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Original Contributions.

THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

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Major A.M.S., Canada, etc.

THE present-day requirements as to compulsory education very naturally lead parents to require from the state or municipality some general medical supervision or inspection of their children who commingle daily, often to the number of several hundreds, in our schools. That this demand has not been made before may be accounted for by the fact that in this province we have not had those aggregations of vice, poverty, unsanitary housing, child labor, etc., which prevail in such large centres as New York, Philadelphia, Chicago and Boston on this continent, and in a still more marked degree in Europe, where in its densely populated countries these difficulties are both urban and rural.

Indeed, in some of the cities of England the practice now prevails of giving to the children of the poorer class in attendance at the schools a mid-day meal, of such a character as will nourish their famishing bodies, which are also under medical inspection, and when necessary are also attended by specially qualified visiting nurses.

While the necessity for a medical inspection of our school children is not as apparent as in other countries, yet I am of the opinion that much good can be done along this line.

If the greatest good is to accrue to the state from such work, then it must be provincial and must be worked out on some general plan.

The scheme must be applicable to rural as well as to urban school children. In such cities as Toronto, Hamilton and Ottawa I can readily conceive of a system of medical inspection of school children being adopted similar to that now being successfully worked in American and English cities, and recently instituted in Montreal.

This work is carried on by specially appointed medical inspectors acting under a department of the Local Health Authorities in the cities of Boston, New York and Hartford; and of the joint control of the department of Health and the Board of Education in Chicago.

The system generally adopted is to divide a city into districts, each with four or five schools of about 2,000 children, to apportion a medical inspector for each district, the salary of an inspector ranging from \$200 to \$300, and as high as \$600 per annum.

It is the duty of an inspector to visit each school in the morning soon after opening, and to examine and report on the children referred to him either by the teacher or the parents. If found ill, the child is sent home with a note to the parents advising as to course of action.

If the disease is a contagious one the Medical Health Officer is notified. It is here the medical inspector's duties cease. He does not interfere as to medical treatment—that is left to the parents.

Upon the return of the child to school a second examination, however, is made by the inspector.

In the case of poverty of the parents one of the staff nurses takes charge of the case. In this manner there is no interference on the part of medical inspector with the rest of the medical profession, and no particular medical school is thrust upon the parents.

By the adoption of such a system of medical inspection it cannot be denied the duties of the teacher and principal will be increased, and it will require the teachers to devote some portion of their studies to the subjects of hygiene, as related to the child and child life, and the diseases incident thereto.

On the other hand, their position is strengthened in all matters covered by this system, in many of which teachers have now to rely on his or her own opinions, and arrive at conclusions and adopt measures, which under a well-thought-out system of medical inspection would not be the case.

The system will enable parents to secure for their children that medical treatment which often up to the date of inspection they were in ignorance of the need thereof.

It will secure to the children that attention of detail in their course of study which through ignorance, in the past, had not

been given; the burden of study will be fitted to the back, and school education will be made to help, not hinder, development in later adult life, and will not overtax the child brain.

To sum up, medical inspection will materially help the improvement and education of this young nation of Canada. We must remember that the child when he comes under the influence of the school law, "has already lived through a long and adventurous history. He is born of parents of a given race, of a given community, themselves featured and developed by incalculable perplexities of influence. He has inherited certain predispositions of his parents. He may have been affected by parental diseases. He may have suffered in his life before birth. He has through many critical moments struggled into individual existence. He has survived all the serious vicissitudes of his first week, his first month, his first year, his first five years of life. He has learned to walk, to talk, to assert his place in the mimic community of children. He has acquired individual habits. He has laid the basis of morals. He has come to some sense of individuality in the family. He has even acquired the rudiments of citizenship. He has at last, by force of the law, made the great transition from the home to the school, from his cradle community to the community of strangers, from the soft nurture of family sentiments to the realities of discipline."

At every stage in his history he has acquired something that his whole life will not extirpate. He has been touched, perhaps, with some diseases that make him safe against them for ever. He has found his organs fit enough to carry him thus far, but he is now about to enter a much vaster struggle, a more remorseless ordeal, a life full of greater stresses, energies and dangers." One, too, into which he is forced by the state.

Is it not, therefore, important and essential for the state to search out the pre-school life influences, and to study their bearings on the modifications it is necessary to make in the course of study of each particular child, and the educational system culminates in the production of the state-evolved man or woman, upon whose completeness devolves the growth of the people as a nation.

What, then, are the principles that should be adopted in a system of medical inspection, one applicable to this province? This is a question which I think should be considered by a special committee appointed by the Government for the purpose, and the personnel of which should be representative of both the teaching and medical professions, which committee should report at an early date. My opinion is, that the system should be under the control of the health authorities and be conducted by medical practitioners acting along definite lines, the immediate object being to ascertain the fitness or otherwise of each child.

The examination should be full and detailed; the information required should be tabulated as briefly as possible. The first examination will of necessity be the most tedious in making; it should include an anthropometric summary of all school children, having for its object the taking periodically of measurements of the child, such information as to include address, occupation and nationality of parents, personal appearance, height, chest-girth; (a) maximum weight, length, breadth and height of head, breadth of shoulders and hips; (b) minimum weight, length, breadth and height of head, breadth of shoulders and hips; the examination of the eyes, using test by (1) Sneller's type, (2) colors.

Again, there should be a report on the condition of the ears, nose and throat and teeth, and defects in speech, such as stammering. Deformities of all kinds should be noted, also diseases both of the infectious and non-infectious groups, and other special observations which the examiner may deem of import.

In addition to this primary examination, a record of which should be kept on file, there should be a daily inspection of all cases referred by the teacher or head master or parent, this being done by preference each morning, and each week all the pupils of a district to which an inspector is assigned, should be personally examined by him. These inspections are for the purpose of checking the spread of contagious diseases, or permitting of the early treatment of what would be more serious cases of illness.

Those pupils found unfit at the time of their primary examination should necessarily be objects of more careful medical examination. Although they will be decidedly in the minority of the total number examined, their ranks will be increased from year to year by those presenting either physical or mental deficiency. To this class the inspector will naturally include an oversight of their course of study, both physical and mental, thereby presenting opportunities for correction or adjustment.

In addition to the medical inspector, it will be found necessary in some municipalities, such, for instance, as cities, to establish a system of nursing inspection, the offices of which will naturally be extended to those in poorer circumstances. This branch will be found of great assistance in the preventing of the spread of contagious diseases of the acute type, and also prevent the spread of those of parasitic origin, and will very materially shorten the period for which many cases of the latter kind would be kept at home.

MEDICAL INSPECTION OF PUBLIC SCHOOLS.

BY CHARLES J. C. O. HASTINGS, M.D., C.M., L.R.C.P.L. TORONTO.

To say that we are discussing the advisability of medical inspection of schools is, to my mind, an awful reflection on the intelligence of the medical profession, the Provincial Board of Health, our School Board, and, in fact, of all who are interested in the mental, moral and physical welfare of those in whose hands will be placed the destinies of our country twenty-five or fifty years hence. In my opinion, the subject is not debatable. I cannot conceive of any intelligent person, who is at all interested in Preventive Medicine, or the awful problem of race suicide, both of which form an important factor, questioning for a moment the absolute necessity for immediate action in this most vital question. I would be very sorry to think that it might come under the notice of our medical friends in Boston, New York, Chicago, Philadelphia, and, in fact, in all the leading cities in the great Union to the south of us, that we are only discussing the merits of what has long since passed the experimental stage with them.

We have in this fair Dominion of ours conditions suited to produce the very best physical development, and as high a degree of mentality as can be produced in the world. From the Regius Professorship to the men behind the guns in South Africa, or on the Marathon racecourse, the high mental calibre and the physical endurance of the Canadian always places him in the front ranks. Why then should we permit this embryotic material for such production to die or degenerate by thousands annually for want of proper care and protection? It costs our Dominion Government nearly three-quarters of a million annually for immigration purposes alone. Thousands are being imported annually of Russians, Finns, Italians, Hungarians, Belgians, Scandinavians, etc. The lives and environments of a large number of these have, no doubt, been such as is well calculated to breed degenerates. Who would think of comparing for a moment, in the interests of our country, mentally, morally, physically or commercially, a thousand of these foreigners with a thousand persons of Canadian birth? Practically, no effort has been made, no money expended, to secure the best mental and physical development of our boys and girls, while the Government expends over half a million annually for the advancement and improvement of agriculture and stock. Literature is distributed gratuitously advising stock raisers how to properly care for and protect their stock, and, in

* Read before the National Council of Women Toronto, December, 1906.

the event of an outbreak of infectious disease, what precautions to take in order to prevent its spread! Surely, then, the child has some right to consideration.

What other national question could compare in importance with the establishment of a well-organized plan by which the highest development of the youth of this country can be accomplished? Every nation must recognize the fact that what it will be, twenty-five or fifty years hence, depends largely on the boys and girls of to-day; therefore a good physical development, with a high mentality, is the most valuable asset that any nation can have.

While the medical inspection of schools was organized early in the nineteenth century in Austria, Sweden, France and Germany, it was not introduced nor adopted in England until 1889, and in Scotland in 1892, and in the United States early in the nineties, namely, in Boston, Philadelphia, New York, Chicago, and is now adopted in all the leading cities in the States. When we consider what hotbeds public schools are for all infectious disease, the necessity of medical inspection for this purpose alone is self-evident. Where systematic inspection of schools has been enforced, there has been a very marked decrease in contagious disease among children, and in many instances epidemics have been averted by an early recognition of the milder forms of the ailment, and the children removed from the schools. In our own city, some two or three years ago, Dr. Tweedy, of the Isolation Hospital, was sent for to examine a suspicious case in "The Ward." On examination he found it to be a well-marked case of diphtheria; he then went to the school attended by this child and examined all the pupils, finding thirteen or fifteen well-marked cases, which he immediately had removed to the Isolation Hospital. The school was, of course, closed at once.

The neglect of this safeguard to the pupils and the community would, therefore, seem to be inexcusable in any Board of Health or Board of Education.

A recent report of the Board of Health and the Board of Education of the city of New York shows for one single year, through physical examination of children, 15,736 cases of eye disease, 65,294 cases of diseases ranging from diphtheria to whooping-cough, who had to be excluded from attending school, and 33,551 other children who required treatment for various organic diseases and physical abnormalities. Of no less importance, however, is the health of mind than that of the body. The ill results from overwork, mental strain from too prolonged concentration on any one subject, routine examinations, etc., have frequently resulted in a nervous breakdown and serious nervous reactions. All authorities on the nervous diseases of children agree as to

the ill effects of test examinations in the schools. Personally, I have seen enough to convince me they are an abomination, and the teacher who is not capable of deciding, after a whole term's observation, whether a child is fit for promotion or not, is unobservant and does not do justice to his position. In the first place, children of a highly nervous temperament can rarely do justice to themselves in a test, or so-called test, examination. Therefore the examinations are not a fair test of the standing of the nervous pupil, coming on, as they usually do, at the end of the session, when the children are already nearly exhausted.

How many young men have paid for their scholarships and gold medals with a large slice of their constitution, if, indeed, not with their lives? Many pathetic examples of this could be related by any of us. An intimate friend of mine, quite recently, secured his First Class A certificate when he was only seventeen; but he spent the subsequent two years in the Queen Street Asylum, under Dr. Daniel Clark. As Dr. Clark expressed it, "the result of running a twenty-horse-power engine at a forty-horse-power pressure.

How often we see the fond parent of the precocious child, delighted with its unusual activity of mind, encourage it, as does also, oftentimes, the educator, not dreaming that to the psychologist this very precociousness is evidence of a mild form of degeneracy. You rarely find with this premature mental condition a well-developed physical one. Galton, in his study of Distinguished Men of Science, in England, found that nineteen out of twenty were men of unusual physical energy. While we cannot hope to develop a nation of Bismarcks and Gladstones, yet we are serving the nation's best future interests by seeing that the physical is kept well in advance of the mental. What right has any nation to compel its children to go to school without seeing that they are in a proper physical condition to receive instruction, and that they are mentally and physically protected while there?

Dr. Weir Mitchell, in an address delivered to the teachers of Philadelphia, two years ago, drew special attention to the dangers of test examinations and eye-strain. He stated that he had made a careful study years ago in his clinic, in regard to chorea alone, and always noticed an upward curve at the period of examinations, also other marked nervous symptoms at these periods. The children are irritable, restless at nights, often dreaming about their examinations. This has been recognized by most progressive Boards of Education abroad, and these examinations have been done away with and other plans suggested and adopted.

A very common cause of apparent mental dulness or deficiency in children has been discovered to be due to defective sight or hearing, or both. Referring to this, Dr. Mitchell says that, having drawn

the attention of the profession over thirty years ago to the fact that a large percentage of cases of headache were due to eye-strain, and having thereby successfully wrestled with so common an evil as headache, he counts as one of the happiest memories of a lifelong struggle with disease. Dr. Mitchell went on to say that in school children imperfect sight caused headache, vertigo, or even a confusion of mind that makes study impossible. The child gets credit for being stupid or idle, but a pair of glasses makes the differential diagnosis between lazy vice and studious virtue. The highest ideal of the medical profession to-day is prevention of disease; but this has been the ideal of the Chinese for many years, as they only pay their physicians while they are in health, and Japan has over nine thousand paid medical inspectors of their educational institutions. Could not a leaf of Oriental literature along this line be used to advantage by our Board of Health and Board of Education?

Wellesley Street and Rose Avenue.

THE MEDICAL INSPECTION OF SCHOOLS IN TORONTO.

BY HELEN MACMURCHY, M. D., TORONTO.

This question is coming slowly but surely to the front, and a considerable impetus has been given to it by a meeting held in the Canadian Institute under the auspices of the local branch of the National Council of Women, an organization which has more than once earned the gratitude of the citizens, not only by its sympathetic and progressive attitude towards all matters touching the public good, but by actual accomplishment of certain good things. The appointment of a woman as factory inspector has been of untold benefit to the community. We have heard many a physician speak of the work of the inspector, Miss Carlyle, and tell of what she had done for individual patients as well as for the welfare of working-women as a whole. That appointment might not have been made yet, had it not been for the local Council. The action of the Ontario Government in setting on foot active inquiries in regard to the care of feeble-minded women and children is largely due to the representations of the same body, and now, in regard to the question of the medical inspection of schools, they have begun in the same, sensible, quiet and business-like way. Mrs. Huestis, the convener of the special committee appointed, secured addresses from Dr. C. J. C. O. Hastings, Dr. Charles Hodgetts and Dr. Helen MacMurchy. Dr. Hastings has been interested in this subject for years, has brought it before the Ontario Medical Association, and in his address showed himself familiar with conditions in Toronto, as well as with the steps other cities have taken in this direction. Dr. Hodgetts' paper was a most valuable one, as our readers will see for themselves. His suggestion in regard to a Government commission and its composition commends itself to us as one that should at once be acted on. Dr. MacMurchy alluded to her experience of twenty years in the teaching profession, and also to the knowledge gained as physician to several residential colleges for girls in Toronto, where medical inspection is now the rule, and said the poor man's child should have the same medical school inspection as the rich man's child. Visits that week to schools in "The Ward" had impressed Dr. MacMurchy with the fact that eye-strain needed attention among the pupils, and that though their general appearance was healthy, some looked rather underfed and hungry. Probably few of the audience were aware of the next fact stated, viz., that in one school in St. John's Ward hungry children are given a plain dinner of soup or porridge

in winter, the former coming from the House of Industry, and the latter being made on the premises from a bag of oatmeal supplied every winter by a well-known philanthropist in Lindsay who heeds well the Master's injunction not to let his left hand know what his right hand doeth. Dr. MacMurchy also drew attention to the fact that the Medical Health Officer, Dr. Sheard, already does a great deal in the way of medical inspection of schools, under the provisions of the Public Health Act, inasmuch as every case of diphtheria and scarlet fever is carefully recorded and immediately followed up. The spirit of the meeting was most encouraging, and real progress was made in the understanding of this important subject.

Laryngology, Rhinology

IN CHARGE OF
PERRY G. GOLDSMITH, M.D.
TORONTO.

and Otology

PARTIAL TURBINECTOMY FOLLOWED BY ACUTE OTITIS, MASTOIDITIS, SIGMOID SINUS, THROMBOSIS, WITH EXTENSION TO THE INTERNAL JUGULAR VEIN.

THE number of spurs and portions of turbinals removed nowadays is doubtless very large. The ease with which people now become specialists and the eagerness with which many attack slight abnormalities in the nose, is no doubt responsible for a great deal of the meddlesome nasal surgery seen at the present time. Simply because a man has an irregular septum or an enlarged turbinal is no reason why he should be subjected to operative measures. If there are symptoms of nasal obstruction, whether to breathing or drainage, simple and mild measures may relieve these symptoms completely, and such measures should have first choice. Patients do not come for spurs, deviated septums or enlarged turbinals; they come for relief of certain symptoms, and we should relieve these symptoms by the easiest and simplest means. Because the septum is not quite straight, it does not follow it should be made plumb. Furthermore, in elderly people one should not do any major operation on the septum or turbinals without a prolonged trial of milder measures. Even if the symptoms are not all then relieved, the question is, are they important enough to demand relief. An elderly patient, for example, with a large nasal spur, which has no doubt existed from boyhood, may very well go on with this spur, though it causes temporary and periodic inconveniences. Dr. Charles H. Knight and Dr. James McKernon, of New York, in order to emphasize the importance of even simple operations, record an interesting case. First calling attention to the very small number of serious results following so-called minor operations in the nose, with the result that we all are likely to lose sight of the possibility of their occurring at all, the authors reported in detail at the American Laryngological Association meeting (Atlantic City) a case of nasal obstruction caused by a spur on the septum, and a cystic enlargement of the middle turbinated bone. The anterior end of the middle turbinal was removed under cocaine and adrenalin, by cold snare and

cutting forceps. No packing was used. On the fourth day an otitis media developed, and later in succession, a mastoiditis, lateral sinus, thrombosis, with infection of the jugular vein, making necessary a complete mastoid operation and opening of the sinus and removal of the jugular vein from the skull to below the clavicle.

On pathological examination the walls of the vein and the lymph nodes in the neck were found infiltrated with streptococci, showing the necessity of removing the vein, and not merely opening it and washing out the infected clot. The patient ultimately recovered. When such conditions can occur in the practice of eminent operators, surely it is sufficient to make some of the three months' specialists pause.

In this connection one may aptly quote from Blake's introductory chapter in Bacon's work on otology: "The supplementing of undergraduate teaching by graduate instruction in the special branches of medicine has done something to compensate for defective clinical teaching in specialists' work during the college course, but has opened the door to an evil in the establishment of short courses in otology, as in other departments (laryngology, rhinology, ophthalmology), which can, in a limited time, afford only a little knowledge and enable the superficial student to assume that he has acquired an ability in special practice which could really be obtained only through long and serious study."

THE ETHMOIDAL SINUS.

THE discussion of ethmoid disease (American Laryngological Association) was opened by Dr. John O. Roe, of Rochester, N.Y., who first contrasted the general uniformity of the other accessory sinuses in anatomy, pathological conditions, symptoms and treatment with the lack of uniformity on all those points in the ethmoid cells, thus making the disease of those cells often very obscure in diagnosis and difficult to treat.

He discussed the anatomy of the cells at some length, and in considering the symptoms classed the cases under two main heads: those characterized by pain, and those showing marked discharge of pus.

He said that acute inflammations of the ethmoid cells rarely called for operation, excepting when the acute is engrafted upon a chronic condition.

He felt very strongly that very many cases of "chronic ozena," with formation of crusts, and so-called atrophic rhinitis, were caused and kept up by an obscure infection of the ethmoid cells;

and cited several cases with long-standing symptoms extending over years, which yielded to thorough treatment of the ethmoid cells. He therefore strongly advocated very thorough treatment of *early* catarrhal conditions, especially if there were any discharge of pus. The writer then spoke of the many cases of persistent headache, migraine, neuralgia, etc., which were caused by pressure in the ethmoid cells, as well as by pressure of the middle turbinated bone, so commonly noted.

In regard to the method of operating, he condemned the use of the ring-knife and sharp curette as dangerous, and advised the use of the Grunwald punch forceps, and probe; and cautioned against all twisting and pulling, which is so likely to strip up and off the mucous membrane from the bone. He felt that only those cases complicated with frontal sinus disease required an external open operation.

Dr. John W. Farlow, of Boston, continued the discussion of ethmoid disease. He described the anatomy of the cells, and outlined the usual train of symptoms; and enumerated those calling for operative interference as follows: (Summary) severe and long-continued headaches, disturbance of vision and displacement of the eye, orbital abscess, syphilitic necrosis, polypi, and polypoid degeneration of mucous membrane of middle turbinated bone, frontal sinus disease caused by ethmoid obstruction, pus in the antrum of ethmoid origin, and obstinate ethmoid suppuration with pus flowing into post-nasal space causing pharyngitis, laryngitis, bronchitis, asthma and stomach disturbances.

Under treatment, the author spoke of the advantage that the ethmoid cells had over the frontal sinus, antrum and sphenoid cells, in that they were accessible to intra-nasal procedures, and could be thoroughly treated without external opening. In his own experience he had met with almost no cases where other than intra-nasal treatment seemed necessary or advisable. Only where there was an orbital abscess or an abscess pointing on the surface and about to rupture spontaneously, or where there was syphilitic necrosis, had he found it necessary to resort to an external opening.—*Boston Medical and Surgical Journal*.

AN OPERATION FOR THE PAINLESS AND BLOODLESS REMOVAL OF SUBMERGED AND ADULT TONSILS.

THIS procedure, which is a modification of Pyncheon's galvano-cautery dissection, is especially effective for the removal of submerged tonsils. It is supposed to eliminate the disquieting feature of hemorrhage when it is necessary to remove tonsils in adults.

The parts are anesthetized with a solution consisting of equal parts adrenalin, 1-1000, and 10 per cent. cocaine solution. This is painted upon the pillars and injected into the stroma of the tonsil. The tonsil is seized with a volsellum forceps and dissected out with a galvano-cautery knife at white heat. When almost completely enucleated, a small portion of the base of the tonsil being still attached to its bed, the cautery is abandoned, and the loosened tonsil completely enucleated by means of a Matthieu tonsillotome. The author has never seen any secondary hemorrhage after this operation, and believes that it is effectually prevented by the cautery, while primary hemorrhage is taken care of by the adrenalin and cautery combined.—F. B. KELLOG. Los Angeles, Cal., *Annals of Ophthalmology, Rhinology and Laryngology*, June, 1906.

This is in reality Pyncheon's method, though he prefers to do the operation in two stages. The reviewer has had one experience with the combined method as is spoken of by Kellog, which makes him quite certain that the finishing of the operation with a tonsillotome may be very dangerous. The worst hemorrhage he ever saw occurred in this manner. A better and safer way would be to crush the lower part of the tonsil, "morecellement," with a punch that crushes before cutting. In fact, the entire operation may very thoroughly be performed in this manner. G

Selections, Abstracts, Etc.

THE INFLUENCE OF AMERICAN SURGERY ON EUROPE.*

BY CARL BECK, M.D.

Professor of Surgery in the Postgraduate Medical School, University of the State of New York, President of the St. Mark's Hospital of New York.

In order to realize fully what American Surgery has achieved, so far, and how it compares with that of other countries, it will be opportune to go back to ancient times.

The earliest surgical records come from Egypt. In the papyrus found by Ebers, the great German Egyptologist, which was written, 1552 B.C., a section, dealing with tumors on the surface of the body, reads: "If this tumor comes and goes under your fingers, trembling even when your hand is still, say—it is a fatty tumor—and treat it with the knife, after which treat it as an open wound." It is maintained that the old Egyptian embalmers had considerable anatomical knowledge which entitled them to act as "dressers of wounds," that is, surgeons. The fact exists that the Egyptians had a treatise on anatomy. According to Manetho this was attributed to Athothis, son of Menes, who reigned in 5241 B.C.

Specimens of Jewish surgery are found in the Talmud, the rabbis being acquainted with methods of suturing wounds, trephining, supplying the loss of substance.

Of Indian surgery, the Charaka-samhita, the oldest medical work in existence, tells us many interesting facts. It is deplorable that the Sanskrit text of this work was only translated shortly ago. The Charaka-samhita was probably written in 1000 B.C. Another well-known Indian book, composed somewhat later, is the Susruta. These works contain a list of complicated surgical instruments; among them are such recommended for amputations, for lithotomy, the treatment of fistulae, polypi, sores, ascites, inhalation for cough and dyspnea, obstruction of the intestines, etc.

The immortal songs of Homer, which supposedly were written at the same period, often allude to surgery. The nomenclature is nearly identical with that given by Hippocrates. The arrow

*Address read at the first Fall Convocation of The George Washington University in Continental Memorial Hall, October 17, 1906.

wound inflicted on one of Nestor's horses by the bow of Paris is most scientifically described. It was at the top of the skull and had apparently penetrated the brain, which fact was diagnosed from the symptoms, the wounded horse having convulsions and turning round and round the pole.

Aristophanes, the great poet with the loose tongue, describes the slave of Lamachus as he calls for compresses dipped into hot water wherewith he intended to treat the sprained ankle of his master.

If we study the fragments of the various writings of great Hippocrates, who was born on the island of Kos, in the year 460 B.C., we are so much surprised by the success of surgical operations performed under so many great difficulties at that period, when anesthesia was unknown, that it can be well understood that some are still inclined to doubt the authenticity of the records. The Hippocratic oath, a document of the highest rank in the history of civilization, indicates the necessity of observing the most scrupulous cleanliness, and foreshadows some knowledge of aseptic rules.

Faithful as the reproductions of the classical sculptors and poets were, whose creations are still a model of keen insight into nature, stripped of fanciful and glittering flights of imagination, no less painstaking was surgery at this period, where the natural phenomena were carefully and truthfully studied by actual experiment and demonstration.

The head of the Cnidian School, Euryphon, who was a contemporary of Hippocrates, analyzes the evils of overeating most thoroughly, and as if he had foreseen the modern stomach, advises artificial vomiting for the purpose of testing the different degree of digestibility of the various kinds of food. Thus he has in fact inaugurated the "test-meal," this less esthetic than powerful weapon of the hypermodern stomach specialist.

In this glorious period the surgeons were held in high esteem. One of the indications of their high standing may be found in the royal fees they received. The annual salary of Democedes of Croton, from the city of Athens, from the commonwealth of Aegina, and from the Samoan tyrant amounted to 8,000, 10,000 and 16,000 drachmæ, that is, \$1,600, \$2,000 and \$3,200. When Democedes was captured by the Persian King Darius, the highest honors were conferred upon him at the royal court, where he finally acted as confidential adviser of the famous ruler.

The great Roman people developed the art for which the Egyptians and Greeks had laid the foundation. The era of the Roman Emperors developed a number of brilliant surgeons, among whom Antyllus, Heliodorus, Leonides, and Archigenes may be prominently mentioned.

Only fragments are left of this admirable knowledge in the abstracts of Aetius and Oribasius, later of Paulus of Aegina. They appeal to us like the torsos of those magnificent antique masterpieces at whose overwhelming beauty we are now only able to guess. Surgical operations were performed at that period which simply astonish us.

A slight indication of what must have been lost of the immense knowledge of the great Hippocratic era, and how advanced the technics of Roman surgery must have been, may be gleaned from a visit to Pompeii. On my repeated visits to this most interesting place, it struck me that the peculiar construction of the House of the Surgeon, so well known to the readers of Bulwer's "Last Days of Pompeii," pointed to more or less developed aseptic principles. The streams of water constantly flowing through the streets of Roman cities were certainly apt to remove bacteria, or at least much of their favorable soil of development, and the large number of small wells in the house of the surgeon suggests that the wounded as well as the instruments and dressings were subjected to a very thorough cleaning before and during operation. This would be in harmony with the advice of Hippocrates to frequently wash the patient before performing an operation. I can fully understand why these old masters, with their fine art of diagnosis and their powerful weapon "cleanliness," have obtained much better results than the surgeons of not many years ago, who went to the operating table directly from the autopsy room, after having washed their hands in a questionable fluid, repeating their dissecting art on the living subject, which thus frequently became a premature specimen for the autopsy room.

The surgical instruments excavated at Herculaneum and Pompeii, and exhibited now in the National Museum at Naples, are all of the most admirable perfection. There are many apparatus which many a spectator thought to be devised only half a century ago. But they existed before the advent of our Lord. *Tout comme chez nous*. The instruments all being made of steel or of bronze, are naturally aseptic.

With the downfall of the great Roma surgery took a speedy decline. Only the chevaleresque Arabs learned antique culture from the direct translation of Greek sources or indirectly through Syrian and Hebrew traditions. But these gallant savants handled words better than the scalpel, and with the only exception of practical Abulkasim were not talented for surgical technicisms.

The surgical literature of the Arabians being gradually translated into Latin, became known to the Christian occident, where intelligent monks, who indulged in the study of natural sciences,

took an interest in it and spread it. Among these highly creditable men Guilelmus Placentinus, Hugo von Lucca, Brunus Longoburgensis, Theodericus, the bishop, Lanfrancus and especially Guido de Cauliaco, must be mentioned. But they were situated like the preacher in the desert, and as a whole surgery was held in so little esteem that it became a rule among the German Mastersingers of this sad period not to accept an apprentice or disciple until he could prove that he was fourteen years of age, of decent parentage, and "in particular, not related to any flayer, hangman, *surgeon*, or similar individual."

But fortunately, the long, cheerless mediæval night was followed by the dawn of the Cinquecento, the same merry period which gave great Christopher his chance to discover us. This era, so justly called the Renaissance, stirred up minds all over the world. Antique culture was studied in its original diction again. Old inveterated dogmas fell to the ground and criticism came up, and with it also the Renaissance of Surgery began. The genius of fearless Andreas Vesalius, of the German town of Wesel, convinced Carl V., the German Emperor, that anatomy was the foundation of surgery, and that unless the government would permit of dissection for scientific purposes, surgery would remain a living lie.

That day, in fact, on which autopsies became legitimate through the Hidalgo-philosopher on the German throne, marks the resurrection of surgery.

Now the splendid epoch stamped by the genius of French surgeons, followed. Ambroise Paré reintroduced the ligature of the blood-vessels, his large experience on the battle-field also enabling him to advise a more simple kind of treatment of gunshot wounds. Surgical schools were founded in France, J. L. Petit, in contradiction to his name, becoming the greatest representative of the surgery of the eighteenth century, Désault founding the first surgical clinic, and Larrey, of whom a Napoleon said that he was the only living man whom he ever respected, sowing up the greatest and noblest of all military surgeons. The largest influence upon the surgical world was exerted by Dupuytren, however, who was not only the great master of the scalpel, but also excelled by his thorough understanding of pathology, which was at his time in its infancy.

While the French were on top, our English brethren were by no means lazy. Nearly three hundred years ago Harvey detected the circulation of the blood vessels. In John Hunter we see the great surgical pathologist of the eighteenth century, and in Astley Cooper and Spencer Wells the bold but conscientious operators. The greatest blessing which the surgical world received from

Great Britain, however, was the antiseptic wound-treatment inaugurated by immortal Lister.

In Germany the far-seeing eye of Vincenz von Kern gave us the open-wound treatment, the principles of which have come to honor again. Scientific pathology, born in the same country, brought reforms, which, like monuments, *aere perennius*, will forever stand in history. The theoretical reflections of Rokitanski, Skoda, Helmholtz, and Virchow were soon utilized in practice by surgical masters like Dieffenbach, the father of plastic surgery, by Stromeyer, Von Langenbeck, von Esmerich, Volkmann and Billroth. The discovery of the Roentgen Rays, which revolutionized some of the most important departments of surgery, has also added new lustre to the German laurels. The highly developed university life favored the universal direction of the minds, so characteristic for the nation of thinkers and dreamers, their tendency to deepening of thought and their admirable endurance in methodical work, were factors which made Germany the centre of pathological science, this great fundament of modern surgery.

Still, the art of surgery could be practiced only under the greatest technical difficulties on account of the pain the patient had to endure during an operation. Long procedures could not be carried out at all, therefore the manual skill of the old surgeons, who were forced to perform their operations with the greatest possible hurry, must have been enormous, and calls for our highest admiration.

It is assumed that in ancient times anodynes were known. The potion which the Trojan Helen was able to brew so well and mischievously was supposed to banish care and dispel depression. The women of Thebes prepared the "Extractum Thebaicum, irae et tristitiae medicamentum." It is reported of Julius Caesar that before he escaped the pirates he put them to sleep by dropping a narcotic into their wine.

How far these reports are true cannot be proven. It is certain that at a remote period we see a manifold interest displayed in the study of bodily pain and its alleviation.

During the classical age, which left us the most wonderful expression of physical pain in the matchless Laocoon group, bodily pain was frequently represented on the stage.

But there is no indication that ever before a surgical operation was performed during which the patient did not suffer the horrid agonies of combined physical and psychological pain, until it was reserved to the United States of America to give the world that immense blessing, anesthesia. The discovery of sulphuric ether in 1846, as a safe means for making a patient senseless without any danger to his life, brought more progress in a few years than

thirty centuries had brought before. Operations could be performed now, the possibilities of which our ancestors could hardly dream.

The name of the discoverer, Dr. W. T. Morton, of Boston, should be a household word through the entire civilized world. But, alas, there is hardly one non-medical man who knows even the name of this greatest benefactor of suffering humanity.

Nothing illustrates the peculiarity of human nature more clearly than the deplorable fact that the public at large ignores such men. Public squares are ornamented with the statues of generals, whose victories were sometimes won in spite of rather than because of their abilities, or simply by the bravery of their subordinates. The truly great hero, who has sacrificed himself to find the means of preserving lives instead of destroying them, is forgotten; while the least thing gratitude could do for him would be to erect a monument in every village of the earth.

To those of our European confrères who are still endeavoring to belittle American achievements, it may be said that if America had contributed nothing else than anesthesia to surgery it would have done well enough.

But it has contributed a great deal more. It is true, in general the United States could not parade with their medical education of thirty or thirty-five years ago. Preliminary education was not obligatory, and more than one brave Agricola metamorphosed, like great Cincinnatus, who was called to the head of the army from his plough, into a faithful son of Hippocrates over night. Only eighteen years ago any candidate could even in the best eastern strongholds of science be promoted to the degree of an M.D., after having studied for two years. We may be somewhat ashamed of that period, but at the same time we can well boast of the rapidity with which the change to the better was made. It would have taken a century in the Old World to accomplish that progress which was made here in a decade.

And if the whole truth will be said, then our criticizing colleagues in Europe must not only accentuate the state of cloudiness, ignoring the bright sunrays which were shining even through the darkest epochs of American history.

It is true, American medical training is still briefer than European. But even when American physicians graduated after a two years' course, they knew well that their training was incomplete and the majority tried hard to perfect themselves. Most of the European physicians went into practice after four years' study then; but many of the Americans became assistants in hospitals, or practiced under the auspices of an experienced physician several years, thus doing voluntarily what the law might well

have required. To-day the plan of study in American medical colleges embraces a term of four years, while in Germany, France and England it is at least five. Now, while this is a year more, we may emphasize that the American student really studies, and loses no time in libations and duels. The control which the recitation scheme exerts compels him to stick to his work. This, perhaps, makes him somewhat too solemn, while the average German student represents the other extreme. The American student might well absorb some of the poetic qualities of his hilarious German confrère, while the German student would be benefited by adopting some of the more business-like methods of his transatlantic commilito.

Of course, the great European institutions, especially those of Germany, England and France, serve as models in many respects. They are well endowed by the government, and the professors do not go into the fight for existence. Still, not meaning to belittle their excellent work, the question might not be out of place: How would it compare, if they had to make a living from their practice at the same time? We deplore this fact, but we cannot help admiring the American medical soldier who fights his daily battle at the sick-bed, and still has enough energy left to spend the midnight hours at the laboratory, while every new problem he solves is intended to prevent disease, and thus to lessen the earnings of his own profession. Is there anything less selfish in this world? Common sense appreciated long ago that the medical scientist and teacher should be more independent from practice; yet it may be doubted whether a teacher who is not at all engaged in practice will be best fitted for instruction after all. The teacher must never lose sight of the fact that whatever his research may tend to, it must always be to the benefit of human beings, if he does not want to lose his vital relation with the greatest of all professions.

It is true that to the extraordinary thoroughness and perseverance characterizing German investigators, the medical sciences are greatly indebted. On the other hand, a great deal of time and opportunity has been wasted by this praiseworthy quality on trivial subjects. Virtue may become a fault sometimes, as Goethe says: "Wohlthat wird plage." No American could, for instance, be found who would devote a lifetime to write six volumes on the iris of the viper. It was reserved for a German investigator to display such loving interest in a snake.

The motto of the American is utility. Where he sows he expects fruit. He has a keen eye for the "proffit and deficit." This, also, is both his virtue and his fault. No wonder that he astonishes the civilized world—not only in surgery—by the bril-

liancy of his technics. Theory is not the sphere he enjoys; it is practice. Goethe may have thought of the American when he says in Faust:

“Grau, theurer Freund, ist alle Theorie,
Und gruen des Lebens goldner Baum.”
(Gray, my dear friend, is theory,
But ever green, life's golden tree.)

And while Germany will probably keep its leading position as far as the theoretical branches of medicine are concerned, the United States will become authoritative in practice. Asepsis, the daughter of antisepsis, while the result of the research of Pasteur, Lister and Koch, was methodically introduced into practice by von Bergmann. But the greatest perfection of the new method has an American trademark. Nowhere are aseptic technics so commonly practiced and so perfect as in the surgical strongholds of the United States. The natural cleanliness, so characteristic of American habits, has of course been a most favorable element for the introduction and appreciation of aseptic principles.

The American nation is acknowledged all over the world as the cleanest. It is therefore not astonishing that asepsis has been more highly appreciated here than anywhere else, and it is easy to understand that this country is destined more than any other nation to develop asepsis to its fullest perfection.

It is safe to say that in many respects the United States have fulfilled a noble mission in this direction for many years, a task not to be underestimated. There are a number of signs indicating that this characteristic sense for cleanliness has, like some other American virtues influenced other countries indirectly. What a change, for instance, is observed in immigrants who come from semi-barbarous districts, where even an annual bath is regarded as an extravagant and foolish luxury. They sometimes carry all imaginable varieties of mother earth, especially on those surfaces of the body not covered by clothing. When they scratch themselves for obvious reasons they become self-inoculated with the germs harbored in their well-cultivated filth. As bacteriological investigations prove, all sorts of pus-producing germs are found in their skin, so it is only too natural that the skin surface of such individuals is covered with boils and swollen glands. The example of their new fellow citizens soon teaches them a good lesson, and in the second generation the sense of cleanliness is generally very well developed.

Of course, there will always be some who are never able to be thoroughly clean, no matter how often they are admonished. Originally, it is true, such virtues arise more from a trait of

character than from education. Some, so to say, are born clean. Still education does a great deal. The youngster always reflects the mother more or less. If he is clean, there is little doubt that his mother took pains in teaching him how to clean his hair, his finger-nails, the sole of his foot, his mouth and his clothing. And external cleanliness often is the reflection of the purity of character. Tell me who your mother is and I will tell you who you are.

And most important is this virtue in the members of the medical profession. A physician whose exterior is not absolutely clean should be invariably rejected by his patient. If his finger-nails are not scrupulously clean, the same hand which should be destined to destroy disease is apt to produce it.

There is even among the commonest American people a natural sense for asepsis, similar to that in the old Roman sister. This accounts for the enjoyable fact, that the American patient, so to say, enters the atmosphere of the operating-room in a kind of aseptic disposition.

It is by no means surprising, therefore, that the mortality rate of some American surgeons to-day is lower than that in any other country, the mortality in some of the important abdominal operations descending to less than 1 per cent.

But there are still more sunrays in the history of American surgery, which, I feel justified to say, reflects the extraordinary history of this country. Many such rays were shining even during the interregnum, that much-criticized period, because medical men arose whose names will never vanish from the medical history of the world. We may only mention the names: McDowell, Warren, Sims, Mott, Parker, O'Dwyer and Corning. Europe should not forget that, at the time when French surgery was at its zenith, when French professors dictated the surgical fashions, when Dupuytren, the greatest surgeon of his time, refused to be operated on, saying that "he would rather die by the hands of God than by those of his colleagues," the genius of the simple American country physician, McDowell, broke the prejudice of centuries by performing the first ovariectomy. Dupuytren had strong reasons for his despondent standpoint, because he suffered from a pus-chest, and among fifty operations carried out by him for this condition, forty-seven were unsuccessful. To-day, thank God, the proportion is reversed.

It was shortly afterward that Valentine Mott astonished the surgical world by his ligation of the *arteria innominata*.

Modern gynecology is the creation of Marion Sims. He was a country physician, like his Southern colleague, McDowell, and like the great German, Robert Koch, who was a village doctor until his forty-fifth year, his immortal experiments, which showed

the tubercle bacillus to be the cause of the most important human disease, having been made far away from, and uninspired by, great university centres. It was O'Dwyer who invented laryngeal intubation; Corning is the father of spinal anesthesia; Senn's intestinal suture is used, and Murphy's method of uniting the intestines by his ingenious button is practiced all over the world.

And what would the knowledge of the most important abdominal disease be, had American ingenuity not lifted the veil from the pathology of the vermiform appendix and exposed its mischievousness?

The Old World was always used to give us, but in reference to the knowledge about appendicitis it had to receive from the young transatlantic giant. The American perspective is now being accepted by the European surgeons, their views becoming greatly altered at last. How the majority stands now may be illustrated by their attitude during a discussion of one of the leading medical societies of Germany, which I had the privilege to attend.

The discussion upon appendicitis, which was inaugurated by the Berlin Medical Society on July 18th, attracted so much attention, in fact, that its distinguished President, Professor von Bergmann, was induced to call two subsequent meetings for the exclusive debate upon this special subject. Most of the eminent teachers of the Berlin University participated, among them Olshausen and Landau, the gynecologists, Kraus, the greatest German internist of the present day, Heubner, the pediatricist, Ewald the enterologist, and the surgeons Israel, Krause and Rotter.

Almost all pleaded in favor of early surgical interference. Although it was most gratifying to hear the same views expressed for which many American surgeons have been fighting for the last twenty-five years, it was disappointing to find that no allusion was made to their immortal merits in this respect. As this omission was pre-eminently based upon the traditional European ignorance concerning medical events in the New World, I was glad to avail myself of the chance offered to me by the kind invitation of the President, to congratulate the distinguished society on having become so thoroughly Americanized on the question of appendicitis.

Especially did I emphasize the fact that a glance over the tremendous literature of this most important part of the surgery would reveal that until a few years ago the early operation for appendicitis was regarded an adventurous policy in Germany. "Only an American would do such a thing," a celebrated surgeon in Berlin said to me not more than eight years ago, when I tried to convince him that the apparently mild symptoms of this disease

were frequently misleading and often contrasted greatly with the severe pathological condition of the appendix.

This knowledge, that in the majority of cases it is impossible to make an accurate diagnosis as to whether there was a so-called catarrhal appendicitis or a beginning perforation, was gained by American surgeons, who learned the facts from their frequent autopsies in vivo. That the infection was much more dangerous than the well guarded scalpel, is an American axiom. That early interference, even with the risk that, once in a while, an unnecessary operation may be performed, is the safest procedure, was proven by the extremely low death rate of such American surgeons as were given an early opportunity to operate by the family physician.

It was the genius of an American surgeon which introduced the most important diagnostic factor in appendicitis, McBurney's point, into medical science. American surgeons, like Semm, Weir, Bull and Murphy, were the pioneers and advocated the necessity of removing the appendix during the free interval, that is, even after a patient had recovered from an acute attack, because they realized that with a few exceptions the disease had passed over into the chronic stage only. It is perfectly true that to the Germans belongs the credit for first having given a correct scientific description of the inflammation of the vermiform appendix. But they missed the causal nexus entirely, attributing the pus-accumulation in the right iliac fossa to an inflammatory process in the loose connective tissues which surround the cecum. It was not more than logical, therefore, that they gave this condition that fatal term "perityphlitis."

The first description in 1830 is from the pen of Goldbeck, under the auspices of his teacher, Professor Puchelt, of Heidelberg, the same celebrated university to which we are indebted for the first description of cholelithiasis. (Loewenberg in 1554.)

Less than thirty years ago great Friedreich, of the same old alma mater, taught that perforation of the vermiform appendix might be caused by the irritation induced by a grape seed, this occurrence always leading to death. Fortunately, he claimed, this kind of "ulceration" was extremely rare, inferring from the fact that he had not seen more than two cases of this kind. When I then, *jurans in verba magistris*, attended these lectures as a student, I hardly thought of ever seeing more than a few cases during my surgical career, while the more mature knowledge I had the privilege to obtain in this country enabled me later to remove more than a thousand appendices. Although Schmidt as early as 1847 came very near describing McBurney's point by calling attention to the peculiar intensification of the pain produced by pressure in the cecal region, emphasizing at the same time the fact

that the area of pain hardly exceeded the size of a nickel, none of these great thinkers, strange to say, thought of the most obvious indication of attacking this area directly.

In spite of the most convincing proofs brought by American surgeons in favor of early interference, the Germans, otherwise so progressive, until recently remained obstinate in their so-called conservative treatment of appendicitis, which, in other words, was nothing but a peculiar form of therapeutic nihilism. It is remarkable that the same men to whose genius we are forever indebted for the elementary knowledge of the surgery of the alimentary canal, liver and kidneys, were so long perplexed by the appendix. Let us be grateful that the nation which produced a Kant, the man of the categorical Imperative, has at last begun to respect the little treacherous rebel. American surgeons do not imagine even now that they know all about appendicitis. They have still left a good deal to their European confrères for further development, and no doubt they are justified in expecting, especially, much from the theoretical research of German scientists.

The etymological conscience of the great Berlin society was again disturbed by the Greek ending of the Latin word, a union which they regard as a misalliance. The terms perityphlitis, perityphlitis appendiculus, epityphlitis, scolecoiditis, were again proposed for substitution. It is true that all these terms are irreproachable from an etymological point of view, but as to their real meaning they are absolutely misleading. The term "perityphlitis" has done incalculable harm, as it greatly diverts the mind from the real source of the evil, while the term "appendicitis" means exactly what it signifies. And, moreover, the whole world has become accustomed to it. Therefore the "term-scavengers" will have to swallow the pill after all, whether they like it or not. In German it may be compared with indulging in onions—*Man weint dabei und isst sie doch*.

Usus est tyrannus! They should remember that medical etymology shows a large number of more or less euphonious terms, which are unjustifiable or even senseless. Bronchus means passage for beverage; arteria, air-passage; parenchyma, effusion; muscle, little mouse; and we are so much used to them and know their meaning so well that none of us would seriously consider proposing their abolition. The etymological auto-da-fé on the part of the term-scavengers made the word appendicitis only more popular. We may predict that the American term will be used all over the world as long as there shall be a human appendix.

Especially the German term-scavengers should consider that the language of Goethe, Schiller and Lessing contains words which are nothing else but ungrammatical nonsense. And they are by no means compositions of foreign words, nor do they represent

one of those special medical terms which are so sarcastically rated by our good friends the philologists. No, they are used by them in every-day language without any scientific ruminations.

Is there, for instance, a greater absurdity than the German word "Bediente," which means exactly the opposite of what is meant? The "Bediente" in fact is the master, he is the individual who is served, not the one who is serving. But this term is still better liked in literature than the simple and correct "Diener," is it if this word gave him a kind of aristocratic odor.

"Ein gedienter Soldat" is just as wrong. In some German universities the term "Chirurgischer Instrumentenmacher" can be witnessed from the windows of the auditorium of celebrated philologists, and in Berlin numerous "Bohemian Fruit stores" are found, although a fruit store in the capital of the German Empire must naturally be German.

It is not the maker who is surgical, but the instrument; and it is not the store which is Bohemian, but the fruit. To the same etymological jurisdiction belongs "der duerre Zwetschgenhaendler."

The proposition of Professor Kraus, to request the government to demand more particulars as far as the statistics on the morbidity as well as the mortality of appendicitis are concerned, fell on fruitful ground. The Secretary of State, who honored the meetings by his presence, promised to see to it that every German physician should be provided with question blanks for the purpose of entering the details of his experience, especially regarding diagnosis and operative treatment of appendicitis. In this respect Germany may serve as a model, and while the American physicians do not need as much elucidation in reference to appendicitis as the German, it will be of general benefit were they to adopt the same plan.

Another sign of American influence is found in Berlin. There the physiognomies of the good old Charité, the venerable temple of Aesculapius of the Berlin University, and its neighbor, the anatomical institute, have greatly changed since last year. A score of large, modern buildings were erected, Orth's pathological institute, Hildebrand's surgical, Henoch's pediatric and Lesser's dermatological clinics simply representing the best and most progressive institutions of their kind. There is, in fact, a remarkable combination of architectonic beauty and general usefulness.

The greatest progress, however, being made in Berlin at the present time is represented by the new anatomical institute. No American should fail to visit it, not only because it is a real delight to look at it but especially for the reason that its construction is based upon American ideas.

We have all reason to be proud of the fact that Professor

Waldeyer, the greatest anatomist of the present age, who has instructed most of our eminent teachers of anatomy, gives full credit to the excellence of the American institutions which he had visited twice during the last few years.

"The Americans," such are Professor Waldeyer's own words, "are ahead of us Germans in many respects. The idea of placing kitchen as well as operating and dissecting rooms under the roof, wherever it was practicable, struck me as an extremely good one, and I made up my mind at once to persuade the Prussian government to adopt the American plan in the construction of the proposed new anatomical institute, that is, to provide for abundant light from above as well as from the side."

"How can we draw students from America, as long as our dissecting rooms are dark and antiquated, while the New World is so far ahead of us in this respect?" was the argument, which convinced the Prussian Minister of Education after a long struggle.

The immense building is now almost completed. There are four large rooms, or rather halls, which permit of simultaneous dissecting by 400 students. The space, in fact, is now so ample that each of the students of the second course, who have to dissect vessels, nerves and the sensorial organs, has his own table during the entire year.

Like Professor Waldeyer, who has become so true a friend of this country, many great European scientists have visited us. The International Congress of 1904 in St. Louis brought no less than one hundred and forty illustrious men from the other side to these shores. All were full of praise, and if men like Helmholtz, von Esmarch, Czerny, von Winckel, von Mikulicz, Lorenz, Tillmanns, Escherich, Trendelenburg, Orth, Harrison, Segond and Faure asserted that they could not help learning a great deal during their visits in America, we may safely believe that this is not merely a courteous phrase. The great European scientists who studied this country by personal inspection are all admirers of it. It is only the small man, who enjoys belittling whatever comes from America. "What good can come out of Nazareth?" those idiots say.

Ewald, another celebrated visitor, wrote in an editorial of the *Berlin Clinical Weekly*, four years ago: "How long may it take till we must go to the United States, as the engineers and men of industry had to long ago, to accumulate new scientific knowledge? Then the scientific exchange will not be one-sided but mutual."

The time has come. Where else is there a country with such immense resources and the ambition and the brains to utilize them? Where else is the spirit of liberality which receives the

foreigner like a brother? The dawn of a new and glorious scientific era can be well perceived on the American horizon.

Yes, the time of reciprocity, for which we hoped so long, has come. Let us compete with our European confrères by mutual exchange. Let us visit Europe as frequently as possible, and let the Europeans visit us. Let them give us their refined knowledge, based upon classical and fundamental research, and let us show them the splendid technical achievements which are so characteristic of the United States. If anything can help to secure eternal peace between the nations it is the strengthening of their scientific ties.

ABSTRACTS.

Lupus Vulgaris.—Two cases of lupus of the ear, illustrating the serious nature of the disorder, are reported by A. Ravogli, Cincinnati (*Journal A. M. A.*, January 5). In both, the tubercle bacillus was found in the extensive ulcerations destroying the external ear, and in one the disease had deeply involved the underlying bony and other tissues. He remarks that connective tissues, bones and fascia do not have the resisting power to the tubercle bacillus that is possessed by the skin, and when the germ gets away from the latter it is no longer under control, and in a short time the disease is reproduced in a nodular or disseminated form, which represents miliary tuberculosis of the intestinal organs. Lupus, therefore, is always a serious disease, and prognosis should be guarded in any case. The best results, so far, were obtained by applications of pure lysol, which forms a hard whitish eschar, followed by healthy cicatricial tissue. The article is illustrated.

Acute Infections of the Thoracic Cavity.—J. H. Musser, Philadelphia (*Journal A. M. A.*, January 5), considers the subject of empyema in its earliest stage when located between the lung and chest wall, between the lobes and between the diaphragm and the lungs. The frequency of this condition cannot be accurately estimated, he states, though he gives the statistics of hospital experience and the literature. He thinks, also, that there is evidence that many of the cases of so-called unresolved pneumonia properly fall under this head. The clinical course and symptoms are described in some detail, and he insists on the importance of not masking constitutional symptoms by drugs in these cases. Localized tenderness is a much more important symptom than pain, and, among the physical signs, he notices as of particular importance, the occurrence of skodiac resonance, which can frequently be elicited to a very decided degree, when at the same time fremitus and the

breath sounds over the hyper-resonant area may be entirely absent. He has never seen this combination occur, except in cases of localized purulent collections, either between the lobes or at an opposite point from the resonant area. Exploratory puncture is not reliable as a means of diagnosis, and in most cases he feels bound to advise direct exploratory operation. Every argument that can be offered in favor of it in abdominal disease applies equally well for thoracic conditions. In this connection he gives a table of the depths of blood vessels from the surface of different parts of the chest, in inches and centimeters, which shows the ease with which all points may be reached by the finger or trochar. The diagnostic difficulties in differentiating these cases from tuberculosis or abscess are mentioned, and the leading points of difference are given. The clinical course of tuberculosis, the absence of leucocytosis, the pulse and respiration rates, the probability of glandular involvement elsewhere and, of course, the tuberculin reaction and the finding of the bacilli are of value in the diagnosis of tuberculosis. Multiple abscess is also difficult, but it usually follows a broncho-pneumonia, streptococcic or influenza bacilli, and the sputa will generally suggest the nature of the lesion. The physical signs are those of small areas of consolidation, and then of cavity formation, rather than of pleural lesions. He urges the internist to make as early a diagnosis as possible in these cases, and when in doubt to have the advice of the surgeon at once. He also pleads with the surgeon to give more attention to this class of cases, and not to delay operation till too late.

Blood Pressure after Withdrawal of Fluid from Thorax and Abdomen.—J. A. Capps, Chicago (*Journal A.M.A.*, January 5), has tested the effect on blood pressure in fifteen cases of the thoracentesis in which aspiration was performed. During the excitement of preparation and the pain of puncture there is usually a temporary rise. During the withdraw of fluid the pressure falls constantly, as a rule, reaching the lowest point at the time of or after the withdrawal of the needle. The average fall in nineteen aspirations was 20 mm. Hg. The final pressure taken an hour or more after tapping is generally from 5 to 15 mm. lower than the initial pressure, the average fall for nineteen aspirations being over 8 mm. The amount and rapidity of withdrawal are important factors in determining the degree of fall. Other things being equal, it is less with slow than with rapid aspiration. The duration of the effusion is of the greatest importance; in recent cases the fall is usually not great and the recovery is rapid, while in old cases the fall is greater, doubtless because of the difficulty and slowness of lung expansion. Vascular senile changes seem to favor a relatively rapid and deep fall and slow recovery, but heart disease alone has apparently little effect. Pneumothorax also, even

when extensive, has but slight influence. Capps also tested the effect of abdominal paracentesis in nine cases of ascites, all in a sitting position. Epigastric angina, due to reflex spasm of the abdominal arteries from irritation by the needle, produces a very rapid rise of the general arterial pressure. During the drainage of the fluid, as a rule, a fall occurs, averaging 32 mm. It is usually lowest several minutes after the needle is withdrawn, but it may occur at any time during the procedure. Once a fall of 62 mm. took place in the first minute of drainage, when 2,000 c.c. of fluid escaped in that length of time. This was probably in the nature of a temporary collapse from sudden relaxation of the splanchnic vessels. In other instances the fall was very slight. The final pressure, taken an hour or more after paracentesis, averages 12 mm. lower than the initial pressure. The rate of withdrawal seems more important as regards the immediate fall in arterial pressure, but the final pressure is more affected by the amount of fluid withdrawn. External pressure on the abdominal wall often raises the pressure from 5 to 12 mm., acting in the same way as Crile's pneumatic suit in shock, supporting the splanchnic vessels and relieving abdominal engorgements. Posture is important. Normally, the pressure is higher in the sitting than in the recumbent position. At the end of paracentesis, however, lying down often increases the pressure from 6 to 20 mm. The improvement is most marked in patients who undergo a decided fall of pressure during the operation. In conclusion, Capps mentions the desirability of observations of the blood pressure curve in a large number of cases in which simple siphonage without aspiration is used in thoracocentesis, and of further experimentation with both mechanical and medicinal agents for the prevention and relief of untoward circulatory symptoms occurring during the withdrawal of fluid.

The "American Journal of Dermatology and Genito-Urinary Diseases."—A considerable number of changes have been made in the *American Journal of Dermatology and Genito-Urinary Diseases*, and they are of such a nature as cannot fail to commend them to the approval and goodwill of its readers. The size of the journal has been enlarged, the number of pages of reading matter has been increased, and all this without making any change in the subscription price. It numbers among the contributors to its pages the best and most celebrated dermatologists, syphillogists and genito-urinary surgeons who write. Whatever of theirs is printed is well worth reading, and, in addition to this, there have been added several departments which will add increased interest and usefulness to the journal.



Christmas greetings as sent out by a well-known professional brother in Toronto. Can you guess who?

The Canadian Journal of Medicine and Surgery

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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 kindly remember that all papers, reports, correspondence, etc., must be in our hands by the first of the month previous to publication.

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Editorials.

TUBERCULOSIS SUFFERED TO INVADE CANADA.

The Toronto Board of Trade, December 31, 1906, over the signatures of the president and secretary, addressed a letter to Sir Wilfrid Laurier, complaining of the lax inspection of immigrants arriving at Canadian ports, which accounts for the presence of foreign sufferers from tuberculosis at the Toronto Free Hospi-

tal for Consumptives and the Muskoka Free Hospital for Consumptives. The letter contains the following:

"Of the 243 patients treated in the Muskoka Free Hospital during the past year, 83—one-third of the number—were of foreign birth. An analysis of individual cases shows that a goodly percentage of these 83 left their homes knowing that they were afflicted with this disease, and yet were allowed to pass inspection at the immigrant headquarters at Quebec."

Several cases are quoted to substantiate these assertions. The letter further states:

"At the Toronto Free Hospital, near Weston, only 50 per cent. of the number cared for were born in Canada, 35 per cent. came from Great Britain and Ireland, 2.9 per cent. from other British possessions, 11.2 per cent. from foreign countries."

In many cases the history showed that they had been advised to come to Canada, because the bracing climate of this country was beneficial to persons suffering from pulmonary tuberculosis.

The letter further charges laxity of immigrant inspection at this side of the Atlantic, and something much worse at the other side. The detailed evidence to hand shows, it says, that this country is being made a dumping ground for persons afflicted with tuberculosis and other diseases. Request is made that steps be taken immediately to prevent the embarkation for Canada of any immigrants afflicted with pulmonary or contagious diseases of any kind, and the enforcement of so rigid a system of inspection of all immigrants entering Canada as will insure the immediate return upon the transportation lines by which they arrive of all persons who are found diseased, or from any cause physically or mentally unfit to become useful and thrifty citizens.

The statistics quoted in this letter would be more convincing if it were shown that all, or a considerable number, of the foreigners treated at the consumption hospitals were recent arrivals. Some of them may have been in good health on their arrival, and may have developed tuberculosis owing to the well-known etiological factors, which operate here as well as in other lands. Assuming, however, that the greater number of the foreigners treated at these sanatoria were recent arrivals in Canada, the fact would go to prove that the system of examining immigrants entering Canada is, to put it mildly, not quite perfect. The Cana-

dian regulations call for the segregation, hospital treatment and deportation of immigrants suffering from incurable diseases. Medical examiners cannot diagnose every case of tuberculosis or Bright's disease while a shipload of immigrants are passing before them from the ship to the waiting railway train. If an immigrant is able to walk without showing obvious signs of physical decrepitude, he is accepted as a future citizen of Canada.

There is no adequate inspection of immigrants at Canadian ports to protect this country against the acceptance of the mentally and morally oblique—the degenerates, or the criminals of the Old World.

We understand that a large sum of money—\$300,000—has been expended by the Canadian Government in erecting quarantine hospitals at Quebec, Halifax, St. John and Winnipeg. Of course, there is an annual disbursement for the maintenance of these hospitals. Theoretically, immigrants detained at Canadian quarantine hospitals pay for their treatment and maintenance in them out of their own resources. Frequently, their means are too limited to enable them to do so.

The proper place to stop the advent of undesirable immigrants to Canada is at the port of embarkation. Each immigrant should carry a passport, certifying that A. B. is physically, mentally and morally sound. Inspection should be done by Canadian physicians, responsible to the Canadian Government. A formal inspection of immigrants at Canadian ports of arrival would answer. The Canadian quarantine hospitals would have little to do, except caring for occasional cases of acute contagious diseases. J. J. C.

PROF. SCHOTT'S VISIT TO TORONTO.

In accordance with an invitation to lecture in Toronto, Professor Schott, on the evening of January 21st, in the New Medical Building of the University of Toronto, spoke on the treatment of chronic diseases of the heart. He mentioned that the former method of treatment with rest and digitalis had been inadequate. Even the many newer remedies, of which he described the principal ones, were either unsatisfactory or accompanied with

unpleasant or even toxic effects. This compelled medical men to look for other means, and led to what are known to-day as the physical methods. These are principally the Swedish and Oertel's methods, as well as the balneological gymnastic treatment devised by the lecturer, conjointly with his late brother, August Schott.

Professor Schott spoke first of the Oertel cure, which has been a powerful incentive to renewed research. Still, in the main, Oertel's theory concerning the limitation of the supply of liquids proved to be erroneous. Mountain climbing is only notable in a limited number of cases of heart affections, and should really be resorted to towards the end and not at the beginning of the treatment.

The Swedish method is principally used in the form of Zander's mechanical contrivances. These do not, however, render the patient independent either of his momentary physical condition or of continued medical supervision. They are useful, nevertheless, wherever the cost of the apparatus and that of running them do not come into consideration. Of course, it should never be overlooked that with Zander's machinery the patient is dependent upon time and locality, and, above all, that it is a very difficult matter to attain a precise degree of individualization in the measurement of the resistances.

The lecturer then described his balneological-gymnastic treatment. He began by depicting the physiological action of the baths, their influence upon the heart, the vascular system, blood-pressure, the baths and gymnastics are tonics for the weakened heart. The baths work by means of the sensory, gymnastics by means of the motor nerve-treatments. Professor Schott described the course of the bath cure in heart diseases. The treatment begins with the use of simple saline baths, especially in severe cases. The strength of the baths is then gradually and systematically increased until finally the strongest mineral water, with the highest percentage of natural CO_2 is resorted to.

The lecturer gave then full details about the Nauheim baths, their solid and gaseous (CO_2) constituents, temperature, duration, etc. Professor Schott then spoke of the mode of preparation of artificial Nauheim baths, as devised by his late brother and by himself. He also pointed out how their usefulness may be imperiled through not properly preparing them.

Gymnastics are used in two forms: resistance gymnastics and exercises with self-resistance. In the first of these forms the resistance is offered by an assistant; in the second, by the tensifying (contraction) of antagonistic groups of muscles on the part of the patient himself. Professor Schott described the manner of performing these exercises, and also the cautionary measures with they require. He further mentioned massage, the application of heat and cold, the use of electricity and the diet.

In conclusion, Professor Schott demonstrated a large number of drawings, showing heart limits, radiograms, pulse-tracings, with relative blood-pressure. In this way he illustrated the results which may be obtained in cases of heart disease by the balneological-gymnastical treatment.

**SPECIAL MEETING OF THE TORONTO MEDICAL SOCIETY
—PERFORATION IN TYPHOID FEVER—DR. OSLER'S
ADDRESS ON "A TORONTO ACADEMY
OF MEDICINE."**

A LARGELY attended special meeting of the Toronto Medical Society was held in the new Medical Building, 8 p.m., December 18, 1906, the president, Dr. Rudolf, in the chair. Invitations had been issued to all the physicians of the city, to the teaching staffs of the University of Toronto, and to the medical students, so that the hall was crowded.

A paper was read by Dr. A. McPhedran, on "Perforation in Typhoid Fever." In his description of the clinical picture presented by a patient suffering from the lesion in question, the speaker attached special importance to abdominal pain, sudden in origin, and continuous, though not necessarily severe in character. According to his observation, perforation had occurred in several cases of typhoid fever which had not been considered to be of a severe character. When the lesion was diagnosed he favored an early operation for its relief. Dr. Osler, Regius Professor of Medicine, Oxford, concurred in the remarks made by Dr. McPhedran. He deplored the prevalency of typhoid fever in Canada; he thought that this disease was by no means so common over in England as it appeared to be in Canada.

Mr. I. H. Cameron, who had done several abdominal operations for the relief of typhoid perforations occurring in patients of Dr. McPhedran, remarked on the infelicity of being called upon, as a mere surgeon, to perform this severe and risky operation so strongly advised by his medical colleague. He showed that a surgeon cannot, in many cases of perforation, prevent a fatal result, because, to give one reason only, even though the perforation in the bowel be sutured, another ulcer may be on the point of opening into the peritoneum, and may open subsequently, as had occurred in one of the cases in which he had operated, at Dr. McPhedran's request.

Dr. Rudolf then called upon Prof. Osler to give his promised address on an Academy of Medicine in Toronto. Dr. Osler, who was enthusiastically received, began by remarking that the principal centres of medical life in a city are: the medical school, the hospital, the medical library, the medical society and the medical journal. His subsequent remarks were directed, almost exclusively, to the medical library and the medical society. He strongly advocated a union of the existing medical societies of Toronto, and he thought that such a union would help to increase the strength and influence of the medical profession in this city. The Toronto Academy of Medicine might, he thought, be framed after the model of the Academy of Medicine of Philadelphia, in which the various specialties into which medicine is subdivided are presented as sections of one large medical union or academy. A passing allusion was made to the Medical Academy of Paris, to that of Dublin, and the speaker also said that it was contemplated to merge the existing medical societies of London into one great academy.

Referring to the Ontario Medical Library, he had learned that last year there had been 970 readers; that the library contained 6,000 volumes, with a choice collection of medical journals, and that, speaking generally, it was in a flourishing condition. He thought that efforts should be made to increase its membership. There were 450 physicians registered in Toronto, 300 of whom, at least, ought to be members of the Academy of Medicine. With such a membership the Academy would be self-sustaining. A fee of \$25 was charged for membership in the New York Medical Library; in the Medical Library of Philadelphia \$20 was the

charge: in the Baltimore one, \$10. Whatever sum was thought to be a suitable one for Toronto physicians to pay should be adopted. If active members of the Ontario Medical Library would canvass their medical friends, many more names would be speedily added to the list of members. The physicians most interested in the Academy would be the young beginners. During the first fifteen years of professional life, physicians should spend a good deal of their time in the Medical Library. Men paying forty visits a day could not, of course, do likewise. The men, who should pay most to support the Academy, were the specialists, the consulting physicians and surgeons, who depended on the general practitioners for their work. He stated, that he would be one of five persons, who would give \$100 a year, for five years, towards the support of the Toronto Academy of Medicine, or a smaller sum, if a larger number of men would subscribe.

Needless to say, Dr. Osler's address was listened to very attentively. A cordial vote of thanks to the lecturer was moved by Dr. Albert A. Macdonald, seconded, at the request of Dean Reeve, by Dr. Jas. H. Richardson, and carried unanimously.

J. J. C.

MEDICAL INSPECTION OF PUBLIC SCHOOLS A NECESSITY.

We hope that the opinion, recently expressed at a meeting of the Toronto Branch of the National Council of Women, that medical inspection of schools should be one of the gifts that the "powers that be" would grant during the year 1907, will be substantiated. May this necessity cease to be a wished-for good, and, ere many moons, become an accomplished fact. Listening to the papers read that evening, to the address of Dr. Helen MacMurchy, and to the discussion so tactfully led, and the finality of the summing up of the whole matter by the president, Mrs. Torrington, in these words: "Let us go to the Government and ask. Who can resist the mothers," we were indeed impressed with the importance of the question of the hour. We have reproduced the papers in this issue, and hope that our readers will carefully peruse them. At that meeting, someone said there were about thirty thousand school children in our city, a whole little city of little people. The teachers in

our public schools are doing noble work, but few of them have been able in life's hurried years of study to add more than a knowledge of the general principles of hygiene. Therefore it would be indeed difficult and almost unreasonable to expect them to diagnose a case of fever or measles, etc., in its incipient stages; it is surely enough that they insist on cleanliness both in surroundings and in the persons of their pupils. Should the teacher happen to be a Christian Scientist, it certainly would not be within her province to recognise any evidence of disease at all! The note of warning has not been sounded any too soon by our Canadian mothers, for the "foreign element" is creeping in so rapidly, and with it the often fixed prejudice against stringent preventive measures necessary to protect against the spread of disease among the pupils in our schools—vaccination, for instance, and even inspection of pupils (foreigners), as in New York recently; so here, some day, the teacher may find herself helpless against the fury of a mob of parents who feared harm instead of healing being administered to their offspring. In such cases, a Medical Inspector clothed with authority could step in, insist quietly, and conquer such ignorance with speed and without any ill-feeling being afterward manifested against the teacher. In asserting the authority vested in him he would also maintain the dignity of power of a Country to whose laws all inhabitants must submit, and a Nation which only wants those to be absorbed into its life who can be transformed into sturdy, intelligent Canadians.

W. A. Y.

IS THERE TO BE A JOURNAL OF THE CANADIAN MEDICAL ASSOCIATION?

In the draft of the proposed new constitution and by-laws of the Canadian Medical Association, presented at the Toronto meeting, August 20th, 1906, it is provided that the Finance Committee "shall have charge of the publication of the official journal of the association, and of all published proceedings, transactions, memoirs, addresses, essays, papers, programmes, etc., of the association."

In conversation a prominent officer of the Canadian Medical

Association recently expressed his opinion: that no medical journal published in Ontario was known outside of this Province. This remark chimes in with one credited to another member of the Canadian Medical Association, viz., "that to publish an article in a Canadian medical journal seemed about tantamount to consigning it to the flames, or locking it up in a drawer."

The last rub is decidedly inane, for, if properly interpreted, it makes out that Canadian physicians, though residents of a country well supplied with fuel, feel called upon to burn journals containing the papers of their confreres. One of two things must, therefore, be true in the opinion of the author of this flamboyant remark: either the papers of Canadian physicians are worthless, or the readers of Canadian medical journals are unable to appreciate a good thing when they read it.

In reference to the first charge: that Ontario medical journals are unknown outside this Province, we say that, even if true, it would only prove that the medical journals of Ontario rise no higher than the source from which they spring, *i.e.*, the medical profession of this Province. This, however, would not be an adequate answer to so unpatriotic a charge. The status of Ontario medical journals in the world's market may be gauged in this way: read the references to articles written in the International Medical Annuals for 1901, 1902, 1903, 1904, and observe what Canadian journals are mentioned. These alphabetically arranged articles are written by chosen men, who, by a system of careful culling, obtain the materials for their special articles from the current medical literature of the world. The numbered references at the bottom of each of these articles are the names and dates of the medical journals from which the writers quote. This work is published annually in England and in the United States. In 1901 there was one reference to the *Dominion Medical Monthly*, and one to the *Montreal Medical Journal*. In 1902 there were no Canadian references. In 1903 there were seven references to the *Montreal Medical Journal* and three to the CANADIAN JOURNAL OF MEDICINE AND SURGERY. In 1904 there were four references to the CANADIAN JOURNAL OF MEDICINE AND SURGERY and two to the *Montreal Medical Journal*. Obviously, therefore, during the years mentioned, two Ontario medical journals were recognized and utilized by compilers of the new

and original in the world's market of medical literature. Had some Ontario doctors, who could have done it without shortening their lives, burned the midnight oil, and contributed their gold and pearls to the medical journals of this Province, more frequent references to Canada would have appeared in the world's medical clearing-house. The sails may be trim and the ropes taut; but able seamen must man the yards, if the ships of any country are to make a creditable appearance among the navies of the world.

It occurs to us that before establishing an association journal the first step to take would be to get a report from a committee of ways and means, who would be expected to show the undoubted sources from which financial support of the new venture is to be got. In Canada there are some 6,000 physicians. Suppose that one-fourth of that number, 1,500 men, became bona-fide subscribers to the association journal at an annual fee of \$5. This would provide a capital of \$7,500, all subscriptions paid up. Now a monthly issue of 2,000 copies of the association journal would cost per annum about \$3,000. An editor should get a salary of \$3,000; a stenographer would receive a salary of \$500, a book-keeper, \$1,000; an organizer, who would push the association, collect subscriptions and canvass for advertisements, would be worth \$3,000, not including travelling expenses; hire of an office, \$500; total, \$11,000, not including postage stamps, telegrams and other incidentals, which would show a deficit of \$3,500 in a year's business.

It is clear, therefore, that the management would require a rest account to draw from during the first five years of their journalistic career, until the association journal would acquire an established market value among advertisers. Are the officers of the Canadian Medical Association prepared to supply such a rest account? If not, where is the money to come from?

Even if one of the Toronto medical journals were to hang out the white flag and surrender to the Canadian Medical Association, three independent medical journals would remain. A good deal of money and effort has been expended in placing them where they are; they are not likely to extinguish their lights at the bidding of any association; to buy them out would require a good deal of money.

Then, again, this sudden access of zeal to bring about the

establishment of an association journal, though well meant, seems inopportune, in the light of the fact that publication of the transactions of the Canadian Medical Association in the form of a paper-covered volume, though regularly discussed at association meetings could never be accomplished, owing to lack of funds. If the Canadian Medical Association had successfully published an annual volume of transactions during five years for a fee of \$3, membership included, there would be some justification for their forging ahead and demanding an annual fee of \$5.

At present, and for many years back, the papers of the Canadian Medical Association have been published in the medical journals of this country, receiving thereby a considerable circulation, without anxiety, bother or expense to the Executive of the association.

On the other hand, we are free to confess that there would be an advantage, a prestige at home and abroad, in the publication of an association journal. The necessary funds, however, must come from some source, and the members will certainly not care to assess themselves for more than the annual fee.

We hold no brief for others, but we can say, without fear of contradiction, that the Ontario journals of medicine do not fear the competition of an association journal. In case that an association journal should be started, the independent journals would suffer from a dearth of original papers written by Canadian physicians, and would be obliged to go abroad for some of their original matter. On the other hand, papers read by members of the association would appear in one journal with a restricted circulation, instead of in one, two or three independent medical journals, issued at possibly different dates. Canadian physicians should be loyal to the Dominion Medical Association; but they should stand together in more than one respect and support the really fine Canadian medical journals at present in existence. To the Executive of the association we would say, "Wisely and slow: they stumble, that run fast."

J. J. C.

EDITORIAL NOTES.

At a meeting of the Medical Society of the Hospitals, Paris, November 23, 1906, Drs. P. Marie and F. Moutier reported an observation made by them conjointly on a male patient, 52 years of age, who had been attacked, August, 1904, with right hemiplegia and aphasia. The hemiplegia persisted, especially in the right arm. The patient showed marked symptoms of Broca's aphasia; that is to say, difficulty in articulation, total inability to read; as for writing, he could copy printed matter in a running hand. At the autopsy no lesion of the third frontal convolution was found, but there were some very small patches of softened tissue in the first and second temporal convolutions. A horizontal section of the cerebrum showed that the third frontal convolution was quite sound, but a well-marked cyst was found in the lenticular zone. Another area of softening in Wernicke's zone destroyed the deep white substance, but spared the convolutions and their cortex. Drs. Marie and Moutier thought that this case was quite comparable with the one reported by Dr. Souques (see *C. J. M. S.*, January, 1907, p. 46), save that in the latter case the cortex of Wernicke's zone was diseased, while in the case reported by them the white substance of this part of the cerebrum was particularly affected. In their opinion, difference of location in the respective brain lesions was the cause of the clinical differences exhibited by the patients. In fact, in the case reported by Drs. Marie and Moutier the patient, during his illness, had at his command a more extensive vocabulary than Dr. Souques' patient, this vocabulary being at times disordered by lapses into partial aphasia and a jargon of misplaced words.

Inspection of the Wells of Dairies Necessary.—The causation of an outbreak of typhoid fever by the drinking of unboiled water taken from contaminated wells is well known. It is not so well known that the use of such water to wash milk pails and utensils may cause an outbreak of typhoid fever. In the *Chicago Bulletin of the Health Department*, week ended December 22, 1906, the following appears: "Further investigation showed that all the families having the twenty-two cases of fever (Mont Clair

outbreak) obtained their milk supply from one local dealer, whose son had an attack of typhoid fever two years ago. The well on this place is only forty-two feet from an outhouse, the vault of which was full, level with the ground, at the time of examination. Although the house was supplied with city water, there were indications that the well water was occasionally used to wash the milk pails and utensils." It is quite certain that, even if the water supply of Toronto were filtered, yet an outbreak of typhoid fever might occur in this city, through milk pails washed with contaminated water from a well in the County of York. The Toronto Board of Health should be in possession of the latest reliable information about the well of every dairy which sends milk to this city.

Food Inspection in Canada.—A bill introduced by the Minister of Agriculture during the present session of the Dominion Parliament is intended to provide safeguards for an adequate system of food inspection in Canada. Beginning with the inspection of live animals intended for food, the official supervision is made to apply to the dressed carcasses and to the processes of canning the meat. A penalty of one year's imprisonment may be imposed on any person who sells or offers for sale, transports or exports a carcass or portion or product of a carcass, known to be unhealthy or unfit for food. Meats passed by the inspectors are to be stamped, and the inspectors may refuse to stamp goods not prepared under proper conditions, or may close up an unsanitary canning establishment. Supplies of fish and vegetables, though not to be stamped, must be clean and sound. Although the Canadian Government takes only an exceptional interest in public health legislation, it seems that for some reason, a commercial one perhaps, interest is to be taken and public money spent in maintaining the soundness of the meats and the purity of the canned goods put up in this country. In reviewing "A Handbook of Meat Inspection," by Dr. Robert Ostertag, in the October (1906) number of *C. J. M. S.* we said: "A beginning of bona-fide meat inspection should be made in the larger cities of this Province, in some of which there are several concerns engaged in the production of meat products, as well as large supplies of meats for domestic use. Dr. Ostertag's fine book, in its English dress, would then become the meat inspector's

handbook." There is one little particular which should not be forgotten by the committee in charge of the bill: to provide that the date of preparation shall in every case be stamped on the can. How long properly canned foods will remain in good condition can hardly be determined, but the evidence at hand points to indefinite preservation. Tyndall mentions tins in the Royal Institution that had remained in good condition sixty-three years. All the same, the purchaser should be permitted to know the age of the canned goods he buys. Cold storage is an excellent method of preserving meat and fish, neither abstracting any constituent of the food nor adding any foreign matter, neither imparting a new taste nor altering the natural flavor, causing neither a loss of nutriment nor diminished digestibility, and on the withdrawal of the cold the food is left in its original condition.

The Association of Military Surgeons of the United States.

—Brevity being the soul of wit, and very commendable in a soldier, *The Military Surgeon* appropriately relieves the old guard, *The Journal of the Association of Military Surgeons of the United States*. This journal, which has been in existence during the past six years, is, as we learn from its editor, Major James Evelyn Pilcher, the pioneer military medical journal in the English language. Its success in bringing to the notice of surgeons a reliable body of military medical literature is creditable to the editor, and speaks well for the literary activity and scientific knowledge of the military surgeons of the United States. The C. J. M. S. heartily greets *The Military Surgeon*, as the adequate exponent of a highly educated class of medical men.

Wood Alcohol as a Poison.—Wood alcohol (methyl alcohol) is very toxic, and numerous cases of fatal poisoning have been traced to its use. "Pure wood alcohol," says Butler, "is colorless, limpid, of a peculiar odor, reminding one of alcohol and acetic ether, and a warm taste. Owing to its cheapness and freedom from tax, it is used as an adulterant of grain alcohol." The symptoms of poisoning by this agent are: first, slight intoxication; later, severe headache, pallor, gastric pain, gastro-intestinal irritation, retching, dilated pupils, partial or complete blindness, paralysis of the legs, dyspnea, delirium, collapse, with stertorous

breathing and unconsciousness. Toxic amblyopia is a constant feature, and is due to retro-bulbar neuritis. It has been known to follow a dose of 2 to 5 drachms. A cystitis is frequent. The fatal dose is probably from 4 to 8 ounces. The post-mortem changes are: ecchymosis in the stomach and intestine, with congestion of the kidneys. The prolonged action of this poison is thought to be due to the formation of formates, which are excreted very slowly. In a paper read at the Toronto meeting of the British Medical Association, Casey A. Wood, M.D., Professor of Clinical Ophthalmology, University of Illinois, makes a strong plea in favor of prohibiting, or rendering unprofitable, the manufacture or sale of wood alcohol in Canada. This has been accomplished in the United States by the adoption of a "denatured" alcohol bill. He hopes that Canada will join Great Britain, Germany, the United States and other countries in using cheap untaxed, denatured grain alcohol for light, fuel, solvent and power-producing purposes. If grain alcohol for these purposes were made cheap, the manufacture of wood alcohol would become unprofitable, and would cease. He says that grain alcohol could be distilled and sold at a profit for light, fuel, varnish-making and other industrial purposes for less than the factory cost of producing deodorized or even the so-called "refined" wood alcohol. Owing to the fact that in several cases loss of life has occurred and that in other cases total blindness resulted from the use of wood spirits, it would be for the benefit of the public health in Canada if denatured grain alcohol were employed for industrial purposes instead of wood spirit.

Asystole in Association with Tuberculosis.—Asystole, or incomplete ventricular contraction, so that the ventricles are not completely emptied of blood, is met with in degeneration and asthenia of the cardiac muscles. In a paper read before the Medical Society of the Hospitals, Paris, December 14, 1906, Dr. Barié traces the history of asystole in tubercular cases. He shows that this condition is very frequent in fibroid phthisis, but that it may be noted during the course of chronic ulcerative phthisis, in three principal conditions: (1) there may be valvular lesions associated with chronic phthisis; (2) chronic phthisis is very frequent in individuals having contraction of the pulmonary artery; (3)

asystole may depend on the digestive disorders frequently met with among consumptive patients, and is then of reflex origin.

Exhibition of X-ray Plates at the Meeting of the Toronto Medical Society.—An evidence of the rapid strides made in skiagraphy was the exhibition of the X-ray plates made by Dr. S. Cummings at the January 4 (1907) meeting of the Toronto Medical Society. For about an hour, plates, exhibiting lesions of various characters, succeeded each other, running comments being made by the exhibitor. Perhaps the most striking plates were those showing vesical, ureteral, renal and prostatic calculi. Not less interesting were skiagrams of tubercular lesions of the lungs. The curious circumstance that a patient who was receiving treatment for an empyema, which had been evacuated and drained, complained that he tasted formaldehyde after the dressing of his abscess, was shown in a plate to be due to the fact that the patient's empyema communicated with one of his bronchi. The fallacy founded on the use of the surgical probe in locating a bullet after a gunshot wound of the skull was shown in a plate taken from the head of a lad who had been shot, the bullet passing through one mastoid process and seeming to have made an exit through its fellow of the opposite side. A skiagram revealed the bullet in a totally unexpected position in the anterior portion of the lad's brain. An incision over the os frontis, followed by the application of a trephine, enabled the surgeon to remove the bullet, and the patient recovered. Exostosis, sequestrum, exfoliation of bone after periostitis, tubercular and syphilitic disease of bone, arthritis deformans, bony ankylosis, fibrous ankylosis, green-stick fracture, simple fracture were also represented. Several pictures exhibiting arterio-sclerosis of blood vessels were shown. The advantage of the X-ray in enabling a physician to clear up an exceedingly obscure case was revealed by a skiagram showing gall-stone calculi. Skiagrams, well taken, of course, are known to be of great utility in surgical practice, enabling the surgeon to locate foreign bodies, pieces of loose bone, calculi, etc., as well as showing the conditions of fractured bones or dislocations before or after treatment. The utilization of the skiagram in revealing the causes of obscure diseases of the viscera, above and below the diaphragm, is not so generally known, or, if

known, not so much appreciated. From what was seen of Dr. Cummings' work, it is our opinion that, in chronic or obscure cases at least, the surgeon or physician should let in the light, see what the disease is, and then act accordingly.

PERSONALS.

DR. W. S. HARRISON was elected a member of the Board of Control on January 1st, and Drs. B. E. Hawke and John Hunter to the Board of Education.

DR. GEOFFREY BOYD, 167 Bloor Street East, announces to the medical profession that he is relinquishing general practice, and after the New Year will devote his attention to the treatment of diseases of the ear, nose and throat.

Obituary

VERY SAD DEATH OF DR. JAS. HENDERSON, COBOURG.

WORD was received in Toronto, on December 21st, of the accidental death near Cobourg of Dr. James Henderson, a leading physician of Cobourg and well known in Toronto.

Dr. Henderson was driving home at half-past twelve in the morning in a blinding snowstorm, when, in attempting to cross the Grand Trunk tracks at the Ontario crossing, he was struck by the fast Montreal express leaving Toronto at 10.30. Dr. Henderson was alone when the accident occurred. The locomotive struck the front of the cutter, the horse having apparently got clear of the tracks. The engineer of the train, on arriving at Cobourg, reported have run into something, and a search party was sent out. Dr. Henderson was found in his fur coat and robes, quite dead, but with no visible injuries except a bruise on the temple. The body was taken at once to Cobourg, where news of the accident occasioned deep regret.

Dr. Henderson was a bachelor, a gold medallist of McGill, and was under forty. He formerly practised at Grafton. He was for a time a partner of the late Dr. Douglas, of Cobourg, who also met with a sudden death, expiring from heart failure while out driving last summer.

News of the Month.

CONGRESS OF CLIMATOTHERAPY AND URBAN HYGIENE.

THE third Congress of Climatotherapy and Urban Hygiene will hold its meeting, during the Easter vacation, April 1-10, 1907, on the French Riviera (that part between Hyeres and the Italian frontier), and in Corsica. The sessions will be held at Cannes, Monaco, Mentone and Ajaccio, but all the towns and stations on the Mediterranean coast are included in the programme—Cannes, Nice, Monte Carlo, Mentone, Hyeres, Antibes, Grasse, St. Raphael, Juan-les-Pins, Beaulieu, Cap Martin, Thorenc, etc. The congress will last about one week on the French coast, and will finish in Corsica.

The success of the two previous congresses, held at Nice in 1904, and at Arcachon in 1905, is well known. Without doubt, the third meeting will be in no way outdone by its predecessors. Its programme will be of the best. The Organizing Committee are busy, the principal points being already settled. Many towns have subscribed important sums, Cannes, Mentone and the principality of Monaco having promised large subscriptions. Municipalities and corporate bodies are preparing to rival with each other to assure the success of the congress, and to offer a brilliant reception to the visitors—fetes, banquets, excursions. A reduction of 50 per cent. will be asked for on all railways and steamboats, and important reductions will be given in all the hotels.

Permanent Committee—Messrs. Calmette, Director of the Pasteur Institute, Lille, member of the Academy of Medicine; Chantemesse, Professor in the Medical Faculty of Paris, member of the Academy of Medicine; Guinon, Physician of the Paris Hospitals; Huchard, Physician of the Paris Hospitals, member of the Academy of Medicine; Renaut, Professor in the Medical Faculty of Lyons, member of the Academy of Medicine; Renon, Professor (Fellow) in the Medical Faculty of Paris, Physician of the Hospitals.

Congress Officials—President, Dr. Calmette, of the Academy of Medicine, Director of the Pasteur Institute, Lille; Vice-Presidents, Dr. de Nabias (Professor in the Medical Faculty of Bordeaux), Dr. Grasset (Professor in the Medical Faculty of Montpellier, member of the Academy of Medicine), Dr. Pitres (Professor in the Medical Faculty of Bordeaux, member of the Acad-

emy of Medicine), Dr. Bourcart (Cannes), Dr. Vivant (Monte Carlo); General Secretary, Dr. Verdalle, Physician of the Bordeaux Hospitals, 1 Boulevard d'Alsace, Cannes; General Treasurer, Dr. Bienfait, Villa Marie Louise, Boulevard d'Alsace, Cannes; Assistant Treasurer, Dr. Faure, 19 Rue Hermann, Cannes. With the General Secretary of the Congress, Dr. Verdalle, are two local General Secretaries, Dr. Didier for Mentone and Dr. Giocanti for Ajaccio. Secretaries, Dr. Josserand, Rue Jean de Riouffe, Cannes; Dr. Lhuillier, Boulevard d'Alsace, Cannes.

Questions for Consideration—Chronic diseases of the respiratory organs on the French Riviera, especially in Cannes and its environs; paper by Dr. Chuquet, Cannes. Adenopathies and local tuberculosis at Cannes; paper by Dr. Bourcart, Cannes. Nervous diseases on the Mediterranean coast; paper by Dr. Sauvage, Cannes-le-Cannet. Treatment of these diseases on the coast by physiotherapy; papers by Drs. Bonnefoy and Josserand, Cannes. Hygiene at Mentone; paper by Dr. Tartarin, Mentone. Heliotherapy, by Dr. Monterris, de Sylvabelle. The dust or die roads of the Mediterranean coast; papers by Dr. Chaboux, Mentone, and Dr. Guglielminetti, Monte Carlo. Hygiene in the Principality of Monaco; paper by Dr. Vivant Monte Carlo.

Fee for the Congress, including the volume of Transactions of the Congress, 20 francs, \$4; members of the families of Congressists (wife, unmarried children) and medical students, 10 francs (\$2), without the volume of Transactions. The fee should be sent in advance by postal order or certified cheque to Dr. Bienfait, General Treasurer of the Congress, Villa Marie Louise, Boulevard d'Alsace, Cannes, France.

Any other correspondence should be sent to Dr. Verdalle, General Secretary of the Congress, 1 Boulevard d'Alsace, Cannes, France.

The French language will be used; other languages may be used exceptionally by permission of the President.

ITEMS OF INTEREST.

Ottawa Medico-Chirurgical Society.—The Annual Dinner of the Society was held on Thursday evening, January 3rd, in the Russell House, Ottawa. A most enjoyable time was spent.

"The Canadian Nurse" now a Monthly Magazine.—*The Canadian Nurse* is now a monthly journal, its first issue as such coming out last month. The January issue is a most creditable one, and we take this opportunity of congratulating the editor-in-chief and collaborators upon the result of their work. We under-

stand that the circulation of *The Canadian Nurse* is rapidly extending, and we bespeak for it the support of the nursing profession all over the country.

Additions to the Laboratory Staff of H. K. Mulford & Co.

—Arthur P. Hitchens, M.D., succeeds J. J. Kinyoun, M.D., as director of the biological laboratories of H. K. Mulford Company. Dr. Hitchens has been connected with the Mulford biological laboratories for the past eight years, during the greater period of that time having had personal charge of the preparation of anti-toxins and curative sera. He is well qualified to conduct scientific work connected with the production of antitoxins and biological products. W. F. Elgin, M.D., continues in charge and direction of the Mulford vaccine laboratories. E. D. Reed, M.D., of Ann Arbor, Mich., has been engaged to direct research work, particularly in pharmacology and physiological chemistry.

American Physio-therapeutic Association.—Physicians who are interested in the study and legitimate practice of the physical (drugless) therapeutic methods, notably electro-therapy, photo-therapy, mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physio-therapeutic Association. Address the Secretary, Dr. Otto Juettner, No. 8 West Ninth Street, Cincinnati, Ohio. The officers for the ensuing year are. President—Dr. H. H. Roberts, Lexington, Ky.; Secretary—Dr. Otto Juettner, Cincinnati, Ohio; Treasurer—Dr. Geo. H. Grant, Richmond, Ind.; Executive Council—Drs. W. F. Klein, Lebanon, Pa.; Jas. Hanks, Brashear, Mo.; J. W. Unger, West Point, Miss.; Chas. S. Northen, Talladega, Ala.; R. W. Gibbes, Columbia, S.C.; S. J. Crumbine, Topeka, Kans.; F. L. Keeler, Perry, Okla.

For the Care and Treatment of Neurasthenics.—Some months ago a ward for the care and treatment of neurasthenics was opened in connection with the Toronto General Hospital. It is modelled somewhat on the lines of the Albany Hospital ward for the insane, although much more limited in its application to cases of actual insanity. The idea is to treat cases in what may be the early stages of mental alienation, or cases of functional nerve trouble. There is no provision for the treatment of the acute insane; indeed, the structural requirements for such a class of patients did not exist in the building adapted for the ward for neurotics. The ward is pleasingly decorated, and in many respects will prove a valuable addition to the resources of the general hospital. The ward is under the direction of Dr. Campbell Meyers, and Dr. E. C. Burson is in immediate charge. Dr. Meyers is well known in Toronto as a successful neurologist of

large experience.—*From the American Journal of Insanity, October, 1906.*

The Ontario Medical Association.—The Committee on Papers and Business for the current year is composed of the following members, under the chairmanship of Dr. D. J. G. Wishart: Drs. Ingersoll Olmsted, Hamilton; N. W. Woods, Bayfield; W. J. Bradley, Ottawa; A. F. Tufford, St. Thomas; Angus Graham, London; and H. B. Anderson, R. D. Rudolf, J. S. Hart, T. F. McMahan and F. N. G. Starr, of Toronto. It is proposed to reinstate the plan of sectional meetings at the next annual gathering, which will be held a week earlier than usual—May 28, 29 and 30, 1907. The committee have secured the promise of Dr. Crile, of Cleveland, to deliver the address in Surgery. Dr. Crile is the Professor of Clinical Surgery at the Western Reserve University. It is intended to secure, if possible, some prominent physician in the United States to give the address in Medicine. While it is impossible as yet to speak definitely, it is hoped that we may have with us some one of the English physicians who will attend the meeting of the American Medical Association, which will open a few days later at Atlantic City. The committee has partially drafted a programme which will surely interest every physician of the Province.

The Final Examination of the Ontario College of Physicians and Surgeons.—The following are the results of the final examination of the Ontario College of Physicians and Surgeons, held last autumn: J. B. Austin, Brighton; E. W. Allin, Bowmanville; W. C. Brown, Belview; C. W. Becker, LeGrange, Ill.; T. W. Blanchard, Appleby; R. M. Bucke, London; D. H. Boddington, Leamington; R. B. Burwell, Shedden; W. M. Carrick, Hamilton; R. L. Clarke, Hamilton; F. F. Carr-Harris, Somerset Vale, N.B.; J. F. Dunn, Elgin; W. P. Dillon, Ottawa; A. C. Driscoll, Trenton; G. A. Durnin, Westhope, Dakota; J. R. Gunne, Kenora; W. L. Gilbert, Picton; D. A. Graham, Ivan; F. V. Hamlin, Allandale; J. R. Irwin, Toronto; R. M. Johnstone, Grassie; J. D. Loudol, Toronto; J. A. Labrosse, St. Eugene; A. E. Mahood, Kingston; S. A. Moran, Rednersville; J. I. Morris, Hamilton; S. F. Millen, South Woodslee; A. E. Murphy, Phelpston; F. B. Mowbray, Thamesville; A. L. McMurry, Bowmanville; C. McMane, Toronto; Margaret McAlpine, Toronto; J. McAndrew, Toronto; J. A. McKenna, Toronto; C. E. Preston, Ottawa; C. Powell, Barrie; J. J. Robb, Batterea; E. G. Rawlinson, Toronto; T. D. Rutherford, Delmer; H. E. Schaeff, London; E. H. Smith, Toronto; A. B. Smillie, Hensall; H. D. Thompson, Watford; L. A. Truman, Strathroy; F. R. W. Warren, Moose Jaw, N.W.T.; O. M. Wilson, Athens; A. G. Wallis, Humber.

The Physician's Library.

BOOK REVIEWS.

Modern Clinical Medicine. Diseases of Metabolism and of the Blood. Animal Parasites. Toxicology. Edited by RICHARD C. CABOT, M.D., Instructor in Clinical Medicine in the Medical School of Harvard University. An authorized translation from *Die Deutsche Klinik*, under the general editorial supervision of JULIUS L. SALINGER, M.D. With one colored plate and fifty-eight illustrations in the text. New York and London: D. Appleton & Co. 1906.

This work contains a series of papers on the chief constitutional conditions, such as diabetes mellitus and insipidus, gout, obesity, over-nutrition and under-nutrition, the anemias, and methods of blood examination, by leading German writers such as Von Noorden, Naunyn, Gerhardt, Ebstein, Erlich and others. "The writers have wisely confined themselves for the most part to thorough discussions of certain points in each of the diseases considered, making no fatuous attempt to compress a huge subject into narrow limits. They have brought their subjects up to date and given frankly their personal views on the points at issue." The work as a whole is very valuable and will prove of great service to any physician. The translation, while good, would be much more clear if it had not followed the German quite so literally.

A. M'P.

The Undertow. By ROBERT E. KNOWLES, author of "St Cuthbert's." Toronto, New York, etc.: Fleming H. Revell Company, publishers.

The author truthfully and strongly, and yet with many a touch of dry humor or beauty of description, weaves his web of life around a family circle whose head is the staunchest of old Scotch Presbyterians, transplanted from his native soil to God's own country—Canada. But unfortunately he raised a thistle, in the shape of a younger son, who became a minister; he was tossed by every wind, and generally a very weak character, ready in his littleness and self-conceit to mistrust the best and most beautiful of wives. The reader cannot forgive the author

for sacrificing his heroine and letting her life be broken just to reform such a milk-and-water fellow as he was. If the game of life is played fairly, surely the game should be worth the candle. In its description of places visited, and its oft-told love of Mother Nature lies the charm of the book.

W. A. Y.

Sex and Character. By OTTO WEININGER. Authorized translation from the sixth German edition. London: William Heineman. New York: G. P. Putnam's Sons. 1906.

This is a book that ought never to have been written; being written, it ought never to have been published; being written and published, it ought not to be purchased or read. The originality, the erudition, the earnestness and the manifest honesty of its author offers but small excuse for the distorted and monstrous views of humanity—that is, of woman, the best part of humanity—which he entertains and tries to teach. Listen to this: "The disposition for and inclination to prostitution is as organic in a woman as is the capacity for motherhood" (page 217); or this: "After a long analysis, then, it has been found that there is no exception to the complete absence in woman of any true, inalienable relation to worth" (page 279). The most despicable thing that Schopenhauer in his moments of greatest spleen ever wrote about women is outdone by this youth, who before he was twenty-three made an attempt to construct on a logical and philosophical basis a scheme for the relation of the sexes. That his arguments rest on a basis wholly false will be made clear by this quotation: "It has been exhaustively proved that the female is soulless, and possesses neither ego nor individuality, personality nor freedom, character nor will" (page 207). It is a relief to find something that can be said to the credit of the author after all this. He committed suicide after writing this book. Had he done so before writing it, our obligation to him would have been markedly increased. One turns with relief from writing such as we have been reviewing to Goethe's conclusion: "The woman's soul leads us upwards and on."

N. A. P.

Chemistry, General, Medical and Pharmaceutical. Including the Chemistry of the U. S. Pharmacopeia. By JOHN ATTFIELD, F.R.S., M.A. and Ph.D. Edited by LEONARD DOBBIN, Ph.D. Nineteenth edition. Philadelphia and New York: Lea Brothers & Co. 1906.

It is no small honor for a text-book to reach its nineteenth edition, yet every student of chemistry knows that in this case the honor is well deserved. While Attfield's manual is a systematic treatise on the science of chemistry, yet it is written mainly

for the pupils, assistants and teachers engaged in medicine and pharmacy. It differs from ordinary works on general chemistry mainly in the fact that the chemistry of every substance having interest for students of medicine and pharmacy is noticed at more or less length in proportion to its importance, and the leading principles of chemistry are set forth with all attainable exactness. We are sure that this work deserves, and will still enjoy, a long period of popularity.

A. E.

Photocopy (Skiascopy or Retinoscopy). By MARK D. STEVENSON, M.D., Ophthalmic Surgeon to the Akron City Hospital; Oculist to the Children's Home, Akron, Ohio. Octavo of 126 pages, illustrated. Philadelphia and London: W. B. Saunders Company. Toronto: J. A. Carveth & Co. 1906. Cloth, \$1.25 net.

When one recalls the many works on Retinoscopy, Hartridge, Morton, Thorington, Jackson, and goodness knows how many others, one wonders where a new one can come in, yet after seeing Stevenson's one realizes that perhaps there was room after all. There is about it a certain air of the practical man which pleases.

J. M. M.

W. B. Saunders Company, of Philadelphia and London, have just issued a revision of their handsome illustrated catalogue of medical, surgical, and scientific publications. Beyond question this is the most elaborate and useful catalogue we have ever seen. The descriptions of the books are so full, the specimen illustrations are so representative of the pictorial feature of the books from which they are taken, and the mechanical get-up so entirely in keeping with the high order of the content. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalogue is well worth having, and we understand a copy will be sent free upon request.

Self-Propelled Vehicles. A Practical Treatise on all forms of Automobiles. By JAMES E. HOMAN, A.M. Fifth revised edition, entirely rewritten. New York: Theo. Audel & Co., 63 Fifth Avenue. 1907.

New and completely revised, this popular book fulfils the requirements of the motor vehicle owner, operator and repairer.

In his revision, the author has emphasized the practical aspects of motor vehicles of all powers, confining his space to the discussion of matters fundamental in construction and management.

Recognizing that the gasoline vehicle is the typical automo-

bile, considerable space is devoted to its complete discussion: theory, operation, and an extensive chapter on "Gasoline Engine Management," the latter covering, virtually, all forms of difficulty liable to occur under service conditions. Anyone reading this chapter can derive an intelligent conception of the requirements for an expert driver, and will find numerous points of information, usually obtainable only by long and varied experience.

To sum up the excellencies of this book, it must be acknowledged that it fulfils the ideal of the practical motor driver's *vade mecum*. All subjects are fully illustrated; as to its standard of book-making, it may be said to be almost unequalled in paper, type-work and binding.

The Man who Rose Again. By JOSEPH HOCKING. Toronto: The Copp, Clark Company, Limited. Illustrated.

The story of a young politician in England, filled with wine, in the silly season makes a bet with three others in a London club that he can woo and win any woman in society they may name. They "take him up," and he starts on his errand. He falls desperately in love with the woman, and just on his wedding-day his bride-to-be hears of the bet and refuses him. He goes fiercely into politics, and his old enemy, drink, conquers him. He dies to all former life and friends, but after many years returns, every inch a man; and of course the rest of the bright story is easy to guess, and makes pleasant reading.

Modern Clinical Medicine. Diseases of the Digestive System.

Edited by FRANK BILLINGS, M.D., Professor of Medicine, University of Chicago, and Professor of Medicine and Dean of Faculty, Rush Medical College. An authorized translation from *Die Deutsche Klinik*, under the general editorial supervision of JULIUS L. SALINGER, M.D. With forty-five illustrations in the text. New York and London: D. Appleton & Company. 1906.

This volume is also very highly to be commended, dealing, as it does, with the methods of examination, diagnosis and treatment of the chief disturbances of the digestive organs. Ewald writes on Gastric Ulcer and Gastric Hemorrhage, Boas on Gastric and Intestinal Carcinomata, Minkowski on Jaundice and Hepatic Insufficiency, and Neusser on Gall-stones. This is only a few of the many excellent articles; one in particular, however, should have special attention directed to it, that is, the methods of examination of the feces, by Strasburger. That is a subject which has been greatly neglected by the profession generally, doubtless

on account of its unpleasant character. Such examinations, if systematically made, will often give a clue to diagnosis of an obscure case, especially when there is occult blood or pus in the feces. The translation should be much better than it is. The close following of the German phraseology often obscures the meaning so greatly as to render it doubtful even after close thought. If a further edition appears, it is to be hoped that the ideas and not the words of the author will be given. However, the work will amply repay the time required to master its contents.

A. M'P.

Prevalent Diseases of the Eye. By SAMUEL THEOBALD, M.D.; Clinical Professor of Ophthalmology and Otology, Johns Hopkins University. Octavo of 551 pages, with 219 text-illustrations, and 10 colored plates. 1906. Cloth, \$4.50 net. Half Morocco, \$5.50 net. Philadelphia: W. B. Saunders Company. Canadian Agents: J. A. Carveth & Co., Toronto.

Dr. Theobald's work is meant for the general practitioner, not for the specialist, and hence no detailed account is given of refraction, nor of ophthalmoscopic appearances. The chapters on examination of the eyes, and on the general treatment of its diseases, are very interesting. In that on the lachrymal passages he advocates the use of much larger probes than the Bouman probe so generally used. The general practitioner finds his greatest bugbear in glaucoma, which is so frequently mistaken for iritis, and even for sick headache, so that one reads with pleasure the sound, practical advice on the subject. Injuries of the eyes by foreign bodies, contusion, or incision, are fully dealt with. The chapter on the use of glasses in hypermetropia, myopia and astigmatism will be appreciated by every practitioner. We predict for this work a flattering reception.

J. M. M.

The Practice of Gynecology, in Original Contributions by American Authors. Edited by J. WESLEY BOVEE, Professor of Gynecology, George Washington University, Washington, D.C. Philadelphia and New York: Lea Brothers & Co. 1906.

This is an eminently practical and at the same time scientific work written by seven men, each one of whom is an expert in the subjects assigned him. The Editor, Dr. J. Wesley Bovee, has apportioned the topics covered to men in the prime of life and in the full tide of professional activity, and each one seems to have put his heart into his work. Dr. Bovee's own part, both as writer and as editor, has been just what, knowing his brilliant surgical career and the value of his previous writings, we would have been led to expect. The personal equations make uniformity impos-

sible in the various sections of the book, but it may be safely claimed that a man in general practice can read even the least satisfactory section without having his knowledge of its subject made much more exact and more useful. Pathology and bacteriology are given much more than the usual prominence. The diseases of the rectum and of the urinary apparatus are fully considered, and very properly so, since they enter into the everyday work of the gynecologist to no inconsiderable extent. The authors, the editor and the publisher are alike to be congratulated on the production of this work, and to the profession it can be commended without the least reservation.

N. A. P.

Manual of Otology. By GORHAM BACON, A.B., M.D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary; with an introductory chapter by CLARENCE JOHN BLAKE, M.D., Professor of Otology in Harvard University. Fourth edition, revised and enlarged. With 134 illustrations and 11 plates. New York and Philadelphia: Lea Brothers & Co. 1906.

The number of books appearing dealing with otology has of late years been large. Most are written for the student, general practitioner and specialist, with a result that from the students' standpoint they do not answer. Bacon has written particularly to students, and judging from the call for new editions, he seems to have filled a real want. The book must not be considered as elementary alone—it is this—but far more. The introductory chapter is written by Dr. C. Blake. We welcome his remarks regarding the evil results following the establishment of short courses in otology. They are the means frequently of making students and general practitioners think themselves proficient for all otological work, and that it can be learned in a few weeks' course. He utters a word of warning regarding overtreatment in cases of non-suppurative middle ear disease. The anatomy is clearly and concisely written and well illustrated. The methods of examination are well set forth, and that part dealing with tuning fork reaction is very clear and simple, a point other writers do not always reach. In speaking of the treatment of injuries of the membrani tympani, Bacon insists that instillation and syringing should be avoided. One should not interfere too much in such cases, but we think disinfection of the external auditory canal will tend to prevent intra-tympanic infection from without. In acute catarrhal otitis media he advises in cases where adenoids are present in young children, they may be scraped by the finger nail during the preliminary examination. If there are sufficient growths in the naso-pharynx to require removal, we think it better

that this be done systematically and thoroughly. In the post-operative treatment of adenoids he advises a post-nasal spray for the first twenty-four hours. We think this not only unnecessary, but harmful. Bacon thinks there is too much surgical and too little medical treatment in hypertrophic tonsils. Chronic hypertrophic and atrophic rhinitis occupies only three pages. In connection with the treatment of nasal polypi no mention is made of the frequency with which they are associated with sinus disease. He advises the application of the cautery to the base of removed polypi. This is of very questionable utility, and may be followed by very severe reaction. The chapters dealing with the operative surgery of the mastoid are well written and splendidly illustrated. An appendix is added on the various methods of preparing smears. This is an innovation and a useful chapter. From the student's standpoint we think a chapter dealing particularly with formulæ and their special indications would be of value. The book is one we have read with great pleasure, and is one bound to continue its popularity if for no other reason than its simplicity and full citation of modern otological procedures.

P. G. G.

The *Thrice-a-Week World*, now that a great Presidential campaign is foreshadowed, hopes to be a better paper than it has ever been before, and it has made its arrangements accordingly. Its news service covers the entire globe, and it reports everything fully, promptly and accurately. It is the only newspaper, not a daily, which is as good as a daily, and which will keep you as completely informed of what is happening throughout the world. The *Thrice-a-Week World* is fair in its political reports. You can get the truth from its columns, no matter what are your politics, and that is what you want. A special feature of the *Thrice-a-Week World* has always been its serial fiction. It publishes novels by the best authors in the world, novels which in book form sell for \$1.50 apiece, and its high standard in this respect will be maintained in the future as in the past.

Handbook of the Diseases of the Eye, and Their Treatment. By HENRY R. SWANZY, A.M., M.D., President of the Royal College of Surgeons in Ireland, and LOUIS WERNER, M.B., Ophthalmic Surgeon to the Mater Hospital. Ninth edition, with illustrations; 815 pages. London: H. K. Lewis. 1907. Price, 12s. 6d.

A new edition of the old favorite Swanzy is welcomed. In this edition Dr. Werner, so favorably known to all transatlantic visitors to Dublin, appears as collaborator. The book grows in page with each succeeding edition, yet nowhere will one find so

readable and yet so succinct an account of the diseases of the eye. To have had one edition of Swanzy is to want the next one.

J. M. M.

The following comprise some of the more recent books published by the J. B. Lippincott Co., of Philadelphia, all of which are procurable from the Canadian agent, Chas. Roberts, Montreal. "Electro-Therapeutics," by Mihran Krikor Kassabian, M.D., with chapters on radium and phototherapy., cloth, \$2.50, half leather, \$4.00; "The Diagnostic Relations Between the Eye and Nervous System," by William Campbell Posey, M.D., and William G. Spiller, M.D.; "Clinical Diagnosis," by Charles Phillips Emerson, M.D., a text-book of clinical microscopy and clinical chemistry for medical students, laboratory workers, and practitioners of medicine; "Study of Blood-Vessels," by Arthur V. Meigs, M.D.; "Diet and Dietetics," by A. Gauthier; "A Nurse's Hand-Book of Medicine," by J. Norman Henry, M.D., "United States Dispensatory," edited by Horatio C. Wood, M.D., Professors Joseph P. Remington and Samuel P. Sadtler; "Therapeutics: Its Principles and Practice," by Horatio C. Wood, M.D., and Horatio C. Wood, Jr., M.D.; "Post-Mortem Pathology," by Henry W. Cattell, M.D.; "Pediatrics," by Thomas M. Rotch, M.D.; "Genito-Urinary and Venereal Diseases," by J. William White, M.D., and Edward Martin, M.D.; "Aseptic Surgical Technique," by Hunter Robb, M.D., "Medical Pocket Formulary," collated by James C. Wilson, M.D.

A Primer on Psychology and Mental Disease. For use in Training-Schools for Attendants and Nurses, and in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. BURR, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases, formerly Medical Superintendent of the Eastern Michigan Asylum, etc., etc. Third edition. Thoroughly revised, with illustrations. Pages viii.-183. 12mo. Bound in extra vellum cloth, \$1.25 net. Philadelphia: F. A. Davis Company, publishers, 1914-1916 Cherry Street.

This excellent little work is fully up to the standard of its predecessors. In this edition the section on Psychology has been thoroughly revised, and that on Forms of Disease re-written in accordance with the newer classification of the Insanities. The illustrations are a decided aid to a clear comprehension of the text, which has been tersely written. This book, owing to the clear and concise manner in which the subject is discussed, is certain to be of great assistance to all who are interested in this branch of medicine. We have much pleasure in recommending it.

D. C. M.

The Medical Record. Visiting List or Physician's Diary for 1907. New Revised Edition. New York: Wm. Wood & Company, Medical Publishers.

The appearance of the 1907 edition of this handy little, but elegant, pocketbook will be welcomed by the many practitioners who use it. The matter calculated to be useful in emergencies is increased in amount, while that which is better found in a library is omitted. Physicians are enabled by this booklet to keep together the many notes, addresses, dates, etc., which are usually lost when most wanted.

P. G. G.

The Doctor. By RALPH CONNOR. Toronto: The Westminster Publishing Company.

Ralph Connor wide awake, the great West as it is, people as they are, the outlook and the power of Infinite Good—as it transforms life, and, of course, the golden chain of sorrow and love's dream, and the great, dark shadow of the Reaper;—writ large. The author tells his story faithfully, as if fascinated by it himself; he is a photographer rather than an artist, and he often leaves his negative without retouching. In life's garden he pulls the flowers to pieces, counts their parts, and classifies them; he rarely picks a rose and just inhales its perfume, he somehow lets the thorn prick him. The book needs no praise; it has already won its place.

W. A. Y.

High Frequency Currents: Their Production, Physical Properties, Physiological Effects, and Therapeutic Uses. By H. EVELYN CROOK, M.D., B.S. (Lond.), F.R.C.S. (Eng.); Of the Middle Temple, Barrister-at-Law; Assistant in the Ophthalmic Department, West London Hospital; Member of the Rontgen Society, etc.; formerly Assistant in the Electrotherapeutical Department, West London Hospital, etc. Pp. x-206. Illustrations, 44. Price, \$2.25. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. Canadian Agents: J. A. Carveth & Co., 434 Yonge Street, Toronto. 1906.

This admirable contribution to the literature of a subject that is attracting an ever-increasing amount of attention, is divided into three parts. In Part I. the author deals with the production and physical properties of high-frequency currents. A short, but sufficient, chapter is devoted to their history, the sources of energy are treated in greater detail, and much attention is given to consideration of the various forms of apparatus employed. The physical properties are then enumerated, and the applications of the currents, with descriptions of high-frequency armamentaria. In Part II. the physiological effects are set forth as regards the nervous

system, circulation, respiration, elimination, heat production, and upon micro-organisms. In Part III. the therapeutical uses of high-frequency currents are considered; their value in some surgical conditions, such as sprains, synovitis, joint inflammations when not purulent, malignant nor gonorrhoeal, in dislocations after reduction, and in delayed osseous union are noted. A chapter is devoted to tuberculosis, including phthisis, tuberculous glands, scrofulous ulcers of the legs, tubercular bursitis and ganglion. Next, some general diseases are enumerated—acute, sub-acute and chronic rheumatism, rheumatoid arthritis, lumbago, sciatica, gout, diabetes, obesity, anemia and chlorosis. Some diseases of the nervous system next receive attention—headache, insomnia, neuritis, neuralgia, chorea, torticollis, hysteria, neurasthenia. Under diseases of the respiratory system we find the treatment beneficial in chronic laryngeal and pharyngeal catarrh, also in attacks of acute catarrh of the nose and air passages, in asthma, chronic bronchitis, bronchiectasis. Among diseases of the alimentary system amenable to treatment are chronic dyspepsia, dilatation of the stomach, chronic constipation, intestinal colic, colitis, appendix sinus, hemorrhoids, anal fissure, pruritus ani. Classed under diseases of special organs we find trachoma, opacity of cornea, chronic catarrh of the middle ear, tinnitus, dysmenorrhoea, gleet, vaginitis. The work concludes with reference to some diseases of the skin where these currents will be found valuable; thus, prurigo, varicose ulcers, chronic eczema, psoriasis, chilblains, congestion of the face after X-raying, and nevus. Numerous illustrative cases occurring, both in the practice of the author and of others, are cited to bear out the various contentions as to the utility of this form of treatment in the respective conditions.

C. R. D.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and British Medical Association; Fellow of the Medical Society of London, etc. Sixth edition, thoroughly revised. (In conformity with latest revised U. S. Pharmacopeia, 1905.) Royal octavo, 1244 pages. Extra Cloth. Price, \$5 net. Full Sheep. Price, \$6 net. Philadelphia: F. A. Davis Company, 1914-16 Cherry Street.

This the sixth edition follows the recent issue of the U. S. P. and has necessitated extra work by the author to keep this edition up to date and represent the present state of therapeutics. Among

the notable changes from the last edition are: Part I. is entirely added, having been taken from the Student's Edition, thoroughly revised and completed by adding a comparative table, giving the changes in the strength of preparations and relative dosage, in the present pharmacopeia and the one which preceded it. Among the new therapeutic agents will be observed a consideration of the Rontgen Rays and the Finsen Light, or Actinotherapy, Serum-therapy, Animal extracts, Vibrotherapy, Hydrotherapy, etc. A good work for the student and practitioner.

A. J. H.

Lectures on Massage and Electricity in the Treatment of Disease.

By THOMAS STRETCH DOWSE, M.D. Abd., F.R.C.P. Edin.; formerly Physician Superintendent Central London Sick Asylum; President North London Medical Society; Member of Council and Secretary for Foreign Correspondence Medical Society of London; Physician to the North London Hospital for Consumption and Diseases of the Chest, to the North-West London Hospital, and to the West-End Hospital for Epilepsy and Diseases of the Nervous System; Associate Member of the Neurological Society of New York, etc. Sixth Edition Revised. Pp. xii.-447. Illustrations, 88. Price, 7s. 6d. net. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. 1906.

That these lectures have attained a sixth edition amply attests their popularity, a popularity which is as evident as it is deserved; but if one wishes to satisfy himself as to the reason why, let him read this very interesting, as well as instructive, volume. He will be well repaid, and will have no cause to regret the time spent in perusal. If unfamiliar with the subject, he will be rather surprised at the extent to which massage may be used with undoubted benefit, and the great variety of diseases in which it is indicated. The section on medical electricity is necessarily somewhat condensed, as massage is the author's forte. A few quotations from the preface and introductory remarks will bear repeating: "Every person engaged in the application of massage and electricity to the human body should not only be certified, but registered by the state." "The due recognition and the compulsory teaching of electricity as part of the medical curriculum, will not only place its practitioners in a satisfactory and wholesome position, but will go far to destroy the army of unqualified pretenders." "Let it be hoped that ere long electricity will be relieved from the trammels of the illegitimate crowd. It forms one of the most fascinating subjects with which the trained mind can be associated, and the study of its action, both from the physical and psychical aspects, is worthy of the most skilful of physicians and surgeons."

Jane Cable. By GEORGE BARR McCUTCHEON. Toronto: William Briggs. Cloth, illustrated.

A story full of interest as a story can be with the flash and glitter of wealthy Chicago for a background, hearts as trumps, and the stakes ace high. The background changes as the story unfolds, and with the author's well-known love for "a bit of a scrap," hero and heroine drift off to the Philippines. Stirring scenes occur. The interest of the reader never flags until the united family return to Chicago and the Man in the Moon looks down and laughs at the usual happy ending.

The Uses of X-rays in General Practice. By R. HIGHAM COOPER, L.S.A., Medical Officer in Charge of the Radiographic Department at University College Hospital; Physician to the Electrical Department at Tottenham Hospital; Radiographer to the Evelina Hospital for Sick Children. Pp. vi.-98. Illustrations, 15. Price, 75c. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. Canadian Agents, J. A. Carveth & Co., 434 Yonge Street, Toronto. 1906.

This little book is written for the general practitioner. The first part shows him where X-rays can be of service to him in diagnosis, and the second part explains the use of X-rays in the treatment of disease. A wonderful amount of valuable information is condensed into small volume, and for those who wish to know the diagnostic and therapeutic value and the present scientific standing of the X-rays, a careful perusal of this book will be found most helpful. The busy practitioner who has no time to devote to the use of X-rays and very little time to spare for reading will be especially grateful in that he does not require to wade through interminable physics, technique and cases in order to find out just what he wishes to know about the X-rays. C. R. D.

The All-around Specialist, a treatise giving the technique of the specialists in the most important branches of medicine. By J. R. McOSCAR, M.D. Illustrated. Third edition, revised and enlarged. Philadelphia: J. R. Lippincott Company. 1905.

Dr. J. R. McOscar, who died in October, 1905, revised and enlarged the third edition of this book shortly before his death, and had in contemplation further developments for the future of the "all-around specialist." The present edition is, however, a fitting monument in commemoration of the life and work of the author and shows a broad knowledge of human nature and liberality of views together with considerable medical research and practical experience on the part of the author. Where this book is read both the patient and the doctor will alike benefit. The aim

of the author has been to give the technique employed by the specialists in various important branches of medicine in such a manner that it may be easily applied in the practice of those who may be unfamiliar with the details of specialism. E. H. A.

First Aid to the Injured and Sick: An Advanced Ambulance Handbook. By F. J. WARWICK, B.A., M.B. (Cantab.), M.R.C.S., L.S.A., and A. C. TUNSTALL, M.D., F.R.C.S. (Ed.). Fourth edition. Twentieth thousand. Pp. xiii-242. Illustrated. Cloth, 2s. Paper, 1s. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. 1906.

This excellent and popular little treatise on first aid has been thoroughly revised and some illustrations have been added. It is a capital handbook, especially for advanced pupils and lecturers. The language employed is clear, and the illustrations, of which there are no less than 220, elucidate the text admirably.

C. R. D.

A New Work on Foods and Their Adulterations.—Timeliness of interest, aside from any other condition, lends especial importance to the announcement of the early publication of "Foods and Their Adulterations." by Harvey W. Wiley, M.D., to be immediately followed by a companion volume, "Beverages and Their Adulterations." Dr. Wiley is Chief Chemist to the United States Department of Agriculture, at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drugs Law became effective on January 1st, and that public interest in it is now at white heat, will no doubt result in quite a demand for both volumes. The books will be generously illustrated from original photographs and drawings.

A Syllabus of Materia Medica. Compiled by WARREN COLEMAN, M.D., Professor of Clinical Medicine, and Instructor in Materia Medica and Therapeutics in Cornell University Medical College; Assistant Visiting Physician to Bellevue Hospital. Third edition. Revised to conform to the Eighth Decennial Revision of the U. S. Pharmacopeia. New York: William Wood & Company. 1906.

A good class-room book in a pocket edition, and exceedingly convenient for the busy student to assist him to condense the facts and tabulate the drugs, and supplement the usual text-books. The only important change which has been made in the text is the addition of two new sections upon Minor Toxic Actions and Toxi-

cology. The whole volume, however, has been carefully revised, and the errors which crept into the first edition have been corrected.

Medical Electricity: A Practical Handbook for Students and Practitioners. By H. LEWIS JONES, M.A., M.D., Fellow of the Royal College of Physicians, London; Medical Officer in Charge of the Electrical Department in St. Bartholomew's Hospital; late President of the British Electrotherapeutic Society; Honorary Fellow of the American Electrotherapeutic Association; Member of the Societe Francaise d'Electrotherapie et de Radiologie; Editor of *Medical Electrolgy and Radiology*. Fifth edition, 8vo. Pp. xv.-519. Illustrations, 185. Plates, 11. Cloth, 12s. 6d net. London: H. K. Lewis, 136 Gower Street, W.C. 1906.

In this edition the subject-matter has been rearranged with much advantage. Many new sections have been added, thus making this well-known work more valuable than ever. The author, who is an accepted authority on electrotherapy, fully sustains his reputation as a most conservative writer, and deserves the unstinted thanks of the medical profession for his skilful and lucid presentation of an all too little understood, but most important, subject.

C. R. D.

The reason why "Webster's International Dictionary" is the standard for the English-speaking world is because it is used as the standard by the Supreme Court of the United States and by nearly all of the Federal and State Courts, where justice often hangs on the meaning of a word; because it is the standard in the United States Government Printing Office at Washington, and in the executive departments generally; because the School-books of the country are based upon it,—25,000,000 or more annually,—so that the children are educated in accordance with its principles; because in every instance where State purchases have been made for the supply of public schools, Webster has been selected; because it is heartily recommended by Presidents of Universities, Colleges and Seminaries, and by Superintendents of Schools almost without number; and because it is warmly endorsed and commended by men and women of recognized authority in matters of literature and science all over the world.