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## *Original Contributions.*

### A CASE OF CEREBRAL TUMOR PROBABLY OF LEFT FRONTAL LOBE.\*

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As the history of the following case of intra-cranial growth presents some features of interest, I have much pleasure in laying it before you. The patient, J. S., aged 52, male; occupation, farmer; was kindly referred to me by Dr. Barnhardt, of Owen Sound, with a history of cerebral disease. He entered my private hospital, October 14th last. In regard to his family history, his father died of what was considered a tumor of the brain, but no post-mortem was made to confirm the diagnosis. He had an uncle on the paternal side who suffered from brain trouble, for which he was treated by the late Dr. Sweetnam, who diagnosed a tumor of the brain. This diagnosis was confirmed by a post-mortem examination, when a tumor about the size of a hen's egg was discovered in the parietal region of the left hemisphere. A remarkable point in the history of this case was the absence of any severe headache. There was also a history of injury to the head about one year previous to his death. The remainder of the family history presents nothing of importance, the patient's mother being alive and well, aged 75, and the patient has four brothers and two sisters who are in excellent health. There is no history of tubercle or insanity in the family.

*Previous History.*—Patient always enjoyed good health, and worked on his farm until five years ago, when he began business for himself in Owen Sound. He was always temperate in his habits, and never had any venereal disease. He suffered from an

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\*Read before Toronto Clinical Society.

accident about fifteen years ago, having been struck on the left side of his head by the corner of a bale of hay. He was taking a load into Owen Sound, and walking beside the waggon at the time, when one of the bales slipped and struck his head. He was stunned for a time in consequence, but was able to drive his horses home later in the day, and felt no serious ill effects from it. He has never suffered from ear disease.

*History of Present Illness.*—This began with an attack of gripe in January last, 1903. Following this he complained of a feeling of fulness in the head, as though he were suffering from a severe cold. This was followed by a peculiar sensation about the vertex somewhat resembling an ache. He has never had any severe pain in his head. His speech gradually became involved, and he found a difficulty in expressing himself owing to his inability to pronounce words, for while he was quite well aware of the word he wished to use, he had a difficulty, which gradually became more marked, of giving expression to it. His memory became impaired, so that he would forget many of the details of everyday life. Three weeks before entering my hospital, he began to suffer from extreme drowsiness, which would last for an hour or two, but recur several times during the day. He never had any attacks of spasm or any paralysis in any part of his body. About a week after the drowsiness came on, the saliva began to dribble from his mouth, and this has continued more or less constantly since, being present at night as well as during the day. His gait has recently become unsteady, so that he will stagger at times when walking, although he can still walk a considerable distance, but not with the comfort he formerly enjoyed. He does not complain of vertigo.

Physical examination, October 14th, 1903, shows a well-developed man of 5 ft. 8 in. in height. He is well nourished and weighs 132 lbs. His general expression is fairly bright, but he is much troubled from his inability to express himself. He can only utter a word or two, being quite unable to frame a sentence. Mentally he is quite clear, and his intelligence quite up to the standard of a man in his station of life. There is a constant dribbling of saliva, which was very irksome to him. The examination of his head shows a swelling, about 2 1-2 inches in diameter, over the left parietal region, which is dense, and appears to be due to thickening of the cranial bone. There is no tenderness about it, and the patient is not aware of the length of time it has existed, as it caused him no inconvenience. He thinks probably one or two years. Except for this, the cranium presents no abnormalities. The examination of the face shows all movements normal and no paralysis of any muscles. He can blow out a candle quite well. His pharyngeal reflex, however, is entirely absent. His tongue is protruded in the median line.

The eye movements are all normal, the pupils equal, and react to light and accommodation. He does not complain of any disturbance of vision. The ophthalmoscopic examination, however, showed a well-marked neuritis of the left disc, a beginning neuritis in the right. The right disc was distinctly swollen, the physiological cup filled in, and the border was blurred in its entire extent. This condition of the discs was verified later by Dr. Ryerson, who kindly saw him with me. Taste and smell unaffected, and there is no disturbance of sensibility on face. There is no tenderness on tapping the skull. The upper extremities show no atrophy nor any localized loss of power. Dynamometer, R 65, L 50. Elbow and wrist jerks present, and equal on the two sides. Chest examination shows heart and lungs healthy. Pulse, about 80, and regular. Examination of abdomen negative. Urine was normal in amount, and chemical examination showed no marked abnormalities. In the lower extremities the knee jerks were active and equal on the two sides. The superficial reflexes were not marked, and Babinski's sign was absent. There was no ankle clonus. There was no localized loss of power in either leg, although here, as in both arms, there was some general weakness when compared to the patient's muscular strength before his illness. There was no inco-ordination in any of the limbs, and Romberg's sign was absent. The patient was unable to write either spontaneously or from dictation, but could read to himself. Soon after beginning treatment, the patient gained in flesh, increasing in weight four pounds the first week. Part of this gain he lost later. His aphasic condition was *variable*, and at times he improved so much that he could put a sentence fairly well together, and within the next day or two this power would be lost. There was no marked change except this in his condition until the end of the third week, when he became much more drowsy, and his gait more staggering. At this time also the sternomastoid on the left side became distinctly weak, the first evidence of any localized loss of power which he exhibited. His temperature was normal throughout, and there had not been any derangement of the heart's action. He took his food well, and had never been troubled with vomiting during any period of his illness. As his condition was becoming serious, I advised the friends to try an operation. They asked if it would cure him, and I replied that there was no certainty of its doing so. Dr. W. P. Caven then saw him with me in consultation, and concurred with me in the diagnosis. As neither of us, however, felt very hopeful about an operation, the friends decided to take him away, which was done on November 7th, the patient walking away with them.

The case presents several features of interest: (1) Hereditary influence, which is rare in these cases; the father probably suffering from brain tumor, and the uncle undoubtedly doing so, as

was shown by the post-mortem. (2) Had trauma anything to do with this case? While the nutritive changes consequent on mere concussion may be the starting-point of a tumor, I think in many cases this influence is over-rated, unless the symptoms develop within a short time after the accident, and are clearly traceable to it, and such cases form a very small proportion of the total number.

In regard to diagnosis, if we assume that the symptoms are due to organic disease, rather than functional, in which I think we are justified from a consideration of the symptoms, the questions then arise: (1) Is the diseased condition due to a tumor? (2) if so, what is its location? and (3) what is its probable nature?

As to the question, Is it a tumor? one is at once struck with the absence of nearly all the cardinal symptoms of tumor, such as headache, vomiting, giddiness, general convulsions, etc. Gowers says headache is absent only in very rare cases of tumor, and yet in the case under consideration it was never complained of to any degree. The absence of any spasm or general convulsions is also very unusual. We know, however, that cases of tumor have been discovered post-mortem, which gave no evidence of their existence during life. I recollect especially one shown me by Bramwell, in which the whole upper two-thirds of the Rolandic area had been destroyed by a sarcoma, which had produced no symptoms whatever of paralysis during the lifetime of the patient. Similar instances are recorded by Starr, in his recent work on "Organic Nervous Diseases," and Mayer has collected several such cases, as well as Buzzard. These facts are the more interesting since we occasionally examine the optic discs of a patient, to find he has consecutive atrophy of them, due probably to a tumor, which has become quiescent, and which has caused no other symptoms. In the absence of the cardinal symptoms above-mentioned, are we still justified in regarding the case as one of tumor? I believe so, the chief point in favor of it being the distinct optic neuritis which was present. Optic neuritis may, it is true, be produced from other causes than tumor, notably anemia, kidney disease, and lead poisoning. The general appearance of the patient at once excluded anemia, examination of the urine showed his kidneys to be unaffected, and there was no source to which lead-poisoning could be traced, nor had he any further symptoms of it. Hence, in the absence of all these affections, the distinct neuritis indicated clearly a new growth in the cranium. In addition to the condition of the discs, the aphasia, although variable to some extent in its intensity, pointed directly to disturbance of function at least, in a certain area of the brain. The marked droopiness from which he at times suffered, as well as the staggering gait without any disturbance of the reflexes, etc.,

to account for it, would also indicate a cerebral lesion. The gradual mode of onset points strongly to tumor, and would at once exclude common vascular lesions, cerebral hemorrhage and acute softening. The affection of the speech might lead one to think of general paresis, especially as so many of the usual symptoms of tumor were absent, and that there were some marked mental changes. The absence, however, of tremor of the face or lips, as well as the absence of the peculiar mental characteristics of general paralysis, would exclude this disease. The diagnosis from abscess is more difficult, but the absence of ear disease, distant suppuration, or recent injury to account for it, together with the entire absence of elevation of temperature during the acute stage, would contra-indicate it. I need not detain you longer with a differential diagnosis with the symptoms of the case under consideration, and hope to have shown that these symptoms are due to tumor.

Granted that a tumor exists, we have now to consider the second question, viz., What is its location? and in discussing this question a distinct difference between the results of irritation and of destruction produced by a tumor must be considered. In the first place, the absence of direct implication of the cranial nerves (except the optic), combined with the other symptoms, would indicate that the lesion was not at the base of the brain, and did not directly implicate the crura, pons or medulla. The staggering gait leads one to think of the cerebellum, and we hope later to show that some of the fibres to this part of the brain were affected, but the distinct aphasia points clearly to a lesion elsewhere, viz., in the third left frontal convolution. Hence it is to the left pre-frontal lobe that we must look for an explanation of the symptoms. The entire absence of convulsions or spasm would indicate that the site of the tumor here was not in the cortex, but in the white substances beneath it. As the degree of the aphasia was variable, I think this would indicate that it was a symptom of irritation, probably an irritative inhibition, rather than a result of the destruction of the posterior part of the third left frontal convolution, by the tumor itself. In regard to the staggering gait, Bruns has recently recorded three cases of frontal tumor in which a staggering gait, similar to that observed in cerebellar disease, has been observed. This, I believe, is due to an interruption of the fibres of the fronto-cerebellar tract, which connects the pre-frontal lobe with the opposite cerebellar hemisphere. The course of the fibres of this fronto-cerebellar tract is interesting, owing to the fact that destruction of it induces symptoms resembling disease of the cerebellum which may actually be in a different part of the brain. These fibres converge from the pre-frontal lobe, passing downward in the anterior limb of the internal capsule, and pass thence through the crista, lying

internal to the pyramidal tract in this situation. They then continue their course downwards to the grey matter in the crustal region of the pons, and here are connected through the middle cerebellar peduncle with the opposite cerebellar hemisphere, chiefly with its lateral and posterior regions. These fibres degenerate downwards, and when the cerebellum is congenitally absent, these fibres are also absent. In this way is a direct connection formed between the frontal lobe and the opposite cerebellar hemisphere.

In regard to the somnolence, which was very marked in this patient, Starr remarks that it must be considered as a local sign of frontal lobe disease. The absence of motor symptoms in the earlier stages would indicate that the central convolutions were not the site of the tumor, and the absence of disturbance of tactile sensibility would also confirm this view, since a lesion of these convolutions posterior to the Rolandic fissure is frequently accompanied by a disturbance of tactile sensation, or by inco-ordination of movement, both of which were absent in the present case. Gowers describes an extensive softening of the middle left frontal, and part of the lower left frontal, convolutions, without either motor or sensory loss. This patient presented neither word deafness nor word blindness, indicating thereby that the first temporal and the angular gyri were unaffected. Hence I would consider it probable that the tumor in this case was situated in the white substance of the left pre-frontal lobe, immediately in front of the middle and lower portions of the ascending frontal convolution, that Broca's convolution was affected indirectly by irritation, and that the subsequent affection of the sterno-mastoid was due to the same cause, the irritation gradually radiating backwards, thus involving the fibres of the corona radiata beneath the lower part of the Rolandic area.

In regard to the third question, viz., the probable nature of the growth, I will not attempt to discuss the various forms it might assume. Suffice it to say that in the present case tubercle, syphiloma, glioma, or sarcoma would be the most likely. The absence of phthisis or other tubercular lesion in the patient, or his history, would contra-indicate this form of tumor. The negative history of syphilis or any possible contamination from venereal disease, would probably exclude syphiloma. With these two forms of tumor excluded (and they are the most frequent in the brain), we have sarcoma and glioma to consider. Of these, sarcoma is more likely to arise from the membranes or cortex than in the white substance, and as I think in this case the site of the tumor, is in the white substance, hence I would consider it more probably of the nature of a glioma than of sarcoma, a probability which would be increased by the fact that glioma is the more frequent in the brain.

**THE CURE OF CONSUMPTION BY FEEDING THE PATIENT  
WITH SUBCUTANEOUS INJECTIONS OF OIL,  
AND ITS DIGESTION BY THE WHITE  
GLOBULES OF THE BLOOD**

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BY THOS. BASSETT KEYES, M.D., OF CHICAGO,

Chairman of the First Organization Committee of the American Congress of Tuberculosis, and  
one of the Vice Presidents of the International Congress of Tuberculosis.  
St. Louis, 1904.

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By the method of treatment which I am about to describe in this paper I believe that consumption can be absolutely cured. First, however, before entering into the merits of this treatment, let us briefly consider the disease.

Tuberculosis is a disease of malnutrition, and while the presence of the germ confirms the diagnosis, before the germ can grow it must find a suitable soil, there must exist a pretubercular condition. It is estimated that we all breathe in a great many of these germs, but that they cannot grow in a healthy well-nourished individual. People who have consumption do not eat fats, oils and cream in sufficient quantities. The first requisite in an attempt to cure tuberculosis has been for many years, and particularly of late years, to feed the patient on various oils, and the most successful sanitariums have adopted a process of food forcing, using the fats of meats, butter, and cream as the principal foods to be relied upon to effect a cure, each article of diet being selected for its fat-producing and strength-giving properties. To this a vigorous out-of-door life has been advocated, because why? It promotes appetite and the out-of-door life is conducive to place the body in condition for the absorption of more fats. I was one of the first to advocate tent-life for the treatment of tuberculosis in two articles, entitled, "Camp and Out-door Life as an Aid to the Permanent Cure of Tuberculosis," February 21st, 1900; and "Some Results of Camp and Out-door Life in Northern Wisconsin," Congress of Tuberculosis, May 15th, 1901 and some four years ago I located an out-of-door camp for the treatment of these invalids in Northern Wisconsin.

To maintain nutrition has long been considered the prime requisite of cure, and an increase of weight is an indication that nutrition is overcoming the disease, and as weight increases there comes strength, and the passing away of the other distressing symptoms, such as the products of the disease, expectoration of mucus, fever and finally cough. Prof. Osler has stated that the arrest and cure of the disease is entirely a matter of nutrition and that the whole object of treatment is to fortify the patient's con-

stitution against the inroads of the disease so that the individual cells of the body have the stamina to fight against and destroy the tubercle bacillus. Regarding tuberculosis, Dr. J. H. Elliott, *Canadian Journal of Medicine and Surgery*, March, 1903, says that nutrition is dependent upon the proper assimilation of food, while improvement must be proportionate to the increase in the amount assimilated. All therapeutic measures, says Marfan, should be devoted to the end of nutrition, and the earlier such measures are instituted the greater the prospect of cure. Without going further into the fact that the whole cure of tuberculosis up to the present time is dependent upon our ability to nourish the patient, except to say that the methods of Dettweiler, von Leyden and Hoffman of Germany depend upon results from nutrition, and to this end they have advocated forced diet regardless of appetite. If the patient was to recover he must eat. Out-of-door life was important inasmuch as it supplies to some extent the appetite.

Anorexia is one of the worst symptoms against the cure of tuberculosis. It is impossible to get the average patient to eat enough fats, and a person who eats plenty of fats never has consumption. A person who has consumption is the one who leaves the fat from his meat, eats very little butter, and little of cream and milk. He does not and has not lived upon a proper nourishing diet. When a patient is far advanced in the disease he is unable, on account of this loss of appetite and nausea, to eat sufficient food to maintain nutrition, and therefore gradually declines as the disease advances.

In the above few words I have tried to convey the importance of nutrition in the cure of this disease, believing that the cure rests entirely upon our ability to so nourish the system and stimulate the cells of the body that they will throw off the disease.

#### THE DIGESTIVE POWER OF THE WHITE BLOOD CELLS.

Experiments have been conducted principally by the Italian physicians, and a few German, viz., Gabrelschevski (*Arch. f. Exp. Path.*, 1891, bd. 28), Czerny (*Arch. f. Exp. Path.*, 1893, bd. 31), Levierato (*Arch. Italiano di Clinica Medica*, n. 3., 1893), Tarchetti e Parodi (*La Clinica Medica Italiana*, n. 10, 1899), Kraminer (*Berl. Klin. Woch.*, n. 6, 1890), Oliva (*Gazzetta degli Ospedali*, 17 giugno, 1900), Tarchetti C. ("Sull esistenza di un fermento diastase nei corpuscoli bianche," *Gazzetta degli Ospedali*, n. 90, 1900; "Sull natura e sul significato della sostanza iodofila dei globuli bianchi," *La Clinica Medica Italiana*, n. 8, 1900; "Di una pretesa degenerazione amilodea sperimentale," *La Clinica Medica Italiana*, n. 7, 1900; "Ricerche



nulla degenerazione amiloidea spermintale," *La Clinica Medica Italiana*, n. II., 1902), Porcile V., "Sul valore semeiologico della reazione iodofilia nei purulenti," *Gazzetta degli Ospedali*, Milano, n. 102, 1900), which go to show that there is a glicogenic ferment in the cells which has the power to digest starches. These experiments have been carried on principally to discover a cause for the disease diabetes. It has also been shown more or less perfectly by some of these same observers that fats also may be digested by the blood, and that the white blood cells have the power of digesting oils. Though these experiments, according to Tarchetti (*Clinica Medica Italiana*, 1900), are not definite, it is clear that the white cells of the blood possess a ferment or property which has the power of digesting fats and starches, and without going into the process biological, chemical, phagocytic, osmotic, etc., which has been gone into by Dr. Spezia in the numbers 5 and 6 of the *Gazzetta Medica Lombarda*, 1904, for, as Tarchetti (*Gazzetta degli Ospedali*, n. 28, 1904) says: "Is it possible to follow the rapid course of oil injected into the internal organism and the phenomena positively chemical of osmosis, of phagocytosis, and of digestion intercellular?"

Upon the digestion of oils by the blood I base this claim for a cure of tuberculosis. So far I have tried to show (1) that the cure of consumption must necessarily depend upon a proper supply of nutriment, the disease being primarily a disease of malnutrition; (2) that consumptives suffer so much from loss of appetite, nausea, and perhaps non-absorption, that, as a rule, they are unable to take sufficient amounts of fats to overcome the disease; (3) that the blood cells possess a ferment capable of digesting fats.

I will now give my results in the cure of tuberculosis by the subcutaneous injection of oil. The oil which I have selected in the treatment of my cases has been olive oil of a very high grade, thoroughly sterilized, using olive oil in preference to other oils on account of it being non-irritating and very readily accepted by the system. The point selected for the injection has been over the shoulder blades, injecting one day over one shoulder, and the next day over the other, excepting when a large amount of oil is used when it is necessary to inject over both. There is very little pain connected with the injection and the following day it is hardly possible to find where the injection was made. By being careful in my technique of cleanliness and sterilization, so far no infection has taken place, and consequently no soreness, though I believe the non-irritating properties of the oil has a great deal to do with this. The amount of oil varies. I commence by injecting 12 cc. of oil each day, and the third day increase the amount to 24 cc., and about the fifth day to 40 cc. of oil. If no unpleasant

or inconvenient symptoms arise I keep gradually increasing the dose to full tolerance of the patient which varies with the individual and the stage of the disease. Those who are poorly nourished will sometimes assimilate large quantities of oil up to about 200 cc. daily. In this manner I have treated nine consecutive cases successfully, and within 24 hours after each treatment there is a remarkable benefit from all the symptoms, such as diminished morning cough, night sweats, increased strength, and finally gain in weight. Some of the very worst cases of tuberculosis under this plan of treatment have gained each day, and I believe have been thoroughly cured. The syringe which I use is an aspirating syringe reversing the piston with a thumb-screw, it requiring considerable pressure to force the oil under the skin.

By injecting oil thus it is absorbed and assimilated by the blood-cells, and there is a great increase in their numbers. Thus all of the indications for the cure of tuberculosis is met. It overcomes the disease through increased phagocytosis and thus the active cells destroy the disease. Nutrition is re-established. The time required to overcome all symptoms is remarkably short, and one will be greatly surprised at the benefits which come with treatment. Physicians should use great care in the amount of oil given, for very large doses, if long continued, might result in fatty degeneration of certain organs, but with the disease tuberculosis this is not so apt to occur, as tuberculosis and fatty degeneration are antagonistic. I have based the claims of this treatment as a cure for tuberculosis from my experience and clinical evidence and from my conviction. I give my results this early, believing that the cure of tuberculosis is solved and that by so doing many lives will be saved. Of course, to the above treatment should be added all that has been found useful in the treatment of tuberculosis, principally of which is a forced diet of articles selected for their nutrition, such as meat, fats, butter and cream, out-of-door life, and hygiene.

I hope and trust that physicians will at once take up this method of cure, and I respectfully request that those doing so will communicate their results to me, as, by broader knowledge, much good may come, and it is my desire to report these results at the International Congress of Tuberculosis to be held in St. Louis of this year.

## ALKALOMETRY.

BY ROBERT M. STERRETT, M.D.,

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ALKALOMETRY, to the student of Greek and its English derivatives, signifies "*measured alkaloids.*" To the student of advanced therapeutics, it, like many other scientific terms, serves to define and specify in a single word a collection of kindred ideas—a method.

It stands for the employment in medical practice of soluble pills (granules), each containing a definite amount of the *active principles* of medicinal plants (alkaloids, glucosids, resinoids, etc.) and made by a process of manufacture whereby the element of human inaccuracy is practically eliminated. Thus it represents in organic materia medica the dynamic element of the drug, isolated from its crude environment, in a soluble form for prompt, energetic exhibition in diseased conditions, followed by uniform and clearly anticipated results.

It represents also in each granule, a standard of measurement of the minimum adult dosage, which insures scientific accuracy as to the amount of drug-principle administered in any case without requiring the extemporaneous mathematical calculation by the physician of a given number of doses (in from three to six ounces, or more, of diluent) as is usual in the old way of writing prescriptions.

Alkalometry, therefore, represents purity, drug-integrity, solubility, standardized dosage, and, in consequence of these, accuracy, efficiency and safety in therapeutics.

A colleague recently remarked to the writer that "it would do well enough for a lazy doctor who did not care to write his prescription, or to an illiterate one who could not." All of which emphasize the necessity for a clearer comprehension of the advantages of active-principle remedies over galenicals.

We all feel our own importance and would like to have it understood that we do not take anything for granted nor at second-hand. But we do—all of us. When we write a prescription calling for so many drams of a tincture or fluid extract; so many ounces of syrup and "aquæ" or "vini," q.s., to make a total of so many ounces, do we not take it for granted the manufacturing pharmacist has used the proper drug (root, leaf or seed) in the proper condition as to fineness or coarseness of powder, and that he has used the proper menstrum, alcoholic or otherwise, to make the tincture or fluid extract—every step in accordance with the

pharmacopœia; and that our local pharmacist has used due care in combining the ingredients called for in our prescriptions? And what do we get? As Prof. Fenger used to reply when asked the why of the unknown—"God knows." All uncertainty as to drug strength is eliminated when you prescribe or dispense the active-principle, isolated from its uncertain environment in the natural state, and no change can take place, with ordinary care, in the activity and remedial usefulness of your medicament under these circumstances. It remains the same in this regard ten years after it left the manufacturer's laboratory. *Its individuality is maintained*—not lost as in the changeable galenicals; changeable by the action of light, heat or cold, evaporation, etc., and uncertain because of their modified active-principle strength, according to the locality where the drug from which they were made, grew; whether in the shade or sunlight; during an unusually rainy or dry season; and also as to the time of year it was gathered, and whether made from dried or fresh drug, etc.

The *standard granules* of alkalometry, always accurate as to identity of drug (active principle or other medicament) and uniform as to amount contained in each, are a decided help to the *busy* doctor; a solace and comfort to the conscientious one; and certainly cannot make a lazy one more so, nor increase the number of blunders of the illiterate. Fortunately, the latter class is fast disappearing from the ranks of the profession because of the high standard required for license to practice in most of the States of the Union.

There is great danger that the casual reader may misinterpret the true meaning as intended by so general a term as "alkalometry," and conclude at once that it represents a new "school"—"ism" or "pathy." From the opening paragraphs of this essay it will be easily understood by the uninitiated that such is not the meaning nor application of the term. It represents a timely reform of existing methods in which there is a crying need of improvement. We all hope for the day (now without doubt drawing near) when there will be but *one school* of medicine, since, in the very nature of the thing, in essentials, there can be nothing else. Anatomy, physiology, chemistry, materia medica, obstetrics, are not *arbitrary* things, but are of the eternal—the basic—the fixed. There may be, properly, schools of painting, music, poetry, sculpture, architecture and the drama—all of which rest upon the ever-changing mood and environment of human thought; but not so of medicine, whose principles (except as to the single branch, therapeutics) are based upon the idea of the *universal*, not *circumscribed*, thought and knowledge.

But, for convenience and identification, some word must be employed to represent just what alkalometry *does* represent, be-

cause it means so much that is advantageous to our art, and does not in any sense presume to be a new school or system.

As to the extemporaneous prescription compounding and the exercise of one's knowledge of chemistry and pharmacology, these things are a part of our college education, as arithmetic, interest and discount are to the prospective banker, but no bank clerk ever consumes valuable time computing interest in a bank in these days; he refers to an interest table compiled by an expert. So, the architect uses a graduated rule, the civil engineer a ready-to-hand chain of reliable make, the apothecary his stock of standard weights and graduates, and the alkalometrist his standard granules which are prepared in accordance with certain uniform principles by authoritative makers.

It only remains to make sure of the manufacturing pharmacist and one's local apothecary. If the one always uses the drug-principle indicated upon the label and in the *full amount* of dosage, and the other has a reputation for honesty and reliability in compounding prescriptions, it is even preferable to pay a trifle more for one's medicaments or prescriptions under such circumstances rather than economize (?) by experimenting with the unstandardized products of unknown laboratories, or the uncertainties of some of our "cut-rate" druggists.

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## Proceedings of Societies.

### CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

THE stated meeting of the above society was held on April 4th, 1904, the President, Dr. James Hawley Burtenshaw, in the chair.

*Syphilitic Periosteitis.*—Dr. W. R. Townsend presented a patient, aged 26 years, with a syphilitic condition of the wrist. Five years ago a diagnosis of tuberculosis of the wrist was made, and a partial excision performed, which resulted in a movable joint. Two years ago a tapering swelling was noticed at the phalangeal joints, attaining its greatest diameter at the articular surfaces. When first seen by the speaker, three weeks ago, he had X-ray photographs of the hand taken, and by this means established the diagnosis of syphilitic periosteitis, with joint inflammation. This condition undoubtedly existed when the excision was done for the relief of the supposed tubercular disease. It was an excellent illustration of the value of the X-ray in diagnosis, and especially in differential diagnosis. Radiographs of a tubercular wrist were also shown, in order to bring out clearly the difference between a syphilitic and a tubercular process. The patient had been on anti-syphilitic treatment for three weeks, and in that time the pain had decreased, motion had increased, and her feet, which were affected by a similar pathological condition, were much improved, making walking much easier. The speaker also showed a radiograph in which the bones of the ankle were affected by syphilis, and, by way of comparison, one of a foot in which the bone was normal, to illustrate the changes which the bone and surrounding tissues undergo in syphilitic periosteitis.

*Myositis Ossificans.*—This case was also reported by Dr. Townsend. He said that this disease, in which the muscles undergo bony changes, is very rare. The most common cause is traumatism, and a Japanese surgeon has reported several cases since the beginning of the Russo-Japanese War, in cavalry officers whose adductor muscles have been damaged and this condition has resulted. When there is no history of traumatism, there is no clue as to why certain muscles should be affected. In the case reported, such a large mass of muscles was infiltrated with bone

that there was no motion at either knee or ankle. In one side the femur and muscles were normal, which could be distinctly seen by means of the X-ray apparatus; on the opposite side, extending from the pelvic along the track of the adductor muscles there was a bony deposit almost similar to the bone in the shaft of the femur.

The second radiograph showed the process extending into the lower leg. The flexed bone could be seen, and extending to one side a solid mass of infiltrated bony muscle. In a short time all the muscle on that side of the limb would be affected, and there would be a solid bony mass in addition to the fibula itself. The muscular motions, of course, will be lost, and the patient may have to lose the lower extremity. The prognosis in these cases is very bad and treatment is unsatisfactory. Such cases are rare when, as in the present instance, there is no history of traumatism.

*Hysterical Cough.*—Dr. G. B. McAuliffe presented a young woman who was suffering from paroxysms of hysterical coughing which resembled in sound the barking of a dog. About one year ago she began to cough, and has coughed almost uninterruptedly ever since. Examination showed no local lesion, and the cough seemed to be purely laryngeal. Nothing abnormal is to be seen in the larynx, except a slight redness over the arytenoids. Extra-laryngeal applications of electricity afford relief, but internal medication has been of no avail. The application of adrenalin by means of a spray gives relief for twelve or fourteen hours, when another paroxysm comes on. This, however, is merely a symptomatic treatment of the cough.

Dr. D. J. McDonald said that he had seen the patient about a year ago, and that he had applied electricity each day, first using the high-tension and later the galvanic current. When first seen by him she had presented every symptom of hydrophobia, barking and foam at the mouth, but was able to walk about. Under treatment her condition improved so that the attacks occurred only monthly, and later only once in two months. She was also given adrenalin and arsenic internally.

*Fracture of the Base of the Skull.*—Dr. John A. Bodine showed a boy who had been operated on by him at St. John's Hospital for fracture of the vault involving the base of the skull. The patient, while coasting down a long hill, having acquired a terrific impetus, crashed into a waggon, his head striking the hub of the wheel. The temporal-parietal region of the skull was not unlike an egg-shell crushed in. He was taken to the hospital in a condition of profound shock, and it was thought unwise to resort to any operative procedure to relieve the brain pressure or to stimulate with salt solution for fear of inaugurating intercranial bleeding. This condition of stupor lasted three days and three nights, when his condition began to improve. With practi-

cally no anesthesia the larger portion of the right parietal bone was removed. The fracture was compounded and extended through the temporal bone and into the base, and was again compounded in the vault of the pharynx. He had bled profusely into his stomach, which blood was vomited. When all of the depressed fragments of bone had been removed the boy's condition improved steadily until he was out of danger. Some time during the second week after the injury right-sided facial paralysis, paralysis of the right external rectus muscle of the eye and loss of taste in the right side of the tongue was noted. In addition, there was symmetry of the soft palate during phonation. The study of the anatomy of the parts thus involved demonstrated clearly the line of fracture at the base of the skull. With facial paralysis, with symmetry of the soft palate and loss of taste on the right side, the fracture must have included the bony part transversed by the facial nerve between the geniculate ganglia and the origin of the chordæ tympani nerve. Furthermore, as there was paralysis of the external rectus muscle of the eye, without involvement of any of the nerves that lie in juxtaposition with the external rectus in the cavernous sinus, the line of fracture must have been near the posterior clinoid process of the sphenoid bone. It does not seem reasonable to expect that the ophthalmic nerve would have escaped had the line of fracture been anterior to these processes. The fact that the paralysis came on two weeks after the receipt of injury would indicate that it was due to an inflammatory process of the nerves, making the prognosis as to the ultimate recovery of these paralyzed muscles better than if the paralysis had been coincident with the injury.

*Deformity Following Fracture of the Condyle of the Humerus.*—Dr. Bodine also showed a case of deformity following fracture of the external condyle of the humerus. When the patient was seen the arm was swollen, and a most careful examination under anesthesia demonstrated nothing more than that it was a fracture of the external condyle involving the joint. It was treated in a position of acute flexion, the hand midway between pronation and supination. When healing had occurred and the arm was taken down, the existing deformity over the external condyle was found. Nearly a full range of motion of the joint has been secured. Since this patient's injury the speaker has seen two other fractures of the external condyle identically like this one. He said that the deformity is due to the fractured piece being turned at an angle of 180 degrees, the surface looking toward the skin, and that there is but one way to remedy it—by open suture with reposition of the fragment. This was done, under cocaine anesthesia, in the last two cases seen, with perfect results.



*Regeneration of the Radius from its Periosteum.*—The next patient, shown by the same speaker, was a splendid example of a regeneration of the radius from its periosteum. Two years ago the little patient sustained an ordinary Colles' fracture. At a nearby dispensary the arm was put up between an anterior and posterior splint, padded with cotton, the bandage including the hand almost to the finger tips. As this happened in July and the boy was not told to return for three days, violent cellulitis of the arm developed. The boy was seen by the speaker three days after being injured, and when the splint and dressings were removed two lines of lymphangitis, starting from the interdigital clefts of the three outer fingers could be plainly seen. At the time of the injury the boy was playing on the street, and the accumulated germ filth in the interdigital clefts, under the moist perspiration induced by the dressing, was the port of entry of the infection which caused the cellulitis. It was a practical demonstration of the fact that no fracture should be put up without the skin being in a condition of surgical cleanliness. An analogy of this is seen in infection of the glands of the groin from filth around the frenum, without any break in the mucous membrane. The entire radius necrosed and was removed. The boy has a strong arm, flexion, pronation and supination being almost perfect, but there is considerable deformity.

The next patient was an example of Colles' fracture, the deformity not being corrected at the time of injury. There had been entire loss of function, immobilization of the wrist, loss of supination and pronation, as well as deformity. The operation consisted in chiselling through the line of fracture, the incision in the skin being placed on the dorsal end of the wrist rather than at the outer side of the radius, because of the uncertain position of the radial nerve. After correcting the deformity of the radius it is usually found that the hand is still in abduction and there is a projection of the lower end of the ulna which can only be corrected by taking a section out of this bone. This had been done and all the motions of the wrist and forearm had returned and the deformity had been entirely corrected. This patient was operated on two years ago, and a second patient was also shown, operated on three months ago, with the same result. Casts were presented, showing the condition of the arm prior to the operation. A third patient was operated on three weeks ago. The after-treatment in these cases of ancient Colles' fracture is the same as in a recent fracture, that is, a straight splint on the posterior aspect of the arm and the hand carried into extreme abduction, with flexion of the wrist. The speaker did not believe it wise to ever put the arm between an anterior and posterior splint in Colles' fracture.

*Unilateral Ankylosis of the Jaw.*—Dr. Bodine also showed a patient, 18 years of age, who had an attack of scarlet fever sixteen years ago, followed by a suppurative parotiditis of the right side. A number of incisions were made to let out the pus, as the scars of the face showed. Unilateral ankylosis of the lower jaw followed. The patient had been brought up, throughout his childhood, as well as his adolescence, entirely on liquid food, his teeth being closely in apposition. Some four years ago an attempt was made at one of the hospitals to relieve the condition. The scar of this operation gave a clew as to what the surgeon attempted to do. The skin incision was above the exit of the facial nerve. Apparently a linear osteotomy was performed, but it failed to benefit the patient beyond permitting him to separate his jaws about a quarter of an inch. The speaker's incision was placed just above the angle of the jaw. The contracted soft parts were separated from the bone, and, then, instead of a linear osteotomy, a triangular section of the ramus was removed, the base of the triangle being the posterior border. Still the patient could not open his mouth, and the points of scissors were passed through a cleft in the bone, and the contracted internal pterygoid muscle clipped. The mouth could then be opened to its full extent. This case beautifully showed that sixteen years' immobilization of a normal joint, that is, of the opposite healthy joint, does not produce ankylosis.

*A Demonstration of Skene's Method of Electro-Hemostasis.* was given by Dr. W. R. Pryor. He said that the celebrated Scotch surgeon, Keith, whose name was particularly associated with the removal of massive abdominal growths, treated the pedicles in the following manner: He grasped them with a powerful crushing-clamp, and by means of a superheated iron heated this clamp so as not to burn the pedicle, but to cause it to be become dry and parchment-like. In order that this might be accomplished, and yet not to apply too much heat, so as to produce a dead tissue, as in an ordinary clamp and cautery operation, he had to exhibit an unusual acquaintance with the details. However, his pupil, Skene, of Brooklyn, became impressed with the thoroughness of the hemostasis, which Keith secured, with the absence of pain in the stump, the absence of suppuration, and with the smooth convalescence of the patients, and having seen the complications which arise from the application of ligatures in certain situations, he, with the assistance of a skilled electrician, devised instruments for very simply doing what Keith did by a complicated technique, and with absolute precision.

The vessels to be obliterated are grasped with heavy forceps, very much like the pile clamp; adjacent tissues are protected either by means of a non-conducting shield or gauze pad, and as

the clamp compresses the tissues a current of electricity is allowed to run through the clamp, heating it to about 190 degrees. Taking an ordinary ovarian pedicle as an example, a fair compression is secured for one minute; then for another minute, more compression; and then for another minute more still, the instrument being all the while heated by means of electricity to 190 degrees. Upon removal of the clamp the pedicle is found converted into a tissue exactly similar in appearance to catgut, translucent, in thickness only  $\frac{1}{8}$  the original pedicle, perfectly dry and with the veins, arteries, nerves and muscular fibres all coagulated into one mass, in which one cannot be distinguished from the other. The softer the tissue, the slower should be the compression, and the less the time during which pressure should be applied.

"When my attention was first drawn to this method, a number of years ago, I said that it would open up to the possibilities of the vaginal section certain cases which never had been attempted that way, but I was unwilling to apply to my patients this method of controlling vessels until I had experimented. I therefore secured fresh arteries and sealed them by Skene's method. Upon subjecting them to hydrastic pressure, I found that it required six times the normal amount of intra-arterial pressure to open up the mouths of the vessels closed in this way; for instance, assuming that the pressure within an ovarian vessel is equal to three pounds, such pressure would have to be eighteen pounds, or greater than the aorta, in order to open the vessel. It is necessary, before applying any of these instruments, to have them thoroughly coated with sterile vaseline, otherwise they stick to the tissues.

"This method of occluding vessels should not be regarded as an absolute substitute for the ligation of large trunks by Wyeth's method, ligation in continuity, with approximation of the inner coats of the vessels without rupture, but it is a substitute for ligation of vessels in certain situations and under certain conditions. We all know the disadvantages of ligating *en masse* the edematous and necrotic pedicle of a twisted ovarian tumor, or the broad ligament in an ectopic gestation associated with infection and edema. We also know the disadvantages of tying off a pus focus, such as a gangrenous appendix or pyosalpinx. Again, in tying off certain very fragile pedicles, such as in ectopic gestation or sepsis, we see our ligatures cut through the swollen and friable tissues, producing a disagreeable degree of bleeding. Again, in hemostasis in vesical and rectal polypi, in erectile tissue about the vagina, in the tongue and spleen this method of hemostasis is far superior to any other. It has been found in the abdomen, where it is intended to perform intestinal resection, that two

broad lines of absolutely sterile and obliterated gut-ends can be approximated without the escape of a bubble of gas or feces to soil the suture-line; and afterward manipulation with two fingers opens the occluded ends, so as to make a continuous lumen. The twisted pedicle of an ovarian cyst, the infected pedicle of a dermoid cyst, and the highly vasculated pedicle of a pedunculated fibroma may be removed by this method with absolute satisfaction and without the introduction of any suture material.

"In my hands its chief application in operations within the abdomen has been in the performance of my operation of total abdominal extirpation of the cancerous uterus and adenexa, with preliminary hemostasis, produced by ligation of the ovarians, iliacs and obturators, together with extirpation of the upper third of the vagina. Skene's method of electro-hemostasis is the only procedure by means of which I have ever been able to control bleeding from the erectile tissue about the vagina in this operation.

"It would seem to me an ideal method to apply in extirpation of the gall-bladder at its neck. The removal of the spleen, I believe, can be accomplished by this method with an insignificant mortality, because secondary hemorrhage is impossible and much time is saved. I find that my acquaintance with this method of hemostasis enables me to treat all my cases of ectopic gestation through the vagina and without abdominal section. I have yet to meet an ectopic gestation which I cannot so treat, and can conceive of its failure only where the products of conception are too large to pass the vaginal outlet. It has enabled me to remove dermoid cysts through the vagina and all ovarian cysts which were small enough to pass through this canal.

"I will now demonstrate to you upon this living animal this method of controlling bleeding. We will first take the small intestine, which, in the dog, is many times thicker than in the human being. Assuming that I wish to make a resection of the intestine or that I propose to close the two ends, where resection is to be followed by end-to-end or side-to-side anastomosis, I clamp the gut in two places and turn on the current. I push the clamp to the first notch, and at the expiration of half a minute we see a slight bubbling along the sides of the clamp. The heat produced is not too great for the touch, although it is disagreeable to the fingers. At the expiration, the clamp is pushed down one more clamp, and now the bubbling is quite energetic. After the second minute the clamp is pushed to the third notch, or as far as it will go, and the tissues show the escape of very little steam, but the structures touching the clamp have become white. In two and a half minutes the clamp is taken off and the stump inspected; on one side I find that I have not applied sufficient pressure and

heat, whereas on the other the intestine which was grasped with the clamp is converted into a thin ribbon of translucent, parchment-like tissue. I reapply the clamp for half a minute to the other side, and the process is complete. Now, with scissors, I cut through these thin ribbons of tissue to see that the gut ends are absolutely closed. Without escape of gas and without escape of feces we have produced two stumps which are bloodless and uncontaminated by intestinal filth, and in which you can do such suturing as you see fit.

"The dog is pregnant, nearly to the full term, both cornua being filled with puppies. By manipulation I separate a portion of the uterine muscle and grasp it with the forceps, allowing it to remain on three minutes. I then cut the uterine muscle and you will find absolutely no oozing. The large utero-ovarian artery, which goes to one cornu, I purposely sever, so that you may see it spurt; then I grasp it with the forceps and subject it to heat and pressure for two minutes, and it is perfectly dry. Turning the animal over and pulling out the spleen, which in the dog has a head and quite a tail, I grasp it at the point where it is about two inches wide with the forceps, turn on the current, and by gradually increasing the pressure for one and a half minutes you will notice that this highly vascular organ is, at the point of pressure, converted into a thin sheet of parchment, through which one can almost see. With the scissors I sever this point and no blood escapes. I now take the large bunch of veins in one broad ligament, and clamp them; heat them to 190 degrees for one and a half minutes, remove the forceps and cut the stump, and no blood escapes.

"Dr. Skene was not content with the results in more than two hundred applications of his method, and by experimentation and the use of the microscope in the hands of an expert microscopist he demonstrated that the pedicle never became infected and that the current in the vessels never became re-established; that, whereas the tissue did become organized, it always remained as a homogeneous mass, in which it was impossible to identify nerves, muscular tissue, mucous membrane and vascular walls. My enthusiasm for this method of hemostasis is more than warranted, I can assure you, for I have applied it in double ovariectomy through the vagina, in the removal of pus sacs, in the removal of septic dermoid cysts, and many, many times in the removal of ectopic sacs, and in the removal of hemorrhoids and rectal polypi. I have found it to give me some satisfaction in work in the abdomen in the class of cases in which ligation is undesirable, namely, soft tissue, edematous tissue, necrotic tissue and septic foci.

"In transforming the current, one may use either a liquid

transformer and coil or an ordinary motor transformer; or one may employ a galvanic cautery-battery with the reostat. As to the expense, I have found that I saved in the first four months I had the instruments what my ligature material would have cost me. So far as the patient is concerned, not only is the method superior, under the circumstances in which it should be used, to application of ligatures, but the stumps are painless."

The paper of the evening on

*The Physiological Function of Menstruation and the Part Played Therein by the Fallopian Tubes*, was read by Dr. J. Riddle Goffe. The various theories to account for menstruation and an interesting historical sketch were presented. The rut of animals was considered an analogous function to that of menstruation. The process in woman is regarded as analogous to the moulting of birds, the shedding hair and horns by the deer, and the shedding of leaves by a tree. All the processes of life go in circles, determined more or less completely by the environment. All quadrupeds, as well as bipeds, experience a physiological function similar to menstruation, but the secretion does not appear externally in all of them. The appearance of the discharge in bipeds is due simply to posture, gravity bringing the discharge to the surface of the body. The same processes go on in quadrupeds, but on account of the position of the uterus it is retained in that organ, reabsorbed through the lymphatics into the blood, and finally consumed in the vital processes or eliminated through the excretory glands. In the native state wild animals experience a rut once a year, but domesticated animals, probably due to their environment and more luxurious care and keeping experience the phenomena, or analogous phenomena, more frequently. The monkey has been observed to menstruate five times a year, and the cow has a vaginal discharge at intervals of about three weeks. The monthly recurrence in woman is thought to be due to her environment, and the result of civilization and its attendant luxuries. Life under these circumstances becomes more artificial; every factor in life is sought as a source of pleasure and the race becomes more sexually inclined.

Menstruation is usually defined by the best authors as a monthly hemorrhage. The speaker offered the following definition: Menstruation is a frustrated attempt on the part of nature to reproduce an individual of the species. The external sign of this is the menstrual discharge. Its *raison d'être* was described as follows: An ovum is thrown out from the ovary and gradually find its way toward the uterus. Nature at once begins preparations for its reception; the nervous system becomes exalted to a high degree of functional activity, the blood supply to these parts is increased; the endometrium, which is the soil in which the ovum

is to be implanted, becomes turgid, soft and velvety; its epithelial cells swell and multiply, and every preparation is made to nourish the welcome guest and give it a home. If, on its way, the ovum has been fructified it is ready to respond to this bountiful preparation, takes root, and grows. But if the fecundation has failed, the guest is incompetent to receive the hospitality extended and is cast off. The preparations are also eliminated; the exuberant epithelial cells are exfoliated; the delicate capillaries sweat drops of blood by diapedesis, or burst and discharge their contents; the congested and engorged glands secrete and excrete profusely, and a thin mingled mass of epithelial cells, blood and mucus comes away in the form of menstrual blood.

As a proof that some of the menstrual discharge comes from the Fallopian tubes, two cases occurring in the author's private practice were narrated. Both patients had been subjected to vaginal hysterectomy, and in each instance the ovary and tube of one side had been left *in situ*. In removing the pelvic drain during convalescence, the proximal end of the tube in each case was accidentally dragged down into the vagina and caught in the vaginal scar. These patients both menstruated every month after the operation, and the blood was seen to trickle into the vagina from the open ends of the tubes. These observations were continued for several months, and, then, in fear of the possibility of tubal pregnancy, the ends of the tubes were sealed up. Experience in these cases seemed to be established, so far as such observation can, the fact that the tube, at least in the absence of the uterus, actually performs the function of menstruation.

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## SECOND QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH OF ONTARIO.

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THE Board met at the office of the Secretary, Dr. Hodgetts, at 2.30 p.m., May 4th, there being present Dr. Kitchen, St. George, Chairman, Dr. Hodgetts, Secretary, Toronto, and the following members: Dr. Cassidy and Dr. Oldright, Toronto; Dr. Boucher, Peterboro; Dr. Thompson, Strathroy; Dr. Douglas, Cobourg.

A communication from Berlin relating to the sewage of that town was referred to the Committee on Sewage.

A letter relating to the discharge of sewage into a river at Kincardine was read and referred to the same committee.

An inquiry from Peterboro elicited the reply that when premises are disinfected by the order of a local Board of Health the owner can be made to pay for the work, if he is able; if he is not able the work is done at the expense of the local Board of Health.

A decision of a high court of Ontario, by which the local Board of Health of Ridgeway was found to have been guilty of an error of judgment, instead of negligence of duty, was discussed. On motion the matter was referred to the Committee on Legislation, with instructions to report at the next quarterly meeting.

A communication about a cemetery at St. Clement's was read. The secretary was instructed to deal with this matter at an early date.

A remarkable illustration of the contagiousness of consumption was referred to in a letter received from Spencerville, Ont., stating that nine persons, members of the same family, had died of consumption in the same house, the only two who escaped being absent from home. The writer of the communication thought that this house ought to be disinfected.

A communication from Dr. Langrill, M. H. O., Hamilton, was read, complaining of the violation of sanitary laws by the local Board of Health of Barton township. Moved that the secretary notify the said local Board to appoint a medical health officer forthwith, referring them to sections 32 and 33 of the Ontario Health Act.

It was announced that the next quarterly meeting of the Board would take place at Sarnia on Wednesday and Thursday, July 13th and 14th. Dr. Logie, Secretary of the Lambton County Medical Society, had arranged for a meeting of his society in Sarnia on the same dates.

A communication was read from Dr. Macauley, M.H.O., Brockville, announcing that in that town the local Board of Health had provided diphtheria antitoxin gratis during 1903; 277 packages had been used.

In reference to Mr. Joynt's bill relating to the hygiene of barbers, Dr. Cassidy explained the action taken, and the report made by the Committee on Epidemics in providing regulations for the hygiene of barber shops. Reference was also made to the experiments in disinfection made by the bacteriologist of the Board in this connection.

A letter describing a new sewage trap made at Galt, Ont., was referred to the Committee on Sewage.

In his first report since his appointment as Secretary of the Board, Dr. Hodgetts dealt at considerable length with the tuberculosis problem, and strongly urged the Board, in view of the annual death roll from consumption of over 2,000 in the Province, to seriously consider the adoption of some system of notification and registration of all cases. Voluntary notification had been adopted in a number of English cities with most satisfactory results, and many of them were thinking of going further and



making it compulsory or systematic. The only enactments at present that made notification compulsory were the recent measure passed by the Imperial House giving Sheffield the power to put into force such a by-law, and the Quebec law providing for notification of all cases that have reached the stage of suppuration or expectoration.

The crowded home, said Dr. Hodgetts, was now and would for a long time be the only place available for the larger number of patients, and as these were the chief centres of the disease something should be done so that municipalities would be notified of all tuberculosis cases and be authorized to take preventive measures, and, if necessary, provide for the patient. The great need that exists for the erection of municipal sanatoria should, Dr. Hodgetts thought, be urged upon all local Boards of Health.

Analyzing the vital statistics for the quarter, Dr. Hodgetts commented on the marked decrease in scarlatina and smallpox, and the reduced mortality in both diseases. He called attention to the general neglect of physicians throughout the Province to report typhoid fever, although the law distinctly provided for it.

Dr. Hodgetts advocated the establishment of at least one experimental septic station at a point convenient to the Provincial laboratory. A tank, together with filtration beds, would enable the Board to assist the municipalities in solving a question of vital importance, and of untold economic value. This would require an additional monetary grant, but he was satisfied its importance outweighed any objections that could be raised on this score. This report was received and adopted.

Dr. Amyot, bacteriologist of the Board, read a report in which he stated that he had examined the water supply of Toronto, and from March 25th to April 30th, inclusive, the following intestinal bacteria were found by him in the water: Colon B five times, colonoid six times, streptococci six times. The bacterial counts were especially high on flood days. Incidentally Dr. Amyot remarked that quite a few cases of typhoid fever were reported about the time of the experiments, whose origin could not be traced, and there was almost an epidemic of other intestinal troubles.

Dr. Amyot made a further interesting analysis of water that had been passed through an ordinary hot-water boiler attached to a range. The bacterial counts were, he said, decidedly altered for the better, the water being nearly always practically sterile, although it may not have boiled.

Reporting on an examination of various canned vegetables, fruits and jams put up in Ontario, Dr. Amyot said that none of them showed poisonous metals in harmful quantities. The cheap jams were chiefly filled with apple or turnip pulp, there being

very little of the fruit present, "simply enough to give a seed here and there throughout the mixture."

This report was received and adopted.

The Board re-assembled at 10.30 a.m., May 5th.

The Mayor of Oshawa asked permission to have the sewage of Oshawa drained by a small creek which runs through a marsh towards Lake Ontario. The Chairman of the Committee on Sewage, Dr. Oldright, reported against this request, favoring the plan which had been adopted by the Board in 1901, when this matter was laid before them by Mr. Spekeman, who was then the engineer of Oshawa. By Mr. Spekeman's plan Oshawa Creek was to receive the town sewage. Oshawa Creek has a rapid current, and would answer very well for drainage purposes. The other smaller creek, favored by the Oshawa people, is unsuitable, particularly as it is very small and runs through marshy land. If, however, a suitable sewer pipe is laid through it from the town to the lake side, the sewage of Oshawa might be discharged by the small creek. This recommendation was adopted by the Board. The Board then took up the question of the disposal of Toronto sewage, and after listening to Dr. Sheard, M.H.O., City Engineer Rust, and Ald. Geary, left the matter to its Sewage Disposal Committee.

The city representatives were anxious that the Board should endorse one scheme or the other presented, in order that the matter may be brought before the ratepayers at the earliest possible date. Mr. Rust and Dr. Sheard set forth their different views at length, as they have done several times to civic committees.

Dr. Sheard remarked that the wilful waste of water tended to add much to the cost of sewage disposal schemes. This waste poured into the sewers, and was costly at both ends. It cost to pump the water and it cost to dispose of the excessive quantity of sewage made by this waste. Steps should be taken to prevent the waste.

Dr. Cassidy, of Toronto, obtained an assurance from Dr. Sheard that the city water supply was as pure as the supply of any city of its size on the continent, and then protested against the proposition to expend such a large sum upon something that was not really necessary. He said that the island was the city's bulwark of safety. It protected the intake from the sewage. If it was not for the island the city would be in the position of Chicago, where typhoid fever epidemics were of frequent occurrence, owing to polluted water.

"The question of sewage disposal in Toronto is more an æsthetic one than one of sanitation," asserted Dr. Cassidy. "As long as we have a pure water supply there is no present necessity of interfering with our sewage disposal. The question of a supply

of water for fire purposes is much more important. I believe in improvement, but not improvement for improvement's sake. I believe in improvement from necessity. We cannot afford a new system of sewage disposal. Our tax rates are going up rapidly. We want a good supply of pure water to prevent disease, and we want a good supply of any kind of water to prevent fire. We should have the fire protection now, and the sewage can wait until we are in a financial position to look after it."

Ald. Geary took Dr. Cassidy to task for his statement. He said that a continued supply of pure water depended upon proper disposal of sewage. Any trouble they had now with the water arose from the sewage. The city could not afford to have a repetition of the typhoid fever epidemic and loss of life the municipality was visited with the time the conduit rose in the bay.

Dr. Hodgetts, the Secretary of the Board, backed up Ald. Geary.

"It is a sanitary necessity," he remarked. "What happened before may happen again, to the untold expense of the city and a serious loss of life."

Dr. Oldright supported Ald. Geary's remarks. He thanked the city representatives for the information supplied, and he trusted that some definite scheme of sewage for Toronto would be agreed upon at some early date. He therefore moved that the question be referred to the Committee on Sewage. Dr. Hodgetts seconded the motion, which was carried unanimously.

After reassembly at 2.30 p.m. a resolution was passed instructing Dr. Amyot to continue his investigations into food adulteration and the use of disinfectants.

A committee consisting of Dr. Oldright, Dr. Cassidy and Dr. Hodgetts was appointed to consult with the authorities of the University of Toronto in regard to the qualification of sanitary inspectors and the granting of degrees in public health.

Dr. Hodgetts suggested that the publication of the annual reports of the Board and of the Health Officers' Association be dropped, and that a quarterly bulletin giving a report of the proceedings of the Board and other information be substituted. The Publication Committee will take the matter up.

Dr. Cassidy read the report of the Committee on Epidemics, containing rules for the care and treatment of persons suffering from tuberculosis, and a reference to the fact that householders, physicians, and medical superintendents of hospitals neglect to report cases of typhoid fever. The Board decided to have the rules referring to tuberculosis printed in leaflet form, and distributed; and also, that a circular be issued drawing the attention of householders, physicians and medical superintendents of hospitals to the sections of the Ontario Health Act requiring them to give notification of typhoid fever.

The Board then adjourned.

J. J. C.

## *Selected Articles.*

### JAP MILITARY MEDICAL SERVICE.

BY G. S. RYERSON, M.D., TORONTO.

THE war between Japan and Russia is arousing so much interest at the present time, that it would seem a short account of the medical arrangements of the two armies might prove of interest. The succeeding remarks are founded on an excellent report by Col. William Taylor, now Surgeon-General Sir William Taylor, D.G., who was sent out by the imperial government to observe the medical service in the Chino-Japanese war of 1894.

The Japanese regiment of infantry consists of three battalions of four companies each, of a total strength of 2,400 officers and men. In each regiment there are 48 regimental bearers, distinguished by a red band worn above the elbow of the left arm. The scope of regimental medical service in action comprises medical aid in the fighting line and at the dressing stations. These stations are closed when the bearer companies begin their work. The medical officer and his assistants are employed at the front under fire at the temporary dressing stations referred to, but the Japanese regulations require the regimental medical service to keep well closed up with the fighting line, and to conform to its movements. The equipment is similar to that carried by all armies, but is very liberally supplied. The medicines are of the usual European kinds, morphia, iodoform, Hoffman's anodyne, etc.

The bearer company forms a divisional organization, consisting of a central administration and two subdivisions of three sections each, of a total strength of 416 officers and men, and fifty-one horses. There are ten medical officers and four pharmacists. This column is under the control of the division commander, who is advised by the chief of the division medical staff. Each bearer column bears the name of the division to which it belongs, and is organized so that it can at any time be divided into two equal parts. Ordinarily one half marches with the advance guard and the other half in the main body. The function of the bearer company is to act between the dressing stations and the field hospitals.

The dressing station is divided into three sections, indicated

by flags of different colors. 1. Receiving and forwarding section (blue flag). 2. Operating section (white). 3. Dressing section (red). The dressing stations are, in addition, distinguished by the Geneva Red Cross flag by day, while they are marked by red lanterns at night. The identification of patients is secured by a metal label worn by all ranks. The registry of all property is also provided for. The medical and surgical equipment of the bearer column consists of four panniers, eight reserve panniers, ninety-six stretchers and two tents, for the carriage of which thirty-six horses are allotted. The stretcher is made of bamboo with canvas bottom and movable cross pieces. Most of the land carriage of patients is done with these stretchers and the native springless carts. There does not appear to be a provision for ambulances, though I understand a large number have been ordered from a firm in the United States for the purposes of the present war.

*Field Hospitals.*—There are six field hospitals in each division, three are with the first line of transport and three with the second. Their function is to receive patients from the dressing stations or direct from the fighting line, to continue or complete the treatment previously received, and to be prepared for rapid evacuation should it become necessary. The *personnel* of these field hospitals for each division consists of 48 officers, 108 non-commissioned officers, 510 men and 264 horses. The quota of patients for each hospital is 200.

*Transport.*—Passing from the field hospitals to the rear along the lines of communication to the base, the patients are in the hands of the hospital transport corps. There is also a reserve medical staff and a reserve medical store.

The supreme medical control is vested in a field medical commander, who is chief of the medical department of the war office, and, during war, serves with the grand headquarters of the army, and with him he has a personal staff of four. The army is also supplied with hospital transports and a hospital ship. The latter has accommodation for 50 officers and 200 men (patients).

*General Hospitals at the Base.*—The reserve hospitals are established either within military garrisons or without, and bear the name of the locality where they are located. They have an establishment of from 42 to 70 officers and men of the hospital corps.

*The Red Cross Society.*—The Red Cross Society was inaugurated in 1886 and had, in 1894, since largely increased, 75,902 members, employing 1,170 medical officers, female nurses and orderlies.

The first aid dressing used is Dr. Kikuchi's straw ash pad. It consists of straw ashes, freed from grit and put in muslin bags. Applied directly to the wounds, it is said to be very absorptive and aseptic. If there is no discharge from the wound it is

applied dry, but if it discharges freely the pad is first soaked in bichloride solution.

The food of the army in time of peace consists of thirty-six ounces of rice and six cents for the purchase of chicken, beef, pork, fish or vegetables, tea, pepper and miso, a kind of pea flour. That amount of money does not purchase much of these articles, but the Japanese are satisfied with a very small proportion of animal food if they can have their rice flavored with fish or "soy." The rice is boiled in bulk in large pots for each section of a company. The daily field ration consists of rice, 36 oz.; chicken, beef, pork or fish, 5 oz.; of preserved meat, 2 1-2 oz.; or dried meat, 4 oz.; with vegetables, fresh, 5 oz.; or dried vegetables, 2 oz.; spice, 1 7-8 oz.; preserved plums, 1 1-2 oz.; and salt, miso, tea, a sufficiency. The cooking is very simple. If the men were with their regiments the cooking utensils were brought up with the column, the rice was boiled in large boilers, and the preserved meat, etc., which each man carried for himself, were added by the men themselves. Each battalion carried a box containing appliances for analysis of water, and medical officers were sent on ahead to examine each proposed camping place. Each battalion also carried wooden filters. The water was, where necessary, ordered to be boiled, but this was often not carried out, as it appeared to be nobody's business to see that it was done.

*Dress.*—The weight of the infantry clothing and equipment, including rifle, ammunition and special ration, was fifty-six pounds, thirteen ounces. Besides the ordinary greatcoat during the cold weather, the officers and men mobilized for the war (1894) had one made of brown blanketing, with a hood and special covering for the head, concealed under the collar, and a pair of mittens of the same material as the coat. It came down to the ankles, and had a band to buckle round the waist. The men in the field had a paper shirt and a pair of drawers. In very cold weather these were worn between the usual under and over shirts and were said to be very warm. There was considerable suffering from ill-fitting shoes and canvas gaiters and cotton socks. The knapsack was faulty and pressed unduly on the chest and armpit. The material of which the tunic and trousers were made was of blue cloth with stripes of different colors to distinguish the different arms of the service.

It will be noticed that the Japanese are supplied with very liberal and adequate medical service, and Gen. Taylor speaks in glowing terms of the devotion and bravery displayed by the bearers in bringing wounded men in under fire. The free use of voluntary aid through the medium of the Red Cross Society is noticeable. I think that it is admitted that no nation maintains, even in time of war, a sufficient medical staff to meet the requirements. It will be remembered that during the late South African

war the St. John Ambulance Association supplied upwards of two thousand trained orderlies for hospital work, and that the Red Cross Society contributed more than three million dollars' worth of supplies for the sick. It is painful to think what would have been the fate of the sick and wounded without this adventitious aid. We ought in this country to develop these societies, especially the ambulance association, as a reserve for the army medical corps, for trained orderlies cannot be improvised at a moment's notice.—*Can. Lancet.*

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### OSBORNE HOUSE, THE KING'S GIFT TO THE NATION.

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THE name of Osborne became very familiar to all the subjects of Queen Victoria owing to Her late Majesty's marked preference for Osborne House as a place of residence at certain seasons of the year. She generally spent several of the winter months there, after leaving Balmoral, and usually returned in the early summer.

Her Majesty's liking for Osborne may probably be attributed partly to its beautiful situation overlooking the Solent—one of the most frequented pieces of water in the narrow seas—partly to its mild yet bracing climate, and partly to the way in which the garden and park lent themselves to a quiet outdoor life for many hours of the day during several months of the year—a rather rare combination of attractions in this country.

The Osborne estate, which comprises about 2,000 acres, was acquired in 1845 by purchase from Lady Isabella Blachford. It occupies both sides of a gently sloping hill falling towards the north to the seashore, where a sea wall has been built to protect the park, and to the south to the River Medina. To the west the park gates open on to a broad road, which leads, in about a quarter of a mile by a rather steep incline, to East Cowes, while to the east of the estate is open cultivated country. The grassy slope between the house and the sea is picturesquely planted with trees, while further to the east the park includes a considerable extent of woodland. Immediately in front of the house are terraced gardens, while on the south side the pleasure grounds contain many beautiful trees and shrubs. Trees of all kinds, indeed, do remarkably well at Osborne, and varieties of the arbutus, and a grove of cork oak, not often seen in this country, grow vigorously. That the camellia flowers out-of-doors, and that there is a palm some thirty feet high on the terrace are evidences of a mild and equable climate. From the East Cowes entrance the house is approached through a dense avenue of well-grown ilex and cedar, planted under the direction of the late Prince Consort. There are ranges of hot-houses and a walled garden, well open to the sun, and protected from the north and east. The offices are to

the east, so that the house has, if an explanatory bull may be pardoned, two fronts—to the north-east and south-west respectively—the one to be preferred for out-of-door life in the summer and the other in spring.

In the park golf links have been laid out, and there is a small building originally erected for a summer tea-room which will serve as a club-house.

The two square towers of the house are well seen from many parts of the Isle of Wight and from the coast in the neighborhood of Portsmouth. It is an irregular building, consisting of the private apartments of Her late Majesty, of a main and a south wing connected with each other and with the pavilion by an open loggia and cross passage, and of the Durbar wing. The whole, with the exception of the Durbar wing, which was added in 1890, was built in the five years following the purchase of the estate in 1845.

Queen Victoria bequeathed this fine property to her eldest son, and His present Majesty presented the whole—the park, the house and all its appurtenances, and the farms comprised in the rest of the estate—as a free gift to the nation as a memorial to Her late Majesty. It was a kingly gift and is to be devoted to a noble purpose. The house, with the exception of the private rooms used by the late Queen, which will be kept unaltered as she left them, will be devoted to public purposes. The Durbar hall and some other ceremonial rooms with their connecting corridors will be open to the public on certain days, and will doubtless attract many visitors, for they contain a large number of interesting portraits and other mementoes of Queen Victoria's long and eventful reign. The park will be open to the public on the same days. With these exceptions the grounds and house will be given up to the purposes of a convalescent home for officers of the navy and army.

The Osborne Estate Act, 1902 (2 Edw. VI., c. 37), recited that the Osborne Estate was, under the will of the late Queen Victoria, vested in His Majesty for life, with certain remainders, and that His Majesty had, with the concurrence of the Prince of Wales, signified his pleasure that on the occasion of his coronation the Osborne Estate should be handed over so as to become part of the public property of the Sovereign, and that provision should be made for the use of the house and grounds as a memorial to Queen Victoria. The Act accordingly gave effect to this declaration, certain parts of the estate—consisting of ground adjacent to Osborne Cottage—being reserved for the private use of members of the Royal Family. Osborne House and the grounds adjacent thereto were placed under the management of the Commissioners of Works, the rest of the estate falling to the charge of the Commissioners of Woods. The Act further directed that:



"As a memorial to Her late Majesty the Commissioners of Works

(a) Shall, during His Majesty's pleasure, preserve, so far as may be in its present condition, and keep open to the public in such manner and on such terms as the Commissioners, with the approval of His Majesty, may determine, such part of Osborne House as appears to have been in the personal occupation of Her late Majesty; and

(b) Shall devote the rest of Osborne House and the grounds under their management to be used for the benefit of officers of His Majesty's naval and military forces, or their wives, widows, or family."

A Committee appointed by the King to consider the disposition of the estate had reported on December 5th, 1902, in favor of the above arrangements, recommending especially that the park and woods adjoining the sea front should not be treated as land bearing revenue; that the house, except that portion reserved by His Majesty—that is, the private apartments of the late Queen Victoria—should be appropriated to the uses of the army and navy as a convalescent home for officers, and that the stables and cricket ground should be utilized for the naval cadets of a training ship to be stationed off the Isle of Wight.

This scheme, as originally devised has, with the approval of His Majesty, undergone certain modifications, a Naval College with an accommodation for 198 cadets having been already built, and further buildings to accommodate 108 more being in the course of erection. Eventually accommodation will be provided for 378 cadets. The arrangements with regard to the naval cadets are under the control of the Admiralty. Dormitories, a recreation room, etc., for the cadets are being constructed, and the buildings occupied by them are at present maintained by the Office of Works at the expense of the Admiralty.

Osborne House has been altered and adapted for use as a convalescent home, and, as regards the State Rooms, for exhibition to the public. There will be accommodation for about fifty patients.

The selection of the convalescent patients will be referred to the Navy and Army Medical Boards. The Office of Works will be advised as to the arrangements for their accommodation by a committee consisting of Viscount Esher, K.C.B., K.C.V.O. (Chairman); Sir Francis Mowatt, G.C.B.; Sir George Murray, K.C.B.; Sir Frederick Treves, Bart., K.C.V.O., C.B.; Sir Francis H. Laking, Bart., G.C.V.O., the Hon. Sir Schomberg K. McDonnell, K.C.B., C.V.O., Colonel Sir Edward W. D. Ward, K.C.B.; and Captain the Hon. Hugh Tyrwhitt, R.N.; and Secretary, Mr. A. I. Durrant.

It may be said at once that the plan of the house has been

found to lend itself singularly to the purpose to which it is henceforth to be devoted. The structural alterations have been comparatively few, and are now complete; the internal sanitary arrangements have been reconstructed on modern principles, the decorations are now nearly finished, and the furniture will soon be in place.—*Brit. Med. Journal.*

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**"A NIGHT DRIVE INTO A SNOWDRIFT."\***

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IN another half hour they arrived at the house. Dr. Jessop, a man of about fifty years of age, was walking up and down the long, low room, in which the patient was lying. His face bore a set, severe expression.

"Glad you've come, doctor," was his greeting; but it was in a suppressed tone. "Come into this bedroom and I will tell you. This is a very bad case. Prompt amputation will be needed, for the arteries and muscles on the outside of the leg are cut right down to the bone. He has bled terribly, and there is danger of mortification. The leg is getting very black already."

"Have you got it bandaged tightly?"

"Oh, yes! The moment we loosen the bandage at all the hemorrhage commences again. Did you bring your instruments, Dr. Hartman?"

"Yes, but perhaps amputation will not be necessary."

"But it will. What is a limb to a life?"

By this time Dr. Hartman had divested himself of his wraps, and they went in together to examine the patient.

He was conscious, but pallid, and comparatively bloodless. The toes of the injured foot were of a purplish hue from the tight binding, while blood was still trickling through the bandages wrapped around the wound.

"Has he had any brandy?" Dr. Hartman asked.

"No," said Dr. Jessop. "I was afraid it might increase the flow of blood."

"Well," said the young doctor, smiling. "I would give him a good stiff horn now; and, if you like, I will remove the wrappings and examine the leg."

"That's just what we want," was the reply.

"There are too many people in this room, don't you think?" said Dr. Hartman. "The air is close. I would keep these two men to assist, and send every one else out."

"Exactly," responded Dr. Jessop, "the very thing I intended to do," and he moved about carrying out one suggestion after another, as indicated by the younger man.

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\* Selection from "How Hartman Won." By Eric Bohn.

As the wraps were unfolded, the foot being held firmly by one of the men, a stream of bright arterial blood jetted out forcibly from the wound. But Hartman had placed a tourniquet loosely over the great artery of the thigh, and was prepared for it, ready to tighten and arrest the flow the moment it was needed.

"Glad you brought it," ejaculated Dr. Jessop, "I didn't have mine with me."

"How could we amputate without it?" was the quiet comment.

On examining the injured limb, a deep, almost perpendicular wound into the upper portion of the ankle joint was laid bare, severing muscles, blood-vessels, ligaments, and bone itself—almost dividing the joint into halves. It was a terrible gash, and the foot hung limp beneath it. The removal of the bandages permitted a return of venous circulation, and was a relief to the cyanosis of the foot.

"I think I would amputate as close to the joint as possible, in order to retain a useful leg," suggested Dr. Jessop, who always liked to be in at a capital operation, although he never did one himself.

"Had we not better try and retain the limb altogether?" said Dr. Hartman, while he grasped the severed end of the artery with bull-dog forceps. "Doctor, slip on this ligature, please. There. now loosen the tourniquet a little. Ah! I must tie the lower end."

"Two or three spouting vessels of smaller size exhibited themselves, to be treated like their predecessors, and then arterial hemorrhage ceased.

"If I can suture the two ends of the long peroneous muscle together, it will help the joint," said Hartman, as he examined the wound more closely.

"Possibly," said Jessop, coldly, for he was in no way pleased with the trend matters were taking.

But without delay Hartman drew down the retracted muscle and sutured it with silver wire to the exposed end in the foot. Then he washed out the wound freely with tepid water, bathed the cut surfaces with brandy, and making a drainage tube of the long ends of the sutures, stitched up the wound.

This was at a period prior to the date of antiseptics; but "cleanliness and elevation and rest," as taught by Aikens, were not unknown to the young doctor.

After the dressing was finished, at Jessop's suggestion, the two men adjourned to another room.

"That's very nicely done, young man," said the former, with some dignity; "but I tell you it's a mistake. That terrible wound, with bone and muscles and ligaments and arteries all cut

will produce fever and suppuration, and will cost the man his life; while a clean amputation, which you could easily have done, would have saved it."

"I am glad to think that you are mistaken, Dr. Jessop," replied Hartman. "I believe the wound will heal, and the man will get well, having two feet instead of one. The only thing will be to keep the fever down, and that can be done by having clear cold water drop constantly on the oiled silk over the wound, and allowing it to run away into a pail beneath. Your plan would be a good one, but the one you and I have adopted will be better."

"Well!" said Jessop, mollified a little by the implied compliment, "I am willing to follow out any further treatment you may suggest; and I sincerely hope it will be successful, for the man's sake as well as ours."

"Thank you," said Dr. Hartman; and as day dawned he started again upon his long drive home.

In due time Armstrong's leg did get well, and he drove to Linbrook to pay the doctor his fee, and to thank him for a saved limb—something which money alone could never adequately compensate him for.

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#### THE DOCTOR IN HIS SOCIAL ASPECT.

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EVERY now and again during the last two or three years we have had to contradict rumors as to the King's health which found their way into the newspapers. The latest of these reports was apparently inspired by an announcement made by the *Court Circular* that Sir Frederick Treves was a visitor at Balmoral. The fact that a circumstance of no importance in itself, and of no interest except to those immediately concerned, should give rise to such rumors suggests reflections of a not altogether pleasing character as to the light in which even the most distinguished members of the medical profession are still regarded from a social point of view in this country. We are in the habit of congratulating ourselves on our improved position; yet it is evidently deemed incredible that the sovereign should invite a surgeon who has rendered him an incalculable service to spend a few days with him as his guest simply by way of social courtesy. Nor does this particular instance by any means stand alone. We can recall several occasions in recent years, when the mere accidental proximity of an eminent physician or surgeon has been made the basis of sinister suspicions and rumors. There is surely nothing more incongruous in the presence among the King's guests of an eminent doctor than in that of an eminent lawyer. Yet His Majesty may entertain a legal luminary without giving rise to the report that he is

making his will. The fact is that the public will never allow the doctor to divest himself of his professional character. If he goes out to dinner he may be selected to take down a great lady, only to have his gratification at the honor dashed by the discovery that his fair companion wishes to be told what she is to eat and drink, and what she is to eschew. Perhaps, however, many *grandes dames de par le monde* agree with Lady Chettam in *Middlemarch* in liking a medical man who is more on a footing with the servants. It may, indeed, sometimes be as awkward to meet one's doctor at dinner as it would be for a sinner to have to entertain his father confessor. A medical man at a social gathering of his patients, if not exactly like a death's-head at the feast, must perhaps be something of a restraint. Fortunately society is large enough nowadays to give ample scope and verge enough to the busiest practitioner for the satisfaction of his social instincts without acting as a *memento mori* to those about him. It is doubtless in a large measure the fault of the doctor himself—or rather of his predecessors—that he cannot so easily throw off his professional character as men of other callings. This is a legacy of the days when the physician thought it necessary to advertise his profession by the fashion of his garments, and the tradition of the wig and gold-headed cane still clings to his successors. Now that, like a well-known Nonconformist divine, we wear no clothes to distinguish us from our fellow Christians, it is surely time that it should be known that a man may practise medicine without forfeiting his right to be treated, even by the first gentleman in the land, as a friend as well as a physician. We only plead for a more general recognition of this fact, so that a doctor may accept an invitation to a country house without causing unpleasant myths to be woven around his hosts, or attend a wedding without being suspected of a far-seeing eye to future contingencies.—*The British Medical Journal*.

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#### A FORECAST OF RADIUM IN FICTION.

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To the late novelist, Lord Lytton, is attributed the forecast of the discovery of radium. In his marvellous imaginative work, "The Coming Race," in many respects the most remarkable of his writings, the novelist gave an account of the life led by a race of human beings far down in the bowels of the earth. The distinctive feature of the book, in fact the pivot upon which the plot hinges, is the possession by these underground dwellers of a mysterious substance named vril, and which, as described by Lytton, is according to Hornblow, writing in *The Critic* for March, identical with radium. There is not space in these pages, nor is it needful to enter minutely into the

matter, but the aforesaid writer summarizes the similarities between radium and the substance hatched in the brain of the author as follows: "(1) Lytton says a small amount of vril could destroy a city as large as London, and that a child could destroy an army by merely pointing at it a staff charged with the substance; science assures us to-day that the power of radium is almost limitless, that two pounds of it could destroy three millions of people and that one ounce would blow up a battle ship. (2) Lytton's subterranean race lighted their streets with vril. Science tells us that radium gives out light and heat without waste or diminution. It is, therefore, only a question of quantity and proper adaptation, when the world will use radium for lighting purposes. (3) This wonderful vril of the novelist could, he claimed, cure diseases. Indeed, the race depended wholly on it to restore or invigorate life. Experiments recently made with radium in hospitals demonstrate that it will cure certain forms of disease, such as lupus and other skin diseases. It is also believed that it will cure cancer; on the other hand, if applied differently, it will burn the skin and destroy life. Physicians declare that air rendered radio-active will cure consumption, and that water rendered radio-active will relieve stomach troubles."

Could then, asks Hornblow, Lytton have been otherwise than inspired when he wrote half a century ago of vril: "It enables the physical organization to re-establish the equilibrium of its natural powers and thereby to cure itself"?

The writer in *The Critic* has taken the exaggerated views of the properties of radium, so widely disseminated by a portion of the lay press and by a certain number of the medical profession. The truth is that the properties of radium are not yet definitely known. It may be that its limits have not been gauged and that its powers are even greater than its most ardent advocates believe, But at present we are somewhat in a state of expectancy with regard to radium. True, what is known of the substance is wonderful enough, and it is to be hoped that the glowing anticipations formed in the minds of some of its eulogists as to its potency may be fully realized, and that Lytton's wonderful vril may be equalled by radium.—*New York Medical Jour.*

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## Editorials.

### WHO SHOULD PAY FOR THE MAINTENANCE OF CONTAGIOUS DISEASE PATIENTS?

SECTION 93 of the Public Health Act, R. S. O., Cap. 248, respecting the isolation of persons infected or who have been exposed to infection, provides that the local Board of Health may isolate such a person, procuring nurses and other assistance and necessaries for him at his own cost and charge, or the cost and

charge of his parents or guardians, if able to pay the same, otherwise at the cost and charge of the municipality.

It appears that the enforcement of this legislation, particularly since the period of isolation for contagious diseases has been increased, is rather severe on the working classes. Thus, for instance, according to "Regulations concerning diphtheria and scarlet fever, adopted by the Provincial Board of Health, and made an Order-in-Council, March 5th, 1903," a person who has diphtheria must be isolated for a period of not less than twenty-eight days from the onset of the disease, unless swabs from the throat and nose prove the absence of the Löffler bacilli. To confine the patient in an isolation hospital calls for an expenditure of from \$7 to \$10 a week. Should the patient be kept at home his father will be obliged to board away from home, if he wishes to continue his work. All this entails expense and there does not seem to be any means of meeting the difficulty; that is to say, providing for the safety of the community, and, at the same time, limiting the expenditure of the stricken household.

In a paper read at the meeting of the Association of Health Officers of Ontario, Peterboro, September, 1903, Dr. Hall M. H. O., Chatham, suggested a division of the expenditure between the interested individual and the municipality, the individual paying ordinary expenses, the municipality extraordinary ones. He thought that a fair division could be easily arrived at and would be mutually satisfactory. He suggested that the patient who is isolated until all danger of infection is past for the benefit of the community should not be called upon to pay all the expenses.

It seems difficult, in the first place, to apportion the share of expense belonging rightfully to a family infected with a dangerous communicable disease, e.g., diphtheria, and the community among whom the family resides. The uninfected members of the family require protection from the infected one and the community require protection from him as well. Instances are many in different places in Ontario, in which a large family has been nearly extirpated in a vain struggle to have its infected members treated at home. Brothers and sisters catch the contagion from each other, and the parents or near relatives are also attacked. Isolation is a very important step towards the safety of the



stricken family and the community, and an isolation hospital is probably the most effective means of remedying such a disaster. But, it would not be accurate to say, that isolation of the sick is done solely for the benefit of the community. The community, it is true share in the benefits of such isolation; but the more immediate portion of the benefit reverts to the advantage of the stricken family. The other members of the family are protected from the infected one, while, at the same time, the father of the family is protected in his business, having full freedom to go to his work and earn the necessary money wherewith to pay for the keep of his sick child. Whether isolation should be carried out in marble halls or in double-walled tents is a matter of money. The principle is the same in both, and physicians of much practical knowledge and experience report that the results obtained in tents leave little to be desired.

It would be pleasing, indeed, to all people in Ontario, and gratifying to the sturdy feeling of independence, which it is our pride to maintain, if some equitable arrangement could be arrived at between the infected family and the municipal isolation hospital, by which the expenses of a patient, who has passed through the acute stage of diphtheria and is convalescing, would be reduced, in proportion as the cost of his maintenance at the hospital decreases.

So far as present information goes, however, the best that can be done is for each municipality to provide an isolation hospital of a kind and description in keeping with its means, and for parents or guardians to pay for the maintenance and treatment of their sick in it. If they are unable to do so, the cost and charge of maintenance must fall on the municipality.

J. J. C.

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#### PROPER ETHICS OF THE NEWSPAPER.

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ONE of the nostrums most extensively advertised in the newspapers at present, is Peruna. Extensive advertisement evidently pays the owners of this preparation, and it certainly pays the newspapers to publish the advertisement. We have no quarrel with the Peruna men who are doing their little possible to persuade all and sundry that the preparation they sell cures spring catarrh and brings a renewal of vital powers as surely as the

springtime brings buds and blossoms. We do object to the large advertising space occupied in the leading Canadian newspapers for the glorification of Peruna, but if it must be so, we would prefer to see some evidence of native enterprise on the part of the scribes. Why do they not give us their own experience with Peruna? Why do they treat us to pictorial embellishments showing likenesses of the leading Congressmen of America, and society belles who have derived immense returns from Peruna, when the editor could simplify the matter by giving us his *ipse dixit*? Perhaps he is sharp, however, and does not care to be exposed to the risk of being tripped up by some connoisseur near home. Perhaps he thinks that in newspaper medicine the imagination should be boldly appealed to, and that the services rendered to American celebrities by the use of Peruna ought to excite the interest of Canadian readers more quickly than prosaic statements of its healing powers drawn from the depths of his own inner consciousness. It may be, also, that the newspaper writers do not bother themselves with so small a matter, but allow the advertising agent full fling as long as he pays for his privilege.

It may well be that if the real composition of Peruna were known to the public, some of the more careful newspaper proprietors would refuse to advertise it. One Canadian newspaper has had the courage to do so, and we deem the circumstances so remarkable that we hasten to bring it to the notice of our readers. A correspondent writes to *American Medicine*, Philadelphia, April 16th, 1904, that he recently sent a private communication to one of the editors of the *Montreal Daily Witness*, asking the question: "Are you aware that Peruna, advertised in your paper, has been analysed and found to contain about 50 per cent. of bad whiskey? I ask this, knowing your interest in the cause of temperance." The correspondent writes that his question was answered in a practical and satisfactory manner, and further and better, that the Peruna advertisement, which was an extensive one, was promptly omitted in the further issues of the *Daily Witness*. He concludes by saying that "Such an instance of consistent and conscientious action on the part of a newspaper should, I think, receive some word of commendation from the medical profession."

We quite agree with the opinion of the correspondent of *American Medicine*, and feel pleasure in giving circulation to the

incident referred to in his letter. If physicians openly express a preference for newspapers in which advertisements of the Peruna type are tabooed, newspaper proprietors will cater to their wish. Besides, if the influential temperance element of Canada learn that Peruna has been analysed and found to contain about 50 per cent. of bad whiskey, they will not patronize papers which resort to such dubious advertising. Even the unlearned are aware that dyspepsia may lead to inebriety in patients who use drugs containing spirits for the relief of their symptoms.

J. J. C.

### A METHODIST HOSPITAL FOR TORONTO.

IN silent respect to, and in admiration of, the progressive, religious denomination called Methodists, we say "hats off." Of creed, sect or schism as such, a medical journal has nothing to say, as we remarked recently when discussing Christian Science, not as a religion but in its relation to the treatment of disease. The lay press announced lately that a movement was on foot to erect a *Methodist Hospital* in Toronto. The inception of the idea was a provisional legacy of \$100,000, donated by a Methodist millionaire on condition that some other rich person, when unloading in order to get comfortably through the ordeal, of which the camel and the eye of the needle is the simile, should join forces and give or leave to the sick Methodists an equivalent amount. Now, the first question for medical men to ask themselves is: Is another hospital at present needed in a city of only a quarter of a million inhabitants, where, according to the Government report of 1901 nearly 9,000 patients were accommodated in the six Toronto hospitals? This census is entirely separate from any of the several private hospitals throughout the city. True, it was difficult for two months during the past winter to find hospital accommodation for patients owing to the unusual severity of the weather which caused much illness, but our oldest inhabitant tells us that for fifty years such a long, physically trying winter has not been experienced here, so we do not feel called upon to provide for an emergency which may not occur for another half century. Another question that is no doubt awaiting an answer in the minds of many physicians is: What are the particular or peculiar Methodist disease unknown to the doctors of, or un-

treated in, the hospitals at present, either flourishing or struggling along in Toronto? Again, would not this movement result in the very "reaching out and leading" and the further "splitting up" that the brainy Divines of the Protestant denominations are so deploring as a part of their church policy, and are they not even now strenuously urging Union—Union. Well, if this union does not come into effect soon, and the Methodists start a perfectly equipped little hospital of their own, might not some good Presbyterian build one for The Elect, and then a generous Baptist, not to be outdone, might give of his superfluous cash, and up would spring a Hydropath in our midst. So far so good, perhaps, but the novelty of this sort of thing would probably die out in a decade, and would these Institutions then prove self-supporting or would they be a sort of a hardship or nuisance entailed upon the generously disposed persons of their respective denominations? The letters which have recently appeared in both the religious and lay press, recommending this scheme, say that "Methodist nurses and Methodist doctors only" will be included in this proposed sacred menage. Of course, as the small boy says, "They pays their money and they takes their choice," but it seems to an ordinary mortal that the task the promoters have set themselves is not an easy one, despite the well-known strength and zeal of the denomination backing them; such bigoted zeal, if we may use the term in its mildest sense, is often great only with the strength that goes into the beginning of a new day's work. If any millionaire is gushing to give to one of the noblest causes a city affords, let us ask him to first consider those hospitals already established in our city, now fighting a good fight but often a hard one, who nevertheless reach out a welcoming hand, regardless of creed, to all afflicted ones. Perhaps the great founder of Methodism himself, whom the sculptor (in that admirable memorial in Westminster Abbey) has so skilfully chiselled in a characteristic attitude, standing, his arms outstretched and his hands outspread as in benediction over the crowd of common people assembled in the open air who hang upon his words, and we also almost think down through the years we hear him say: "The world is my parish"—perchance, he might hesitate if asked to dedicate a hospital surrounded by a high stone fence, a locked door and the key lost.

W. A. Y.

## EDITORIAL NOTES.

**Purity of Distilled Liquors Sold in Canada.**—Bulletin No. 92 (*Distilled Liquors*), from the Laboratory of the Inland Revenue Department, Ottawa, November 25th, 1903, contains a report on 216 samples of liquors. These liquors, which were collected in various parts of the Dominion, consisted of the following:

Rye Whiskey .....	91	Samples
White " .....	30	"
Scotch " .....	24	"
Irish " .....	2	"
Gin .....	27	"
Rum .....	12	"
Brandy .....	30	"

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No deleterious substances were found in any of these samples. Special examination was made for alkaloids in all whiskey samples having less than 75 per cent. proof strength. A negative result was obtained in every case. The principal adulterant found was water. The liquors most tampered with are those which are most in demand, viz., whiskey (rye and malt) and gin. In the subjoined table a comparison is made of the results obtained by the same analyst (A. McGill) in 1891 and 1903:

KIND OF LIQUOR.	COLLECTION OF 1903.			COLLECTION OF 1891.		
	Number Examined.	Above Standard.	Below Standard.	Number Examined.	Above Standard.	Below Standard.
Rye Whiskey.....	91	27.5	72.5	61	23.0	77.0
White " .....	30	17.0	83.0	33	12.0	88.0
Scotch " .....	24	92.0	8.0	22	77.0	23.0
Irish " .....	2	100.0	0.0	10	80.0	20.0
Gin.....	27	70.0	30.0	19	100.0	0.0
Rum.....	12	92.0	8.0	13	86.0	14.0
Brandy.....	30	83.0	17.0	24	84.0	16.0

Mr. McGill goes on to say: "Except in the case of gin and brandy the above comparison shows a decided improvement in the quality of those spirits in the interval of twelve years. Gin shows a noteworthy falling off in spirit strength. I may add that the furfural test, and the production of a distinct turbidity (opal-escence) on addition of water to the distillate, are the chief

means we possess for discriminating between a liquor which has been produced by direct distillation from the "mash," and one which has been manufactured by reducing rectified spirit with water to the desired strength, and further addition of flavoring or coloring matter. Scotch and Irish whiskies, gin, rum and brandy are liquors of the first type (sometimes spoken of as pot-still spirits). Rye whiskey and white whiskey (malt whiskey) are usually manufactured from rectified spirits."

**The Laws of the Formation of the Sexes.**—Dr. Guiard (*Concours Medical*) believes that on the third day after menstruation the ovule of the menstruating woman changes from the feminine to the masculine phase. He thinks that, as a general rule, fecundation which takes place four or five days before menstruation, or during menstruation, or on the two consecutive days will engender a girl and, on the contrary, a boy when it occurs between the fourth and the tenth or twelfth day after its close. The product of a precocious conception, according to this rule, should be of the feminine gender; that of a tardy conception of the masculine gender. Two cases are given as proofs of the correctness of this rule. A lady consulted Dr. Zychon in February, 1903. Her menses had been stopped for five months and she was pregnant. Dr. Zychon informed her of the fact, and that she would probably be confined of a girl. The ordinary duration of her menstrual flow was eight days. Her menstrual period began on September 5th, 1902, and on the 8th the lady had been raped. Coitus had been perfectly finished. The fecundating connection had taken place on the third day of menstruation. The ovum was still in the initial or feminine phase of its evolution. Logically, according to Thury's law, it ought to engender a girl, which proved to be the case. In a second case the woman's last menstrual period had begun October 25th, 1902, and ended November 1st. Her husband, who was detained at a distance by his business, returned home November 7th, and had connection with his wife. He left home immediately afterwards. The wife's menses did not reappear, and pregnancy followed. According to the date of the fecundating congress in relation to the menstrual epoch, Dr. Zychon announced the advent of a boy for August, 1903. The event confirmed the doctor's opinion on August 15th, 1903.

**The Transmission of Diphtheria by Water.**—The question of the transmissibility of diphtheria by water has frequently been raised in connection with epidemics, the sudden appearance of which, in the absence of the usual channels of contagion, appeared to incriminate the water. Heretofore medical authors who have paid attention to this subject have invariably concluded that such a method of contagion was out of the question. Drs. F. Seiler and W. deStoutz are of a different opinion, and their report, which appears in *La Revue Medicale de la Suisse Romande*, closes with the conclusion that potable water may occasion the transmission and propagation of diphtheria. These experimenters sowed a pure culture of the Löffler bacillus in from three to fifteen litres of ordinary water, causing a more or less uniform distribution of the bacilli by stirring the water and keeping it for over twenty-four hours at a temperature of  $64\ 2\text{-}5$  F. On the next day and the day after, they took a drop of this water and sowed it on serum. The result of their experiments went to show that during ten days at least the Löffler bacillus remained alive in the water, and that at first it even seemed to thrive in it in a very marked manner. Hence the Löffler bacillus may be diffused in potable water and the propagation of diphtheria by drinking water is not by any means impossible.

**The Origin of Sugar of Milk.**—In a report to the Academy of Sciences, Paris, April 5th, 1904, Dr. Porcher says: Assuming, as Paul Bert and Schutzenberger have demonstrated, that mammary tissue does not contain a lactogenic substance capable of supplying sugar of milk by hydrolysis, in order to explain the origin of sugar of milk we must admit one of the two following hypotheses: (1) Either the mammæ receive fully prepared sugar of milk, which they are only required to filter; (2) or the mammæ receive an excess of a different sugar, probably glucose, which they first change into sugar of milk, and subsequently eliminate. Dr. Porcher, to verify the second, made the following experiment: He amputated the breasts of she-goats and afterwards sent them to the male. His experiments showed that, of those animals which were deprived of mammæ, glucose appeared in the urine after delivery. On the contrary, if these glands had not been removed, sugar of milk appeared in the milk. Consequently it appears to be an established fact that mammary

tissue is, when in a state of activity, an agent for changing glucose which is brought to it by the circulation into sugar of milk, which is later on excreted.

**Should a Consumptive be Allowed to Attend School?—**

It is quite true that a consumptive scholar, if permitted to attend school, might take precautions which are simple enough in themselves, although constant supervision would be required in order to make them effective. It would be impossible, however, for the consumptive to dispose of his sputa without betraying the nature of his disease; with the result that he would soon be shunned. While it is possible for a consumptive to attend school with practically no danger to others, there are good reasons for keeping such a person out of school. The disease may be cured in its early stages by the "fresh air" treatment with proper attention to food, clothing, and exercise. This treatment may be carried out in any climate. A consumptive shut up in a school room would not have much chance for recovery. It would be far better, therefore, for him to cease attending school and devote himself exclusively to the recovery of health. J. J. C.

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**PERSONALS.**

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DR. F. N. G. STARR spent ten days last month in Truro and New Glasgow, N.S., and St. John, N.B.

DR. AND MRS. J. F. W. ROSS returned to Toronto a month ago, after spending a most enjoyable three months on the Mediterranean.

DR. F. C. NEAL and Dr. N. Buchanan, honor graduates of the University of Toronto Medical Faculty, have completed their courses for the degrees of L.R.C.P. (London), and M.R.C.S. (England). They will spend some time on the continent before returning.

DR. WATSON P. CHAMBERLAIN has been appointed an associate coroner for the city of Toronto. Similar commissions as associate coroners have been granted to Dr. N. J. Amyot, Rochester, for Essex; Dr. J. H. Bull, Holland Centre, for Grey; and Dr. C. F. McPherson, Prescott, for Leeds and Grenville.



## Correspondence.

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

### MUNICIPAL SANITARIUM—TORONTO NEEDS ONE.

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

DEAR SIR,—I have been frequently asked this question: Is there need of a municipal sanitarium exclusively for our citizens suffering from consumption? Unhesitatingly, I answer, Yes!

The sanitarium at Muskoka is only for cases in the early stages of the disease, and is open to patients from all parts of the Dominion, and, therefore, has only limited room for Toronto; and, secondly, it is too far away to attract our consumptives in any considerable numbers, and thus inadequate to meet the needs of this city.

The so-called Toronto Free Hospital for Consumptives in the advanced stages of the disease (near Weston), and open to all Canadians, is, no doubt, an attractive card for securing subscriptions from all parts of the Dominion.

In this city there are continuously at least 600 persons in the advanced stages of the disease; in this province about 5,000, and in the Dominion not less than 15,000.

Now, it is reasonable to believe that from the extensive advertising that is being done, at least 5 per cent. of these 15,000 may direct their faces towards this city; and that upon their arrival at said hospital will find the fifty to one hundred beds all occupied, and realize that they are within a ten-cent car fare of a great city whose name had been used to attract them.

Thus year after year consumptives from all parts of the Dominion will be dumped into this city and become an intolerable nuisance, instead of being cared for in a sanitarium in their own county municipality.

In 1897 a meeting was held at Calgary, Alberta, to take steps to inform the citizens of the Dominion that the Territory of Alberta was a favored place for consumptives. The news spread and many consumptives turned their faces towards Alberta.

Dr. Lafferty, of Calgary, who had favored this movement, in addressing the Canadian Medical Association at Winnipeg in 1901, warned the medical men of the East not to send their consumptives to Alberta, as there was no sanitarium accommodation, that the hospitals, hotels and boarding-houses would not take them in, and that their condition was deplorable.

This, together with the experience of Colorado, California and other States, should be warning enough to our citizens.

The burning question in Toronto to-day is, Shall our citizens contribute \$25,000 so as to take advantage of the \$50,000 voted by the ratepayers and of the Government aid of \$1,000 for land and buildings and \$1.50 a week for each patient and establish a municipal sanitarium under the Act exclusively for our citizens suffering from consumption, or shall this city become the dumping place of the whole Dominion for advanced cases of this disease?

E. J. BARRICK.

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**“INTERNAL MEDICATION FOR DIRECT REMEDIAL EFFECTS.”**

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

DEAR SIR,—You were bold enough to publish in your February issue my paper, read at the Canadian Medical Association in August last. But a few years ago you would have been pilloried for doing so, but, thank God, there are many in our ranks to-day satisfied to try to be physicians merely, who are glad to glean genuine remedial measures from any and every source. The only discordant note in letters sent me thus far is a kindly criticism from a homeopath, strong in his own faith, for which I admire him; whose letter I enclose, having his permission to send it you with my comments. Since one and all consented to bow to a homeopath as the president of the Council, and consequent head of the profession in Ontario, it has seemed to me both regulars and homeopaths have been stultifying themselves by refusing to thoroughly investigate each other's claims. Notwithstanding the somewhat harsh reception an attempt of mine in that direction received from Dr. J. H. Richardson, in the Ontario Medical Association, some years ago, I would, with your permission, like to point out wherein my critic's position seems illogical and untenable, in the hope that a free and kindly discussion may be precipitated for the common good. In his claim as to what *he himself* would do, he is hardly fair, because holding degrees in arts and medicine from Toronto University, he is not in the same class with the rank and file of homeopathic practitioners throughout the world whose course under given circumstances I was trying to depict.

As to priority in the use of dioscorea, while of minor importance, I would point out that Hughes in his “Manual of Pharmacodynamics” (1886) says: “Dioscorea is a medicine for one disease—a form of colic.” This has hitherto been described by the American “Eclectics,” to whom we owe the drug, etc. If my claim for the former's priority in its use was wrong, I regret it.

As to the dose of dioscorea, my critic says: "If you read Hahnemann's 'Organon,' the fundamental text of the science, you will learn that the proper dose is described, in effect, as the smallest which will do the curative work, whether it be the thirtieth dilution, drop doses of the tincture, or thirty drops of the same. The choice of the remedy is the paramount, nay, the necessary consideration." Knowing that the *British Journal of Homeopathy* for April, 1878, said: "In the discussions about dose, which from time to time arise in the School of Hahnemann, the practice of the master is frequently cited by either side, and statements made on the point by one party are frequently contradicted by the other, so," as in my case, "the would-be learner is left in confusion." It would have surprised me had my statement not been questioned.

But referring to the edition of the "Organon," published in 1833, near the close of Hahnemann's career, we find that: "It holds good, and will continue to hold good, as a homeopathic maxim *not to be refuted by any experience in the world*, that the best dose of the properly selected remedy is always the very smallest one, in one of the high dynamizations (x)" which last is his sign for the 30th.

His most important criticism is contained in: "We do not, as you have done in your article, draw a deduction as to the inhibition or stimulation of certain plexuses by any given drug; a mental process open to any human error.

"We do on the other hand consider that the proving of that drug on the healthy gives voice in an indisputable manner to its action on the organism. We take the stand that the collective observable signs and symptoms, as gathered from a number of provers of the drug, constitute a set of incontrovertible facts; similarly that the symptoms of the sick, their conditions of amelioration and aggravation, constitute another set of facts, and, further, that if these two sets of facts are set over against one another in the proper manner, if the symptoms of the diseased organism are accurately matched by the pathogenesis of a certain remedy, and that remedy administered, we bring the case within the sphere of action of the natural law, '*similia similibus curantur.*'"

I would submit that the many mental processes necessary to select the homeopathic remedy by the above method opens a number of doors to human error, instead of the one opened by my deductive method; if not, I must plead, that my inexperience has warped my judgment. The great error in homeopathy is the absolute refusal to use anything for the relief and cure of disease, except minute doses of drugs. Notwithstanding, I believe that the curative effects of homeopathic drugs in minute doses frequently cannot

be equalled, and while I have been using some of them for years, and am still using them in my practice, it will be a long time before I discard the high enema for the 1,000th of a grain of plumbi acetate in a loaded ascending or transverse colon. Yours, etc.,

GEO. M. AYLESWORTH, Collingwood.

[The following letter was received by Dr. Aylesworth after the publication of his article in the February issue:]

*Dr. Aylesworth, Collingwood.*

DEAR DOCTOR,—Your very interesting and excellent paper, appearing in the February number of the CANADIAN JOURNAL OF MEDICINE AND SURGERY, was read with much pleasure.

Your choice of a symptom to illustrate your idea is very happy. Permit me, as a practicing homeopath, to offer a criticism.

I quite agree with you in the first place that the exhibition of opium derivatives to overpower and deaden the pain is unscientific, and that such a course cannot take rank as illustrating the curative power of medicine.

When, however, you come to the discussion of the specific curative action of certain remedies and make some statements concerning what an eclectic or a homeopath would do, I feel that I am justified in taking issue with you, and endeavoring to set you right.

To say that I give colocynth in a case of colic because that drug causes in the healthy a peculiar colic, is true. But, to state further, that in the event of this remedy failing I would give dioscorea or any other drug because the eclectic sometimes cures colic with it, is far from the real practice of a Hahnemannian. Personally the identification of the use of dioscorea with the eclectics is news to me.

However, permit me to assure you that, to the properly-trained homeopath, the colocynth colic, the dioscorea colic, the chamomile colic, the plumbum, the magnesium phosphate, the Ignatia colic, are all as distinct and as sharply differentiated, by qualifying or concomitant symptomatology, as are the features in the photographs of a group of old friends.

It may be true that the lazy, or the badly, or imperfectly trained homeopath may do as you say, and, perhaps, cover his ignorance or his indifference by a dose of morphia, but he is not practicing homeopathy.

Further, concerning your remark about the dose of dioscorea. If you read Hahnemann's "Organon," the fundamental text of the science, you will learn that the proper dose is described in effect, as the smallest which will do the curative work, whether it be the 30th dilution, drop doses of the tincture, or 30 drops of

the same, the choice of the remedy is the paramount, nay, the *necessary* consideration. I believe, though, that in most cases, if the remedy be accurately chosen the dose required, will, by reason of the drug relationship, be generally minute.

To close my remarks I would reiterate that to give colocynth in a dioscorea case, or *vice versa*, displays either a distaste for the work necessary to accurate prescribing, or an ignorance such as no freshmen in the college from which I graduated, Hering Homeopathic College, of Chicago, would be guilty.

We do not, as you have done in your article, draw a deduction as to the inhibition or stimulation of certain plexuses by any given drug; a mental process open to human error.

We do, on the other hand, consider that the proving of that drug on the healthy gives voice in an indisputable manner to its action on the organism.

We take the stand that the collective observable signs and symptoms as gathered from a number of provers of the drug constitute a set of incontrovertible facts; similarly that the symptoms of the sick, their condition of amelioration and aggravation, constitute another set of facts; and, further, that if these two sets of facts are set over against one another in the proper manner, if the symptoms of the diseased organism are accurately matched by the pathogenesis of a certain remedy, and that remedy administered, we bring the case within the sphere of action of the natural law, "*similia similibus curantur*," the colocynth to the colocynth case, and the dioscorea to its peculiar type, the least necessary dosage to effect cure.

I am, my dear doctor, wishing you a free discussion,

Yours very truly,

A. E. WICKINS, B.A., M.B. (Tor.)

136 James Street, Hamilton.

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MR. C. H. MORTIMORE, who has had extensive experience as male nurse in several hospitals in England, and bears the best of testimonials from men high in the profession there, recently arrived in Toronto, and has taken apartments at 84 Wellesley Street, Toronto. Mr. Mortimore is anxious to introduce himself and his methods to the medical practitioners in this city, and will appreciate any opportunity extended to him. Mr. Mortimer is not only male nurse, but a masseur as well, and is prepared to take any kind of case at current fees.

## *News of the Month.*

### THE ONTARIO MEDICAL ASSOCIATION.

Two weeks more will bring to us the twenty-fourth annual meeting of the Ontario Medical Association. Under the presidency of Dr. J. F. W. Ross, and with Dr. A. A. Macdonald and Dr. Allan Baines as the respective chairmen of the committees on Papers and on Arrangements, the success of the meeting is already practically assured.

The sessions will be carried on during three days, the 14th, 15th and 16th inst.

An outline of the provisional programme includes the following list of papers:

Prophylaxis of Diabetic Coma, Dr. John Caven, Toronto.

Uncertainties of Diagnosis and the Necessity of Early and Vigorous Treatment of Diphtheria, Dr. McMahan, Toronto.

Anemias More than Ordinarily Severe, Dr. Frank Trebilcock, Enniskillen.

Modified Smallpox, Dr. Charles Hodgetts, Toronto.

Electro-Therapeutics, Dr. Lipsey, St. Thomas.

Functional Heart Murmurs, Dr. Rudolf, Toronto.

A Case of Landry's Paralysis, Dr. Hugh McColl, Milton.

Inflammation of the Laryngeal Apparatus, Dr. G. H. Burnham, Toronto.

A Discussion of the Subject of Life Insurance, from the Standpoint of the Expectancy of Life in Conditions of the Various Systems, to be participated in by Dr. E. Ryan, Kingston; Dr. R. J. Dwyer, Toronto; Dr. H. R. Frank, Brantford; Dr. B. L. Riordan, Toronto, and, it is hoped, two physicians associated with large insurance companies in Canada.

A Restatement of the Attitude of the Profession toward Placenta Previa, Dr. McIlwraith, Toronto.

Myxomatous Degeneration of the Chorionic Villi, Dr. C. J. Hastings, Toronto.

Occipito-Posterior Positions in Obstetric Practice, Dr. A. A. Macdonald, Toronto.

Anomalies in Fetal Development, with Exhibition of Specimens and Descriptions of Cases, Dr. J. Peters, Hamilton, and Dr. F. J. R. Forster, Caistorville.

Clinic Upon Diseases of the Skin, Drs. McPhedran and H. B. Anderson, Toronto.

An Exhibition of the Methods of Intestinal Anastomosis, Dealing Especially with the Elastic Ligature, Dr. N. A. Powell, Toronto.

Etiology, Symptoms and Pathology of Tumors of the Prostate Gland, Dr. F. W. Marlow, Toronto.

Surgical Relief of Tumors of the Prostate Gland, Dr. G. A. Bingham, Toronto.

Lithotomy versus Lithotripsy, Dr. Chas. B. Shuttleworth, Toronto.

Thiersch's Method of Skin-Grafting, Dr. Primrose, Toronto.

Report of a Case of Congenital Dislocation of Both Hips, Treated by Lorenz Method, and Exhibition of Photos, Skiagraphs and of Patient, Dr. H. P. H. Galloway, Toronto.

Some Cases Illustrating Difficulties of Differential Diagnosis and Treatment of Tumors, Dr. Wm. Oldwright, Toronto.

Of the distinguished visitors who are to be present, Sir Frederick Borden will discuss "The Evolution of the Medical Department of the Militia of Canada and the Possibilities of Its Future Development."

Sir William Hingston, a paper dealing with the subject of "Cancer."

Papers are promised by the following gentlemen, but the titles are not yet known: Dr. H. A. Bruce, Toronto; Dr. Hodge, London; Dr. Perry Goldsmith, Belleville; Dr. Elliott, Gravenhurst.

The Committee hopes to announce presently as guests of the Association the names of two of the foremost men in the United States.

A very pleasant feature of the meeting will be the tenth class reunion of 1894, Toronto University, under the presidency of Dr. W. J. McCallum. Between thirty and forty men already have signified their intention of coming to the city that they may conjointly meet as a class and attend the sessions. The yearly meeting of the Association ought to serve as a nucleus for many reunions.

The Committee on Arrangements, notwithstanding the success attending the meeting of last year, promises a programme of entertainment that will be in keeping with the larger interest exhibited in the forthcoming meeting of this year. We want every medical man in the Province that can get away from duty to be present.

The fusion of collegiate interests into one grand college, one of the largest on the continent, offers a special setting for the meeting of this year. Additional interest is due to the fact that the meetings will be held in the new medical buildings, where an opportunity will be available of seeing what has been accomplished in the advancement of medical education in the Province.

**RUSSIA'S POLICE DISSOLVE THE MEDICAL CONGRESS.**

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THE following appeared in the London *Lancet*, and, on that account, we take it as correct:

"The Russian Medical Congress, which met at St. Petersburg at the end of January, has been dissolved by the police. In Western Europe it will seem extraordinary that a technical and scientific congress cannot be held without police interference. On the other hand, it is easy to see how in Russia such things may happen. The practice of medicine there is not independent of politics, and, when questions of sanitation or of the prevention of disease are approached, science is at once forced into the political arena. . . . At the St. Petersburg congress a joint meeting was held of the sections on tuberculosis and on social hygiene. Here a motion was carried setting forth that the ignorance of the ordinary and elementary laws of hygiene, and the excessive drinking of alcohol, created the predisposing causes that facilitated the spread of tuberculosis, which is one of the most fatal of prevailing diseases. So far so good, but the motion and the speeches by which it was supported went a step further, for a clause was ultimately adopted to the effect that a regular and systematic campaign against tuberculosis could only be carried out in Russia on condition that personal freedom and the freedom of speech of the press and the meeting was granted. . . . The adoption of such a motion might be construed as an act of aggression against the Government, and therefore justified the dissolution of the congress. The resolution practically asks for complete freedom, and this is not necessary when it is simply a question of teaching the ignorant masses the advantages of cleanliness, of thorough ventilation and of abstinence from excessive drinking. Unfortunately these arguments, however plausible from the point of view taken by the present autocratic Government, do not in practice cover the issue. Such freedom as that suggested does exist. It is possible to deliver lectures on ventilation or on the best means of keeping dwellings clean, but whenever any systematic effort of this sort is made the organizers immediately fall under the suspicion of the police. These benevolent and charitable endeavors are ascribed to some political motive, and a scientific lecture on sanitation may land its author in Siberia.

"Worse than this, however, was to follow. The medical men had not only the audacity to demand that their freedom to teach the laws of health should be absolutely guaranteed, but they actually touched upon the burning question of the treatment of the Jews. The medical profession is called upon to bring its science to bear so as to reduce the prevalence of tuberculosis, and it answers, in no uncertain or faltering voice, that overcrowding and



poverty are the principal culture-beds of Koch's bacillus. But the Russian Government, by its anti-Semitic enactments, has increased to an enormous extent the overcrowding of the ghettos and the poverty that prevails therein. There are supposed to be rather more than 5,000,000 Jews in Russia, who, with but few exceptions, are confined in certain portions of the towns within only a part of the empire. By the 'Laws of May,' which the Emperor Alexander III. signed on May 3rd, 1892, the Jews were no longer allowed to reside in villages, but only in towns or burgs. The police were apparently left to decide whether a place was a village or a burg. If they chose to call it a village, then the Jews might be driven out in twenty-four hours. Thus, for instance, in 1895, all the burgs of the provinces of Poltava and Tchernigoff were declared to be villages, and the Jews had to leave in twenty-four hours. The results of this unnecessary haste are appalling. . . . The Vice-Governor of Kishneff lately gave orders for the evacuation of a burg which was henceforth to be qualified as a village. The subordinate who lived on the spot immediately requested that this rigorous measure might be deferred, as a severe epidemic of small-pox prevailed at that time. This very natural protest was, however, unavailing. The Jews were all forced out of their houses, and, whether ill or in good health, they were crowded together into carts and driven into Kishneff. It was mid-winter. Many of the children died on the road, and the epidemic of small-pox was introduced into the town of Kishneff. The question with regard to the Jews may be a political matter, but it has also a very serious effect on the public health. It is estimated that since the 'Laws of May' more than 600,000 Jews have been driven out of places now called villages, and compelled to increase the overcrowding of the ghettos of the towns. Is it surprising if, in the face of such facts, the Russian Medical Congress should adopt a motion calling attention to the danger resulting from an artificial concentration of the Jewish population in the authorized zone of residence established for the Jews in the towns and burgs of the south and west of Russia?

"Then there are laws which forbid the Jews to bathe in lakes or rivers, nor are they allowed to go to seaside watering-places, to sanitariums or to mineral wells. The congress, therefore, passed a motion demanding that patients, even if they are Jews, should be allowed to seek the benefit of the country air and 'be permitted to inhabit the country or to follow a cure at a sanitarium or a watering-place, and the congress considers that it is indispensable to grant the Jews the right to go from place to place.' At present a Jew may not live in the more healthy or suburban parts of his town, but must inhabit the ghetto. How-

ever ill he may be, and though his life might be saved by a change of air, still he must remain in his ghetto. If he desires to seek the advice of a medical practitioner who lives in some other town, he cannot do so unless he first obtains a special authorization from the police. In such circumstances it is not surprising that the death-rates in these towns are high, and that epidemic diseases have become endemic in many of the ghettos. Yet, when the medical practitioners of Russia are in congress assembled, and very naturally protest against such obvious causes of disease, they are accused of dabbling in politics, and the congress is dissolved by the police. It will be fortunate if this is not followed by the arrest and imprisonment of some of the more earnest speakers. But how medical science and sanitation can progress under such conditions is a question which the Russian Government must be left to answer."

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#### COURTSHIP AND MARRIAGE AMONG THE AMPHIBIANS.

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THOSE with a thirst for knowledge, and those with a sense of humor, were alike entertained by the clever lecture delivered by Dr. Hans Gadow, of Cambridge University, England, in the biological department of the Toronto University on April 20th. Not only does Dr. Gadow represent one of the two greatest of English universities, but several German ones. Indeed, as his slight accent betrays, he is by birth a German, though now to all intents and purposes an Englishman. Dr. Gadow is an elderly gentleman, with a sturdy frame, and the bronzed, healthy face of one who has travelled much. He has won fame as an ornithologist. "This is one of the ponderous tomes he has written upon the anatomy of birds," said Prof. Ramsay Wright, in introducing him, and he held up an imposing looking volume. Dr. Gadow is not only a laboratory naturalist, but an outdoor observer, and he is about to make what will be his second trip to Mexico, to explore some of the "specimens" in the way of frogs, toads, and other gentry of a like nature.

The doctor began by trying to get his audience to appreciate what a talented little fellow is the newt, and how nicely Mr. and Mrs. Newt look after their little newtlets. When the lady newt is about to increase the newt population, she comes out in her Sunday best, and puts on all the colors of the rainbow, not to speak of a perky little crest, all the way down her back. Dr. Gadow has been snap-shooting young Master Newt and Miss Newt in a quiet flirtation by a secluded pond—"standing looking towards each other, and vibrating with their tails," as he expressed it. "Quite a number of your American newts have peculiar habits," he informed his audience.

Next came frogs and toads. When frogs make the shades of eve discordant with their croaks, the audience were given to understand that the lady frog was laying her eggs. This is a great business, for in some cases a single frau frog will lay a mass of eggs as big as a man's head, while the lady toad, going to work on a slightly different plan, will produce a string of nice new-laid eggs ten feet long.

But your frog is a sad, careless fellow. At least, his wife is. She pays no regard at all to where she lays her eggs, and ten to one she will go and leave them in a ditch that dries up in a few days. They should learn a lesson from toads. The toad is a careful fellow, who understands the weather, and if he lets his wife lay her eggs in a ditch you can "bet your life"—to use a colloquialism—that the ditch will not dry up.

Dr. Gadow told a story to show the immense frog population in some places. He and a friend were one Sunday afternoon in a Mexican *sarannah*, or forest, when they "heard a noise like two or three saw mills rasping at full speed together." They went through a belt of trees, and there, on a large grassy expanse, saw a stretch of about an acre in extent, covered to a depth of two or three inches in water, from which came such a row that they could not hear themselves shout. It was a grand match-making meet of Mexican tree-frogs. The frogs that had got ladies with them were happy enough but the bachelors were sitting on their haunches, each giving one great bellow. As for the numbers of the frogs, Dr. Gadow and his friend calculated that there were about 350 to a square yard all over the acre, while on every blade of the long grass were eggs. As each frog lays about 10,000 eggs, the result of an acre can be worked out. But here comes in the frog's shocking neglect. The very next day the sun came out hot, and all that acre was dried up, "and all those eggs wasted," as Dr. Gadow puts it.

In Southwestern Europe there is a fellow called the bell-toad. When the female has laid the eggs, the industrious husband pushes them into a hole, and sits and sings about them all day, and at night takes them all out for a little trundle through the nice moist grass. When the proper time comes he pushes them down to a pond for the tadpoles to come out—"and then he no longer takes any interest in them."

Dr. Gadow showed quite a number of photographs of *philo-medusa*, or tree toads. They were not handsome, being generally suggestive of nightmares and Chinese josses.

In Brazil there is a fraudulent frog called by the Portuguese *O Ferreiro*, or the smith. According to what Dr. Gadow says of him, he should rather be called *A Ferreira*, for it is Mrs. Smith who seems to do all the work. The frog builds up with his hands

little mud-houses above the level of the water, to lay its eggs in. At least the lady frog does. Her husband meantime sits like a philosopher and looks on. The unhappy bachelor frogs, who have no one to work for them, sit around the pond and make doleful noises at the married ones.

The moral of it all is, thinks Dr. Gadow, that even among these lowest of the vertebrates, there is already the dawning of a psychological development to be observed in the care with which they provide beforehand for the needs of their offspring.—*News, Toronto.*

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### THE TORONTO ISOLATION HOSPITAL NEW WING.

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WITH the opening of the new wing of the Toronto Isolation Hospital last month the city comes into possession of a most complete and up-to-date hospital for infectious diseases, which will be equal to all requirements for twenty years to come. The new wing more than doubles the present hospital accommodation; it is conceived according to the best modern designs; it is finished throughout in most thorough manner, both as to materials and workmanship, and the total cost is some \$2,000 less than the appropriation set aside by Council. This latter fact speaks volumes as to the careful attention to details and the executive ability of the Medical Health Officer, Dr. Sheard, under whose supervision the building has been erected.

The opening ceremonies were marked by a visit of inspection of a number of the City Council and members of the medical profession, who were the guests of the local Board of Health for the afternoon. Piloted by Dr. Sheard, they were shown over the building from top to bottom, and many encomiums were passed on the way the designs of Architect Harper had been carried out. Dr. Sheard explained that the new wing would be used for scarlet fever cases only, the north wing being reserved for diphtheria cases.

After the tour of inspection the guests were treated to a collation, served in one of the general wards on the ground floor. The chairman of the Board of Health, Ald. Dr. Harrison, was the master of ceremonies, and announced toasts to the King, the Medical Profession, and the Provincial Board of Health, the City Council and the Press.

Dr. Reeve, in responding to the second toast, took occasion to pay a high tribute to the ability of Dr. Sheard as a medical man, and as an unusually efficient officer. He noted the "backbone" which Dr. Sheard had always shown in the administration of his department, and in effecting important reforms therein.

Dr. Cassidy of the Provincial Board of Health added his quota of eulogy of Dr. Sheard. Referring to the beautiful building, the opening of which they were celebrating, he illustrated the advance made in isolation in Toronto by narrating an incident which had occurred in the old days in the city, when smallpox patients were treated in the General Hospital, and the other patients exposed to infection in a manner that would now raise a universal storm of protest. Prevention had gone so far now that many persons grew up without contracting the ordinary diseases of children, such as measles, and to that fact he attributed such epidemics as prevailed now in New York. However, he did not think we should on that account condemn or oppose preventive medicine.

Dr. Hodgetts, Secretary of the Provincial Board, suggested that the building be thrown open for the inspection of the general public, in order that the prejudice against hospitals in some minds might be dispelled, and that the mothers of the city might see that their children could be more safely and more comfortably treated here than at home.

Controller Hubbard, Ald. Woods, Fleming, Foster, Graham and Crane, and ex-Aldermen Saunders, Bell and Lynd also spoke briefly. They all paid glowing tributes to the worth of Dr. Sheard as a municipal officer.

Dr. Sheard expressed his warm thanks for the compliments paid him and declared that his best reward of service lay in the good-will and endorsement of the Council. He noted that in his twelve years of office members of the Council had only approached him five times to ask for appointments of their nominees for positions in his department. Four of these applications had been made during the first three months in office. He took justifiable pride in the fact that the new wing had been completed for \$32,000, although the Council had appropriated \$34,000. It would accommodate 100 patients, had better conveniences than the north wing, which would only accommodate 80 patients, but which had cost \$3,000 more to build, though building materials had been considerably cheaper when it was erected. He also paid a high tribute to the conduct of the hospital under the matron, Miss Matheson. Nurses who graduated from the hospital were in great demand in the hospitals of New York and Philadelphia.

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#### **WHEN YOUR CASE IS WEAK ABUSE THE OTHER SIDE.**

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THIS maxim has been a favorite standby with the legal profession from time immemorial, and unfortunately certain pharmaceutical manufacturers have recently seen fit to make use of

that maxim. This is particularly true of the manufacturers of a certain iron preparation.

The impudence and effrontery with which these people try to hoodwink the medical profession is rather remarkable.

No other preparation ever came before the medical practitioner with so little detail as to methods of preparation, composition, therapeutic effect, etc., etc., and nevertheless the profession is asked to accept the wildest and most extravagant statements as to its wonder-working capabilities. This is not all. The makers of this preparation, in seeking the support of the profession, covertly attack and sling mud at all other iron preparations that have been before the profession for years. They single out Pepto-Mangan, a combination which has stood the tests of the leaders in the scientific medical world both here and abroad, an organic iron combination in which, in its results, the general practitioner and the hospital clinician have learned from experience to place implicit confidence.

This unbusinesslike method of attempting to cast discredit upon other reliable and thoroughly tested combinations we cannot term otherwise than despicable, and furthermore we know our readers cannot be influenced by unsupported statements of financially interested parties, but will always bear in mind that Gude's Pepto-Mangan was submitted to the profession as an organic iron product, and the results obtained by its use, as also the scrutiny of analysis by chemists of repute, substantiate all that has ever been claimed for it.

Attempting to foist upon the attention of the physician a product simply by insinuation that known articles are inferior is a manner of doing business which should receive the stamp of disapproval by every one of our profession.—*The Toledo Medical and Surgical Reporter*, April, 1904.

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### THE TREATMENT OF INEBRIATES.

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THE following resolutions were adopted at a meeting held at the residence of Dr. William Oldright, Toronto, April 19th, 1904:

1. That it is much to be deplored that up to the present time no provision has been made in this Province, either by the Government or by the municipalities, for promoting the treatment of indigent inebriates; that the general custom of committing these unfortunates to jail is neither deterrent nor reformatory; it is degrading and bad economy, and in cases where the inebriety is a disease it is inhuman.

2. That we deplore the fact that the members of the Ontario Government have not been able to see their way clear either for

the introduction of the proposed bill for the economic treatment of indigent inebriates, or for the adoption in this Province of the probation system for first offenders, either as delinquents or as drunkards—a system that is both economical and reformatory, and which saves from jail stigma and contamination.

3. That, realizing as we do that some action should be taken in this important matter without further delay, we recommend that the necessary steps be taken for the formation of a society for promoting the reformation of inebriates, but that before an appeal is made to the public for financial aid it is recommended that an effort be made to secure to the movement the commendation of prominent citizens.

We, the undersigned, have considered the above resolutions regarding the "Treatment of Inebriates," and are in hearty sympathy with them; we are willing to co-operate in the movement therein outlined, and would commend it to the earnest consideration of others.

WM. OLDRIGHT.

JAMES MASSIE.

A. M. ROSEBRUGH.

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#### PHYSICIANS AND NURSES AS WITNESSES.

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AN Act has been introduced into the New York State Assembly bearing upon the testamentary privileges of physicians and professional nurses. The first section of the amended Act reads as follows: "Physicians or professional or registered nurses not to disclose professional information. A person duly authorized to practise physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient, in a professional capacity, and which was necessary to enable him to act in that capacity. In the examination of physicians or professional or registered nurses as witnesses it is enacted that these may, upon a trial or examination, disclose any information as to the mental or physical condition of a patient who is deceased which was acquired in attending such patient professionally, except confidential communications and such facts as would tend to disgrace the memory of the patient."

An Act of the nature now before the New York State Legislature would seem to be somewhat superfluous. The fact is generally well recognized that a medical man must preserve a discreet silence with regard to any information he may receive from a patient. The same statement applies to a professional or registered nurse. The physician and the nurse alike have no business whatsoever with any matter outside their own province of work, and their ears should be deaf to extraneous subjects. With the

physician, at least, it is a question of honor, and the man who failed to act up to the high level demanded of the medical profession would be rightly condemned by his brethren. If it is deemed necessary to seal the lips of professional and registered nurses by law, then let it be so. At the same time it would seem that there is no valid necessity for such a measure, as the courts very generally recognize the physician's privilege in such matters.—*Medical Record.*

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### MEDICAL LIBRARY'S NEW HOME.

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FIFTEEN years ago the Medical Literary Association was organized at the instance of the late Dr. J. E. Graham. Since then 7,000 volumes have been acquired, constituting a valuable professional collection, and providing for the medical men what the Osgoode Library does for lawyers.

Dr. J. F. W. Ross is president of the association, and a Property Committee, consisting of Dr. Ross, Dr. R. A. Reeve and Dr. N. A. Powell, secretary, have acquired the Thorne house, No. 9 Queen's Park, by taking over the unexpired term of the lease and arranging with the university authorities for a further term.

The property has been valued at \$12,000, and will be remodeled so as to form a meeting place for the several medical societies, the Toronto Medical Society, the Clinical Society and the Pathological Society, which are co-operating with the Medical Library Association. A caretaker will reside on the premises, and there will be a librarian.

The library will be open to all physicians residing outside Toronto, but the Toronto doctors will subscribe the usual fee of \$5 per annum for their privileges.

The President states that as the objects of the medical organization are educational rather than social, it is misleading to refer to it as a club. It will be a medical institute and library, founded on the lines of a similar association in Birmingham, England. The residence will be used for literary and scientific purposes only. There will be from time to time lectures by specialists in various branches of medical study, and it is probable that before long a museum will be established under the same roof.

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### ITEMS OF INTEREST.

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**Queen's Medical Appointments.**—These appointments have been made by Queen's trustees to the Medical College: To be associate professor of obstetrics and gynecology, Dr. Wood; to be assistant professor of anatomy, Dr. Mylks; to be professor of medical jurisprudence and toxicology, Dr. Williamson.



**American Medical Editors' Association.**—The annual meeting of this Association will be held in the parlors of the Hotel Dennis, Atlantic City, N.J., at 2 p.m., June 6th. A most interesting programme has been prepared and many instructive papers upon Medical Journalism and allied subjects will be presented. All editors are most cordially invited to attend.

**Varsity Appointments.**—The Ontario Cabinet at a recent meeting approved of the following appointments: H. S. Hutchinson, M.B.; W. M. Meldrum, M.S.; assistants in the chemical laboratory at Toronto University. R. H. Mullen, M.B., assistant demonstrator in pathology at Toronto University, and F. W. Marlow, M.D., assistant demonstrator in anatomy at Toronto University.

**Medical Exchange.**—Physicians desiring to secure a medical practice will do well to examine the fine list that is presented by the Canadian Medical Exchange among our advertising pages. Dr. Hamill, who conducts this important department of medical affairs assures us that he has seldom had such a choice list to select from, and we feel like telling our readers that this is a short cut to secure what they desire.

**New Nurses' Home Opened.**—The new Nursing-at-Home Mission, which has been in the process of construction for some time past, is now complete in every detail, and was officially dedicated and opened on April 30th. A meeting was held in the Toronto Mission Union Hall and addresses were delivered by Hon. S. H. Blake, Rev. T. B. Hyde, H. O'Brien, K.C.; Mrs. Rutherford, Mrs. Baldwin, Miss Robb and Rev. Dr. Salmon. After the meeting those present, numbering over 250, adjourned to the home. Tea was served by the nurses and the visitors inspected the new building. The place has been fitted handsomely and contains in addition to the nurses' quarters, a dispensary and public sitting rooms for the patients. The following doctors have given their services to the medical staff: Drs. McPherson, Currie, Porter, Clarkson, Burns, Sylvester, Emory and Ogden Jones.

**About the Vermiform Appendix.**—Dr. Alex. Primrose's paper before the Canadian Institute on April 30th, consisted of an account of the evolution of the vermiform appendix. The evolution of this structure from the conditions which are found in the lower animals formed the main part of the lecture. It was shown that in many of the lower animals there were very complicated structures in the region where the vermiform appendix is found in man and by means of a series of lantern slides the gradual evolution of the simple vestigial structure which is found

in man was traced from the more complex forms. The conditions found at this particular part of the intestines were described in fishes, amphibians, reptiles, birds and mammals.

A vermiform appendix similar to that in man exists only in the higher apes, some monkeys, and in certain of the marsupials, whilst structure closely resembling the human appendix were found in the duck-mole and some of the animals lower in the scale. It is shown further that the complicated structures that exist in the intestines of lower animals always increase when the animal is a vegetable feeder. The structure is more simple and the appendix is usually absent in the carnivora while in omnivorous animals (amongst which is man) the structure becomes much more simple and rudimentary. This went to show, the speaker concluded, that the human intestine is not intended for a purely vegetable diet.

**Dr. Geo. M. Gould's "Biographic Clinics."**—A writer in the *April Book Lover* is found, with Mr. Howells, disagreeing with Dr. George M. Gould's "Biographic Clinics," wherein he contends that eye-strain has robbed the world of the best work of its greatest writers. He is not sure that, had Carlyle been a normal, healthy person he would have improved "Sartor Resartus;" nor that, if George Eliot had been a fresh and buxom woman, her novels would take a higher place in literature. The normal person, he says, does things in a normal way, and it is not normal to write symphonies or masterpieces of literature. The normal person is "absorbed in the mere living of life; the abnormal one, cut off by his very abnormalities of mind or body (like a white swallow from the flock) from association with his fellows, from complete participation in the common pleasures, turns perhaps to contemplation and introspection." For example: Homer wrote the "Iliad;" he was blind. Aesop wrote immortal fables; he was a humpback. Byron was a great poet; he had a clubfoot. Maupassant was a great story-writer; he went mad. Poe's imagination was the most marvellous in literature; he was a drunkard. Milton wrote "Paradise Lost;" he was blind. Harriet Martineau was one of the few women who could write philosophy; she was deaf. De Quincey was a great essayist; he was an opium-eater; Nietzsche was a great philosopher; he went mad. Green was a great historian; he was ill all his life. Coleridge, the English poet, was an opium-eater, and Burns, the Scotch poet, was—but I will not repeat the expression. I love Bobbie Burns too well to write down what this man calls him.—"Kit's" department in *The Mail and Empire*.

## The Physician's Library.

### B. OK REVIEWS.

*Obstetrics for Nurses.* By JOSEPH B. DELEE, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago; Lecturer in the Nurses' Training Schools of Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals. 12mo of 460 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, \$2.50 net. Canadian agents: J. A. Carveth & Co., Toronto.

"To the woman about to become a mother or with the newborn infant upon her bosom, wherever she bears her tender burden, this book is respectfully dedicated." Such is the dedicatory notice appearing upon the title-page of Dr. Jos. B. DeLee's book, "Obstetrics for Nurses." It is a book largely suitable, of course, for those who intend following the vocation of nursing, and by such will be found to be full of material that will prove of the greatest service to them in their work. It is divided into three parts, and an appendix, and covers in all 450 pages. Part I. is devoted to "The Anatomy and Physiology of the Reproductive System;" Part II. to "Nursing during Labor, and in the Puerperium;" and Part III. to "The Pathology of Pregnancy, Labor and Puerperium." We have never seen in any work such an excellent series of illustrations as those between pages 240 and 241, showing the management by the nurse of the various stages of labor. They add to the value of the chapter devoted to "Complications during Labor" very much indeed.

W. A. Y.

*A Manual of Clinical Diagnosis.* By Means of Microscopical and Chemical Methods, for Students, Hospital Physicians and Practitioners. By CHAS E. SIMON, M.D., of Baltimore, Md. Fifth edition, thoroughly revised and enlarged. Illustrated with 150 engravings and 22 plates in color. Philadelphia and New York: Lea Brothers & Co. 1904.

It undoubtedly goes to show that an author and his work are appreciated when a book appears in five different editions in the short period of seven years, showing that one had hardly been written when the issue became exhausted. To that extent has

Dr. Simon's volume on clinical diagnosis been appreciated, so that he must feel that his literary efforts have not been in vain.

In order, of course, to keep abreast of the times, it is essential that a book devoted to a subject such as clinical diagnosis would have to be revised and added to from time to time. In this respect, the author has not been remiss, but, on the other hand, has in his fifth edition presented to the profession a book that can be looked upon as being almost a model in its method of teaching how the most efficiently to diagnose disease at the bedside, and to eliminate doubt from the conclusions arrived at. The author has accomplished his object with clearness and simplicity, and, if his methods are followed, the physician's work will be rendered easy and successful, and therefore the more enjoyable.

*Manual of Clinical Microscopy and Chemistry*, prepared for the use of Students and Practitioners of Medicine. By DR. HERMANN LENHARTZ, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized Translation from the Fourth and Last German Edition, with Notes and Additions. By HENRY T. BROOKS, M.D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital; Member of the New York Academy of Medicine, etc. With 148 illustrations in the text and nine colored plates. Pages xxxii.-412, octavo. Bound in extra cloth. Philadelphia: F. A. Davis Company, publishers, 1914-1916 Cherry Street. Price, \$3.00 net.

This text-book might be said to have "cut its eye-teeth," for it has passed most successfully through three editions, and is about to make its bow in edition No. 4. It is a translation of this fourth edition that we have before us. The work is not a large one, having 394½ pages of reading matter, including 148 illustrations and 9 colored plates. The translator has inserted notes and illustrations, gathered from ten years' experience in teaching graduate students of medicine at the New York Post-Graduate Medical School and Hospital. Among the author's additions in this fourth edition are sections on the molecular concentration of the blood and urine (cryoscopy), the bacillus dysenteriae (Shiga), the paratyphoid bacillus (Schottmuller), a new method for staining the blood, and addenda to the section on the Widal reaction. The author has been careful to avoid repetition, has always borne in mind the importance of diagnosis in considering different questions, omitting all references to literature, but including in the text the names of authors who have elaborated the subjects when of historic interest, and in many other ways has made this manual a useful and ready reference in clinical medicine and chemistry.

*Infant-Feeding in Its Relation to Health and Disease.* A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By LOUIS FISCHER, M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third Edition, thoroughly revised and largely re-written. Containing 54 illustrations, with 24 charts and tables, mostly original. 357 pages, 5 3-4 by 8 3-4 inches. Neatly bound in extra cloth. Price, \$2.00 net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

It can hardly be said of Dr. Louis Fischer, the writer of this excellent work, that, like lots of other "authors," he had not had sufficient practical experience before launching himself into the field of literature. On the other hand, Dr. Fischer has for about twenty years' time had very extensive experience in one of the largest children's clinics in America, and during that time must have "stored away" an immense amount of material, the direct result and outcome of his daily work in pediatrics. That material he now gives the profession the benefit of in the third edition of his book on "Infant-Feeding," covering in all about 300 pages. It is a fact that the subject of modern methods of infant feeding is far too much an unknown quantity to the majority of medical practitioners. There are those who can reduce congenital dislocation of the hip joint, but who can not advise correctly as to how infants at different ages should be fed, and at the same time be healthy and increase in weight from day to day. To such we say, purchase Dr. Louis Fischer's work. It has been carefully revised, and a good deal of new material added, *e.g.*, chapters on "Milk Idiosyncrasies in Children," "Buttermilk Feeding," "Feeding Children Affected with Cleft Palate," with some capital illustrations showing specimens of "Poor Breast Milk."

*Pain and Its Indications.* An Analytical Outline of Diagnosis and Treatment. By EDWARD C. HILL, M.S., M.D., Medical Analyst and Microscopist; Professor of Chemistry in the Medical and Dental Departments of the University of Denver; Attending Physician, St. Anthony's Hospital, Denver; Author of "A Text-Book of Medical Chemistry." Chicago: G. P. Engelhard & Co. 1904.

We cannot say that we know of any book in any language that has come under our notice devoted to the subject of "Pain and Its Indications." What is there that so often comes under the notice of the medical practitioner and demands his attention

for its relief as pain in different parts of the human anatomy, and how frequently is it the case that, though it can be frequently relieved without delay, its exact origin is not, at the time anyway, located. Dr. Hill's work will materially assist in this respect, and be found to be the handiest kind of a manual for the desk or pocket, and one that can be readily referred to in more or less of an emergency. The book consists of eleven chapters, *e.g.*, Headache, Pain in the Ear and Nose, Pain in the Mouth and Throat, Chest Pain, Backache, Abdominal Pain, Pelvic Pain, Genito-Urinary Pain, Proctalgia, Limb and Joint Pains, and Dermatalgia. In each chapter, the author takes up the various forms of pain in its different locations, and gives in the same paragraph its different symptoms, and the best forms of treatment for its relief. The book costs but \$1.00, and is worth all of that. W. A. Y.

*Diseases of the Intestines.* A Text-Book for Practitioners and Students of Medicine. By MAX EINHORN, M.B., Prof of Medicine in the New York Post-Graduate School and Hospital. Second edition. New York: William Wood & Co., Publishers.

This work is really a continuation of the excellent book on "Diseases of the Stomach," by the same author. The first chapter contains a resume of the anatomy—gross and minute—of the intestinal canal, and also its physiology. We wonder what some of the leading physiologists would say to condensing the physiology of the intestinal tract into twelve pages, and yet such is done, and done very successfully, too.

Then the methods of examination are gone into exhaustively, for this is such an important subject. Are not most of our errors in diagnosis sins rather of omission than of commission?

The other chapters are devoted to acute and chronic intestinal catarrh, dysentery, ulcers of the intestines, neoplasms, hemorrhoids, appendicitis, obstruction, nervous affections, and intestinal parasites. A careful perusal of the book will be useful to anyone; but to the surgeon, the chapter on appendicitis and on new growths is most interesting reading. s.

*Contributions to Practical Medicine.* By JAMES SAWYER, Senior Consulting Physician to the Queen's Hospital, Birmingham. Fourth edition, with many revisions and additions. Birmingham: Cornish Bros. 1904.

It is the common every-day ailments, and particularly those which are remedial or curative, which should demand the specialization of the general practitioner. The author has aimed, as he says, at utility in medical practice, and deals with a few of the subjects occurring most frequently in his own extensive practice,

covering a period of thirty-five years. The first edition was published in 1886, and the third edition two years ago. There are some changes and improvements since the last edition. Among the subjects embraced are: The Causes and Cure of Insomnia, the Cure of Gastralgia, Treatment and Cure of Habitual Constipation, Intestinal Obstruction, Floating Kidneys, Cure of Eczema, Fuming, Inhalations in Asthma, Diet in Diabetes, Medicated Lozenges, Accentuation of the Pulmonary, Second Sound of the Heart, and there is even a chapter devoted to the cause and cure of a form of backache—the backache of loaded colon.

E. H. A.

*Saunders' Medical Hand-Atlases.*

*Atlas and Epitome of Operative Gynecology.* By DR. O. SCHAFER, of Heidelberg. Edited, with additions, by J. Clarence Webster, M.D. (Edin.), F.R.C.P.E., Professor of Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. With 42 lithographic plates in colors, many text cuts, a number in colors, and 138 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, \$3.00 net. Canadian agents: J. A. Carveth & Co., Toronto.

It is an admitted fact that one of the branches of study that not nearly sufficient attention is paid to in teaching students in not only Canadian, but American, colleges is that of operative gynecology. How can it be wondered at, therefore, that young practitioners are unable to "tackle" a case of anterior or posterior kolporrhaphy, or a kolpoperineorrhaphy, or even a celiotomy, when the majority of them take their degree without ever having an opportunity of seeing, much less taking part in, such operations as those named? An atlas such as Dr. Schaffer's will prove of great assistance to any practitioner thinking of operating in some difficult pelvic case, which his innate modesty forced him to hesitate at first in undertaking. Dr. Clarence Webster is to be congratulated upon his work. We cannot, however, speak as highly of many of the lithographic plates, which, in comparison with these in preceding atlases, are distinctly disappointing as to execution and coloring.

*A Practical Guide to the Administration of the Nauheim Treatment of Chronic Diseases of the Heart in England.* By LESLIE THORNE THORNE, M.D., B.S., Durham; Medical Examiner to the London County Council Technical Board. London: Bailliere, Tyn dall & Cox, 8 Henrietta Street, Covent Garden. 1904.

The author, without entering into a lengthy discussion of the theories of the treatment or a description of Nauheim and its

baths, endeavors to give a short detailed practical description of this method of treatment, which consists essentially in the administration of a graduated course of baths prepared artificially so as to resemble, in all active ingredients, the natural baths of Nauheim. A chapter is devoted to a method of administration of exercises invented and perfected by the late Dr. Augustus Schott and his brother, Prof. Theodore Schott. This little book is well illustrated with sphygmographic tracings, showing the influence of the effects of immersion upon the rate, volume and tension of the pulse.

E. H. A.

*Golden Rules on Dental Surgery.* By CHAS. W. GLASSINGTON, M.R.C.S., L.D.S. (Ed.), Senior Dental Surgeon to the Westminster Hospital; Lecturer on Dental Materia Medica and Therapeutics (late Dental Surgeon) to the National Dental Hospital and College, etc. Golden Rules Series, No. XIII. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited.

This is a waistcoat pocket edition, intended specially for the author's past and present students; but students and young practitioners in the United States and Canada will profit also if they utilize this concise little booklet in their spare moments. While some of these golden rules on dental surgery may seem somewhat arbitrary from an American standpoint of dental knowledge, still we must admit, if there are any signs, they are those rather of omission than of commission.

E. H. A.

*Lectures, Chiefly Clinical and Practical, on Diseases of the Lungs and the Heart.* By JAMES ALEXANDER LINDSAY, M.D., F.R.C.P. (Lond.), M.A., Professor of Medicine, Queen's College, Belfast. London: Bailliere, Tindall & Cox, Henrietta Street, Covent Garden. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. 1904.

This volume purports to be the substance of clinical lectures delivered during the past fifteen years, and consists rather of didactic information than of clinical demonstration. The conditions treated of are dealt with systematically, and few of the lectures are an interpretation of the phenomena presented by any patient, or series of patients, and in that sense can scarcely be called clinical. The volume will be found a useful one for any physician to refer to when in difficulty.

A. M'P.

*My Friend Prospero.* By HENRY HARLAND. Toronto: William Briggs.

A charming love story, the courtship aglow with the radiance of summer skies in Italy; romantic, humorous; in a word, bewitching, even to the reader.



*The Infectivity of Enteric Fever.* With Observations on Its Origin and Incidence at Caius College, Cambridge, Festiniog and Wicken-Conant. By ALEXANDER COLLIE, M.D. (Aberd.), late Clinical Instructor at the Eastern Hospital, etc. Bristol: John Wright & Co., Printers, Stone Bridge. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. 1904.

In this little book of 47 pages, the author makes a strong argument for the infectivity of enteric fever, and, to our mind, with complete success. There can be no question that the germs of typhoid get on the patient's skin and clothing from both feces and urine, and are distributed over the surface by fingers and otherwise, and thus form an easy source of infection.

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