization, and is deserving of your most careful and serious consideration. Although no official acceptance of the invitation sent by this Association to the British Medical Association, to convene in Canada in 1906, has been received, it is understood that that Association has accepted this invitation, and the additional invitation forwarded by the profession of Toronto, to meet in the Queen City of Canada. The meeting of this well-organized body in Canada

will, I trust, excite some interest in the reorganization of Canada's national medical organization. It is with sorrow that I report the death of one of our past-presidents, Dr. James Thorburn, Toronto, since our last meeting. Dr. Thorburn filled the office of President in 1895-6.

#### REPORT OF SPECIAL COMMITTEE ON PUBLIC HEALTH.

As convener of your sub-committee *in re* the creation of a Department of Public Health as a Dominion measure, I have the honor to report that practically no advance has been made since we first presented your views to the Federal Government



CITY HALL, HALIFAX.

on this important question three years ago. Strong resolutions have been passed by your Association containing the views of the profession on this matter, year after year, and they have been duly forwarded to the proper authorities at Ottawa, to say nothing of the personal representations of your sub-committee, conveyed to the Government by way of deputation and personal interview. On the last occasion on which I waited upon the Hon. the Minister of Agriculture, he pointed out to me that he was familiar with the views of our Association as contained in the several resolutions referred to above, and that it appeared to him to be unnecessary to call the committee to Ottawa to reiterate what we had so clearly laid before him. He assured

me that the whole question had his entire sympathy and that he trusted to see such a scheme as had been outlined to him brought into operation. And he further said that it was his intention to bring the matter again to the attention of the Prime Minister, he hoped at a date sufficiently early to enable him to give something rather definite for our meeting at Halifax. Your committee feel that they have done what they could to induce the Government at Ottawa to create a Department of Public Health, under one of the existing ministers, in order to place this important branch of the public service on the same footing as it stands in nearly all progressive countries. We regret, however, to be obliged to report that so far our efforts have been unavailing, and as we believe that a more powerful and influential committee is needed from this Association to more seriously impress the Government with the great importance of this question, we respectfully ask to be discharged.—R. W. POWELL, *Convener.*

#### RESOLUTION *re* PUBLIC HEALTH.

That a committee be appointed from this Association to wait upon the Dominion Government and lay before them the several resolutions now on the books of this Association in reference to the creation of a Department of Public Health, in order that all matters pertaining to the public health, over which the Dominion Government has jurisdiction, may be administered under one official head. That the committee be requested to impress upon the Government the great importance and public utility of this matter, and that it is the wish of the medical profession in the Dominion, as represented by the Canadian Medical Association, that such an advance should be made in this branch of the public service. That the committee consist of: Dr. E. P. Lachapelle (convener), Montreal; Dr. R. W. Powell, Ottawa; Dr. Daniel, M.P., St. John; Lt.-Col. Carleton Jones, Halifax; Dr. H. A. Bruce, Toronto; Dr. H. H. Chown, Winnipeg; with power to add to their number.—*Carried.*

#### REPORT OF NOMINATING COMMITTEE.

Place of meeting in 1906: Toronto, at same time as British Medical Association meeting. President: Dr. Alexander McPhedran, Toronto. General Secretary: Dr. George Elliott,

203 Beverley Street, Toronto. Treasurer: Dr. H. B. Small, Ottawa. Vice-Presidents: Dr. H. D. Johnson, Charlottetown, P.E.I.; Dr. G. Carleton Jones, Halifax, N.S.; Dr. Emery, St. John, N.B.; Dr. H. S. Birkett, Montreal, Que.; Dr. J. D. Courteney, Ottawa, Ont.; Dr. S. P. Prowse, Winnipeg, Man.; Dr. H. G. McKid, Sr., Calgary, Alta.; Dr. R. E. McKechnie, Vancouver, B.C. Local Secretaries: Dr. Simpson, New Glasgow, P.E.I.; Dr. J. R. Corston, Halifax, N.S.; Dr. J. A. Seammell, St. John, N.B.; Dr. Ridley McKenzie, Montreal, Que.; Dr. Harold Parsons, Toronto, Ont.; Dr. J. R. D., Winnipeg, Man.; Dr. J. Hislop, Edmonton, Alta.; Dr. W. H. Sutherland, Revelstoke, B.C. Executive Council: Dr. W. P. Caven, Toronto; Dr. A. A. Macdonald, Toronto; Dr. F. LeM. Grasset, Toronto.—F. N. G. STARR, Chairman, Nominating Committee.

#### TORONTO, NEXT YEAR.

The meeting next year convenes in Toronto, under the Presidency of Dr. Alex. McPhedran (who, we feel sure, will fill that office most acceptably) at the same time as the British Medical Association, and as was urged in last month's editorial, we trust that every member of the profession in Canada, no matter where he resides, will make a mental note of the meeting for 1906, and take his vacation at that time, so that the Canadian Medical Association meeting for next year will live in the minds of all, as by all odds the banner one in the 39 years of its existence. We are glad to know that a Reorganization Committee was appointed this year. They have several very important points to consider, among them being (a) the formation of Branches of the Association in the different cities of the Dominion, (b) the question of permanent membership, (c) the publication of a weekly journal, (d) the raising of the fee to \$5.00 per annum. Dr. McPhedran was elected chairman of this important committee, though we understand that he has requested Mr. Irving Cameron to act in his place. We hope the Committee will go to work with vim this winter and use every effort to so reorganize our Association as to place it on a par in many respects with the American Medical Association.

W. A. Y.

### RENDER UNTO CÆSAR.

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It is getting to be a very expensive thing to own a house or property in the city of Toronto. Why should the citizens (God-fearing and otherwise) have such high taxes to pay, while churches, a Sunday School Institute, so called, on College Street, where every room, excepting the parlor, is let to lodgers, are tax free, and all sorts of other *quasi* religious and misnamed philanthropic institutions, originated by fanatics, are appealing to be exempt from taxation? Many of these appeals seem likely to be granted, for the Board of Control are mute, and when spoken to by citizens,

“Some trod out stealthily and slow,  
As if the sun would fall in snow,  
If they walked to, instead of fro.”

The only answer to our why so far is, Echo answers—“Why.”

More preposterous still, in the eyes of the medical profession, is the new business tax. Is this to make up for the leniency to such institutions as we have referred to, and to the Home for the Victorian Order of Nurses on Spadina Ave.? The exemption of this building is another imposition levied on the householders of Toronto. We intended discussing this subject further, but upon reading an editorial in *Saturday Night* (Sept. 16th), we have torn up the feeble remarks we had scribbled, and quote here the forceful view of the editor of that paper on this subject:

“Last Monday the Court of Revision allowed the appeal of the Victorian Order of Nurses for exemption from taxation on their premises, 206 Spadina Ave. City Relief Officer Taylor, who is probably the best informed man in the city with regard to such matters, considers that this action was uncalled for, as the Order received last year \$1,591.40 in fees from patients, \$3,526 in subscriptions, making a total of \$5,117.40. The staff consists of seven nurses and one superintendent, whose salaries aggregate \$2,239, besides a home which is free of encumbrances. ‘We have in this city,’ continued Mr. Taylor, ‘two nursing-at-home missions, the work of which is confined to the poor. These missions do what may be considered the nursing of the city’s destitute, and it is very efficiently done.’ This must seem to



reasonable people sufficient grounds for Mr. Taylor's opposition to what is practically the granting of more money to a branch of an order which never would have been started had it not been for the vanity and fussiness of Lady Aberdeen. The Victorian nurses compete for pay-patients directly with the trained nurses of this city, who depend for their livelihood not on a semi-charitable, largely subsidized association, but upon their own exertions, and if they acquire by industry a little property it has to pay taxes.

"The cancellation of taxes on an assessment of \$3,585 on the St. Clement's Club in William street, on the ground that it was a philanthropic institution, a part of church property, was no more defensible than the exempting of the \$4,000 property on the Sunday School Institute, at 141 College street, though both are examples of the working of an unjust system. In the first instance Rev. Father Barrett appeared on behalf of the Redemptorist Fathers; in the second case Rev. Dr. Courtice, a well-known Methodist minister, pressed the appeal, and Mr. Defoe, the Catholic representative on the Court of Revision, was the one to suggest that the appeal be allowed. Here we see our Catholic and Methodist brethren working in beautiful harmony when it comes to a question of loading church burdens on secular shoulders. I consider that sort of thing as disgraceful as the recent salary grab at Ottawa.

"The Court of Revision also exempted the Y. M. C. A. branch at the Union Station, though it was pointed out to them that it was much of a business affair, in some respects competing with boarding-houses and restaurants. Taxes have been hunched on to the business public by this Board—and by the new assessment law—almost without mercy, yet apparently they love to appear brimming over with 'Charity.' Verily, of Faith, Hope and Charity the greatest graft is charity."

We hope that the magazine called *The Canadian Nurse* will deem it a duty to take up this subject, of the Victorian Order, on behalf of those graduate nurses all over Canada, struggling to earn their living and who chiefly constitute its subscribers, and thrash it out. Women, as a rule, with a purpose under their bonnet, are fearless, and often say the "last word" with eloquence and effectiveness.

**EDITORIAL NOTES.**

**A. Physiological View of Death.**—Professor Metchnikoff, in a work entitled “The Nature of Man,” proposes the theory that, if we live as long as nature intended, we develop “an instinct of death,” and eventually lose the wish to live longer. This view is in accordance with common observation. Very old people, having outlived their joys and sorrows, no longer fear dissolution, but rather welcome it, if not with positive pleasure, at least with resignation and equanimity.

“First our pleasures die, and then  
Our hopes and then our fears, and when  
These are dead, the debt is due.  
Dust claims dust, and we die too.”

When life gives little but pain and regret, the sufferer longs ardently for sleep, whose lenient power soothes disease and pain, giving repose to the wretched body, steeping the senses in forgetfulness. And death to the worn-out, aged sufferer seems like a twin-sister of sleep. Besides, the close of a long and active life seems like the approach of wished-for rest, all the more welcome because of an overpowering sense of weariness. There are cases in which mental and physical suffering is continued to nearly the end of life. In such cases the end is welcomed as a relief. In others, and happily for the dying person, as well as the bystanders, painless deaths occur. Some observers have thought that painless deaths outnumber the painful ones fully ten to one. It should also be noted that convulsive struggles, labored breathing and symptoms which ordinarily indicate distress have usually of a reflex character, when noticeable at the close of life. The almost invariable testimony of those who have seen death in many forms is, that the end comes peacefully and the dying one seems to be passing into a quiet slumber.

**Imitation Fevers.**—The imitation of fever is said to be accomplished with success by malingerers. That is to say, certain patients find it possible to induce a thermometer to show a higher temperature than that of the body. The means by which a thermometer is induced to show a fever temperature are numerous. Hot drinks will produce a surprising elevation and so will hot

food. A cup of tea will send the mercury upward in a surprising way, and even hot potatoes or pudding will produce the desired result. A poultice or a hot fomentation will answer the purpose, and a hot water-bottle has also been pressed into the service, with the object of fooling the attendant, or of continuing to be the recipient of medical treatment. These are easy methods. Another one utilizes the effects of friction. If a clinical thermometer be grasped firmly near the lower end and the bulb rubbed on a piece of cloth—flannel is the most suitable material—the bulb will become quite hot. If not done carefully, this procedure may lead to the breaking of the glass at the constriction, just above the bulb of the thermometer. A writer in the London *Lancet* claims that malingerers can make the mercury rise a little higher in the tube by applying pressure to the bulb. The trick works best, he says, when a thermometer with a thin bulb is used, and when it is placed in the mouth, as the teeth can be used for the purpose of compression; but it may be done when the thermometer is in the armpit. Fleishy patients are, however, unable to accomplish this manoeuvre. Hyperpyretic temperature, above 106 deg. F., should always excite suspicion in the mind of the clinician. In thermic fever temperature ranges from 106 deg. to 112 deg. In malignant scarlet fever the temperature is very high (106 to 107 deg.). In the perforative peritonitis of typhoid fever the temperature has reached 107 deg. before death. French ("Practice of Medicine," 2nd Edition, p. 695) writes of high temperature as follows: "Hysterical fever is one of the most interesting phenomena. In, perhaps, a majority of the cases, the elevation of temperature is due to deception, and the thermometer runs to the limit of its capacity, 110 deg. F., or higher; 150 deg. F. has been reached." We do not venture to say that all the cases of very high temperature, viz., 115 deg., 120 deg.; and even higher, that have been recorded are fraudulent; but we think that in the majority of the cases there has been fraud.

**Therapeutics of Neuritis.**—D. R. Brower, Chicago, speaking at the Portland meeting of the A. M. A., said that intoxication was probably the basis of all cases of neuritis, and, of all the agents, alcohol is the most important, followed closely by arsenic, lead and the coal-tar products. He asserted, that no case could be successfully treated until the cause was removed. Absolute rest is essential in every case. The depressing coal-tar products must

be avoided. Often heat or cold, as intense as possible, will give relief. The galvanic current will often give prompt relief from pain. When the galvanic current fails a hypodermic injection of morphine and atropine may be used. The bowels, skin and kidneys must be made active. A mercurial purge (calomel) should be given at the beginning of the treatment. After the bowels have been made active, if insomnia and pain continue, a dose of Dover's powder at bedtime will be useful. Hypodermic injections of strychnine into the muscles will often aid in the restoration of the functions when massage and electrical treatment fail. (1) Guard against cardiac and respiratory failure with strychnine sulphate and spartein sulphate, in grave cases hypodermically, the dose of the former being from 1-3 gr. to 1-15 gr., and of the latter 1-4 gr. to 1-2 gr., in from three to six hours; (2) secure absolute rest; (3) remove the cause; (4) relieve the pain; (5) eliminate the toxins; (6) remove inflammation from the nerve trunks; (7) attend to the general constitutional state; (8) improve the nutrition of the paralysed muscles.

**The Yellow Fever Situation at New Orleans.**—The great causes of the spread of yellow fever in New Orleans appear to be the concealment of cases and the change of residence of people who have been infected. Dozens of cases are on record which show that the patient had moved away from a house where infection had existed. The municipal board of health announces that physicians who fail to report cases of yellow fever will be prosecuted under a city ordinance. The federal authorities will not interfere in any way with physicians who report the cases of this disease occurring in their practice and, by a room-to-room inspection of the whole city, they expect to discover every case of yellow fever that exists in New Orleans. Sweeping orders have been issued to the police to prosecute all landlords and agents who fail to screen cisterns. A special despatch to the *World* (New York) says: "Despite the fact that it was the Sabbath, August 13, more work was done in cleaning the city than on any one day since the plague began. Over 1,000 carts of every description were used in the work, and thousands of loads of dirt and debris were removed. Commissioner of Public Works Smith and Mayor Behrman personally conducted the cleaning operations. An appeal was made to draymen, contractors and all concerns owning

carts for the free use of their vehicles. There was a patriotic response, many firms giving the use of their employees as well. As a result New Orleans was given its first genuine cleaning in years. When the men quit after a long day's work, sidewalks which had been impeded with high grass, and vacant lots which had contained stagnant pools of mosquito-breeding water were cleared. The day's operations had been planned under the direction of Surgeon White, and his inspectors were on hand from morning until night directing the work." Up to August 20th, there had been 1,397 cases and 201 deaths, a case mortality of 14.38 per 1,000. In 1878, up to August 20th of that year, 1,355 cases of yellow fever and 496 deaths were reported, a case mortality of 36.60 per 1,000. As the average mortality in yellow fever ranges in different epidemics from twenty to seventy per cent., the mortality in New Orleans was not excessive in 1878, and in 1905 may be considered to be a low one.

**The Profession and Tuberculosis.**—In the combined effort which is being made to put down tuberculosis, success will depend largely on the attitude and conduct of the medical profession. Early recognition of the disease is a duty, from which a physician should on no account allow himself to swerve. For it is now axiomatic that any measure of success gained in the treatment of this disease is dependent on its early recognition in the individual. The discovery of bacilli in the tissues or discharges from a diseased area establishes the tuberculous character of the disease, but in the pulmonary form, the most frequent, most serious, and therefore, most important of all forms, the bacilli do not appear until a comparatively advanced stage has been reached. The tuberculin test is regarded as safe and sure by some physicians, but a majority condemn it, because its use lights up a latent process; the fever of reaction is continued into a fever of tuberculization, and the diagnosis is confirmed, while the disease itself is made to run a more rapid course. The value of the test is also modified by the fact, repeatedly observed, that it sometimes reacts in perfectly healthy persons and fails in those who are afterwards proved to have been tuberculous. Of the two tests, the demonstration of the bacilli is by far the more valuable. The X-ray has also been used for the demonstration of tubercular areas in the lungs; but an area sufficiently large to be re-

vealed by this means is almost always discoverable by auscultation and percussion. In the great majority of cases a study of the symptoms, aided by a physical examination, will enable the physician to make a correct diagnosis. An examination of the sputum should however, always be made, as it is the most positive means of differentiating bronchiectasis, chronic interstitial pneumonia, syphilis, malignant diseases of the lung, anemia, heart disease, gastritis and nephritis, which may be confounded with tuberculosis. The important elements in the diagnosis of tubercular disease of the lungs are the well-known physical signs of the disease.

J. J. C.

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### PERSONALS.

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DR. MIGNEAU and Dr. Simard, of Montreal, were guests at the King Edward last month, having come up to take part in the polo tournament.

DR. JOSEPH JOHN WILLIAMS, of Lisle, has been appointed Medical Superintendent of the Asylum for Epileptics at Woodstock. New appointment.

THE staff of the Victoria Hospital for Sick Children gave a dance for Dr. Whyte at the Lakeside Home, July 27th, as he was severing his connection with the hospital. An enjoyable evening was spent.

A laboratory is about to be started in connection with the Victoria Hospital, Fredericton, N.B. It will be in charge of Mr. R. H. McGrath, who recently took a course in laboratory work in the Royal Victoria Hospital, Montreal.

THE marriage of Miss May Toller, daughter of Lieut.-Col. F. Toller, Ottawa, to Dr. J. E. Cranston, jr., of Arnprior, has been arranged to take place in All Saints' Church, Ottawa, on Wednesday, the 4th inst.

DR. E. A. SPILSBURY, formerly surgeon of Nose and Throat Department, Toronto General Hospital, but now surgeon on the staff of Manhattan Eye, Ear and Throat Hospital, New York, was recently in the city renewing old acquaintances.

DR. C. I. DEWAR, one of Ottawa's best known physicians, died on Sept. 7th from acute kidney troubles. He was taken seriously ill during the night and was cut off with great suddenness. He was about 40 years of age, and enjoyed a large practice.

DR. ALLAN KINGHORN, one of the house surgeons at the Toronto General Hospital, has been awarded the Johnston colonial scholarship in the University of Liverpool. He will take up original pathological research. Dr. Kinghorn succeeds a Canadian, who held the scholarship last year.

THE engagement is announced of Miss Edna May Sayers, daughter of the late Mr. J. T. Sayers, of Hamilton, and Mrs. Sayers, to Dr. Charles Hawkins Gilmour, son of Dr. J. T. Gilmour, Toronto. The marriage will take place quietly this month.

DR. D. H. HARRISON, the former Premier of Manitoba, is dead. He was born at London, Ont., was educated at Toronto, took office as Secretary of Agriculture in 1886, and became Premier in December, 1887. His Ministry resigned January, 1888, and was succeeded by the Government of Hon. Thomas Greenway.

DR. CHAS. A. HICKEY has been appointed Medical Superintendent of Cobourg Asylum, *vice* Dr. E. T. McNicholl. Dr. Charles A. Hickey is a well-known Conservative, and represented Dundas in the House of Commons from 1882 to 1891. He was appointed superintendent of the Morrisburg Canal in the early nineties, but upon the change of Government at Ottawa in 1896 was removed from office. He then resumed his medical practice at Morrisburg. He is a Methodist.

DR. W. DEAS KERSWILL died suddenly on Wednesday morning at "The Manse," Oakville, the residence of Dr. and Mrs. McNair. He was professor of Old Testament literature in Lincoln University, Pa., and had been spending a few days with his Oakville friends. He had not been in good health for some time. He was born in Middlesex County in 1863, and was educated at Strathroy, Toronto University, and Princeton Seminary. He is survived by Mrs. Kerswill, niece of President Rendall, of Lincoln University, and two young children.

DR. C. K. CLARKE, of Rockwood Asylum, Kingston, has been appointed Medical Superintendent of Toronto Asylum, *vice* Dr. Daniel Clark, resigned. Dr. C. K. Clarke, a graduate of Toronto University, commenced his professional work in asylums in 1874 in Toronto. In 1880 he was appointed assistant medical superintendent of the Hamilton Asylum, and became medical superintendent of Rockwood Asylum, Kingston, in 1885. He is also professor of mental diseases in Queen's University, and is one of the most experienced of Canadian experts on mental diseases. He is an Anglican.

DR. EDWARD RYAN, of Kingston, has been appointed Medical Superintendent of Rockwood, *vice* Dr. C. K. Clarke. Dr. Edward Ryan, of Kingston, has been practising in Kingston, Ontario, for many years, and is one of the Limestone City's prominent physicians. He is a graduate of Queen's University, Kingston, and is President of the Kingston Conservative Association. He unsuccessfully contested Kingston in the Conservative interests in 1902, against the present member, Mr. E. J. B. Pense. He is associate professor of clinical medicine at Queen's University, and chief medical officer of the Catholic Mutual Benevolent Association. In religion he is a Catholic.



## Correspondence.

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

### “THE PHYSICIAN AND THE PHARMACIST.”

TORONTO, August 29th, 1905.

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

DEAR SIR,—I beg to enclose herewith a short paper entitled “The Physician and the Pharmacist,” prepared with the hope of reading it before the Annual Meeting of the Council of the College of Physicians and Surgeons, in July last. I was allowed to appear before the Educational Committee of the Council, but was not permitted to read the paper.

May I request you to publish the paper in the next issue of your journal, and so enable me to enquire through its columns, if the suggestion presented therein—that a committee should be appointed by both bodies for the purpose of mutual conferences—would not be considered by the Medical Profession an advance in the right direction.

I do not desire to allude to the existence or non-existence of any virtues on the part of either Physician or Pharmacist. Admitting, however, that all else may be perfectly satisfactory to both callings, there still remains a very large field to which committees could most profitably devote serious consideration, in the questions of the progress of medicine as affecting pharmacy, and the advancement of pharmacy as affecting medicine.

The Council of the Ontario College of Pharmacy have frequently requested the appointment of such a committee, during the past few years, and have about concluded that any further requests should come from the College of Physicians and Surgeons, and if it is desirable that Pharmacy and Medicine should unite on some common understanding (which I firmly believe it is) then how it is now to be accomplished?

Yours most faithfully,

JOHN HARGREAVES.

### THE PHYSICIAN AND THE PHARMACIST.

The object of my paper is simply to consider the subject as indicated by the title, in contra-distinction to what some would lead us to conclude is the existing condition—the Physician *versus* the Pharmacist, and to endeavor to accentuate and strengthen

the combining qualities of the conjunctive relationship that should prevail between the two bodies; for, while it cannot be disputed that pharmacy requires physic, we pharmacists as stoutly affirm that physic receives a very large part of its value through pharmacy. If a combination of physic and pharmacy produces an improved, modern, scientific product, an intelligent, honorable and professional combination or recognition between pharmacist and physician should produce a correspondingly progressive advance and improvement that would be of surpassing value to both.

The progress of pharmacy toward higher planes will bear favorable comparison with the rapid advancement made in recent years in the general educational system in Canada and elsewhere, and it may interest you to refer briefly to the very great advances secured by our Ontario College of Pharmacy. Only twenty-five years ago the educational requirements for a student to commence in pharmacy were practically *nil*. Before a young man can be registered as a pharmacy student to-day, he requires preliminary educational qualifications, equivalent to matriculation at Toronto University. The Ontario College of Pharmacy, in undertaking to educate these young men as Pharmacists, have provided a staff of most efficient teachers in each department (three of whom have chairs in your School of Medicine), a curriculum of studies, chemical and pharmaceutical laboratories, with equipments and appointments furnishing facilities for instruction in the line of advanced modern pharmaceutical education of the most thorough, theoretical and practical kind, and excelled by no similar institution on this continent. The College is affiliated with Toronto University, and our graduates are granted, upon examination, the degree of Bachelor of Pharmacy, and, may I here remark, very, very few of our graduates making application fail to obtain the degree.

Permit me also to refer to efforts prevailing throughout Ontario, in the way of agitation and discussion in our various Pharmaceutical Associations, tending towards nobler and higher ideals in the commercial phase of pharmacy—endeavors to prohibit, discriminate against and control the sale of noxious and habit-forming drugs—additions to the list of powerful poisons (required for the protection of the public), discussions on how to better regulate the handling of poisons and drugs against accidental and suicidal poisoning—the establishment of a Code of Ethics with ideals for commercial and professional conduct—the compilation of a book of formulæ for many medicaments largely prescribed by the Medical Profession, and for which no official standard formula exists.

These existing conditions and ambitions in pharmacy are noticed, that you may recognize what is transpiring with a view

of attaining to higher ideals, professionally and commercially. There must be the two conditions in pharmacy—an intensely commercial environment and a thoroughly professional training. Our College is endeavoring to harmonize these two, not by neglect of either, but rather by a higher and more perfect education and understanding of both. While admitting the strong commercial tendency in pharmacy, may I respectfully submit that medicine also possesses and requires more or less consideration of a commercial feature, and that the commercial element in both will remain as a powerful factor so long as the necessity for acquiring wealth and livelihood remains.

I maintain that all of these conditions and principles, with many others, should be very materially benefited and strengthened by the appointment of a standing committee in your College to confer with a standing committee of our College, on questions relating to Medicine and Pharmacy, as affecting both professions.

I present to your body to-day a few pamphlets of a Compendium of Formulas, published under the approval and recognition of the Ontario College of Pharmacy. The object and desire, as stated in the brief introductory preface, is to secure the co-operation and assistance of the Medical and Pharmaceutical Associations of Canada, and the edition is intended to serve as a practical illustration of the object intended, *the authorization and publication of uniform official standards for medicinal preparations, required by both professions*. In compiling and selecting formulas for the work, the Council of the Ontario College of Pharmacy are interesting other Pharmaceutical Associations in Canada. The Province of Quebec has appointed a committee of Pharmaceutical Research, composed of leading pharmacists in that province. Our council have a standing committee, composed of H. Waters, Ottawa; W. A. Karn, Woodstock; R. A. Harrison, Dunnville; E. W. Case, Picton, and John Hargreaves, Toronto, a representative committee from every point of consideration. The book has been submitted to the thirteen electoral districts, into which Ontario is divided by our College, and a full discussion and criticism of the proposition by the Pharmacists is expected. Throughout Ontario, each district has, or will appoint, a Pharmacy Committee to aid and advise our Central Committee, demonstrating the active interest that is being manifested.

From the outset, we have desired and have endeavored to secure the recognition and co-operation of Medical Associations, believing, as we do, that the great advances in present-day pharmacy should be coupled with the approval of the present-day medical practitioner, for there are features in connection with, or prior to, the final adoption of formulæ that should be submitted to the physician for comment and judgment.

May I request your earnest consideration of the question, and suggest the appointment of a Pharmacy Committee by your College, to co-operate with us in compiling, authorizing, and publishing an official Canadian Formulary, that will reflect credit on our professions and on our country, and to confer and consult with when occasion arises, with the further hope and desire that Medicine and Pharmacy may be so equitably and proportionately adjusted and combined, that the future of both will always be interlocked with the title of my subject—"The Physician and the Pharmacist."

[Our columns are placed at the disposal of any member of the profession for the discussion of this quite important subject, and we will be glad to hear at length from any practitioner who has any views he would like to express along these lines. The sooner the matter is taken up, the better it will be for all concerned.—ED.]

## News of the Month.

### DR. DANIEL CLARK'S RESIGNATION.

DR. DANIEL CLARK, who has resigned the position of Medical Superintendent of Toronto Asylum, was born in Inverness-shire, Scotland, on August 29th, 1835. He came to Canada in 1841, and spent his early years on a farm. In 1851 he attended the Simcoe Grammar School and followed his medical studies in Toronto School of Medicine. Subsequently he followed a course of lectures in Edinburgh, London and Paris. He began the practice of medicine at Princeton in 1859. Before the close of the Civil war he joined the Federal Army of the Republic, under General Grant as a volunteer surgeon. Returning to Canada he was elected a member of the Ontario Medical Council in 1872, and has been twice elected president of the College of Physicians and Surgeons. He was elected President of the American Medico-Psychological Association, and Vice-President of the New York Medico-Legal Association. He lectured on Medical Psychology as Professor of the Toronto University for fifteen years, and is one of its graduates. He examined in chemistry, gynecology and obstetrics, the graduating classes. He has published a novel, "Josiah Garth," based on the rebellion of 1837; a work of sketches of travels and of celebrated persons he had met, styled "Pen Photographs," which went through two editions; also "The Animated Molecule and its nearest Relatives"; a text-book on "Mental Diseases," which is used by Toronto University and several medical colleges in U. S. He has written many works of value to the medical profession, and has more than a continental reputation as an authority and expert on the treatment of the insane.

When a young man in his teens, he went to California by the Isthmus of Panama, and was over three months travelling to the land of gold, and spent nearly two years in the Sierra Nevada mountains in the gold bearing canyons. The desire to procure a professional education took him home. His appointment to the Superintendency of Toronto Asylum was made because of the unanimous desire of the Medical Council and of many medical organizations in the province, and was unsolicited by him. He had a propensity to study metaphysics and mental disorders,

and while at college he carried off a Bursary along that line of study.

As far as known he was the first in Canada to perform the operation of hysterectomy in 1860, assisted by the late Dr. Turquand, of Woodstock, and the late Dr. Chrysler, of Burford. Sir Wm. Hingston, of Montreal, performed it about a year afterwards.

He also performed transfusion of blood on several patients in the hope that it might ameliorate the condition of the consumptives. Such was the result with several thus afflicted.

It is interesting to note that over 5,000 cases came under his care in the thirty years of his incumbency, and over 2,000 have recovered and over 1,000 improved. The high character of the Institution has been maintained through these thirty years, and no slander or mal-administration has occurred in connection with its difficult executive work. The doctor has the best wishes of the profession on his retirement, but it is possible he may be often consulted in cases of mental disorder.

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#### RECENT CHANGES MADE BY THE ONTARIO GOVERNMENT.

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As announced elsewhere in this issue, Dr. C. K. Clarke, Superintendent till recently of Rockwood Asylum, Kingston, has been promoted to Toronto Asylum, *vice* Dr. Daniel Clark, resigned. This is but one of the several changes made in the medical superintendency of the different Provincial Asylums.

The appointment of Messrs. S. A. Armstrong and E. R. Rogers as Inspectors of Prisons and Public Charities, in succession to Messrs. Christie and Noxon, resigned, is understood to be the first step in an important rearrangement of the method of dealing with the asylums and prisons, one result of which will probably be the dispensing with the services of a number of officials. The plan involves the doing away with the old scheme of each inspector having a certain amount of control over specific institutions, and the adoption of the direction of all the business connected with the institutions from the offices at the Parliament buildings. Thus Mr. Rogers, who is a business man of experience, will have charge of the purchasing of all supplies for institutions under direct Provincial control. This will relieve bursars of much of their present responsibilities and work, and it will also, it is believed, enable the department to dispense with several assistant bursars and storekeepers, whose places will not be refilled. Mr. S. A. Armstrong, who is a lawyer, will look after the estates of lunatics in the Pro-

vincial asylums. The statute provides that this shall be the duty of the senior inspector, who was Mr. Christie, the man Mr. Armstrong succeeds. Mr. Noxon was next in seniority, and Dr. Bruce Smith third. Messrs. Christie and Noxon having resigned, Dr. Bruce Smith became senior, but it was desired to have a legal man take hold of the work of the position, and to advise on any other legal points that might arise. Accordingly, by arrangement the doctor also resigned, but was reappointed after Mr. Armstrong had received his commission. Thus the statute was complied with. Dr. Bruce Smith will continue, as heretofore, to be inspector of the common jails, hospitals and charities, a position which he has already proved himself to be admirably able to fill.

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### TUBERCULOSIS CONGRESS AT PARIS THIS MONTH.

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GREAT preparations are being made at Paris, France, for the tuberculosis congress, which will be attended by delegates from all the nations of Europe and America. A special building has been set apart for their use, with large halls to accommodate the different sections. These are divided into scientific, social, historic, and industrial.

There will also be an exposition of food products permitted and recommended by physicians in tuberculosis cases. Rooms will be fitted up like those in sanatoria, and three classes, those destined for rich patients, those for middle classes and those for the poor. Special exhibits will be made of pharmacy for tuberculosis and of housefurnishings, such as armchairs and baths for patients. Cleansing and disinfecting apparatus will also be displayed.

One very interesting section shows two rooms. One is fitted up hygienically, under the patronage of the Touring Club. The other is arranged with curtains, carpets and canopies to the beds, lacking light and air, and showing what should be avoided in tuberculosis. The exhibits will remain on view until Oct. 29, and will afterward be presented to the city of Paris, forming the nucleus of a proposed tuberculosis museum.

At the congress, which will last from Oct. 2 to 7, Dr. Bouchard will preside over the pathological medical section; Dr. Lannelogue over the pathological surgical section; Dr. Grancher over that devoted to the preservation and care of infants, and Dr. Landouzy and Senator Paul Strauss over that which concerns the preservation and care of adults.

Dr. Herard, president of the congress, will give a reception to the delegates on the opening day, Oct. 2, in the Hotel Con-

tinental. President Loubet will give a banquet to the delegates at the Elysee Palace and on Oct. 7, at the Hotel de Ville, a farewell banquet will be given, at which books will be distributed, giving reports of the proceedings of the congress.

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### IMPERIAL REGISTRATION.

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GENERAL LAURIE'S BILL to amend the Medical Act of 1886 has passed the House of Commons of Great Britain. This amendment states that where any part of a British possession is under a central and also a local legislature His Majesty may, by Order-in-Council, declare that the part which is under the local legislature shall be deemed a separate British possession.

Under the present arrangements a graduate of a Canadian university wishing to practise in Great Britain, or enter the Imperial service, must first pass the examination of the General Council of Medical Education in primary and secondary subjects. If now the provinces decide to avail themselves of the provisions of General Laurie's Bill, a reciprocal arrangement might be entered into by which the passing of the provincial examination would be sufficient to allow a Canadian graduate to enter the army or navy or to practise in Great Britain.

The provisions fall short of those in Dr. Roddick's Dominion Registration Act in this respect, that a person so qualified would not necessarily be permitted to practise in every province in Canada or in the other British dominions.

This is a considerable advance towards unification of the profession, and it now rests with each province to avail itself of the provisions which are offered.—*Montreal Medical Journal.*

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### ITEMS OF INTEREST.

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**Additions to the Royal Alexandra Hospital, Fergus.**—The Royal Alexandra Hospital, Fergus, has been enlarged, another flat having been added, as well as extensive improvements to the interior.

**List of Changes in 8th Revised U. S. Pharmacopeia.**—With their usual forethought, the firm of H. K. Mulford & Co., Philadelphia, are preparing a small folder, suitable for pasting in prescription books, giving the changes that became effectual on Sept. 1st, 1905, according to the 8th revision of the U. S. Phar-



macopeia. This will be an exceedingly ready reference for the physician in writing his prescriptions. H. K. Mulford & Co. write us to say that they will be pleased to send a copy of this folder to any reader of this journal upon request.

**Mississippi Valley Medical Association.**—At the next meeting of the Mississippi Valley Medical Association, to be held at Indianapolis, Ind., October 10, 11, 12, the annual addresses will be delivered by Dr. Arthur R. Edwards, of Chicago, and Dr. W. D. Haggard, of Nashville, Tenn. Dr. Edwards has chosen for the subject of his address, "Certain Phases of Uremia, Their Diagnosis and Treatment," and Dr. Haggard will discuss in his address, "The Present Status of Surgery of the Stomach." In addition to these addresses there will be the annual address of the President, Dr. Bransford Lewis, of St. Louis. A cordial invitation is extended to every physician in the valley to attend this meeting, for which a large number of interesting and valuable papers have been promised.

**The Epileptic Hospital at Woodstock.**—The new Provincial hospital for epileptics at Woodstock was inspected on August 22nd by Hon. Dr. Reaume, Minister of Public Works, and his deputy, Mr. A. W. Campbell. This new institution, which is situated about a mile from the centre of the city, is on the cottage plan, and additions can thus be made at any time without trouble. The administration building is completed, and two cottages are nearly finished. These are all that will be erected at present, and will accommodate eighty patients. Dr. Reaume is much pleased with the buildings. He has made arrangements for a water supply from the city mains. The rate to be paid will be fixed later by the Provincial Secretary, under whose care the maintenance of the institution will pass as soon as it is ready to be opened for patients.

**Cox's X-Ray Apparatus.**—By referring to page xliii. of this issue of the JOURNAL, our readers will see the advertisement of Harry W. Cox, Ltd., of London, England. This firm has quite recently come into the Canadian market, and have appointed J. F. Hartz & Co., of 2 Richmond St. E., Toronto, their Dominion Agents. Harry W. Cox, Ltd., manufacture a full line of X-ray and other electro-therapeutic apparatus, all of the highest grade of English workmanship, combined with maximum efficiency. They are contractors to the admiralty, war office, colonial office, Indian government, etc. They publish a pamphlet containing "Practical Hints to Beginners in Radiography," and this can be obtained post free on application to J. F. Hartz & Co., Toronto. The goods of this firm are used in the large London and colonial

hospitals, and are spoken of very highly almost everywhere. Canadian physicians will be interested in reading the literature of Cox & Co., and should apply for it without delay to the agent in Toronto.

**A Tribute to an ex-Medical Journalist.**—We cheerfully publish this tribute (culled from the column entitled "Intercepted Letters," of a lay paper) to a brother practitioner, an ex-medical journal editor and—a man: "My dear Dr. Orr,—Your noble action in objecting to pay for the champagne consumed by the officers of the British navy evokes the heartfelt thanks of every Canadian mother. Perish the thought that in Toronto the Good the use of such fatal beverages should be approved by the manager of the Great and Only Show. I am sure that this magnificent protest of yours will echo down the corridors of time long after the bones of the Exhibition Directors have mingled with the sacred mud of their native city. George Washington and William Tell and Florence Nightingale are mere tinsel in comparison with your shining virtues. Long will it be told that you took a noble stand against the use of 'fizzy stuff' by the officers of the 'King's Navee.' I shall drink your health in pure, sparkling Peruna at our next convention, and with best wishes, dear sir, believe me, veretotally yours, W. C. T. U." Toast to be honored, all standing.

**Reduction in Price of Diphtheritic and Streptolytic Serum.**—The firm of Frederick Stearns & Co., Windsor, Ont., have reduced materially the prices of their Diphtheritic and Streptolytic Serum. In the past, it has justly been claimed that those serums have been held at much too high a figure, so much so that many patients have simply been unable to purchase them, and too often has it been the case that the physician in attendance has himself paid for the serum rather than see his patient suffer from its want. The manufacturers claim that the main reason for the high prices has been due to the return of large quantities which have been held by the druggists and others stocking the goods until the expiration of the potency period, thus causing a material loss to those manufacturing the serum. In order to do away with this, Frederick Stearns & Co. have established depots at most of the principal centres, where their goods can be got without delay, so that from this date the exchange privilege will cease. Physicians can purchase their serums at 25 per cent. off the new list, making in all a considerable cheapening in price, which will be appreciated by both physician and patient alike. Fred Stearns & Co. have now depots at Halifax, N.S.; St. John, N.B.; Montreal, P.Q.; Ottawa, Toronto, and Hamilton, Ont.; Winnipeg, Man.; Regina, Sask.; Calgary, Alta., and Vancouver, B.C.

# The Physician's Library.

## BOOK REVIEWS.

*Diseases of the Anus and Rectum.* By D. H. GOODEAL, F.R.C.S. (Eng.), Senior Surgeon (late House Surgeon) to St. Mark's Hospital for Fistula and other Diseases of the Rectum; Senior Surgeon to the Metropolitan Hospital, and W. ERNEST MILES, F.R.C.S. (Eng.), Surgeon (Out-Patients) to the Gordon Hospital for Diseases of the Rectum; Assistant Surgeon to the Cancer Hospital, Brompton; late Senior Demonstrator of Anatomy at St. Bartholomew's Hospital Medical School, and House Surgeon to St. Mark's Hospital for Fistula and other Diseases of the Rectum, etc. In two parts, illustrated, Vols. I. and II.

Vol. I. contains 311 pages and 91 illustrations, 76 of which are original. Vol. II. contains 271 pages and 44 original illustrations. Each volume has a good index. These volumes are nicely bound, on good paper, and with good, clear type. They are neat and convenient to handle. The work is thoroughly up-to-date, and is the result of the personal experience of the authors, extending over periods of thirty years and six years, respectively. The methods of treatment are those found best by the authors. There is no objectionable padding. The symptoms, diagnosis, differential diagnosis and treatment are given in clear and concise language, and the various recognized operations are compared in such a way as to make the work very laudable to the general practitioner.

W. J. W.

*Appendicitis: Its Diagnosis and Treatment.* By JOHN B. DEEVER, M.D., Surgeon-in-Chief to the German Hospital, Philadelphia. Third edition. Philadelphia: P. Blakiston's Son & Co., publishers.

O! thou villainous little *worm-like* structure! how often have we sat by the bedside and wondered as to your next move; and now, anxious moment, we sit by the library table with 457 pages of solid reading matter before us, and all about you. Will our burden never be lightened and will our labors never cease? If at this present moment we could devise some means whereby, in the process of evolution babes might be born without you, truly

we'd lessen the responsibility of the surgeon of the future, and there would be satisfaction in that; but would there, after all, for how would the poor surgeon live?

The work before us is excellent. The sixty-four full-page plates are works of art, and the whole get-up of the book is of the best.

To one interested in the subject a study of the chapter on the "History," is most interesting. Then, of course, the anatomy and the pathology are thoroughly gone into, the latter having been

There is a valuable section devoted to the "blood count," and entirely revised to bring it up to date.

a study thereof will add much to the clinical picture of a given case. The presence of leucocytosis in a given case adds much to one's understanding, but it is pointed out that its absence should not be taken as a negative sign.

The section on treatment has been entirely re-written by the author, and sticks to the ground taken on the first edition, namely, that early operation is the secret of success in a given case.

We can heartily commend the work to the profession.

S.

*Hand-Book of Anatomy.* Being a complete compend of anatomy, including the anatomy of the viscera, and numerous tables. By JAMES K. YOUNG, M.D., Professor of Orthopedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopedic Surgery, Woman's Medical College of Pennsylvania; Instructor in Orthopedic Surgery, University of Pennsylvania; Fellow of the College of Physicians of Philadelphia, etc., etc. Second edition, revised and enlarged, with 171 engravings, some in colors. Philadelphia: F. A. Davis Company, Publishers. 1905.

This is a neatly gotten-up hand-book of anatomy. Some of its diagrams are especially fine. It is not merely a table of attachments, etc., but is full of first-class descriptions, so rendered down as to fill but a small space. It is especially valuable for students' reviews or to physicians wishing a handy-reference anatomy.

W. J. W.

*The Office and Duties of Coroners in Canada and Newfoundland.* By W. F. A. BOYS, Junior County Court Judge, Simcoe County. 4th edition. Toronto: The Carswell Co. 1905.

In Ontario three or four factors have been chiefly responsible for the preservation, measurably, of the honor and dignity of the coroner's position. Those are, the appointment to the position of none but medical men; the oath that an inquest is necessary before a warrant can be issued; the non-elective nature of the

office here, removing it from the political arena, and, lastly, the full, accurate, logical and scholarly work of Judge Boys. For more than a generation this last factor has been in successive editions the sufficient and only guide of the coroners of this province, and to its influence can be traced no small part of the uniformity and completeness of the reports of inquests here. Those reports are constantly being used in our higher courts, and upon them practically all charges of murder or manslaughter are based. All who have to do with the criminal courts of our land can unite in congratulating Judge Boys upon the fact that his life has been spared beyond the allotted span, and that to this latest edition of his work he has been able to give a conscientious and discriminating revision.

N. A. P.

*Practical Pediatrics.* A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By DR. E. GRAETZER, editor of the *Centralblatt für Kinderheilkunde* and the *Excerpta Medica*. Authorized translation, with numerous additions and notes, by HERMAN B. SHEFFIELD, M.D., Instructor in Diseases of Children, and Attending Pediatricist, New York Post-Graduate Medical School and Hospital, etc. Philadelphia: F. A. Davis Co., publishers.

The above cannot be called an exhaustive treatise on the diseases of infancy and childhood. There is no attempt, for example, to classify gastro-intestinal disorders according to their pathology, but the work is full of clinical material, valuable therapeutic information and practical diagnostic aids, briefly and pointedly expressed. It is not a paraphrasing of old literature, but fresh and practical, and more of a "ready reference hand-book," and as such is valuable, not so much to the undergraduate, as to the practitioner. Part II., devoted to *Materia Medica* and Therapeutics, is exceedingly practical, and evidences careful clinical study.

A. R. G.

*Jackson on the Skin.* A Ready Reference Hand-Book on Diseases of the Skin. By GEORGE THOMAS JACKSON, M.D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons (Columbia University), New York. Fifth edition, enlarged and thoroughly revised. In one 12mo volume of 676 pages, with 91 engravings and 3 colored plates. Cloth, \$2.75 net. Philadelphia and New York: Lea Brothers & Co., Publishers. 1905.

The value of this volume lies in the clearness of its symptomatology and diagnosis, and the excellent judgment used in its therapeutic recommendations.

The clear diction and the very convenient alphabetical arrange-

ment renders the work not only an exceedingly quick reference book for the busy physician, but adapts it especially to the needs of students. The demand for five large editions is ample evidence of the popularity of the book. Each edition presents a thorough revision of the subject, so that the work may always be consulted for the condition of the science of Dermatology as it really exists. The present revision has been particularly searching, and the subject-matter has been brought well up-to-date. The Appendix, containing formulæ for Baths, Lotions, Ointments, Powders, etc., and prescriptions for internal treatment is alone worth the price of the book.

As heretofore, symptomatology, diagnosis and treatment are specially considered. Many new sections have been added, resulting in a considerable enlargement of the work, and the volume is issued in full confidence that it will prove valuable to practitioners, students and teachers.

*The Eye, Mind, Energy and Matter.* By CHARLES PRENTICE, M.D., Chicago. 1905.

Dr. Prentice is known for his pronounced views as to the effects of eye strain. He now announces that the use of fogging eye-glasses cures drunkenness. The open-air treatment of consumption he thinks beneficial, because there is less eye strain in open-air life—the deduction that glasses cures consumption is easy,—for Prentice. Esophoria and exophoria are treated with prisms placed with bases in the opposite direction to that generally used. We wait for further pronouncements from Chicago.

M.

*A Hand-Book of Intestinal Surgery.* By LEONARD A. BIDWELL, F.R.C.S., Surgeon, West London Hospital; Lecturer on Intestinal Surgery and Dean of the Post-Graduate College; Consulting Surgeon to the Blackheath and Charlton and Dies Hospitals, etc. London: Balliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1905. (All rights reserved.) Toronto: J. A. Carveth & Co., Ltd., 434 Yonge Street; Chandler & Massey, Limited, Toronto, Montreal and Winnipeg.

This little hand-book of 163 pages is a credit to both its author and publishers. The various operations in gastric and intestinal surgery are so clearly described and illustrated one cannot fail to understand them thoroughly. There are 91 illustrations, showing the various operations, methods of suture and sutures in position, and all of such a character that one can take in the methods at a glance. This work will prove invaluable to those interested in gastro-intestinal surgery.

W. J. W.

*The Detection of Poisons and Strong Drugs*, including the quantitative estimation of medicinal principles in certain crude materials. By Dr. WILHELM AUTENRIETH, Professor in the University of Freiburg. Authorized translation from the third enlarged German edition, by WILLIAM H. WARREN, Ph.D., Professor of Chemistry, Medical Department of Washington University, St. Louis, Mo. Seventeen illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1905.

In the translation of Professor Autenrieth's work for English-speaking students of medicine and pharmacy, the translator has endeavored to adhere as closely as possible to the original as was consistent with clearness. The author has compiled an excellent guide book for the laboratory of the toxicologist. The detection of blood has been briefly considered, as has also the biological researches of blood. The last chapter deals with the quantitative estimation of certain active principles in crude materials used in medicine. A most useful laboratory book. A. J. H.

*A Text-Book of Medical Chemistry and Toxicology*. By JAMES W. HOLLAND, M.D., Professor of Medical Chemistry and Toxicology, and Dean Jefferson Medical College, Philadelphia. Octavo volume of 600 pages, fully illustrated, including 8 plates in colors. Philadelphia and London: W. B. Saunders & Co. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. 1905. Cloth, \$3.00 net.

Dr. Holland possesses the faculty of making even the most difficult and complicated chemical theories and formulæ easy and clear. This is probably due to his thirty-five years of practical experience in teaching chemistry and medicine. Recognizing that to understand physiologic chemistry students must first be informed upon points not referred to in most medical text-books, the author has included in his work the latest views of equilibrium of equations, mass-action, cryoscopy, osmotic pressure, dissociation of salts into ions, the effects of ionization upon electric conductivity, and the relationship between purin bodies, uric acid, and urea. Chemical substances he has treated from the standpoint of the medical student and physician, giving much more space to toxicology than is given in any other text-book on chemistry. The chapters on the clinical chemistry of milk, gastric contents, and the urine, and that on water supply and filtration are full of practical information. Dr. Holland's work will undoubtedly be gladly received by the profession, presenting as it does the mature experience of a practical teacher.

*The Conjunctiva in Health and Disease.* Being a record of some research work by N. BISHOP HANNAN, M.A., M.B. (Cantab.), F.R.C.S. Eng., Ophthalmic Surgeon to the Belgrave Hospital for Children. London: Bailliere, Tindall & Cox. 1905. 10s. 6d. net.

At this juncture, when trachoma is beginning to become frequent in Ontario, a work on diseases of the conjunctiva is most opportune. Trachoma, he regards as probably the result of an inoculation of the conjunctiva with the M. gonorrhoea of an attenuated virulence. As for operative treatment he prefers gentle scraping with a sharp spoon, and regards most of the operative procedures as being worse than the disease; of medicinal applications he gives the palm to argent. nit., blue stone, and zinc chloride. A perusal of this chapter alone reveals the candor and honesty of the author, for he records failure even more fully than success. Altogether this is a most interesting work, in which scientific theories are put through the crucible of clinical experiment.

J. M.

*Superstition in Medicine.* By PROF. DR. HUGO MAGUNS. Authorized translation from the German. Edited by Dr. JULIUS L. SALINGER, late Assistant Professor of Clinical Medicine, Jefferson Medical College, Physician to the Philadelphia General Hospital. New York and London: Funk & Wagnalls Company. 1905.

As the name implies, this is a description, and a very minute description, too, of the various errors that our forefathers fell into during the last 2,000 years, by mixing the natural and supernatural in medicine. Some of the cures are very interesting, but one cannot help being struck by the similarity which exists between these occurrences when both the operator and the patient "believed," and the same thing done to-day when the patient believes but the "fakir" knows the trick.

The similarity goes even further, as it would appear that as early as the third century Before Christ, one Hermon, of Thasos, recovered his sight by sleeping in the Epidaurian Temple of Esculapius, and went away without paying a fee—2,500 years later Mummolus slept in St. Andrew's Church at Pateras, and at midnight passed an "enormous calculus" and was cured. The financial part of this matter is not described.

The writer seems impressed with the belief in what he calls the "*Physico-Mechanical Theory of Life*," and is grieved "that as medical knowledge in its entirety was contained in the cloisters of the middle ages" the "priesthood never seriously attempted to promote its enlightenment." In fact Christianity is blamed



for a good deal. The idea of any one, in the present day enlightenment, and "in spite of the wide acceptance of the *mechanical theory of life*," "when this theory has won its greatest triumphs," who presupposes the therapeutic activity of God in all cases as a self-evident fact, is almost too much. He looks upon it as absurd that any one should still teach "that the existence of nature, independent of God, is not admissible," and goes on to mix up Christian belief that has stood the test of ages with the nefarious practices of those vampires who still prey upon the credulity of the public, under the cloak of religion, for the purposes simply and solely of gain. The mechanical theory of life, however, does not seem to have done much so far, as the writer finds it interesting to note, even now, that people are so easily misled; "when the advances of physical science have enlightened to some extent even the most unintellectual."

The latter part of the book is given up to astrology, with a short chapter on Medical Superstition and Insanity.

A. J. J.

*The Development of the Human Body.* A Manual of Human Embryology. By J. PLAYFAIR McMURRICH, A.M., Ph.D., Professor of Anatomy in the University of Michigan. Second Edition, revised and enlarged, with 272 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1904. Price \$3.00.

The study of embryology is justly regarded as being very important. It alone gives the clue to the intelligent comprehension of the anatomy of the adult body. This work presents a concise statement of the various processes of development, and is well adapted to aid the student in his efforts to grasp the leading facts connected with embryology.

The popularity of Professor McMurrich's book is shown by the fact that a second edition is required so soon.

A. E.

*The Ophthalmic Year-Book.* A digest of the literature of ophthalmology, with index of publications for the year 1903. By EDWARD JACKSON, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. Denver: The Herrick Book and Stationery Company. 1904.

This work appeals only to the specialist, but in it is to be found what cannot be had in any other single publication. No attempt is made to abstract all the articles which may have appeared, but simply the important things in sufficient detail to make them applicable in practice. Oculists owe Dr. Jackson a debt of gratitude for undertaking this work and carrying it out so thoroughly.

M.

*A Text-Book on the Practice of Gynecology* For Practitioners and Students. By W. EASTERLY ASHTON, M.D., LL.D., Fellow of the American Gynecologic Society; Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Octavo volume of 1079 pages, containing 1046 new and entirely original line drawings. Philadelphia and London: W. B. Saunders & Company. 1905. Cloth, \$6.50 net; half Morocco, \$7.50 net. Canadian agents: J. A. Carveth & Co., Limited, Toronto.

The great trouble with works on gynecology in the past has been that the authors took too much for granted. Dr Ashton, in his book, does not do so. He starts at the very foundation by first describing the examination of the organ itself and then goes on with the description of its diseases, in that manner leading his reader on bit by bit, and rendering his study much more interesting and unquestionably more instructive. The book contains over 1,000 illustrations, describing, in detail, the various operations and adding greatly to its value as a text-book. The first part of the book is given up to antiseptic technic, and a good deal of space is devoted to visceral injuries, a subject too apt to be hurriedly passed over by authors generally.

*American Edition of Nothnagel's Practice—Diseases of the Kidney, Diseases of the Spleen, and Hemorrhagic Diseases.* By DR. H. SENATOR and M. LITKEN, of Berlin. Edited, with additions, by JAMES B. HERRICK, M.D., Professor of Medicine in Rush Medical College, Chicago. Octavo of 816 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Ltd., 434 Yonge Street, Toronto. Cloth, \$5.00 net; half morocco, \$6 net.

This is the eleventh volume of Saunders' American edition of Nothnagel's Practice, and the final volume on the heart is now in active preparation, and the publishers promise to have it ready soon.

The section on Diseases of the Kidney, by Senator, is very full, and the editor, Dr. Herrick, has added critical notes from time to time. He has also added articles on Cryosecopy and Phloridzin Glycosuria. This part of the book is good.

The section on Diseases of the Spleen and the Hemorrhagic Diseases is not so satisfactory. Those on the Spleen deal very largely with the pathology of Leukemia. It would have been more convenient and satisfactory to have had this discussion in the volume devoted to Diseases of the Blood. The editor adds valuable articles on the Mosquito and its relation to Malaria, on

Splenic Anemia, on Congenital Icterus with Splenomegaly, and on the X-rays in the treatment of Leukemia.

It is disappointing that there is to be no volume on Diseases affecting the Nervous System. Perhaps in time the omission may be filled.

A. M'P

*Hand-Book of the Anatomy and Diseases of the Eye and Ear.* For Students and Practitioners. By D. B. ST. JOHN ROOSA, M.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School, and A. EDWIN DAVIS, M.A., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School. Philadelphia: F. A. Davis Co. 1904.

Prepared for the students of the New York Post-Graduate Medical School, to corroborate and amplify what they have seen in the clinics, this manual is marked by greater individuality than usual. The authors have not padded it with descriptions of methods now abandoned, yet well established procedures are fully described, and those that are on trial and giving promise have not been overlooked.

M.

*Dietetics for Nurses.* By JULIUS FRIEDENWALD, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and JOHN RUTHERFORD, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. 12mo volume of 363 pages. Philadelphia and London: W. B. Saunders & Company. Toronto: J. A. Carveth & Co., Ltd. Cloth, \$1.50 net. 1905.

Several good hand-books have lately appeared on cooking for the sick. This is one of the best, being complete, scientific and carefully adapted both to use in training schools and in the private practice of trained nurses. The physiology of digestion, infant feeding, diet in disease, diet lists, recipes, etc., all receive attention in this volume, which will be a welcome addition to the nurse's library.

H. MACM.

*Anesthetic Difficulties and How to Combat Them.* Report of a paper read before the North-east London Medical Society, by A. DE PRENDERVILLE, M.R.C.S. (Eng.), etc. London: Henry J. Glaisher, medical publisher, 57 Wigmore Street, Cavendish Square, W.

With all that is being said and written, some day—and let it be soon—we shall be able to determine the safe anesthetic for each individual case. Now that the anesthetist has voluntarily

elevated himself and his calling to an equal plane with the surgeon and his calling, and feels equal responsibilities with the surgeon, we may expect better results than we have yet seen. There is no doubt the work is better done than it was even five years ago, and a study of this little pamphlet may help some erring soul, who still uses chloroform indiscriminately, to come into the fold of a wider knowledge and give up some of his foolhardy practices. s.

*A Manual of Acute Poisoning.* Giving classification, varieties, and individual substances usually met with in emergency poisoning, with special symptoms, simple tests, chemical antidotes, physiologic antagonists, and treatments. Together with methods for use in first aid to the injured. By JOHN W. WAINWRIGHT, M.D., member of the American and New York State Medical Associations, the American Chemical Society, etc. New York: C. R. Pelton. 1905.

This brochure may find a useful place as an aid to the practitioner in some cases of acute poisoning, but has very little to recommend itself as a first aid to the injured. A. J. H.

*Lea's Series of Medical Epitomes.*

*Alling and Griffin's Diseases of the Eye and Ear.* A Manual for Students and Physicians. By ARTHUR N. ALLING, M.D., Clinical Professor of Ophthalmology in Yale University, and OVIDUS ARTHUR GRIFFIN, B.S., M.D., late Demonstrator of Ophthalmology and Otology, University of Michigan, and Oculist and Aurist, University Hospital, Ann Arbor, Michigan. In one 12mo volume of 263 pages, with 83 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers. Cloth, \$1.00 net. 1905.

For quizzing purposes, the questions are put at the end of each section; otherwise this is much like the familiar quiz compend. It is well printed, well illustrated, and the matter trustworthy as far as it goes.

PAMPHLETS RECEIVED.

Treasury Department, Public Health and Marine-Hospital Service of the United States. Walter Wyman, Surgeon-General Hygienic Laboratory. Bulletin No. 21. April, 1905.

"The Immunity Unit for Standardizing Diphtheria Antitoxin." Based on Ehrlich's Normal Serum. Official standard prepared under the Act approved July 1st, 1902. By M. J. Rosenan, Director of the Hygienic Laboratory. Washington: Government Printing Office. 1905.