

The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF
MEDICINE AND SURGERY

VOL. XII.

TORONTO, AUGUST, 1902.

No. 2.

Original Contributions.

RECENT SCIENTIFIC STUDIES REGARDING THE ETIOLOGY AND TREATMENT OF CONSUMPTION.*

BY L. H. WARNER, A.M., Ph.D., M.D., NEW YORK.

*Mr. President, Members of the Congress of Tuberculosis, Ladies
and Gentlemen:*

It is indeed a pleasure and privilege to address this august body on the subject of Tuberculosis, knowing full well that this Association stands in the foremost ranks of the various other professional societies, whose work is devoted to reaching for advanced knowledge with which to combat the dreaded disease, Tuberculosis, better known as the White Plague.

To aid in the efforts of this Association, and to, if possible, benefit all mankind, it seems of the utmost importance to me that those who appear before this august body to recite their various experimentations, or to report their clinical data, should not be led by an individual observation based upon a probable false teaching (for it is a well-known fact that the entire history of tuberculosis has primarily dwelt upon misconceived facts, until suddenly the star of hope arose and with it all previous conclusions and deductions were proven to be naught). I therefore deem it advisable to take up the subject of tuberculosis, citing first its general history, beginning as far as five hundred years before the Christian era, following it up with the advanced knowledge which we derived through the indefatigable work of the scientist in the various branches of scientific medicine—namely, microscopy, biology, pathology, bacteriology, and hematology.

*Read before American Congress of Tuberculosis, held at Majestic Hotel, New York, June 3rd, 1902.

I have enumerated these different branches of scientific medicine in the order heretofore mentioned, as past history (referring especially to tuberculosis) proves to us that the first erroneous conception of tuberculosis was disproven through biological experiments. The biologist at this time stood single-handed, fighting an army of men whose narrow-mindedness baffled and contradicted all of his ideas and thoughts, but he laid the foundation which coerced the pathologist to take up the thread thus laid down; and the latter, like many of his co-workers who devote their time and attention, and in many instances sacrifice their lives for the sake of science, received no remuneration for his work; on the contrary, the verdict of an ungrateful profession and public made light of his extensive labor.

Still, we know there were scientists who were not disheartened by the discredit thrown upon their arduous work, and we subsequently find the appearance of the bacteriologist. From this date, as you will later hear, we received our first positive information regarding bacteria life and that dreaded disease, tuberculosis. Although this occurred in the year 1882, we have now several other branches of scientific medicine to which you must listen, if you desire to keep trend with the rapid progress that is being made in the department of medicine through scientific research work.

I now refer to the hematologist, and only wish that there were more workers who could afford, or would have the will-power to throw aside all considerations of pecuniary benefit, and give their entire time and attention to the study of cell life; and this refers especially to the millions and millions of cells which comprise the blood in its entirety.

After dwelling upon this part, I shall conclude my paper by giving special attention to the etiology of tuberculosis as it is now understood, to the prophylaxis and treatment, which, according to my opinion, are based upon research work on the lines of biology, pathology, bacteriology, hematology, and clinical work, to all of which I would invite your kind indulgence.

From the time of the microscopical studies of Lebert and Reinhardt dates the clear fact that the key to all problems is to be looked for in histological research; and following these advices, we have Virchow, who inaugurated a new era in the history of pathology, when he pronounced that all functions of the body in health and disease are but the manifestations of either the activity or dormancy of cell life.

Tuberculosis, with its large mortality, was first observed five centuries before the Christian era; and in fact was at that time known under the name of phthisis, which latter term was accepted for all disorders which brought on wasting of body substances. In later years the term *phthisis* was confined to cachetic disturbances of the respiratory system, although the credit for first calling

our attention to the specific pathogenic bacterium, the tubercle bacillus, belongs to the great savant, Koch.

We find that Hippocrates, and subsequently Aretaeus, gave thorough descriptions of phthisis, then known as phthae, and they were the first to describe this disease as a special pathological manifestation. The pathological study of tuberculosis did not begin until 1653, when Forrestus published his work, "Observationum et Curationum Opera Omnia." But even this stride in advance led to corroborative evidence only after *post-mortem* findings.

I have already referred to the master-work of Virchow, who was aided in his researches by Klebs, who reported in 1877 that the inoculation of animals with cultures from tuberculous products upon the white of eggs, produced lesions similar to those following the direct injection of tuberculous tissues themselves.

The findings of Klebs, I believe, led to the discovery of the tubercle bacillus by Koch, who reported his findings before the Physiological Society in Berlin, in March, 1882.

I now desire to call your attention to the fact that not all cases of tuberculosis can be positively diagnosed by the findings of the tubercle bacillus in the sputum; and again, the non-finding of the tubercle bacillus in the sputum of emaciated patients does not always prove that there is no tubercular infection present. Of this, more later on.

I now approach upon the sphere of the biology of tuberculosis. Hammerschlag, according to statistics, is the first who made investigations of the products of elimination in tubercular cases. He noted that the tubercle bacillus, if immersed in alcohol or ether, or both in equal proportion, lose as much as 27 per cent. of their weight—a loss three times greater than that of any other bacteria under similar treatment.

I beg to impress upon you the value of the statement coming from so eminent an authority as Hammerschlag, for in the latter part of my paper appertaining to the suggestive treatment in tuberculosis, I give you data which may be worth while your due consideration and thought, and which may in a slight way aid in the cure and probable eradication of tuberculosis.

The extractives obtained by Hammerschlag resulted in finding fatty substances (lecithin and some toxic substances) which, when injected into animals, caused convulsions. The parts insoluble in alcohol and ether proved to be albuminous substances containing cellulose. He subsequently proved that the fatty substances amounted to one-third of the total substance, and consisted of palmitic, arachidic and some undetermined volatile acid.

The main lesson to be learned from this report is the proof that the tubercle bacillus possesses tryptic faculties which enable it to act upon albuminous substances forming peptones and tryptophans.

Again, at this time I have to deviate from the subject of biology and call your attention to the investigation of Metchnikoff, who was the first to teach us the presence of phagocytosis. This subject I will explain under the heading of hematology.

Under the heading of biology we have to consider the subject of tuberculin, which Koch brought to our attention in 1890. On August 4th, 1890, Koch announced that he had found a substance which immunized animals against tuberculosis; and in 1891 he published a formula of his tuberculin. His opinions were based on the findings that when he injected tuberculous substances into an already tubercular infected animal, he produced a tubercular ulcer which subsequently healed, a condition he could not produce when he injected dead bacilli into healthy animals. Hence he extracted the soluble products of the tubercle bacillus and named the end product tuberculin.

History points to the fact that upon this announcement by Koch, the most eminent medical men from all parts of the world flocked to Berlin to get possession of the newly-discovered specific. It seems to me irrational for the narrow-minded to discredit the work of Koch in this direction; his work was mostly theoretic, it being based upon no other ground than that tuberculin might prove a cure for consumption, this in view of his previous biological tests. Time has already decided that tuberculin has its especial uses. These reports and findings of Koch opened avenues for research work resulting later in the discovery and successful application of various antitoxines. No one will deny that Koch's original work led to the discovery of antitoxin diphtheria, and health statistics tell how much this product has decreased the mortality in diphtheria.

Our next step regarding biologic research is when we find that tests have proven that whenever and wherever concurrent infection of other pathogenic bacteria exists, then cavities are rapidly formed. The bacteria which we find in mixed infections are the streptococcus, staphylococcus, diplococcus, lanceolatus, and the Friedlander bacillus; also the colon bacillus.

Dr. Sewell, of Denver, who reports that, after studying the sputum of more than seventy tubercular patients, having in view the relation of the form of tubercle bacillus to the clinical aspects of tuberculosis, the form of the bacillus found has a definite relation to the virulence of the disease. He finds that the short double staining rod or chain of rods of moderate length is the usual form of bacillus found in most cases. The long rods, particularly if irregularly broken, denote a mild process, while a long, slender rod, ill-stained or stained irregularly, is found in cases apparently passing on to a cure. Dr. Sewell has noted that the sputa of the same patient, examined at different times, seemed to vary in the bacillary character according to the clinical condition of the pa-

tient. A thorough study of the morphology of the tubercle bacilli will lead to a true statement of facts.

I believe the finding of Dr. Sewell to be of the utmost importance. My observations have been on the same lines, and I believe that during the examination of the sputa special attention should be given to the morphology of the bacteria, as this becomes necessary to enable us to obtain a proper and accurate line as to a probable prognosis. All this demonstrates the fact that the greatest necessity in all suspected or infected cases lies in bacteriological work.

The foregoing has, to a certain extent, covered the departments of biology, pathology, and bacteriology, and I now beg to call your attention to what appears to me the most essential part—not alone regarding the diagnosis, but also to a probable prognosis in all tubercular conditions, and that is the study of the blood.

The study and proper knowledge of the blood, like the study and knowledge of tuberculosis, are in their infancy. But in truth, better advances have been made in the study of hematology than in that of infectious diseases. Dealing with the blood in its entirety, we deal with an innumerable number of cells, each and every one performing its specific function. When we consider the red cells whose function it is to resorb the oxygen and distribute the same throughout the organism; or, whether we consider the white corpuscles or leucocytes, whose function it is to convert our ingesta into tissue pabulum, to be distributed as food to the various cells and tissues of the body, or to perform the function of phagocytosis, that is, of attacking, devouring or converting foreign substances (toxins or tox-albumens) which may have found their way into the blood circulation, where they might produce auto-intoxication, we must note that cell life does not exist without a nucleus. The beginning of life is the meeting of two nuclei which, through the processes of karyokinesis, multiply themselves and propagate life.

This, in fact, is one of the processes of metabolism, and the definition of metabolism is confined to the proper nourishment of all cells and tissues within organic life, be it vegetable or animal. Whenever this function is properly performed, pathological conditions become outcast, and it is our first duty to thoroughly understand and study this phenomenon. In the branches of physiology, or better, physiological chemistry, attempts have been often made to isolate the substance upon which these cells depend for their functional activity, only to find that in our endeavors we have combated inorganic and organic elements, resulting in the destruction or the splitting of one or more products.

We must draw a strict differentiation between the science of chemistry and physiological chemistry, and only at the advent of the latter science have we learned that the ingredients of the

nucleus of each and every cell in animal or vegetable life consists of a highly organic product, better known as nuclein. Attempt upon attempt has been made to isolate this product, but failures have invariably followed, resulting in placing before the practitioner bi-products of nuclein known as Lethitin, Phosphoric Acid, Protargon, etc.

I now recall to you the statement made in the introductory, when I cited to you the findings of Hammerschlag's laboratory experiments, and the subsequent clinical investigations in hospitals and clinics, or at the bedside of the patient, which demonstrated that even the bi-products of nuclein exert a specific physiological action upon the blood. No matter what medication we resorted to, its physiological action is first noted by the histological changes which occur in the different varieties of blood cells, and knowing full well that life depends upon the proper function of the blood, we must at once recognize that medication administered in disease (and I desire to make it a special point), when administered in tuberculosis, must primarily exhibit its physiological action by demonstrating progressive histological changes in the blood.

Whenever and wherever disease exists, we find our patient exhibiting an anemia of more or less degree; and the term "anemia" comprises impoverishment in the color substances of the blood—better known as hemoglobin and the reduction of the number of red cells.

Should such anemia be accompanied by an infection of any kind, then we have the exhibition of a leucocytosis. It is not of such great value to know the amount of hemoglobin, or the number of red and white cells, in the blood of your patient, but the greatest and most important point—in fact, the only important one to be considered—is the study of the histological structure of the leucocytes, and a thorough and accurate count of the varieties of leucocytes, and when making such, to consider the functions of the hematopoietic organs.

A thorough study of pathological anatomy, especially when undertaken in *post-mortem* cases, will show us either the dormancy or activity of certain hematopoietic organs in tuberculosis.

It has been my observation, as well as that of some of the greatest scientists, that a specific blood cell occurs in the blood of tubercular patients—namely, the basophilic cell, which, if found, tends toward a favorable prognosis.

An abnormal count of polynuclear leucocytes, especially if accompanied by neutrophilic granules, denotes a very unfavorable prognosis; and if such leucocytes are exhibited in the blood in abnormal quantities, then we will also find that all eliminations contain an excess of phosphates or phospho-albuminates.

The question now arises, Whence such excessive elimination of phosphatic elements?

I have called your attention to the properties of the organic element, nuclein, which is held within the nucleus of every cell, and it is of the utmost importance that you understand that the appearance of aged leucocytes, better known as polynuclear leucocytes, causes a disintegration of the nucleus; and the nuclein thus set free by passing through the channels of elimination, is eliminated as bi-products of nuclein in the form of earthy phosphates, triple phosphates, or nuc eo-albumen.

With this fact before us, we have a thorough demonstration of the necessity of first examining the blood of our patient chemically

Disease.	Case No.	Blood Examination.		PHOSPHATES					Medication.	
		Red Cells.	White Cells.	Deficit %		Excess %				
				2%	1%	1%	2%	3%		4%
Phthisis Pulman.	FIRST TEST	---	---							Ol. Mercuric & Creosote Tr. Amal 30 t i d 37 days absent
	SECOND	---	---							
	THIRD	2,825,000	9,100							
	FOURTH	2,500,000	9,400							
	FIFTH	3,600,000	9,600							
Phthisis Pulman.	FIRST TEST	---	---							Mist. Creosote Co. Tr. Amal 30 t i d 37 days absent
	SECOND	---	---							
	THIRD	2,400,000	40,600							
	FOURTH	2,380,000	40,000							
	FIFTH	3,820,000	48,000							
Phthisis Pulman.	FIRST TEST	---	---							Mist. Creosote Co. Tr. Amal 30 t i d 37 days absent
	SECOND	---	---							
	THIRD	2,000,000	43,300							
	FOURTH	2,810,000	52,000							
	FIFTH	3,820,000	51,000							
Phthisis Pulman.	FIRST TEST	---	---							Ol. Mercuric & Hypophosph Tr. Amal 30 t i d 37 days absent
	SECOND	---	---							
	THIRD	2,710,000	19,400							
	FOURTH	2,720,000	23,000							
	FIFTH	2,940,000	26,000							
Pneumonia.	FIRST TEST	---	---							Mist. Amal Carb. Bellad Tr. Amal 30 every three discharged
	SECOND	---	---							
	THIRD	4,150,000	16,900							
	FOURTH	4,210,000	19,000							
	FIFTH	4,510,000	8,400							
Bronchitis.	FIRST TEST	---	---							Mist. Expectants Tr. Amal 30 every three 37
	SECOND	---	---							
	THIRD	3,800,000	25,000							
	FOURTH	3,800,000	31,000							
	FIFTH	3,440,000	27,000							
Pneumonia.	FIRST TEST	---	---							Mist. Amal Carb. Bellad Tr. Amal 30 every three discharged
	SECOND	---	---							
	THIRD	4,150,000	16,900							
	FOURTH	4,210,000	19,000							
	FIFTH	4,510,000	8,400							

and pathologically, using the indications derived therefrom as a comparative medium towards actual existing conditions within the blood as a whole, and subsequently in the tissues. The time is past when the physician should practise according to theorism, for rationalism based upon scientific facts may give a true explanation as to the treatment of tuberculosis, and I beg to say, that in my opinion, the clinical or physical examination of a tubercular patient appears of no value excepting when corroborated proof is given by a pathological examination of the fluids traversing the body.

Disease would be unknown to us if each and every one of us—not alone the profession, but also the laity—would understand that the principle of good health depends upon perfect metabolism; and the subject of metabolism not alone includes the knowledge of proper hygiene and dietetics, but also teaches us pre-eminently the proper steps of prophylaxis.

One of the first steps towards perfect metabolism appears to be potent and prompt purgation; strict regard for the activity of all eliminative organs; intellectual understanding and attention to nutritive demands; control of body temperature—that is to say, the proper understanding and differentiation between thermolysis, thermogenesis, and thermotaxis.

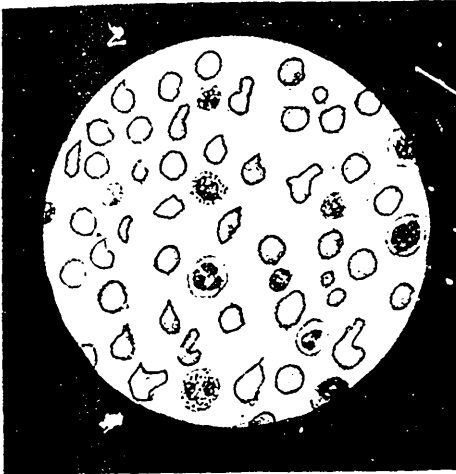
Where in the world will we look for an explanation of these physiological phenomena, excepting in the blood? The force or depression in the circulation of the blood to certain vital parts of the organism increases or decreases temperature, and the ancient teaching of medicine has invariably led to deleterious consequences when, through faulty teaching, various coal-tar products, antipyretics, etc., had been administered to a patient owing to a rise of temperature. It is due to the elevations of the body's temperature so characteristic in pulmonary tuberculosis, that headache is not an infrequent symptom of phthisical patients. As a rule we have resorted to remedies which exerted a weakening action upon the heart and circulation, hence causing a depressing effect upon the vasomotor centres.

Little, if any, attention, did we give to the physiological properties of these products regarding their diuretic value. It is my opinion, based upon years of research work, that these vaso-motor disturbances are not of a real character, but rather traumatic. Hence, we find that coal-tar derivatives are never to be employed in tubercular conditions, no matter how high a temperature we might note.

More or less, these neuroses are due to the digestive disturbances; and again, the effect of such digestive disturbances may be noted and demonstrated through the examination of the blood, which will exhibit a profound digestive leucocytosis.

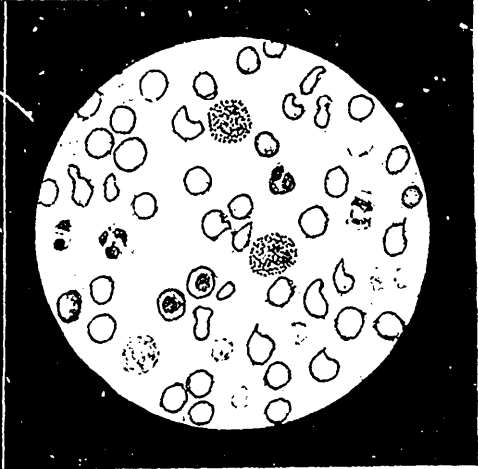
Returning to the features of metabolism, it is my belief that one of the principal factors to produce perfect metabolism in cases where it has been disturbed, is explained in the words of Sancho Panza, who states: "Blessed be the man who invented sleep."

I do not wish to convey the idea that in order to obtain sleep, hypnotics should be resorted to. The best hypnotic we know of is one of self-coercion—that is to say, when the tissues have performed a certain amount of function, they convey to the entire system a want of sleep. This expression exhibits itself in the normal organism throughout the entire cerebro-spinal column, and



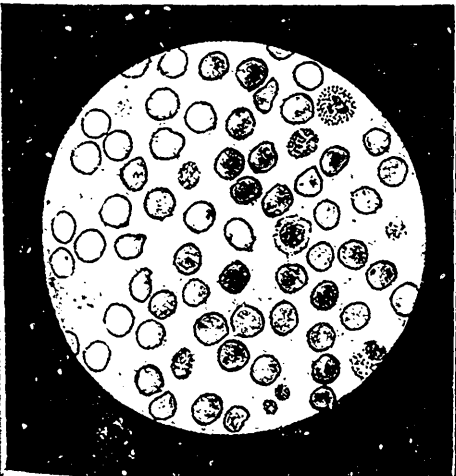
CASE 1,302.

Hemoglobin, 53 per cent.
 Red cells..... 3,905,000
 White cells..... 9,100



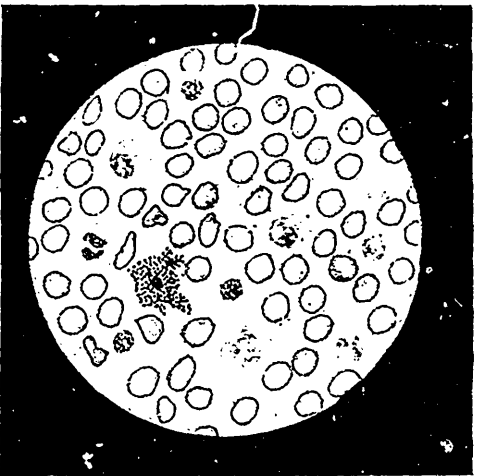
CASE 1,307.

Hemoglobin, 51 per cent.
 Red cells..... 3,100,000
 White cells..... 10,600



CASE 1, 02.

Hemoglobin, 52 per cent.
 Red cells..... 3,700,000
 White cells..... 9,300



CASE 1,307.

Hemoglobin, 74 per cent.
 Red cells..... 3,400,000
 White cells..... 9,300

subsequently through all the nervous tract deriving its nourishment therefrom.

I have repeatedly noted that iodide of potassium has been used for the purpose of reaching a diagnosis of pulmonary tuberculosis and subsequently as an alterant in medication; and both, in my opinion, have shown me that we still believe in the imagination of the ancient physicians.

It is my belief that more harm can be done through the administration of iodide of potassium in the treatment of tuberculosis than through any other drug known to us in our *Materia Medica*.

This statement does not concern all iodide salts; on the contrary, I have noted excellent results after the employment of iodide of lime (Nichols) in cases of tubercular glands, syphiloma, etc.

I must corroborate and fully endorse the statement of one of our noblest workers for the cause of tuberculosis, Dr. S. A. Knopf, of New York City, who, I believe, took the right steps towards the eradication of tuberculosis when he presented before the New York Academy of Medicine in 1902 a resolution trying to overcome thereby the prevailing ambition of certain societies or communities to class tuberculosis as a contagious disease, and to force the isolation of tubercular patients.

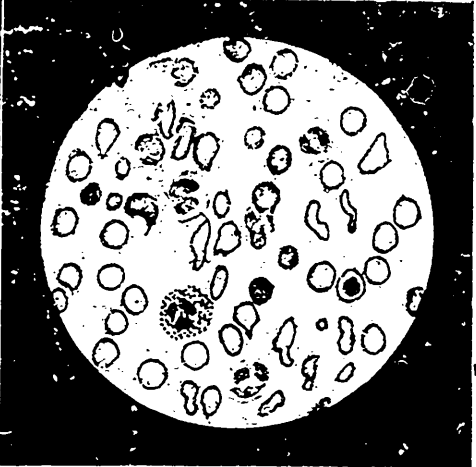
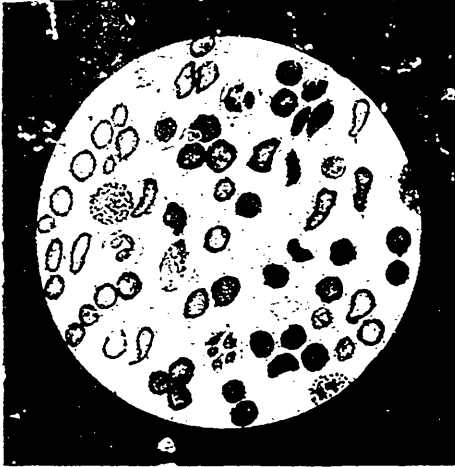
Like Dr. Knopf, I believe that if such legislation were passed, not one out of ten tubercular patients would consult a physician, being afraid that in the event of a diagnosis for tuberculosis being found, he would be isolated from his near relatives and friends. In fact, the communication of tuberculosis is not as manifold and dangerous as it is supposed to be, if we take into consideration the sanitary improvements which now prevail in our dwellings; and at the same time I believe that stronger efforts should be used by the various medical societies and boards of health to prevent the sale of diseased meats.

I have been frequently asked how tubercle bacillus which might exist in cow's milk should cause phthisis pulmonalis, when autopsies reveal the fact that no tubercle lesions were found throughout the entire digestive tract?

The answer to this query is plain and simple: All material taken into the organism need not be absorbed through the lymphatics or chyle ducts, but may be taken up through the lymphatics of the larynx and thus cause direct infection of the bronchial cells.

In many cases the bacillus tuberculosis is taken in food, but in rare instances will these germs find a propagating field until they reach the intestines.

I do not believe in selecting certain climates or latitudes for consumptives as long as hygienic and dietetic rules can be strictly adhered to at home. One place appears to be as good as another. I cannot speak for sanitariums, for the reason that the assembling and associating of a number of consumptives gives the patient too

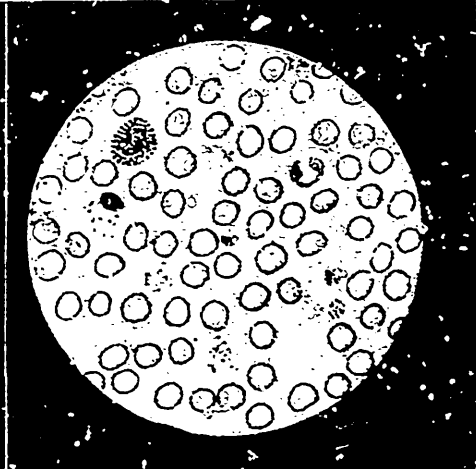
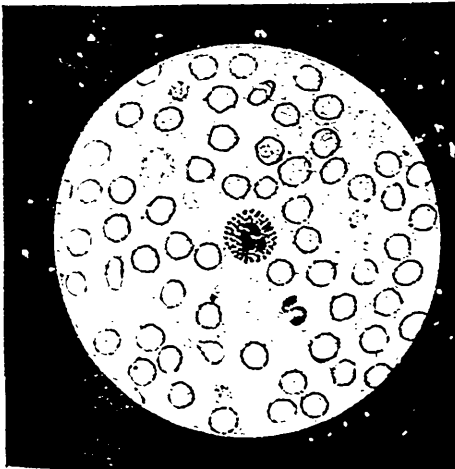


CASE 20,113.

Hemoglobin, 51 per cent.
 Red cells..... 3,000,000
 White cells..... 13,200

CASE 20,076.

Hemoglobin, 63 per cent.
 Red cells..... 3,710,000
 White cells..... 14,100



CASE 13.

Hemoglobin, 83 per cent.
 Red cells..... 3,910,000
 White cells..... 9,100

CASE 19,076.

Hemoglobin, 81 per cent.
 Red cells..... 4,005,000
 White cells..... 9,400

much opportunity to concentrate his mind upon his affliction, which fact will lead to nervous derangements; and whenever we find a condition of nervous derangement, cell degeneration occurs.

I now call your attention to the various treatments employed in the treatment of tuberculosis. It appears to me that cod-liver oil is absolutely of no value; in fact, it has done more harm than good in all tubercular cases. Cod-liver oil will provoke nausea and subsequently digestive disturbances, and very little, if any, is absorbed in the system, which fact may be corroborated by a chemical quantitative examination of the feces. The administration of the various hypophosphites and iron tonics seems of little value in as far as we are not sure that the imbibition of inorganic principles into the organism will cause physio-chemical changes, converting such inorganic remedies into organic principles which constitute tissue pabulum. We necessarily need certain expectorants to alleviate congested conditions; but as a general treatment, we should adopt nuclein medication.

I am forced to advocate this suggestive treatment after considering that the disintegration of tissue is met with in each and every case of tuberculosis. In all tubercular conditions we note nuclein degeneration and subsequent phosphatic elimination.

I have explained why it is impossible for us to obtain true nuclein from the animal organism, and after extensive trials I have found that true nuclein can be derived from the vegetable kingdom, and such a nuclein is presented us in the form of concentrated nuclein known as tincture amal.

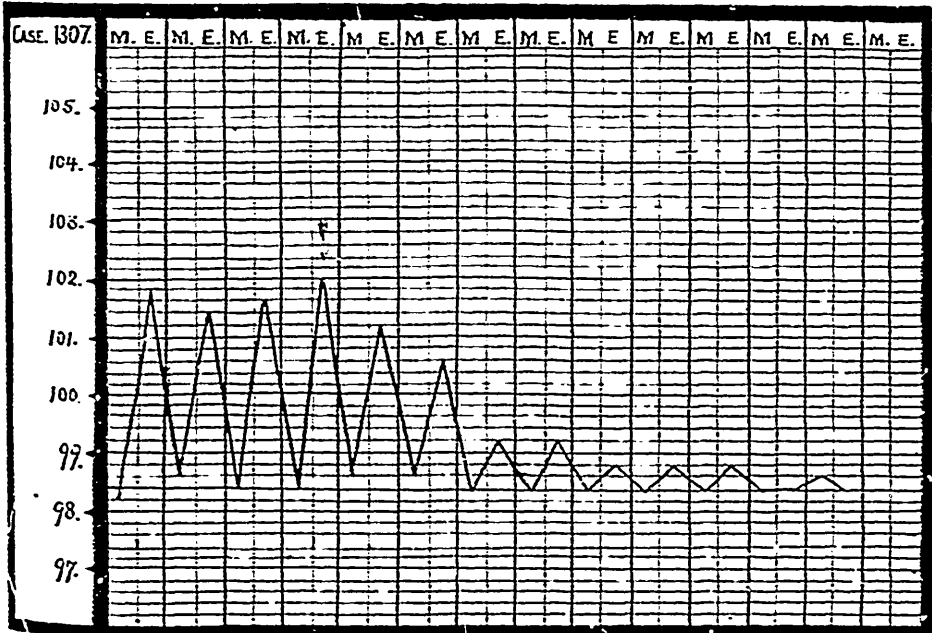
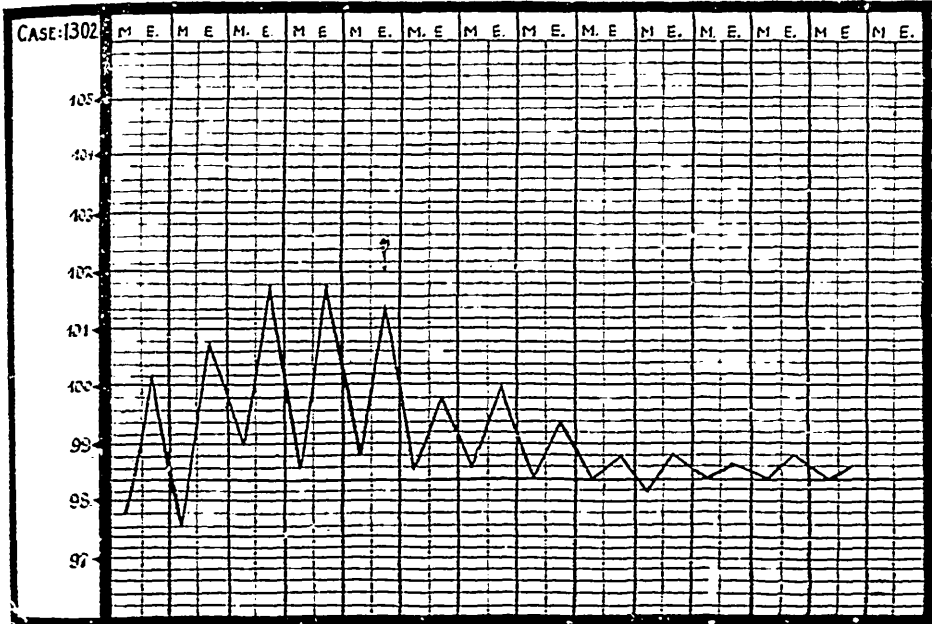
I herewith beg to cite a few cases, presenting for your inspection illustrative charts, which explain to you my previous reasoning and give you subsequent facts regarding nuclein medication in the treatment of tuberculosis.

I respectfully submit to you the results of experimentations with this nucleinic product (better known as tincture amal) in the laboratory and clinic in the treatment of tuberculosis, bronchitis and pneumozia.

While submitting to you the temperature and blood charts of the various cases, I will ask your indulgence to compare the results of my reports with the illustrations herewith presented for your inspection.

I wish you would lay particular stress upon the histological appearance of the white corpuscles in the blood of these cases at the beginning, and note subsequently the appearance of the younger white corpuscles, some of which are of basophilic granulation.

At the same time I refer to the urinary chart, and I ask you to make a comparison of the blood at its primary stage. Note the polynuclear leucocytosis, the large and excessive phosphatic elimination in the urine, the high prevailing temperature, the medication



employed, in fact of the clinical symptoms accompanying the case, and note the deduction in phosphatic elimination.

You will note an increase in the number of red cells accompanying a deduction of phosphatic elimination, which fact is a demonstration that we have thorough control of the anemia or impoverishment of the blood.

In the introductory lines of this article I explained the functions of the blood in as far as it concerns the distribution of oxygen by the red corpuscles, the distribution of tissue pabulum by the white corpuscles, and after examination of all charts you will note and coincide with my views that by means of nuclein medication, as exhibited in tincture amal, I have demonstrated that my path of investigation has been in the right direction.

I have already explained to you that the change of temperature (thermogenesis, thermolysis, and thermotaxis) is due either to a histological change of the individual blood cell or to an infection by foreign material of the entire circulation. Hence you will note that from the moment that nuclein medication in the form of tincture amal is resorted to in the various cases presented to you, we obtain a reduction of temperature of from two to three degrees. I was unable to find in any of these cases the presence of the tubercle bacillus in either the blood or the urine, but found same invariably in the sputum, excepting in the cases of pneumonia and bronchitis herewith recorded.

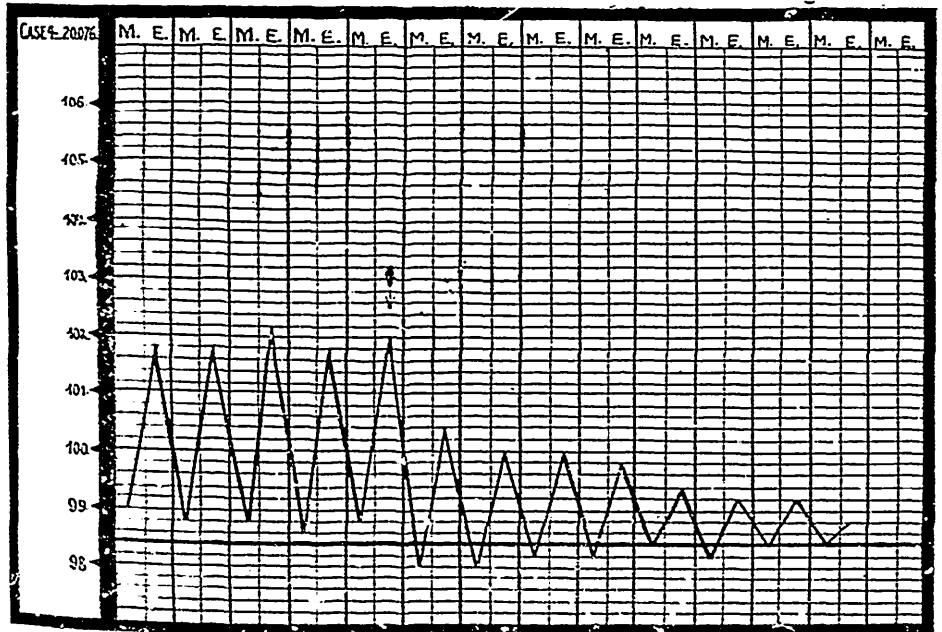
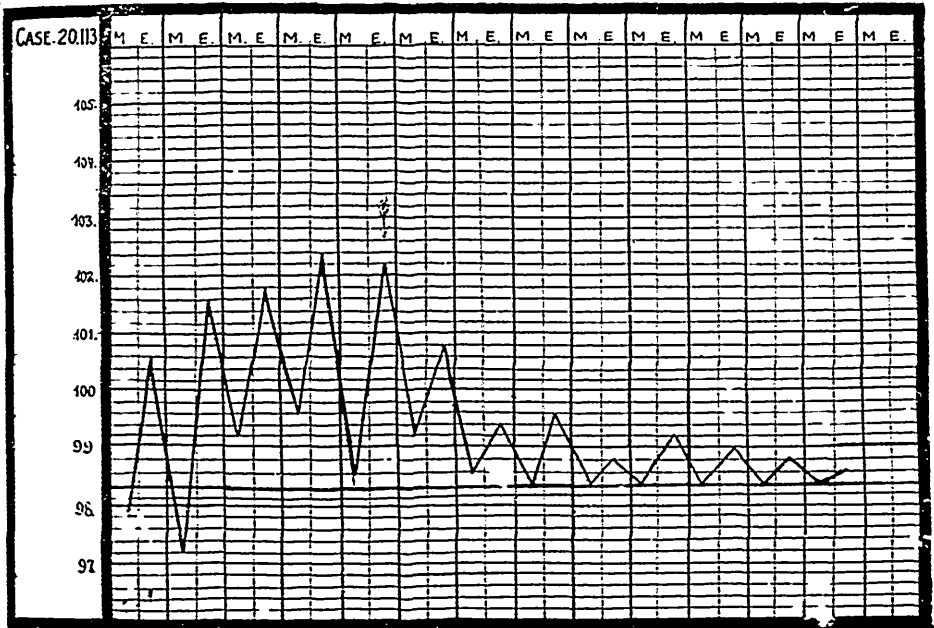
I cite to you Case No. 1302.

This case had been in the hospital for some months past, when it came under my observation, and a blood examination revealed 49 per cent. hemoglobin, 2,903,000 red cells, 9,100 white cells.

The elimination of phosphatic material in the urine amounted to 2.4 per cent. The patient, prior to and at this time, received medication in the form of cod-liver oil and creosote. This case is one of a few in which the administration of creosote does not exhibit a severe digestive leucocytosis.

Upon changing the medication to tincture amal, you will note a marked increase in red cells; and although you will note an increase in white cells, I beg to state that the increase of white cells consists entirely of lymphocytes, or the youngest and most active leucocytes. In other words, we have an increase of young white corpuscles rather than an increase of polynuclear leucocytes or aged leucocytes on the verge of disintegration and inactivity. A medication which will cause an increase of 29 per cent. hemoglobin and 797,000 red cells within a short period, deserves due consideration and test by those interested in the combating of any disease.

Referring to Case 1307, we find at the beginning 1.9 per cent. of phosphatic elimination, and again note that upon the administration of tincture amal, this is reduced to .9 per cent. The hemo-



globin upon first blood examination registered 51 per cent., red cells 3,100,000, white cells 10,600.

The latest findings are a total increase of 23 per cent. hemoglobin, an increase of 300,000 red corpuscles, and a reduction of 1,500 white corpuscles. This case exhibits a digestive leucocytosis attributable to the malignant influences of the administration of creosote internally.

Case 20,113 corroborates the findings of Case 1307. The same medication was used in these two cases, but in this case the digestive leucocytosis and the subsequent excessive elimination of phosphatic material in the urine are more forcibly demonstrated. At the first blood examination we find hemoglobin 51 per cent., red cells 3,009,000; white cells 13,200. Shortly after the administration of tincture amal, we find an increase (a marked increase) of red cells, and a decrease (a marked one) of white cells, and an absolutely marked decrease of phosphatic elimination in the urine.

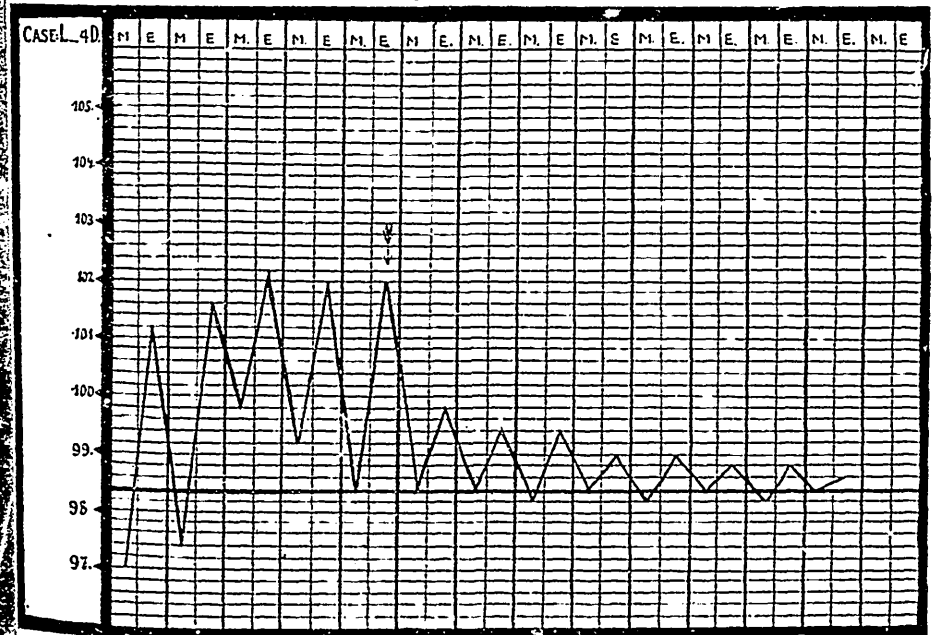
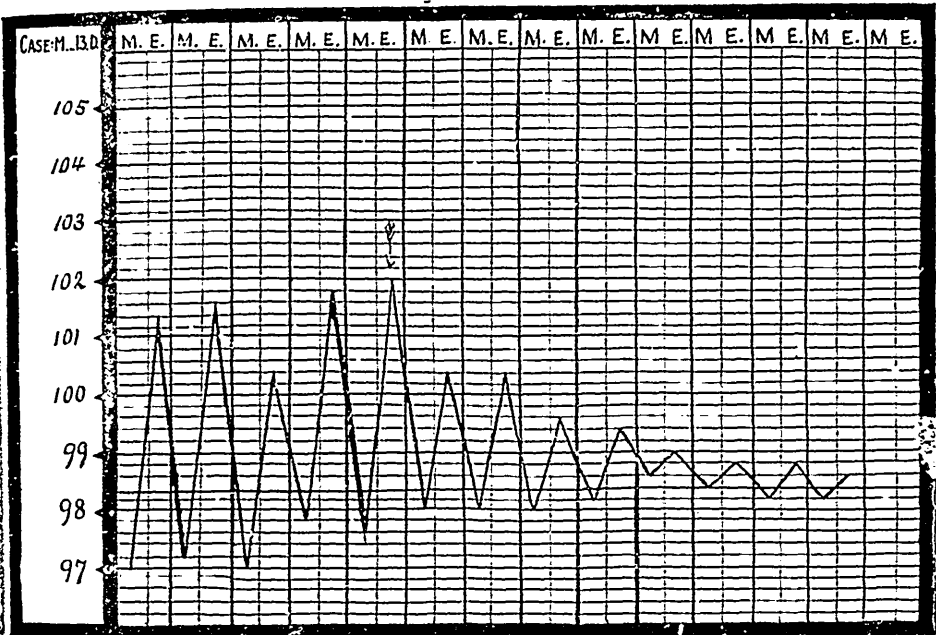
In a reasonably short time we have an increase of 931,000 red cells, a deduction of 4,100 white cells and an increase of 32 per cent. hemoglobin.

In all the cases cited, after some months' treatment recovery is assured.

It seems unnecessary for me to quote further clinical data in reference to the physiological action and therapeutic value of tincture amal in the treatment of consumption, excepting to call your attention to the cases of pneumonia and bronchitis which have rapidly responded under the treatment of tincture amal.

Neither time nor space will permit to give fully detailed clinical symptoms from day to day; it is only necessary to state that nuclein medication in the form of tincture amal caused the cough to grow less, expectoration clearer, night sweats and hectic fever disappeared, appetite and energy returned; in fact, it was the pleasure of both patient and physician to note marked improvements. I find it advisable to begin treatment by giving tincture amal in ʒ-2 ounce doses four times daily, and increase the doses as soon as a decreased phosphatic elimination in the urine has been demonstrated. Tincture amal is presented to us in two forms, the internal remedy just spoken of and the specially prepared form for inhalation and external use. This latter product should be used in steam atomizer morning and night, allowing the patient to inhale the medicated vapor for from five to ten minutes.

While discussing the subject of tuberculosis, which should not only confine itself to phthisis pulmonalis, but rather to all tubercular infections, and while reciting to you the value of nuclein in the form of tincture amal as the rational treatment in this disease, permit me to recall to your memory my former statement regarding the value of the iodides in the treatment of tuberculosis. I



have stated to you my reasons for discarding the use of iodide of potassium in the treatment of tuberculosis. I have previously objected to the use of this drug in the treatment of syphilis, and reported my reasons therefor before several medical societies, and at this time I recall to you my mention of the iodide of lime (Nichols) in the treatment of this disease as well as tuberculosis, especially when a differential diagnosis exists. I had the opportunity to be called into a case which had been diagnosed by thirteen leading physicians and surgeons as one of Hodgkin's disease. The clinical symptoms fully admitted of such diagnosis, and only a blood examination revealed the true condition, that of syphiloma.

Upon resorting to iodide of lime (Nichols) 10 grains, three times daily, the patient rapidly recovered, corroborating the correctness of diagnosis by means of a blood examination. The blood plates of this case are exhibited in Case L. A., Dec. 27, 1901, to April 30, 1902.

Referring to Case 1300, Dec. 18, 1901, to April 25, 1902—Diagnosis: Fibroid tumor, I cite the following history—Patient, Mrs. M., aged 35; noticed an abnormal swelling in iliac region. Consulted various physicians and surgeons in London, Eng., and Londonderry and Dublin, Ireland, who pronounced the case one of fibroid tumor, and advised surgical interference. Through persuasion of this lady's parents the patient came to the U. S. and consulted me. Blood examination and subsequent physical examination corroborated the diagnosis made by the European physicians and surgeons. Iodide of lime (Nichols), gr. x every four hours, accomplished the softening of tumor; aspiration was resorted to, the operation being performed by Dr. T. J. Fogarty, of Brooklyn, and tincture amal was given internally, one wineglassful every four hours. The patient rapidly recovered, permitting her departure to Europe. A recent letter tells me of her complete recovery.

Thus I show you the value of only one of the various iodine salts in the treatment of infectious or malignant diseases. Iodide of lime (Nichols) represents the halogen iodine in combination with the antiseptic chlorine.

I do not wish to burden you with more extensive data, but the results obtained, as cited in this paper, induce me to present to you my views of this question, for the purpose of inducing you to take up studies on lines laid out by me, and thus determine finally and conclusively that the views of the most eminent scientists regarding the medicinal value of nuclein in wasting diseases are correct.

Knowing full well that the object of this meeting is intended not only for the purpose of citing certain preventatives or prophylactic measures alone, but also to advance anything new to combat

the dreaded white plague, I have undertaken to present to you my views, and I trust that you will treat this paper with due consideration and thought. From it I trust you will derive some benefit for yourselves.

One fact I am convinced of, the reports of Dr. Eberle G. Welsh, of Baltimore, and numerous other physicians, in which these gentlemen definitely announce to have effected cures with tincture amal treatment, stand fully corroborated by my investigations. That consumption is curable has been frequently proven, not by hearsay after physical examination, but subsequently by *post-mortem* findings. The late Dr. Agnew, of Philadelphia, was examined by the leading physicians of that city when at the age of thirty-five, and the diagnosis was made of phthisis pulmonalis, and no hope was held out for him. As far as I can learn, the principal treatment in his case consisted of small rations of rare or raw meat, and a plentiful diet of raw or rare vegetables. In this way a certain small amount of nuclein was introduced into the system, and when Dr. Agnew lived to be sixty-three, at which age he died, a *post-mortem* examination was held, and was witnessed by most of the gentlemen who aided in making a diagnosis of tuberculosis twenty-nine years previously. The autopsy revealed normal lungs, with but few cicatrices. This is a point positive proof that the tuberculosis had been eradicated from the body, and had only left a few scars indicating its previous path of destruction. I cite this case, as it is known to most of you.

How many more cases could be cited, which are known to us, in which a *post-mortem* positively proves that consumption is a curable disease?

20 West 34th Street, New York.

SOME COMPARATIVE RESULTS OF THE MEDICAL AND SURGICAL TREATMENT OF APPENDICITIS.*

BY J. P. ARMOUR, M.D., ST. CATHARINES, ONT.

THE leading medical journals for some years past have given much space to the reports of operating specialists on the favorable results of the operative treatment of appendicitis. They have been practically unanimous in advising that an immediate operation should be done when it can be within the first 24 or 48 hours of the disease. This advice has been accepted by a considerable number of the profession in this Province, and acted on with much decision. This treatment has become a newspaper specialty, in which most of the operations are reported; and the citizens generally have come to believe that the operation is the only alternative for those who are so unfortunate as to become afflicted with this disease. While this surgical treatment has been adopted by a large and, I believe, constantly-increasing number of practitioners during the past few years, the results are such as to be worthy of careful consideration at the present time.

If this was a new disease (instead of an old one with a new name), of which we had no knowledge of other than operative treatment it might take some time to correct erroneous views regarding it; but it has existed, and we have data of the results of other treatment for long before the operative treatment came in fashion, and a comparison of these may do much to soothe the overtaxed consciences of those physicians in remote districts who do not feel they have the experience or facilities to operate themselves, and could not secure a specialist in time to meet the present requirements.

The operative treatment of this disease, in this Province, began early in the decade between 1890 and 1900, and became more general towards the end. Before that time this disease was classed in our statistical returns as peritonitis. Since 1896 it has been classed in our death returns as peritonitis, iliac abscess (typhlitis, perityphlitis, and appendicitis). As over 90 per cent of the diseases thus classed originate in the appendix, they might all be more properly classed as appendicitis and its extensions. In 1891 there were only 55 patients treated for this class of disease in the hospitals of the Province, and in 1901 there were 968. This is an indication of the extent to which the surgical treatment has grown, for most of these patients are taken to the hospital for operative treatment. The Government returns do not give the deaths from these cases separately. I endeavored to secure it direct from the hospitals, but only got returns from a few.

* Read at the Ontario Medical Association, Toronto, June, 1902.

For the three years ending 1886, before the operative treatment had been utilized, the deaths from this class of disease in the Province averaged 147 yearly; and for the three years ending 1900, when the surgical treatment had been in some measure adopted, the average yearly deaths had increased to 402. While the general death-rate increased less than 28 per cent., the deaths from this class of disease increased over 170 per cent.

The reported 264 cases treated medically in St. Thomas' Hospital, London, with a death-rate of 14 per cent., show that the disease has not a high death-rate when thus treated. These would be a selection of the worst cases from the crowded districts of that great city, and would be expected to have a far greater fatality than the cases that come under the care of the profession in this Province—and I believe this is the fact. Judging from the number treated in the hospitals, and the number occurring in several localities of which I have some knowledge, I believe that five thousand yearly would be a fair estimate of the number of these cases that are subjected to professional treatment. Judging from past results, the death-rate from medical treatment would be less than 4 per cent.; and from the mixed treatment, to the extent now practised, about 8 per cent. There are now about one-fourth of these cases treated surgically, and if they were all so treated, we would expect the death-rate to be about 20 per cent.

Within the past two years there has come within my personal knowledge 39 cases that were subjected to operation for this disease. Thirteen of these died shortly after the operation; two have hernias; one had fecal fistula; one is still afflicted with recurrent pain in the iliac region; and one, a previously healthy young woman, who happened to be at a large operating centre when she took a slight pain in her abdomen for the first time, and had her appendix removed within a few hours. Suppression of urine followed, and although the operative wound healed readily, she was confined to bed for three months. This was in October, 1900, and she has not yet recovered her former health. So with these six the operation did not end all their trouble, but the remaining 20 express themselves as being perfectly well, and thoroughly satisfied with the result of their experience. I have no reason to believe but all these operations were done with the average skill and care—some were done by noted specialists. During this period I have collected 46 cases treated medically, with only 2 deaths.

Since the beginning of 1901 I have treated 16 cases, the initial symptoms of which would have warranted operation according to current practice. Of these, five were severe, and developed more or less general peritonitis. One was ill 8 weeks, 1 five weeks, 2 four weeks, and 1 three weeks. The remaining 11 were ill for periods varying from two to 10 days. None were operated on, and all recovered, and have since been as well as before their illness. This

I believe is only the ordinary result of the medical treatment of the disease.

To one of these, a man aged 46, I was called on the fourth day (August 1st, 1901), with the expectation I would operate. The pain that began in the right iliac region had extended all over the abdomen, and was very severe from the first. When I arrived the patient insisted upon an immediate operation to relieve his intense suffering. A hypodermic of morphia gave the desired relief. In addition to the excruciating pain, there was great distension and rigidity of the abdominal walls; temp. 104; pulse 160. Nothing had been retained on stomach, nor had the bowels moved since the beginning of the attack. Up to this time the treatment had consisted of hot applications, and the administration of purgatives, which, however, were not retained—but no anodynes, a very effective practice when the object is to have the patient's consent to an operation. With frequent small doses of calomel and enemas an evacuation of the bowels was obtained on the fifth day of the disease, when the abdominal distension somewhat subsided. But it was with great difficulty that the bowels were subsequently kept acting, and all the severe symptoms already enumerated continued with little abatement to end of the fourth week, when there was a gradual subsidence. At the end of eight weeks the patient was able to leave his bed, and two weeks after resumed his usual employment, and has remained well since. This is a case which, had it been operated on and died, it might have been said it would have died anyway.

Had these sixteen cases been operated on when the diagnosis was made, what would have been the result? From what is known of such results—setting aside those brilliant specialists who do hundreds of operations with scarcely a death—would it be overstating the case to assume there would have been four deaths, some of which would have been of those that turned out to be the mildest cases; that four more would have some disability resulting from the operation, and the remaining eight to have promptly recovered from the operation, and none the worse of the experience, but living monuments of the value of the operative treatment of appendicitis?

There are occasional cases of acute septic general peritonitis from appendicitis that are rapidly fatal whether subjected to operation or not. These cases are not numerous, probably less than 1 in 50 of those that come under the treatment of physicians. It would appear to be to prevent the unfortunate results in those rare cases that surgical treatment at the beginning of disease has been so generally recommended by a certain class of operators. But it does not appear a rational procedure that 49 should be subjected to operation with the hope of saving the 50th; and especially so,

when operation at the earliest period available does not prevent a fatal termination in these cases.

We have gained much information from operative experience as to how effectually nature does its work in protecting the lives of those thus afflicted. How septic and pus centres are effectually isolated by plastic adhesions, and the septic material directed to points where it can escape with perfect safety to the life of the patient. We have records of iliac abscesses that opened into the bladder and discharged pus and fecal matter with the urine for weeks, and afterwards made a satisfactory recovery without operative assistance. I have noticed that when an inflamed, discolored ulcerated or gangrenous appendix is found in the process of operation, it is usual to assume that nothing but an operation could have saved that patient's life. But how few of such cases die when left to medical treatment and nature?

A view that has received much currency is that, when pus has formed, an immediate operation is imperative. While some few surgeons have been content to simply open the pus cavity and facilitate its drainage, the general practice has been to wash out the cavity and remove the appendix, and several deaths that I have personal knowledge of, have resulted from this practice. This is not in accordance with the best surgical practice to other parts of the body. The washing out of the pleural cavity in empyema is now pretty unanimously condemned by leading surgeons, and no experienced surgeon would think of amputating a limb through an acutely inflamed and suppurating surface. But it is surprising with what assurance some surgeons will lay open an iliac abscess, wash out the cavity, excise the appendix, and then be disappointed when the patient dies.

There can, I believe, be no question of the reliability, according to the returns furnished by our profession, of the death-rates in the Registrar-General's reports, and these establish the fact, which I believe cannot be otherwise accounted for, that the extent to which the surgical treatment has superseded the medical, in recent years, has more than doubled the death-rate from this disease. With such favorable results from medical treatment, surgical treatment might be dispensed with as a routine measure, and held in reserve for exceptional cases only. If it was limited, during the acute stages, to such cases as result in intestinal obstruction, and the opening and drainage of such abscesses as approach the surface, and to the removal of the appendix only during the quiescent period, I cannot but believe that many valuable lives might be saved that are now being sacrificed to the surgical treatment of the disease.

THE KING'S ILLNESS-
HIS MAJESTY'S MEDICAL
ADVISERS.



KING EDWARD'S MEDICAL ADVISERS.

Selected Articles.

THE ILLNESS OF THE KING.

The *Lancet* (London) of July 5th, writing upon King Edward's illness, says: The present condition of His Majesty the King and the future progress of his health, can be gauged best by a full consideration of the case from the very beginning. Our readers will be able to follow the thread of our remarks if they read in connection with them the brief account of His Majesty's illness which appeared in our second edition last week, and which we reprint below. Firstly, was there any condition present which might predispose to the developments of perityphlitis? Although no reference appears to have been made to it, it is far from unlikely that the severe attack of typhoid fever from which the King suffered in 1871 may have had some etiological connection with his present illness. The ulceration of the bowel in typhoid fever is especially severe near the ileo-cecal valve, and adhesions occurring as a result of the intestinal ulceration, especially when the attack has been prolonged, are not uncommon. Adhesions of this nature are liable to produce displacement and torsion in the neighborhood of the cecum, and it is now recognized that in this way the circulation may be distinctly interfered with, and that such disturbances of position and circulation are important predisposing causes in the production of perityphlitis. So that it is quite possible that the attack of enteric fever from which the King suffered more than thirty years ago may be really connected with the illness from which he is suffering now.

The present attack appears to date from some ten days earlier than the operation. For it was on June 14th that the King first complained of abdominal discomfort, but it was slight, and did not interfere with the journey to Aldershot. At midnight of the same day abdominal pain came on, and Sir Francis Laking was summoned and was able to relieve the urgency of the symptoms; and on the next day, June 15th, His Majesty was seen by Sir Thomas Barlow. Up to this time the signs and symptoms were indefinite, and though they were sufficient to suggest the possibility of perityphlitis, no trustworthy diagnosis could be made. On the afternoon of the 15th a chilly fit occurred; this was in all probability a real rigor, and marks the time at which, from the

after history of the case, we may conclude that suppuration commenced. We may interpret these symptoms by the light of our later knowledge as follows: The commencement of the perityphlitis dates from the first abdominal discomfort of which the King complained on Saturday, June 14th. It may have been connected with the great fatigue of the previous day, and the taking of a late supper; but it is quite possible that neither had anything to do with it. During Saturday and Sunday the inflammation extended and set up an adhesive peritonitis. To this was doubtless due most of the pain of which the King complained. Then pus began to form around the cecum. This suppuration was localized by the adhesions which had already formed between the adjoining coils of intestine, and if our suggestion be correct as to the influence of the attack of typhoid fever, old adhesions remaining from that illness may have assisted in confining the suppurative process. By Monday, June 16th, the King had recovered sufficiently to bear well the drive to Windsor, for he arrived there without fatigue. On Tuesday signs began to appear which rendered certain the nature of the affection, and when he was seen on Wednesday, June 18th, the local manifestations were well marked. In the right iliac fossa there was a well-defined, somewhat firm swelling, with distinct tenderness, but no very marked pain independently of pressure. The temperature was raised, and the diagnosis could be made with ease and certainty. Then would arise the question of operation. There are some in this country, and still more abroad, who advocate operative measures at the earliest possible moment, but by indiscriminate operation in all cases, without regard to the exact nature of the local condition, the best results are not obtained. It cannot be disputed that a large number of cases of perityphlitis recover without surgical aid, and that many others result in the formation of a localized abscess which may be evacuated without necessarily disturbing the cecum, without, indeed, it ever being established that inflammation in its vicinity was the cause of the trouble. The great danger in perityphlitis is general septic peritonitis. What may be called the "natural" method of prevention of this complication is by the formation of peritoneal adhesions, shutting off the focus of infection from the rest of the peritoneal cavity. To attempt to disturb the cecum while this process of localization of the suppuration is going on, can only lead to the hastening of the evil which it is desired to avert, for the breaking down of the protective adhesions will almost certainly cause the generalization of the peritoneal infection. There is the less need to discuss the question of the superiority of early or late operation, seeing that we have no proof in the King's case that the appendix was inflamed, but we may be permitted to express our complete approval of the course adopted by His Majesty's medical advisers.

With complete rest on Thursday, Friday, and Saturday, the King's condition improved, the temperature fell to normal, and he felt better in himself, and the improvement continued during the Sunday, so that on Monday His Majesty was able to journey to London by train. Up to Monday, June 23rd, it had been hoped that care and rest had served the patient so well that the necessity for active surgical treatment had passed away. This was only in accord with the earnest wish of the King, who was extremely anxious to carry out, at whatever pain to himself, the arrangements that had been made. On Monday, however, the probability of the presence of pus in the right iliac fossa was suspected, and on the morning of Tuesday, June 24th, it became clear that suppuration had occurred. The iliac swelling was again obvious, the pain had increased, and the temperature was once more elevated. All these signs pointed clearly to the formation of a localized abscess. The danger of delay was great. The formation of pus was evidently proceeding rapidly, and the abscess was extending. In such circumstances the impossibility of sanctioning any attempt at carrying out the Coronation ceremony was at once obvious. Nay, more, the necessity for the immediate evacuation of the pus was urgent, for if no outlet for it were provided the far greater danger of general septic peritonitis was imminent, a condition in which surgical interference is too often of small avail. Lord Lister and Sir Thomas Smith agreed that an operation was imperative, and the King gave his assent reluctantly, not because of the pain or the risk to himself, but because he knew the severe disappointment the change of plan would occasion to the many thousands who were assembling in honor of his Coronation.

To Sir Frederick Treves was committed the heavy responsibility of performing the operation. An incision was made a short distance above Poupart's ligament on the right side; the wound was steadily deepened, but it was not until it had obtained a depth of some four and a half inches that pus was reached. This was evacuated, and the abscess cavity drained by means of two rubber tubes. By the evacuation of the pus and the subsequent drainage the immediate risk of the involvement of the general peritoneal cavity was averted, and thus the danger of the disease was greatly reduced. The effects of the operation soon showed themselves. The pain from which the patient had suffered severely was markedly relieved, the temperature rapidly fell, and it was evident that the septic absorption had ceased. It was possible for his medical attendants to announce on the same evening that the King's condition was as good as could be expected after so serious an operation, that his strength was well maintained, and that the pain had diminished. There was an addendum to the effect that it would be some days before it could be said that the King was out of danger; this was a necessary warn-

ing to the public, for it may happen that the extension of the suppurative process does not cease with the evacuation of the pus.

During the earlier part of the first night after the operation His Majesty was restless and did not sleep, but after one o'clock some sleep was obtained. A fairly comfortable day followed, and but little pain was experienced except at the dressing of the wound. His strength was fairly well maintained. On the second night he had some refreshing sleep, and he improved in all respects, and the state of the wound continued satisfactory. On Friday, June 27th, it was announced that a fair night had been passed, and that the temperature remained normal. On Sunday, the fifth day after the operation, the King was sufficiently recovered to permit his being moved on to a couch for a few hours, and up to the time of writing the improvement has steadily continued. A fair amount of sleep is obtained, the King's strength increases, and the wound continues to progress in a satisfactory manner. It is, of course, most important that the abscess cavity should close completely and from the bottom, otherwise an intractable sinus would be not unlikely to result. The wound is, therefore, packed with gauze, and this necessarily occasions no small amount of pain. This is unfortunate, but cannot be avoided, and it is consoling to remember that the pain will decrease with each dressing.

We have followed the illustrious patient's progress from the commencement of his illness to the present time, and we are now in a position to consider the prognosis. The dangers which may arise may proceed from the patient's constitution, or be connected with the local lesion. As to the King's general constitution there is but little cause for anxiety. At his age, sixty-one years, he is probably as strong as the average of his subjects, and, apart from the harassing nature of his duties, and the energy and zeal with which he has ever undertaken all that he is called upon to do, there has been nothing materially to impair his general health. The severe attack of typhoid fever in 1871, to which we have already alluded, served for a time to weaken him, but the effect was transient. It cannot, however, be doubted that the grave disappointment which the King feels at having to postpone the Coronation may exert some depressing effect on him. To dispel as far as possible any untoward mental or sentimental condition must be the best endeavor of those around his bedside. Turning to the local conditions, we find several possibilities of harm. The wall of the abscess cavity is formed by coils of small intestine, which have become adherent owing to adhesive peritonitis; some of these adhesions have probably already commenced to organize. Somewhere in this wall there may be a peccant appendix, matted to the intestine by exuded lymph; from it and from the other parts of the wall of the abscess cavity pus may be still secreted. The chief danger is the

extension of the suppurative process to the general peritoneal cavity, but day by day the adhesions localizing the mischief are growing stronger, organization proceeds rapidly, and before long they will be strong enough to resist any strain to which they may be subjected. The danger from this cause has steadily grown less and less with every favorable bulletin. Again, the risk of the absorption of septic products from the abscess cavity is now very small, as all tension has been removed and the granulations which have formed offer an effective resistance to the passage of the toxins into the blood-vessels and lymphatics; at any rate, the state of the temperature shows that now no absorption is taking place. The chance of the occurrence of general septicemia may be disregarded. On the critical view of the situation of the King it may be said that there is great promise of a speedy and safe recovery from his illness; speedy, we say, though many weeks must elapse before he is well, for we must bear in mind the severity of the illness and of the operation performed for its relief; and safe because the probability of any complication supervening is remote. On the maintenance of his strength, apart from care in dressing the wound, depends mainly the recovery of His Majesty.

One further point requires consideration. If, as we may not unreasonably hope and expect, the King recovers from his illness, will a recurrence be likely, or will it ever be necessary to interfere with the appendix? The answer which would be given by those surgeons who have had most experience in abdominal surgery would surely be "No." When an abscess has developed in connection with the appendix and has been successfully drained, it is rare, indeed, for any recrudescence of mischief or for any further operation to be required.

The following account of His Majesty's illness appeared in the second edition of the *Lancet*, published on Wednesday, June 25th:

We were able to state yesterday, June 24th, that an abdominal operation had been successfully performed on His Majesty by Sir Frederick Treves on that morning. The anesthetic was administered by Dr. Frederic Hewitt, and was borne well, His Majesty recovering consciousness without any ill-effects whatever. The operation was attended by no complications; a large abscess was found and evacuated. To-day, June 25th, we are able to give the following account of his illness.

We give this account of His Majesty's illness, and purposely do so in the briefest and plainest terms, because we know that, although our statement will primarily be read by our medical readers it is certain to reach the public, and it seems to us at the present juncture that it is highly important that the public should know the real state of the case. We may preface our remarks by saying that, while it is impossible to disguise the serious nature of the King's condition, it is also our joyful privilege to be able to contra-

dict flatly some of the sinister rumors that during the last forty-eight hours have been prevalent throughout the world.

On Friday, June 13th, His Majesty the King towards the evening was suffering from great fatigue. After attending the Court and the many arduous duties of the day, he had a late supper and went to bed, and on the following morning, Saturday, June 14th, he complained of abdominal discomfort. His Majesty was seen during the day by Sir Francis Laking, Physician-in-Ordinary to the King and Apothecary to the Household. In the afternoon he was distinctly better. He then left for Aldershot, where he dined with the Queen, being present in the evening at a "tattoo" held under unfortunate atmospheric conditions. On Saturday, at midnight, he complained of abdominal pain and a feeling of distension. Sir Francis Laking was sent for, and arrived at Aldershot at a quarter to five in the morning. Remedies were administered, and the symptoms were all relieved. It may be added that no morphia was given. But Sir Francis Laking, recognizing the presence of an abdominal trouble that might be serious, telegraphed for Sir Thomas Barlow, Physician to the Household, who arrived on Sunday, the 15th, and stayed there during the day. On the afternoon of Sunday His Majesty had a chilly fit, which in all probability amounted to a rigor. On the following day, Monday the 16th, he proceeded in a carriage to Windsor, adopting this method of travelling by his physician's advice, for it was felt by his medical advisers that if, unfortunately, his symptoms should develop for the worse, it would be much better that he should be in his own home. The journey was made in comfortable circumstances, he bore it well, and felt better at the end of it. On Tuesday, the 17th, recognizing that, in view of the approaching Coronation, no physical labor which could possibly be avoided should be undertaken, His Majesty reluctantly abandoned the idea of being present at Ascot. He remained recumbent most of the day, but drove for three-quarters of an hour in the private grounds attached to the castle.

On Wednesday, the 18th, His Majesty was seen by Sir Frederick Treves, and this point in the clinical history of his disease is one of the highest interest to medical men. The temperature was then elevated, there were swellings and tenderness in the right iliac fossa—in short, there were symptoms of perityphlitis. But during the following Thursday and Friday all these ominous symptoms disappeared. When Sir Frederick Treves saw His Majesty on Saturday, the 21st, his temperature had fallen and had been normal for two and a half days, the swelling in the iliac region had nearly vanished, and in every way the King was much better. It was then believed that the King was on the road to rapid recovery, and that he would be able to go through the Coronation ceremonies. Sunday, the 22nd, was uneventful, and on Monday,

the 23rd, the King travelled from Windsor to London, his entrance to the capital being received by the public as a proof that they need attach no credence to any of the many alarming rumors that had now become widespread. The King made the journey by railway. On his arrival the King saw Sir Frederick Treves again, and at this period His Majesty's medical and surgical advisers began to be suspicious that there might be pus in the right iliac region.

Next day the necessity for operation became clear. At 10 o'clock on Tuesday morning the urgency of an operation was explained to His Majesty, and recognizing that his ardent hope that the Coronation arrangements would not be upset, must be disappointed he cheerfully resigned himself to the inevitable. Before the actual decision upon operation was arrived at, Sir Frederick Treves, Sergeant-Surgeon to the King, took the advice of the two other Sergeant-Surgeons, Lord Lister and Sir Thomas Smith, and they as well as Sir Thomas Barlow and Sir Francis Laking, came to the unanimous conclusion that no course but operation was possible in all the circumstances. To delay would, in fact, be to allow His Majesty to risk his life. At 12.30 on Tuesday, the 24th, the operation was performed by Sir Frederick Treves, and concerning this there is very little to add to what we have already said. The king was placed under an anesthetic by Dr. Frederick Hewitt, anesthetist to His Majesty, an incision was made by Sir Frederick Treves in the usual place, and a large abscess was opened. The incision was four and a half inches deep, and some decomposed pus was evacuated. The cavity was drained by two tubes of large calibre and packed with iodoform gauze.

Such is the brief clinical history of His Majesty's illness, and only one or two comments are necessary from us to enable the public to understand the position. It will be seen that the story makes the bulletins completely clear, and shows them to be exactly accurate. The idea that some dreadful news is being kept back ought, we think, to be dispelled.

Firstly, the King in his illness has throughout been advised by his proper medical attendants. When Sir Francis Laking, Apothecary to the Household and Physician-in-Ordinary to the King, desired a consultation, Sir Thomas Barlow, Physician to the Household, was sent for. When a surgical opinion was necessary, in view of unfortunate developments, Sir Frederick Treves, Sergeant-Surgeon to His Majesty, was called in to consultation. When he and the two physicians recognized the urgency of His Majesty's symptoms the two other Sergeant-Surgeons to the King, Lord Lister and Sir Thomas Smith, were summoned to express an opinion before the last critical step was taken.

The second point to which we would call attention is the absolute sincerity of every bulletin that has been issued, for this sin-

cerity, it seems to us, should prevent the public from giving heed to the wild rumors now rife. His Majesty is suffering from perityphlitis, and nothing else. It is an unfortunate fact with regard to perityphlitis, as all our readers know, that the symptoms may, for various reasons, be entirely masked. This it was that absolutely prevented the necessity for operation being apparent until the Tuesday before the Coronation.

There was no symptom of malignancy present.

TRINITY'S JUBILEE CELEBRATION.

The special convocation in connection with the jubilee celebration of Trinity University, on June 25th, will be remembered as the most brilliant event in a splendid commemorative programme. Trinity honored itself by conferring honorary degrees on a number of distinguished Canadians, prominent among whom were Sir Oliver Mowat and Sir John Boyd, who were unfortunately unable to be present; Hon. Richard Harcourt, the Minister of Education for Ontario; Dr. William Osler, of Baltimore, Maryland, one of the most distinguished of America's surgeons, and a member of a great Canadian family; Mr. James P. Whitney, M.P.P., the leader of the Ontario Opposition, as well as a number of prominent educationists, jurists, and clergymen from different parts of the Dominion. The proceedings were held in Convocation Hall, which was crowded to its fullest extent. The speeches were necessarily curtailed in length, but were marked by hearty congratulations for and good-will toward Trinity. The subject of federation was boldly mooted by Prof. Clark, acting Chancellor, in the absence of Chancellor Robinson, but Bishop Dumoulin, of Niagara, expressed a view to the contrary, which he repeated with great vigor at the thanksgiving service in St. James' Cathedral in the evening. Prof. Clark made it clear in his address that one of the conditions which Trinity would insist upon would be the retention of its residence system and its present methods of internal administration.

The undergraduates were in possession of the gallery during the afternoon, and as usual punctuated the proceedings with piquant wit and song, some of it of good quality.

It was 4.30 o'clock when the academic procession entered the hall, the long row of red-hooded dignitaries being greeted with loud cheers. With the acting chancellor on the platform were the following, among others, in addition to those who were to receive honorary degrees: Provost Macklem, Principal Hutton, W. R. Brock, M.P., Dean Geikie, Rev. Canon Worrell, Rev. Canon Cayley, Rev. Canon Welch, Rev. E. C. Cayley, J. A. Worrell, K.C., Rev. W. Carey Ward, Rev. Dr. Roper, of New York; Elmes Henderson, John Francis Waters, of Ottawa, Dr. Caesar, Dr. R. J.

Reade, Rev. Dr. Lewis, of Walden, N.J., Provost James, of the Western University, London, Dr. H. B. Anderson, Dr. Wishart, Dr. H. P. Parsons, Rev. J. Pitt Lewis, Dr. Arthur Jukes Johnson, D. R. Keys, N. F. Davidson, Rev. J. C. Farthing, Dr. Charles Morse, of Ottawa, Dr. N. A. Powell, William Ince, Prof. Smith, Dean Rigby, A. H. Young, Rev. C. L. Ingles, Rev. E. B. Kenwick, Rev. James Thompson, of Ingersoll, Beverley Jones, Rev. Canon Tremayne, Rev. C. E. Thomson, Frank Ford, Rev. W. H. Clark, Dr. Ham, Dr. Nevitt, Rev. Prof. Jenks, Rev. T. W. Pater-son, Rev. E. L. King, Rev. H. H. Bedford Jones, Rev. Prof. Duckworth, Prof. Montgomery.

After prayer by Dean Rigby, and the singing of "God Save the King," Prof. Clark addressed the gathering briefly. They were met, he said, to celebrate an event of great importance in the history of that university, which had reached the age of fifty years a tolerably long life for an institution in so young a country. After regretting the absence of the Chancellor, Prof. Clark remarked that the choices for the honorary degrees which they were met to present had been very carefully made, and the persons honored would reflect honor on the university. "There is another subject to which I wish to refer," he continued, "a subject which is occupying much thought of the members of the university. I refer to the possible change in our academical relations. We are at this present moment both a university and college. It is possible—I say possible, I do not know, I do not pretend to knowledge which I do not possess—it is possible that before long we may for a time at least suspend our university functions and go into union with the other great universities of this great city. (Voices—No.) Evidently we are not all of one mind on this subject. (Applause.) But what I wanted to say is of even greater importance than what I have said, and my friends in the gallery will anticipate tolerably well what I am about to say, because I have said it to them already.

"Whenever the change takes place in the relation of this college to the other colleges and to the University of Toronto, for example, there will be no change in the internal administration of the college. (Hear, hear.) Whenever the change takes place, and I am not going to argue that question; a great deal can be said on both sides—Trinity College will be substantially and essentially what Trinity College has been in the past. When I say that my friends know that I do not mean that Trinity College has realized its ideal in the past. You see, that statement is received with absolute silence, and I am very glad it should be so, because it is well we should submit ourselves to a process of self-examination. Whether we have realized our ideal or not, we have an ideal which we have pursued with fair steadfastness for over fifty years, and I say our ideal is to have a college in which religion is part of the teaching. The other point is that we regard it of great importance

that the students of our college should have a common residence and intercourse within the college walls, living there day by day and week by week. I consider this of immense importance, and perhaps I may be permitted to say that I have some personal right to speak on this subject, because I saw the one system, the system of merely attending lectures, in the University of Aberdeen, and I saw the other system in the University of Oxford, and there can be no comparison between the one system and the other. (Cheers.) Whatever happens, I was going to say, it is the steadfast resolve of the corporation of Trinity College, of the governing body of the college, and of the Bishops of Ontario, who have supreme control over this university, and of the teaching staff of this university, and of this college itself—their supreme resolve it to carry on the residential system in connection with this college. (Cheers.)

The proceedings were here varied by the undergraduates rendering a topical song to the well-known tune of "Beer, Glorious Beer," which beverage has recently been banished from Trinity. The chorus ran:

"Milk, milk, glorious milk,
Fill yourselves right up with milk,
Take a good deal of it, make a good meal of it,
Stick to the farmer's drink—milk.
Don't be afraid of it, drink till you're made of it,
Pour down the stuff fine as silk,
Up with the sale of it, down with a pail of it,
Glorious, glorious milk."

At the conclusion of the song the acting Chancellor remarked, amid loud laughter: "That's very nice, but we mustn't have too much of it."

The following ladies and gentlemen then received their M.A. degree, the greeting of the acting Chancellor by the ladies being a great stimulant to undergraduate wit, provoking such remarks as, "Shake the tiger's paw": Alex. Allen, Beatrice Bovell, Ianthé W. Constantinides, Florence E. Deacon, John Dunning, Lily B. Emery, Guy B. Gordon, H. C. Griffith, Frank W. Hovey, Constance Laing, Geo. W. Locke, Eva Robinson, Frederick J. Savers, Fred. J. C. Shaw, Norman Somerville, Gerald B. Strathy, James Thompson, Edith Wadsworth, W. Rein Wadsworth, W. Ridout Wadsworth, and Louise Warren. The degree of D.D., *jure dignitatis*, was conferred upon Very Rev. Lewis Evans, Dean of Montreal, and Very Rev. Frank Vernon, Dean of Portland, Me., and the degree of D.C.L. in course, upon A. Claude Macdonell.

Prof. Smith, the public orator, then prefaced the introduction of the candidates for honorary degrees with the following oration in Latin:

"Domine pro Cancellarie, Academia Trinitensis anno quinquagesimo disciplinae ac doctrinae instituae, felicissime jam exacto,

hunc festum diem magna cum omnium laetitia concelebrat. Gaudent enim et Deo gratias agimus quod tot clari et boni vitae necnon feminae, ab alma nostra mater sunt educti; quot nostra universitas per omnem hanc provinciam ac Dominionem, per Imperium Britannicum et apud extegentos famam optimam nomenque insigne est adepti. Itaque hodie permultos amicos ac fautores ejus, undique huc nos salutatum progressos, libentissime, salvere jubemus. Et praecipue hos viros, quorum alii inter Alumnos Trinitenses insignes habentur, alii alias de republica bene merentur amplissimo honore adficere placet. In primis enim honoris causa nomino Oliverum Mowat, 'virum pietate gravem,' summa humanitate praeditum, equitem illustrem, Regis Legatum Provinciae Ontariensis, quam optime jamdudum gubernat.

"Atque hi reverendi viri, ecclesiae militantis, ut ita dicam, vetera et jam laboribus fortissimi adsunt; illi aut in foro aut in senatu praestanti alii in causis judicandis vel defendendis excellunt; alii communium litterarum et pelitioris humanitatis studiosi, summam laudem adepti sunt; alii denique in inventute educanda et instruenda multa profecerunt. Itaque haud scio an Academia Trinitensis cum tales viros exornet, tum ipsa magis exornari videatur. Praesento igitur ad te hos viros dignissimos qui in summos honores admittantur."

The following were first presented for the degree of D.C.L., honoris causa: Diocese of Algoma, Ven. Thomas Llwyd, Archdeacon and Bishop's Commissary; Diocese of Huron, Rev. G. C. Mackenzie, Rural Dean of Brant; Diocese of Niagara, Very Rev. Stuart Houston, M.A., Dean of Niagara; Diocese of Ontario, Ven. Clarendon Lamb Worrell, M.A., Archdeacon of Ontario, and Professor in the R.M.C.; Diocese of Ottawa, Ven. Jas. J. Bogert, Archdeacon of Ottawa; Diocese of Toronto, Ven. Thos. W. Allen, Millbrook, Archdeacon of Peterboro'; Ven. Samuel J. Boddy, Archdeacon of York.

In presenting these venerable towers of the Anglican Church, Bishop Thornloe, of Algoma, referred to their long record in active work, which, he thought was sufficient discipline and training to entitle them to the degree.

In introducing the next five for degrees, "in recognition of distinguished service in the cause of education," Bishop Dumoulin of Niagara said: "I have very great pleasure in presenting the distinguished group now standing before you. It is a most distinguished group indeed. I see first on the list the Hon. Minister of Education. I am very well aware, and so are all of you, of the difficulties he has often to overcome, and the delicate diplomacy with which constantly he discharges those most difficult duties. I only hope, and I honestly express the hope that he may break down and fail in bringing about that alliance which was foreshadowed in the speech of the Vice-Chancellor. (Cheers.) I desire to present

the next on the list, a most distinguished candidate, for this honor, who has exalted and already distinguished a name of the highest position in Canada, and has triumphantly carried it across the line and raised it to the very highest pinnacle in the United States. I am very glad next in order to see the names of two clergymen, one the Principal of Lennoxville College in the Diocese of Quebec, the other the Principal of Ridley College in my own diocese, who has done very lasting and honorable work in the cause of education, and finally it is my privilege to present a gentleman who has, I think, in his office as Librarian of Toronto, done more than any to place literature in the hands of the public." (Cheers.) The following were then invested with the degree of D.C.L.: Hon. Richard Harcourt, M.A., Minister of Education; Dr. William Osler, F.R.C.P., Physician-in-Chief of the Johns Hopkins Hospital, and Professor in the Medical Faculty of the Johns Hopkins University, Baltimore, Md.; Rev. James P. Whitney, M.A., D.C.L., Principal of Bishop's College, Lennoxville, Que.; Rev. J. O. Miller, M.A., Principal of Ridley College, St. Catharines; James Bain, jun., Chief Librarian, Toronto.

In introducing the third group, Provost Macklem spoke of the great services to the Province rendered by Sir Oliver Mowat, as Premier and as Lieutenant-Governor; by Sir John Boyd as Chancellor of Ontario, the absence of both of whom he regretted. He also praised Mr. Justice Irving, of Victoria, B.C., and Judge Senkler, of Perth, as eminent jurists, and referred to Mr. Jas. P. Whitney, whose name was greeted by a voice in the gallery with, "We won't whack Whitney," and applause, as a man of prominent public position and as a good friend of Trinity. Mr. E. Douglas Armour, K.C., was also presented. Dr. Ham presented Mr. J. Humfrey Anger for the degree of doctor of music, honoris causa, while the degree of Master of Arts, honoris causa, was conferred upon Rev. Frank W. Kennedy, missionary in Japan, in absentia.

In acknowledging the honor paid him, Hon. Richard Harcourt expressed deep gratitude. He could speak with knowledge of the pride of the undergraduate on receiving his degree, and therefore he could appreciate the honor now paid to him. He was particularly proud to receive a degree from a university whose history had for fifty years been interwoven with the history of the church of which he was a member, and in the fortunes of which he took so deep and abiding an interest. He recalled the success Trinity had had under previous Provosts, and prophesied that the brightest chapter of all would be written in connection with the work of Provost Macklem. (Cheers.) He congratulated the authorities of Trinity on their fifty years of exalted service to the city, and on their commencement of a second period of equally exalted service, under the best auspices possible. (Cheers.)

Dr. Osler said the occasion carried him back to his college days

in his own country. It was a double pleasure to find that he was appreciated at home. He thought there was an improvement in the behaviour of the students since his college days, when Mr. J. A. Worrell, Dr. Johnston, and others, were undergraduates. He thought he had started life under a very, very favorable situation, as he had come at the tail-end of a long family, and with twins ahead. (Laughter.) He recalled his entrance to Trinity College School and to Trinity College as two important epochs in his life. He had spent a year and a half at the latter, and then drifted off into medicine. He would never forget the influences which had been brought to bear on his life while at Trinity. (Cheers.)

Mr. J. P. Whitney, M.P.P., after expressing thanks for the honor, wondered if they had not called upon the wrong J. P. Whitney. He declared that the Minister of Education had stood up before he was called upon and delivered his speech. (Laughter.) As a rule, he added, there was an unfailing community of ideas between the Minister of Education and himself. (Laughter.) They thought the same thoughts upon many subjects.

A voice—Some you don't.

He thanked them most heartily and most earnestly for the distinguished honor, and promised that for the future the interests of that university would receive every possible attention from him.

Dr. J. Humfrey Anger and Dean Houston also spoke, and the proceedings closed with the benediction by Bishop Dumoulin.

There was a large gathering in St. James' Cathedral in the evening for the thanksgiving service, which concluded the jubilee celebration. Bishop Durnoulin preached the sermon, which was taken from John xvii. 3: "And this is life eternal, that they might know Thee, the only true God, and Jesus Christ, whom Thou hast sent." After dealing with the importance of knowledge, and the relation of religion thereto, Bishop Dumoulin argued in favor of the teaching of religion with secular education, as the means of preserving character, inasmuch as the Sunday Schools had failed to do the work. From this he adverted to the position of Trinity, which was founded by Bishop Strachan, when an old man, as the result of the secularization of King's College into the University of Toronto. Trinity had met the high hopes and secured the ardent loyalty of the church of that generation. Her work for more than half a century had justified its foundation. She had sent forth generation after generation of men, faithful, well trained and learned, to plant a solid Church of England in this country. She had filled the ranks with men of eminence and influence. Her foundations were upon the Holy Hill, far-off, where no one might shake them. Trinity and the church schools leading up to her stood for education and religion. What God has joined together, let no man put asunder. While Trinity stood she would command

the admiration of all churchmen in Ontario, and she could appeal to them for support and sustenance.

He spoke for himself, and himself alone, Bishop Dumoulin said, when he deprecated any departure from the basis upon which Trinity was founded and conducted for half a century. He hoped and prayed the day would never come when she would surrender her charter, or even hold it in abeyance, or give up the flag which had so successfully and grandly floated from her classic spires over the heads of two generations of steadfast churchmen.

Standing where she is, said Bishop Dumoulin, in closing, our own church university will command and will have the love and support of her own children, and of generations yet to come. She will be strong in her original strength. The great spirit that gave her birth will keep her alive. What compromise or amalgamation will give her advantages? She will be like Samson, shorn of his strength, a pitiable object for the mockery of the Philistines.

Much credit for the success of the celebration of Trinity is due to Mr. A. H. Young, clerk of convocation, whose exceptional administrative ability contributed greatly to the carrying out of the programme without delay or confusion.

NEW FREE CONSUMPTIVE HOSPITAL OPENED AT GRAVENHURST.

The new Free Consumptives Hospital of the National Sanitarium Association was formally opened on July 5th. A special train of eight coaches went up from Toronto, carrying about four hundred friends of the institution, which has lately grown and developed on the shores of Lake Muskoka.

Among those from Toronto were: Chief Justice Meredith, Vice-President of the Board of Trustees of National Sanitarium Association; Mr. and Mrs. W. J. Gage and Miss Gage, Hugh Blain, Mayor Howland, Ald. Hubbard, Ald. Oliver, Controller Graham, Hon. J. R. Stratton, Rev. Dr. Dewart, Rev. J. Pitt Lewis, Dr. Wm. Oldright, Dr. Charles O'Reilly, Dr. Powell, Dr. F. N. G. Starr, Dr. Grant, Gravenhurst; C. J. S. Robertson.

The special train arrived at Muskoka wharf about 1.30 p.m., and the fine boat, Medora, conveyed most of the visitors to the Sanitarium wharf, where carriages were taken for the new free Hospital. Many were also conveyed across the lake on Mr. W. J. Gage's steam launch, *Ina*.

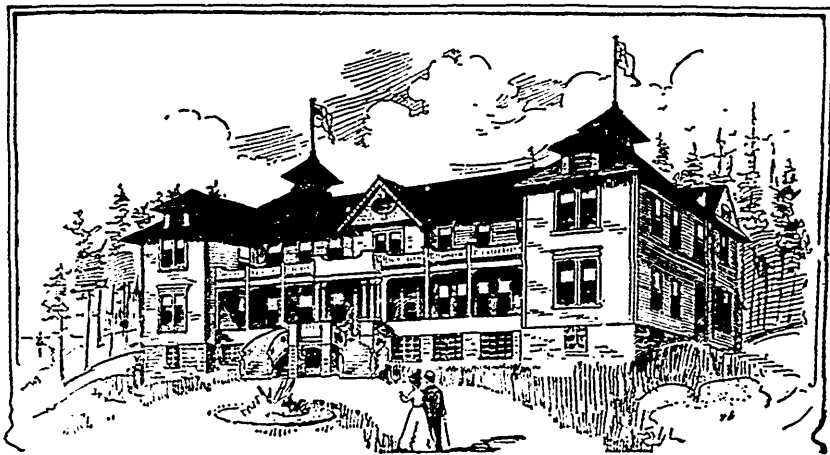
The Free Hospital for Consumptives is delightfully situated on Lake Muskoka, on a bluff surrounded on three sides by the waters of this beautiful lake. To the rear is the dense forest, giving the institution a picturesque setting. It was opened on

the 23rd of April last. So urgent were the calls for admission that since then forty patients have been registered.

After an inspection of the buildings, Sir William Ralph Meredith formally opened the institution. He said five years ago the first sanitarium for consumptives was opened, and the results have been eminently satisfactory. The first building was erected at a cost of \$20,000, one-half of which had been contributed by Mr. W. J. Gage, and the rest by the late Hart A. Massey.

Following the erection of the main building were the following cottages:

The Christie Cottage donation of \$5,000 from the late Wm. Christie.



FIRST FREE HOSPITAL FOR CONSUMPTIVES IN CANADA.

Opened to receive patients April 23rd, 1912.

Erected through the gifts of W. J. Gage, Esq., and the Hart A. Massey Estate, Toronto.

The Rosemary Cottage, costing about \$3,500, the gift of Mrs. Jackson Sanford, of Knoxville, Tenn.

The Wm. Davies Cottage, costing about \$2,000, the gift of Wm. Davies and family, of Toronto.

D. Frank Bull Cottage, costing about \$2,000, the gift of Mrs. T. H. Bull, Toronto.

The Wm. Mavor Cottage, costing about \$2,000, from the estate of the late Mrs. Jessie Mavor, Pickering, Ontario.

The Muskoka Cottage Sanitarium plant and equipment has cost rather more than \$8,000. The free hospital, as now constituted, provides for fifty patients, whilst arrangements have been made by the trustee board to extend the accommodation to one hundred.

Mr. W. J. Gage related the circumstances leading to the establishment of the National Sanitarium Association. About ten years ago some gentlemen conceived the idea of establishing an institution where those suffering from the dreaded disease, consumption, could be effectually nursed and treated. He had promised to contribute \$25,000 toward this object, and was followed by many others who came forward with their donations. The sanitarium was built, and since its creation, of the 600 patients who have been treated, about 60 per cent. have been discharged as cured, 25 per cent. as partially cured, and 10 per cent. were carried off by the disease.

Mr. Gage referred to the loss the Board of Directors of the



ADMINISTRATION BUILDING—MUSKOKA COTTAGE SANATORIUM.

Association had sustained through the death of Mr. Walter Massey, who, had he lived, would have assisted further in the work. The building erected could not boast of an endowment fund, but the trustees felt safe in trusting to the generosity of the public in carrying on the work thus inaugurated.

Mayor O. A. Howland made some happy allusions to the philanthropy of those citizens who had, by their generosity, contributed of their means to the support of an institution so worthy. He spoke for the consumptive patient in Toronto, who was denied admission to the regular hospitals until the National Sanitarium was undertaken and carried to a successful end. He wished the institution god-speed, and in conclusion alluded to the generosity

of the late John Scott, who left part of his funds to the sanitarium.

Hon. J. R. Stratton, Provincial Secretary, inspected the building, but was unable to remain for the opening ceremonies, owing to important business in Peterboro.

Mr. Hugh Blain, the next speaker, said there was no reason why the poorest in the City of Toronto could not have the same opportunity to obtain relief as efficiently as wealthy persons. Since establishing a free hospital, the railway company had promised to convey poor patients free, and this would enable them to obtain the benefits without pecuniary inconvenience.

Alderman Hubbard added his expressions of satisfaction over the efforts of Toronto's philanthropists in creating and establishing such a place for the alleviation and cure of consumption.

Controller Graham and Rev. Dr. J. Pitt Lewis followed with short expressions of their wishes of success.

Three cheers for Mr. W. J. Gage were given, and "God Save the King" was sung, after which the party boarded the boats to the train.

THE CLIMATE OF HOT SPRINGS, ARK.

From a climatic standpoint, the Hot Springs of Arkansas, the most wonderful hot springs in the world, could not have been more advantageously situated. They are removed from all extremes. Located in the South, northern visitors find here a sure escape from the severities of their winters. Driving, horseback riding, golf, and all outdoor sports and recreation can be indulged in four days out of five all winter. In spring the weather is perfect.

Summer, usually hot at this latitude, is here tempered by an elevation of 1,000 feet above sea-level, and by the surrounding peaks of the Ozark Mountains, which rise several hundred feet higher in all directions. The nights are invariably cool, and the pure mountain air and constant southern breezes make this the ideal season for invalids from all parts of the country. The mountains not only exert a wonderful influence on the climate, but they afford magnificent views and scenery, and to crown all, they are covered with limitless stretches of pine forests, so much prized for their health-giving qualities; and the beautifully graded Government drives, quiet country roads, walks and horseback trails, make it all easily and charmingly accessible.

Government statistics show that out of a total of 486 cities, and towns in the United States, only five have as low a death-rate as Hot Springs. There is only one city in British America having one as low, and none at all in England or Continental Europe. The death-rate among the permanent residents of Hot Springs is seven per 1,000 inhabitants. The rate among the 50,000 annual

visitors is very small, being only a little more than one and one-tenth per cent.

The Hot Water, Baths, and Bath-Houses.—The average temperature of the waters of the seventy-two Hot Springs of Arkansas is 135 degrees Fahrenheit; they discharge 1,000,000 gallons per day. There are, all told, at Hot Springs, twenty-two bath-houses, which pay the Government for the privilege of using the waters.

The Government fixes the prices of the baths at all the different houses, and also the attendants' fees, and no more and no less than this price can be charged under the severe penalty of forfeiture of license.

The prices of baths at the different bath-houses are graded according to their equipment and facilities. The water is the same at all.

The price of attendance is \$2.25 for a course of twenty-one baths, and is optional with the bather.

Action of the Water.—Their natural heat, their absolute purity, and consequent unparalleled solvency and eliminative action, together with the presence of a combination of hydrogen and silicon, and of free carbonic acid gas in large quantities, all soluble medicines can be administered and tolerated while using these hot waters in much larger doses than elsewhere, hence they are more active and produce beneficial results in less time and with greater permanency.

Briefly stated, the use of the Hot Springs waters opens the pores and channels for the expulsion of matter injurious to health, arouses torpid and sluggish secretions, stimulates the circulation, the muscles, the skin, the nerves, the internal organs, and purifies the blood, removes all aches and pains, restores the exhausted, revives the debilitated, and helps build up, and renews the entire system.

The water is almost entirely free from organic matter, making it practically a pure spring water, but it holds several valuable minerals in solution, in addition to being fully charged with free carbonic acid gas. The following average analysis of seven of the springs is that of John C. Branner, State Geologist of Arkansas:

Constituents	Grains per U.S. gallon.
Silica - - - - -	2.58
Chloride of Soda - - - - -	.27
Carbonate of Soda - - - - -	.04
Carbonate of Magnesia - - - - -	1.13
Carbonate of Lime - - - - -	7.15
Sulphate of Soda - - - - -	.41
Sulphate of Potash - - - - -	.25
Sulphate of iron - - - - -	.05
Total grains solids, per gallon - - - - -	11.88

Free Carbonic Acid Gas, thorough saturation.

Proceedings of Societies.

THE ONTARIO MEDICAL COUNCIL PROCEEDINGS.

THE first session of the annual meeting of the Ontario Medical Council for 1902 was held in the Medical Building, Bay and Richmond Streets, on the afternoon of June 25th. The President, Dr. H. L. Brock, of Guelph, was in the chair, and all the members were present except Dr. Williams, of Ingersoll, and Dr. McLaughlin, of Bowmanville, who were detained at home by illness. Dr. Brock, in his address, said that all the important business of the Council would come through the various committees, and he would not refer to it. He simply mentioned the subjects of the Dominion Medical Registration, and the Dominion Medical Act, (which has been sanctioned by Parliament, and now awaits the endorsement of the Provinces), the conclusion of the South African war, and the great services rendered by the members of the medical profession and the medical contingents during the campaign. He regretted the absence through illness of Drs. McLaughlin and Williams, and expressed a hope that they would soon recover. Dr. Brock closed by asking the members to nominate his successor.

Only one name was submitted for the Presidency, that of Dr. W. J. H. Emory, of Toronto, and he was at once elected. He took the chair, and presided during the balance of the session. He thanked the members for their kindness, and referred in feeling terms to the illness of His Majesty the King. He was, he said, certain that all sincerely hoped and prayed that the efforts now being made to restore their Sovereign to health might, under the Providence of God, be successful. The other officers of the Council were chosen by acclamation as follows: Vice-President, Dr. J. A. Robertson, Stratford; Registrar, Dr. R. A. Pyne, M.P.P.; Treasurer, Dr. H. W. Aikins; Solicitor, Christopher Robinson, K.C.; Stenographer, Mr. Alex. Downey; Auditor, Mr. J. C. Patton; Prosecutor, Mr. Charles Rose. All the officers, with the exception of the Vice-President, belong to Toronto. A tribute was paid to Mr. Downey for his efficient work as stenographer during the year.

A standing committee, with Dr. Roome as Chairman, was appointed, and it reported, recommending the selection of the following: Registration Committee—Drs. Campbell, Powell, Hanly, Thornton, Stewart, McLaughlin, and Sullivan; Rules and Regula-

tions—Drs. Hanly, Barwick, Williams, Lane, and Vernon; Finance—Drs. Henderson, Douglas, Griffin, Brock, and Bray; Printing Committee—Drs. Barrick, Stewart, Macdonald, Powell, and Thorburn; Education—Drs. Moorehouse, Luton, Henry, Rooome, Macdonald, Spankie, Geikie, Moore, and Britton; Property Committee—Drs. Thorburn, Britton, Campbell, Thornton, and Lane; Complaints—Drs. Griffin, Thorburn, Sangster, Glasgow, and Douglas.

Several reports of committees were submitted, and of these the communications from the Executive and Legislation Committees were adopted. The former gave a statement of the recent examinations, with a number of statistics. The Legislative Committee's report made reference to the provision in a statute of the Ontario Legislature, passed at the last session, that all regular practitioners in the Province should have an opportunity of voting at the next election of the Medical Council, regardless of whether or not they had paid their fees. The members, in discussing this clause, interpreted it to mean the practitioners who were in good professional standing. The report of the Board of Examiners was referred to the Education Committee. A report sent in by the Constitutional Committee proposed to relieve members from the payment of fees during their absence from the Province. It is to be discussed at a later session. Dr. Barrick gave notice that he would move that under the provisions of Dr. Roddick's Bill the legislation by the Canadian Medical Council shall be accepted for a like purpose under the medical laws of this Province.

Dr. Moore moved, seconded by Dr. Campbell, that Hon. Dr. R. L. Borden, Minister of Militia, be registered as a member of the College of Physicians and Surgeons of Ontario. Dr. Bray, while favoring the idea, questioned the right of the Council to adopt it, as Dr. Borden is a practitioner in another Province, and there is no inter-Provincial registration. All present favored the suggestion, and the question was finally referred to the solicitor for an opinion as to the legal right of the Council on the point.

SECOND DAY'S SESSION.

The report of the Discipline Committee of the Ontario Medical Council, which is always a document of more or less importance, was submitted to the Council at Thursday's session by Dr. Bray. The report dealt with the case of Charles A. Jones, M.D., of Mount Forest, against whom a complaint was lodged for shielding his son in the practice of medicine, the son not being registered, and asked that the matter be left with the committee for further consideration. The committee were relieved of the duty of dealing with the case of another out-of-the-city doctor, who was charged with having acted as agent for a quack medicine company,

owing to the recent demise of the accused. The committee also reported progress in its dealing with a few other cases brought to their attention, and upon which they will report later.

Dr. Macdonald introduced a by-law to provide for the election of territorial representatives. The by-law was given its first and second reading, and the third reading was deferred in order to permit of the nomination of returning officers for three of the divisions.

Dr. Campbell introduced a by-law providing for the election of homeopathic representatives. It was given its third reading, and passed.

At an earlier stage in the day the Council adopted this resolution: "The members of the Ontario Medical Council, in session assembled, desire to offer most respectfully their profound sympathy to their Sovereign, King Edward VII., and the Queen Consort and family, in his great and most dangerous affliction. They humbly pray that the Sovereign Lord and Disposer of all things may see fit to bless the efforts of those in attendance for his complete restoration to health and strength."

It was decided to cable the resolution to the King's private Secretary.

In reply to Dr. Sangster, it was stated by the President that it was intended to send voting papers to the profession to ascertain their views of the medical bill before the Legislature at the last session, whether they have paid their fees or not.

A motion by Dr. Campbell for a report on the advisability of provincial legislation recognizing the Dominion Council was passed.

Resolutions of sympathy were passed with Dr. Williams and Dr. McLaughlin, who are absent through illness.

Committee work filled in the balance of the day's business.

THIRD DAY'S SESSION.

The Ontario Medical Council intend prosecuting in a lively manner osteopaths, electric healers, and various others of the community whom the members of the Council consider in the category of quacks. This resolve was expressed after the report of the official prosecutor was received. Taken altogether, the third day's session was the most interesting business transacted by the Council for a long time.

The morning session was characterized by an exceedingly sharp debate, in which some of the doctors used language much plainer than, and doubtless every bit as forcible as, the ordinary parlance of the profession.

Matters were going along smoothly when the debate in question was precipitated by Dr. Brock submitting the following mo-

tion: That this Council place itself on record as considering that the Ontario Medical Act, as now constituted, should not be amended so far as the composition of this Council is concerned.

Dr. Brock explained that the motion was for the purpose of offsetting the attempts being made by some of the members of the Council to exclude college representation, and it was most desirable in the interest of the profession that this should be retained.

Dr. Sangster, who has put forth his strongest effort to secure the change referred to, stated that the Attorney-General held that a referendum should be submitted to the profession to test the general feeling as to the composition of the Council. "And they will condemn this resolution," said he. "When that resolution is voted upon we will demand the yeas and nays. We want the profession to know whose votes are perpetuating conditions existing in this Council. There are men here representing dead institutions."

Dr. Britton replied in defence of the motion. It was to the point. He took up Dr. Sangster as to the correctness of some of his details, and said: "If I had made such statements I would express regret for uttering such an infernal lie."

Dr. Sangster protested, but the remarks were let go. He went on to give a history of the differences existing between them on the matter, when he was interrupted by Dr. Britton, who contended that Dr. Sangster should be required to leave the room for what he had said. "However," said Dr. Britton, "I will not insist upon it. I want him to stay here and hear what I have to say." He then concluded his remarks, and argued that there was no reason why a referendum should be submitted to the profession.

Dr. Thornton thought the Legislature was perfectly competent to deal with the matter without their advice, and moved that the resolution be laid on the table.

Senator Sullivan deplored the unseemly words that had been exchanged, and worked himself up to heated indignation. "The malignity introduced into this debate by Dr. Sangster is most regrettable," he said. "What right has he to come here and vilify people? I am surprised that he was allowed to do so. Only a low, mean, degraded mind would make such statements."

Dr. Sangster objected to these remarks, and the Senator withdrew his insinuations, intimating that with him it was not a case of one old man electing another, as had been hinted.

Dr. Geikie likened Dr. Sangster to a wasp in a tent at a garden party, and also to the festive "skeeter," but they did not care for their hummings, and fumings, and stings. He pointed out that Dr. Sangster once favored college representation.

This Dr. Sangster denied, but Dr. Geikie stuck to his assertion.

After further discussion, the resolution carried by 20 to 3, the latter being Drs. Henry, Sangster, and Thornton.

On motion of Dr. Moore, seconded by Dr. Spankie, a committee consisting of Hon. Dr. Sullivan, Dr. Bray, and Dr. Moorehouse, was appointed to draft a resolution of congratulation to be sent by the Council to the Honorable Minister of Militia, Sir Frederick Borden, upon the recognition of his valuable services by the King.

A by-law fixing the annual fee towards the general expenses of the college at \$2 was passed.

At the afternoon session, Drs. Emery, Robertson, and Roome were elected as the Executive Committee for the year.

A by-law was submitted exempting members of the profession from the annual assessment when absent from the province. The by-law was adopted.

Then followed the presentation of the report of Charles Ross, the prosecutor. The report reviewed in detail the work he had done during the year. The number of informations laid by him was 51; convictions, 37; dismissed, 9; withdrawn, 2; yet to be tried, 3; could not be served, 1; warned to cease practising, 2; left the country before they could be served, 9; after investigation, found there would be no case, 7; cases yet to be attended to, 1. Total, 71. The prosecutor recommended that the Council take steps towards effecting an amendment to the Medical Act, so that he could prosecute osteopaths, electric healers, etc., whom he designated as the worst class of quacks that could be turned loose upon the community, and yet under existing conditions he was powerless to put a stop to their depredations.

The report was adopted, and the Executive will deal with the suggestions contained therein.

The various committees of the Council went into session in the evening.

The Medical Council gave its unqualified approval to Dr. Roddick's bill in regard to Dominion Registration, and adopted the report of the special committee thereon by a unanimous vote.

Dr. Roome submitted the report of the committee on the matter, and Drs. Sullivan, Moorehouse, Moore, and Geikie afterwards spoke in most complimentary terms of the work just accomplished by Dr. Roddick in the interest of the medical profession in Canada. They regarded the bill as a step in the right direction, and spoke of it as the commencement of a new and prosperous era for the physicians of the country.

In order that the bill can be enacted in respective provinces it must be ratified by the Legislatures and the Provincial Medical Acts amended.

On motion of Dr. Powell, Ottawa, the special committee was

authorized to take the necessary steps to have the amendment in question made to the Ontario Medical Act.

Drs. Bray, Chatham; Moore, Brockville; Campbell, London; and Macdonald, Toronto, were appointed to constitute the Discipline Committee for the coming year.

At the opening of the morning session the following reply was read to the message of sympathy cabled the previous day:

"London, June 27th.

"Dr. Emory, President Ontario Medical Council:

"Many thanks for your telegram, which will be laid before the King. The Queen thanks you for your kind sympathy. His Majesty is progressing satisfactorily. KNOLLYS."

November, 1903, was fixed as the date for the opening of the next annual meeting.

The spring examinations were fixed for May 4, and the fall ones for the third Tuesday in November. The Examiners will be: Dr. H. B. Anderson, Toronto, Anatomy Descriptive; Dr. W. G. Anglin, Kingston, Theory and Practice of Medicine; Dr. R. N. Horton, Brockville, Midwifery, Operative and other than Operative, and Puerperal Diseases; Dr. A. Primrose, Toronto, Physiology and Histology; Dr. J. Olmstead, Hamilton, Surgery, Operative and other than Operative; Dr. W. Gunn, Clinton, Medical and Surgical Anatomy; Dr. Graham Chambers, Toronto, Chemistry, Theoretical, Practical, and Toxicology; Dr. J. W. Schooley, Welland, Materia Medica and Pharmacy; Dr. Ogden Jones, Toronto, Medical Jurisprudence and Sanitary Science; Dr. R. Ferguson, London, Assistant Examiner on Surgery; Dr. A. Haig, Kingston, First Assistant Examiner to Examiner on Medicine, Diseases of Children; Dr. S. H. Field, Toronto, Second Assistant to the Examiner on Medicine, Pathology, Therapeutics, and Bacteriology; Dr. A. E. Wickens, Hamilton, Homeopathic Examiner.

Dr. Sullivan had hardly recovered from the excitement at the meeting on the day previous, and asked that Dr. Sangster specify the doctors whom he intimated were sitting as members of the Council who had no right to do so. Dr. Moore would also like to hear him particularize.

Dr. Sangster, in reply, stated that he did not refer to either of those gentlemen in his remarks, but would refuse to specify. Dr. Emery, the Chairman, prevented any further discussion on the subject by calling upon other business. He regretted the acrimonious discussion that had already taken place.

The Property Committee then reported a recommendation that the present medical building, in which they were meeting, at the corner of Bay and Richmond Streets, be sold, and that a

site be purchased on which to erect a smaller building. The report was adopted.

The Examining Committee reported that there was no evidence upon which to proceed in the complaints against Dr. John Caruthers, of Little Current.

Dr. Bray, on behalf of the Discipline Committee, reported that Dr. William Forrest, against whom a breach of professional etiquette had been charged, had apologized for his conduct. Seeing that he had been ill-advised in a legal sense as to his conduct, the committee excused him. Council accordingly allowed his name to remain on the roll.

The Committee on Registration recommended that Sir Frederick Borden, Minister of Militia, be granted registration. The report was adopted. The committee could see no reason for reinstating Dr. H. E. Sheppard, who was disqualified for unprofessional conduct last year. Messrs. J. H. Kidd, Ackroyd, and Shaunessy, who applied for concessions in regard to matriculation, will have to comply with the regulations. Rev. S. Smith was granted matriculation, subject to his passing of examinations in some subjects. W. E. Kergan was granted matriculation standing in his first year's course. P. H. Spaun, C. M. Stratton, and Rev. J. Carson, were granted matriculation.

The following who were serving in South Africa were granted their examinations: A. R. Farrell, M.D., J. A. Crozier, B.A., M.D., A. E. Burrows, Charles A. Barnes, J. K. Nevin, M.B., J. Gunn, James Henderson, E. Latta.

Committee work was afterwards transacted.

SATURDAY'S SESSION.

A prolonged discussion resulted in the Ontario Medical Council on Saturday morning on a proposal to substitute honor junior matriculation in arts for the departmental arts junior matriculation, the present requirement for those entering the study of medicine. The question was introduced by Dr. Moorehouse, in presenting the report of the Educational Committee.

Dr. Geikie took exception to the proposed change. He was in favor of a high standard of matriculation, but he considered they now had it. Their standard was ahead of that of England. It was sufficient that they should have a standard equal to that of England. If the proposal was carried through the Council it would be taken as placing a barrier round the profession. When it came before the Legislature it would be opposed and they would be "turned down" as they had been the last time. It was unwise to make such a radical move, as they were a dying Council in its last moments.

Dr. Sangster declared that the matriculation standard of the

Council at present was so low as to be beneath contempt. It was anywhere from 25 to 50 per cent. lower than it was five years ago. The argument that it was unwise to introduce such legislation, as the Council had only a short time to live, was very weak indeed. It was time something was done to place a higher barrier at the entrance to the course, when they considered the large number of students going through who were absolutely unsuited to the profession. The present matriculation standard, he declared, would not compare favorably with that of dentistry or pharmacy.

Dr. Campbell deemed it unwise to take such a radical step at such a late hour in the session. He moved that it be left over till next year.

Exception was taken by Dr. Britton to the statement of Dr. Sangster that the standard was not as high as for dentistry or pharmacy.

"Don't put words in my mouth that I did not use," interrupted Dr. Sangster.

It was finally explained that Dr. Sangster had said the Ontario College of Physicians and Surgeons matriculation would not compare favorably with that of dentistry and pharmacy, and Dr. Britton then proceeded to explain that on another occasion they had suggested raising the standard, and instead they had been politely requested by the Government to go back to their former matriculation. In addition they had to do other things which were anything but pleasant. As an instance, he would mention the fact that they were obliged to permit students to proceed with their primary course without taking their matriculation, being granted their primary standing on passing their matriculation. He wanted no lower standing. He wanted it higher, if possible, but he did not think it possible at present. He quoted Deputy Minister of Education Millar, to show that the proposed matriculation was too high a standard.

Dr. Powell called attention to the fact that the standard of the Quebec Council was higher than that of Ontario, and suggested that it would be wise to adopt a higher standard, rather than be obliged to when Dr. Roddick's bill was enforced.

Dr. Spankie favored the change, as did also Dr. Macdonald, Dr. Moorehouse, and Dr. Barrick.

Dr. Campbell's motion to lay the matter over till the next Council was lost, and then the clause in the report was put and carried, there being 16 yeas and 11 nays.

When the yeas and nays were being taken Dr. Sullivan refused to vote, and when informed by Dr. Emory that he had to vote unless the Council excused him, he said he guessed the safest way would be to vote "No." Then the laugh was on Dr. Emory, who had voted yea.

Drs. Geikie, Wm. Britton, A. A. Macdonald, and Dr. R. A. Pyne were appointed a committee to look after the establishment of an anatomical museum under the control of the Council.

Another recommendation making the medical course follow the arts course when both were taken, instead of permitting both to be taken at the same time, was carried after a lengthy discussion. This will make the course for students taking both arts and medicine last nine years instead of six as heretofore. A committee appointed to consider a request of Dr. Bryce to permit fifth year students to practise in isolated camps in the unorganized districts of Ontario, stated that the Council had no authority to act, and brought in no recommendation.

A. G. Herdon must take an examination in anatomy again.

The Committee on Legislation of last year was re-appointed.

Dr. Sangster rose to a question of privilege in connection with the discussion a few days ago, in which he alleged Senator Sullivan had questioned his veracity.

At the afternoon session, the Council gave its unqualified approval of Dr. Roddick's bill in regard to Dominion registration, the report of the Special Committee thereon being adopted by a unanimous vote.

The report was submitted by Dr. Roome, and Drs. Sullivan, Moorhouse, Moore, and Geikie afterwards spoke in most complimentary terms of the work accomplished by Dr. Roddick in the interests of the medical profession in Canada. The bill they regarded as the commencement of a new and prosperous era for the physicians of the country.

Before the bill can be enacted in the respective provinces it must be ratified by the Legislatures, and the Provincial Acts amended.

A special committee was appointed on a motion of Dr. Powell, of Ottawa, with the authority to take the necessary steps to have the amendment in question made to the Ontario Medical Act.

Drs. Bray, Chatham; Moore, Brockville; Campbell, London; and Macdonald, Toronto, were appointed a Discipline Committee for the coming year.

The Council soon after adjourned.

A Complete Laboratory.—One of the most splendidly equipped laboratories for chemical, physiological, pathological and bacteriological work in America is that of Reed & Carwick, in Jersey City, N.J. The firm will furnish the profession, in return for a very limited fee, with a laboratory report complete in every detail, and as of just an exacting a character as science will permit. We have glanced over one of their reports on urine analysis, and judging from it, feel that their work must be of a very high order.

THE CANADIAN MEDICAL ASSOCIATION.

THE Canadian Medical Association will meet this year in Montreal, on September 16th, 17th, and 18th. This time of the year has been selected by the local Executive Committee in order that all may avail themselves of the meeting, and it is expected that an unusually large number of members will be present.

To those who contemplate attending the meeting, the following facts will be of interest:

ARRANGEMENTS FOR TRANSPORTATION.

The following arrangements will be in effect for the meeting of the Canadian Medical Association and the Canadian Dental Association at Montreal, September 16th, 17th, and 18th, 1902:

In order to take advantage of these arrangements, it will be necessary for members to obtain from agent at starting point a Standard Convention Certificate, showing purchase of one-way first-class ticket to Montreal, between September 12th and 18th (both dates inclusive), which certificate will be honored on or before September 22nd, 1902, in Montreal, by ticket agent of the line on which they arrive, for ticket back to their original starting point when Certificate is endorsed by Secretary to the effect that delegate has been in attendance at the Convention, on following basis:

From Points South and West of Montreal.—If 300 or more attend, holding Standard Convention Certificates, they will be given tickets for return, free, to original starting point *via* same route as used to Montreal. If less than 300 (and more than 50) delegates are in attendance, holding Certificates, they will be given tickets for return to the original starting point *via* same route as used to Montreal, at one-third of the one-way first-class fare.

From Points West of Fort William.—Should special concessions relative to time-limit be granted, particulars will be announced later.

If 50 or more delegates are in attendance, holding Standard Convention Certificates, delegates from Toronto or Kingston travelling to Montreal by Richelieu and Ontario Navigation Co., may return *via* Grand Trunk or Canadian Pacific on payment of \$5.00 to Toronto, or \$3.25 to Kingston; delegates from Toronto or Kingston travelling to Montreal *via* Grand Trunk or Canadian Pacific, may return *via* Richelieu and Ontario Navigation Co. on payment of one-half the fare paid on going journey.

From Points East of Montreal.—If ten or more delegates are in attendance holding Standard Convention Certificates, delegates east of Montreal will be given tickets free for return.

Any further particulars may be obtained from the General Secretary, Dr. Geo. Elliott, 129 John Street, Toronto, or from the Chairman of the Transportation Committee, Dr. J. Alexander Hutchinson, 70 McKay Street, Montreal.

LOCAL ARRANGEMENTS.

The meetings will be held in the various rooms of the Medical Faculty of McGill University.

PROGRAMME.

There will this year be two sections of the Association, one mainly Medical, the other mainly Surgical. The Address in Medicine will be given by Dr. Wm. Osler, of Johns Hopkins University, Baltimore; that in Surgery by Dr. John Stewart, of Halifax.

In addition to this, on one or two days of the meeting, clinics will be held in the hospitals at such times as will not interfere with the general programme of the meeting, and will yet enable all those who care to do so to see or to exhibit living cases or specimens which may be of interest to the members.

PATHOLOGICAL MUSEUM.

The Museum will this year be one of the features of the meeting, and circulars have been issued by the Secretary of the Museum Committee, Dr. M. E. Abbott, announcing the intentions of the committee. Any contributions in the way of specimens will be gratefully received by the Secretary, and every care will be taken of specimens lent, and as soon as the meeting is over they will be repacked and reshipped to the owners by a responsible person. Specimens for the exhibition should arrive not later than September 6th. The Committee is desirous more particularly of obtaining series of specimens illustrating diseased conditions of the liver, gall-bladder, and pancreas. To all those who may not have received circulars containing details of the Pathological Exhibit, the same may be had on application to Dr. M. E. Abbott, McGill Medical College, Montreal.

The Museum of Commercial Exhibits, which is under the special charge of Dr. J. W. Stirling, 255 Mountain Street, Montreal, will be found in the most suitable part of the Medical Buildings, the space allotted therefor occupying one of the main halls of the building. Many applications have been received from various manufacturers and instrument dealers, so that a large and interesting exhibit is expected.

LOCAL COMMITTEES.

The Local Committees are as follows:

Executive Committee.—President, Dr. F. J. Shepherd; Vice-President, Dr. J. Alexander Hutchinson; Local Secretary, Dr. C.

F. Martin; Local Treasurer, Dr. J. G. McCarthy; Council, Drs. James Stewart, F. G. Finley, and J. M. Elder.

Reception Committee.—Sir William Hingston, M.D., Chairman; Dr. E. P. Lachapelle, Dr. F. W. Campbell, Dr. Robert Craik, Dr. T. G. Roddick, Dr. D. C. McCallum, Dr. R. F. Ruttan, Hon. Jos. Guerin, M.D., Dr. James Perrigo, Dr. J. P. Rottot, Dr. A. R. Marsolais, Dr. James Stewart, Dr. T. J. W. Burgess, Dr. W. Brodeur, Dr. J. E. Dube.

Entertainment Committee.—Dr. H. S. Birkett, Chairman; Dr. James Bell, Dr. C. W. Wilson, Dr. K. Cameron, Dr. J. W. Stirling, Dr. W. G. Stewart, Dr. J. A. LeSage, Dr. W. H. Drummond, Dr. H. B. Yates, Dr. W. W. Chipman, Dr. A. Laphorn-Smith, Dr. L. DeL. Harwood.

Programme Committee.—Dr. J. G. Adami, Chairman; Dr. F. G. Finley, Dr. A. DeMartigny, Dr. C. N. Valin, Dr. J. M. Elder, Dr. A. T. Bazin, Dr. J. E. Dube.

Transportation Committee.—Dr. J. Alex Hutchison, Chairman; Dr. G. E. Armstrong.

Finance Committee.—Dr. H. L. Reddy, Chairman; Dr. Jas. Perrigo, Dr. W. A. Molson, Dr. D. J. Evans, Dr. F. R. England, Dr. S. Boucher, Dr. J. G. McCarthy, Dr. Wm. Gardner, Dr. W. F. Hamilton, Dr. L. J. V. Cleroux, Dr. G. Gordon Campbell.

Pathological Museum Committee.—Dr. Andrew McPhail, Chairman; Dr. Maude E. Abbott, Secretary; Dr. A. G. Nicholls, Dr. Wesley Mills, Dr. J. B. McConnell, Dr. A. Mercier, Dr. J. A. Springle, Dr. E. P. Benoit, Dr. A. Bernier, Dr. Rene Hebert, Dr. A. D. Blackader.

Exhibition Committee.—Dr. J. W. Stirling, Chairman; Dr. Ridley McKenzie, Dr. C. A. Peters, Dr. A. W. Haldimand.

PAPERS.

Some of the papers already promised are as follows:

Dr. W. Corlett, Cleveland—"Lantern Demonstrations on Exanthemata." Dr. J. O. Orr, "Artificial Astigmatism." Dr. C. A. Wood, Chicago, "Empyema of Frontal Sinus." Dr. P. G. Goldsmith, Belleville, "Management of Cases of Nasal Obstruction." Dr. J. F. MacDonald, Hopewell, N.S., "Tuberculosis." Dr. A. R. Robinson, New York, "X-Ray in Cancer." Dr. D. A. Shirres, Montreal, "Degeneration of Spinal Cord Associated with Anemia or other forms of Malnutrition." Dr. James Stewart, Montreal, "On Some Points in Cerebral Localization, Illustrated by a Series of Morbid Specimens and some Living Cases." Dr. A. Primrose, Toronto, "Case of Filariasis in Man, Cured by Operation."

Papers have also been promised by Drs. Armstrong, Ingersoll Olmstead, D. C. Meyers, G. S. Ryerson, F. A. L. Lockhart, and many others.

The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,

Editor,

89 BLOOR STREET EAST, TORONTO.

Surgery—BRUCE L. RIORDAN, M.D., C.M., McGill University; M.D. University of Toronto; Surgeon Toronto General Hospital; Surgeon Grand Trunk R.R.; Consulting Surgeon Toronto Home for Incurables; Pension Examiner United States Government, and F. N. G. STRAIN, M.B., Toronto, Associate Professor of Clinical Surgery, Lecturer and Demonstrator in Anatomy, Toronto University; Surgeon to the Out-Patient Department Toronto General Hospital and Hospital for Sick Children.

Clinical Surgery—ALEX. PHIMROSE, M.B., C.M. Edinburgh University; Professor of Anatomy and Director of the Anatomical Department, Toronto University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University.

Orthopedic Surgery—B. E. MCKENZIE, B.A., M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Surgeon to the Out-Patient Department, Toronto General Hospital; Assistant Professor of Clinical Surgery, Ontario Medical College for Women; Member of the American Orthopedic Association; and H. F. H. GALLOWAY, M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Orthopedic Surgeon, Toronto Western Hospital; Member of the American Orthopedic Association.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MAXLEY, M.D., New York; Visiting Surgeon to Harlem Hospital, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Gynecology and Obstetrics—Geo. T. MCKROUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Newmarket, Ont.

Medical Jurisprudence and Toxicology—ARTHUR JUCKE-JOHNSON, M.B., M.R.C.S. Eng., Coroner County of York; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P. Lond.; Coroner County of York, Toronto.

W. A. YOUNG, M.D., L.R.C.P. Lond.,

GENERAL MANAGER,

145 COLLEGE STREET, TORONTO.

Pharmacology and Therapeutics—A. J. HARRINGTON, M.D., M.R.C.S. Eng., Toronto.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Clinical Medicine—ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine Toronto University; Physician Toronto General Hospital, St. Michael's Hospital, and Victoria Hospital for Sick Children.

Mental Diseases—EZRA H. STAFFORD, M.D., Toronto, and N. H. BEMER, M.D., Mimico Insane Asylum.

Public Health and Hygiene—J. J. CASSIDY, M.D., Toronto Member Ontario Provincial Board of Health; Consulting Surgeon Toronto General Hospital; and E. H. ADAMS, M.D., Toronto.

Physiology—A. B. EADIE, M.D., Toronto, Professor of Physiology Woman's Medical College, Toronto.

Pediatrics—AGUSTA STOWE GUILLES, M.D., Toronto, Professor of Diseases of Children Woman's Medical College, Toronto.

Pathology—W. H. PEPLER, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Demonstrator of Pathology Trinity Medical College;

Physician to Out-door Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology and Otiology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Laryngology and Rhinology—J. D. THORBERN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

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 fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

VOL. XII.

TORONTO, AUGUST, 1902.

NO. 2.

Editorials.

SOME CAUSES OF TUBERCULOSIS IN ONTARIO.

THE Registrar-General of Ontario showed in his annual report for the year 1900, that the mortality from tuberculosis is higher in the cities of this Province than in the country districts. For instance, the mortality from tuberculosis per 1,000 of population at Toronto, in 1900, was 2.3, while in the County of York, in which Toronto is situated, it was 2.1. At Ottawa the rate was 2.3, while in the County of Carleton, in which Ottawa is situated, it was 2.2. At Windsor the rate was 2.3, and in the County of Essex, in which Windsor is situated, it was 1.4. At Brantford the rate was 2.4,

while in Brant County, in which Brantford is situated, it was 1.6. At St. Catharines the rate was 2.8, while in Lincoln County, in which St. Catharines is situated, it was 1.7. At Belleville the rate was 3.0, while in Hastings County, in which Belleville is situated, it was 3.7. At Kingston the rate was 3.1, while in Frontenac County, in which Kingston is situated, it was 2.1.

The contrasted figures show that causes are at work in the cities of this Province, which make the rates of mortality from tuberculosis higher in them than in the agricultural areas in their neighborhood. We shall not, in this article, make any special inquiries into, or offer any reasons for, this state of affairs, although our readers will doubtless agree with us that the more widely diffused sunlight and pure air of the country go far to explain the advantage possessed by the country over the city.

The opinion has been expressed by competent judges, that the structure of the rocks and the constitution of the soil of a large portion of the land bordering on the upper St. Lawrence River, and on the shores of the eastern half of Lake Ontario, exercise an influence in causing tuberculosis among the inhabitants of these parts of Ontario. The rocks are mainly of the Laurentian system, which, when level, permit the water to run off rapidly into creeks, etc., or else, owing to their foldings, retain it in numerous small basins. A large portion of the soil is a stiff clay, level in many parts. A clay soil is retentive of moisture, and when level, unusually so. The soil of eastern Ontario is, therefore, quite damp, unless where it has been drained. In certain places, also, as, for instance, near the rapids of the St. Lawrence, where the river does not freeze over in winter, the air is permanently damp. To illustrate the influence of a damp soil and a humid atmosphere in increasing the mortality from tuberculosis, the Registrar-General points to "Frontenac County, in which the tubercular rate of 2.1 is accentuated by the presence of Kingston, with the enormous rate of 3.1, while Leeds and Grenville has 2.3, and includes Brockville, with 2.2."

The Registrar-General might have added that the tubercular rate for York County, 2.1, is but little lower than that of Toronto, 2.3, and would go to show that a damp soil in the county so negatives the effects of bright sunlight and fresh air, that Toronto, which is a well-drained city, has nearly as low a tubercular mortality as York County, which must be very imperfectly drained.

Then, again, by noting the tubercular mortality rates of counties in Ontario, in which the soil is of a permeable character, one sees another side of the same problem. Thus, in Middlesex, where the soil is highly permeable, the mortality from tuberculosis is 1.4, and in London, its chief city, it is 1.8. In Wentworth County, where the soil has a limestone basis, the tubercular mortality is 1.9, and in Hamilton, its chief city, it is 1.8. In Wellington County, which has a limestone basis, there is a tubercular mortality of 1.2, and in Guelph, its chief city, 1.7. It is acknowledged by medical authorities that humidity of the soil and abundant atmospheric moisture increase the prevalence of tuberculosis. Osler says that "tuberculosis is especially common in regions where sudden variations of temperature or protracted cold with dampness prevail. This increase is associated with a heightened vulnerability due to an increased tendency to catarrhal affections of all kinds." Buchanan states: "It has been shown that proper drainage of marshy districts, has diminished to some extent the frequency of tuberculosis, and on the other hand mountainous districts, are often remarkable for freedom from the disease." In reference to the action of drainage in preventing dampness of the soil and lessening the mortality rate for tuberculosis, the Registrar-General says: "In both the Niagara and Essex Peninsulas, which in former years had abnormally high death-rates from consumption, extensive drainage works and improved agricultural conditions are exercising a slightly lessening effect on the mortality from phthisis.

The tubercular tendency on the part of the Indians of this continent, even in the most favorable climate, has been observed repeatedly, and the statistics of the Registrar-General go to show that it exists in Canada. Thus, the Garden River Indian Reserve reports a total mortality of 39 for 1901. Of these deaths, 14 were due to influenza, and 10 deaths to consumption. In the Manitoulin Island reserve, the total deaths from all causes were 38; the deaths from influenza 9, and from consumption 11. This means that out of 77 deaths in both bands, almost a third, or 31 per cent., were returned as due to consumption.

The negro race is also said to be highly receptive to tuberculosis. Rodman says: "Tuberculosis is more than twice as common in the African as in the white." Sears (*Boston Medical and Surgical Journal*, April 4th, 1895) found that, in 200 cases of

tuberculosis, nearly 50 per cent. belonged to the first and second generation of Irish immigrants.

There are no statistics available in this Province to enable us to test the relative prevalence of tuberculosis among negroes or the Irish. Perhaps the Registrar-General may institute some further inquiries to throw light on the question of nationality in the etiology of tuberculosis in Ontario.

J. J. C.

THE SEVERE ILLNESS OF HIS MAJESTY KING EDWARD VII.

AT page 101 of this issue we publish an article from the *Lancet*, London, Eng., descriptive of the recent severe illness of His Majesty King Edward VII. Needless to say, the high rank of the royal patient, as well as his many estimable qualities of mind and heart, have imparted a peculiar interest to the minutest circumstances of the ailment, which has so seriously menaced his life. At the present time it is pleasing to learn from the daily bulletins, and the accounts published in British medical journals, that complications of a disquieting nature are not feared, and that His Majesty will probably be restored to health, after the appendicular abscess from which he suffers has been healed.

In reference to the operation for the relief of abscess, which was performed on the King by Sir Frederick Treves, June 24th, at Buckingham Palace, the *British Medical Journal* says:

“The condition of the parts made clear at the operation is such as to assure the surgeons that the abscess was due to one of those unexplained inflammations, which are known to occur with remarkable frequency in the neighborhood of the vermiform appendix. It was not due to any organic disease of more serious nature, or to a malignant growth.”

In his Cavendish lecture on some phases of inflammation of the appendix, which was delivered before the West London Medico-Chirurgical Society on June 20th, 1902, Sir Frederick Treves lays down his views as to the rules of treatment of the acute stage of appendicitis, as well as the treatment of a case in which an operation has been done for appendicular abscess, and the abscess has healed. Except in ultra acute cases, or cases in which suppuration has occurred, Treves is opposed to an operation

during an acute attack of appendicitis. He favors operation during the period of quiescence, stating that since 1887 he has removed the appendix during the quiescent period over one thousand times, with two deaths. He also says that "when any patient has had one definite attack of appendicitis, it is desirable that the appendix should be removed, as soon as all active phenomena have vanished."

He says, further, "If an attack has been attended by the formation of an abscess, which has healed, then the question of removing the appendix may be indefinitely deferred, since by the occurrence of suppuration the patient is—in all but a very small percentage of cases—cured of his trouble. Should there be any recurrence of symptoms after the abscess has closed, then the removal of the appendix is certainly to be advised. Complications arising from the abscess itself may also call for surgical interference."

Arguing from these premises, it is possible that, after His Majesty has recovered from his present illness, he may be troubled no further with abdominal disease proceeding from the appendix. Should there be a recurrence of symptoms after the abscess has closed, it is likely, from the opinion expressed, that Sir Frederick Treves would favor the removal of the appendix during the quiescent period.

J. J. C.

AN HONOR TO TRINITY.

TRINITY UNIVERSITY, honored itself in conferring the degree of D.C.L. on Dr. William Osler.

Canada has no greater son than William Osler. The University of Trinity College will never have a more distinguished graduate.

The career which has its windings in the quiet paths of human endeavor is not crowned with the gaudy laurels which wreath the brow of the soldier, the statesman, or the novelist who climbs the sunlit heights of fame.

Fame is not measured by the number of times that a name is mentioned per day. The horse jockey or the prize fighter revels in the glory of having his name on the lips of the multitude. The fame which endures is rooted in genius, and William Osler

has written his name high up among the kings in the realm of medical science.

It is an honor to the University of Trinity College to be associated with the name and fame of such a Canadian as Dr. William Osler.—*Telegram.*

EDITORIAL NOTES.

Medical Deontology.—In English-speaking countries questions coming under the heads of professional duties and etiquette are generally referred to as belonging to the domain of medical ethics. Recently, however, our French brethren have introduced a new term, "medical deontology" [Gr. *δεοντα*, things that ought to be done, *λογος*, treatise]. The science of professional duties and etiquette. A course of lectures on this subject was inaugurated in Paris in 1899 by Drs. Le Gendre and Lepage, and these have been recently published. In reference to specialists, Professor Grasset formulates what is said to be the generally received opinion in France, as follows: "The consultant's room is neutral territory, where advice may be given to all patients who seek it, whoever may be their medical attendant." As a modification to this dictum, the authors suggest that the specialist, or consultant, must not keep any patient, during the illness for which he has been called in consultation by the medical attendant. Upon the burning question of the patient changing his doctor, the authors maintain the absolute right of the patient to choose his medical adviser, and to change him when he pleases, but they consider that a medical practitioner should not undertake the care of a patient unless the former doctor's account has been settled. If, on account of the urgency of the case, it is impossible to postpone attendance, it is the duty of the supplanting physician to take care that the former medical attendant's account is settled before his own is paid. When, however, one medical practitioner supplants another in the course of a grave illness, such as typhoid fever, it is held to be the duty of the supplanter, in addition, to notify the former attendant of the fact, and it is suggested that this is best done by an interview ostensibly to obtain information about the patient's history. These views seem to be quite reasonable, and will probably commend themselves to most men. A practitioner has no right to feel displeased with a brother practitioner because he has taken some of

his patients. The doctor is the servant of the public, and the public choose whomsoever they please. All the same, doctors owe duties to their confreres as well as to the public.

Imprisoned in a Well for Ninety-Nine and One-Half Hours.—

On June 24th a well-digger named Joshua Sanford, owing to the collapsing of the brick casing of a well, at the Scott farmhouse, near Paris (Ont.), was imprisoned in the well for close on one hundred hours. In order to rescue Sanford, a shaft fifty feet in depth was made parallel to the well in which he lay. When on a level with the position occupied by the man, a tunnel was constructed from the shaft to the well, large enough to permit the passage of a man's body, and the first nourishment that he received in nearly eighty hours was given him. On Friday night, June 27th, it was found that his right leg was held tightly in a mass of brick, so that it could not be moved. A second tunnel three feet beneath the first one was put in and cased. The rescuers, John Carnie, William Hamilton, and Richard Doyle, introduced scantling through the lower tunnel, so as to support the weight of the mass of collapsed brick and sand surrounding Sanford's body, and then picked out the bricks, so that the imprisoned leg could be released without causing the mass of debris to fall lower down. Sanford's head was then lowered to the same level as his feet, and he was withdrawn from the well through the lower tunnel and carried up to the surface in a bucket at 5.30 Saturday, ninety-nine and one-half hours after the accident had occurred. After he had been placed in bed, he was examined by Drs. R. Dunton, Burt, Sinclair, and Loggie, of Paris, Addison, of St. George, and Stanley, of Brantford. They found that Sanford had suffered comparatively little during his incarceration, and long period of abstinence from food. There were a number of slight scalp wounds on his head, caused by falling bricks. There were wounds and bruises all over the body, and several contusions on the right leg, which anchored the man in the well, and around which a rope had been fixed in an effort to drag him out of the hole. This leg was apparently paralyzed, and this condition was expected to exist for some time. His speech was nearly normal. His pulse was 140, his temperature 98 F., and the respirations 44. The soundness of Sanford's physique may be estimated from the following colloquy, which took place after he had been carried to the surface and placed on a stretcher: "You're a brick, Carnie," said Sanford,

stretching out his hand to the man who had spent seventeen hours in the shaft. "Well, I may be a brick, Josh," said Carnie, "but you're the biggest brick in America."

Spitting on the Sidewalks Forbid Jen.—We notice in the June number of *The Sanitarian*, that the New York Board of Health, at its meeting, May 14th, amended its code, so as to forbid spitting on sidewalks. This amendment was made as a result of a letter from Dr. Herman H. Biggs, the medical officer of the Board of Health. In his letter, Dr. Biggs said: "A grave feature of the pollution of public places of assembly and public conveyances is the inevitable transmission of the always objectionable and dangerous material on the footwear, clothing, and particularly the skirts of women, into private houses, where it is a constant menace to the welfare of the occupants, whose attempts to maintain salubrious conditions are rendered futile. The action of the department, taken six years ago, has been productive of much good. There is still less excuse for spitting on the sidewalk than on the other places mentioned." The expectoration of the men, and the long dresses of the women are both at fault. Honors thus being even between the sexes in Gotham, on this question, it remains to be seen which of the two will appreciate the question of health in its true light, and yield a ready assent to the demands of an improved street hygiene. If the men would give up expectorating on the sidewalks, the women could more safely indulge their penchant for long skirts; but even if the modists do pronounce in favor of long skirts, ladies with small feet need not be too obdurate in adhering to the decrees of fashion. One of the most absurd scenes in street life is a citizen, in his Sunday best, walking along a sidewalk puffing at his cigar and occasionally expectorating, while his better half, who walks beside him, collect a percentage of the dust of the neighborhood on her trailing skirts.

Photo-Therapy in Small-Pox.—Dr. Barbary, of Nice, read a paper, May 20th, 1902, before the Academy of Medicine, Paris, on the treatment of smallpox by photo-therapy (Finsen's method) combined with a rigorous system of local and general asepsis and antisepsis. After the appearance of the disease in a patient, he is isolated in a room provided with window-panes of red glass, and red window-blinds. Lotions and sprays of sublimate for the body and the face, bathing the diseased parts with a lotion of salicylate

of sodium in alcohol and cherry-laurel water or a lotion of boracic acid, are also employed externally. The internal treatment consists of a mixture containing salol and hydrobromate of quinine in carbolized syrup. Dr. Barbary's cases, eight in number, all recovered. The fever disappeared rapidly, there was no suppuration, complications did not supervene, and the disease ran a rapid course. After desquamation, the faces of his patients were not pock-marked. This is, of course, very interesting reading, and if the mildness of the smallpox observed by Dr. Barbary could be logically traced to the therapeutic exhibition of red light and antiseptics, one or the other, or both together, Finsen's method of treating smallpox should be regarded as a great discovery. For the last three years variola has prevailed in Canada, but so mild is the disease, that the ensuing mortality is about 1 per cent., and pitting of the skin is not observed in the survivors. There is but little suppuration, complications do not supervene, and the disease generally runs a rapid course. The type of the disease is mild, and the successful results, as far as the patients are concerned, are not thought to be due to the methods of treatment pursued by the attending physicians.

The Bacteriology of Scarlet Fever.—At a meeting of the Society of the Hospitals, Paris, May 2nd, 1902, Drs. Variot and Roy presented a statistical report, in which they offered some views as to the bacteriology of the sore throat of scarlet fever. In their opinion this form of sore throat is not due to one bacterium, but to several different kinds of bacteria. They also thought that sore throats in scarlet fever were often of a diphtheritic nature, but that these diphtheritic sore throats do not call for a gloomy prognosis. It also appears, according to their views, that the temperature curve in scarlet fever varies in a direct proportion to the intensity of the sore throat. All of which is of great interest to the clinician, illustrating as it does the necessity of devoting great attention to the rhino-pharynx of a patient suffering from scarlet fever.

As It Ought to Be.—At a session (June 27th) of the annual meeting of the College of Physicians and Surgeons of Ontario, the report of the special committee appointed to consider Dr. Roddick's Dominion Registration Bill, was presented by Dr. Roome. The committee heartily approved of the Bill, and recommended that the necessary steps be taken to secure the passage of the Bill

through the Ontario Legislature. The Council added to the resolution adopting the report a message of congratulation to Dr. Roddick, which was at once telegraphed to him. Several members spoke in the warmest praise of Dr. Roddick's good work in connection with the Bill, and the resolution was finally adopted by a standing vote, with three ringing cheers. J. J. C.

Our Coronation Number.—It has been a source of the greatest satisfaction to us to have received from, not only all parts of Canada, but the Mother Country as well, letters congratulating us upon our June number, which had in it one or two special features in connection with The Coronation of our Rightful Sovereign, King Edward the Seventh. It is always pleasant to receive letters of this kind, and we wish to take this opportunity of thanking our rapidly widening circle of friends for this repeated mark of their approval, and to say that we regretted extremely our inability to supply the large demand for additional copies of the Coronation number. It is not often that a medical journal is honoured by receiving letters from members of the Royal Family, but during the past few weeks we have been in receipt of letters of acknowledgment from the private secretaries to His Majesty, King Edward VII., and H.R.H. the Prince of Wales, both expressing their pleasure at receiving the Coronation number of the Canadian Journal of Medicine and Surgery, and thanking us for the loyal sentiments therein contained. We may say that we also received kindly worded letters from the Hon. Jos. Chamberlain, the Hon. Lord Salisbury, and Lord Strathcona.

W. A. Y.

PERSONALS.

DR. E. LELIA SKINNER has removed to 40 Carlton Street.

DR. RODDICK has resigned his connection with the *Montreal Medical Journal*.

DR. W. H. LOWE, of Toronto, is now in England, but will return this month.

DR. GEORGE E. MILLICHAMP begs to announce that he has moved from Church Street to 49 Carlton Street.

We beg to acknowledge the reproduction by us, of the illustrations of The King's Surgeons from *The Illustrated London News* appearing in this issue.

DR. CRAWFORD SCADDING, we understand, intends purchasing an electric carriage.

DR. A. J. HARRINGTON expects to move into his new house on Bathurst Street about October 1st.

DR. J. J. CASSIDY and his family are summering at their county house, "Sanitas," at Long Branch.

DR. R. A. PYNE will retain his seat as member in the Ontario Government for East Toronto. The protest "did not work."

DR. T. M. ARMSTRONG, coroner of the county of Simcoe, and for several years Mayor of Alliston, has taken up his residence in Toronto.

THE Ontario Medical Council, to their credit be it said, unanimously endorsed Dr. Roddick's Bill, which recently passed the Senate at Ottawa.

DR. J. M. MACCALLUM has decided not to take his proposed trip to England this summer after all, but has been "holidaying" in St. Catharines and elsewhere.

DR. J. ALGERNON TEMPLE, of Simcoe Street, has sold his residence and will build on Bloor Street West, near Huron Street, whither he will remove in a few months' time.

DR. ROBERTS, of Bloor Street, returned two weeks ago from South Africa, whither he went as Surgeon to the Field Hospital Corps, who went out to that far country about three months ago.

MR. F. M. TUCKETT, President of the Ferrol Co., whose headquarters are at Markham, and who has done such effective work in the establishing in Canada of Ferrol as a medicinal preparation of merit, left a few weeks ago for London, England, where he expects to remain for the better part of one year. Mr. Tuckett has made for himself in this country a reputation as a good, honest pharmaceutical manufacturer, as from the first he promised that Ferrol should be maintained as a strictly ethical preparation, and should be advertised solely to the medical profession and by the medical press alone. This he has, in spite of considerable up-hill work, carried out to the letter, and he deserves credit for doing so. Mr. Tuckett will establish, while in London, the Ferroleum Co. of London, England, and will place his preparation upon the market in the Old Land. We wish him every success in his labors, and feel that, if he carries out, as doubtless he will, the policy established in this country as to the methods of introduction, etc., his success is assured.

Items of Interest.

Heard at the Church Door.—Mrs. Nostrumeater—Oh dear! I do so wish this rheumatism of mine would go. Why, would you believe it, my limbs feel like wood to-day. Mrs. Lacktender—Too bad! does your head ever get that way? Mrs. Nostrumeater—Oh, no, thank heaven! it hasn't got that far yet.

St. Michael's Surgeons.—The vacancy on the staff of St. Michael's Hospital created by the death of Dr. Sweetnam has been filled by the appointment of Dr. Uren. Dr. Uren moved to the city from Acton some three years ago to accept the position of assistant surgeon at St. Michael's. The doctors of the house staff for the coming year will be : Dr. Colling, Toronto; Dr. S. Doherty, Eglinton; and Dr. Wainwright, of Orillia.

House Surgeons at Toronto General Hospital.—The following graduates in medicine from Toronto and Trinity Universities, and members of the College of Physicians and Surgeons of Ontario, have been appointed resident house surgeons at Toronto General Hospital for the year 1902-3 : Toronto University—J. D. Chisholm, Berlin; T. R. McCollum, Hamilton; A. B. Rutherford, Owen Sound; P. W. Saunders, Toronto. Alternates—D. Laucaster, Toronto; and G. Davies, Cayuga. Trinity University—C. H. Elliott, Toronto; S. Johnston, Toronto; R. Neil Kyle, Canilla; W. H. Lohry, Guelph; R. Parsons, Emery. Alternates—S. J. Farrell, Toronto, and G. B. Jamieson, Barrie.

The Late Robert J. Gunn, M.D.—Dr. Robert J. Gunn, of Whitby, died at his residence on June 24th, in his eighty-ninth year. The deceased was a native of Caithness, Scotland, and an L.R.C.P., Edin. He settled in Whitby in 1849, and had continuously resided here from that date. Dr. Gunn filled a large place in the public life of this country for many years. He was Mayor of the town on several occasions, and jail surgeon for thirty years. He was a genial, kind-hearted man, and upheld the best traditions of his profession, to which he was an ornament. He retired from active practice a few years ago, and spent his declining years in his adopted town, where he was regarded with great respect, and where notice of his death is received with universal regret. He was a staunch Conservative, and a Presbyterian. He is survived by his widow and two daughters, Mrs. John Ball Dow, of Whitby, and Mrs. Angus McKay, of Indian Head, N.W.T.

Doctor's Carriage for Sale.—A four-wheeled, platform-gear dogcart, built by Hutchinson & Son, of Toronto, cost originally \$425, newly painted, and in first-class order, for sale for \$150 cash. Apply at once, Box 47, office of *The Canadian Journal of Medicine and Surgery*, Toronto. This is a great snap.

Changes in Asylum Staff.—Dr. McNaughton, assistant physician at the Asylum for the Insane, Mimico, has been transferred to the London Asylum to succeed Dr. Wilson, who has been transferred to the Hamilton Asylum. Dr. St. Charles, of the Hamilton Asylum, takes Mr. McNaughton's place at Mimico. These transfers will take place about the first of August.

Mortality Among Clergymen Greater Than That Among Soldiers.—An English authority says that under favorable conditions of peace, the mortality among soldiers is practically the least known, with a death-rate of only five in every one thousand. Compared with a soldier's life, the placid days even of a clergyman are full of danger, for his death-rate is eleven in one thousand, or more than twice as great as that of his militant brother.

A Race Who Do Not Intermarry.—It is extremely rare to find a race keeping to itself and not intermarrying with its neighbors, yet this is the case in at least one part of England, according to a statement in *Health*. At Brandon, on the borders of Suffolk and Norfolk, there is a race, living by itself, marrying only members of its own kind, whose characteristics are as different from those of the surrounding peoples as is night from day. Their origin is lost in antiquity, and they are believed by some to be the last remnant of prehistoric man. They are probably the only people that still work in flint, and they have carried on this trade from time immemorial.—*Medical Times*.

The American Congress of Tuberculosis.—At a meeting of the American Congress of Tuberculosis, held in New York, June 3rd, 4th, and 5th, a reorganization was effected, and the following officers elected for the ensuing year: Honorary President, Dr. Henry D. Holton, Brattleboro', Vt.; President, Dr. Daniel Lewis, New York, N.Y.; First Vice-President, Dr. J. A. Egan, Illinois; Second Vice-President, Dr. Frank Paschal, San Antonio, Texas; Third Vice-President, Dr. E. J. Barrick, Toronto, Canada; Fourth Vice-President, Dr. J. A. Watson, Concord, N.H.; Fifth Vice-President, Dr. Romola, Guatemala; Secretary, Dr. George Brown, Atlanta, Ga.; Treasurer, Dr. P. H. Bryce, Toronto, Canada.

The suggestion to hold a World's Congress of Tuberculosis in St. Louis in 1904, met with approval, and steps are being taken to advertise this fact, and secure the aid of medical journals, societies, physicians, and scientists in making this movement a grand success.

The International Congress of Medicine.—The fourteenth International Congress of Medicine will be opened at Madrid, Spain, on April 23rd, 1903, and will close on the 30th of the same month. So far, no committee has been appointed to represent Canada. Dr. Abraham Jacobi, of New York, has been appointed president of the committee for the United States, and Dr. John H. Huddleston, also of New York, secretary. The *Montreal Medical Journal* (April, '02), announces that Dr. Shepherd, President of the Canadian Medical Association, has been invited by Dr. Jacobi to take a place as a member of the American committee of the Spanish Congress, and that he has accepted the invitation.

Trinity Medical College.—The Faculty of Trinity have every reason to expect a most successful winter session, commencing next month. They have this year made arrangements for special courses of lectures in the final subjects, in addition to the ordinary lectures hitherto given in the College. This should prove most advantageous and a special attraction to students. The Faculty are also refitting the primary lecture-room, and many of the old desks embellished with the initials of members of the profession long since become famous, will disappear in the work of reconstruction. The lecture halls are also undergoing general repair, so that the old institution will, at its opening in a few weeks hence, present a new and fresh appearance.

Toronto's Medical Health Officer.—The City Council not long ago certainly acted most wisely in making an addition to the salary of our able Medical Health Officer, Dr. Charles Sheard. There is no question about it, that Dr. Sheard has proven himself to be the best Health Officer Toronto has ever had, having coped with almost every phase of municipal health matters, and always "come out on top." The members of the profession, who have occasion to call and interview the Doctor, are invariably treated with courtesy and kindness. Woe betide, however, an alderman who shows a disposition to interfere unduly with what does not come within his sphere, as far as the city Medical Health Department is concerned. He may get his toes trodden on, and rightly so. Dr. Sheard's independent manner towards some such city father is one of his best points.

Urotropin.—Golze and Gottlieb (*Prager medicinische Wochenschrift*, August, 1901, from *Treatment*, Vol. V., No. 8, 1901) have arrived at certain interesting conclusions with regard to this drug. 1. It is a powerful antiseptic, its bactericidal power being greatly increased by heating to body temperature. 2. The presence of albumen does not interfere with its antiseptic properties. 3. *Bacillus typhosus* seems to be particularly sensitive to the action of urotropin. 4. Uric acid concretions are dissolved by its action.

5. Given internally in 7-grain doses the drug is well borne (this dose may be safely increased to 10 grains three times a day), and does not irritate the bladder. In a case of uric acid calculus small clay-colored masses of uric acid were passed which were softer than those voided previous to the administration of the drug. It appears, therefore, that urotropin is a thoroughly trustworthy intestinal, as well as a urinary antiseptic, and may be used advantageously for this purpose, especially in typhoid fever.

New Science Course Adapted for Students Proceeding to the Degree in Medicine in Toronto University.—The special attention of students entering medicine is directed to the recent enactment of the University Senate instituting a New Curriculum in Science leading to the degree of Bachelor of Arts. This course is specially adapted for students who intend entering eventually upon medicine, and embraces the purely science subjects which are demanded of students in the primary years of medicine. This new curriculum is so arranged that at the completion of the Fourth Year in the Arts Course the student has already fulfilled the requirements of the first two years in medicine. It will therefore be possible in the future for a candidate who has thus obtained his Arts degree to enter in the Third Year of medicine, and he will be qualified to present himself for the degree of Bachelor of Medicine two years after graduating in Arts. In other words, it is possible for one to obtain the degrees of Bachelor of Arts and Bachelor of Medicine after six years study at the University.

The very great advantages of this course to a student entering medicine are obvious. The preliminary science subjects of the course in Medicine are taught in much greater detail in the science course in Arts, as in the latter is included advanced laboratory and experimental work, such as is not required in the purely medical course of studies. Further, the student is required to become proficient in modern languages, an acquirement which is of great value to the student of modern scientific medicine. This new course not only affords opportunity for wider culture and greater scientific attainment than is possible in the more limited four years' course in medicine, but it fits one for a much wider field of usefulness after graduation. The graduate who has taken the Science Course in Arts, and subsequently that of Medicine, is qualified to devote his life to the purely scientific side of medicine if he should so elect after leaving the university, and moreover, he is undoubtedly better fitted to practise his profession should he desire to qualify for that alone.

For details regarding the Science Course in Arts, the student is referred to the university calendar, or he may obtain a copy of the curriculum of study by application to the Secretary of the Faculty of Medicine.

The Physician's Library.

BOOK REVIEWS.

The Diagnosis of Surgical Disease. By DR. E. ALBERT, late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized translation from the eighth enlarged and revised edition, by ROBERT T. FRANK, A.M., M.D., With 53 illustrations. Pp. 419. New York: D. Appleton & Co. 1902.

This work is well worth a place on the book-shelves of the general practitioner, but its value will be most appreciated by the surgeon, and more particularly by the surgeon who is engaged in clinical teaching.

The author has compiled a most attractive series of chapters on Surgical Diagnosis. The first few pages of the book, for example, deal with "The Causes of Abnormal Positions of the Head," and clinical cases are noted to illustrate mal-position of the head from various causes, such as muscular weakness induced by supporting the head in fixed positions in different occupations; mal-position of the head in fractures, dislocations and contusions, and the characteristic attitude assumed in cervical caries due to tuberculous disease. It occurs to the reviewer that the author might have made some useful addition to his list of such cases by including wry neck and analogous conditions, whilst citing the commoner causes of the deformity with which the chapter deals.

The book is constructed to demonstrate the diagnosis of various surgical conditions affecting different parts of the body, and it is thus what might be termed a work on regional diagnosis. Thus the region of the head is completed, after consideration of the subject matter of the chapter referred to above, by chapters on Injuries to the Skull and Brain; Inflammatory Complications following Injury to the Skull; Tumors of the Skull, The Face—Trigeminal Neuralgia; The Orbit, Nose, and Frontal Region; Diseases of the Maxillae, etc. The author then proceeds to discuss Surgical Affections of the Extremities and of the Neck, Thorax, and Abdomen.

The work is by no means exhaustive, but it will prove exceedingly useful as far as it goes, and is written in a most attractive manner. Numerous cases are cited in a concise and clear style, so

as to illustrate in a vivid manner the points which the author wishes to impress upon his readers. The volume, therefore, well fulfils the purpose for which it was written in presenting to the practitioner and the student the problems in diagnosis which confront them at the bedside. We have much pleasure in recommending this useful book, and we feel sure it will be appreciated by the profession.

A. I.

The Practitioners' Manual. A Condensed System of General Medical Diagnosis and Treatment. By CHAS. WARRENNE ALLEN, M.D., Consulting Genito-Urinary Surgeon to the City (Charity) Hospital; Consulting Dermatologist to the Randall's Island Hospital, to the Hackensack Hospital, to the Bayonne Hospital, to the Infant Asylum of the Holy Rosary; Professor of Dermatology at the New York Post-Graduate School, etc. Second Edition, revised and enlarged. "Qui bene dignoscit bene curat." New York: William Wood & Co. 1902. Canadian Agents: The Chandler & Massey Limited, Toronto and Montreal.

Let "Allen's Manual for Practitioners" act as a beacon light to medical writers as a body. Let those thus desirous of disseminating medical lore take this book as an example, so that in future, it may be, general practitioners will, in purchasing books to which they look for help in their every-day work, be able to secure something distinctly practical, and which will give them what will most benefit them from day to day.

It is with a great sense of pleasure that we glance over Dr. Allen's second edition, as we find in every page, almost, material that is crisp, snappy, and up-to-date, and what is best of all, not verbose. It is, in short, a system of medicine boiled down and condensed.

W. A. Y.

Self and Sex Series. For Men. By SYLVANUS STALL, D.D. (1) "What a Young Boy Ought to Know." (2) "What a Young Man Ought to Know." (3) "What a Young Husband Ought to Know." (4) "What a Man of Forty-five Ought to Know." *For Women.* By MRS. MARY WOOD ALLEN, M.D. and MRS. EMMA F. A. DRAKE, M.D. (1) "What a Young Girl Ought to Know." (2) "What a Young Woman Ought to Know." (3) "What a Young Wife Ought to Know." (4) "What a Woman of Forty-five Ought to Know." Price, \$1.00 each. Toronto: William Briggs, 29-33 Richmond Street West.

While these books have been written for non-medical readers, yet they throw much needed light upon subjects that the medical practitioner is called to deal with constantly, and upon which he may profitably consult this excellent series.

It is chiefly, however, to the persons named on the title pages that they come freighted with instructions and advice, not only safe, but valuable. Medical practitioners are the chief official guardians of the physical well-being of the people, and know well that there is no agency so prolific of suffering and irremediable injury to the body and its health as vice. Unfortunately many of the semi-medical books written for the laity are non-scientific and entirely unworthy of confidence. This charge will not hold as against the books of this series. For young people who are to be kept free from vice the part of safety lies not in the way of ignorance, but in scientific instruction as to the physiology, the capabilities, the right use of and proper care of the body.

There have crept in some statements which detract; for example, "that a child conceived when either parent was in a state of intoxication is likely to be an idiot." This, though often stated, does not bear the hall-mark of scientific accuracy.

Every book of the series may confidently be recommended to parents and teachers, and to the separate persons for whom written, as containing the very best statement of the important information which should be supplied to every young man and woman, every boy and girl, entering upon the duties and responsibilities of life.

B. E. M.

Progressive Medicine, Vol. II., June, 1902. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by ROBERT AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 440 pages, 28 illustrations. Per volume, \$2.50, by express, prepaid to any address. Per annum, in four cloth-bound volumes, \$10.00. Philadelphia and New York: Lea Brothers & Co., Publishers.

The contributors to Vol. II. are: John G. Clarke, M.D., William B. Coley, M.D., Edward Jackson, M.D., and Alfred Stengel, M.D. Even those who are well read in modern gynecological literature may find that some novel device, often an improvement, has escaped their observation, so that a perusal of Dr. Clarke's article will give fulness of contour to their reading. The latest advances in technique are referred to, and new views on gynecological pathology noted.

Physicians interested in the surgery of the abdomen will find the subject well put by Dr. Coley. Though brief, his article on hernia is valuable. He gives his own statistics of the operation for the radical cure of hernia, and also those of the great French surgeon, Lucas-Championiere. His criticism of the living suture used by Dr. McArthur in his operation for the radical cure of hernia is favorable. In Dr. Stengel's reference to pernicious anemia Dr. McPhedran's name is frequently quoted as "Mc-

Phedran." Dr. McPhedran's paper on "Pernicious Anemia" was read at the meeting of the Association of American Physicians, Washington, May, 1901, and first published in the CANADIAN JOURNAL OF MEDICINE AND SURGERY, December, 1901.

The article on ophthalmology, while principally of value to the specialist, will also be suggestive to the general practitioner. Several useful illustrations are scattered through the volume. A most useful digest.

J. J. C.

Practical Medicine Series of Year-Books, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly. Under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. VI., General Medicine, edited by FRANK BILLINGS, M.S., M.D., head of Medical Department, and Dean of the Faculty of Rust Medical College, Chicago. With the collaboration of S. C. STANTON, M.D. May, 1902. Chicago: The Year-Book Publishers, 40 Dearborn Street. Price of this vol., \$1.50.

The first volume of this series was published in October, 1901, on General Medicine. This volume included all the general diseases except those of the alimentary tract, and those diseases which would be more seasonably presented in the spring and summer months. The May volume, which is to hand now, completes the year's work in general medicine, taking up the subjects above indicated. The selections from current literature on typhoid and fevers like typhoid, but not giving the Widal reaction, are very full, and form a very valuable compilation. Gastro-intestinal affections occupy a large part of the work. The volume contains 271 pages, including an index. It is conveniently arranged, is up-to-date, and will form a useful addition to the year's literature.

W. J. W.

The Surgery of the Rectum. By CHARLES B. KELSEY, A.M., M.D., late Professor of Pelvic and Abdominal Surgery at the New York Post-Graduate Hospital, and Professor of Rectal Surgery at the University of Vermont. Sixth Edition. Illustrated by 215 engravings. New York: William Wood & Company. Toronto and Montreal: Chandler & Massey Limited.

Kelsey's work on "The Surgery of the Rectum" is so well known, and has been so favorably received by the profession, that it requires no recommendation. The sixth edition has been entirely re-written. The author states that in it he has tried to present the surgery of the rectum as it appears to him after twenty-five years of practice. The first chapter deals with examination of patients and diagnosis. The author states that, "To one unaccustomed to the examination of patients suffering with disease

of the rectum or pelvis, the diagnosis is surrounded by many imaginary difficulties." He also states that, "The secret of successful diagnosis of these diseases consists in taking nothing for granted. Every affection of the lower ten inches of the bowel, and most of those of the other pelvic organs, can be either seen or felt, if the practitioner will only take the necessary trouble to go about it in the proper way. The man who fails to detect the nature of a rectal trouble is generally the one who has either refused to employ the necessary and yet simple methods by which alone a diagnosis can be reached, or else has not sufficient skill and experience to interpret the physical conditions found." The author's methods of examining his patients are fully described in this chapter. Subsequent chapters deal with the various diseases of the rectum. The one on hemorrhoids is especially interesting, and will be found very satisfactory to the general practitioner. Several methods of treatment for internal hemorrhoids are described, but Kelsey himself prefers the clamp and cautery in most cases. The latest edition of this most excellent work is sure to meet with the cordial reception which it so well deserves.

A. E.

Jacobson—the Operations of Surgery. By W. H. A. JACOBSON, M.Ch. Oxon., F.R.C.S., Surgeon to Guy's Hospital; Consulting Surgeon Royal Hospital for Children and Women; Member Court of Examiners Royal College of Surgeons, etc.; and F. J. Stewart, M.S., Lond., F.R.C.S., Assistant Surgeon Guy's Hospital and to the Hospital for Sick Children; Surgeon in charge of the Throat Department, Guy's Hospital. Fourth Edition, Revised, Enlarged, and Improved. 550 illustrations. Two Volumes. Vol. I.: Operations on the Upper Extremity; Operations on the Head and Neck; Operations on the Thorax. Vol. II.: Operations on the Abdomen; Operations on the Lower Extremity; Operations on the Vertebral Column. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street, 1902.

Upon opening this new Jacobson, the first thing that strikes one is the large number of new illustrations, so helpful toward a perfect understanding of the text. It is impossible to go fully into a description of this fourth edition in the space allotted, but a few of the points that strike one may be enumerated. The portion dealing with mastoid disease is much more exhaustive, as well as the whole subject of cranial surgery. A more complete description of the various operations on the uterine appendages is given, as well as on the uterus, vaginal hysterectomy being dealt with in such a manner as to make the literary "gynæpods" jealous.

Several additional pages are given to operations on the stomach. Beraud's operation for tumors of the nasopharynx is given. In addition to the Davies-Colley and Fergusson operations for cleft palate, described in the last edition, Lane's is here described.

The work is not only a useful guide for the general surgeon, but should be in the hands of every house surgeon and senior student going off by himself to locate in some place where he must be on the alert for every kind of surgical emergency. We congratulate the publishers on the bookmaking, though we shall miss the old "fat" volume of the former editions.

Encyclopedia Medica: Under the general editorship of CHALMERS WATSON, M.B., F.R.C.P.E. Volume X., pp. 576. Pregnancy to Scarlet Fever. Edinburgh: William Green & Sons. 1902.

This volume maintains the high standard of its predecessors. Pregnancy and Puerperium are each discussed in several articles by as many writers. The Pulse is the subject of a long and interesting article by H. Oliphant Nicholson, of Edinburgh. This contribution is worthy of careful perusal, as it contains much that is instructive and not too well known to physicians generally. The articles on rheumatism are very good, as they should be in a country where the disease is so prevalent. Rubella and scarlet fever are discussed by Clement Dukes, of Rugby, who has differentiated from measles and these two diseases an eruptive fever which he designates the "fourth disease." Diseases of Rectum, by Allingham, is good, as are many others of the shorter articles. The work of the publisher leaves nothing to be desired. A. M'P.

The Principles of Bacteriology. By A. C. Abbott, M.D. Sixth edition. Philadelphia: Lea Brothers & Co.

It is hardly necessary to again review this well-known textbook which in the present edition has been thoroughly revised and brought up to date by the author. A student who works carefully through Prof. Abbott's book will have had the best possible grounding in bacteriology.

This new edition contains a chapter on the acid proof bacilli related to the bacillus of tuberculosis, the study of which has broadened so much our knowledge of the tuberculous process. The chapter on infection and immunity has a welcome addition in a discussion of Ehrlich's recently published views on immunity.

J. J. M'K.

Neurological Technique. By IRVING HARDESTY, Ph.D., the University of Chicago Press.

This is a book which will be found very useful by all workers at Neurology. It contains a concise and well-written account of all the best methods of studying the central nervous system. The fact that it has a preface by Prof. Donaldson is a sufficient guarantee of its value.

J. J. M'K.

The Care of the Teeth. By SAMUEL A. HOPKINS, M.D., D.D.S., Prof. of Theory and Practice of Dentistry in Tuft's College Dental School. New York: D. Appleton & Co. 1902.

Doctors will find lots of good practical common sense as applied to the teeth and their care in Dr. Hopkins' little work, and the price charged for it is very trifling.

Horse Show Monthly. \$1.00 a year. A Journal of Society and the Horse. All the news of the high-class show-horse and his owner. Beautifully illustrated. Send for sample copy. 606 Bank Commerce Building, St. Louis, Mo.

Parke, Davis & Co.'s 1902-3 Price List.—We are in receipt of this live firm's price-list for 1902-'03, and have looked it over with considerable satisfaction. It is, to say the least of it, most complete, and might almost be termed elaborate. It contains "a complete catalogue of the products of the laboratories of the firm named, and is brim full of information on practical pharmacology. A copy has been mailed, we are informed, to every physician and druggist in Canada; but if for any reason it has not been received, it will be sent "for the asking."

Messrs. P. Blakiston's Son & Co., of Philadelphia, announce that they intend issuing from this date a small pamphlet, to be called "The Medical Book News," a bi-monthly publication devoted to the literature of medicine, and the allied sciences, containing lists of new books, reviews taken from prominent periodicals, occasional criticisms, and news items. The object of the "Medical Book News" is to furnish information of use to medical men in selecting and purchasing books on medicine and the allied sciences. This branch of literature has become so voluminous that the time now seems opportune for the issuing of a periodical devoted to it. The Medical Book News will include: Descriptions of Important Books, Reviews from Medical Papers, News Items, Lists of the most recent American and English Books of all Publishers, Lists of New Books on Special Subjects, Announcements of Forthcoming Books. There are many books, and a large number of special monographs of the greatest scientific merit published by other than regular medical publishing houses, but which are never brought before the average book-buyer, who is dependent almost wholly upon the catalogues and advertisements of individual publishers, and who has, therefore, no opportunity to compare relative values. The lists of new books, as given in the "Medical Book News," will include, as far as possible, all such books, as well as the more important treatises. Every effort will be made to furnish this information promptly, authoritatively, and in interesting and attractive form.