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## Original Contributions

### PRESIDENTIAL ADDRESS ON THE EVOLUTION OF THE BRITISH MEDICAL ASSOCIATION AND ITS WORK\*

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*Ladies and Gentlemen,*—At almost every meeting of the Association the President may choose for the subject of his address anything in the heavens above, in the earth beneath, or in the waters that are under the earth. But this year the subject of the President's address is strictly prescribed by the circumstances of his election. You might have chosen a man far more distinguished in his profession, of greater fame, with title or riband, but you have deliberately taken in preference a less distinguished person for the sole reason that he has worked for the Association, and that you know that he has the interests of the Association at heart. You have, as it were, said to him: "Thou good and faithful servant, take thou the presidential chair." And the only way in which he can repay you for the honor you have done him is to speak of the Association, to tell what it has done in the past and what it now is, and, perhaps, what it may yet do. If it were not my duty it would be my pleasure to do this, for it is good now and again to look back into the past and ponder over the

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\*Delivered at the Seventy-eighth Annual Meeting of the British Medical Association.

lessons which it teaches, and to see how and to what extent they can be applied to the present and the future; and it is also good in a great city like this, where there are foreign visitors and distinguished guests and special delegates from our branches overseas, to give them some idea of the work of their and our Association.

#### I. ANNUAL MEETINGS.

I could not, of course, give a history of the Association in this address; indeed, I would not if I could, for a large part of it would have no interest for many of my audience. But I would deal with certain features of the Association, and would illustrate them with word-pictures where that is possible. And, first, of the annual meetings, at which everyone knows there is a good deal of eating and drinking and giving of toasts, without which no civilized country seems able to conduct its business. But you shall soon see that the meetings are not for the sole purpose of feasting and junketing. For that purpose go back to the meeting at Plymouth nearly forty years ago (1871), where the Address in Surgery is read by an English surgeon practising in Edinburgh, to which he has recently been transferred from Glasgow. His name has been during the last two or three years in the mouth of many persons, and there is a good deal of difference of opinion on the value of the doctrines which he professes. As you see him now he is a man some 40 years of age, rather above the middle height, but not tall, of stately presence, with a broad brow and a face which betokens earnestness and amiability, but scarcely, perhaps, that determination of which he gave such signal proof in the course of the next five-and-twenty years. He is very neatly clothed in garments of a sombre hue (indeed, I think he belongs to the sect of Quakers), and his address is slow and without the attraction of eloquence, and he describes his methods with such detail and exactitude as must have been tedious to many of his audience, most of whom do not profess his principles and few of whom follow his practice. Yet this is none other than the great Lord Lister, as yet almost an unknown surgeon, and he is telling to probably the largest number of persons he has hitherto addressed the principles of anti-septic surgery. And thus he finishes:

“For, sure I am, that, however much the means of carrying out the antiseptic principle may come to vary from those which we now use, the principle itself will certainly be ultimately recognized as the most important of all those that shall guide the practice of surgery; and the sooner our profession is aware of this, the better it will be for suffering humanity.” (Collected Papers, 1909, vol. ii., 198.)

Now visit with me the town of Worcester 11 years later, where the Association is celebrating its fiftieth anniversary (1882), and enter the town-hall a little late, as I did, for the commencement of the Address in Surgery. This time the speaker is a tall Irishman (Sir William Stokes), and at the very moment you enter he is supporting the antiseptic principles with the true eloquence of his countrymen; and well he may do so, for only three years previously, at a meeting of the Association at Cork, the principles had received a nasty blow from my eloquent and gifted colleague, Mr. Savory. The orator's head is thrown back, his chest well forward, and he is in the full swing of his address, assisting the effect of his words by the grace of his action. He is dressed in a tweed suit, if I see aright, and I really believe that the strap of a field-glass hangs over one shoulder. But he is not, on that account, the less in earnest, and his address is a right-down good address.

And now take six years ago, when a Scotchman occupies the platform at Oxford, tall and stately, a man amongst men (Sir William Macewen), who speaks in grave terms befitting the speaker and the subject. He speaks also, like the others, on sepsis and antiseptis, but the principles have long since been accepted, and it is only questions of detail which occupy the attention of the meeting.

There is only one other address to which I would conduct you—that on pathology at the Cambridge meeting thirty years ago, where my revered master, Sir James Paget, is the speaker. His eloquence is such that had he been blind he would still have been a leader of men; and the genius of his mind looks forth so clearly through his eyes that had he been speechless he might still have commanded many persons to his will. He is speaking on a subject hitherto but little dealt with—“the consequences of injury and disease in the structure of plants.” Until that

moment there were few people who were aware that he had ever studied it; but, as he spoke of it, it seemed as if it had been the one great study of his life. You can hear him now, as he says:

“Is there in all the range of natural history a more marvelous group of facts than may here be studied? If you would like to work out a problem in evolution, find how it has come to be a part of the ordinary economy of nature that a gall insect compels some part of a plant to grow in a manner which, while injurious to the plant, becomes useful to one insect not yet born and to another who will, in due time, invade the gall and kill and feed upon its occupant, and then may itself be invaded and eaten by a third.” (Memoirs and Letters, 1901, p. 304.)

Such have been the men and of such a kind have been the subjects that have occupied the attention of large audiences at our annual meetings. And although I cannot promise you that the meeting of 1910 will bring forth any great discovery in medicine or change the whole face of surgery, I can confidently promise that the scientific part of the meeting, with its 21 sections, each presided over by a distinguished person, and that the Addresses in Medicine and Surgery will be worthy of so great an occasion..

## II. PUBLIC MEASURES.

From its very foundation the Association showed great interest in matters in which the public or the State and the profession were involved. In the first half-dozen years it had appointed committees to consider vaccination, the condition of parochial registers, Poor-law medical relief, medical relief of persons who are poor but not paupers, the suppression of quackery, the sale of arsenic, and other matters, and there was no reason to doubt the existence of that “zeal and alacrity” on the part of the members which had been recommended by Dr. Hastings in his first address at Worcester. They seemed full of energy and enthusiasm. There can be no question that the Association did influence legislation on many of these matters in which the interests of the public and of the profession are involved. But I thought I should like to be able to tell you tonight the history of some one instance, at least, in which the influence of the Association was paramount, and was acknow-

ledged by the public as well as by the profession. My own knowledge did not supply me with any such example, so I turned to my friends, the editor of the *Journal* (Dr. Dawson Williams), and the financial secretary (Mr. Elliston, whose father was a valued member for many years, and President ten years ago at Ipswich), and begged them to help me. Although neither of them could give me exactly what I wanted, they nevertheless did put me on the track of what I wanted, and I followed up the track, as you shall presently see.

In order fully to understand the term "medical reform," I must take you back to the early years of the last century, when a man might practise every branch of medicine and surgery on a qualification obtained by a single examination in either surgery or medicine, to the time of Bob Sawyer and Ben Allen; when the examinations of the various qualifying bodies in Great Britain and Ireland varied remarkably in severity, and there was no central authority which could influence them to alter the terms of their examinations; when there was no registration of legal qualifications, and it was difficult for the public, or even for the profession, to discover what men were qualified and what men were practising without a qualification. The condition of affairs was so unsatisfactory that in 1834 a Royal Commission was appointed to "inquire into and consider the laws, regulations and usages regarding the education and practice of the various branches of the medical profession in the United Kingdom." Three years later, at its fifth annual meeting, the Association appointed what may be called its first medical Reform Committee, with the somewhat wide instruction "to watch over the interests of the profession at large."<sup>1</sup>

In 1840 a Bill was introduced into the Commons by Messrs. Warburton, Wakley and Hawes, which contained provision for the establishment of a central council and for the direct representation of the profession on it.

In 1842 the Council of the Association presented to Sir James Graham, the Secretary for the Home Department, a memorial explaining the principles of medical reform which were advocated by the Association: a uniform and efficient primary qualification; representation of the profession on the governing bodies of the corporate institutions or on the proposed central council;

and the registration of legal qualifications. The Association desired to wait upon the Home Secretary by deputation, but Sir James Graham would not consent either in that year or in the following year to receive a deputation. He, however, introduced a Bill into Parliament in the year 1844 which contained a scheme of registration.

In 1846 Messrs. Wakley and Warburton again introduced a Bill for the "Registration of the Legally Qualified Practitioners in Great Britain and Ireland." Although this was only a small part of what the Association desired, it nevertheless presented a petition in favor of the Bill, on the principle that the gain of a little is better than the loss of the whole. In the course of this year a deputation was actually received by the Home Secretary, Sir George Gray, who advised that the Association should approach such other of the medical bodies as were in favor of medical reform, and thus obtain stronger influence to bear upon the Houses of Parliament. The advice was accepted and acted on, but without success, and the Association was left to fight the battle alone.

Nothing seems to have been done for the next five years, when the Association, wearied by long waiting, directed its Medical Reform Committee to draft a Bill on its behalf (1851).

In 1853 a deputation was received by Lord Palmerston, who was then Home Secretary, and even by the Prime Minister, the Earl of Aberdeen, whose grandson is one of our honorary members at this moment. Both these noblemen expressed sympathy with the views of the Association.

In 1854 Mr. Craufurd introduced a Bill, but it was soon lost, and a memorial was sent up to Lord Palmerston.

In 1855 a deputation waited on Sir George Grey, who was again Home Secretary, and a Bill was introduced into Parliament by Messrs. Headlam, Brady and Craufurd, but was abandoned at the second reading.

In 1856 Headlam's Bill, which provided for a central council of which one-third of the members should be direct representatives of the profession, was again introduced into the Commons. It was supported by Lord Palmerston, and petitions were sent up by many branches of the Association in favor of it. But it fell through, and so did a second Medical Reform Bill which was introduced during the same session of Parliament.

It was in this year that the Association changed its name, and to some extent its character, for it ceased to be the Provincial Medical and Surgical Association and became the British Medical Association. I do not know whether it was on that account or for other reasons, but sure it is that a very remarkable circumstance occurred in the course of the next year—

1857, when the Home Secretary (Sir George Grey), instead of being pursued by the Association, actually was himself the pursuer. He sent for Sir Charles Hastings to hear his views once more and to discuss with him the measures which should be taken. Finally, in

1858 Lord Elcho introduced the Bill which became in the course of that session the Medical Act of 1858. It provided for the establishment of a General Medical Council and for the registration of medical qualifications. The influence and work of the Association were recognized by the appointment on to the first Medical Council of Sir Charles Hastings, the founder of the Association.

And now it might be thought that the Association, triumphant after many years of strenuous labor, would have been content with its achievement. But, alas! very little had really been accomplished. There was no minimum uniform and efficient primary qualification, and a young man might practise medicine on a surgical qualification or the reverse, while there was no obligatory examination in midwifery. Registration was, therefore, little more than a farce. Again, there was no direct representation of the profession on the new Council, and the action of the Crown in its appointments did not fulfil the hope which had been cherished by the reform party. Only those persons who have for years devoted themselves to public affairs and whose whole heart has been in the struggle to carry a particular measure through can understand the terrible disappointment of the reform party. They had wrought for three times seven years for Rachel, and it was the hand of her sister Leah which they had at length obtained. To many zealous men these failures of a public measure are more bitter than the failure of their own private affairs. Their vigor is apt to be impaired, their health to be broken. I should have been but little surprised if the Association had, from this time, made up its mind never again to

meddle with Bills in Parliament. And certainly it did seem that its strength was spent. For, like some great animal heavy and sore from the wounds of a long and deadly combat, it lay prostrate for nine years. Then, as it were, it slowly lifted up its head, and, looking round, perceived that, not only was there no direct representation of the profession on the General Medical Council, but that, now that Sir Charles Hastings was dead (1866) there was not even a representative of the Association. Nevertheless, feeling that the new Council which it had helped to create knew what it had desired, and, therefore, hoping that it would be likely to join with it in attempting to obtain reform, the Association sent a deputation to the General Medical Council in the course of the year—

1868. But the reply was that, "under present circumstances, it would not be expedient for the Council to consider the propriety of attempting to obtain a change of constitution," and it was thus found that, instead of a friend and ally, this new body was likely to prove a serious obstacle to reform.

In 1869, therefore, the Association began afresh. A deputation waited on the Lord President of the Privy Council (Earl de Grey and Ripon), who, in the following year—

1870, introduced a Bill into the Lords, but it contained no provision for direct representation, and the Association would have none of it. A deputation was again sent up to the Lord President and to the Vice-President of the Privy Council, and the Bill fell through owing to pressure of business.<sup>2</sup>

In 1873 our old ally, Mr. Headlam, came to the assistance of the reform party, and introduced a Bill, which was also lost through press of business.

In 1877 history was repeated, for, wearied of long waiting, the Association directed its committee to draught a Bill.

In the course of the next session—

1878, the Bill of the Association was introduced by Messrs. Mills and Childers, and another Bill was introduced into the Lords by the Government, but both Bills were lost; they were again introduced in the course of

1880, passed the second reading, and were referred to a Select Committee. I suppose, as the consequence of this, in

1881, a Royal Commission was appointed to consider the



working of the Medical Act. The Commission was not long in reporting, and in

1832 the Reform Committee expressed satisfaction with the terms of the report, and sent up a deputation to the Lord President of the Council. It is a mark of the growing influence of the Association that this deputation was introduced by no less a person than the Duke of Westmingsier. During that session a Bill was presented to the Lords by the Lord President, but it was lost in the Commons from lack of time.

In 1834 the Bill was again introduced, was accepted by the Lords, and made a Government measure in the Commons; but it met with such strong opposition on the part of bone-setters, cancer-curers, herbalists, and the like, and from one or two of the corporations, that it was lost, in spite of the evident desire of the Government to carry it through.

In 1835 a less ambitious measure was introduced, but a change of Government took place, and the measure was abandoned.

In 1836 the Medical Reform Committee urged the importance of reform so firmly on the new Government that a measure was passed through the Lords by the Lord President of the Council (Earl Spencer), and through the Commons by Sir Lyon Playfair, and became the Medical Act of 1836. It provided for direct representation of the profession on the General Medical Council, and that a legal qualification to practise should only be obtained by those persons who had passed an examination in medicine, surgery and midwifery.<sup>3</sup>

Thus, after nine-and-forty years of labor, the Association had been successful, not to the full extent of its desires, but to a very large extent. And it had every reason to be proud. You see that I have taken the trouble to learn all these details in order to narrate to you what you may deem a very tedious story. And you may be sure that I did not learn them easily. And you may ask why I was at such pains to make myself master of a story so full of tedium. It was on that very account I did it. I would have every member of the Association learn the story as I have learned it—particularly every young member. I would have it printed in large type and set up in every building which is devoted to the service of the Association that all men may find in it an object-lesson of what can be done by patience and perseverance, by determination and tenacity of purpose.

So I would have the names of all those members of the Medical Reform Committee who took an active part in its work handed down: of Hastings of Worcester, Barlow of Bath, Crosse of Norwich, Southam of Manchester, Stewart of London, Waters of Chester, Ernest Hart, and many others. They are all gone, and there remain only a very few of those who took part even in the promotion of the second Medical Act, Dr. Bruce Goff and Dr. Hugh Ker, who are still working for the Association, and Sir Walter Foster, now Lord Ilkeston, who was one of the first direct representatives of the profession on the reformed Medical Council. I am proud that we have these three members with us this week.

### III. SCIENTIFIC GRANTS AND SCHOLARSHIPS.

Now, take quite another phase of the work which we have done. In the "seventies" of the last century there was not so much talk of original research as there is in these days, and but little money was then supplied for research. In those days, as in these, there were many men, for the most part young men, who were waiting about the hospitals for a place upon the permanent staff or were hoping to get into private practice. They were just able to maintain themselves (for few of them had much private income) by teaching and minor posts and appointments. They often had time on their hands, and, being above the average of young medical men in intelligence and education, were willing and glad to seek occupation and perhaps a name in original research. They were often able to find a work-bench in one of the hospital laboratories and aid and counsel from the professors and lecturers. But the researches were, in many instances, expensive, and they had not the means to meet the expense of material and apparatus. When the Association began to find itself in funds it was suggested to the Council, I believe by Mr. Ernest Hart, that a certain sum of money should be awarded every year to research workers to assist them to obtain the material and apparatus which they could not procure for themselves. In the year 1874 the scientific grants were founded; £165 were granted that year, and I am sure it will be a matter of interest to some of the members here to-night to learn that the first grant out of that sum which appears on the minutes

was a grant of £50 to Mr. Hicks for "researches on alcohol." I do not know how many grants have been made or how many researchers have benefited by the scientific grants, but I do know that from £300 to £400 a year have been awarded every year, and that such men as Washbourn, Bayliss, Starling, Rose Bradford, Kanthack, Halliburton, Gaskell, and many others quite as distinguished have been recipients of grants, and that a large number of researches have been made possible by the liberality of the Association.

Ten years later (1884) two research scholarships of £150 each were founded, to enable men to devote their whole time to particular researches. Since that time there have been some 50 scholars of the Association, and it will suffice to tell you that Sir Watson Cheyne, Dr. Sidney Martin, Dr. Stockman, Dr. Copeman of the Local Government Board, Professor Hayercraft, and Professor Starling have been scholars of the Association to prove to you the pains which have been taken to select persons fitted to pursue original research.<sup>4</sup>

It has been my lot to speak both for and against the scientific grants on more than one occasion. As Treasurer of the Association I have had to restrain the ardor of the committee and to prevent it dipping its fingers too deep into the purse of the Association. As a member of the committee I have had to defend the grants from the platform at the annual meetings. There have always been members of the Association who have grumbled that the money devoted to scientific purposes was not applied to the defence of members and to the suppression of illegal practice. And, even of those who approved of the grants, there were always some who grumbled at the nature of the investigations and wished to see the money applied to investigations which were likely to find a certain and immediate practical application. I confess that these latter grumblers have sometimes had my sympathy. Researches on pulse-curves and researches on biliary secretion seem a long way from practical medicine. Yet I would not, on any account, interfere with or appear to despise any research, however little it would seem likely to be useful in the practice of medicine and surgery, provided it is in the hands of a competent worker, and is likely to provide new knowledge. The last time I spoke in favor of the

grants was, I think, at Cheltenham, where I directed the attention of the meeting to the vast commercial and industrial use which had been made of Faraday's discoveries of the relations of magnetism to electricity. The discoveries seemed to belong to the purest realms of science, and nobody could have foreseen their practical application. And it was not Faraday himself who made the application. He would never touch that side of the question, as he believed that to do so would damage his powers of research. Tyndall speaks particularly of this,<sup>5</sup> and I am sure that some discoveries which have appeared to have no practical bearing have resulted in greater advantage to the practice of medicine than some of those researches which have been undertaken from the purely utilitarian point of view.

At the present moment it is the fashion to say that things are better managed in Germany; as people said in my young days, "They do these things better in France." Although I do not at all admit this as a general proposition, I think it is to some extent true when it is applied to the relative value which English and German business men attribute to scientific research. I am informed that some great industrial concerns in Germany build and equip large laboratories in which 50 to 100 chemists are continually employed at varying salaries according to their position, and that they are directed by the most distinguished chemist the industry can procure. These chemists are not only permitted but are encouraged to prosecute research, and the researches are not limited to the possible utility to the industry, but may take any direction which seems good to the worker and the director. The object of the industry is to encourage chemical and physical research, with the full confidence that in a series of years the industry will derive enough benefit to pay the cost of the laboratory, and will probably derive more benefit than it would do by limiting the nature and scope of the researches to the possible service of the industry. Only the other day I was looking through the "Collected Papers of Lord Lister," and noticed that the earliest researches which he made were on muscular and elastic tissue. Suppose that he had been dissuaded from these researches on the ground that they seemed to have little or no practical bearing, he might have been so far discouraged as never to have undertaken original research. What

lamentable thing that would have been! What a loss to human beings! No, the taste and faculty for research needs to be encouraged in a likely worker, even if the objects of his researches give no hope of immediate practical value.

Nevertheless you may fairly ask me whether I am not able to show something of value to practical medicine and surgery which has resulted from the money which the Association has devoted to science. Yes, I could give you several instances if I had time to do so, but one must suffice. In 1883, in consequence largely of an observation made by my old friend, Sir Felix Semon, the Clinical Society of London appointed a committee to consider the nature and relations of myxœdema. The work of the committee was divided into several parts, to which competent persons were assigned. The experimental part was chiefly under the charge of Professor Horsley. It was essential to the completion of the work of the committee but it was costly, and the Clinical Society had not made any grant towards it. This part might have fallen through, and the report of the committee might have been seriously prejudiced, and its value profoundly lessened. had not the Association come to the aid of the committee with a substantial grant, which was supplemented after an interval by further sums towards an inquiry into the physiology and pathology of the thyroid gland. To this work may be attributed thyroid-therapy and a wide knowledge of the relations of the thyroid gland to health and disease. And indirectly it may be said that this was the beginning of all the knowledge which has since been gained on the physiology and pathology of other of the ductless glands.

One matter to which the Association has largely contributed is the study of chloroform. Several committees have been appointed on this very important subject. The last committee has only just published its report.<sup>6</sup> I have read it carefully through and have formed the opinion that the £700 which have been devoted to this committee is a very small sum in comparison with the practical value which the work of the committee is likely to have. At least £1,500 have been given to the various committees which have worked on this subject for the Association.

There is one grant which was made by the Scientific Grants Committee 18 years ago, and actually paid over to the applicant,

but I am sorry to say it was never used. It was made to a certain Surgeon-Captain David Bruce to assist him in the investigation of Malta fever. Other arrangements were made for Captain Bruce, so the money was returned to the Association, otherwise we should have had the credit of having assisted that distinguished military officer in the very early days of his researches. What a satisfaction that would have afforded every member of the Association.

I can only further tell you that, including grants to the Jenner Institute, to the Therapeutic and other committees, the Association has provided more than £33,000 for scientific purposes since the year 1873.

#### IV. BENEVOLENCE.

Just now I spoke of the dissatisfaction of some of the members of the Association that our revenues are devoted to scientific purposes instead of to the needs of the profession. It seems to have been determined very early in the life of the Association that its income should not be applied to the benefit of the members. When the Association was incorporated under the Companies Act in 1874 it was expressly stated in the Memorandum that the members of the Association should not be entitled to benefit from the income of the Association.

But from the very first the members were mindful of the material necessities of the profession. At the first annual meeting in 1833 Dr. Barlow, of Bath, presented proposals for the establishment of a benefit fund. The proposals were ordered to be printed and circulated among the members. At the third annual meeting it was recommended that a society be formed, to be called the Provincial Medical Benevolent Society, and that a fund be accumulated by subscriptions and donations. It is quite pathetic to read in the report of the Benevolent Society two years later that the committee had been enabled to bring the fund into operation and to afford relief in two cases of distress. For many years the Benevolent Fund reported each year to the annual meeting of the Association, which took the greatest interest in its affairs and which has continued to interest itself in them from that time to the present. The pages of the *British Medical Journal* have always been open to official communica-

tions, to letters and articles in favor of the Fund, and even the machinery of the Association has been used, by the kind permission of the Association, for collecting subscriptions and donations towards it with such success that last year the Fund was able to boast that since its establishment it had distributed about £76,000 in annuities and the same amount in grants, and now administers about £4,500 a year; that out of the income derived from investments it supports 126 annuitants, who must be over 60 years of age, and that the annual subscriptions and donations form a fund out of which grants are made to deserving cases not eligible for annuities.

I am not exaggerating when I say that the British Medical Benevolent Fund owes its origin, its first successes, and its present position to our Association.<sup>7</sup> It has probably done better as an independent body than if it had been, as was intended in the first instance, a part of, and dependent on, the Association. I doubt whether it would have received anything like so large a sum in donations and legacies as it actually has. On the other hand, its relations with the Association have been throughout of such value to it that the good influence which the Association has exercised over its affairs cannot be too highly estimated.

To those persons who are disposed to complain that the Association has never done anything for the material welfare of its members or of the profession this account of the British Medical Benevolent Fund is my answer, and I trust I shall never again hear the complaint.

#### V. ORIGIN AND PROGRESS. GREAT OFFICIALS.

Although I am not going to furnish a history of the rise and development of the Association, there are certain matters in its past which will interest the members here to-night. It was founded, as you know, in the year 1832, when there were but few railways, when the lesser roads were not too good, when it took days, not hours, to reach the metropolis from many parts of the country, and when perhaps more doctors rode on horseback than went in wheeled vehicles to see their patients. Yet even then Dr. Hastings, who founded the Association, said, in his address in the board room of the Worcester Infirmary, "The facilities of

communications between distant towns . . . had become so much greater that distance would afford but a slight barrier to the undertaking.'<sup>18</sup> At the first annual meeting in 1833 about 200 of the total 316 members were present. But the Association made but slow progress in the course of years. In 1874, when it was incorporated under the Companies Act, it only numbered between 5,000 and 6,000 members. And as to its finances in the early years, they were deplorable. Four-and-twenty years (1856) after its foundation it was £2,000 in debt, and the members had to put their hands into their pockets to help it out.

Although it met in different large towns in the United Kingdom, it was not until the thirty-eighth meeting, nearly forty years ago, that its presence was officially recognized by the appearance of the Mayor, Sheriff, and Under-Sheriff of Newcastle-on-Tyne at the opening meeting in their robes of office. The scientific business of the annual meetings was only divided up into sections just before that time (1867), when four sections were established—Medicine, Surgery, Physiology, and Midwifery. Indeed, the progress which was made during the first half of its life (of 78 years) would never have justified an observer in predicting its present numbers and importance. It was just about 38 years ago that it began distinctly to advance; and, as usual, it was not measures, but men, that caused the advancement. Indeed, there has never been any question in my mind on this point. Nor have I ever had the least doubt of the particular men to whom the Association owes more than to any other men, dead or living. They were both officials of the Association, and each of them remained in its service for more than 30 years.

The first was a little sallow-faced Jew, with clean-cut features and piercing eyes, active in mind and body, clear-headed and as keen as men are made. The reputation of our *Journal* when Mr. Ernest Hart became its editor in 1866 was none too good, and only in the previous year a proposal had been made to the annual meeting to replace it by a less expensive journal. From the moment Mr. Hart took it in hand its future was ensured. His wide knowledge of all matters connected with his profession, private and public, professional and general, and his skill in writing, would have enabled him easily to perform all the editorial work which was then needed or was likely to be needed for many years



to come. But that was not his idea of editing. He gathered to his aid every man who had a special knowledge of any subject which appeared in the pages of the *Journal*, and persuaded him to give his opinion on the value of the communication, and even to write unsigned articles and annotations upon it. I was very much surprised the first time I signed the quarterly cheques to discover the large number and the position of the contributors to the *Journal*. Each man was paid for his contribution, but while a good deal was paid away each year, no one person received much more than a trifling sum. This was, I believe, an expensive way of conducting it, but in a very few years it had made the reputation of the *Journal*. When Mr. Hart became our editor the number of members was only between 2,000 and 3,000, and when he resigned, after 34 years' service, it was 17,000. The work of editing would have been quite enough for most men; it was only a small part of what was done by Mr. Hart. There was no question of public health which he did not deal with or attack, and his interest in all that concerned or might concern the Association in the future was truly remarkable. I believe the foundation of the scientific grants and scholarships was largely due to his influence. I know that the library owed its actual origin to him, although it had been considered at the very first meeting of the Association. The Medical Sickness Society was, Dr. Hall tells me, his idea. His mind teemed with fertile thoughts, and they were always at the service of the Association if they were likely to be useful to it.

The other official was Mr. Francis Fowke, not known to the members as the editor was, and really only understood and esteemed by those persons who were closely associated with him in business affairs. He was our general secretary and manager, and to him fell the charge of all matters connected with the printing and publishing of the *Journal*, the advertisements, the collection of subscriptions, the arrangements for the annual meetings, and I know not what else. He it was who advised the removal of the offices of the Association to that great artery of traffic, the Strand; who gradually took over the printing of the *Journal*, the provision of the paper on which the *Journal* is printed; who studied various methods of improving the illustrations in the *Journal*; who devoted his attention to every little

business detail with such success that the surplus income of the Association, which was £38 when he became its manager in 1871, was nearly £5,000 when he resigned his post in 1902. No wonder that successive treasurers placed their confidence in Mr. Fowke, and supported him one after another in the schemes which, with great caution and after long pondering, he put forward for some improvement in one or other of our business methods.

It would be difficult to find two men less like each other than the editor and the general secretary and manager. Mr. Fowke was gouty and asthmatical, nervous and apprehensive, constantly apologetic, slow of speech, and slow to form a judgment, particularly in matters relating to finance. No wonder his brilliant colleague looked upon him with a feeling almost of contempt. But there is no use denying it. In spite of what was said in some of the obituary notices of the editor's financial abilities, and in spite of his nationality, he was really a very indifferent financier. And this was appreciated fully by the manager, who repaid the feeling of contempt for himself by the strongest expression of distrust of the financial schemes of the editor. It may easily be imagined that there were no feelings of cordial friendship between two such men. This was quite well known to many persons interested in the Association, and during the years I was treasurer it was several times suggested to me to do my best to heal up the dissensions between the two great officials. But I would not listen to such suggestions. No lasting peace was possible between them; and my own opinion was that the safety of the Association was better secured by their hostility to one another than it would have been by their friendship. Each kept a watch upon the other useful in the interests of the Association. Had they combined there might possibly have been mischief. Had there been two Harts, the Association would probably have been swiftly borne to that great personage to whom the beggar on horseback is said to ride. Had there been two Fowkes, it might have gone to sleep. Peace be to the ashes of these two men, and let us be thankful that their places are so excellently filled by our present editor and financial secretary (Dr. Dawson Williams and Mr. Elliston).

VI. THE FUTURE.

I fain would speak of many other matters—of the library, of our new premises in the Strand, of the formation and growth of the branches, of the extension of the Association beyond the seas. But I have been warned not to trespass on your patience by speaking at too great length, and the warning is full of wisdom. I must therefore devote the few minutes which are left to me to the present and future of the Association. What is this great society to do with its 22,000 members, its numerous divisions, its 70 branches, its large revenues, its great standing committees, its Council and House of Representatives, its medical secretary's department? Well, since its reconstitution eight years ago it has devoted its attention very largely to the defence of its members and of the profession generally against the attempts which are made with cruel frequency against them by many sections of the community. Whilst extolling the nobility and generosity of our profession as a whole, it is notorious that public and private bodies, municipalities, corporations, clubs, medical aid institutions, and charities vie with each other in their attempts to use our services without reward, or for the smallest compensation which is possible, and it is equally clear that the only chance which the rank and file of the profession—those men who perform the most and the best of its work—have to repel these attacks is the support of a great and powerful body like our Association. Medical men talk of these things as if they belonged only to modern times; as if, until recently, we had been fairly treated, and no attempt had been made to impose on our good nature. I would ask them to read a certain report of the first committee which the Association appointed to consider the question of Poor-law medical relief, presented 75 years ago (1835).

"Your committee are aware that the vast amount of gratuitous medical assistance that has been at all times afforded to the needy by all grades of the profession throughout the country (an amount that could not be conceived by those who were not informed on the subject) has been productive at least of one very injurious effect; it has induced the unthinking portion of the public to conclude that there was some sort of conventional, if not legal, obligation on the medical profession to attend, without reward, to the ailments of the poor."

The words of the committee can be applied with even greater truth to-day, and there has never been a time in the last three-quarters of a century when they might not have been truthfully applied. Years ago, during the time that I took an active part in the work of the Association, we made attempts from time to time to assist medical men in repelling these attacks, and with more or less success. Now the Association is dealing with this part of its work with much greater vigor, and with the intention to do its best to help the oppressed members of the profession. And, as the result, in these last years I believe the body of the profession look with greater hope and confidence upon the future than they have ever done within my recollection. This side of our work has my hearty wish for its success. My mind is frequently saddened by the hard cases of some of those practitioners whom I have known as well-educated, industrious, and intelligent, and who have been cruelly ill-treated by public bodies and societies. But I am afraid there is no side of our work which needs greater tact or more delicate handling than this. An expression of undue force on the one hand, an exhibition of weakness on the other hand, and the amount of mischief which may follow is incalculable. I cannot remember any period of our history when our affairs required more skill and sagacity than the present. Everyone naturally turns to watch what the governing bodies of the Association will do. I watch, like the rest, and I have studied the men who are entrusted with the guidance of our State. I have mixed with the members of the Council and, to some extent, with the members of the representative body in this last year, and I have come to the conclusion that, although their task is grave and difficult, they are the men to undertake it with success.

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<sup>1</sup>Most of the information contained in this account of the doings of the Association in relation to medical reform is taken from Dr. Alexander Henry's "Historical Sketch" in the *British Medical Journal* of 1882, vol. ii, p. 847. The latter part of the account is picked up from the reports of the Medical Reform Committee in the *Journal* and from other sources. Dr. Henry's "Historical Sketch" is profoundly interesting to every person who cares for the past and present of this Association, and I strongly recommend its perusal to all those who are now engaged in the work of the Association.

<sup>2</sup>Many years later I was present at the dinner of the Association at the annual meeting at Leeds, when Lord de Grey, then Marquis of Ripon, referred to this matter. Part of his speech ran thus: "He was bound to say he had occasionally found in those departments (the War Office, the Admiralty, and the Privy Council) men of ultra-official views who were

so irreverent as occasionally to speak in terms not altogether of admiration or respect for the British Medical Association. He once, indeed, had to suffer from the action of the Association. When he was Lord President, he endeavored to deal with the subject of the constitution of the General Medical Council, and he introduced a Bill which he thought was a very good one, and most of the provisions of which had since become law. It did not, however, contain one provision greatly desired by the British Medical Association, and they so effectually pleaded for delay at a fatal moment towards the end of the session that they defeated the Bill, and stranded him altogether until he was carried away in the wrong direction by the rising tide of opposition. He was bound to say—and he made the confession very frankly—that he was now convinced that the Association was right and he was wrong. He was, perhaps, on that occasion—it was a rare occasion in his public life—somewhat too conservative."

<sup>1</sup> The Association had fought for many years for eight Direct Representatives on a Council of 24 persons. The Bill only provided for five—three for England, one for Scotland, and one for Ireland. Only in the course of last year (1909) was the representation increased by the action of the General Medical Council itself.

<sup>2</sup> Sir Watson Cheyne, Bart., surgeon to King's College Hospital and surgeon-in-ordinary to His Majesty the King; Dr. Sidney Martin, physician to University College Hospital and professor of pathology; Dr. Ralph Stockman, professor of materia medica at Glasgow, and physician to the Western Infirmary; Dr. Copeman, medical inspector to the Local Government Board, and lecturer on public health to Westminster Hospital Medical School; Dr. Starling, professor of physiology at University College; Dr. Haycraft, professor of physiology at University College, South Wales, etc.

<sup>3</sup> Faraday as a Discoverer, London, 1870.

<sup>4</sup> Brit. Med. Jour., Supplement, July 9th, 1910.

<sup>5</sup> See Brit. Med. Jour., 1905, vol. ii., p. 1655.

<sup>6</sup> Brit. Med. Jour., 1882, vol. i., p. 847.



THE BRITISH MEDICAL ASSOCIATION—THE ADDRESS  
IN MEDICINE

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Research in medicine has come in many minds to mean scientific investigation in laboratories, more especially physiological, pathological, and chemical. Dr. J. Mitchell Bruce in the eloquent, thoughtful and suggestive, Address in Medicine delivered before the British Medical Association at its meeting in London this week puts forward a weighty and well-considered plea for a wider conception of the scope and nature of research in regard to the problems of disease. He draws attention to the opportunities afforded to the family practitioner of contributing to the investigation of these problems, more particularly in regard to the complex subject of etiology. After a brief but striking review of some of the most important advances which have been made in medical science and practice during the fifteen years which have elapsed since the Association last held its annual meeting in London, he draws attention to the general nature and character of the progress made. This, he rightly points out, has been chiefly characterized by a change in the general tendency and direction of investigation, so that instead of concentrating attention upon the lesions produced by disease we have advanced to the elucidation of the processes leading up to those lesions, the causes determining them, and the various influences controlling and modifying the actions of those causes. In other words, we are no longer satisfied with a knowledge of the effects of disease processes; we are more concerned with the manner of their development and with their causation. The recognition of the paramount importance of etiological considerations and of the closely cognate subject of functional pathology, as Professor

J. G. Adami calls the study of the physiology of diseased organs, is regarded by Dr. Mitchell Bruce to be deserving of historical recognition as the dominant feature of the medical research of the past fifteen years, and with this view we are in full accord. Moreover, the lay public has in some measure come to recognize the importance of these matters owing to the advances which have resulted in public and personal hygiene as a direct result of the application of modern knowledge, and they are as anxious to know the why and wherefore of cancer and other maladies of which the immediate cause is yet unknown as the most fervid investigator.

After demonstrating the fundamental importance of the doctrine of causation, Dr. Mitchell Bruce proceeds to analyse the nature of causative processes and of their relation to one another. Taking as an example acute infections, he differentiates three factors—first, the essential cause, which is specific in nature and extrinsic in origin; secondly, the patient's resistance, which is intrinsic; and, thirdly, those various conditions which favor the action of the exciting cause, and are usually classed as incidental, indirect, or predisposing causes. These are, of course, not essential, and may be either intrinsic or extrinsic. It is more particularly to this third etiological factor that Dr. Mitchell Bruce devotes the greater part of his address, pointing out the importance of these considerations to the practitioner, not only as most valuable aids to prognosis, treatment, and personal hygiene, but also as affording him valuable opportunities to participate in the advance of medical science. The bedside, the home, and the general environment of the patient offer fields for research as hopeful and as fruitful as the laboratory, and we cannot refrain from quoting Dr. Mitchell Bruce's happy remark that the experienced practitioner "has learned that it is with a patient, not with a disease, that he is concerned, with a process, not with a lesion." Such a man appeals to the clinical laboratory when it can assist in the discovery of the exciting cause or in the determination of the organ at fault, but in his actual search for the cause of disease in his patients he has more often to rely upon personal observations of the subject, of his surroundings, habits, and mode of life, upon a knowledge of particular family history, and perhaps upon general knowledge of human nature, the outcome of worldly experience.

These indirect, and often intangible, factors in the incidence of disease necessarily render the problems of causation complex, involved, and intricate: they can only be solved by a direct study of the patient, and consequently they come especially under the notice of the family practitioner and cannot be appreciated by anyone detached from direct association with patients. Dr. Mitchell Bruce gives many interesting and striking examples of the value of the information obtainable by such methods, while in no wise minimising the difficulties attending their application. At the same time he points out that not infrequently the conditions are sometimes such as almost to excite the envy of the scientist, since it is given to the practitioner to vary the conditions and circumstances of his patients' lives, and to study the effects with scientific precision. Among the many problems which are open to the practitioner to investigate he mentions the effects of the various conditions of daily life—work, diet, physical stresses, and "nervous" strains—upon the incidence of disease, upon the modification of its manifestations, and upon the actual symptoms, notably in regard to such events as relapses, complications, and recurrences. Again, the part played by inheritance can only be investigated on such lines, as well as the wider question of the influence of complex interacting causes upon the race and upon the individual. Public men are growing more and more to appreciate the sociological importance of such matters in relation to national health and hygiene, consequently the opportunities for research, which lie under the hand of the practitioner, must come to be of more and more pressing importance. It is especially to what we may designate as hidden causes that Dr. Mitchell Bruce directs attention. Our knowledge of the pathogenic properties of germs is of comparatively recent origin, and yet upon this fundamental discovery the whole fabric of our knowledge of immunity, with its important practical results, has been erected. In like manner, Dr. Mitchell Bruce maintains, there are other causes concealed in numerous common occurrences, which only await discovery to yield fruitful information in regard to the prevention and treatment of many diseases; and it is important that the practitioner should realize his opportunities and his duties in these matters.

Dr. Mitchell Bruce's choice of a subject for his address is



fortunate and opportune. The delivery of such an address affords an admirable opportunity to some distinguished and experienced physician to call a momentary halt while he reviews the progress of medicine or ventilates some subject of public or professional interest. In drawing attention to the importance to the community as well as to the science and practice of medicine of the work of the family practitioner, he has performed a useful service. His weighty remarks are sure to attract attention, not only from their suggestive character and from the clear and eloquent manner in which they are expressed, but also because they tend to show the dignity of the calling of the ordinary practice of medicine, and to demonstrate that the daily round of work involves not only the practice of an art, but also the application of truly scientific knowledge and principles.—*Lancet*.

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#### THE BRITISH MEDICAL ASSOCIATION—THE ADDRESS IN SURGERY

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In his choice of a subject for the Address in Surgery to be delivered before the British Medical Association Mr. H. Gilbert Barling was very successful in taking an obvious course; for malignant disease, on which he spoke, is of prime interest to the operating surgeon, the consulting physician, and the general practitioner alike. The subject was therefore adapted exactly to the interests of a heterogeneous scientific audience, while the treatment was of practical value to that audience, for it consisted essentially of a review of the present position of our knowledge of the nature and remedies for cancer.

Mr. Barling points out, as will be seen by reference to the address which we publish in another column, that the idea prevailing at one time of the systemic nature of malignant disease had a harmful influence on surgical treatment, as it tended to limit the extent of the operations performed. For if a disease is really systemic in nature the removal of the local manifestations can have but little curative effect, while the frequent recurrence in the neighborhood of the operation would merely

served to confirm the erroneous theory, for it was looked upon as a proof that the disease could return even though completely removed. That era of thought has now passed away, and all are agreed that the thorough local removal of malignant disease, when such removal is possible, is capable of effecting a cure. Much stress is laid by Mr. Barling on the results obtained by experimental research on animals, and he describes some of the more important conclusions which these experiments have brought about, showing that the transplantation of carcinoma from one animal to another of the same species has been proved to be perfectly possible, but with this limitation, that success follows the experiment in only a limited percentage of the cases; and from this fact it may be argued that there is, in most cases, a natural resistance on the part of the tissues to the introduction of the foreign cells. As to the methods by which this resistance manifests itself, for the continued life of the inoculated tumor it is essential that a new stroma should be provided from the tissues of the host by proliferation of the connective tissue cells. When the transplanted tumor dies the death occurs partly from lack of nutrition and partly from the strangulating effect of the tissues amongst which it lies. An increase of the resistance of the tissues to the implantation of a malignant growth has been shown to be possible, and a very high degree of protection can be attained. We are now acquainted with the mode in which the immunized tissues overcome the transplanted growth, and this is well seen in the immunization produced by radium; and Mr. Barling describes how exposure to radium may cause the disappearance of some transplanted tumors, the most noticeable local change in these cases being an active proliferation of the connective tissue of the part, and an invasion of the parenchyma of the tumors by young fibroblast. As these develop they contract around and so destroy the cells of the malignant growth.

Closely analogous to these important results are various clinical observations. It is not, Mr. Barling maintains, sufficiently recognized that in the human subject a struggle exists between the malignant growth and the tissues of its host. Cancer is not a constantly progressive disease, neither halting nor wavering in its course; but there is very definite evidence, both pathological and clinical, that the tissues do resist the invasion of new

growths, and that between them and the malignant disease a real struggle goes on which occasionally ends in a spontaneous cure. Sampson Handley has shown that though the malignant growth spreads centrifugally from its point of origin into the lymphatics, yet many of the cells of the new growth are destroyed as a result of the action of the surrounding tissues. The new fibrous tissue attacks and destroys the cancerous epithelium. Unfortunately, the process is only partial; at one or even at many places destruction may be going on, and elsewhere the malignant cells may be multiplying freely. Malignant emboli lodging in the vessels of the lungs and other tissues become surrounded by a new connective tissue which has developed from the intima of the blood-vessels. And in many cases this new connective tissue suffices to put an end to the malignant cells of the embolus. There is good evidence for thinking that this destruction of cancerous emboli is the rule rather than the exception, and that malignant metastases occur only in those few cases where the cancerous cells have survived. If it were not so, it is probable that metastases would be far more common than they are. All surgeons are aware that malignant growths vary greatly in their rate of progress, and sometimes a growth may even disappear spontaneously. These variations in the rate of progress of malignant disease are, in all probability, due to variations in the resisting powers of the tissues; and this explanation is rendered still more probable by the history of those cases in which recurrence of a cancer occurs many years after a successful operation. Some small collection of cells has not been destroyed, but has been held in check, even for years, and at last, in favorable circumstances, it has renewed its activity.

Finally, Mr. Barling discusses the question of the treatment of malignant disease. He acknowledges the value of the X-ray in some forms of malignant growths, but he himself has never known a growth certainly malignant to disappear absolutely under the X-rays, and therefore he does not assent to some of the claims made for the rays. As to the value of radium, he expresses his appreciation of its action in the relief of pain, in the cessation of discharge, and in the cicatrisation of an open sore, but he does not consider that radium should, in the present state of our knowledge, be employed as a substitute for excision in

cases of operable malignant growth. Of the true value of excision he speaks with no uncertain words, claiming that our results at the present day show that with careful attention to the prevention of sepsis, and with extensive and thorough operations, the results now obtained are by no means unsatisfactory. Where complete excision is possible the proportion of permanent cures may be great, and the main desideratum for the future is an earlier recognition of the disease and its earlier removal. And he believes that the means for recognizing the presence of malignant disease at a very early stage may be provided by the ever-increasing study of biological chemistry, especially looking forward to a time when the danger and the distress incident to operative measures may be replaced by gentler means provided by the twin sciences. The address consequently is encouraging and hopeful, and serves as a useful reminder of the progress which has been, and is being, made in the treatment of cancer, and in the acquisition of knowledge as to its natural history and characteristics.

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#### THE BRITISH MEDICAL ASSOCIATION—SEVENTY-EIGHTH ANNUAL MEETING IN LONDON

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The meeting of the British Medical Association, which has taken place during this week in the metropolis, and the business of which is, of course, not concluded as we write these paragraphs, has been in every way a complete success. An enormous number of members have attended the meeting, and the scientific work in the sections, which have been well attended, has been of a high order. Really important matters, dealing with the internal and the external policy of the Association, have been closely debated at the representative meetings, and the organizing talents of the officials, coupled with the splendid hospitality of the President, have combined to make the occasion a memorable one in the medical world.

The representative meetings were held in the chamber of the Court of Common Council in the Guildhall. The work of the sections and the official business was conducted in the buildings

of the University of London at the Imperial Institute, the Imperial College of Science, and the old College of Science, South Kensington. The Imperial Institute, it will be remembered, was the headquarters of the meeting on the last occasion when it was held in the metropolis, under the presidency of the late Sir John Russell Reynolds.

In 1895, when the Association previously held its meetings in the Imperial Institute, that building, founded in 1887 as a memorial to Queen Victoria, was not connected with the University of London; indeed, it was not until 1906 that the Government took possession of the Institute and handed a large part of the buildings to the recently reconstituted University of London. In 1903 the Institute was transferred to the Board of Trade, and its first Bulletin, although, of course, dealing with commercial matters, contained much that was of medical interest, inasmuch as it included research work on the composition and therapeutical properties of certain plants. This work was in continuity with the original scheme of the Institute, which was designed to be a material exhibition of the progress and products of our empire. The Colonial Nursing Association made its home here, and in many other directions the spirit of the foundation has been maintained, so that, apart from its connection with the University of London, the Imperial Institute has associations which entitle it to entertain a medical congress.

The number of sections this year is 21, that being the largest number of divisions of the scientific work which has as yet been attempted. All of them were accommodated in one of the four buildings which we have mentioned, and were in easy communication with each other—a matter of no small importance, as those who have attended congresses know. Although, for purposes of convenience, specialism, indicated by a partition of the work into 21 sub-heads, has now become necessary, a really progressive physician and surgeon knows that his interests do not necessarily lie in one, two, or three sections, but may well be spread over a much larger field. Where defects of accommodation have led to inconvenient separation of the work of the section debates have always lost in interest, a certain hurry and muddle being introduced into them by the local conditions. We report two or three sections at some length, but can only deal with the proceedings in the others very briefly in this issue.

The Annual Exhibition of drugs, surgical appliances, electrical apparatus and special foods was held in the Imperial Institute Buildings (University of London). Situated just above the reception room and registration hall, the space afforded to the exhibitors this year was in a prominent position and within easy reach of the visitors. The rooms were tastefully decorated and the stalls skilfully arranged, although in places the space above them was somewhat shallow. The variety of exhibits was great and visitors found it well worth their while to spend some of their time amongst the novelties shown by chemists, surgical instrument makers, food specialists, hospital appliances makers, and so forth. An interesting feature of the exhibition this year was a demonstration of electrical apparatus in a separate room—the Jehanghier Hall. In accordance with our practice on previous occasions, we commence in another column a notice of the more important exhibits.

A new plan in regard to pathological and other specimens has been organized this year. A Medical Museum has been formed, divided up into a number of sections, each under the care of an expert honorary curator, who has selected subjects to illustrate and has collected from all available sources specimens illustrating the interesting points capable of demonstration by means of exhibits. The result has been that the Medical Museum contains a large number of series of exhibits, and does not consist merely of a collection of miscellaneous items. By changing the name of the museum from pathological to medical, opportunity has been given and taken of including anesthetic apparatus, engravings, prints and other objects of medical interest. The honorary secretary of the Medical Museum, Mr. W. H. Armit, has received many congratulations on the successful results of his hard work.

The work of the Representative Meetings commenced as far back as Friday last, July 22nd, when delegates from many of the local divisions, as well as certain colonial members, met in the Council Chamber of the Guildhall, where they were welcomed on behalf of the Lord Mayor by Sir Horatio Davies. At the opening general meeting, which took place first, an announcement was read by Mr. Edmund Owen, chairman of the council, that His Majesty the King had telegraphed his gracious consent to the request that he should become patron of the Association. At th

meeting of Representatives which followed, matters affecting the internal organization of the Association were discussed. At the second representative meeting on Saturday an important pronouncement was made on the subject of athleticism in schools. This pronouncement, while laying stress on the value of regular bodily exercise for the schoolboy, emphasized the importance of all the pupils of any school being under the personal supervision of a medical authority; of every boy being examined medically upon entry; and further, of his being carefully observed during his school career, inasmuch as fitness for physical exertion did not necessarily depend upon his age or appearance. Medical examination was mentioned as being of particular value in regard to swimming, boxing, and rowing. On Monday the representative meeting discussed mainly the organization which is suggested by the British Medical Association for a national public medical service in anticipation of the imminent introduction of a Government measure on these lines. The final session of the Representative Meetings took place on Tuesday. On the question of Poor-law reform was further debated, as well as a report dealing with the evidence given on behalf of the Association before the Departmental Committee on Coroners' Law. A special report on chloroform administration was also adopted.

On the evening of Monday Mr. Butlin, the President-elect, entertained at dinner at the Hotel Cecil some 400 medical men from all parts of the world, representing the profession in the United Kingdom, in the Colonies, and in many European countries and in America. The only speeches, save the loyal toasts, were a few words from Lord Ilkeston (Sir Walter Foster), inviting the company to drink the health of the President-elect, and a few words in reply from the host, in which he laid stress on the work done by Lord Ilkeston for the British Medical Association, and expressed his pleasure in knowing that the medical profession was now represented by him in the House of Lords.

At the commencement of the adjourned first general meeting at the Guildhall on Tuesday morning it was agreed that the next meeting of the Association should be held in Birmingham, and Dr. Robert Saundby, the professor of medicine in the University, was appointed President-elect. In the evening, at St. James'

Hall, Great Portland Street, Mr. Butlin delivered the Presidential Address, which we publish elsewhere.

On Tuesday evening an "At Home" at 18 Cavendish Square, given by the President of the Section of Laryngology of the Royal Society of Medicine and Mrs. Dundas Grant was largely attended. The guests were entertained with vocal and instrumental music.

On Wednesday morning Dr. Mitchell Bruce delivered the Presidential Address in Medicine (see p. 158) at a general meeting. Later the staff at St. Bartholomew's Hospital gave a luncheon in the Great Hall of the hospital in honor of Mr. Butlin, their consulting surgeon, and President of the Association, extending invitations to many prominent members of the Association and distinguished foreigners now in London. Dr. Norman Moore, senior physician to the hospital, who presided, proposed Mr. Butlin's health in felicitous terms, pointing out his merits as a surgeon, and saying that, while he had made particular fields of surgery especially his own, he had always maintained a position as an authority on general surgery and pathology. Dr. Norman Moore added a tribute to Mr. Butlin's powers of work and concentrated industry, to which we have alluded elsewhere. Mr. Butlin, in a brief reply, discarded all reference to the personal compliments, and stated succinctly the power for good that the British Medical Association, when it had fully developed, would necessarily be for the protection of weaker members of the profession. To the toast of his health as chairman, Dr. Norman Moore pleaded that there was no time to say anything, because Mr. Butlin had to go immediately to the place where he (Dr. Norman Moore) had hoped he would not be wanted for some time yet—Westminster Abbey. Consequently, the luncheon broke up in laughter—a very suitable termination of a very pleasant function.

On the same afternoon the usual service was held at Westminster Abbey, at which the Dean of Salisbury preached before a large number of members. The collection was divided between the British Medical Benevolent Fund and Epsom College. At Westminster Cathedral seats were reserved at Solemn High Mass and at Vespers for Roman Catholic members.—*Lancet*.



TWELFTH ANNUAL CONFERENCE OF THE AMERICAN  
HOSPITAL ASSOCIATION

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This Association will hold their 1910 Conference at the Planters' Hotel, St. Louis, Mo., September 20, 21, 22 and 23.

PRELIMINARY PROGRAMME.

The Association will be called to order by the President at 10 a.m., Tuesday, September 20th.

After the Address of Welcome and the President's Address, the following papers and reports will be presented:

1. "Relationship of Trustees to Superintendent," Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.
2. "Private Rooms in General Hospitals," Dr. C. Irving Fisher, Presbyterian Hospital, New York City.
3. "The Training of Hospital Superintendents and Heads of Departments," Dr. F. A. Washburn, Sept., Mass. General Hospital, Boston, Mass.
4. "Co-operation vs. Individualism in the Care of the Sick," Mr. Bailey B. Burritt, Secretary, State Charities Aid Association, New York City.
5. "Preparation and Use of Detailed Reports for Smaller Hospitals," Mr. Walter Muecklow, Director, St. Luke's Hospital, Jacksonville, Fla.
6. "The Education of the Nurse in America," Dr. Richard O. Beard, Secretary, University of Minneapolis Hospital, Minneapolis, Minn.
7. "The Hospital as a Commercial Factor," Mr. Del. T. Sutton, Editor *International Hospital Record*, Detroit, Mich.
8. "Methods of Raising Funds for a General Hospital," Miss Lucia L. Jaquith, Supt., Memorial Hospital, Worcester, Mass.
9. "Hospital Construction in St. Louis," Dr. Wayne Smith, Supt., University Hospital, St. Louis, Mo.
10. Report of Special Committee on Education and Training of Nurse Assistants for the Care of People of Limited Means in Their Homes, and the Nursing of Patients Suffering from Chronic Diseases. Committee: F. A. Washburn, M.D.; Miss Mary Riddle, Charles H. Young, M.D.
11. Report of Special Committee on Bureau of Hospital In-

formation and Permanent Secretaryship. Committee: Dr. S. S. Goldwater, Mt. Sinai Hospital, New York City; Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; Dr. P. E. Truesdale, Truesdale Hospital, Fall River, Mass.

12. Report of Committee on Hospital Efficiency, Hospital Finances and Economics of Administration, Winford H. Smith, M.D., Bellevue and Allied Hospitals, New York City.

13. Report of Committee on Hospital Construction. H. E. Webster, Royal Victoria Hospital, Montreal, Que.

14. Report of Committee on Uniform Accounting. C. Irving Fisher, Presbyterian Hospital, New York City.

15. Question Box. Chairman: Dr. R. W. Bruce Smith, Parliament Bldg., Toronto, Ont.

Two special committees will report on subjects of unusual interest at this meeting. The Special Committee on the Education and Training of Nurse Assistants for the Care of People of Limited Means in Their Homes, and the Nursing of Patients Suffering from Chronic Diseases will make a report, which will be of interest to hospital workers and physicians in general. The report of the Special Committee on Bureau of Hospital Information and Permanent Secretaryship will deal with the advisability of establishing a permanent headquarters or office for the Association.

The tentative programme is one of unusual interest, and it is hoped that all members will make an effort to attend. Several other papers have been promised.

Members who desire to have any moot questions on hospital affairs discussed at the Convention will please draw up the questions and mail to Dr. R. W. Bruce Smith, Parliament Bldgs., Toronto, Ont., Chairman of the Question Box.

# Canadian Journal of Medicine and Surgery

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## Dermatology:

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J. J. CASSIDY, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; and DR. J. H. ELLIOTT, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Associate Medicine and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

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## Ophthalmology:

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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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IS QUEEN'S UNIVERSITY MEDICAL DEPARTMENT OF  
DOUBTFUL UTILITY?

DR. J. C. CONNELL, Dean of the Medical Faculty of Queen's University—(see correspondence in the present issue)—protests against a statement made about his school in an editorial published in our August number (p. 89). The statement complained of is as follows: "The medical department of Queen's University is said to be of doubtful utility." He protests that there is no such statement in the report of the Carnegie Foundation, nor is it justified by anything in that report. We contend that a much severer statement than ours of "doubtful utility" could be based on the criticism of the Kingston Medical School in that report. To prove that contention, we quote from the Carnegie Foundation report as follows: "Toronto has practically reached the limits of efficiency in point of size. McGill and Manitoba are capable of considerable expansion. The future of Kingston is at least doubtful. It could certainly maintain a two-year school, for the Kingston General Hospital would afford pathological and clinical material amply sufficient up to that point. But the clinical years require much more than the town now supplies." (See The Carnegie Foundation for the Advancement of Teaching, etc.—Bulletin No. 4, p. 326.)

While the statement made by the American reporter is that "the future of Kingston is at least doubtful," his reasoning goes much farther. He shows that the school is of "doubtful utility," since it is only capable of carrying on a two-year course. That school lacks the clinical advantages required during the final years of the medical curriculum in Canada. Therefore, Queen's University medical department is of "doubtful utility," and the statement made about it in our August number is justified by statements made in the report of the Carnegie Foundation for the Advancement of Teaching, etc.

J. J. C.

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#### THE TORONTO ISOLATION HOSPITAL

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OWING to the rapid growth of Toronto in population, if for no better reason, the city Isolation Hospital should be built on generous lines. For many years, a building, which stands at a considerable distance from human habitation, has been devoted to small-pox. It is said to be sufficient for that purpose. At the Isolation Hospital there is accommodation for eighty scarlet fever cases and eighty diphtheria cases. There is no accommodation for measles or any other contagious disease. Obviously, Toronto, which has a population of 407,500 people, has outgrown the hospital accommodation for isolating contagious diseases, which sufficed for a population of half that number.

A new Isolation Hospital should be constructed in the form of separate pavilions, with ample accommodation for all cases of scarlet fever, diphtheria, measles and whooping cough. Another pavilion might be built for erysipelas, mumps, and chicken-pox, each having an isolated flat. The wards should be of small size, none holding more than four patients, and a number of them with but one bed each. This arrangement would permit of the segregation of the early cases from advanced ones, the simple from the complicated, the noisy from the quiet.

There are two Isolation Hospitals at Montreal, one used by the Protestants, called the Alexandra Isolation Hospital, and another used by Catholics, called St. Paul's Hospital. The Alexandra Hospital, in addition to the administration building, has a scarlet fever pavilion, the largest of the group, 92x 112 in size, for which an entrance by the corridors and an entrance porch from the grounds are provided. Before entering the pavilion proper, an examination room and a discharge room are provided, so that a patient on entering is examined by the physician in charge, and if the disease he is suffering from has been diagnosed properly, the patient is passed on to the ward or private room to which he is assigned.

Both the diphtheria and measles pavilions are similar to the scarlet fever one in accommodation, but smaller, being 124x40 feet in size. As these dis-

eases do not require the same length of time for isolation, smaller buildings will answer.

The erysipelas pavilion consists of a one-storeyed structure, 30x62 feet in size.

The observation building is similar in layout to the erysipelas pavilion, and is used for the treatment of mixed, doubtful or undetermined cases.

As to the construction of the buildings, terra cotta, steel, concrete, brick and stone are the only materials that have entered into them, and every provision is made to prevent lodgment of infectious material. With this object in view, modern flooring has been eliminated, and a cement floor covering has been used that is free from cracks or seams; this floor is rounded next the walls and turns up on the same to form the baseboard. All halls and ceilings are in hard plaster, painted and enamelled white, the only hardwood used being the sashes and the doors, and these latter are of veneered hardwood without panels or mouldings.

In the ventilation of the Alexandra Isolation Hospital, a supply of fresh, screened air, heated in winter, is provided at each bed, while there is also at each bed an open aspirating duct, ensuring an up-draught in both winter and summer, as these will be in operation even when the heat is turned off from each room. A Boyle's ventilator caps each duct.

The materials used in the construction of this magnificent structure are expensive, and a cheaper building would answer every reasonable demand. In designing isolation hospitals, architects should

provide simple yet elegant buildings, abundantly provided with light and air, suitable in every particular for the isolation of the infected sick, while, in every hygienic way assisting in promoting their recovery.

J. J. C.

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#### ARE TWENTY REMEDIES SUFFICIENT ?

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WHEN engaged in copying into a book of record prescriptions which were dictated by a physician of the out-patient department of the Toronto General Hospital in 1866, the writer of this article asked him why several identical drugs were mentioned in the same formula. For instance, Tr. Calumba, Tr. Gentian and Tr. Chirata followed one another in the same prescription. The reply—a lame plea for polypharmacy—was as follows: “My boy, put a big charge of shot in your gun; if some grains miss the birds others will hit them.”

The reply indicated that therapeutic effects obtained by the use of one simple bitter could not be obtained from another bitter of the same class. As the prescriber was a well-educated man of good intelligence, his reply did not reveal his real opinion. It rather covered a pretext, and meant that he preferred polypharmacy to the effort involved in making a diagnosis. However, his eloquent dictation made in the presence of waiting patients may have impressed them with his learning, and may have suggested to them the notion that many remedies of great power and majesty were to be used in curing their diseases. Hence, the medicinal effects of an



alkaline salt, combined with several bitter tinctures, largely depended on the length of the prescription and the impressive Latinity of the prescriber.

Looked at from the standpoint of the eloquent prescriber and his listening patients, a lengthy pharmacopeia is a boon. To the practising doctor, who prepares his own medicines, uses ready-made preparations, or writes a prescription, a copious pharmacopeia is a great bore. Many successful practitioners of the healing art are quite satisfied with a few well-tested remedies, and are not at all anxious to keep up with recent additions to the pharmacopeia. They entertain narrow views on therapy and their armamentarium is limited—too limited, indeed, if every indication is to be met. Not so limited as that of a Scottish practitioner in an English town, who acknowledged to Sir Walter Scott that he pinned his therapeutical faith to “Calamy and Laudany,”—but reaching upwards, in an ascending scale, from five remedies to twenty.

Huchard, a French author, has recently published a book entitled “The Therapeutics of Twenty Medicaments”; but an examination of the work shows that this title is incorrect in that he writes of twenty forms of medication or treatment, and one of these forms covers the chief specific sera, vaccine therapy and all other measures, other than drugs, designed to combat disease. Martinet, another French author, has written a book in which twenty remedies are named, which he considers an adequate medical armamentarium. Martinet’s list contains a number

of drugs which are duplicated by Huchard; the first fourteen remedies named by each author are identical. They consist of sodium salicylate, mercury, potassium iodide, digitalis, iron, arsenic, opium, belladonna, potassium bromide, purgatives, ergot and antipyrin. Both these authors have confidence in some of the newer silver preparations, but the last six remedies in each list are very different. Thus, Huchard includes all the specific sera, but Martinet stands by anti-diphtheritic serum only. Martinet has confidence in caffeine and theobromine; Huchard only in theobromine. Martinet believes in phosphorus; Huchard does not mention it. Martinet includes chloral and antipyrin, but Huchard does not. On the contrary, he includes bismuth, sodium bicarbonate, the nitrites and glandular therapy.

It looks as though these authors, in bridging the chasm between health and disease, had discarded valuable planks. For example, Huchard leaves out the hypnotics like chloral, veronal, trional, sulphonal, and paraldehyde, and all the anesthetics, local and general. He also excludes the antiseptics and coal-tar products. Martinet mentions one of the latter—antipyrin.

We think that good practice can be done with twenty remedies; but a practitioner should not restrict his armamentarium to an exclusive use of twenty, forty or sixty remedies. On the other hand, he should not allow his memory to be cumbered with the names of a lot of unnecessary remedies.

J. J. C.



### **Candy Versus Tobacco.**

Reports appearing in the English papers show that the extra tax under the new budget has increased the price of tobacco, so much, that the British laborer finds it hard to keep up his smoking. He has consequently taken to sweets, and it is by no means an uncommon thing to see a sturdy laborer buying a penny-worth of his favorite sweets, and starting to eat them. The sweet trade is improving, and the best proof of it is the increasing value of the shares of the big sweet-selling companies.

From the health standpoint the workman does well in taking to candy, and it will mean that money now ending in nothing but smoke and indigestion will go into nourishing food. Sweets, which can be readily procured, quickly restore muscular and nervous energy. Candy is an ideal thing for the workmen to take on their way home from their toil, better far than gin or beer. Temperance advocates should take notice of this unexpected result of the budget, and should encourage the British Government to stand by their extra tax on tobacco.

### **Quarantine Regulations of the Ontario Board of Health.**

New quarantine regulations were adopted by the Ontario Board of Health April 10th, 1910, and some changes introduced. Regulation 5 provides that an apartment occupied by a patient ill with cerebro-spinal meningitis, or tuberculosis, shall not be occupied by another person until disinfected. Regulation 8 provides that cases of epidemic cerebro-spinal meningitis and anterior polio-meningitis shall be reported to the Secretary of the Local Board of Health, and the procedures adopted in cases of contagious diseases shall be applied to them.

According to Regulation 23, a physician attending upon a case of typhoid fever is obliged to report the same within twenty-four hours to the Secretary of the Local Board of Health, who shall report the same to the Secretary of the Ontario Health Board. Heretofore, typhoid fever not having been reported, medical health officers have not learned the etiology of important outbreaks of that disease, and unsuspected sources of typhoid fever have continued in operation. In this connection, Regulation 31 is worthy of a full quotation. It provides that "Any drinking water supply, shown to be a positive or probable source of disease, shall be condemned either by the Local Board of Health or by the Provincial Board of Health, and, when so condemned, shall not be used again as a drinking water supply until declared safe by the condemning party."

Regulations 32, 33, 34 provide for the procedure to be adopted when a person has been bitten by an animal suspected of rabies. The science of this new set of regulations is quite satisfactory. The spelling, however, leaves an impression that the proofreading was neglected, as several mis-spelled words may be noted, viz.: "Ophthalmia," "Thracoma," "Ediculosis," "Impetio Contagiosa."

#### **The Medical School of the Future.**

The unendowed medical school, or its congener, the feebly endowed medical school, will go down or survive with difficulty in the coming time. The demands of higher medical education call for great expenses: in the construction and equipment of laboratories and libraries; in providing a staff of highly salaried teachers devoting their whole time to instruction; owing to the lengthening of the curriculum, and the necessity of securing for clinical purposes hospitals, maternity institutions and dispensaries, which will be placed under the direction of the teaching faculty.

Every medical school will have to live up to these requirements, and, as the smaller and poorer schools will be unable to do so, they will probably give up the struggle, and make way for others which have large endowments.

#### **Commercialism in Medicine.**

A nasty form of commercialism in medicine is the division of professional fees. A general practitioner brings a patient to a surgeon and gets a share of the profits, a percentage of the fee charged for an operation done by the surgeon. The surgeon in question, to whom the patient is a stranger, tips the physician and allows him so much for his amiable condescension. It is really a bribe, and the commission is not fairly earned. The patient, who might really wish to secure the services of another surgeon, is piloted to the consulting room of his physician's business partner. Doubtless the operation is well done; the surgical work may not be open to criticism; but the physician who adopts such "business" methods sinks medicine to the level of a trade.

#### **To Destroy the Domestic Fly.**

A circular recently issued by the American Civic Association gives a number of practical hints as to the best methods of ridding houses of flies, and they deserve to be known and put to a practical use. The circular says: "Provide screens for houses and food. Keep garbage receptacles securely covered. Remove stable manure every three or four days or disinfect with lye, chloride of lime, or crude carbolic acid. To clear a room of flies heat a shovel or any similar article and drop thereon 20 drops of carbolic acid; the vapor kills the flies. A better and cheaper plan is to put a spoonful of formalin in a gill of water and expose it in the room. Another is to dissolve one dram of bichromate of potash in two ounces of water, add a little sugar and place the solution in shallow dishes about the rooms."

A campaign conducted on these lines will do much to rid a household of this insufferable and dangerous pest.

**Success in Tropical Research by a Canadian Physician**

Dr. A. Y. Massey, who is a graduate in arts and medicine of the University of Toronto, has done important research work in tropical medicine, especially in defining the southern limits of the "sleeping sickness" in Central Africa, on the Congo-Zambesi watershed. Cambridge University has named a new species of acarid, discovered by Dr. Massey, *rhipicephalus Masseyi*, and the British Museum has conferred a similar honor in naming a new species of diptera—*hæmatopota Masseyi*. In the last edition of his work on tropical diseases, Sir Patrick Manson gives the description of a new tropical disease discovered and described by Dr. Massey.

**Acute Anterior Poliomyelitis.**

"Clinically, acute anterior poliomyelitis has considerable resemblance to an acute infection, and epidemics of it have been observed. Histologically, the lesion is a capillary thrombosis, not a true inflammation, and it is now coming to be regarded (Marie, Batten and others) as microbial in origin." (A System of Clinical Medicine. Savill.) Dr. S. Flexner, *Johns Hopkins Hospital Bulletin*, April, 1910, page 118, has succeeded in inoculating successfully 81 monkeys with emulsified material obtained from two cases of infantile paralysis in human beings. The virus was obtained by making an emulsion in salt solution of the spinal cord. The brain was chosen for the site of the inoculation; the average period of incubation was about nine days. Dr. Flexner asserts that the micro-organisms of anterior poliomyelitis cannot be affirmed at present. There are no bacterial or protozoal parasites; but the virus of the disease can be filtered and the filtrates have been used repeatedly to inoculate monkeys. The virus is injured by heating—a temperature of 113°-122° F. maintained for one-half an hour will render the filtrate incapable of producing paralysis. The virus will keep at least fifty

days at a temperature of 39.1° F.; it resists glycerination for at least seven days, and also resists drying over caustic potash in a desiccator for the same period.

In reference to the etiology of this malady, Dr. Flexner says: "The lymphatics of the nasal and pharyngeal mucosa through the cribriform plate forms the most direct connection existing between the meninges and the external world. It has been possible, on account of the filterability of the virus, which process would eliminate all bacteria, that the virus may escape from the meninges by this route. The accomplished infection by this route is still to be determined."

In discussing Dr. Flexner's paper, Dr. L. F. Barker said that Lévaditè and Landsteiner have demonstrated the existence of the virus of this malady in the saliva of infected persons, and these observers assume that this disease may be spread by way of the saliva. Dr. Barker said further: "The fact that this disease is due to a filterable virus, that its main expression is in the central nervous system, and that the salivary glands become infected make its resemblance to rabies very close. Unfortunately, experiments thus far made in preventive inoculation with dried spinal cords, during the incubation period, have not been successful."

J. J. C.



### THE CANADIAN MEDICAL EXCHANGE

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DR. HAMILL, medical broker, who conducts the Canadian Medical Exchange, 75 Yonge Street, Toronto, for the purchase and sale of medical practices and properties, desires us to state that the inhabitants of several different villages throughout Ontario, without a doctor, have written him to try and induce some physician to locate therein. The population and area should warrant a practice of at least from two to three thousand yearly, cash. He will be pleased to furnish the names of those villages to any who think the opening would suit them. At the same time, to those wishing to buy a practice he has a list of over twenty to offer, thus offering a short cut to those in need.

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### AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN MILWAUKEE

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The American Public Health Association will hold its 38th annual meeting in Milwaukee, Wisconsin, September 5th to 9th next. Representatives from many of the national organizations working in the interest of the public health have been invited to be present and to discuss methods for the correlation of the work of such organizations, and for co-operation, with a view to increasing efficiency and economy. Sanitary engineering will occupy a conspicuous place on the programme.

This Association is the oldest national sanitary organization in the United States. Its membership extends over the United States, the Dominion of Canada, Mexico, and Cuba. Information concerning it can be obtained by addressing Dr. Wm. C. Woodward, Secretary, Washington, D.C.

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### DR. J. W. S. McCULLOUGH SUCCEEDS DR. HODGETTS

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Dr. John William Scott McCullough, of Alliston, whose appointment as Secretary of the Provincial Board of Health to



succeed Dr. Charles A. Hodgetts, who resigned to accept the position of medical adviser to the Dominion Conservation Commission, was announced by Provincial Secretary W. J. Hanna recently, has been a member of the Provincial Board of Health for four years, and has taken a deep interest in matters of sanitation during his term of office.

Dr. McCullough has a large practice in Alliston. He formerly practised in Dundalk. He graduated from Trinity University in 1891. Dr. Bell has been discharging the duties of the office since the resignation of Dr. Hodgetts went into effect.

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#### HENRY WAMPOLE'S EXCURSION

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The first annual excursion of the employees of Henry K. Wampole & Co., Limited, Perth, Ont., where the whole laboratory took part, was held Saturday, July 23rd. The St. Louis and Arrah Wannah were chartered for the day, and the trip was made up the Rideau Lake to the Rocky Narrows. About '20 of the employees, accompanied by a limited number of their most intimate friends, took part, and from the time the boats left Perth until their return it was a continual round of pleasure. In fact, it was, without doubt, the most successful and thoroughly enjoyable excursion that has been held in that vicinity. A substantial lunch was spread at the Rocky Narrows, and was thoroughly appreciated by all. A programme of sports was arranged and very successfully carried out. After the sports a very enjoyable trip was made to the Ferry, supper being spread on tables on the lawn in front of the Coutts House. Much credit is due Mr. King for the excellent table which he placed before the assembled guests. After supper, the prizes were distributed to the successful winners in the different events of the sports. The entertainment programme was given from the St. Louis, and it was a surprise to many to find such talent contained in the laboratory. An early boat was scheduled to leave for Perth at 7.45, about thirty taking advantage of an early return home, while the majority remaining took a moonlight up the lake, returning to the Ferry in time for a dance. A delightful trip home brought to a close a day of good, wholesome enjoyment, and

great credit is due to the committee who made such splendid arrangements, whereby the proceedings were put through to the satisfaction of every individual person who took part in the excursion. This is the first excursion in which all the employees participated, and it is the wish of all that there will be many more to follow.

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### The Pathological Aspects of Intestinal Fermentation\*

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When we refer to intestinal antiseptics we mean, of course, a limited antiseptics directed against putrefactive and other pathogenic germs.

Under ordinary circumstances nature supplies us with the means of preventing the intestinal canal becoming the habitat of undesirable organisms. The action of the digestive juices on the one hand and prompt evacuation of the post-digestion residues on the other, afford sufficient protection against a pathological multiplication of organisms accidentally present. When for any reason digestion is delayed or imperfectly carried out, and when, owing to muscular paresis, the imperfectly digested contents are allowed to stagnate in the intestine, irregular fermentations take place with the formation of toxins the absorption whereof is gravely prejudicial to health.

These irregular fermentations give rise to symptoms of intestinal dyspepsia with the formation of gaseous, acid and toxic products, and these not only determine local symptoms of irritation, but by the passage of the soluble products into the blood set up disturbances in distant organs—the nervous system, and the skin.

The object of the Lactobacilline treatment, as defined by Professor Metchnikoff, is therefore to control intestinal fermentation along with the micro-organisms that cause it, without introducing any toxic products into the body and without interfering with the normal bacteria of the canal. This complex therapeutic problem has been solved by the introduction of Lactobacilline since both experimental and clinical data confirm the theoretical assumption based on the observed anti-putrefactive action of nascent lactic acid.

For a free sample box of Lactobacilline tablets, the profession are invited to apply to the sole Canadian agent, Mr. Kelly Evans, 64 Wellington St. W., Toronto.

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\*Publishers Department.



## The Physician's Library



*Serum Therapy and Bacterio Therapeutic Preparations.* Reprinted from Merck's Report, 1909. E. Merck, Darmstadt. London office, 16 Jewry St., E. C. 1910.

We are just in receipt of a copy of this pamphlet from Herr E. Merck, of Darmstadt. It is full of valuable information regarding the uses of the different serums, including anthrax serum, antistreptococic serum, antothyroidin moebius, cancer serum, diphtheria antitoxin, gonococcus serum, hay fever serum, pneumococcus serum, staphylococcus serum and tetanus serum. Any medical practitioner desiring to receive a copy can do so on forwarding his card to the head office in Germany.

*The Religio-Medical Masquerade.* A Complete Exposure of Christian Science. By FREDERICK W. PEABODY, LL.B., of the Boston Bar. Boston: The Hancock Press.

The writer of this interesting little volume has had exceptional opportunities of knowing, as a lawyer interested in a case knows, the true inwardness of what is called by its followers "Christian Science," but of which the author says, "There can be no greater irreverence than Mrs. Eddy's calling her pretended religion 'Christian,' and no greater absurdity than her calling it 'Science.'"

The writer is a lard hitter, and says what he means. He places the whole subject before his readers from the standpoint of sworn testimony, or what is almost equally good, by making statements, many of which are of the most damning character, and which he asks Mrs. Eddy, or anyone else, to contradict, if they dare. He characterizes Christian Science as "the most shallow and sordid and wicked imposture of the ages," and goes on to show that "there has never been a scientifically established Christian Science cure." That "there is not a Christian Science healer in good and regular standing anywhere in the world who tells the truth, or tries to tell the truth, or could tell the truth if he tried." That Mrs. Eddy has been three or four times married, and yet, so far as she knows it, would have us believe that mar-

riage is "legalized lust." Mrs. Eddy is charged with almost all forms of crime, from successful larceny to unsuccessful attempts at the infliction of grievous bodily harm, or of death itself.

A more terrible arraignment of Christian Science has certainly never been written, and no one who takes the slightest interest in the welfare of mankind should be without this book. Every doctor should read it.

A. J. J.

*International Clinics.* A Quarterly of Illustrated Clinical Lectures, and especially prepared Original Articles on Treatment, Medicine, Surgery, etc., etc. By Leading Members of the Medical Profession throughout the world. Edited by HENRY W. CUTTELL, A.M., M.D., Philadelphia. Vol. 2, 20th series. 1910. Philadelphia and London: J. B. Lippincott & Co.

This volume of 300 pages contains a number of articles of much practical interest in the different departments of medicine. Dr. James Tyson deals with the Treatment of Cardio-Vascular Disease. Interesting papers on the Progress of Therapeutics and the Progress of Medicine during the past 20 years are contributed by Dr. A. L. Benedict, of Buffalo, and Dr. James J. Walsh, of New York, respectively. Their perusal will have a chastening influence on those who imagine that progress during this period has revolutionized medical practice.

Dropsy and its Treatment, by Herman B. Allyn, epitomizes generally approved therapeutic measures.

Timely papers are contributed by Charles G. Cumston, on the Diagnosis of Chronic Pancreatitis, and by Frank Billings, on the Effects of Gall Bladder Infections. The Clinical Value of Lumbar Puncture is dealt with by S. R. Klein.

The present interest in the study of malignant tumors is reflected in papers by Guthrie McConnell, on the Spontaneous Cure of Cancer; J. Garland Sherrill, on Inoperable Tumors, and by Leslie Buchanan, on Epithelial Tumors of the Eyelids.

Drainage of the Ventricles is the subject of a paper by Louis Fischer.

The Treatment of Eclampsia is discussed in papers by J. W. Ballantyne and Robert Jardine, and Cylsiognosis, by Wm. B. Doherty.

In Dermatology, Arthur Whitfield has a good paper on Seborrhea and Its Consequences, and in Neurology, Max G. Schlapp discusses Syringomyelia with Hypertrophy and Atrophy.

Perhaps the most interesting contribution to this volume is the paper by Roland G. Curtin on the Book Plates of Physicians, with remarks on the Physician's Leisure-Hour Hobbies, a perusal of which will pass a pleasant and profitable hour.

The International Clinics are worthy of a place in the library of every progressive practitioner.

H. B. A.

*International Clinics.* Edited by HENRY W. CATTELL, M.A., M.D., Philadelphia. Vol. I.; Twentieth Series. 1910. Philadelphia and London: J. B. Lippincott Company.

This excellent quarterly publication of illustrated clinical lectures and original articles by representative leaders of the profession throughout the world is deserving of a place in the library of every progressive physician. It deals with the widest range of subjects of interest to the profession, and helps to keep the busy practitioner in touch with the progress of the science and art of medicine. The present volume maintains the high standard and interest of previous volumes. The "Serum Diagnosis of Syphilis" is dealt with by Homer T. Swift, Noguchi and B. Sachs; the "Symptomatology and Treatment of Pellagra," by J. J. Watson and James M. King; "Purin Metabolism," by Gideon Wells; "Tuberculins and Their Diagnostic and Therapeutic Use," by J. B. Nichols; "Tabes Dorsalis—Its Rational Treatment in the Light of Its Real Pathogenesis," by Tom A. Williams; "Eye Strain Among School Children," by Aaron Brav; "Progress of Gynecology and Abdominal Surgery During the Last Twenty Years," by A. Laphorn Smith; "The Progress of Medicine During 1909" is reviewed by A. A. Stevens, John H. Musser and Jos. C. Bloodgood, dealing respectively with Treatment, Medicine and Surgery.

Space does not permit of a review of the individual articles, but the well-known names of the contributors are in themselves a guarantee of their excellence.

H. Y. A.

*American Practice of Surgery.* A complete system of the Science and Art of Surgery, by representative Surgeons of the United States and Canada. Editors: JOSEPH D. BRYANT, M.D., LL.D., and ALBERT H. BUGIE, M.D., New York City. Complete in eight volumes. Profusely illustrated. Vol. 7. New York: William Wood & Company. 1910.

This splendid work is now reaching completion. Volume 7 is a continuation of the previous volume, and is devoted to Regional Surgery.

Among the contributors to this volume we find the names of such men as Dr. E. Wyllys Andrews, of Chicago; Dr. Samuel T. Earle, of Baltimore; Dr. J. D. Griffith, of Kansas City; Dr. Malcolm La Salle Harris, of Chicago; Dr. Charles W. Oviatt, of Oshkosh; Dr. Charles H. Peck, of New York; Dr. Charles A. Porter, of Boston; Dr. William C. Quimby, of Boston; Dr. Nathan Jacobson, of Syracuse; Dr. Robert Grier Le Conte, of Philadelphia; Dr. Andrew J. McCosh, of New York; Dr. William McDowell Mastin, of Mobile; Dr. Albert J. Ochsner, of Chicago; Dr. John C. Reeve, of Dayton; Dr. Francis T. Stewart, of Philadelphia; Dr. James Percival Tuttle, of New York.

Volume 7 covers in all about nine hundred and fifty pages, and takes up such important chapters in surgery as "Surgical Diseases and Wounds of the Pelvis and Gluteal Regions," "Surgical Diseases of the Extremities," "Surgical Diseases and Wounds of the Abdominal Wall," "Diagnosis of Tumors of the Abdomen," "Surgery of the Pericardium, Heart and Blood-Vessels," "Surgical Diseases and Wounds of the Stomach," "Surgical Diseases of the Diaphragm," "Surgical Treatment of Infectious Peritonitis," "Abdominal Hernia," "Inflammatory and Other Diseases of the Vermiform Appendix," "Surgical Diseases and Wounds of the Intestines," "Surgical Diseases of the Anus."

The volume, in itself, might almost be termed a work on surgery, and each chapter a masterpiece. The chapter that interested us most is that devoted to "Inflammatory and Other Diseases of the Vermiform Appendix." Under the "Treatment of Appendicitis," we find that the author states that in many cases there is practically no early stage in the disease. In other cases the disease never passes beyond the early stage, the inflam-

mation involving the inner coats only of the appendix, and between these two extremes are found perhaps the majority of cases. The author thinks, with the majority of surgeons, that in the early stage of acute appendicitis operation is undoubtedly the wisest form of treatment, and the universal application of this rule gives most favorable results. He thinks, however, that there are exceptions to this rule, such as a certain condition of the patient, certain peculiarities of the body or certain obstacles in the surroundings which may contraindicate immediate operation. It is always wise to announce early to the patient the risk of delay, so that the onus of any complication ensuing rests upon the sick person. Appendicitis is a most treacherous disease, and it is impossible to give any rule that will enable the attendant surgeon to determine whether it is to be mild, and terminate in recovery, or be serious, with gangrene as an almost certain complication.

The chapter devoted to "Surgical Treatment of Infectious Peritonitis" is also worth reading, as also that devoted to "Diagnosis of Tumors of the Abdomen."

We think we are safe in repeating what we have already said, namely, that "The American Practice of Surgery" is one of the most important works of its kind published in many years.

W. A. Y.

*Prescription Writing and Formulary.* By JOHN M. SWAN, M.D., Associate Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia; Instructor in Clinical Pathology and Tropical Medicine, Philadelphia Polyclinic and College for Graduates in Medicine; Fellow of the College of Physicians, of Philadelphia. Containing 1,043 Prescriptions. Philadelphia and London: W. B. Saunders Company. 1910.

This is a little work, suited for the pocket. It contains 185 pages, the first 60 of which are devoted to prescription writing, including a great deal of useful information such as Incompatibility, Dosage, Weights and Measures, and Latin terms used in prescriptions. The balance of the work is made up of Formulary, arranged alphabetically according to the disease, from acne to yellow fever. This part of the work will be found of great

service to the younger members of the profession who wish to write elegant prescriptions and at the same time keep to the Pharmacopœal preparations. In fact, the object of the work is to supplement the teaching of the present day and help the recent graduate where he feels conscious of a weak spot in his equipment.

W. J. W.

*The Diseases of Children.* By JAMES FREDERIC GOODHART, M.D., LL.D., Aberd., F.R.C.P., Consulting Physician to the Evelina Hospital for Sick Children; Consulting Physician to Guy's Hospital; Late Demonstrator of Morbid Anatomy, and Lecturer on Pathology in its Medical School. Ninth Edition. Edited by GEORGE FREDERIC STILL, M.A., M.D., F.R.C.P., Professor of Diseases of Children, King's College, London; Physician for Diseases of Children, King's College Hospital; Physician to Out-Patients, The Hospital for Sick Children, Great Ormond Street. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

Any author who is called upon to revise a medical work no less than nine times in but a few years must accept the same as being particularly complimentary to him. The ninth edition of Goodhart and Still has just reached us, and, on looking it over, we find that it has been thoroughly revised. It would seem to us as if the author had gone over his book chapter by chapter, leaving out everything that might seem redundant and adding to his text quite materially. Too many books are but cursorily revised; but in this case the authors in reality present to the profession an entirely new volume. It is, throughout, the result of personal experience on the part of Drs. Goodhart and Still, in both hospital and private practice. The book is divided into no less than fifty-nine separate and distinct chapters, and will be found by purchasers to be well worth the price charged by the publishers.

*The Principles of Gynecology.* By W. BLAIR BELL, B.S., M.D., Lond., Assistant Gynecological Surgeon, Royal Infirmary, Liverpool. With six colored plates and 357 illustrations in the text. Longmans, Green & Company, 39 Paternoster Row, London, New York, Bombay and Calcutta. 1910. All rights reserved.



This volume, from the pen of one who is in a position to present the subject of Gynecology to the profession, presents "a complete and modern survey of the foundations on which Gynecology is established." We must compliment the author upon his volume, as it has been written in order to be of use, not alone to the general practitioner, but to the medical student as well, something that is too frequently overlooked by the average author.

The volume is one of over five hundred pages, and has been divided into sixteen chapters. It has been freely illustrated, and contains not less than six beautifully colored plates.

The chapter which interested us perhaps more than any other is that devoted to "The Preparation for Operation and Subsequent Management of the Case." Under this heading the author deals at some length with such points as "The Choice and Preparation of the Room," "The Requisites to be Prepared by the Nurse," "The General Preparation of the Patient for Operation," "Anesthesia," "The Preparation of the Patient for Special Operations," "Post Operative Complications and their Management," and "The Administration of Saline Infusions." This chapter is particularly practical and will appeal to the fourth year student, as well as the general practitioner.

We compliment the author upon his work.

*The Practical Medicine Series.* Comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School; Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume 2, General Surgery. Edited by John B. Murphy, A.M., M.D., LL.D., Professor of Surgery in the Northwestern University, Attending Surgeon and Chief of Staff of Mercy Hospital, Wesley Hospital, St. Joseph's Hospital and Columbus Hospital; Consulting Surgeon to Cook County Hospital and Alexian Brothers' Hospital, Chicago, Ill. Series 1910. The Year Book Publishers, 40 Dearborn Street, Chicago.

Here again is this valuable little volume, chock full of useful information, made up of the year's contributions to surgery.

The *spice* that Doctor Murphy puts into all his writings assists materially in making this compilation interesting—yes, fascinating.

In this volume is a valuable resumé of the work on goitre during the past year.

The editor laments that the supra-pubic operation is not more often resorted to in the removal of the prostate. A visit to Toronto would convince him that Toronto surgeons are doing great work in this operation.

F. N. G. S.

*Essentials of Laboratory Diagnosis.* By FRANCIS A. TAUGHT, M.D. Second edition. Philadelphia: F. A. Davis Co. 1910.

This book of small size contains all the essentials of clinical laboratory work for the general practitioner. Included in it are all ordinary methods of examination of sputum, blood, stomach contents, urine and feces; it also contains chapters on opsonic methods, blood pressure, blood coagulation, bacteriological methods, serum diagnosis and the body fluids. The methods are clearly explained, it is sufficiently illustrated, and has a useful appendix of formulae. It is up-to-date and will be found a useful book for every-day work.

G. S.

*Hookworm Disease—Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment.* By GEORGE DOCK, A.M., M.D., Professor of the Theory and Practice of Medicine, Medical Department Tulane University of Louisiana, New Orleans, and CHARLES C. BASS, M.D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department Tulane University of Louisiana, New Orleans. 250 pages, royal octavo. Fifty illustrations, including one colored plate. Price, \$2.50. C. V. Mosby Company, St. Louis, Publishers.

As considerable has appeared of recent months in the Medical Press regarding Hookworm Disease, this volume, from the pens of Drs. George Dock and Charles C. Bass, will be found of interest. It is a volume of nearly 250 pages, and is divided into ten chapters.

Hookworm Disease is perhaps one of the strangest of human diseases, its ravages, especially amongst tropical people, having been most serious. Various and many attempts have been made

by scientists to find out what Hookworm Disease really is, and it is only recently that any light has been thrown upon the subject. This volume will be found most interesting and should be at least of some assistance in the efforts being made towards its extermination.

*Inanition and Fattening Cures.* By CARL VON NOORDIN. Translated by ALFRED CROFTAN, M.D. E. B. Fiat & Co., New York. 1910. Price, \$1.50.

The title indicates the scope of the work. The theme is of considerable interest to proprietors of sanatoria, who are called on to provide suitable diets for the vast army of people suffering from the evils of overnutrition or undernutrition. The iron, arsenic manganese, calcium salts and lecithin, contending that the therapeutic advantages ascribed to these remedies in various diseased states can be better obtained by suitably determined diets. (Vids p. 69.) For fattening purposes he recommends light wines at meals, and porter at night. Whatever may be said of the *modus operandi* of the inorganic preparations of iron, the beneficial results in anemia and chlorosis of large doses of these agents are too manifest to justify abandonment of them by the profession.

J. J. C.

*The Practical Medical Series*, comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume I. General Medicine edited by Frank Billings, M.S., M.D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, A.M., M.D., Professor of Medicine, Chicago Clinical School. Series 1910. Chicago: The Year Book Publishers, 40 Dearborn Street. Price of this volume \$1.50. Price of the series of ten volumes, \$10.00.

The present volume is one of a series of ten issued at about monthly intervals, and covering the entire field of medicine and surgery. This series is published primarily for the general practitioner; at the same time the arrangement in several volumes enables those interested in special subjects to buy only the parts they desire.

The authors of the present work supply a synopsis, sometimes of a critical character, of recent work and literature dealing with diseases of the respiratory organs, diseases of the circulatory organs, diseases of the blood and blood-making organs, infectious diseases, diseases of the ductless glands, diseases of the kidneys.

J. J. C.

*Refraction and Motility of the Eye*, with chapters on color blindness and the field of vision. Designed for students and practitioners. By ELLICE M. ALGER, M.D., Adjunct Professor of Ophthalmology at the New York Post-Graduate School. 122 illustrations. F. A. Davis Co., Philadelphia. \$1.50.

This is one of the most sensible and reasonable books yet presented on this subject. We do not yet know the exact effects of abnormal refraction upon the system; we can learn them only by exact observation and by the co-operation of the general practitioner and the ophthalmologist, but the latter must not approach it from the standpoint of any preconceived theory, but from the facts observed in each case. The theory will then be shown here, and advance there until at length we reach the truth.

J. M.

*Diseases of the Heart and Aorta*. By ARTHUR DOUGLAS HIRSCHFELDER, M.D., Associate in Medicine, Johns Hopkins University. With an introductory note by Llewellys F. Barker, LL.D., Professor of Medicine, Johns Hopkins University. 329 illustrations by the author. Philadelphia and London: The J. B. Lippincott Company.

To this important work we find an "introductory note" from the pen of Professor Llewellys F. Barker, than whom there is none better to speak upon so important a field of internal medicine as diseases of the heart and aorta. How true is the following paragraph in the introductory note: "In diseases of the circulatory system new methods of study have led to the discovery of many new facts, and a great many workers have been attracted during the last twenty years to this domain of cardiovascular inquiry."

The author of the book has for a number of years past made a special study of cardiac disease, being Associate Professor of

Medicine at Johns Hopkins University. In this volume he epitomizes "The actual condition of the subject at the present time." Anything from his pen may be accepted as being the most recent study in this specialty. He has presented to the reader "side by side the phenomena observed at the bedside and the facts learned in the laboratory," showing how one supplements the other. He devotes considerable space to the study of blood pressure, the graphic study upon alterations in the cardiac rhythm by means of the venous pulse, the outlining of the heart and vessels by means of the X-ray and the phonographic recording of the heart's sounds. He also dilates somewhat upon failure of the heart, tracing it through its varying stages, through the stage of primary over-strain to that of broken compensation. In his book, too, he calls attention to the general methods of treatment in cardiac disease, dietetic, gymnastic, electrical, etc. The volume is one of six hundred pages or more and contains three hundred or more illustrations. It is divided into four parts: part one, "General Considerations and Methods of Diagnosis"; part two, "Diseased Conditions due to Diffuse Pathological Processes"; part three, "Diseased Conditions due to Localized Lesions," and part four, "Functional Diseases without Anatomical Lesion."

*Operative Surgery.* For students and practitioners. By JOHN J. McGRATH, M.D., Professor of Operative Surgery at the New York Post-Graduate Medical School; Consulting Surgeon to the New York Foundling Hospital; Visiting Surgeon to the Harlem and Columbus Hospitals; Fellow of the New York Academy of Medicine; Member of the American Medical Association, etc. Third revised edition, with 276 illustrations, including many full-page plates in color and half-tone. F. A. Davis Company, publishers, Philadelphia. 1909.

In this, the third edition, particular care has been given to the preparation of the section on Abdominal Surgery. Much new matter has been added, and many of the operations described are considered as emergency ones.

In a future edition the section on the "Head and Face" might reasonably receive similar attention, for a great deal

might be left unsaid, and much might be added, that would assist the beginner as to the detail of technique.

In the section, too, on the "Urinary System," some might be added. In a discussion of prostatectomy, American surgeon would do well to study European and Canadian literature before determining positively that the perineal route is the one of choice.

It strikes the reviewer as rather odd that a modern text-book on "Operative Surgery" should fail to even mention the possibility of operation in fractures except in the one instance of fracture of the patella, and in this, the least useful incision is the one chosen. Perhaps a future edition will correct these omissions.

F. N. G. S.

**ROENTGEN RAYS AND ELECTRO-THERAPEUTICS**, with chapters on radium and phototherapy. By MIHRAN KRIKOR KASSABIAN, M.D., Director of the Roentgen Ray Laboratory of Philadelphia General Hospital; formerly in charge of the Roentgen Ray Laboratory and Instructor in Electro-Therapeutics in Medico-Chirurgical Hospital and College; Member of the Philadelphia County Medical Society; Pennsylvania State Medical Society; American Medical Association; Vice-President of the American Roentgen Ray Society; Vice-President of the American Electro-Therapeutic Association. Second edition. 540 pages, 245 illustrations. Philadelphia and London: J. B. Lippincott Company.

An especially melancholy interest attaches to the appearance of this second edition of Dr. Kassabian's well-known work on electro-therapeutics, inasmuch as the talented author died on July 12th, a martyr to his zeal in the cause of radiography, and to the list of distinguished names of those who have sacrificed their lives to the X-ray and are mentioned in his book, his own no less distinguished name must now be added. The work contains several photographs of the author's hands at different stages of the X-ray dermatitis, and much attention is devoted to this ghastly outcome of radiography, which was all too common in the early days of the science before so much was known of the insidious action of the ray and of the methods of protection therefrom.

In the revision of the book it has not only been brought up to date, but much valuable material has also been added, and in the preface the author requests special attention to the subjects of Ionic Therapy, Electric Sleep and Fulguration, while, as might be expected, the chapters on Roentgenography leave little to be desired, the author having been an acknowledged leader in this department.

C. R. D.

*Elements of Pharmacy, Materia Medica and Therapeutics.* By SIR WILLIAM WHITLA, M.A., M.D., LL.D., Professor of Materia Medica and Therapeutics, Queen's University, Belfast; author of "Dictionary of Treatment," "Practise of Medicine" (2 vols.), etc. Ninth edition. Thirty-second thousand. Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden, London. 1910.

This work is intended to be a companion to the author's work on "Treatment." It contains an account of the new sera and vaccines, and much has been re-written and thoroughly revised. This work has much in its favor, as it is so arranged that a student can ascertain his information easily without going over a large volume of reading matter, owing to the large number of tabulated preparations. A very good work, indeed.

A. J. H.

From the State Hospitals, Hamburg. *Atlas of Pathological Anatomy.* (Reproduced from recent specimens.) With explanatory text, anatomical and clinical, by (the late) PROF. DR. ALFRED KAST, Professor of Clinical Medicine in Breslau, and formerly Director of the State Hospitals, Hamburg, and PROF. DR. EUGEN FRAENKEL, Prosectorat, the General Hospital, Hamburg-Eppendorf, and DR. THEODOR RUMPEL, Senior Physician, the General Hospital, Hamburg-Eppendorf. With a preface to the English Edition by J. LORRAIN SMITH, M.D., Professor of Pathology, University of Manchester. Translation by FRANCIS C. PURSER, M.D., Assistant Physician, Richmond, Whitworth and Hardwicke Hospitals, Dublin. Complete in 26 parts. Single parts, \$1.25 net. Single plates, 40c. net. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden.

We have been favored by the publishers with the first twelve parts of this splendid Atlas, which we understand is to consist of twenty-six parts altogether. It consists of a series of splendid colored photogravures dealing with pathological conditions as found in the various human organs.

After looking carefully over the parts already to hand, we have concluded that the Atlas should be without any doubt a most valuable addition to pathological literature. It gives to both the physician and medical student "an Atlas of carefully selected types of the most important pathological conditions, reproduced in an almost perfect way." The publishers give us to understand that the balance of the work will appear one part each month.

Along with each part there goes a description of each photogravure, giving the clinical history of the case, in that manner adding to the value of the work as a whole very materially.

We confidently recommend the Atlas to the profession at large, though it may be that it will be found of more particular interest to pathologists. Each part sells at \$1.25.

W. A. Y.

*Modern Problems in Psychiatry.* By ERNESTO LUGARO, Professor Extraordinary of Neuropathology and Psychiatry in the University of Modena. Translated by David Orr, M.D., and R. G. Rows, M.D. Foreword by T. S. Clouston, M.D., LL.D. Published by Sherratt & Hughes, publishers to the Victoria University of Manchester. Medical Series, No. XII.

This excellent work should be in the hands of every alienist. The author's aim has been to indicate the questions which are being actively discussed at the present day. The problem of the relations existing between mind and body has always been a matter of intense interest, and to obtain a clear conception of the particular problems to be solved is an immense task, which the author endeavors to state clearly in this work. As Dr. Clouston says in the foreword, "I feel that I have been able to give but a poor idea of the merits and character of this remarkable book, which I know will be a valuable addition to English psychiatric literature." The work of the translators has been well done and the entire book is in every way worthy of the Manchester University Press.

D. C. M.





## Correspondence

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



*To the Editor:*

In your editorial in the August number on "The Medical Schools of Canada" the paragraph referring to Queen's begins as follows: "The medical department of Queen's University is said to be of doubtful utility." I beg to protest that there is no such statement in the report, nor is it justified by anything in the report. Please quote the report in full so far as its reference to Queen's is concerned and allow your readers to judge for themselves. The selections which you have made are, in my opinion, unfair and arranged as they would be by one prejudiced against Queen's. Taking the actual words of the report, you might just as easily have written as follows:

"Kingston represents a distinct effort toward higher ideals. The laboratory building is new and the equipment is adequate. Physics, chemistry and physiology are taught in the university. Full time professors in anatomy and pathology are provided by the medical school. The school relies on the Kingston General Hospital, in which its faculty practically constitutes the staff. The average number of beds available is 80, but they are well used. Students are required to work up individual cases in correct form, including the laboratory reports. Post-mortems are secured at Rockwood Insane Asylum. Two supplementary hospitals provide additional illustrative material. The future of Queen's depends on its ability to develop the Ann Arbor type of school."

If you had quoted as above it might be supposed that the report contained no unfriendly criticism whatever, yet it would be quite as reasonable as what you wrote. However, I ask for no favor, but I must take exception to misrepresentation. You will please note that Queen's is one of the "four better English schools" referred to in the last clause of your editorial as being commended in the report, and if you will turn to the report of the Education Committee of the American Medical Association you will see that Queen's is put in "Class A" with Toronto, McGill and Manitoba.

No doubt many of your readers are graduates and friends of Queen's, and you will permit me to say to them that Queen's is keeping pace with the requirements of modern medical education and will continue to do so. The faculty invites inspection and criticism, too, if it be based on accurate knowledge. We know where our weak points are, quite as well as the Dean of the medical faculty of Toronto University knows the weaknesses of that corporation, and we are prepared to deal with them with equal courage.

J. C. CONNELL,

Dean, Medical Faculty, Queen's University.

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Plantagenet, Ont., Aug. 1, 1910.

*Dr. W. A. Young, Toronto, Ont.:*

DEAR SIR,—Your editorial of this date does sure hit the bull's eye in the pink. But I hope that you have another shot coming: that long list of examiners and the subjects on which they examine, also the remuneration that they have received in the last three years, should have the X-rays of your publication turned their way.

You have certainly earned the thanks of the medical profession at large and shown that the medical press as represented in *THE CANADIAN JOURNAL OF MEDICINE AND SURGERY* has a reason for its existence.

"Let no man put his hand to the plough and then look back." Neither should he weary in well-doing, for in due time he shall reap if he faint not. Thanking you for the light you have let in on this subject, I am,

Yours respectfully,

W. J. DERBY.

Ontario, Canada,  
July 30, 1910.

Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—Replying to your favor of yesterday, as to the Medical Council I would possibly be unwise to express myself as I should had I not been a candidate for membership in that honorable (?) body at the last election, and my successful opponent had not taken his share of the melon, measly as it was. Clearly exposure from some source was necessary to prevent complete moral collapse, and it is a matter of surprise and great humiliation for me to learn that a few unearned dollars could produce such severe attacks of moral myopic astigmatism in so many members of our medical parliament. I remain,

Faithfully yours,

\_\_\_\_\_, M.D.

[It would be out of the question for us to attempt to publish all of the letters we have received. They come from all over the Province, and go, one and all, to show that our criticisms of the Ontario Medical Council are appreciated.—W. A. Y.]

August 11, 1910.

TO THE CANADIAN JOURNAL OF MEDICINE AND SURGERY, TORONTO:

At the recent meeting of the Congress of American Physicians and Surgeons, held in Washington in May, 1910, a joint session of the American Orthopedic and American Pediatric Societies was held and the subject of epidemic poliomyelitis was discussed. The following resolution was adopted:

“It having been shown by recent epidemics and investigations connected with the same that epidemic infantile spinal paralysis is an infectious communicable disease that has a mortality of from 5 to 20%, and that 75% or more of the patients surviving are permanently crippled, state boards of health and other health authorities are urged to adopt the same or similar measures as are already adopted and enforced in Massachusetts for ascertaining the modes of origin and manner of distribution of the disease, with a view of controlling and limiting the spread of so serious an affection.”

A committee with Dr. Robert W. Lovett, President, Boston,

Mass., Dr. Irving M. Snow, Secretary, Buffalo, N.Y., was appointed to urge the various state and municipal health authorities to take up the work of investigation of the various foci of epidemic poliomyelitis, to study its epidemiology, and to instruct the public that the disease is at least mildly communicable.

Respectfully yours,

ROBERT W. LOVETT, M.D., President,  
Committee on Poliomyelitis, American Orthopedic and  
Pediatric Societies.

IRVING M. SNOW, M.D., Secretary,  
476 Franklin St., Buffalo, N.Y.

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#### \* THE USE OF GRAPE JUICE IN THE SICK ROOM

There are perhaps few physicians who have not frequently been at a loss as to the best kind of diet to be adopted in cases of typhoid fever, gastric inflammation and similar diseases. It is frequently very puzzling to know just what will agree with such a patient best, especially in gastritis and other conditions where vomiting is a prominent symptom. There are a large number of people who cannot digest milk in any form. In several parts of Germany and Austria, of recent years, "Grape Cure" establishments have been opened for the treatment of just such cases, and, judging from statistics, this form of treatment has been most successful. Grape Juice, when properly made, will be found to be an exceedingly effective form of diet in many cases. It is mildly stimulating in character, nourishing and palatable. When administered iced, it will be found most refreshing, and is found that many patients will improve when fed upon no other form of diet.

A grape juice that has recently been placed upon the market, and which will be found to be absolutely pure and in no way fortified with alcohol, is that bottled at Wilmora, Ontario, by E. D. Smith. The manufacturer is anxious to bring his grape juice under the immediate notice of the medical profession generally throughout this country, and physicians are respectfully requested to specify this particular brand when ordering for patients. It can be procured at almost any drug store or direct from the manufacturer.