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Original Contributions.

INTESTINAL OBSTRUCTION PRODUCED BY BANDS OF ADHESIONS.*

BY J. F. W. ROSS, M.D., TORONTO.

INTESTINAL obstruction produced by bands is to be met with frequently, and stands out prominently among other cases of this condition. In my experience I have met with the following cases presented for your consideration:

CASE 1.– Mrs. F., aged 24. Operated on July 20th, 1893, for double pyosalpinx and ovarian abscess. The operation was a difficult one owing to the adhesions present. The patient recovered from the immediate operation, and, two weeks later, began to show evidence of intestinal obstruction. There were cramp-like pains in the abdomen, apparent increased peristalsis, gradual increase of pulse without particular elevation of temperature and vomiting. The abdomen was reopened on the seventeenth day. The small intestines were found considerably distended. The large intestine was found obstructed by a band due to new adhesions that had taken place after the removal of the diseased organs. Broke down the adhesions and freed the bowl. The abdominal cavity was washed out, gauze packing was placed in the pelvis, and the patient made an uninterrupted recovery.

CASE 2.—Mrs. M. C., patient of Dr. Cuthbertson. A year and a half before I saw patient she had been operated on for an extra-uterine pregnancy. Convalescence was interrupted by what was supposed to be a hematocele. Five months before I saw her she became pregnant. Tuesday, Feb. 11th, 1896, she was suddenly taken with severe pain in the abdomen accompanied by symptoms

*Read at meeting of Toronto Clinical Society, February 4th, 1903.

of collapse and vomiting. Dr. Cuthbertson was sent for and saw her on Wednesday morning. I saw her with him on Thursday evening. She was then feeling much more comfortable, the vomiting having ceased. There was slight distention of the intestines with gas. She was evidently pregnant about the fifth month. It looked as if some rupture had occurred, either rupture of adhesions, rupture of extrauterine pregnancy that might be present with uterine pregnancy, or a rupture of the uterus at a point of previous ligation. The strangulation of intestine by a band was also taken into consideration. I advised immediate operation but the patient felt so much improved that she thought it unnecessary. The pulse was thready but not rapid. On Friday more marked improvement had taken place. On Saturday stercoraceous vomiting set in. I saw her again in consultation and found her cyanosed and blue, with cold hands and feet, suffering very much from shock. The chances of recovery after an operation were now very much diminished, but on the 15th of February, 1896, at the General Hospital, I opened the abdomen in the median line. The intestines were discolored in places. The colon was natural in color while the intestine above it was dark red and inflamed. On right side of the abdomen, about midway between the pubes and the ensiform cartilage, a coil of gangrenous intestine, about eighteen inches long, was found. This had slipped through under a band of adhesions. The adhesion was readily caught by two pair of artery forceps and cut through. The bowel was immediately freed. The abdomen was rapidly closed and patient almost died on the table. The stercoraceous vomiting ceased, but she remained restless. Next day, Sunday, she did well until towards evening, when, at midnight, without much pain, she aborted. The placenta was very adherent, and there was a good deal of hemorrhage. About six o'clock Monday morning she succumbed.

Case 3.—Mrs. M., aged 28. I saw the patient in consultation with her physician, Dr. Harris. She had been operated on a year before for appendicitis. Two days previous to my visit she had been suddenly taken with pain in the abdomen, accompanied by persistent vomiting. The vomiting was at no time stercoraceous. The pulse fluctuated between 90 and 120; the temperature was not elevated and had not been elevated. She was dark under the eyes. No distention was to be made out. Dr. Harris had withheld purgatives, as he suspected obstruction. The patient complained of irregular severe pains or tormina. The stethoscope revealed increased peristaltic action of the intestines with gurgling, and we concluded that there was undoubtedly obstruction of the bowels present. Next morning, Jan. 21st, 1898, assisted by Dr. Harris, I opened the abdomen at the site of the old scar. The bowel was found firmly adherent to the parietal wall.

After considerable difficulty loosened the omentum and bowel which looked red and inflamed. With the finger I soon discovered the site of the obstruction where a band formed by the omentum, about the size of a boot-lace, completely encircled the ileum near the ileo-cecal valve. The band was produced by adhesions of the omentum to a coil of intestine. The anesthetist said that as soon as we relieved the band he found a great improvement in the pulse. The wound was closed and the patient made an uninterrupted recovery.

Case 4.—Mrs. W., had been ill for some weeks. Temperature had become elevated to 104. Symptoms were those of partial obstruction of the intestine. A peristaltic action was very noticeable and gurgling could be heard distinctly with the stethoscope. Vomiting became stercoraceous. I saw her in consultation with Dr. A. O. Hastings, and on the 13th of April, 1900, at Grace Hospital, assisted by Dr. Hastings, I opened the abdomen in the median line. The small intestine was obstructed in two places by adhesions due to presence of tubercular inflammation. Tubercular nodules were found studded through the intestines. The bowel was freed by cutting through the adhesions and the wound closed. Patient made an uninterrupted recovery and is now in good health.

Case 5.—Mrs. S., aged 25. I operated on her and removed double pyosalpinx, also removed the vermiform appendix as it was inflamed and adherent. After the operation the family physician, Dr. Guinane, took charge of the patient owing to my absence from the city. After I returned I found that symptoms of gradual obstruction of the intestine had been setting in. Patient had pain, constipation, increased peristaltic action of the intestine, and increasing tympany. As the symptoms did not abate, but grew worse, on the 25th of September, 1900, at St. John's Hospital, assisted by Dr. Guinane, I reopened the abdomen in the median line. The coils of small intestine were found very much distended above, while the large intestines were collapsed. I concluded that the obstruction must be in the small intestine. Several coils were found to be adherent near the right pedicle. Near this point a black, grumous material, streaked with pus, was present. Two or three bands of adhesion were loosened, and the intestine was straightened out. The patient became very much shocked and almost succumbed. Owing to the septic, grumous material present, I considered it advisable to pack in iodoform gauze to insure drainage and shut off the infected area from the abdomen. A drainage tube was also inserted. Patient made an uneventful recovery.

Case 6.—Mrs. C. December 31st, 1896, I operated on this patient and removed a dermoid tumor of the ovary. She recovered and enjoyed good health. On Friday, July 19th, 1901, she

was taken ill with pain in the abdomen and vomiting. On Saturday the vomiting continued. I saw her early on Sunday morning with Dr. Fletcher, and found her suffering from tormina. Pulse 72; temperature 100. Intestinal peristalsis was markedly increased. The stethoscope revealed distinct gurgling and a conclusion was arrived at that the case was one of intestinal obstruction. Advised operation, and on the 22nd of July, 1901, at the Western Hospital, assisted by Dr. Fletcher, opened abdomen through the old wound. The intestines were found to be dilated and reddened. One coil of small intestine was fastened to the rectum and the uterus. The adhesions present showed that the patient had gone through a sharp attack of peritonitis following the original operation. The bowel was drawn down and encircled by a band that kinked it, and also constricted its lumen. This was gradually loosened until the obstruction was completely relieved. The patient died.

CASE 7.—Mr. W., operated on by me on the 13th of July, 1901, for appendicitis. He was very ill with general peritonitis at the time, but made a good recovery. While visiting in Gravenhurst he was suddenly taken with pain in the abdomen and vomiting. It was supposed that he was suffering from acute indigestion. Being uneasy about his condition he came down on the first train and was seen by the family physician, Dr. Greene. The doctor had him immediately removed to the General Hospital, and I saw him in consultation without delay. We diagnosed the case as one of internal strangulation, probably by a band. Immediate operation was advised, and within an hour, on December 31st, 1901, I found the abdomen in the median line. The bowels were found congested. On passing the fingers down a peculiar unusual feeling was encountered at one spot. This was carefully examined after the walls had been well retracted, and the intestine was found to be bound down very firmly by a band passing back towards the spine. A pair of forceps was passed underneath this and was cut through with scissors, and immediately the intestine sprung up. The abdomen was closed and the patient made an uneventful recovery.

CASE 8.—Mrs. J., had been operated on two years before for ectopic gestation. She was taken ill suddenly the night of the 26th of July, 1902, with severe pain in the abdomen, accompanied by vomiting. On the afternoon of the 28th of July she arrived at the General Hospital, when her pulse was 100 and temperature 99. I did not see her until the morning of the 29th, when she was evidently much worse, with a pulse of 160. It was two o'clock in the morning when I was called. It seemed an assured fact that she was going to die but I concluded to give her the only chance and opened the abdomen as soon as possible. Sixteen inches of black and gangrenous intestine pushed forward into the

wound and by following this down I found a band of adhesion that was easily cut through with a pair of scissors. Salines were given under each breast as well as a rectal saline. The pulse could now be scarcely felt. The operation consumed about fifteen minutes in all. There was evidence of general peritonitis. Patient died six hours after.

CASE 9.—Boy at Victoria Industrial School, under care of Dr. Godfrey. Was taken ill with griping pains, chiefly in the left inguinal region. He vomited twice. No rigidity was to be made out at that time. There was obstinate constipation. Then symptoms of intestinal obstruction, vomiting, tympanites, together with tenesmus that was very marked, came on. There was no tenderness on pressure, no great elevation of temperature, but the pulse was gradually going up. No blood in the stools. Forty hours after the onset of the illness I saw him, and then found the abdomen distended and hard. The case looked very much like one of peritonitis following perforation of the appendix, but the absence of fever and the presence of tenesmus rather pointed against this diagnosis. The case was obscure, but urgently demanded surgical interference. At about one o'clock in the morning, without any assistant, I opened the abdomen in the median line, Dr. Godfrey administering the anesthetic. The median line was chosen owing to the doubt that existed as to the nature of the disease. The appendix was looked for, but could not be found. The cecum could not be found at first. There was no cecum to be found in the right iliac pouch. Intestines being considerably distended the manipulation of the parts was rendered more difficult. Nothing could be found in the pelvis nor in the left iliac pouch. Patient's pulse was now very rapid, and I was afraid he would succumb before a diagnosis could be made, when suddenly a coil of dark colored intestine was encountered above the umbilicus. On careful examination it proved to be a loop of intestine about eighteen inches long that had slipped through under a band. The band was formed by the vermiform appendix, the tip of which had become adherent to a spot on the mesentery of the small intestine. The appendix and cecum had been drawn up out of the iliac fossa. In other words, it was a case of internal strangulation produced by an adhesion of the tip of the appendix. The appendix was removed, the bowel freed, the abdomen closed. The bowels did not move after operation until the fourteenth day. The patient vomited for about nine days, and the pulse at times reached 170 per minute. A small abscess formed in front of and another behind one ear. The patient made a good recovery.

CASE 10.—Mr. S. On December 16th while on a Pullman car he was taken with an awful pain in the abdomen. The pain was so severe that his face was blanched, according to his friends' ac-

count of the condition. When the train reached Buffalo he was taken to the Emergency Hospital, and remained there for three days; was then brought home to Toronto when his physician, Dr. Harrington, saw him. His pulse and temperature were about normal, but he complained that he bloated up very suddenly with gas. There was some sickness at the stomach present at the time, but this passed off. Christmas and New Year's were uneventful, but about the 11th of January he was taken with severe pain in the abdomen and vomiting. This occurred at night. The vomiting continued so that nothing would remain on the stomach. I saw him in consultation with Dr. Harrington three days later, and the stethoscope revealed distinct borborygmy with increased peristaltic action of the intestines. The gurgling was very marked. We concluded that there was partial obstruction of the intestine, very probably due to adhesions. Operation was advised, and on the 15th of January, 1903, at the Toronto General Hospital, I opened the abdomen in the median line. The small intestine was reddened and dilated. It was followed down and found to be obstructed at one place. After the obstruction had been removed by breaking through a band, perforation of the intestine through the part compressed by the band that was now gangrenous, showed itself. Fecal matter escaped freely, but was caught on sponges. The hole was temporarily closed, while further investigation was carried out. It was very difficult to make out what the exact condition was. The intestine was found to be matted in the pelvis, two or three coils being bound down at one point. After a great deal of difficulty it was thoroughly loosened and all the affected portion of intestine, about five feet, drawn out on to the abdomen. Sponges were now carefully packed in to protect the remaining coils inside the abdominal cavity. The intestine brought outside was kept bathed with a running stream of normal saline and hot towels. Several perforations were found. These were rapidly closed in the usual way. One portion of intestine was so damaged from pressure that it was found necessary to resect it. About twelve inches of intestine were removed. The Murphy button was used. The patient was very much shocked. Pulse reached 132. The abdomen was rapidly closed. While this was being done a subcutaneous saline was given under each breast. The patient made a slow but satisfactory recovery.

In reviewing these cases I find there were ten in number with three deaths and seven recoveries. Two of the cases followed operation for salpingitis; two followed operation for ectopic gestation; two for appendicitis; one for the removal of a dermoid tumor; while, in three cases, there had been no previous operation. Of these three one was produced by adhesion of the vermiform appendix, one by inflammation following tubercular disease, and

in one case the cause of the adhesion could not be definitely ascertained.

The lesson to be learned from the fatal cases is this: That operation must not be delayed. I am satisfied that these patients lost their lives owing to delay. In each case the delay was due to the obstinacy of the sufferer.

In conclusion, I would like to draw the attention of this society to one important point in connection with the diagnosis of partial or complete intestinal obstruction, namely, the presence of gurgling, especially when accompanied by intermittent peristalsis that is increased in its intensity far beyond the normal. The stethoscope in this way becomes a valuable aid. The downward and then the reverse wave of muscular contraction of the bowel wall can be readily made out and the gurgling comes, as a rule, with the reverse peristalsis.

ERYTHEMA CIRCINATUM—ACNE VARIOLIFORMIS.

BY ALEXANDER McPHEDRAN, M.B.,
Professor of Medicine, etc., University of Toronto.

I. Erythema Circinatum.

The following case is a rare variety of erythema, and presents characteristics of marked interest:

W. N., aged 19, an upholsterer. He was not robust, but never ill. In April, 1900, a rash appeared on the backs of the hands. It began as small reddish-pink papules, that enlarged rapidly, and a vesicle formed in the centre deeply in the skin, closely resembling the vesicles of pompholyx. The vesicles did not rupture unless injured. The contents were clear and non-albuminous, and soon became absorbed, leaving a depressed violaceous centre

Fig. 1.

in the small circular eruption. In later eruptions no vesicles were formed, but the centre of each spot became somewhat depressed, similar to those in which the vesicles formed, and many of them were of a violet color. (Fig. 1.) The eruption was extremely itchy, and somewhat burning. There were over one hundred spots on the hands and forearms, a few on the neck, and two on the mucous surface of the lips.

The eruption lasted about two weeks, and then gradually faded. A fresh crop broke out about every four weeks, so that he was quite free of them for only five or six days between successive

crops. There was no desquamation, but the scratching sometimes led to the formation of pustules. The spots varied in size from a pin-head to a circinate spot half an inch in diameter, the majority being about one-eighth of an inch. The margin was well defined and slightly elevated. Many of the spots in the less severe eruptions were simple, slightly irregular *macules*.

The eruptions recurred at intervals until the late autumn. During the winter he was quite free of it, but in the following June it broke out again, being preceded by a burning sensation, and many vesicles were again formed. It was less abundant and recurred at longer intervals during this second summer. The general health had materially improved. He has not been seen since then.

He derived some benefit from strontium salicylate with alkalies internally, and the local application of 5 per cent. ichthyol in Pick's gelatine preparation. In this case there was an unusual degree of irritation for erythema. It had a strong resemblance to urticaria, which is, however, much more evanescent. It is also to be noted that this rash occurred chiefly on the exposed parts, while that of urticaria is usually upon the covered parts, and, while general, is more irregular in distribution.

II. Acne Varioliformis.

The following case of this rare affection came under observation recently:

Miss A., aged 35, had never been strong. She had marked splanchnoptosis with poor digestion and assimilation, and a marked degree of constipation.

The attack of *acne varioliformis* began as an eruption of small red papules on the forehead and temples. There were no papules on the scalp or cheeks. In a week many of the papules became capped with vesicles containing opalescent serum or thin pus. In the centre of the vesicle a small grayish scab formed, which increased in size as the pus dried up, and its centre showed decided umbilication. It required about three weeks for the scabbing to become complete. As the scab separated, a pit about one-eighth inch in diameter was left, resembling very closely the pitting from true smallpox. The eruption was scattered irregularly over the forehead and temples. A number of small comedones were also to be seen on these parts, and there were a few acne papules on the nose and cheeks.

Many of the papules were small; on these a small scab formed without any pus formation, and the pitting that resulted was slight. In the six months that have elapsed since the eruption there has been no recurrence. The local treatment consisted in the application of a lotion composed of fifteen grains of resorcin in an ounce of saturated boric acid solution.

PHENIC ACID IN PYOGENIC PROCESSES.

BY THOMAS H. MANLEY, M.D., NEW YORK.

AGAIN the extraordinary curative properties of carbolic acid are revived on a large scale. Well we recall, in our student days of thirty years ago, the position which solutions of carbolic acid held in surgical practice as a "stimulant to wounds." Their employment was then purely empirical; they were deodorizers, and wounds healed kindly under their influence.

Then the era of antiseptics came, when we were taught that carbolic acid was a germicide of great potency; but it had numerous rivals in the mineral world, and was threatened for a time with being forced out altogether. But time, which is a great leveller, ultimately demonstrated that the most of the so-called antiseptics were not only foreign to the normal tissues, but were troublesome "irritants," the most useful in "high dilutions." Then for a time they were all ruled out for "asepsis," something in a strict scientific sense utterly impossible.

Dèclat, an eminent scientific and erudite French physician, some few years ago became so enamored with the virtues of carbolic acid that he insisted that with the judicious employment of his "phenates," of mercury, ammonia, iron, etc., we might promptly cure all the infectious maladies, both acute and chronic, and, moreover, very many of those who employed them conceded that they possess most positive virtues in febrile affections.

The writer, three years ago, called attention to the extraordinary effects of pure carbolic acid, subcutaneously injected, in carbuncle, in the papillary or purulent stage. The profession was sceptic as to the propriety of using such an heroic remedy, of such caustic properties, suspecting that the dangers of widespread necrotic action at the site of injection, or of systemic toxemia from direct absorption into the circulation, were only too real. Later came the astounding discovery of Dr. Seneca D. Powell, of New York, so widely popularized by the late lamented Dr. A. M. Phelps. Powell demonstrated that alcohol is a positive antidote to carbolic acid; that we may pour the pure acid into the nude, open tissues with perfect impunity, provided only we immediately follow it by strong alcohol. Camphor, it seems, possesses the same property, hence the great value of campho-phenique —equal parts, by weight, of gum camphor and carbolic acid—in every description of suppurative processes.

The discovery of Powell certainly constitutes an epoch of the greatest possible importance in the field of surgical therapeutics. This we have now demonstrated in so large and varied a class of

infective cases as to leave no possible doubt as to its efficacy and safety.

First, let us note the powerful analgesic properties of carbolic acid, and, secondly, that when applied to suppurating or diseased surfaces in its pure state, it so promptly forms an albuminate by coagulation that there is no danger of it mingling with the circulation. In infected wounds, the pure acid, followed by its antidote, pure alcohol, is a remedy of unrivalled value.. Almost immediately its effects are obvious on the local parts, and on the constitutional condition; on the pulse, the temperature, and on nutritive processes. But it must be employed in no half-hearted manner, diseased surfaces must be soused and soaked. Sinuses, fistulous passages, and anfractuosities must be first well curetted and mopped dry of blood and secretions, then be well charged with the pure drug, to be followed by alcohol. We may permit the carbolic deposit to remain untouched for a *minute* or *two;* then we displace the residue and. alcoholize the surface.

Phelps extolled the acid so employed, the highest, for its specific action in tubercular lesions of joints. He freely opened the articulation, removed pathological products, freely phenated the nude surfaces, and finally flushed them with alcohol. Then he introduced glass tubes for drainage.

Menciere (*La Tuberculeuse Arthritis, Rev. de Chirurgie, Belgique,* 1 *Aout,* 1902) publishes an elaborate and most instructive contribution on the great value of Phelps' method in joint-tuberculosis, in any stage; but he shows that the carbolic acts with the most extraordinary energy and curative effects in the early stages, when it stifles the disease, like snuffing out a candle. If there are areas of softening or caseation, he makes an opening to clear these well out; if, on the other hand, only the synovial surfaces are involved, he injects a solution—1 alcohol, 2 carbolic—directly into the articular cavity; allows it remain a moment, while he freely moves the joint, in order to well diffuse it over the surfaces. This is then syphoned out and followed by pure alcohol. In this latter class no incision is made into the articulation and no drainage employed.

He gives in detail the histories of several cases so treated, with most extraordinary results.

Possibly, like all new remedies, the value of this may be somewhat exaggerated, but its real worth is based on something more than theoretical grounds, and from a knowledge of its therapeutic potency in our own hands, we must hail it as one of the most precious discoveries of modern times.

Oral Surgery.

IN CHARGE OF
E. H. ADAMS, M.D., D.D.S.

Oral Surgery.—The fifteenth anniversary celebration of the Odontographic Society of Chicago recently held was the largest body of dentists ever brought together, some 2,800 dentists and physicians being present. There were good papers, bright lively discussions and interesting and varied clinics, and an unparalleled display of exhibits. E. H. A.

Current Dental Literature of Interest to Physicians.—The *Dental Cosmos* for March contains an interesting paper on "Diet in Rigg's Disease" (Pyorrhea Alveolaris), by J. Warren Achorn, M.D., Boston, Mass. There is also an interesting editorial on "The Dental Critic of the Medical Practitioner," which could be read with advantage by those who control the curriculum of the medical colleges. E. H. A.

Mistaken Diagnosis by Physicians.—(By Dr. A. O. Wright, Stockton, Cal., *Dental Summary,* December 6th, 1902.)—The author describes a case of abscess of the right ear and one of disturbances of the eye caused by diseased conditions of the teeth. The two cases had been diagnosed and treated by physicians, but without producing any relief. Dr. Wright treated the teeth, which he diagnosed as the cause of these disturbances, and by this procedure caused the diseased organs to regain their normal condition.

The Care of the Mouth in Its Relation to Disease.—Our readers will remember that we called attention some months ago in our review columns to a small monograph by Dr. Hunter, of London, in which he detailed observations which led him to believe that pernicious anemia was often produced by infection of the stomach from an unclean mouth. While these somewhat radical views have not attained universal acceptance, at the same time they possess a sufficient amount of truth to make us regard cleanliness of the mouth as an important factor in the treatment of various diseases, and we all know how greatly the comfort and, indeed, the health of patients suffering from acute infectious diseases is increased if the buccal mucous membrane be kept clean and moist. Years ago, before the importance of this was recognized, it was not a very uncommon thing for secondary infections from the buccal mucous membrane to occur, but at the present time, in typhoid fever in particular, such complications and sequelæ rarely occur.—*Therapeutic Gazette.*

Paralysis following Extraction of Right Lower Third Molar.—(By J. H. Gibbs, F.R.C.S., L.D.S., *Trans. Odonto-Chirurgical Society of Scotland,* Edinburgh, 1901-1902.)—The extraction was not an easy one, and immediately afterwards the patient complained of her lip on that side, and upon examination it was found that tactile sensation had disappeared from the middle line of the chin backward for two inches, the line of demarkation being sharply defined in front but not so behind. The area was also sharply defined at the lower border of the mandible. The inner side of the lip, gums, and teeth on that side were also more or less anesthetic. The patient's chief complaint was that the parts involved felt as though very much swollen, and that she could scarcely feel the teeth coming into contact on that side. For three weeks after the extraction there was not much change for the better, but thereafter restoration of function occurred rapidly, and seven weeks after the accident the parts had recovered normal sensation.

"What Art has done for Dentistry, and What Dentistry has done for Art" is an interesting original communication by B. J. Cigrand in the March number of the *Dental Review.* The article is well illustrated, and among other photogravures are three portraits of George Washington, showing how the father of his country had the natural outlines of his face disfigured by the loss of teeth and ill-fitting dentures. Dr. Peale, the artist, who painted the most popular portrait, and the one from which we generally recall the likeness of Washington, was successful by reason of having constructed and sculptured the dentures so as to give a perfect and reposed condition of the mouth and the facial muscles. This set of teeth Washington did not wear, except when posing for Dr. Peale. Washington compeers, relatives and friends have pronounced the portrait painted by Dr. Peale as the nearest resemblance to the true outlines and contours of the face of Washington. Dr. Peale was a dentist as well as an artist of repute, and hence the world owes to a dentist the renown of having successfully portrayed the immortal Washington.

E. H. A.

Luxation of the Inferior Maxilla.—(By Dr. Hervochon, Chief of Clinic at the Ecole Odontotechnique, *Revue Odontologique,* Paris, December, 1902.)—The author describes a case of unilateral dislocation of the temporo-maxillary articulation in a girl, nineteen years of age. The patient had a lower molar extracted. The operation was very painful, and two days afterwards she observed that the mandible had descended slightly and was deviated considerably toward the right. The dislocation was treated during five weeks, but without any results, when the patient was brought to Dr. Hervochon for treatment. The face did not pre-

sent any abnormal appearance, no swelling was present, and only the deviation of the mandible could be noticed. The essayist did not experience any difficulty in placing the mandible in its normal relations, but as soon as it was left to itself it went back to its abnormal position. Dr. Hervochon, therefore, decided that it would be useless to attempt this operation again, as nothing would remove the ligaments that were crowding the glenoid cavity unless an intense pressure could be exercised against the mandible for a period of at least fifteen days, with the view of preventing the mandible from moving. He decided on this account to treat the case by adjusing a splint that would inclose the mandible completely. The splint was provided with leather straps which were tightened around the head of the patient. The patient at first suffered very acute pain from the extreme pressure exercised against the glenoid cavity. This pain lasted for a few days, but gradually subsided and eventually disappeared entirely. Fifteen days afterward the splint was removed, as the mandible had returned to its normal position; as a matter of precaution, however, the splint was readjusted every night for about a week, to avoid any possible recurrence of the disturbance.

Treatment of a Persistent Headache caused by the Presence of Diseased Roots.—(By Walter Worm, Zahnarzt, Gleiwitz, *Deutsche Monatsschrift fur Zahnheilkunde,* Leipzig, January, 1903.)—The author describes the case of a woman aged forty-five who for the last three years had been suffering from a headache of such intensity that at times it became practically unbearable. The patient had observed that the pain was invariably located upon the right side of the head, and that if occasionally both sides became painful, the abnormal sensation upon the right side was always more intense than that upon the left. The pain would disappear for two or three days after the administration of morphin or phenacetin,which as a matter of fact constituted the only treatment she had received from the several physicians she had consulted in regard to her intense suffering. Recently the patient called on the writer, as she wished to have a complete set of teeth made. Herr Worm made a thorough examination of the mouth and discovered the presence of the roots of the upper left second bicuspid and first molar and those of the right central and lateral incisors and canine. The roots on the left side were not painful, but those on the right side responded painfully to pressure. They were all extracted, and since then the patient had not suffered any headache, and, four months having elapsed since the extractions were performed without any painful recurrence, it is reasonable to suppose that the patient is completely cured.

Selected Articles.

THE TREATMENT OF INFANTILE SPASTIC PARALYSIS.*

BY ROBERT JONES, F.R.C.S.E., OF LIVERPOOL,

Honorary Surgeon, Royal Southern Hospital, and Liverpool Hospital for the Chronic Diseases of Children.

I VENTURE to bring before you a subject which for many years has interested me, and which until quite recently has, so far as treatment is concerned, suffered unmerited neglect. There is something so uninviting and hopeless-looking about a case of cerebral diplegia, that a man must possess, in addition to a theory of attack, no small fund of enthusiasm before he decides on treatment. Cases of infantile hemiplegia, with half their brain and half their extremities in working condition, offer less obstacles to management, if less scope for ingenuity.

It is impossible to enter fully into the subject of cerebral paralysis, but I can indicate certain clinical types which offer adequate reward to surgical endeavor, and point out the remedial methods which in my experience have proved of value.

For the purposes of this paper, I would group cases into those of (1) Infantile Hemiplegia; (2) Cerebral Diplegia, and (3) Spastic Paraplegia.

Of 839 cases I have been able to collect from various sources, 510 were hemiplegic, 30 monoplegic, 142 paraplegic, 157 diplegic. This vast disproportion between the hemiplegic and the other groups is not borne out by my own experience, which favors the preponderance of the diplegic type.

Most generally the hemiplegia is an acquired, not a congenital, affection. It usually appears before the fourth year. The onset is very often heralded by convulsions, and in quite a number of cases there are acute febrile symptoms which are in interesting contrast to the onset of adult hemiplegia.

From the first, the reflexes are exaggerated and the arm and limb are powerless. Deformities soon follow. The foot is arched and adducted; the knee is bent; the hip is internally rotated, somewhat adducted, and the femur is bent on the trunk. The arm is huddled to the body; the elbow is flexed to a right angle;

*Being a paper read before the Liverpool Medical Institution, March 7, 1902.

the wrist is dropped; the hand pronated, and deviates towards the ulnar side, and the fingers generally grasp the thumb, which lies very forcibly adducted. As in the case of adults, rigidity of the affected muscles comes on in the generality of cases. This rigidity becomes more marked if the limb be moved either passively or by the child, and disappears under an anesthetic. The aphasia so often present is motor in character and may accompany either left or right hemiplegia. Then follows an inequality of growth. This is more marked in the arm than in the leg; a fact probably accounted for by the difference in nutrition due to the more frequent exercise of the leg. I have seen the affected arm three inches or more shortened; it is rare to find the leg over an inch shorter than its fellow.

Of chief interest to us from the point of view of treatment are the following facts:

(*a*) The upper limb is more severely affected than the lower.

(*b*) The lesion of the upper limb is more permanent.

(*c*) The power of dorsi flexion of the hand with simultaneous extension of the fingers is lost.

(*d*) That movements are performed without precision, spasmodically, and slowly.

(*e*) That the power of adduction of the thumb is often lost.

The disabilities of the lower limb are generally:

(*a*) Contraction of the knee.

(*b*) Extension of the foot.

(*c*) Internal rotation of the femur with adduction.

(*d*) General rigidity.

The cerebral diplegic group is by far the most serious, as we have here to deal with both arms and feet. Unless the hands can be used, the surgeon is sorely handicapped in any effort he may make to improve the condition of the limb. Clinically, we may divide this group into

(*a*) Cases with and cases without severe mental complications.

(*b*) Complete and partial disability of hands.

(*c*) Complete or partial disability of limbs.

(*d*) Cases complicated by athetotic movements.

In a number of cases the spasm is confined to the limbs, and this is the group to which we give the name of Little's disease or spastic paraplegia. Of the vast majority of cases even in this last group, a varying degree of mental derangement will be noted, and in many athetotic movements are present. A typical case of spastic paraplegia brought to the surgeon at the age, say, of twelve months is characteristic. Usually no contractions have occurred at the hip or knee; the child's legs are rigid; the toes are pointed; there is usually no internal

rotation, and adduction is not sufficiently severe to cause a crossing of the limbs. The reflexes are exaggerated; the patellar reflex not usually causing a knee-jerk, but a leg-jerk. If the little patient be held by its arms, there is no endeavor made to separate the limbs, and should the toes be brought to the ground, and an effort made by the child to walk, both limbs move synchronously and in parallel lines. When passive separation of the limbs is made, although it is easily affected, one can see and feel the antagonistic efforts of the powerful adductors. If at a later stage the patient is able to walk, several changes will be noted. The adduction will be more marked; the scissors walk will have developed, and a characteristic dragging of one knee around the other will be noted, which becomes more pronounced when any attempt at running is made. The body pressure is mainly transmitted to the ball of the toe. These contractures, however, at this stage, are generally spasmodic, and there is no appreciable shortening in muscle length. This shortening occurs at a still later stage, and is known as contracture.

In quite a number of cases the patients are in a hopeless position as far as walking is concerned. Any effort they make to move only serves to throw the muscles into violent contractions and the legs into extreme adduction. The most severe type of contractions in the legs may be associated with but very slight mental defects and unaccompanied by diplegia.

Before discussing treatment, I will briefly touch upon the pathology of spasmodic paralysis, if only to suggest how futile are operative procedures directed to the primary lesion. The pathological conditions in hemiplegia, paraplegia, and diplegia are the same in kind. The symptoms are due to the retardation of growth resulting generally from embolism or thrombosis together with changes in the spinal cord. In later cases one finds wasting and sclerosis of the motor tracts, with often a loss of substance in the form of cavities or cysts known as porencephalus. These cysts occur on the surface of the brain, and sometimes dip fairly deep into it. They seem to be a late result in a growing brain, and to have produced an extensive scar substitute for cerebral tissue. Should the porencephalus or sclerosis be unilateral, hemiplegia results. If the scar is bilateral, diplegia or spastic paralysis ensues. The lesions, therefore, are a late product of a hemorrhage, an embolism, or a localized encephalitis. In the cord degenerations of the pyramidal tract or the lateral columns are to be found. Sachs and Peterson have analyzed seventy-three autopsies and found the following conditions: Atrophy sclerosis and cysts, 40; hemorrhage, 20; embolism, 7; thrombosis, 5; tubercle, 1; total, 73.

Osler, in an examination of ninety brains, found a vascular lesion in sixteen,—seven due to hemorrhage, nine to embolism.

The treatment of spastic paralysis has been too long in the hands of the physician for much real progress to have been made. Indeed, from medicine in this affection we have nothing to expect, apart from very indirect results, and we have only to scan the text-books on neurology to realize the note of pessimism which is sounded. Even Sir William Gowers, in his "Diseases of the Nervous System," says, "The tendo Achillis is sometimes divided for contraction of the calf muscles in infantile spastic paralysis, but the operation is useless, and ought never to be performed." The same opinion has been pronounced by other distinguished men, so one can see how surgery has been silenced in the matter. I would argue that a large proportion of children suffering from severe spastic paralysis may be transformed into useful members of the community, improved both in body and mind by surgical methods, enabled to walk with comparatively little deformity, many requiring only the aid to be derived from one or two sticks.

The class of cases which we can place outside remedial art is the idiot, the microcephalic, and the violent, irritable type of diplegic, so often seen, subject to fits and active athetotic movements, who has generally lost all control over his secretions. The treatment of any condition short of this may be undertaken with varying success, subject to conditions which obtain in any surgical case requiring prolonged attention. For instance, active treatment may be needed for nearly two years. It would therefore be unwise to admit a case into hospital for two months, and then send it to a miserable home where neglect would be the inevitable sequence. Such a case, however, after hospital treatment, secure in the care of anxious, intelligent parents, no matter how poor, would prove a credit to all concerned. These are important matters which the surgeon must consider before he undertakes his work. Another class which gives the greatest anxiety and trouble is that where the affection of the hands is of such a kind as to promise but slight hope of their assistance to the limbs during walking. Before despairing, however, I think it is well to give such hands the opportunity of a careful trial, both as a mental discipline and because success sometimes exceeds expectation.

I would divide the treatment of all cases of spastic paralysis into operative and postoperative, for, although mechanism is involved in nearly every case, there is hardly a case which we are called upon to treat without invoking operative aid.

Infantile hemiplegia usually affects the arm much more than it does the leg. This is almost invariably the case, and in this particular it differs from diplegia, where, when the four limbs are attacked, the hands are frequently less severely affected than the limbs. Indeed, in hemiplegia the paralysis of the hand is sometimes absolute, and in addition we have a complication in

the shape of rigidity. The behavior of the lower limb differs also from that of spastic paraplegia in that the adductor spasm is proportionately not so marked.

The treatment of the hand and arm in infantile hemiplegia is distinctly less promising than in the diplegic case; but there are clinical signs to which I would draw your attention which help us to prognose success or failure. If the paralysis is complete, or, in other words, if the little patient is never known to relax his spasm, treatment is futile. If he only moves the fingers of his affected hand in conjunction with the fingers of the opposite side, the results will in all probability be discouraging. In all cases where the parents are able to say in the spirit of true observers' that the patient is able to do more with the hand now than a little while ago, the success of treatment is assured. Similarly, where any degree of voluntary relaxation of spasms exist apart from an associated movement on the opposite side, treatment is emphatically indicated.

Nothing that the dominant deformity in both hand and elbow is pronation and carpal flexion, treatment should consist in fixing the elbow supine and in hyperextending the wrist. The hyperextension of the wrist should be combined with that of the fingers, and a special arrangement adapted to keep the thumb at right angles to the palm. The spasm in these cases is often so pronounced that the extension of the wrist and fingers must be brought about very gradually. If the elbow is accompanied by contracture of the biceps and brachialis anticus, supination may be combined with extension. If this be not the case, the flexed position of the elbow will suffice. If, instead of being firmly pronated, the elbow lies semiproned, it is not necessary to treat it, and all one's energies should be directed to the hand.

It is difficult to give a reason as to how improvement comes about, but it may be taken as an axiom that prolonged fixation of spastic muscles in a position opposed to their contraction lessens the severity of the spasm. This is true wherever spasm may be found, and its influence may be tested even in spasmodic torticollis, intractable as we know that affection to be. It would appear as if the group of muscles at last got tired of trying to pull. If the case be mild, this treatment may be discarded in about twelve months, if during the whole of that period the extension has been kept up without intermission. The test for relaxation must be the power of voluntary movement, however slow it may be. It will be noted that generally at this stage the patient, in endeavoring to extend his wrist, will first of all close his fingers, and will only open them on completion of extension. The process is reversed when the wrist is flexed. In order to meet this difficulty, the splint

employed to extend both wrist and fingers is modified so as to extend the wrist alone and allow freedom to the fingers. At this stage or earlier, the surgeon may decide whether in a given case success may be predicted, and, if he is in doubt, operation should unhesitatingly be performed. Operation will consist of tenotomy or tendon transplantation; myotomy need only be mentioned to be avoided. An incision is made over the tendon of the flexor carpi ulnaris just above the annular ligament, another is made over the flexor carpi radialis, and both tendons are divided low down and taken: (*a*) the flexor ulnaris to be inserted into the extensor ulnaris, and (*b*) the radial flexor into the radial extensor. I performed this operation some years ago upon two spastic children, whom I showed before the Society for the Study of Diseases in Children, and in both instances voluntary movements were steadily performed, and one, a girl of nine, was able to write quite a respectable hand. At the present time one of the worst cases of athetosis in connection with cerebral diplegia is an inmate of the Liverpool County Hospital for Chronic Diseases of Children. When he entered the hospital, nearly two years ago, both limbs were firmly adducted, contracture had occurred, which had so affected the feet that plantar flexion had taken place with almost evulsion of each astragalus and cuboid, the skin of each dorsum being reddened by pressure from within. The hands were firmly flexed and but little voluntary movement existed. Athetotic movements, more resembling chorea with occasional jerks which almost lifted the patient from his bed, complicated treatment. So far as the hands were concerned, hyperextension such as I have described was practised, and, later, division of the flexors of the wrist. The little patient has steadily progressed. He can voluntarily move his limbs in all directions; with aid he can take a few strides. In order to overcome severe spasmodic pronation of the forearm, Mr. Tubby has changed the point of insertion from the front to the back of the radius, of the pronator radii teres, thus transforming the muscle into a supinator. So far this operation has been performed seven times by him, and I intend practising it on a series of cases during the summer.

Tenotomy alone has proved distinctly disappointing, although one has had an occasional successful case. The operation should be confined to the division of the flexor carpi radialis and ulnaris. It is, in my opinion, better to elongate the other flexors of the hand by a long median incision, such as one would employ in lengthening the tendo Achillis. Tendon transplantation, however, is a better operation, less complicated, and more reliable. The surgeon's art, however, does not end with the operation, and hyperextension of the wrist, leaving

the fingers free, should be practised for a further few weeks. In order to prevent adhesions after the operation, the wrist should be freely, but withal very gently, moved in about a fortnight's time. Whether an operation has been performed or not, the final stages of treatment are identical. They should consist in getting both guardian and patient to strive every nerve to urge and practise movements from simple to complex. The surgeon must inspire confidence and instil enthusiasm. Failure depends upon men as well as measures, and a thoughtless, impatient word of discouragement may paralyze all effort.

The nature of the movements to be practised must be left to the ingenuity of the surgeon. The principle which should govern him may, however, be indicated here:

(*a*) The movements should be practised slowly and without excitement;

(*b*) They should be made interesting to the child;

(*c*) Those opposed to the direction of deformity should predominate;

(*d*) Those presenting the greatest difficulty should be chiefly practised.

Just a word before we deal with paraplegia regarding tenotomy of the spastic muscle. Empiricism has taught us that for some reason or another tenotomy lessens both in frequency and intensity the spasmodic element in paraplegia. I do not merely mean to say that division of the tendo Achillis controls spasm in the calf muscles,—although, of course, it does,—but rather that spasm in which those muscles are not directly concerned is also influenced. This is beyond all question, and must have been noted by everybody who has had the opportunity of observing, and the fact has now reached the robust stage when physiological explanations are vouchsafed.

Whitman urges that by elongation of the tendon the response to the exaggerated motor impulses is lessened, and an opportunity for more effective control is afforded.

Mr. Tubby has propounded the theory that once the immediate pathological effect of the central nervous lesion has subsided, the spinal cord remains in a state of undue reflex excitability. A tightly contracted muscle and tendon tend to augment this condition, and so induce in themselves further contractions. In other words, there is a vicious circle of reflex action which can be interrupted by section of the tendon, and diminution in the tension of the affected muscle and tendon.

Lorenz attributes the good effect to the shortening of the bellies of the tenotomized muscles, so that their range of action is diminished. Both these theories refer, of course, to spasm with which the divided muscle is concerned, and do not explain the

diminution in spasm experienced elsewhere. We must further remember that the opponents of contracted muscles are always elongated and weak, and that the rest afforded them by tenotomies, by relieving them of strain, helps to restore muscular equilibrium.

The practical deduction from these observations is that no opportunity should be lost of performing a tenotomy. Even in mild cases, where a spastic tendon is to be felt, let us ruthlessly divide it.

If the surgeon has decided that a case of spastic paraplegia is suitable for treatment, a splint should be prepared, so designed as to keep the limbs in marked abduction. The area over the hamstrings, the adductors at the groin, and the tendo Achillis, should be suitably prepared for operation. The adductors should be first attacked. An incision an inch and a half long should be made to the inside of the adductor longus. This muscle should be seized by a Spencer Wells or a small Doyen forceps, and about three-quarters of an inch of it removed. The limb is then abducted, and portions of the adductor brevis and gracilis are exsected in similar fashion. The horizontal portion of the adductor magnus and, if necessary, the pectineus is divided, and also any tissues, muscular or fibrous, obstructive to an absolutely free abduction of the femur. Experience has shown me that, although the chief offenders are the adductors longus and brevis, nevertheless the deeper muscles often require division. To any one who has practised the operation, the futility of attempts to effectively divide the muscles subcutaneously will be apparent. Division is followed with but little hemorrhage, and the wounds are closed without drainage. Having exsected the pieces of the adductors, each tendo Achillis is divided subcutaneously and rectangular splints are applied to the foot. The limbs are then well abducted, and the surgeon notes whether there is any obstacle to easy extension of the knees. If there should be (it is not often the case), an open incision must be made on each side of the popliteal space, and the tense hamstrings are in turn divided. If these incisions are long enough, the fascial contraction can be attacked on either side, for it is here that opposition is often found. I would discourage the use of a transverse incision, as, when adopted, it often seriously hampers the surgeon's efforts to fully extend the knee by reason of the strain cast upon the sutures. In 1885, when I was at the Stanley Hospital, there used to be an adult diplegic in a perambulator always at the gates, and on two or three occasions I took him in to try and straighten his contracted limbs. On one occasion I removed about an inch from each of the hamstrings, but he was mentally so deranged that we did not do each other any credit. I mention the fact, however, because Lorenz, of Vienna, has quite recently written on the advantage of exsecting portions of the hamstrings.

We have now presumably got our patient comfortably stretched upon an abduction frame, and we must keep him there for three months. The wounds heal very rapidly, and suppuration has occurred in the adductor cavity on three occasions only, despite the insanitary position of the wounds and the number of operations performed; for instance, in 1890 I operated on twenty-seven patients, and this may be taken as a fair index of my yearly return.

At the end of three months the splint is taken off during the day and movements are sedulously practised. For some weeks stiffness exists, and often the movements are at first painful, but after a time, always shortened by vigorous exercise, the pain disappears, and the effort must be made to walk.

The splints are of a simple kind, designed to keep the knee from bending. The boots should be made of felt with substantial soles. The nurse should be instructed to keep both boots and splints upon the patient day and night, and, for the first two weeks, frequently during the day, abduction, adduction, flexion, and extension of the hip should be practised. This should be done with and without resistance. At night-time the feet should be attached to the side of the bed in order to maintain abduction. After the first few days of this later stage of treatment, the splints should be removed twice a day and the muscles well massaged, and both active and passive movements of ankles, toes, knees, and hips encouraged. Any movement executed in a jerky style should be practised until perfected.

The little patient may now try to walk. It will be noted that one of the difficulties of an untreated spastic when he tries to walk is the narrowing of the pedestal upon which the trunk rests by reason of the adducted limbs. Operation has now overcome this, and with abducted limbs the body is poised upon a widened pedestal. During early training, the nurse must see that, while walking, the limbs are not approximate, and that, from the first, swinging of the limbs must be prohibited. Crutches should not be allowed until the patient has been taught to stand unsupported. I need not enter into any more detail regarding this most important stage of treatment, but would add that it affords an inexhaustible field for ingenuity, and that upon the intelligence and industry of the nurse very much depends.

Diplegic hands are treated on the same principles as I have enunciated in regard to infantile hemiplegia, and they must be trained to hold sticks and crutches with a firm, unyielding grip. I cannot now deal with individual cases, but I may say I have operated on cases from twelve months to twenty years of age. A large number of these were so bad that they had never attempted to place one foot before the other. Some were structurally flexed

(contractured) at ankle, knee, and hip. A most helpless youth of twenty, one limb across the other, was able in six months to stand erect and walk with two sticks, and twelve months later could move his limbs north, south, east, and west, with hardly an appreciable jerk. Success in an ancient case, where so much has to be unlearned, and where the mechanical stage offers such difficulty, proves the accuracy and efficacy of the principles I have endeavored to expound. It is logical to infer that, if old neglected cases are amenable to surgical education, our prognosis should be very hopeful in the young.

With regard to the degree of benefit to be derived from treatment, the parents should be given to understand that under favorable conditions of nursing and tuition the child, aided by the hand or sticks, will be able to walk varying distances in from twelve months to two years, and that with perfectly straight limbs and heels on terra firma. A large proportion of cases will later on manage aided by one stick. Even in the least successful cases, parents, mostly having despaired, are full of gratitude. The mental condition of the children obviously improves when their physical defects are remedied and they are enabled to mix with their little friends. Complete recovery in spastic paraplegia is, of course, impossible.

It will be gathered from my remarks that I wish to urge that the treatment of spastic paralysis should resolve itself into a system. Such a system involves operative, mechanical, and educational stages. The treatment cannot be separated into parts. If the surgeon is not satisfied that the case is to be under his control for twelve months, he will consult his reputation best by leaving it alone. Operations not followed up by careful and prolonged after care give rise to disappointment and discredit. Merely dividing tendons to be followed by massage and electricity is futile and dispiriting.—*Annals of Surgery,* March, 1903.

NERVE NOSTRUMS AND THEIR DANGERS.*

WILLIAM P. SPRATLING, M.D., SONYEA, N.Y.,

Medical Superintendent of the Craig Colony for Epileptics, Secretary of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics.

NERVE nostrums and their dangers constitute a subject far too comprehensive for full discussion in the brief time at our disposal, and we will omit the presentations of facts that aim to show what a race of nostrum makers and nostrum takers the American people are coming to be, and take up other matters connected with the

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subject that should engage our undivided attention, and which are as follows:

1. Why do people take nerve nostrums; or, indeed, nostrums of any kind?

2. Wherein does the use of nerve nostrums tend to impair the public health?

3. What measures, if any, can we take to lessen or destroy the nostrum-taking habit?

Longfellow plainly expressed a lack of faith in, if not contempt for, nostrums when he wrote

> Purge with your nostrums and drugs infernal
> The sprouts and gargoyles of these towers; not me:

and reference to the meaning of the word "nostrum" shows at once the secret of the power they possess over the public mind.

"Nostrum," says a high authority, means "a medicine, the composition of which is kept secret"; "a quack medicine"; and the key to the whole situation lies in the word "secret." The element of mysticism always holds our interest. It is that alone which gives the juggler's trick its charm. Remove our ignorance as to the manner in which the trick is done, and simultaneously you destroy our interest in the method of its performance.

Vendors of nostrums, with a fine show of commercial shrewdness out of all proportion to any sense of common virtue, understand this frailty, this very common lack of logic on the part of the public mind, and trade freely on our credulity purely for commercial gain. They approach us from every side, in every place, and under all possible guises, with the most marvellous and glowing propositions designed to catch the public eye; then feed the little flame so adroitly kindled by dosing us with things about which we know nothing, and which we are pleased to swallow, in testimony of our simple faith.

The quack's secret is his own and forms his most valuable stock in trade, and often enough it is his only asset. Remove the seal of secrecy from his nostrums and his business of ruthlessly despoiling the public health and depleting the individual purse for the sole purpose of enhancing his own financial gains, will disappear like the mist before the rising sun.

Taking up the second proposition, viz.: Wherein does the use of nostrums tend to impair the public health? We may answer that the empirical use of any drug for the cure of a given disease is less logical and less scientific than if that drug produced morbid conditions. This makes empiricism the basis on which nostrums are supposed to act; and this in itself might not be so bad in some cases if the disease for which the individual is being treated had first been correctly diagnosed.

But that is far from being the case. The mail bag with the quack takes the place of the instruments of precision and personal judgment of skilled physicians, so that the quack is doubly handicapped in his attempts to treat disease; first, by not knowing the nature of the disease he is treating, and secondly, by having to rely entirely on the less scientific principles of empiricism as compared with more rational forms of therapy.

Nostrums, however, do sometimes seem to effect a cure by suppressing the activity of symptoms in diseases like epilepsy. But, after all, it is only suppression, and not cure. In the Craig Colony report for 1898 we spoke of the matter as follows:

"And so it is that the manufacturers of patent nostrums and the great army of quacks who thrive throughout the land find in the epileptic their readiest victim. They beguile him with vivid representations of wonderful cures and then deliberately set about to rob him of his honest means, and what is worse, of what little vigor of constitution he may possess. He is deceived with a drug that suppresses his attacks for a little time, but which does not cure, and which must be taken in such large doses that in time it destroys his mind and ruins his physical health. We are not giving hearsay evidence, but facts, and to make sure of such facts we tried one of the 'surest cures' at the colony with the result that two patients were made temporarily insane.

"A young man of excellent family and personal attainments was admitted to the colony whose malady for the past year had been rapidly growing worse, and who had in his possession at the time of his admission 26 separate and distinct quack and patent remedies, all of which he had been using to some extent. He was at once relieved of them, with the result that he at once began to improve."

Two years later, after having collected much additional evidence of the infinite amount of harm nerve nostrums do in cases of epilepsy, we again referred to the matter in our annual report, citing the following case:

"C. B. M., a young boy, died at the colony September 24, from the direct effects of much drugging with 'R.'s Nervine.' He came to the colony first in January, 1897, remaining here a year and going away very much improved.

"While here he attended school, made very satisfactory progress and bid fair to be able in a few years to return home and take up some vocation. After returning to his home, he grew rapidly worse. He was then made to take 'R.'s Nervine' in large quantities. He rapidly became stupid and apathetic, his circulation sluggish, his skin harsh and dry and his body covered with sores. Still his parents could not see that 'R.'s Nervine' was the cause

of the boy's deplorable condition and continued to give him the poisonous drug. He soon became so bad that he was returned to the colony, but the drugging with the nostrum had gone too far; he did not respond to proper treatment and died very shortly after his readmission. His mental condition, when he came back, resembled that of most pronounced primary dementia."

Numerous other instances similar to this, but in which the nostrum treatment was stopped before it had gone so far, have come under our observation; and we know that nostrums for other nervous diseases produce effects equally as disastrous; and the giving of powerful drugs to patients, concerning whose drug idiosyncrasies he is ignorant, is but another of the quack's dishonorable methods.

We come now to the third proposition, by far the most important of all, and that is: What means, if any, can we take to lessen or destroy the nostrum-taking habit? A well-known clergyman in the city of Rochester lately said, in a public speech, that "the widespread practice of such arrogant quackery as that which universally pertains to-day is a blot on every honorable physician's escutcheon"; and I fear the indictment stands on solid ground.

As guardians of the public health, it is plain that the suppression of quackery is a duty we have not yet fulfilled. To make any impression for good on the unsavory practice will be a long and tedious uphill task, but this ought not to deter us for a moment, and it would seem that now, since the prospects seem so fair for cementing into a closer fraternal union the physicians of the entire country, is a good time to start the work on its way.

There are three things I have to propose that would be effective in lessening or destroying the nostrum evil. Two of them, while less effective than the third, are easier of application; while the third, which would be wholly effective in itself, could only be given force through national legislation.

The first is, an arrangement by which a continuous series of articles could be written for publication in the leading medical journals of the country, and which would specifically and unmistakably set forth the dangers of advertised nostrums; the same articles being afterwards published in the daily papers and in the literary magazines, in the form of standing advertisements if need be. Having the authoritative backing of the best medical journals, such matter would be bound to command attention and respect on the part of the public.

The second plan is to inaugurate in every city a course of lectures to show the evils of indiscriminate medication through patent nostrums, making the object lessons plain and forceful and placing the lecture course on a popular basis.

To carry out these plans would cost something, but there is no question that the money could be raised, either through private contributions, or by an assessment against the members of the medical profession.

The third plan, and the only one bound to be entirely effective if once established, is to have a national law regulating the manufacture and sale of nostrums and the practice of quackery, the *feasibility and utility of which has been demonstrated in many* countries abroad.

In Austria the sale of any nostrum or arcanum is strictly prohibited, and proprietary medicines may be sold only if their ingredients and the manner of compounding them have been made known. Such medicines, however, can not even then be purchased without physicians' prescriptions, unless they have been designated by sanitary authorities as harmless.

In the same country the law even undertakes to regulate the price to be charged for such preparations, for it provides that whenever the reasonableness of the price of a proprietary medicine is questioned, it shall be rated on the basis of the official tariff approved by the Austrian pharmacopeors. It is evident that patent medicine men do not become millionaires in Austria.

In Belgium the law holds a pharmacist responsible for every drug sold by him, which provision applies to proprietary articles as well as to all others, and requires that in the sale of proprietary articles the composition of the same in detail shall appear in connection with its label.

The French government, the most advanced of any of the nations in this respect, in order to carefully guard the health of its citizens and to prevent the evils arising from the manufacture and sale of deleterious drugs and compounds, has from time to time passed strict laws and regulations covering the practice of pharmacy and the preparations and sale of chemicals for industrial and commercial purposes. The sale of medicinal compounds or remedies, the ingredients of which are only known to the proprietors, is absolutely prohibited in France. The law requires the inventors or owners of such remedies to communicate the formula of their preparations to the minister of commerce, with the list of diseases to which they are applicable, and a statement of the actual trial to which the medicines have been submitted. The National Academy of Medicine then examines the composition of the remedies to ascertain if their administration might be dangerous in certain cases; if the remedies are good in themselves; if they have produced or will still produce beneficial effects on humanity; the proper price is paid by the government to the inventor of a remedy recognized to be useful. This recompense is based on the

merit of the discovery, on the advantages which have been obtained in curing human ills and on the personal advantages which the inventor has already derived from the remedy or may hope to derive from its adoption. An agreement is then drawn up between the minister and the inventor, ratified by a higher authority, and the secret published without delay.

In Germany the use of patent nostrums is greatly discouraged by the German government, and every notice or advertisement of this class of preparations must distinctly embrace an accurate analysis of the ingredients or component parts used in such preparations.

In Russia no proprietary medicines are allowed to be manufactured or sold, this country going further than any other by absolutely prohibiting the manufacture and sale of nostrums of all sorts.

With the English-speaking races it is radically different. In the Dominion of Canada the utmost latitude is allowed in the sale of such things, for they are sold in all grocery stores, the proprietors of which are sometimes underselling the regular wholesale trade.

The same state of affairs exists in British Honduras, grocery stores there dealing in many of the ordinary drugs that are only sold by licensed apothecaries in this country.

In Brazil the law respecting the sale of chemicals, medicines, poisons and other proprietary articles is very strict, and if enforced can not help being of great benefit to the public and a protection to the physician, pharmacist and the druggist.

The Chinese government, on the other hand, has no laws regulating the sale of drugs. Chinese merchants, however ignorant of pharmacy, are permitted to sell drugs so long as they pay what is known as the "liken tax"; and to show the lax manner in which medicines are used in China, the United States Consul translates a prescription for "weak and diseased lungs," consisting of a "decoction made from gentian, apricot kernels, and seven other medicines," without in any way indicating the name or nature of the last seven.

When the medical profession of this country decides to enlist the aid of Congress in formulating laws regulating the manufacture and sale of nostrums, it would seem that they might do well to try and avoid, on the one hand, the Scylla of overcaution, such as pertains in Russia, and, on the other, the Charybdis of utterly false therapeutic license run riot, such as pertains in China, and adopt a midway standard at once just to all, sensible and practicable, like that now in force in the French Republic, and which had its origin under the reign of the Emperor Napoleon in 1859.

To aid in the enactment of such legislation would seem to be a most natural thing for the Association to do, for its Code of Ethics reads as follows:

It is derogatory to professional character for a physician to prescribe or dispense a secret nostrum whether it be the composition or exclusive property of himself or others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone gives it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice.

And, in conclusion, it seems pertinent to ask why the present is not as good a time as any for the American Medical Association to discuss plans for taking the matter to Congress in Washington. —*Journal of American Medical Association.*

THE PSYCHOPATHIC HOSPITAL AN URGENT NECESSITY.

BY ERNEST HALL, M.D., VICTORIA, B.C.

THE necessity of an intermediate station between the home and the insane hospital is clearly shown by the following cases that have recently come under my observation:

Mrs. M———, aged 31, two children, the youngest three months old; good heredity, but of excitable disposition. Physical examination showed an enlarged floating kidney, and first degree of lacerated cervix. The care of a large house, and unnecessary domestic responsibilities, with maternal duties, had apparently made a greater demand upon the vital resources than the irritated physical organism could meet; and symptoms of mental collapse were shown in expressions of suicidal intent and various delusions. Fearing trouble, I sent a trained nurse to take charge of the patient, hoping by vigorous treatment to restore the physical system, and give her a chance before removal to the asylum. Matters went smoothly for a few days, until seizing an opportunity when the nurse was washing the baby, she produced a two-ounce bottle of carbolic acid that she had concealed some days previously, and drained the bottle before the nurse could interfere. I saw her within half an hour afterwards, but life was all but extinct; she died a few minutes after my arrival.

CASE 2.—Mrs. C———, aged 23; no children; had been ill some time before I saw her; had been given up by two medical men, and ordered to the asylum. She presented a large swelling over the ascending ramus of the maxilla. An examination of the mouth showed the molars badly decayed and giving a most offensive odor. She was very much emaciated. Other parts appeared normal. Urine normal; temperature 103; delirium

had been continuous and active. She was placed upon sedatives, and upon the supposition of dental complication, a dentist was called in consultation, who agreed that the abscess probably resulted from diseased teeth. Under chloroform the molars were removed; the lower third molar on the side of the abscess had attached to its root an abscess mass. Considerable pus escaped. After recovering from the anesthetic, the patient was rational for the first time for fifteen days. Supporting measures were ordered, also an antiseptic mouth wash. In six hours after the extraction, the delirium returned and remained for several hours, but would disappear under forced sleep. Upon the theory of toxemia from absorption from the pus tract, I gave 1000 units of anti-streptococcus serum, repeating the dose in two days. With the exception of septic pneumonia and a bed sore, the progress of the case has been uninterrupted. There have been no indications of mental disturbance since the disappearance of the abscess and the healing of the gums. In her delirium, this patient had run away from her home to that of her sister, fully half a mile away. As the house was small, we experienced great inconvenience in the management of the case, owing to lack of accommodation for the nurses and family, and we realized the necessity of some hospital where better facilities could be afforded.

The frequency with which we come in contact with such cases as are herein outlined, impresses upon all practitioners who are actuated by other than mercenary motives, the necessity of the establishment of specially equipped hospitals, where those who have developed abnormal psychic conditions to the extent that home treatment is impossible or inadvisable, could receive appropriate treatment until it could be satisfactorily shown that the underlying physical lesions were beyond the possibility of early removal, either by the natural forces, or by medical or surgical measures. Those giving indications of chronicity, or undue violence, should be removed to the state institution, as it is at present constituted. The classes of cases that would receive the greatest benefit from this arrangement would, in the opinion of the writer, judging from his limited experience in the treatment of these unfortunates, be : puerperal; toxemic; irritative from pelvic lesions (cystic ovaritis, adhesions, fibroids, retrodisplacements, etc.), or, in general terms, all those classes of cases in which the prognosis under treatment is good; for instance, puerperal insanity in which the expected rate is 75 per cent. Upon the other hand, it would be worse than folly to detain in this psychopathic "suspect station," idiocy, senile dementia, or general paralysis. "A doctor sending a case to an asylum should have in mind that there are two events—either of which will probably make the relatives blame him and say that he has made a mistake in recommending the step—the one, death; the other, recovery within a week or

fortnight after admission. If the latter occur, the patient will likely join in the disapproval." This suggested unpleasant experience could be avoided by submitting cases, first, to treatment in a detention hospital.

In a few of our cities excellent private institutions exist that meet to a certain extent the necessities of the case among the well-to-do, but the masses are yet unprovided for, and it is to meet the requirements of this class that I recommend action in this direction.

We are being continually reminded of the alarming increase of insanity; the lack of accommodation; and the fact that a serious problem is confronting us in this direction. The establishing of municipal detention hospitals would, to a great extent, lessen this congestion; and, since experience has shown that recent cases are more amenable to treatment than those in which the measures for relief have been delayed until the abnormal metabolism of the cortical cells has become somewhat of a mental habit, many of these cases could be returned to their homes which, under the present system, drift hopelessly to utter dementia and death. The existence of such an institution would also tend to keep before our minds the fact, too often forgotten, that many cases of mental trouble are within the province of the physician, and thereby would greater attempts be made to investigate and relieve the underlying physical lesion. In looking over the report of one of our large state hospitals, I find no mention of any attempt to utilize the large amount of material which is at the disposal of the medical authorities, either in thorough physical examination, or in post-mortem, whereby at least some light might be thrown upon the underlying pathological conditions. Can any other department of medicine show such negligence? With abundant evidence of the application of the simple principles of surgery to this class of cases, it is criminal to pursue such a course of inefficiency.

America has not been without its prophets in the field. Rohe of Baltimore, Manton of Detroit, and others, have demonstrated beyond doubt the satisfactory results of operative treatment of the asylum class. This matter is no longer in the experimental stage. We had better face the facts, and admit that the method of commitment and management—we cannot use the word "treatment"—of the insane is too frequently inexcusably deficient. Political exigencies and personal prejudices should not interfere with an effort to introduce more rational supervision of this department; but, if the political machine must continue to grind out the same kind of product, the only chance for the incarcerated invalid of the future, beyond nature's kind ministrations, is in the institution of the hospital that I have endeavored to outline; then the state hospital will become in effect what it virtually

is at present—a place of confinement for those who are dangerous to the community.

[In our May number we published a letter from Dr. Hall, in which reference was made to an article by him that appeared in the *Medical Sentinel,* Portland, Ore. Through lack of space we were obliged to withhold its insertion in the Journal until this issue.]

DISEASES TREATED AT THE NAUHEIM SPRINGS AND THE REMEDIES FOUND THERE.

Bathing Cure.—Within the last ten years, among other diseases treated at Nauheim, affections of the heart have taken a prominent place. Derangement in the nourishment of the muscular organism of the heart, chronic inflammation and fatty degeneration of the heart, and, as a consequence, enlargement of the heart; inflammation of the valves of the heart, following rheumatism of the joints; nervous disorders of the heart, and the calcification of the heart vessels, are diseases which have been treated at Nauheim with great success.

The Nauheim springs have also a very favorable effect on gout. They have both the bathing and drinking cure. Gout patients who are too stout to undergo the drinking cure have received great benefit from the use of carbonic acid thermal salt springs.

The waters have a similar excellent effect on acute, chronic joint and muscular rheumatism; further, in diseases of women, especially in chronic inflammation of the womb.

Numbers of patients visiting Nauheim suffer from spinal and nervous disorders. The fact that these numbers increase year by year, proves how highly the action of the Nauheim springs is valued by such patients. Also the treatment of scrofula has been very successful. Besides these diseases, every year they treat a great number of the following diseases: Chronic inflammation of the kidneys; general weakness; convalescence after severe illness; diabetes; anemia, and all diseases due to stagnation and obstruction in the vascular and lymphatic systems.

The Nauheim springs act as a strong stimulant to the circulation and this action is also supported by the stimulation and diminution of the heart's action which takes place after using the waters.

The Drinking Cure has (1) a stimulating effect on the stomach secretions, and in consequence a favorable result on dyspepsia, chronic stomach affections, etc.

(2) An opening effect on chronic intestinal affections, plethora, liver complaints and constipation, as well as giving great relief in hemorrhoidal affections.

Besides this there must not be forgotten the favorable effects on gout and chronic bronchitis. Spraying the affected parts with

a salt solution is frequently a valuable aid in the last mentioned disease. The remedies found in Nauheim are more numerous than in any other watering-place. For the baths there are *three large carbonic acid thermal salt springs.*

1. Spring 7. (Large spring.) Bored in 1839-41, natural temperature 30.5. Solid particles are 26.35—amongst these are 21.82 chloride of sodium and 1.26 absorbed carbonic acid gas.

2. Spring 12. (Friedrich Wilhelm Spring.) Bored 1852-1855, natural temperature 33.5 deg. C. It has 35.35 solid particles—amongst them 29.29 chloride of sodium and 1.0 absorbed carbonic acid gas.

3. Spring 14. (Ernst Ludwig Spring.) Bored 1900, natural temperature 31.2 deg. C. Solid particles 29.7—amongst them 24.0 chloride of sodium and 1.19 absorbed carbonic acid gas.

From the water of these three springs are made:

1. *Salt baths.* The water used for these baths is *freed from carbonic acid and lime combinations*, by means of a graduator and can be used as pure salt baths of any strength up to 10 per cent.

2. *Thermal baths.* The water from the three (sprudel) springs falls into the basins or wells and from there is conveyed to the cisterns. A considerable quantity of free carbonic acid gas escapes from the basins or wells, and owing to contact with the air the oxide of iron, which is soluble in water, becomes insoluble protoxide; therefore the water of the thermal baths has a yellowish red appearance. Besides a part of the free carbonic acid, which escapes only slowly from the cistern, there is in thermal water a great quantity of half-bound carbonic acid gas. In combination with solid particles the carbonic acid gas effects great healing results, bringing blessings to many thousands every year. As the thermal baths contain less free carbonic acid than the sprudel, the effect is milder and even the weakest patient can bear them.

3. "*Thermal-sprudel*" *baths, i.e.,* thermal baths which contain an abundant supply of carbonic acid gas.

At a certain point the spring is connected with a reservoir; the loss of carbonic acid gas is limited, as the connecting pipes are laid underground. By this means the water never comes into contact with the air, so that the conversion of the ferric oxide contained in the water to protoxide of iron is prevented, the water is also kept quite clear. The isolation of pipes and reservoir serves to preserve the natural temperature of the water.

4. *Sprudel baths.* The water of these springs is conveyed to the cisterns under the earth, before coming into contact with the air, therefore the iron is still in solution and comes perfectly clear into the cistern, besides retaining its full amount of carbonic acid gas.

According to the distance it has to be conveyed the temperature of the water is lowered by ½ to 1 per cent. The temperature of the Sprudel baths from springs 7, 12 and 14 is from 30 to 33 deg. C. It is a very suitable bath, as in consequence of the

amount of free carbonic acid gas it acts as a stimulus to the skin besides creating a warmth.

The sprudel baths are very strong. In certain circumstances they have strong effect on certain diseased organs, and should only be taken by medical advice. In unsuitable cases, or by neglect of necessary precautions, the success of the bathing cure might be endangered, whereas if rightly applied they are most beneficial.

5 and 6. *Thermal stream or current baths and sprudel current baths.* The sprudel water in these two kinds of baths is being continually renewed in the bath and consequently the contents have the same effective agents, besides giving a stimulus by the mechanical wave movement. *The healing effect of the Nauheim baths is owing, without doubt, not only to the amount of salt and carbonic acid gas contained in the water, but also to the solid particles combined with the carbonic acid contained in the Nauheim springs. These solid particles are chiefly potash, magnesia and others.*

COUNTRY SURGERY.

BY F. E. BURGEVIN, M.D., SPIRO, I.T.

HAVING been requested to furnish some notes of my surgical cases for the *Surgical Clinic*, I respond with pleasure to the call of duty, a labor of love, as it were. Here at Spiro in the Indian Territory, we do not possess the same facilities for operating as are enjoyed by the surgeons of Chicago, but excepting a few victims of railroad accidents who were promptly shipped to the railroad hospital at Kansas City, under care of the chief surgeon, I have not had to send away many surgical cases. As a rule we do our own surgery, and while we cannot show as brilliant results as Senn, Ochsner or Morris, we "get there just the same." I have not yet been so unfortunate as to lose one of my surgical cases. Of course that is more luck than skill.

I will illustrate by a few emergency cases just how we do our surgical work, that the younger and more timid brethren may take heart. Remember we have not the resources of a hospital to fall back upon, and are not overburdened with instruments or appliances.

CASE 1.—Purulent hepatitis. Mrs. T., 29, one child, 4; for three weeks had been under the care of another physician, who had diagnosed appendicitis and advised an operation, which was refused. I found a large tumor in the right hypochondriac region, eighteen inches in circumference, reaching from the upper edge of the liver to within one inch of McBurney's point; firm, symmetrical, tender on pressure, no discoloration or fluctuation, considerable pain not entirely relieved by opiates, temp. ranging from 102 to 103.5, pulse 100 to 112, face flushed and anxious, history of chills and fever, with gradual onset of present symptoms complex.

Diagnosis, abscess of the liver, by exclusion. She grew steadily worse in spite of our best efforts, and they consented to an operation. My associate and I put her under chloroform, and an explanatory incision was made the full length of the tumor, about five inches, dissecting down to the abscess cavity through the superimposed tissues, feeling our way, so to speak, as we both realized that we were treading on holy ground. However, the abscess, which originated in the superior lobe of the liver, had been pretty well walled off from the peritoneal cavity. We evacuated about a quart of greenish pus, then attaching a small nozzle to a two-quart fountain syringe we scoured out that same cavity, first with a gallon of plain hot water, then with a hot solution of Hydrozone, which was continued until foaming ceased. The cavity was then packed with iodoform gauze, the wound brought together with catgut, leaving an inch open at the lower end for drainage the edges cleaned with pure Hydrozone, then dusted thickly with boric acid. Gauze and a bandage completed the dressing.

The alarming symptoms that presented were met with hypos of glonoin and strychnine. Calcium sulphide was given a free hand from the beginning. We removed the gauze on the third day, repeated the washing with hot solution of Hydrozone and dressed as before; not a drop of pus was seen after that, and healing was rapid. She had no more pain or fever after the operation, and made a record-breaking recovery.

CASE 2.—Boy, 15, jumped off a train while in motion and was thrown against a side-track, cutting a deep gash in the forehead over the right eye. An hour later I found him comatose, pupils contracted, insensible to light, pulse thready and fluttering, considerable hemorrhage. Strychnine and glonoin brought about reaction, and the wound was carefully cleansed according to my usual method with Hydrozone, stitched together and dusted over with iodophyll. Reaction was met by a cold hood, aconitine and eliminants. The boy was soon well.

These cases are taken in the order as they occurred, and seem to show what we have been doing in this line recently, and how we country practitioners handle emergency work.

In another report I will give an account of some of our surgical procedures for the relief of chronic diseased states, and what we have been able to accomplish in that direction.—*The Surgical Clinic*, March, 1903

Public Lecture Courses by Physicians.—The Board of Education of Philadelphia, in conjunction with the University of Pennsylvania, has established a course of lectures, given in the public schools, in which members of the University Faculty discuss interesting subjects in the sciences and the arts, in history, medicine, etc., in a popular and instructive vein. Lectures are being delivered upon Bacteriology, Hygiene, Sanitation, Typhoid Fever, and other important themes.

The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D., EDITOR, 69 BLOOR STREET EAST, TORONTO.

W. A. YOUNG, M.D., L.R.C.P.Lond., GENERAL MANAGER, 145 COLLEGE STREET, TORONTO.

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Editorials.

THE PREVENTION OF TUBERCULOSIS IN THE PAST.

THE efforts now put forth in different parts of the civilized world and the regulations made to put down tuberculosis seem petty when compared with what was done for the same purpose in some parts of Europe during the eighteenth century.

The first edict against phthisis was issued in 1751 by order of Ferdinand VI., King of Spain, and was of extreme severity. As it is of some interest in connection with the history of phthisis,

showing the views current among the physicians and people of Spain as to the infectiousness of phthisis, we publish a translation taken from an article by Dr. Landouzy, in *La Presse Medicale,* April 11th, 1903:

"Experience having shown how dangerous is the use of linen, furniture and articles which have been used by persons afflicted with, or who have died of, hectic, phthisical or other contagious diseases, we enjoin on all physicians to give notice of those persons who are sick with, or who have died of, phthisis.

"So that the alcade may cause the linen, clothing, furniture and other objects, used personally by the patient, or which have been in his apartment, to be burned.

"So that the alcade may, also, order the apartment in which the patient died to be replastered and whitewashed; and the flooring or flagging of the room or alcove, in which the patient's bed was placed to be changed.

"Besides, a registration must be kept of places from which clothing, found in the shops of second-hand clothes' dealers, comes, with information as to the names and residences of the vendors, as well as the persons who have used the linen and garments, dealers in old clothes ordinarily doing business in contaminated goods. The alcade shall issue a paper, attesting that the said goods are free from contagion; this paper shall be the sole authorization by which dealers in second-hand goods will be allowed to keep or sell such goods. Any physician who will not give notice of consumptive patients, or those who have died of consumption to the alcade of his quarter, shall incur: for the first offence a fine of 200 ducats and suspension for one year; for the second offence a fine of 400 ducats and the punishment of exile for four years.

"All other persons (infirmarians, domestics, persons in attendance on a consumptive patient), who will not report the case, shall incur a penalty of thirty days in prison for the first offence, four years in the bagnio for the second offence.

"Civil, religious and military authorities shall cause to be burned in civil and military hospitals all linen, which shall have been used by phthisical civilians or soldiers."

From Dr. Mays' book on "Consumption, Pneumonia and Their Allies" we extract the following:

Equally severe laws were introduced in Tuscany. Among

other regulations patients were enjoined to expectorate only in special vessels of glass or glazed earthenware, which were to be emptied and cleaned frequently. These laws were strictly enforced for thirty-nine years—until 1783—when, on account of a want of support on the part of the medical profession, they were repealed by the Grand Duke, Pietro Leopoldo, 'as being a cause of bitterness, dissatisfaction and vexation.'" Similar laws were also passed in the State of Lucca, in Pesaro, in Venice and the Papal States.

In 1782 most stringent laws for disinfecting the belongings of consumptive patients were introduced into the kingdom of Naples by Ferdinand IV., and they were maintained for more than fifty years. Yet, among other things, Dr. A. L. Pierson, wrote of a Neapolitan hospital, in 1834, as follows:

"One can hardly realize that so much has been said and written to recommend this city as a residence for consumptives, when some of the best informed Neapolitan physicians estimate the deaths from consumption among the residents at one-fourth of the whole mortality." Dr. Mays continues:

"It seems, therefore, if the death-rate from consumption was the same in Naples at the time these laws were abolished as it was in other cities in which segregation was never practised that the practical value of such measures was entirely negative."

While the Italian statistics show that repressive measures passed in the eighteenth century failed to save the Neapolitans from phthisis, a more accurate understanding of the exciting and predisposing causes of phthisis enables the medical advisers of to-day to achieve better results in the preventing of phthisis with less stringent measures.

Notification is just as necessary now as it was in the eighteenth century; but the health officer of to-day busies himself in the destruction of the sputa of a phthisical patient, and is satisfied with ordering the sick man's linen to be boiled instead of committing it to the flames.

According to the Spanish regulations the infection of phthisis was supposed to emanate from the body of the patient, or to be communicated to the well from articles used by the patient, in the same way that scarlatina is communicated.

These views are known to be erroneous, it having been proved that physicians and nurses, who wait on consumptive patients, do

not catch the disease from them, although physicians and nurses, who wait on typhus cases, often catch that infection and die of it.

The genuine cause of phthisis has been discovered by Koch, and outside of notification, preventive measures should be confined to the destruction of the bacillus tuberculosis.

The contract is certainly a large one, but this is a strenuous age. However, even if notification should become general, and if a crusade against the bacillus tuberculosis should be preached, philanthropists, capitalists, legislators, sanitarians and all who wish to lessen the morbidity and mortality of consumption should strive, among their other good works, to raise the scale of wages, to feed the hungry, to assist the unfortunate, to purify water supplies, to prevent infective disease of every kind, to put down alcoholism, to improve the conditions of ventilation and heating in house, office and factory, not forgetting to add, when possible, a tinge of kindness to brighten the gray routine of the toiler's life.

J. J. C.

THE ADVERTISING OF PROPRIETARY MEDICINES IN THE SECULAR AND MEDICAL PRESS.

It appears that the Austrian Government is going to take a hand in the repression of quack advertisements in the newspapers. Last November the Minister of the Interior of the Austrian Government addressed to all the governors of provinces in that empire a circular calling their attention to the immense amount of advertising of infallible cures and methods of treating diseases, published in the political journals. He thought this extension of quackery was inadmissible, and that such methods of advertising being really equivalent to the illegal practice of medicine should be looked after by the legal authorities, whose duty it is to regulate such matters. He invited all functionaries and medical health officials connected with the Government to bring all such advertisements to the notice of the governor of the province, so that they might immediately advise the procurator of the province, whose business it is to take action in such matters.

In the *British Medical Journal,* April 4th, 1903, we notice that a German Society for the Repression of Quackery has been founded at Berlin. Among the members of the society are a large number of laymen, as well as medical practitioners. The

objects of the society are to enlighten the public mind as to the harm done by quackery to the public health, and as to the proper cure of the sick. In furtherance of these objects a regular propaganda is to be instituted. Public meetings will be held and addresses delivered; leaflets will be distributed, and other means of educating the man in the street will be adopted. A weekly journal is to be founded, in which all the misdeeds of quacks will be published and brought to the notice of the public authorities. The society will do its utmost to influence legislation for the repression of quackery, and to ensure the enforcement of existing laws. The subscription has been fixed at one mark, in order to make the membership of the society accessible to all who are interested in the promotion of its objects. An opposition to the advertising of proprietary medicines in the secular press is also becoming active in the medical press of the United States. Thus in the *Medical News* of April 4th, 1903, Dr. Mattison, of Brooklyn, N.Y., warns against the number of nostrums—nervines, antineuralgic pills, powders, tablets and liquids—so much heralded and lauded for the relief of pain and nervous unrest, but which have morphine as their active part. He states that in one largely advertised liquid preparation there is one-eighth of a grain of morphine in a teaspoonful.

Dr. Mattison also alludes to the various nostrums containing cocaine, so much lauded for the relief of coryza and other nasal ills. One of these nostrums contains 1⅞ per cent. of cocaine. He states that the abuse of cocaine arising from its employment in cold and in nasal catarrh is common, and that many wrecks are the result.

We also notice that at the May meeting of the Toronto Local Board of Health, "Dr. Noble said that the morphine and cocaine habits were becoming prevalent, due largely to the use of patent medicines." The Medical Health Officer and the City Solicitor are to look into the possibility of a by-law dealing with this subject. On May 7th, 1903, the druggists' section of the Retail Merchants' Association of Toronto met and passed a resolution asking druggists to curtail the sale and use of narcotics and injurious drugs, except when called for by a physician's prescription. The local branch will seek the co-operation of all druggists in Canada in this crusade. Of course it goes without saying that in Canada, as well as in other countries, the objectionable

preparations are brought to the notice of the public by advertisements in the papers.

In defence of the practice of advertising proprietary medicines writers in the secular press contend that (1) physicians occasionally employ such medicines without acknowledgment; (2) that tonics, alteratives, purgatives, anti-venereal remedies, etc., made according to proprietary formulæ, are advertised in the medical journals.

If proved in a given case, the first charge in this indictment would show that the physician had faith in a proprietary article, but lacked the courage to confess it, and give credit where credit was due.

That proprietary medicines are advertised in medical journals is quite true; but the readers of medical journals are severe critics and do not hesitate to discard a remedy, if found lacking.

From the standpoint of ideal justice, it would be in keeping with the highest instincts, tendencies and practices of medicine, were the composition of proprietary preparations revealed as well as that of the pharmacopœia. To the average practitioner, however, the actual method of compounding a preparation is of little moment; its real value as a therapeutic agent is what interests him. If satisfied that it is a reliable preparation, he uses it with confidence for the benefit of his patients. In all cases he can obtain either the chemical formula of the preparation he uses, or the names of its component ingredients. In this connection we notice that the Committee on Nostrums and Drug Addictions of the American Medical Association reported at the recent New Orleans meeting, "that the manufacturers of proprietary medicines be requested to print the scientific names under the trade names of all pharmaceutical or chemical preparations."

The point is well taken, and we think that it would be more satisfactory to physicians if, in the case of preparations competing for their favor, this practice were always observed.

On the other hand, medicines advertised as cures to the laity should not be entitled to the patronage of physicians, or admitted to the pages of reputable medical journals, and it matters little whether their composition is known or not.

Speaking generally, we would say, in reference to proprietary medicines advertised in medical journals, that (1) these medi-

cines are skilfully made; (2) their owners are anxious to merit the favor of physicians, and (3) physicians will certainly take advantage of any improvement in pharmacy in order to be better enabled to treat disease, *tute, cito et jucunde.*

To place edge tools in the hands of experts, in order to assist them in doing their work, is one thing; to place tools, of every description, good, bad and indifferent, in the hands of credulous or neurotic people, is quite a different thing J. J. C.

NEW ORLEANS—AN IMPRESSION.

To stay for ten days in the Crescent City, New Orleans, is a never-to-be-forgotten pleasure. The blending of the old and the new, the entwining of the Spanish, French and English in this city of two centuries, seem, to its life, like willows on the bank of a stream as they meet, bend over, mingle, then "dip and dimple" its clear dark face—surely a revelation to the Northerner and an unending source of interest.

First, we visited the old French market, where meat, vegetables, fruit, dry goods, in fact almost everything, from the staff of life and a cup of *café noir* to a tiny Saint Joseph, can be purchased. The odors there would certainly cause the Toronto Board of Health to call an emergency meeting. Surface drainage prevails largely in the old part of the city and, judging by appearances, it should be a good place to cultivate water lilies.

Some of our contemporaries, no doubt, may dwell upon the subject of the surface drainage and have a mild attack of microbe panic; however, fourteen million dollars has been appropriated by the authorities with which to thoroughly and in the most up-to-date manner drain this otherwise delightful city of New Orleans.

From the contemplation of drainage and the antics of numerous pickaninnies, it is only a step into bright streets and glorious flower-decked squares. A glimpse into the old historical Cathedral of St. Louis, and out again into the sunshine, passing here and there a tiny girl's figure clad in white, flower-crowned and tulle-veiled, carrying prayer-book and silver beads, the personification of childish innocence, on her way to her first communion. Many a handsome creole, over-dressed and bedecked darkies, and occasionally a beautiful, quaint old lady arrayed in silk, old lace, mittens and jewels—in fact, a veritable marquise; then the typical Americans who have made this flower garden their home; and

very much in evidence about four thousand men and women, badge adorned, looking, admiring, greeting one another, come to cut their little caper at the meeting of the American Medical Association.

The headquarters of the Association was the New St. Charles Hotel. Thronged always was its large foyer and spacious palm room, with a contingent of the two thousand and odd physicians who registered at the 1903 meeting. Twice previously had the Crescent City entertained the American Medical Association—in May, 1869, and May, 1885. In 1869, one hundred and ninety-one members, and twenty-seven by invitation, signed the register. Strange to say, at that time, Dr. W. O. Baldwin, of Alabama, was president, and his opening address was mainly devoted to the consideration of medical education, and in 1903 Dr. Frank Billings, of Chicago, the president, in a broad, convincing manner, dealt with the same subject. The opening session was held in the Tulane Theatre and the address of welcome was given by Mayor Capdevielle on behalf of the city, General Leon Jastrenski on behalf of the State, and Mr. Henry P. Dart on behalf of the local bar. The president gave an able address on "Medical Education in the United States," dealing with medical colleges, the large number of their graduates, scientific medicine, the important discovery of Pasteur, the practical methods of Koch in bacteriology marking a new era in medicine, the greatest advance in medical knowledge having taken place during the past twenty years, touching also upon Jenner and the evolution of Listerism, applied medicine and surgery. Dr. Billings concluded with a forceful appeal for the highest grade of medical university and college, and for the obliteration of those proprietary medical schools which are conducted solely as money-making institutions. Dr. J. M. Anders, of Philadelphia, gave the oration on "Medicine." Dr. Jonas, of Nebraska, read a paper on "The Progress of Surgery." A handsome portrait of Dr. T. A. Richardson was presented to the Hall of Fame, the presentation speech being made by Dr. Souchon. It seemed an odd coincidence that, just ere leaving Toronto, a similar presentation had taken place and the two distinguished medical gentlemen were the same in name and strangely alike in attainments. The late Dr. T. A. Richardson, a Kentuckian, born in 1827, was a student of Dr. S. D. Gross. Dr. Richardson was a wonderful dissector, and many of his specimens are in the Tulane University; and it was said he was its first one to use English names in his lectures and in his book on Anatomy. He filled the Chair of Anatomy in the University of Louisiana, then during the war he was

an army surgeon, and at its close he became Dean of the Medical Faculty of New Orleans. In 1877 he became President of the American Medical Association, meeting in Buffalo, being the first president elected from a Southern State. Before his death he donated $100,000 for the building of a new medical college in New Orleans; ere its completion (1894) he died (1892), and it now bears over its door the inscription, "Richardson Memorial."

At this year's meeting some valuable papers were read and discussed in the various sections, and many well known, either personally or by name, to Canadian physicians were present, both at the Medical Editors' meeting, convening the day previous to the General Association, and the larger meeting with its delegates from "everywhere." At the conclusion of the Editors' practical and extremely interesting sessions, a French dinner was served at the famous "Antoines." It was a huge success. The quartette was the best of its kind it has ever been our pleasure to listen to, and as for the dinner it was wonderful—a thing to enjoy, and, perchance, to ponder over.

Among the many present at the Medical Association, Prof. Adolph Lorenz was, of course, the centre of attraction; he was alternately praised, condemned, criticised and lionized. Certainly, to meet and converse with, he has a peculiar charm of manner and is retiring and quiet, without a suspicion of braggadocio, nor seeking in any way the newspaper notoriety that has been thrust upon him. To watch him operate (he gave three hospital clinics at New Orleans) and see the strength he expends and purposeful manipulation he exercises during the entire operation, commands admiration from even the most supercilious critic. In one case, an extremely difficult one, he could not attain his object without the use of the knife, however; so out of three operations performed, he claims two successful bloodless ones, and one surgical one, of which he is also hopeful as to its ultimate success. At the close of the meeting the usual rivalry of cities for the holding of the next annual convention occurred, Atlantic City becoming the victor, with a promise that the long-delayed statue being erected to the honor and memory of the gifted Dr. Gross in Washington should be unveiled in that city immediately after the close of the 1904 meeting.

A Fête Champêtre in the city park, making magic in the night, was a fitting close to a week of profit and pleasure; fireworks, music, rarely beautiful illuminations, refreshments, and the stately "duelling oaks" keeping watch over all, as the stranger listened to tales of how honor was vindicated and pistols were ordered for

two, with coffee for one, in the old days, when life was lightly valued, for "loved they not honor more?"

With the warmth and open-hearted hospitality which is a heritage of the South, the Committee of Resident Physicians and their wives and several of the social leaders, among them Mrs. Huestis, Mrs. Curtis and Mrs. Delgado, one of the most beautiful of ladies whom one could easily believe had just stepped out of an old portrait, arranged everything possible in the way of entertainment for the Association. A reception in the Palm Garden of the St. Charles was given on the opening day, where one renewed many old acquaintances and made many a new one, an interest inspired by a common life-work adding the ready charm and spirit of *bon-camaraderie*. Two of the châtelaines of magnificent homes, whose names we have just mentioned, gave evening receptions for the visitors, and the size and beauty of the mansions, with galleries (verandahs) all around, overlooking gardens whose pathways have surely often been trod by Southern man and maid, Dan Cupid smiling and stringing his bow as he listened to their theme, and the soft breeze whispering through the overhanging branches, "It is well."

Few indeed were the physicians and their wives who did not remain after the activities of the meeting to enjoy the luxury of holidaying and sight-seeing in and around New Orleans. The facilities for sight-seeing are greatly enhanced by the fine electric car system; it is about perfect. No end of enjoyment can be obtained by taking the various belt-lines to suburban points and beautiful parks, especially, perhaps, Audubon Park, where the live oaks are magnificent and grow to an enormous size, all festooned with garlands of moss (an air plant). The rich green of the sturdy oaks and the soft grey tones of the clinging moss, the cool breeze laden with the perfume of the magnolias, and the varied bird songs so high and clear, made life, for the time, a day-dream, and the world an enchanted land.

The Government Experimental Farm is situated in a part of Audubon Park, and there we saw, under process of cultivation, fig trees, dharjeeling tea, cotton, banana palms and a host of the other fruits of the earth. In one of the buildings we noticed an artist modelling, first in clay, the figure of old "Meph"! which is to be moulded in sulphur for exhibition at the World's Fair in St. Louis.

The levée or embankment, that says to the Mississippi, "Thy sentinel am I," is strangely made—bags upon bags filled with sand, piled closely one upon another, then filled in compactly with earth and built up to a considerable height—and seems frail

indeed to keep back the mighty overflow of the great river at its flood-tide, whose natural bed is considerably higher than the city, which lies below it in a sort of basin.

The school system is remarkably good—of Public Schools there are about seventy. Thirty of these schools were built or bought through the endowment of John McDonogh, about whose name clings a romance which all the New Orleans people are anxious to repeat to visitors. This gay young bachelor, living in magnificence, fell in love with the beautiful daughter of the Spanish colonial philanthropist and magnate of New Orleans away back in the early part of 1800. His suit was indignantly rejected; he became a morose miser, and, dying in 1850, he left his immense fortune to the cities of Baltimore and New Orleans ("share and share alike") for the education of the public. The only condition was that the school children of the city Public Schools should once every year strew his grave with flowers.

The Tulane University is full of interest, also the "Sofie Newcomb" Memorial School for girls, formerly one of the most beautiful of residences, with its spacious gardens, where we noticed a sketching class copying a huge banana palm in flower. The chapel, gymnasium, library, and near by, in a separate building for the purpose, the "Sofie Newcomb" pottery, speak well for the high grade of the attainments of the young ladies of this Southern city.

Woven into the warp and woof of the education of the women of Louisiana is the old Ursuline Convent, overlooking the Mississippi, surrounded by flowers and trees, its quiet and stately setting impressing all who pass by. Wishing to see the historical chapel and listen to the chanting of the nuns, one of our party rang the door-bell and we waited. Only a tiny grating in the panel of the door was opened, and we were told it was a cloister, and visitors could not enter. Shut away from the world, these consecrated women—part of whom have taught the mothers of Louisiana and helped to make its history—exist, their daily food fruit and vegetables. They pass their uneventful lives "like a tale that is told," glorifying the convent chapel with the strange music of the old Gregorian chants.

A stranger is much impressed by the many buildings with the prefix "Memorial" to the name inscribed over the door-way, and the handsome monuments situated in the city squares, among these the statue erected by the ladies of New Orleans to the memory of Margaret Haughery, the humble toiler who many years ago kept a

little bakery and even then in her poverty supported a few orphans. Her business grew, although she could neither read nor write. By hard work and careful investments she amassed a fortune and established an orphanage. At her death she left her entire wealth to build or maintain orphan asylums. Respected and admired by all during her active lifetime, her monument is a credit to the city. In the square called by her name, there she sits, Margaret to the life—plain dress, crochet shawl, and old chair—ever watching the orphans at play, just as she used to do. This is said to be the first monument erected to a woman in the United States.

The cemeteries of New Orleans are exceedingly beautiful as to situation, and costly and tasteful are the tombs and vaults erected in these large cities of the dead. All interment must be above ground, because as soon as the digging of a grave is commenced it immediately fills with water. A system of graves or vaults, that resemble "ovens," are built (above ground). Those who have not the means to buy a plot and erect a marble tomb for the encasement of their dead, can purchase for about eighty dollars one of these vaults imbedded in a wall of masonry. After two years have elapsed, if another member of the family should die, the coffin of the first occupant is broken open, the bones removed to the back of the vault and the new coffin placed in the vacated space. Ever in the case of the poor the old adage seems to apply, "Necessity is the mother of invention."

The recently built-up part of New Orleans, especially St. Charles Avenue, contains some of the handsomest residences and gardens in America. The huge palms, flowering trees and shrubs, the size and grandeur of the stone palaces owned by the newer blood and bought with lately acquired wealth are luxurious beyond description.

In the space allotted to these few scattered notes in this journal, and written, as they were, on the train *en route* home, to be in time for this issue, it is impossible to include the mention of the many other places of interest it was our privilege to visit and admire. All about the city a quaintness, a picturesqueness, a beauty all its own, charm one and make one long to linger amid such surroundings.

Always shall we speak and think of New Orleans as we saw it: a varied picture of life, nature's garden, fragrant with the breath of early summer and full of its sights and sounds. Not as the skilled botanist do we pose, who pulls apart the blossom as he contemplates it, counts its petals, examines its stamen and pistil and

then classifies it; but rather as the child who inhales its perfume, rejoices in its beauty, smiles and exclaims, "Oh, pretty flower!"

W. A. Y.

NOTICED AT THE AMERICAN MEDICAL ASSOCIATION.

AMONG the more prominent physicians who attended the Convention of the American Medical Association at New Orleans, La., last month was Dr. J. L. Wiggins, surgeon at East St. Louis, Mo., to the Illinois Central Railroad. "There's no question about that." "You understand." This gentleman told some stories (?) of the South, much to the amusement of many Northerners. One especially which "brought down the house," referred to New Orleans robins getting drunk on china berries, the other being a yarn about the City Court House sinking one story. Neither yarns were entirely corroborated.

Dr. Lester Keller, of Ironton, Ohio, surgeon to the Chesapeake and Ohio Railroad, and a man who can diagnose variola from chicken-pox, though it is said that all the practitioners around Ironton cannot, was also at the American Medical Association. New Orleans is known all over the world for its "gin fizz," and, though Dr. Keller is the most abstemious kind of a man, and whose appearance is such that it is not necessary for him to wear the blue ribbon of temperance in the lapel of his coat in order to assure the public as to his daily habits, yet a report became rampant around the New St. Charles Hotel, ere the meeting came to a close, that gin fizzes were being fairly "thrown at" the Doctors, among them Keller. About the same time Keller, so it was said, bought an alligator. At least that's the all-e-ga-tion.

We greatly missed meeting this year Dr. Thos. H. Manley, of New York City, with his hearty handshake and genial manner. Doubtless pressure of work at Harlem Hospital prevented his getting away this year.

Dr. McCoscar, of Fort Wayne, Ind., was present and made himself just as agreeable as of yore. He was as well "groomed" as ever and, if anything, a little better-looking and younger in appearance than twelve months ago.

Dr. Lorenz, of Austria, struck everyone with his magnificent physique, six feet, four inches, and built proportionately.

Ex-President Reed, of Cincinnati, O., was, as usual, on hand, just as warm-hearted and good-natured as ever.

Dr. Marvel, of Atlantic City, N.J., was present, and won his point in securing the 1904 meeting for the city by the sea, which he is fortunate enough to call "Home."

Dr. Geo. H. Simmons, Editor of the Association, had no trouble in getting re-elected for another year, so satisfactory has been his work.

Dr. Musser, of Philadelphia, Editor of the work on "Medical Diagnosis," is indeed a good choice for president, and he has the satisfaction of knowing that his election occurred after he had left for home.

Among the medical editors present were Dr. Winslow Anderson, of the *Pacific Medical and Surgical Journal*; Dr. Sajous, of Philadelphia, elected President of the Medical Editors' Association for 1904; Dr. Macdonald of the *International Journal of Surgery*, Dr. J. J. Taylor, of the *Medical World*, Philadelphia; Dr. Taylor, of the Medical Council, Philadelphia; Dr. Emory Lamphear, of the *American Journal of Surgery and Gynecology*, and Dr. Ball, of the *Tri-State Medical Journal*.

EDITORIAL NOTES.

Cocain-Adrenalin Anesthesia for Inflamed Tissues.—Dr. Foisy reports in *La Presse Medicale*, March 25th, 1903, that he employs combined solutions of cocain and adrenalin of different strengths in minor surgery. He has obtained the best results from the following combination:

Solution of cocain .....1-200 10 c.c.
Solution chloride of adrenalin.....1-1000 10 drops.

The solution may be prepared beforehand and sterilized in sealed tubes or made when required by adding ten drops of adrenalin to the 1-200 solution of cocain. The whole or part of the solution is used, according to the number, extent and depth of the incisions to be made. In opening a felon or a very painful boil, in order to avoid overdistention of the inflamed tissues, he employs 1 c.c. of a 1 per cent. solution of cocain mixed with four or five drops of adrenalin. In cases where a free incision or removal of morbid tissues is necessary (incision of carbuncle, ablation of suppurating lymphatics), he employs the following:

Solution of cocaine.....1-200 20-25 c.c.
Solution of adrenalin.....1-1000 13-15 drops.

He places his patient in the horizontal position, and makes intradermic injections along the line of the proposed incision. A long needle is used, and it is introduced parallel to the skin, care being taken that infiltration of the skin with the solution precedes the point of the needle (1 to 2 c.c. of the mixture are sufficient). Afterwards the needle is withdrawn and introduced more deeply. The operator in the same way introduces the solution into the connective tissue and the walls of the abscess, using two or three syringefuls of the mixture. Two or three cubic centimetres are introduced into the interior of the abscess. Analgesia is produced in three or four minutes. The tissues are incised layer by layer and if morbid tissue is to be removed it is gently drawn upon. Severed arteries must be looked for and tied, for the tissues which are injected become quite bloodless, and if this precaution is not taken, secondary hemorrhage might give trouble. This method has been used by the author in felons, boils, mammary abscess, abscess of the arm and neck, boils on the hand, in the ischio-rectal fossæ, etc. It has also been used in the extirpation of a large carbuncle situated on the nape of the neck, and in the removal of suppurating lymphatics of the groin, as well as in operating for fistula *in ano*.

Hygiene of Insomnia.—In a paper on "The Treatment of Insomnia," Dr. Richardson, of Baltimore (*American Medicine*, April 18th, 1903), recommends a large, well-ventilated room. To provide for the introduction of oxygen and the removal of carbonic acid he recommends that when the bed can be so placed as to prevent draughts the window be left open at night; a common expedient in Europe is to remove one or two panes of glass and substitute moderately fine wire gauze. As the object to be attained is to increase the peripheral circulation the body should be kept warm, in certain cases an extra wrap around the abdomen and hot water bottles to the feet having a good effect. The head and neck should be exposed so as to decrease the circulation and the temperature of the room should be kept about 60° F. unless there is some special reason for keeping it higher. The room should be darkened, because light increases external stimuli and the metabolism which stimulates consciousness is directly antagonistic to sleep. The patient should abstain from study, reading or playing any game which requires mental exertion or excitement for one or two hours before retiring. The evening meal should be eaten at least four hours before retiring, and neither tea nor coffee should be taken, chocolate being a good substitute. At bedtime a glass of

hot milk with a sandwich or a few crackers will, by stimulating the stomach, withdraw the blood from the brain to the abdomen; a glass of hot whiskey and water is often a very effective and acceptable hypnotic. A bath, the temperature of the water being from 98° to 100°F. is advised. If the water is below 96°, or above 105°, the peripheral vessels will contract with resultant hyperemia of the brain instead of anemia. The patient should remain in the bath from ten to twenty minutes, until the pulse rate falls and then should be lightly rubbed down and put to bed with as little exertion as possible. He says: "It is more rational and better to endeavor to produce the conditions necessary to natural sleep than to give a poison, which produces unconsciousness and not sleep and which must be detrimental to the patient. Before prescribing an hypnotic the physician should make up his mind what is the cause of the insomnia, and not, as is too often done, prescribe without any attempt at diagnosis of the physical cause." Dr. Richardson also discusses the indications for the use of hypnotics in the treatment of insomnia, showing the strong points as well as the weak ones of the various preparations used by practitioners. J. J. C.

The Tonsils in Tubercular Patients.—Dr. Escomel made some important observations on lesions of the tonsil and the uvula in tubercular patients, at a meeting of the Society of Anatomy, Paris, March 27th, 1903. In sections of such tonsils he showed the presence of a mononuclear infiltration of leucocytes; tubercles were not visible to the naked eye, but the microscope revealed their presence beneath the epithelium of the crypts, along with giant cells and bacilli. Occasionally giant cells penetrate the epithelium and become free in the crypts. In discussing the paper Dr. Letulle stated, that in patients attacked by pulmonary bacillosis, tubercular lesions of the tonsils were frequent although their character was not revealed to the naked eye. Dr. Cornil stated that he had recently examined some sections made from the tonsils of a tubercular patient whose pharynx was of a pale color, the surfaces of the tonsils being dotted over with little yellow spots. He found giant cells, two of which lay free in a crypt, although the epithelium was, so to speak, intact.

Cancer.—Dr. S. G. Hurtado (*El Siglo*, November 30th, 1902) declares that cancer is a disease of civilized nations. Livingstone did not observe it among the races inhabiting the hitherto unexplored regions of Africa, and Davidson wrote in 1893, that, if not unknown, cancer was at least very rare in Arabia, Persia and

Central Africa. Is cancer curable? Hurtado says it is not curable, except in very rare cases in which a relapse is not noted after the removal of the growth, and relapse occurs in from 96 to 97 per cent. of the cases which are submitted to surgical operation. New methods of treatment have not proved to be more encouraging, although Finsen's method and the X-rays have been employed with advantage in rodent ulcer. A novel method of treating cancer has been tried at Seville, in Spain, where patients affected with this disease are subjected to a famine cure—"hambre cure." Very small quantities of bread, meat and wine are given them every day. It is said that cures have resulted from this starvation plan. Careful observations appear to show, that under the influence of semi-starvation a malignant tumor undergoes a sclerous transformation and its stroma becomes firmer and more abundant; if ulcerations are present they tend to heal. Lastly and above all in importance, the pains caused by the disease are very much lessened and life is made endurable, thereby doing away with the use of morphine.

Glycosuria and the Pituitary Body.—The nutritional disease, acromegaly (Marie's Disease), which is characterized by enlargement of the bones and overlying tissues, chiefly of the hands, feet and face, is sometimes associated with glycosuria. Pierre Marie, after whom the disease is named, stated that in about one-half the cases of acromegaly, in which glycosuria had been looked for, this symptom had been found. Hansemann noted the presence of glycosuria in acromegaly in 12 out of 97 cases. Hinsdale noted it in 14 cases out of 130. Drs. Launoy and Roy reported to the Paris Society of Biology, March 21st, 1903, that in fifteen cases of acromegaly associated with diabetes, an autopsy had shown the presence of a tumor of the pituitary body. They think with Loeb that when a tumor of the pituitary body, without acromegaly, is not accompanied by glycosuria, it simply proves that the tumor of the pituitary body alone cannot produce the glycosuria. In addition to the presence of the tumor of the pituitary body it is necessary, that the tumor should cause pressure on the neighboring parts of the encephalon, a pressure which, according to Basilli, is made to bear on an adjoining glycogenic centre, probably the tuber cinereum.

PERSONALS.

DR. J. T. CLARKE, of Bloor Street West, is engaged to be married.

DR. G. SILVERTHORNE has moved from Gerrard Street East to 266 College Street.

MEYERS—On May 9th, the wife of Dr. Campbell Meyers, Deer Park, of a daughter.

DR. W. P. CAVEN, of Toronto, has introduced into Toronto the Old Country habit of making his professional calls in a private Victoria.

DR. ALLEN BAINES, of this city, was honored by being elected vice-president of the American Society of Pediatrics at its recent convention at Washington, D.C.

IN our May issue we unintentionally neglected to give the *News*, Toronto, credit for the article on "The Anatomy Act" as it appeared on pages 335 to 339 in that number.

DRS. Alex. McPhedran, W. P. Caven, Allen Baines, and J. J. McKenzie, of Toronto, were among those who attended the convention in Washington, D.C., the week of May 11th.

DR. F. N. G. STARR spent a couple of days fishing at the new club at the Forks of the Credit last month. The doctor has purchased a very handsome residence, 112 College St., and will move in about the first of next month.

DR. CARVETH'S private hospital at 239 College Street, Toronto (phone Main 1641), has first-class appointments, pleasant rooms, home comforts, good nursing. Patients are attended by their own physician. Rates, $10 to $20 per week.

DR. JUSTIN HEROLD, of 325 E. 87th Street, New York City, recovered a verdict of $12,158.00 against the Metropolitan Street Railway Company, for injuries he received, three years ago, in a collision while a passenger on one of their cars. The case was tried successfully by his attorneys, H. A. Herold and S. C. Baldwin, of 108 Fulton Street, before Judge Loventritt and a jury in the Supreme Court. Dr. Herold is the well-known author of "Herold's Legal Medicine."

WE wish to draw the attention of our readers to the advertisement (on another page) of the Canadian Medical Exchange, conducted by Dr. W. E. Hamill, for the purpose of selling and buying medical practices. This department of medical affairs has now been so successfully conducted for the past 10 years, that we are sure that any of our readers who wish to buy or sell, will consult their own interests by writing Dr. Hamill, and subsequently thank us for drawing their attention to the matter.

DRS. J. F. W. Ross, R. A. Reeve, B. E. McKenzie, and A. H. Garratt, of Toronto, attended the Convention of American Physicians and Surgeons and the American Orthopedic Association at Washington, D.C., on the 12th, 13th and 14th of last month.

WE beg to correct an error made in last month's issue wherein we stated that Dr. Chas. McKenna, of 244 Spadina Avenue, had purchased a house on College Street. This is not the case, the residence referred to having been bought by a dentist bearing the same name.

DR. W. A. YOUNG, of Toronto, attended the American Medical Association at New Orleans last month, and returned to Toronto on the 14th ult. The Doctor also attended, and was elected an officer of, the American Medical Editors' Association, which held a most interesting meeting at New Orleans on May 4th.

THE Presbyterian Hospital of Chicago is opening its various departments to graduate nurses who wish post-graduate work. The hospital staff are members of the Rush Medical College, and form the lecturing staff to nurses of the hospital. Information regarding the course may be obtained from the Principal of the School at the Presbyterian Hospital.

Carlsbad. Carlsbad is one of the world-renowned watering places, and as such is of interest to all doctors. It has regular connection with all of the important towns of the continent—Pullman cars, express trains and trains *de luxe* (Orient express to Paris, Constantinople, and Ostend express to Paris and Carlsbad). Carlsbad, situated in a romantic valley and surrounded by extensive and magnificent forests, is the chief representative of the Alkaline Saline Mineral Baths. Its average yearly temperature is 7.6°C.; average season temperature, 14°C.; sixteen mineral springs, varying from 36.6°C. to 73.18°C.; those used most are the Sprudel and Mühlbrunn. It has large bathing establishments. The new Kaiser Bath is the largest on the continent. In 1902 there were over 52,000 patients, and over 135,000 transients and tourists stopped at Carlsbad. There are four large bathing establishments provided with all modern comforts and under the control of the Town Council—mineral, peat, fresh water and vapor baths—individual vapor baths, Russian baths, electric light and water baths, cold water cure, massage, Swedish movement (Zander's system), iron baths, carbonic acid baths, river baths in the swimming school in the Eger. Carlsbad has numerous hotels of the first rank and over 1,000 lodging houses and villas provided with all modern conveniences, lighted by electricity and Auer lights, separate drinking and domestic water systems. It has almost entirely asphalt and wood pavements and a new system of drainage. Grand network of magnificent promenades in the mountains and forests surrounding Carlsbad (over 100 kilometers), with commanding outlooks. Information and folder sent on application to Carlsbad Town Council.

Obituary

THE LATE DR. EMILY HOWARD STOWE.

THE death of Dr. Stowe, which took place on the last day of April, 1903, has removed one to whom the honor paid to a pioneer is justly due. Dr. Stowe, who was a native Canadian, was the first woman to practise medicine in Canada. She was born at Norwich, Ontario, and was a member of a Quaker family. At the age of fifteen she began teaching in a small country school near Norwich, and at the time of her marriage to Mr. John Stowe she was principal of a school in Brantford.

The medical education of women has always been favored by the Quakers, who were the founders of the first Medical College for Women in 1849, in Philadelphia. Dr. Stowe, perhaps partly on account of her Quaker ancestry, as well as on account of personal fitness and interest, pursued the study of medicine, undismayed by difficulty or opposition, graduating from the New York Medical College for Women in 1868, as it was then impossible for a woman to obtain medical education in Canada.

Dr. Stowe had a large practice in Toronto, which she relinquished not many years ago, on account of a serious accident. Of late she spent the greater part of the year at her beautiful home in Muskoka, full of interest, nevertheless, in the world and its work and quite in sympathy with modern thought and progress. As a physician she was successful and beloved by her patients. As a woman she was womanly and motherly.

The end of life came suddenly to Dr. Stowe. She was quite well up to a few days before her death. Strangely enough, she expressed more than once a conviction that illness was approaching, though no symptom was apparent either to herself or others. Her attending physicians attributed the fatal termination to uremic poisoning.

The funeral service was attended by a large company of friends, among whom were nearly all the women at present engaged in the practice of medicine in Toronto. Well might they be present to pay a last tribute of honor and respect to her who

had trod that path before them, bearing the heat and burden of the day. Their way is made easy, but hers was made hard. A great English writer has said that the saddest penalty paid by those who are the victims of intolerance, is that they become intolerant themselves. This penalty Dr. Stowe never paid. She was gentle, fair-minded and charitable in her judgments to the end. The Scripture (1 Cor. xiii.) chosen by the officiating clergyman at the funeral bore a singularly appropriate reference to this. "Remember me kindly to him," she said in conversation with a physician a few days before her last illness, referring to some one whom she had differed from in years gone by. "Remember me kindly to him; he made a mistake, but I have forgiven him long ago." For this and other beautiful traits of pers ! character, for her ability, for her interest in medical education for women (her only daughter, Dr. Augusta Stowe-Gullen, as is well known, was the first woman to graduate in medicine from a Canadian university), and for her work, Dr. Stowe will be long remembered.

Medical Causerie.—Now comes another substitute for argent nit.—Argyrol (silver vitellin). We have tried nearly every silver product which the manufacturers have put on the market, and until a few months ago protargol was the only one we had office-room for. Argyrol will prove even more satisfactory than protargol, the only objection to it being the dirty black stain, which can be readily removed from linen by hot water. We have used it in 25 per cent. solutions to the throat, ear, and even to the eye, the patient making no complaint of any kind. Wherever argent nit. is indicated the argyrol may be used.

Thoughts on Pyorrhea.—When the destruction caused by pyorrhea can no longer be made good, we need not for that reason speak of incurability. If we succeed in arresting the purulence, the pyorrhea is cured; and this only succeeds when we are able to remove every trace of subgingival tartar deposits. No one will, of course, expect that it is possible to refix a loose tooth the alveolus of which the presence of pus has caused to disappear up to the apex of the root. Loose teeth, however, may become fixed again if a part of the alveolus remains still healthy, if about a third of the tooth still stands in healthy bone, or, in other words, if the last third of the tooth in the direction of the apex of the root has remained free of deposits. In teeth with several roots the conditions are somewhat different if the pathological process has not progressed to an equal extent with all the roots.—*Albert Senn, Quarterly Circular.*

News of the Month.

BANQUET TO SIR JAMES GRANT, OTTAWA.

In recognition of fifty years spent in the practice of medicine, during forty-nine of which he was located in Ottawa, Sir James Grant was entertained on April 22nd to a banquet at the Russell House by the medical fraternity of the capital, and presented with an address and a silver loving cup. Covers were laid at the dinner for eighty-five guests, and the medical profession of the Ottawa Valley was represented by its most distinguished members, who vied with each other in showing attention to the honored guest of the evening, who, after half a century of labor in the most arduous of callings, still retains in a marvellous degree the vigor and the elasticity of youth. Sheriff Sweetland, M.D., filled the chair with dignity, having on his right Sir James Grant, and on his left Sir Frederick Borden. The usual loyal toasts were proposed and honored with characteristic heartiness, after which the chairman proposed the toast of "Our Guest," and alluded to his having introduced the first Canadian Pacific Railway bill. The address was read in an impressive manner by Dr. Cousens, and the presentation made amidst enthusiastic cheers. Sir James Grant, who appeared to be greatly touched by this demonstration of friendship, returned his hearty thanks and favored the company with some reminiscences of his medical career. Proceeding, he said:

In no profession at the present day have greater advances been made than on the lines of surgery and of medicine. At the commencement of the nineteenth century the investigations of Jenner with reference to vaccination for the prevention of smallpox was being vigorously prosecuted. Since that day, notwithstanding the great opposition to this extremely important principle, it is now generally recognized that vaccination is the only safe means that can possibly be adopted to abolish finally the spread of the loathsome disease of smallpox. At that time, and for years afterwards, the study of anatomy was very much interrupted, owing to the want of material. Physiology was then in its infancy, and pathology was very largely a matter of speculation. Chemistry was in stages of possible investigation, and chemical medicine rose up almost in advance of any other department of medicine by the careful scientific investigation of Laen-

nec of Paris, who so advanced the history of disease connected with lung tissue that he established a name and reputation recognized throughout the scientific world. In these days peritonitis was a common disease and almost universally fatal. A major operation was considered the equivalent almost of a death warrant. Two great lights in London, Bright and Addison, scientific workers in connection with Guy's Hospital, brought to light knowledge concerning the kidneys and kidney disease of a remarkable character. Bright's Disease was then defined, and dropsy, the result of it, explained clearly and scientifically, and Addison pointed out also the cause of bronzing of the skin. So these two scientific men, in connection with the hospital, accomplished an advance in the profession of a most remarkable character.

Surgery was advanced by Syme and Schopart, who by their careful investigations threw so much light on the whole subject as to make doubtful points at once comprehensible to the general observer, and added greatly to the means of saving life. Shortly afterwards Simpson, of Edinburgh, and Long, of the United States, introduced the principle of anæsthesia, which accomplished much towards the relief of suffering humanity under severe operations. The three great advances in the medical profession during the fifty years were: (1) the introduction of anti-toxine for the cure of disease; (2) the germ theory of disease as advanced by Pasteur, and subsequently worked up by Lister; and (3) preventive medicine as largely brought about by the medical profession, notwithstanding that it lessened their prospect of revenue.

Then we had the remarkable investigation from which the discovery was developed of mosquitoes impregnating individuals, and so disposing of the old idea that such fevers spread from marshes and decayed vegetable tissue. Then again tetanus, which was supposed to arise from a rusty nail, is now known to be due to germs in the soil communicating themselves to the system through the wound made by the nail. Furthermore we have the examination of the blood as a means of diagnosis of typhoid fever. Sir William Jenner established an almost world-wide reputation by his investigations with reference to typhoid, supposing that fever sprang from ulceration in the bowels. But Prof. Osler, of Johns Hopkins University, and a Canadian, has thrown great light upon this whole subject, and his researches show that Jenner's idea is not tenable, and that typhoid fever, as regards its origin, rests on a much wider basis. A most important advance is that with regard to X-Rays and its utilization, not only in the investigation and advance of surgical conditions and diseases of the system, but also its application in the treatment of cancer. These are a few of the points to which I shall merely now advert, and from such we can form an idea of the remarkable advance which has been made in medical and surgical science within the

last half century. And if science is to be progressive, and I have no doubt it will, the next quarter of a century will throw much light upon obscure points of to-day, which will undoubtedly prove of vast service to humanity. (Loud applause.)

Dr. Powell, in felicitous terms, proposed the toast of the "Parliament of Canada." He mentioned with it the names of Sir Frederick Borden, Dr. Macdonald, Deputy Speaker, and Senator Sullivan, and praised, as unexcelled, the hospital equipment sent out by the Minister of Militia to South Africa.

Sir Frederick Borden said that Parliamentary government in Canada had been a tremendous success. He paid tribute to the wisdom displayed in building the C.P.R. That was shown to-day by the thousands of settlers who were flocking to settle in the great wheat belt. There was a magnificent future before Canada, but the problems to be worked out before the country solved its destiny would test the sagacity of the Canadian statesmen and Parliament. The possibilities in front of this country were so enormous that we could not properly appreciate them at the present moment. He did not believe that any one of them could see the possibilities that would be realized within the next quarter or half a century.

The other toasts were: "The Profession," proposed by Dr. Klotz, and acknowledged by Dr. Montizambert and Hon. Mr. Sullivan; "Our Hospitals," proposed by Dr. Cook, and replied to by Dr. Chabot, Dr. Hanna, Dr. Kidd and Dr. Law.

The committee who carried out the arrangements for the dinner were: Doctors Cousens, Minnes, Troy, Kidd, Hanna, Kennedy, Klotz, Gibson, Aubry, Law, Brown (Secretary), and Chabot.

DR. HUTCHINSON BLAMES UNWHOLESOME FOOD AS THE CAUSE OF LEPROSY IN INDIA.

Dr. Jonathan Hutchinson, F.R.S., returned to England two weeks ago, after a successful investigation in India as to the cause and prevention of leprosy, especially in reference to the hypothesis which assigns the foremost position among the causes of the disease to the use of unwholesome food. Twelve years ago the Prince of Wales' committee, which was sent to India, rejected this hypothesis, but Dr. Hutchinson's latest investigations have convinced him that the committee, if it had pursued its researches more deeply would not have rejected it. Dr. Hutchinson's general conclusion is that the facts do not controvert the hypothesis, while some of them afford unassailable support of it, the truth of which his inquiries in South Africa last year convinced him. Dr. Hutchinson's tour of India included visits to Colombo, Madras, Lahore,

Calcutta, and Bombay, where he held public meetings and discussions, and also visits to the leper asylums at Colombo, Madras, Calcutta, Purula, Asonsal, Agra, Tarntaran, Jullundur, and Bombay. He visited in Ceylon all the lepers, who had been fish-eaters. In Madras and Calcutta each of the lepers, with the single exception of a high-caste Brahmin, denied that they had ever eaten fish, and many believed that this had caused the disease. Some had left off eating it on that account. The majority of those who had not eaten fish were patients who had not contracted the disease in early life.

In accounting for these, Dr. Hutchinson suggests "commensal communication" spreads the disease to a slight extent in a community, where it has once originated, without it becoming contagious in the ordinary sense of the word. Commensal or mouth communication conveyed the disease by eating food directly from the hands of a leper, or otherwise receiving the bacillus by the mouth. The prevalence of the disease in the whole population of India is not greater than five in 10,000, which is about the same percentage as in Norway, but not a single district is entirely free from the disease. It is always more prevalent in or near the fishing places. In Ceylon, where the fisheries are so unproductive that the greater portion of fish consumed must be imported, the incidence of leprosy is less than two per 10,000. In Minicoy, the adjacent fish-exporting island, where the inhabitants eat fish four times a day, the percentage is 150 in 10,000. In the Bombay asylum there are 400 inmates, the majority of whom are from the great fishing district of Konkan. During eight years there have been no Jains and only one Parsee patient. The Jains are strict vegetarians. During the same period the Island of Salsette, which has a population of 50,000, was the only Christian community which sent patients to the asylum. The Salsettes are all Roman Catholics, who observe all fast days, and the majority of them are actually engaged in the fishing trade.

QUEEN'S EXAMINATIONS—DEGREES IN THE MEDICAL DEPARTMENT.

THE results of Queen's medical examinations were posted April 7th. There were fifty-one applying for degrees, of whom eleven were plucked. The results were:

House surgeons—W. S. Murphy, Portland; A. H. Leonard, Kingston; J. H. Laidlaw, B.A., Georgetown; F. M. Bell, Kingston; G. H. Ward, Napanee.

Medal in surgery—A. H. Leonard, Kingston.

Medal in medicine—W. S. Murphy, Portland.

Dean Fowler scholarship—W. Gibson, Amherst Island.

Dr. McCabe's prize, junior pathology—A. H. Singleton, Newboro'.

Dr. Hyunger's prize in materia medica, therapeutics and pharmacy—A. H. Spooner, B.A., Latimer.

Faculty prize for best examination in anatomy, physiology and chemistry—A. C. Spencer, B.A., Latimer, and H. A. Boyce; S. W. Arthur, B.A., Inverary; W. H. Aykroyd, Railton; F. M. Bell, Kingston; J. H. Cryan, Demorestville; J. S. Dickey, North Williamsburg; F. J. Ellis, Ellisville; T. B. Faley, Charlottetown; H. A. Gibson, Kingston; D. H. Houston, Belleville; O. A. Igoe, Tarrytown, N.Y.; W. J. Knox, Beachburg; J. H. Laidlaw, B.A., Georgetown; A. H. Leonard, Kingston; R. H. McKerras, Kingston; A. E. MacMillan, Sydenham; H. M. Moore, Athens; W. S. Murphy, B.A., Portland; L. E. Mylks, Kingston; A. McCabe, Gloucester, Mass.; J. E. McCambridge, Kingston; D. M. McCarthy, Kingston; J. J. McDonell, St. Andrew's West; J. L. McDowall, Kingston; C. G. McGreer, B.A., Napanee; W. W. McKinley, Seely's Bay; W. L. Pannell, Kingston; J. A. Pritchard, Brockville; G. M. Reid, Kingston; J. J. Robertson, Montreal; E. Sheffield, Peterboro'; W. T. Sheriff, Fitzroy Harbor; A. A. Staley, Wolfe Island; G. H. Ward, Napanee; J. A. Wellwood, Fordyce; W. Workman, Kingston; G. E. McIntosh, Kingston; B. Haskin, Green Bush; C. K. Symmes, Aylmer, Que.; F. A. Aylesworth, Bath.

The Chancellor's scholarship of $70 for the best four years' course was not awarded. The winner of this must take a fifth-year course in Queen's, a year in Europe or the Ontario Council. A winner of a house surgeonship cannot win the scholarship.

AMERICAN CONGRESS ON TUBERCULOSIS.

THE newly elected Governing Council met recently and organized, with Moritz Ellinger, Esq., as chairman, and Samuel Bell Thomas, Esq., as secretary. The full board were in attendance or represented by proxy. The president and first vice-president did not attend.

The following were present in person or by proxy: Moritz Ellinger, Esq.; Dr. A. N. Bell, of Brooklyn; Dr. M. M. Smith, of Austin, Texas; Dr. A. P. Grinnell, of Vermont; Dr. Henry McHatton, of Georgia; Dr. J. W. P. Smithwick, of North Carolina; Dr. J. Mount Bleyer, of New York.

The death of Dr. Charles F. Ulrich in February, 1903, was announced and a committee named on appropriate action.

The action of the Executive Committee was unanimously ratified and approved in suspending Dr. George Brown from the posi-

tion of secretary and the election of Samuel Bell Thomas, Esq., as Secretary of the Congress in his place and stead.

The Council by unanimous action issued a call for the annual meeting of the Congress, to be held in the city of New York on June 19, 1903, for the election of officers for the ensuing year, and appointed standing committees and a committee to prepare by-laws. A large number of prominent members were in attendance at the session. There was great interest felt in the work, and plans adopted to enlarge the numbers and usefulness of the Society.

Ex-Coroner Moritz Ellinger was unanimously elected Chairman of the Governing Council, and Samuel Bell Thomas, Esq., Secretary.

The Executive Committee, with Clark Bell as Chairman, the Committee on Censorship and on Auditing of Bills, were continued until the annual meeting; the Standing Committees were organized and a Committee of Arrangements made for the annual meeting on June 10th, 1903.

A resolution was adopted accepting the offer of the *Medico-Legal Journal* to furnish every officer, delegate and member of the Congress of 1902 with a bulletin of the last Congress at half price, and a certificate of membership fully paid for 1903 who remitted $1.50 to the *Medico-Legal Journal* or to any of its officers of the Congress for its account in payment for said bulletin.

The Council adjourned, subject to the call of its Chairman, Moritz Ellinger, Esq.

SAMUEL BELL THOMAS,
Secretary American Congress on Tuberculosis.

THE ONTARIO MEDICAL ASSOCIATION.

THE Ontario Medical Association convenes for 1903 on the 16th inst., at the Normal School Buildings, and will remain in session for three days. There is every appearance of the meeting being one of the best yet held, and it is hoped that the Toronto profession, as well as that throughout the Province, will support it to a man. The visitors include Dr. Musser, of Philadelphia, and Dr. Thos. Cullen, of Baltimore. The former will address the meeting, his subject not as yet, however, having been announced. Dr. Cullen will read a paper on "Uterine Myomata and their Treatment." The main discussion will be on "Arterio-Sclerosis," to be opened by Dr. H. B. Anderson, of Toronto, who will consider the etiology and pathology of the disease. The cardiac aspect will be discussed by Dr. T. W. G. McKay, of Oshawa; the cerebral, by Dr. Hugh McCallum, of London, Ont.; the renal, by Dr. John Caven, of Toronto; the ophthalmic, by Dr. J. C. Connell, of Kingston, and the therapeutic, by Dr. J. L. Davidson, of Toronto. Dr. N. A. Powell, of Toronto, will read a paper on "The Business Aspect of Medical Practice." Dr. J. F. W. Ross will read one on "The Surgical Treatment of Septic Peritonitis." The other

papers are as follows: W. R. Riddell, K.C., "The Medical Witness under Cross-Examination." Dr. John Amyot, "The Diagnostic Significance of Albumen in Urine." Dr. Primrose, "The Treatment of Chronic Empyema." Dr. Geo. Bingham, "The Operative Treatment of Goitre." Dr. G. H. Burnham, "Otitis Media." Dr. Parfitt, "Sanatorium Work in Tuberculosis." Dr. F. McConnell, of Lascruces, New Mexico, "Adjuvant Treatment of Pulmonary Phthisis." Dr. W. B. Thistle, "Report of Cases." Dr. Rudolf, "Lung Reflex." Dr. G. E. Smith, Belleville, "Abscess of the Antrum." Dr. A. McPhedran, "Exercise in Treatment of Chronic Disease." Dr. H. H. Oldright, "Report of Cases." Dr. Adam Wright will read an Obstetrical paper. Dr. G. H. Carveth, "Anesthetics and the Open Air." Dr McCullough, of Alliston, "Appendicitis from the Standpoint of the Country Doctor." There will be a smoker on the opening night, and a luncheon on the second day.

ITEMS OF INTEREST.

Dr. Roux hands over $20,000 in Prizes to the Pasteur Institute.—The *Figaro* says Dr. Emile Roux, sub-director of the Pasteur Institute, intends to donate the Osiris prize of $20,000, which has just been awarded him, to the Pasteur Institute. This prize was founded by M. Daniel Osiris, a wealthy Parisian, to be awarded to the person that the Institute of France considered the most worthy to be thus rewarded.

Child's Invalid Rolling Chair for Sale at half the Cost.—Anyone having use for a child's rolling chair, rubber tired, adjustable so as to allow patient to sit up, recline or lie flat, with adjustable foot rests, each made to act independently of the other, cane seat and back, and the chair so constructed that it can be made to drop or extend and thus suit children of different heights, should apply to Mr. A. G. Booth, 119 Queen Street East. Chair cost $50 and will be sold for $30 cash.

Midwifery and Religious Scruples.—A midwife at Berlin recently refused to assist in an operation required to save the life of the mother but entailing the death of the fetus. Her religion forbade it, she said, and a second midwife had to be procured. Proceedings instituted against her for refusal to obey the physicians' orders resulted in the imposition of a fine and the warning that she must not attempt to serve as a midwife if her religion interfered with her professional duties in such cases. *Journal of American Medical Association.*

Instrument for Measuring Mental Fatigue.—Among the exhibits for the St. Louis Exposition, now being prepared in Germany, is an instrument called the esthesiometer, which, by measuring the sensitiveness of the skin, shows the sensitiveness of the

skin directly due to brain fatigue. Another instrument which will be exhibited measures the time elapsing in the reaction of the sensorium after mental exertion. The principle upon which this is based is that mental work produces fatigue of the nerve centres. Experiments show that geometry and Latin are far more exhausting than history.

The Ontario Medical Library.—Judging from present appearances, the future of the Ontario Medical Library is particularly bright. Subscriptions amounting to nearly nine thousand dollars ($9,000) cash are in sight, with which to purchase an up-town building where, not only would the library be located, but where all the medical societies would have their home, and where members of the profession could arrange to meet and entertain their friends from other points. A site on College street has been looked at, and, if the price can be arranged, it is expected that before long the library will occupy its new home, one that will be a credit to Toronto in every sense of the word. We trust that the deal will go through, and that we will be able to announce in our next issue its consummation.

Present Status of X-Rays.—At the New York Academy of Medicine Dr. Tumure related the results of the X-ray treatment as shown by 94 cases treated during the last year at the New York and Roosevelt Hospitals. The general result in all the epitheliomas had been good. In carcinoma the results were quite different, any improvement having been temporary. Lupus appeared to be cured, as did five cases of chronic eczema of the leg. A year ago he had been much more enthusiastic on the results obtained from X-rays than he was now. In the discussion the consensus of opinion seemed to be that the X-rays were not as good a method of treating epithelioma as thorough extirpation of it by the knife, and that recurrence after it was less than after operation.

University of Toronto promised generous dealing by the Government.—The Hon. Mr. Harcourt informed us recently that the Government had promised most liberal assistance to the University of Toronto this year. A promise has been given the University authorities that the Government will meet the deficit this year between revenue and expenditure as submitted by the Board of Trustees. The promise is, of course, conditional on the keeping of expenditure down to what may be reasonably considered the needs of the University, but the Government is inclined to be generous in deciding on what those needs shall include. Last year there was a deficit of something over $10,000 in the University accounts. The expenditure of last year was something over $120,000. The estimated expenditure for this year will probably be over $130,000. The increase in the Government grant will probably be between $20,000 and $30,000.

Lindenhof Hydropathic, Bad-Nauheim.—Lindenhof is not only for invalids, but persons who require a change of air, rest, or holiday, will find pleasant quarters in the house, which is situated in the vicinity of the bathhouses, springs and parks. Persons having to use a bathchair are able to reach their rooms without difficulty by means of an elevator. By the side of and behind the house is a large garden. Appliances for sun and air-baths are kept in the Hydro. The price for board and lodging ranges, according to choice of room, per day: From 7 to 20 marks for one person and one room; 11 to 25 marks for one person and two rooms; 14 to 27 marks for two persons and one room; 18 to 32 marks for two persons and two rooms; private sitting-rooms 5 to 15 marks per day. The doctor's fee is according to attendance. On an average 20 marks for the first examination and 10 marks for the following consultations. Notification of arrival is requested beforehand. Doctors should address for particulars, DR. G. WACHENFELD, Proprietor.

Medicine and Nationality.—Dr. Roddick, M.P., of Montreal, wants to broaden the field of medical practice, so that a man who has passed the examination of the Dominion Medical Council may practise not only in any part of Canada, but in Great Britain. We are prepared to go a great deal further even than this, and to say that a physician who has been shown to be competent should be permitted to practise in any part of the world. The realm of healing should be as broad as that of disease. The leg of an Austrian is as easily broken as that of a Frenchman. If a surgeon can set one fracture he can set the other, and the maintenance of a national boundary in such a case is ridiculous. A plague which has its origin in China or India will not spare the progressive nations of Europe and North America. Hustle as they may, the nimble germ will overtake them. Hence, if any man knows a cure for the disease, he ought to be at liberty to practise it all the way from China to Peru. It seems absurd to have to argue that the laws of nature prevail everywhere, and are not affected by political and artificial boundaries. All that boundaries marked, so far as medicine is concerned, are differences in civilization. If the nation is civilized, it will have trained scientific men, and a standard for physicians and surgeons. If it is not civilized in these respects, it ought to be quarantined.—*Toronto World.*

Results of the Vaccination of the Police and Firemen of Indianapolis.—City Police Surgeon Garstang, assisted by Leonard A. Ensminger and H. Clay Meek, in accordance with an order of the Board of Public Safety, vaccinated all the police and firemen of the city. The work was commenced January 7th and finished in two days. Mulford's tube vaccine was used. One hundred and seventy-five firemen and 181 policemen, 366 in all, were vaccinated. Of this number 53 were never vaccinated before and 13 had had

smallpox. Not one of those who had had the disease responded to vaccination, and of the 53 unvaccinated, all but 3 (94.3 per cent.) took finely. These 3, though repeatedly vaccinated, could not be made to respond. Two hundred had been vaccinated previously at periods varying from 4 to 40 years. Twenty-eight of these did not take after repeated trials. All of these 28 had good scars, and had been operated on within the last ten years. Of the 262 secondary successful vaccinations, 231 had pronounced takes (over 88 per cent. of takes). One of the policemen, thirty-eight years old, a neurotic, was very sick with his vaccination and lost 14 days from duty. Outside of this case only 21 were off duty, the total time lost being 46 days. Some of this lost time was due to coincident attacks of la grippe. Every precaution was taken against infection, and while there were ten severe takes, there was not a case of ulceration or sloughing. Although the duties of firemen and policemen bring extraordinary exposure, still not a case of smallpox has appeared among them.

The Communicability of Bovine Tuberculosis to Man.—In the *Deutsche Medicinische Wochenschrift,* of November 27, 1902, appears an article on the Communicability of Bovine Tuberculosis to Man, by R. Koch. In it Koch gives a general review of the work that has been done since the publication of his celebrated article on this question. He now confines himself strictly to the consideration of the communicability of animal tuberculosis to human beings, stating that discussion of the contrary proposition would carry him too far. He says that, in spite of his request to the authorities to inform him of any case of intestinal tuberculosis, possibly due to drinking the milk of tuberculous cattle, he has had no such case brought to his notice within fifteen months. He draws especial attention to the very great infrequency of cases that are worthy of consideration as being possible examples of this condition. He considers all the cases of tuberculosis verucosa cutis to be subject to the most severe criticism. He believes that, if milk causes tuberculosis, the infection should be one that occurs in groups; yet this is not the case. He also believes that there is no instance on record in which it has been shown that tuberculous meat has caused tuberculosis in a human being, in spite of the fact that there is every probability that all human beings eat living tubercle bacilli in the course of their lives. As for the effects of milk, Koch reviews the reports of Ollivier and Huls, in particular, and decides that they do not at all demonstrate that the infection took place from milk. He insists that, in order to settle this question, cases of supposed infection from milk must be investigated post mortem, that there must be an exclusion of other sources of infection, that tuberculosis of the udder of the cattle supposedly causing the infection must be present, and that other persons who have taken the same milk must be shown to have acquired tuberculosis.—*Philadelphia Medical Journal.*

The Physician's Library.

BOOK REVIEWS.

Diseases of Metabolism and Nutrition. A series of monographs. By DR. CARL VON NOORDEN, Physician-in-Chief to the City Hospital, Frankfort-on-Main. Authorized American edition. Edited by BOARDMAN REED, M.D., Philadelphia. Part I.—Obesity, the Indications for Reduction Cures. Small 8vo; cloth, 50c. New York: E. B. Treat & Co., Publishers.

The author favors sanitarium treatment for sufferers presenting urgent indications for a reduction cure and for those who do not. The educational influence of sanitarium life is very considerable. After leaving the sanitarium, many obese patients maintain their reduced weight, because they have learned what to do in order to accomplish this end. The author does not favor abdominal massage. He recommends reduction cures in the treatment of circulatory diseases and in atrophic nephritis. He allows obese, gouty patients to eat meat as long as they take vegetables and fruit at the same time. It is a useful handbook for physicians.

Part II., Nephritis. The same author. Cloth, $1.00. New York: E. B. Treat & Co., Publishers.

This treatise will be found useful by practitioners, all of whom encounter cases of nephritis requiring treatment. The author criticises the milk diet, so much in vogue in France and says, that such a diet is too severe on the heart. He is opposed to the view that light-colored meats, such as chicken, veal or lamb, are safer than dark meats in nephritis. He so regulates the patient's diet and habits of life, that strength and activity are preserved, even though the percentage of albumen in his urine be increased. His remarks on tea, coffee, alcohol and tobacco in nephritic cases, being the results of clinical observations, are valuable.

Part III., Membranous Catarrh of the Intestines (Colica Mucosa). Same author. Cloth, 50c. New York: E. B. Treat & Co., Publishers.

The author explains, that this disease is not due to constipation alone, but that irritability and over-activity of the glands of the large intestines, which produce mucus, are always present. This condition is not due to inflammation, but it occurs in persons who are neurasthenic or who have an hysteric predisposition.

He advises a certain diet and an exercise treatment of the intes-

tines (massage), in contradistinction to the protective treatment usually employed. In the diet recommended he favors foods containing much cellulose, producing bulky, soft stools. He advises Graham bread, honey, marmalade, dried prunes, leguminous plants, boiled or baked potatoes, butter, cream and bacon. He does not use purgatives. J. J. C.

Practical Hand-Book of the Pathology of the Skin. An Introduction to the Histology, Pathology and Bacteriology of the Skin, with special reference to technique. By J. H. M. MACLEOD, M.A., M.D., M.R.C.P., Assistant in the Dermatological Department, Charing Cross Hospital; Physician to the Skin Department, Victoria Hospital for Children. With eight colored and thirty-two black and white plates. London: H. K. Lewis, 136 Gower Street. 1903.

This work is based on a series of demonstrations given by the author in the dermatological laboratory of Charing Cross Hospital. It begins with a description of the apparatus required for the study of the histology and pathology of the skin. Methods are given for obtaining specimens of skin material and for preserving and staining them. The structure of the various layers of the epidermis is described, and the pathological changes involving each layer are given in minute detail. In a similar way the minute structure of hair and nail is given, and the pathology of these parts is fully discussed. The chapter on parasitic diseases of the skin is very interesting. The author says: As our knowledge of dermatology becomes more exact the greater is the rôle which micro-organisms are found to play in its etiology. Within recent years a large number of skin diseases which had previously been vaguely considered to be due to diathesis, idiopathy and the like, have been definitely proved to be of parasitic origin. The special technique for the preparation of specimens of skin parasites, and their microscopical examination is very carefully considered and described. The book is well bound, nicely printed, and contains many illustrations, including several very beautifully colored plates. A. E.

A Text-Book of Legal Medicine and Toxicology. Edited by FREDERICK PETERSON, M.D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and WALTER S. HAINES, M.D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Per volume: Cloth, $5.00 net; sheep or half morocco, $6.00 net. Canadian Agents: J. A. Carveth Co., Limited, Toronto.

Among the contributors to this work we find the names of such men as Drs. S. T. Armstrong, Pearce Bailey and Lewis Batch, New York City; Dr. C. D. Chaddock, of St. Louis, Mo.; J. C. Da Costa,

of Philadelphia; J. T. Eskridge, of Denver, Col.; Jas. Ewing, G. M. Hammond and S. E. Jelliffe, also of New York City; and F. W. Langdon, of Cincinnati, Ohio. Volume I. covers 700 pages and is in itself most complete. The fifteen pages devoted to expert evidence we can earnestly commend to the consideration of some of our Toronto brethren who appear as medical experts in our courts, with the object, it would sometimes seem to the outside public, of contradicting one another. The consideration of medico-legal *post-mortem* examination and its technique is thorough. Some of the following chapters deal with Identity, the Signs of Death, Sudden Death, Death from Cold, Heat and Starvation, Death from Asphyxia, Lightning, Electricity, Gunshot Wounds, the Medical Jurisprudence of Life and Accident Insurance, Inebriety and Insanity. We have read with great interest the few pages devoted to the subject of the Destruction and Attempted Destruction of the Human Body by Fire and Chemicals. This is a subject with which a medical expert must be familiar, as upon the identification of the human or animal source of the ashes often hangs the result of the trial. Another chapter worthy of very careful study is that dealing with Insanity from a medical jurist's standpoint, this being a frequent cause of contention nowadays in the criminal courts. If Vol. II., covering the subject of Toxicology, is as good as Vol. I., the work as a whole will make a valuable addition to medical literature.

Diseases of the Heart and Arterial System. Designed to be a Practical Presentation of the Subject for the use of Students and Practitioners of Medicine. By ROBERT BABCOCK, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons, Chicago; Attending Physician to Cook County Hospital and Cook County Hospital for Consumptives; Consulting Physician to Mary Thompson Hospital, Hospital of St. Anthony de Padua and of Marion Sims Sanitarium; Fellow and former President of the American Climatological Association; Member of the American Medical Association, etc., etc. With 3 colored plates and 139 illustrations. New York and London: D. Appleton & Co. 1903. Canadian Agents: The Geo. N. Morang Co., Limited, Toronto.

It does not take one very long to enable him to pronounce as to the value of Dr. Babcock's work on Diseases of the Heart and Arterial System. The high professional standing of the author is almost sufficient to guarantee that anything proceeding from his pen would be in every respect up-to-date, and that his book could give only a modern and complete presentation of a subject with which he is in every respect able to deal. Dr. Babcock's work is, in some respects, different from some others on the same subject. He has devoted a separate chapter to Physical Signs, even though the majority of writers, of course, feel that they should form part of the symptomatology of the disease. We are inclined to think that he has done wisely, and that his course of action will tend to facili-

tate the knowledge of what is really a most difficult subject. The part of the book devoted to Treatment is, we are glad to find, much fuller than usual. This point alone makes Babcock's Diseases of the Heart worth securing, the practitioner being more concerned along this line than with theories and speculations as to physiology or anatomy. The work is divided into five sections in all, the first dealing with the Anatomy, Physiology and Examination of the Heart; the second, Diseases of the Pericardium; the third, Diseases of the Endocardium; the fourth with Diseases of the Myocardium, and the last with the Neuroses of the Heart. The book covers in all 800 pages and can be considered to be modern and very practical, free from technicalities that are needless, and with phraseology throughout that is withal simple, making a volume that should prove acceptable to every practitioner, as also helpful to any student of medicine.

Operative Surgery. By HERBERT W. ALLINGHAM, F.R.C.S., Surgeon to the Household of His Majesty the King; Surgeon to His Royal Highness the Prince of Wales; Senior Assistant-Surgeon and Lecturer on Operative Surgery at St. George's Hospital, etc. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. Toronto: J. A. Carveth & Co. 1903.

This is a comparatively small work, containing only 337 pages, with over 200 cuts. The author's endeavor evidently has been to produce what might appropriately be called a quick reference book to the actual operations of surgery for surgeons, general practitioners and students. A few moments' examination of this admirable book will convince one of how successful he has been. Theory is absent, and actual practice the all in all. Definiteness and conciseness characterize his description of the operations. A brief account of the surgical anatomy of the part precedes the directions for carrying out the operation, and following are memoranda of the dangers to be avoided, and of the particular points to be remembered. Suggestions are also offered as to the best technique to be adopted in each operation described. Excellent half-tone engravings of the field of operation, assisted by diagramatic line engravings, help materially in accomplishing that definiteness and conciseness spoken of above. One would consider this convenient little work very valuable to the busy practitioner, both for his general surgery and for any emergency work he might be called upon to do. A. J. J.

Atlas Manuel de Gymnastique Orthopédique. Traitement des Déviations de la Taille. Par Mme. Nageotte Wilbouchewitch, ancien interne des Hopitaux de Paris, 51 planches comprenant 209 figures et 53 figures dans le texts. C. Naud, Editeur, 3 Rue Racine, Paris. 1903.

The author proposes to write a book to afford information to the general physician concerning deformities of the spine. Seeing that there is no purpose to instruct the specialist, the means set

forth and the apparatus described are simple, such as might be employed by the general practitioner, and even, to some extent, in the home. Emphasis is placed upon the fact that spinal deformities are largely the result of ignorance, negligence and ill-suited garments worn in infancy and childhood. In no small degree the family physician becomes responsible by his too great optimism. When consulted he is too apt to say, "it is nothing," "it will pass away with growth," etc. This point is well made, seeing that spinal deviation does not show a tendency toward recovery but toward increase. The book is really an atlas, and it is in this that is found its chief value and importance. The figures are numerous, excellent and well chosen. The descriptions in the text are clear and concise. The book gives due prominence to the latest methods and conclusions in regard to the treatment of spinal deformities. It is written, however, almost entirely from a European standpoint. It contains but little setting forth the work which has been done by American surgeons. The brevity of the descriptions and the fulness and excellence of the illustrations make it a valuable book of reference for the general practitioner.

B. E. M.

Anatomy and Histology of the Mouth and Teeth. By I. NORMAN BROOMELL, D.D.S., Professor of Dental Anatomy, Dental Histology and Prosthetic Technics in the Pennsylvania College of Dental Surgery, Philadelphia. Second edition, revised, enlarged, with 337 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents, Chandler & Massey Limited, Toronto and Montreal.

While the above book is almost indispensable to the progressive dentist and advanced dental student, there is also place for it in the reference library of the physician and surgeon. The average physician has too little knowledge of the teeth himself and too little respect for the scientific training of the dentist, and a perusal of this book will show him that the science of dentistry is a very progressive one, and that if he himself is to keep up-to-date in medical and surgical matters relating to the mouth and teeth, he must more frequently come in consultation both with dentists and dental literature such as this. The illustrations, some 337 in number, are largely the original work of the author, being reproduced by photograph from the actual subject, and will prove very valuable to the busy practitioner. A chapter dealing with the Embryology of the Mouth and also a chapter on Anomalies of Tooth Form and Structure have been added to this new edition of the author's work.

E. H. A.

Surgical Anatomy and Operative Surgery. By JOHN J. MCGRATH, M.D., Professor of Surgery and Surgical Anatomy, New York Post-Graduate School.

In the preface of this work the author says, that "an endeavor has been made to combine in a practical manner, the subject of

surgical anatomy and operative surgery, because a knowledge of the one is essential to the other;" a mighty undertaking in our time, when we consider the vast domain of operative, manual and surgical intervention. On a careful scrutiny of material we find that the author has succeeded, in a large measure, to accomplish his aim. In the main the book can be recommended, especially to students and to those practitioners who perform a considerable part of their own surgery themselves. The work is freely illustrated, which aids in a large measure to clarify the text. The arrangement is excellent, the index convenient and the typographical part of the volume all that could be desired. We can recommend this latest contribution to the advance of progressive surgery as a safe and careful practical guide, in the manifold procedures of modern practical surgery, as among the safest and very best in American medical literature. T. H. M.

Practical Points in Nursing. For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Receipts for Invalid-Food and Beverages; Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By EMILY A. M. STONEY, late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third edition, thoroughly revised. Handsome 12mo of 458 pages, fully illustrated, including eight colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Canadian Agents: J. A. Carveth & Co., Limited, 413-415 Parliament Street, Toronto. Cloth, $1.75 net.

This little volume has become so increasingly popular that the publishers have felt the obligation of keeping it abreast of the times and make it reflect the latest advances in the now progressive profession of nursing. Not only will this prove a standard work in the reference library of every nurse, but it will find its place in that of the busy practitioner. The trained nurse who holds the position of chief pilot while the physician is absent, must of necessity know what indications of danger arise and how to combat them, must know when to summon aid, or when to allay the patient's over-anxious fears. This edition has been extensively revised and its trustworthiness enhanced. The section on treating certain diseases, especially the infectious diseases as well as the common poisoning, have been in large part recast and rewritten. There is no doubt that this work in its revised form will maintain its popularity. A. J. H.

Petite Chirurgie Pratique. Par TH. TUFFIER, Professeur agrégé à la Faculte de Médecine de Paris, Chirurgien de l'Hopital Beaujon, et P. DESFOSSES, ancien interne des Hôpitaux de Paris. 1 volume in 8° cavalier (15, 8x23). Cartonne: prix 10 frs. C. Naud, 3 Rue Racine, Paris.

Works on Minor Surgery have been so numerous and have set

forth so fully every important detail dealing with methods, that it is difficult for an author to write anything new. In this book the illustrations are well chosen, the paper is good, the text is clear and concise. Every important phase of the subject is dealt with, even the newest surgical procedures receiving due attention, as will be seen in the paragraphs dealing with spinal anesthetization. In the chapter dealing with Plaster-of-Paris it is noticeable that no reference is made to later American methods of applying spinal jackets which are much in advance of any formerly practised. The book will constitute a safe guide to the student, the intern and the nurse. B. E. M.

Danny. By ALFRED OLLIVANT, author of "Bob, Son of Battle." Toronto: George N. Morang & Co., Limited. 1902.

This story will appeal strongly to readers who are fond of Scotch literature. "Danny" could never restrain his hunting proclivities, probably from the fact that certain breeds of dog have a tendency to show up back traits through breeding, as it is known that a cross with a bulldog has affected many generations, and that the courage and obstinacy of greyhounds and a cross with a greyhound has given the whole family of shepherd dogs a tendency to hunt hares. There is not a particle of doubt that certain dogs show many human features, as some wonderful stories, and true, have been related of them. Professor Braubach goes so far as to maintain that a dog looks on his master as on a god. "Danny" shows many characteristics of love, affection, remembrance and fidelity. Many will read this book with great pleasure. A. J. H.

Hyperchlorhydria, a Symposium. The June issue of the *International Medical Magazine* will be devoted to a symposium on this most important gastric subject, than which none more important has ever been published in any American journal. More than half a dozen of the leading European specialists will contribute, among whom are: Prof. C. A. Ewald, Berlin; Prof. George Hayem, of Paris; Prof. Carl von Hoorden, of Frankfort; Dr. L. Kuttner, of Berlin; Prof. Rosenheim, of Berlin. The selection of contributors from this side of the Atlantic has been equally happy, and the following will take part: Prof. John C. Hemmeter, of Philadelphia, on "An Experimental and Clinical Study of the Etiology of Hyperchlorhydria;" Dr. Allen A. Jones, of Buffalo, on "The Effervescence Test for Gastric Acidity;" Dr. Boardman Reed, of Philadelphia, on "A Further Development of the Benedict Effervescent Test of Gastric Acidity;" Dr. John A. Lichty, of Pittsburg, on "The Relation between Hyperchlorhydria and Neurasthenia;" Prof. Fenton B. Turck, of Chicago, on "The Treatment of Hyperchlorhydria;" Dr. A. Robin, of Newark, Delaware, on "The Etiology of Hyperchlorhydria;" Dr. Max Einhorn and others