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## EDITORIAL

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### OSTEOPATHY AND RIGHT TO PERFORM SURGICAL OPERATIONS.

The following judgment is of the utmost value at this moment, coming as it does from the highest court in the United States. It makes it clear that if any one chooses to style himself an osteopath, he must remain such, and cannot administer an anæsthetic and perform an operation. Osteopathy was founded to be and do certain things, and its members cannot at will be and do something else. We give the judgment as follows:

The Washington Supreme Court holds that the State Medical Act, Rem. & Bal. Code, Sections 8386-8407, regulating the practice of medicine, is constitutional, although Section 8391 provides that in order to practise medicine the applicant must be a graduate of a technical school whose requirements are not less than those prescribed by the Association of American Colleges for that year; its provisions not granting legislative functions to the association. The wisdom of a legislative restriction on the right to procure a certificate to practise medicine and surgery is a question for the Legislature and not for the court. Under these sections it is held that a graduate of a college of osteopathy authorized to practise osteopathy was not authorized to administer anæsthetic and cut out a patient's tonsils with a knife. When tested by the definitions of osteopathy given by its founder, Dr. Still, about 1871, in the catalogues of colleges of osteopathy, and in standard dictionaries, which the court quoted at length, it was manifest that the practice of osteopathy as it was originally understood, and as it was understood at the time of the enactment of the Washington Medical Act (1909), did not sanction the internal administration of medicines or the surgical use of the knife as a means for curing diseases. "As founded, its principal tenet was the abandonment of these means of cure. A perusal of the successive catalogues of its schools will show that their teachings are



gradually being expanded, and that the more modern of them now teach in some degree much that is taught in the older schools of medicine. . . . But if all of the osteopathic colleges were now teaching the administration of medicines and the resort to surgery by the knife as a means of curing diseases, it would not help the appellant. His right is to practise osteopathy as that practice was understood at the time the Medical Act was adopted."—State vs. Bonham (Wash.) 161 Pac. 377.

#### THE MURDER OR DESERTION OF INFANTS.

A remarkable event occurred in Paris a few weeks ago, when a young woman murdered her child because she had been violated by a German soldier. The case was brought to trial and the jury decided that she was not guilty. One finds a good deal of difficulty in coming to a definite conclusion on such a case as this. But it may be of some assistance to remember that the child had no control over the manner by which conception was brought about. This being the case, the child so begotten should have a chance for its life. No crime, however grave, would seem to justify the deliberate taking of a child's life, in itself quite innocent. We think, therefore, that this verdict of the Paris jury was wrong and may prove a dangerous precedent.

There were extenuating circumstances, and these were sufficient to temper the verdict of guilty with such a degree of mercy, as to have allowed the young mother to escape with a mild punishment.

To meet such cases the French Government has placed cradles in the town halls where outraged mothers may deposit their children born to German soldiers, ring a bell and then disappear. An officer takes charge of these children and removes them to institutions under the control of the State for their care. In this way there is no connection between the child and its mother. They never again see each other. This is humane, and may be the best way of dealing with this sad problem, as it will tend to avert such acts as that for which the young mother was tried in Paris.

A child may be illegitimate, or even the offspring of an act of rape; but this does not justify the act of destroying its life.

#### THE WORK OF A TRUE ENTHUSIAST.

The following account of the work of a Canadian doctor shows what one with a vision and an ambition may accomplish in the brief space of a year or two.

An interesting personality is that of Dr. E. C. Wilford, who left



Toronto recently for overseas with the C.A.M.C., where he will engage as an X-ray expert. A Canadian-born, he has the unique record of having built the first hospital at Tzeliutsing, West China, where he went eight years ago as a medical missionary for the Methodist Church of Canada. Dr. Wilford was born in Blyth, Ont., and graduated at Toronto University in medicine, and took post-graduate work in London, Eng., and Edinburgh preparatory to taking up his work in West China.

Tzeliutsing, in the Province of Szechwan, West China, is the centre of the salt industry for the 70,000,000 population of the Province of Szechwan, and is approximately about 11,000 miles from Toronto, and the Canadian Methodist Hospital, which Dr. Wilford built, is the largest one in West China. Tzeliutsing is a city of over one million inhabitants, and before the advent of this young but enterprising Canadian doctor had no hospital whatever, but those who were sick had to make a journey of over 100 miles to the nearest one. With the keen foresight of the earnest worker, Dr. Wilford soon saw the necessity of such an institution, and in 1911 the first actual work was started.

Owing to the conditions caused by the war, however, the work was stopped, and it was not until November, 1915, that the work was recommenced, when much of the work that had been previously done had to be pulled down and built over again. But such progress was made that a record was set up in building in West China, and after only some three months the exterior was practically completed.

That the work of Dr. Wilford, which practically marked a new era in the treatment of disease, not only in the city but in the surrounding country was a necessity is evident by the fact that during the last few years the unrest and revolution in China has brought many wounded to the neighborhood of Tzeliutsing, and then began another sign of the keen foresight of this young man, for at the request of the gentry Dr. Wilford began Red Cross work, and both government and revolutionist soldiers were cared for.

Even in the midst of the building operations about three hundred cases were treated, and the Chinese showed their appreciation of the good work done by the doctor by raising a subscription list, which amounted to about \$10,000 (Chinese currency, equal to about \$5,000 in our money), and when Dr. Wilford left last summer for Canada he was assured that the full amount would be raised, and in fact twenty-five per cent. of the subscription list was then paid. This splendidly equipped hospital will destroy the power of the old Chinese doctor, whose ignorance was paralleled by the superstition of the people.

Now, having fulfilled his mission in the far east, the doctor is off to alleviate the sufferings of his fellowmen in the war zone, yet another



striking tribute to the deeds of the Canadians who have responded to the call of the Motherland.

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#### THE WORKMEN'S COMPENSATION ACT.

The working out of this act has proven very unsatisfactory from the standpoint of the medical profession. This feeling led to the matter being opened up on two or three interviews before the Premier, Sir William Hearst, and Attorney General, Mr. Lucas. At these interviews the manufacturers, the workmen, and the medical profession were represented.

All know that as the act now stands, there is no provision for the payment of the surgeon's fees. It was felt that this ought to be remedied. The manufacturers submitted a scheme whereby the doctor would be guaranteed up to \$50, and that the period for which should have a claim on such an amount should not exceed 45 days. They also contended that there should be an absolute waiting period of fourteen days during which the workman would not be entitled to any compensation, other than the medical attendance as set forth in the manufacturers' scheme.

The workmen objected to this plan, as it took away from them more than it gave in return; and, further, that it took from the workers the right to select their own medical and surgical attendants.

The doctors objected to it because it introduced the vicious system of contract practice, as each industrial concern would make an arrangement with some one to do the attendance, and this introduced the system of bargain making with the members of the profession. Further, they objected that the limit of \$50 was too low as many cases ran into lengthy periods, and called for a great deal of care and many visits. The doctors contended that their accounts should be paid by the commission, and not by the employer. The contention of the doctors is quite fair and reasonable and should be met by the government in a fair and reasonable manner.

The Premier promised to give the arguments that had been presented careful consideration. The medical profession should watch this matter, and follow up any legislation that may be introduced. The medical profession is not without its influence, and this is one of the occasions when that influence should be made use of.

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#### MAINTAIN THE STANDARD.

The time will soon come when some important amendments will be



introduced into the Ontario Legislature looking towards the regulation of medical practice in this province. Hon. Mr. Justice F. B. Hodgins has now taken a vast amount of evidence on this matter, and we may expect at an early date that he will issue his report.

For about sixty years this province has been steadily raising the standard of education for all the professions. This is as it ought to be. In the medical profession the good results of this course are in evidence everywhere. Of recent years a flock of pure parasites on the healing art has settled in Ontario. They claim the right to practise, because a judge, now deceased, ruled that a person is not practising medicine if he does not give drugs. Well, then, we have Christian Scientist who claims to know so much about the deity that he can restore such a perfect understanding between the sick and God that the sick person is made well. There is no diagnosis required; for all disease is only an error of mortal mind, and the correction of the error is all that is required. In medicine this is insanity number one.

Then the osteopath comes along, and he contends that all disease begins by some derangement in the circulation, and this in turn by some pressure on a nerve, and this, again, from some displacement in the spinal column. By twisting the spine one can cure pelvic diseases, and typhoid fever, and gonorrhoea, and ague, etc. This is insanity number two.

Then there arose a sort of offshoot from this teaching under the name of chiropractic. This is just a slightly modified osteopathy, and from a study of their books, a modification for the worse. The main difference between chiropraxy and osteopathy is that the former corrects the spinal displacements by a sharp thrust, whereas the latter does it by manipulation. Well this we call insanity number three.

Mano-therapy and mechano-therapy is most crude, and founded upon nothing but the worst sort of ignorance. This is insanity number four.

The clear duty of the medical profession is to see that these insanities are not permitted to run at large and imperil the safety of the people. It is our duty to keep up the standard. These sort of healers could not make their way over a high wall. One common portal of entry for all. Take this route or let them go somewhere else. All the thought, time, money, and labor that have been expended on colleges and hospitals must not now be thrown away.

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#### MEDICAL SCIENCE AND THE WAR.

The following statement comes with great weight at this time, when a number of irregular cults are seeking recognition to practise:



"At the London American luncheon at the American Club Dr. Woods Hutchinson said the deadliest enemy to the soldier was not bullets, but streptococcus. Thirty years ago the regular ratio of deaths from diseases in war compared with deaths on the field from wounds was seven to one. The English Royal Army Medical Corps on the western front under the leadership of Sir Alfred Keogh had more than reversed that ratio. There was now only about one death from disease compared with five on the field of battle. It was largely due to this brilliant result that the terrible struggle was able to go nearly three years with such comparatively little signs of exhaustion in the man power on either side. In the present war on the western front 95.97 per cent. of the wounded recovered; that was to say, of those who were not so terribly lacerated that they died at once or within 24 hours, only about three or four in one hundred died."

Away back in the days of Homer, the work of the physician was noted, for he sings in the Iliad:

The physician skilled our wounds to heal,  
Is more than armies to the nation's weal.

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#### SALVARSAN AND NEOSALVARSAN.

A comparative study of salvarsan and neosalvarsan in the treatment of syphilis is reported on by W. B. Trimble and J. J. Rothwell, New York (*Journal A. M. A.*, Dec. 30th, 1916), who state that before commencing the examination they knew from experience that there was practically no difference in the therapeutic efficiency of the two drugs. The report is based on the treatment of 110 patients, to whom 397 injections were given, and on whom 337 Wassermann tests were performed. They consider this sufficient from which to draw conclusions, which are given as follows: "1. A course of four injections of either salvarsan or neosalvarsan is inadequate treatment. 2. A series of injections of salvarsan, either old or new, not followed by mercurial treatment, produces extremely few negative serum reactions. 3. From four to six salvarsan or neosalvarsan injections, even when followed by mercury, produce only a comparatively small percentage of negative serum results. 4. According to this study neosalvarsan is superior to salvarsan, being much easier of administration, less likely to cause severe reactions, and producing a greater percentage of negative results." Elaborate descriptions of the methods used are given.



## ORIGINAL CONTRIBUTIONS

## THE IMPORTANCE OF RENAL FUNCTIONAL TESTS IN SURGERY\*

By C. H. HAIR, M.D., Toronto.

SINCE 1857 considerable experimental work has been done in kidney disease by way, as far as possible, of ascertaining the kidney efficiency, in the various forms of disease where one discovers by urinalysis, or otherwise, any abnormality. Now while it is important to know this fact in diseased conditions, from a prognostic standpoint, it necessarily becomes very important in all surgical procedures that may be undertaken on this class of patients.

A surgical operation is always a definite act (or should be) to relieve or cure some form of malady, and if such a procedure has a fatal result, the fatality is always charged to the operation, and not to any pre-existing conditions, because the very fact that an operation is undertaken would warrant the hope for a fair chance of recovery from the same. Shock following an operation has always been, to my mind, very comparable with the medical term neurasthenia—a word to describe a condition the exact cause of which is unknown, but a condition I believe that often has a definite physiological basis. It is not enough to say that the operation was a success, but the patient died, for success in surgery more than in any other branch of medical science must produce existing results, and everything should therefore be done preceding an operation to enable the surgeon to intelligently assure his patient of the result he may hope for.

At the present day with our advanced methods in anaesthesia, asepsis and hæmostasis and means for combating shock, prognosis probably depends more on the genito urinary system than on any other individual system, and hence the purpose of this paper is to emphasize the need of careful tests of the kidneys, and their excretions before every surgical procedure, with an especial reference to surgery of the genito urinary tract. The last word in functional efficiency is perhaps far off, but the practical value of these tests becomes more and more evident, as one succeeds in improving the interpretation of the facts elicited. True, it is there are many puzzling contradictions, as example, a kidney with stone in the ureter may secrete more urea than its mate, but less say indigo carmine. However positive results are usually satisfactory, that

\*Read at the Surgical Section of the Toronto Academy of Medicine, 21st November, 1916.



is, a good excretion of test substances usually means good function. One can readily see the many difficulties that may be encountered, because in a number of cases there may be an inhibition of real function from (1) a toxic condition, (2) reflex, or (3) both, hence Rountree and Geraghty of Baltimore have emphasized the importance of repeated tests. Then again, long continued back pressure may produce permanent destruction of the secreting parenchyma with a fairly good urea equilibrium, and with probably few clinical evidences of oncoming uraemia. Such a case even for a slight operation under general anaesthesia is a bad surgical risk. How then can we estimate renal efficiency? By estimating, if possible, the amount of retention in the blood of the substances that should be excreted by the kidneys, or by measuring the excreting power, and we may do so in three ways:

1. Discover, if possible, any evidences of disease, by a careful clinical history. How frequently, if one does that, certain indefinite symptoms can be elicited that have existed perhaps, for some time, e.g., night thirst, dry skin, frontal headache, and perhaps a history of repeated infections of various kinds.

2. By a study of the physical and physicochemical properties of the urine, which is excreted from one or both kidneys. The specific gravity of the urine is a valuable aid in estimating function, and is often more important to know than the presence of albumen and sugar in urine. As a rule a lowering of the specific gravity usually runs approximately parallel with phenolsulphonephthalein output. Generally speaking, also a continual specific gravity below 1010 means impaired function, when amount of urine secretion is about normal. An estimation also of the total urea output as well as the incoagulable nitrogen is useful, but the total must be for twenty-four hours, and can be varied more or less by the intake. If there is decided lessening of urea excretion a blood urea retention test should be done. Other methods could be mentioned such as cryoscopy estimating the freezing point of urine, but the variation differs so, even in normal individuals as not to give accurate data.

3. The use of chemical tests. Many different chemical substances and dyes have been used, chief of which are: methylene blue, indigo carmine, phenolsulphonephthalein, and phloridzin, the last being used to produce a temporary glycosuria. Of these tests phenolsulphonephthalein undoubtedly supports the claims of Rountree and Geraghty of Baltimore as being the most easily accomplished and giving the most accurate knowledge of renal efficiency when corroborated by other findings.

Technic. The test is done by injecting into the muscles or a vein 1 c.c. of a solution containing .6 mg. of the dye, then estimating the time



of its appearance by bringing out the color by making the urine alkaline, with a 25% solution of sodium hydroxide. The color usually appears in from five to ten minutes (slightly quicker if intravenously injected), and there the combined amount of secretion in the first and second hours estimated. Normally, about 80% of the dye is excreted in two hours. The estimation of the percentage is made by comparing the color of the total amount of the urine secreted in two hours, diluted to one litre by water, with a solution of 1 c.c. of the dye, diluted to one litre of distilled water. Should the urine contain blood it should be boiled, and if pus is present, it should be filtered. If tests are to be made of the kidneys separately by ureteral catheterization, water should be given about twenty minutes before the dye is injected. Generally speaking, an excretion of less than 20% in two hours would make the surgical risk doubtful, but patients with a lower output may undergo an operation; in cases to be considered later.

Applying therefore functional test to general surgery, it becomes very evident that a careful clinical history must be obtained, a thorough urinalysis done, and a chemical test done, if there is any suspicion of renal disease, for if the more recent views of diseased processes result from periodic infections destroying certain areas of glomeruli (Snyder) then one or both kidneys may eventually reach the point where excretory function power is almost nil, and such a condition be present before the typical renal symptoms appear. Rountree and Geraghty have made a great number of tests in the various forms of nephritis, and in a great number of these tests the phenolsulphonephthalein output has been indicative of the stages and various forms of the disease.

In surgery of the urinary tract, these tests have a very much greater practical significance, not only from a prognostic value, but from a diagnosis standpoint. I would like to consider the causes under four groups.

Group I. Cases with grave clinical symptoms with a practically negative phenolsulphone phthalein output due to symmetrical renal disease, from long continued obstruction to the outflow. As (a) enlarged prostate, (b) stricture of urethra, (c) occasionally vesical stone, etc. Many of these cases are never surgical risks, because the long continued back pressure has done so much damage to the renal tissue that no form of treatment will improve their renal output. And if subjected to an immediate operation to remove the obstruction a fatal uraemia usually develops. If one can overcome the obstruction by the use of a permanent catheter, and the specific gravity continues below 1010 with only a trace of phthalein output then operation is useless, for the kidney efficiency is destroyed,—a fact which can often only be ascertained by the chemi-



cal test. Pilcher claims that in these cases the real function can only be estimated when you have in some way relieved your back pressure, as the kidney he says acts only as an osmotic membrane between the general circulation and the backed up urine.

Group 2. In second group I would like to consider the obstructed cases that improve under preliminary treatment, but to begin with have a low phthalein output. The destruction of the renal tissue in such cases is not permanent for the kidney cell will recover some of its excretory power when the back pressure is relieved by a permanent catheter, or regular catheterization, as preliminary operation under local or spinal anaesthesin or gas or oxygen. The phthalein test is here a most valuable check indicator of the progress in efficiency as well as indicating when a second operation may be performed with safety, and the nature of the operation. Speaking generally, an output of 30% would be quite safe. Cystoscopic examination also hereafter gives indispensable aid to the surgeon, as the pathological condition of either bladder or kidneys.

Group 3. Under group three let us consider cases which show a diminished renal function from reflex or toxic causes such as (1) stone in the ureter or kidney pelvis, (2) calculous pyonephrosis, (3) an acute septic infection. Stone in the ureter will often reflexly inhibit the functional output of the opposite kidney, while the affected side may be lessened from obstruction. In these cases a cystoscopic examination is imperative, for diagnostic purposes, to corroborate the radiographic findings as well as for the estimation of the separate renal function by ureteral catheterization. No surgeon is justified in attempting an operation on a kidney without knowing, if possible, the relative value, if any, of the opposite kidney. Many fatalities in renal operations have been due to a removal of the only kidney power the patient had. In these cases of reflex inhibition of phthalein, if the urine from the unaffected side is copious and free from pus cells, an operation can usually be safely done, even when the output is comparatively low. In unilateral calculous pyonephrosis the comparative estimation of each side is sometimes necessary but as a rule the phthalein output of the unaffected side is more important, for immediate results depend on the good kidney. If the calculous pyonephrosis is bilateral, the surgeon, even with the aid of the radiograph, cystoscopic and phthalein test will have ample difficulty in deciding on a line of action, but he must select the kidney for operation which will least endanger the patient's life. Reasonably, however, he must select some operation on the kidneys as the only hope of relieving a diminished function from an internal cause and often only a preliminary drainage can be done with a selected anaesthesia. Acute infections may occur, or be grafted on to a pre-existing condition, such as a cal-



calus, and in these cases the acute exacerbatation may set up a nephritis in the opposite kidney, which produces a very much diminished phthalein excretion. Even in some of the milder forms, infection such as colon bacillus, Brassch has found some markedly low functional tests a fact that leads us to wonder whether or not the milder forms of infection but pave the way for more serious kidney lesions.

In group four many of the other surgical lesions may be placed such as renal tuberculosis, atrophic, or cystic kidney neoplasms. In all these conditions the phthalein secretion is usually corroborative of the cystoscopic findings, and may in many cases be of sufficient diagnostic value as to locate the affected side. Especially is this so in early tuberculosis; for when the T. B. bacillus is found in mixed urine and a markedly diminished separate ureteral secretion of the dye is noticed the trouble is usually present on the side of diminished output. In concluding these considerations of a comparatively and new and large subject I feel we can summarize as follows:

1. Renal efficiency can be fairly accurately measured by the phenol-sulphonephthalein test, and the results corroborated by the clinical history and urinalyses.

2. In general surgery when one is suspicious of impaired renal function these tests may give important information.

3. In surgery of the upper urinary tract in the majority of cases these tests are imperative, not only the total kidney output but the individual kidney secretion of phthalein.

4. In surgery where there has been obstruction to the outflow, the tests are always necessary as the renal destruction may not show definite clinical symptoms until late in the condition.

5. The phthalein test is also valuable in acute infections of the kidney which at the present time we have very little definite physiological or pathological knowledge.

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## ENUCLEATION OF THE EYEBALL.

By Ernest A. Hall, Victoria, B.C.

**I**N the December number of *The Lancet* I noticed an article by my former teacher, Dr. Ryerson, entitled, "On the Selection of an Operation for the Enucleation of the Eyeball," in which he overlooks a method which I evolved some years ago, a method which combines the virtues of all the methods which he mentions with none of their disadvantages. This is fully described in "Modern Ophthalmology" under the name of Hall's operation.



The technic briefly is:

(a) General anesthesia, insertion of speculum.  
(b) Circular incision, with sharp pointed curved scissors, of sclerotic directly posterior to the ciliary region, and in front of the insertion of the recti.

(c) Removal by sharp curette of vitreous retina and choroid.

(d) Insertion of speculum blades within the sclerotic, thus exposing the interior of the globe.

(e) With moure-tooth forceps, catch the point of entrance of the optic nerve, pierce the sclerotic with the scissors and sever the nerve 20 mm. behind the junction, then complete the circuit of sclerotic close to the nerve, and remove the sclero-optic junction.

(f) Check hemorrhage, which is usually not profuse. Irrigate with saline.

(g) Insert a small gauze drain within the sclerotic, approximate sclerotic and conjunctiva vertically. Withdraw drain after twelve hours.

We have now left a zone of sclerotic nourished by a few twigs of the short posterior, and by the long posterior arteries, with muscular and nervous connections undisturbed. Thus is formed a movable pad upon which the artificial eye is placed.

By the removal of the vulnerable ciliary region in front, and the strategetic sclero-optic junction behind we have practically isolated this region from the remaining visual apparatus, thus conserving all that complete enucleation could accomplish with regard to the preservation of the function of the remaining eye.

The artificial eye is usually inserted within a week and worn for a few hours each day. The movement of the artificial eye is free up to twenty degrees vertically, and about thirty-five degrees horizontally.

This procedure is not applicable in malignant involvement.

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#### THE ART OF MEDICINE IN THE AGE OF HOMER.\*

By F. H. Edgeworth, M.D., D.Sc., M.A.

LAST autumn, as you will remember, men invalided with dysentery from the Peninsula of Gallipoli came in large numbers into English military hospitals. As they grew better they had much to tell of Mudros and of the fighting on the northern shores of the Dardanelles. Their stories called up memories of another and more successful expedition

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\*Presidential Address delivered at the Bristol Medico-Chirurgical Society.—  
(British Medical Journal.)



which gathered in the great Bay of Lemnos three thousand years ago, and landed on the southern shore of the Hellespont to lay siege to the citadel of Troy. The history of a small and most tragic portion of their ten years' warfare is found in the verses of Homer. Imbedded in this wonderful narrative there are matters of interest to students of primitive religion, mythology, folk-lore, ethnology, geography, primitive civilization, and to doctors also. Many details are given of combats, of the weapons used, of the wounds inflicted, of the primitive means employed to cure them, and of a great epidemic, and mention is made of the doctors in the Greek host.

It may perhaps be of some interest if I try to gather these scattered references together into what might be called a medical history of the Trojan War, and tell you what little there is known of Asklepios, whose badge and sign all Army Doctors wear.

It does not fall within my province to discuss what hints there are in the pages of Homer as to the causes or the progress of the Trojan War. It is probable that, like many a subsequent one, it arose primarily from economic grounds. Troy lay near the mouth of the Dardanelles, was a great trade centre, and formed a barrier to any easterly Greek expansion. The abduction of Helen was a matter of secondary importance. The Greeks landed at the mouth of the Scamander, opposite Cape Helles, and constructed an entrenched camp. Lemnos serving them as a base from which provisions were brought. They never succeeded in actually surrounding Troy. Even in the tenth year of the war its allies could enter from the east. The fighting took place in the broad river valley which lay between the citadel of Troy and the Greek camp. The warriors were armed with spears and swords, bows and arrows, and carried long oval shields, and the chieftains probably had defensive armour. The chieftains of either side fought in the forefront of the battle, coming forward from the crowd of fighting men to throw spears or to engage in duels.

In this fighting spear wounds were by far the commonest. As might be expected, most of those in the head and body were immediately fatal. Thus Odysseus killed Demokoon by a spear which struck him in the temple, and the bronze point pierced through to the other temple and darkness covered his eyes. A spear might rebound from a helmet, in some cases causing concussion, or might pierce it. Thus "Diomedes threw a spear at Hector, but the bronze (spear-point) rebounded from the bronze (helmet) nor reached the flesh, for his three-layered helmet protected him. Hector ran back, fell on his knee leaning with heavy hand on the ground and black night covered his eyes, and after a brief space regained consciousness." Pandaros, the great archer, was killed



by Diomedes. "The spear entered his nose beside the eye and pierced his white teeth and cut through the root of his tongue and came out in the lower part of his chin, and he fell dead from his chariot." Many similar wounds are mentioned. Thus Teukros killed Imbrios, wounding him below the ear with a long spear, and he fell "like an ash tree which on the summit of a far-seen mountain is cut down by an axe and sheds its tender leaves on the ground." Archelochos was struck by a spear "at the junction of the head and neck just below the astragalos, and it cut through both tendons, and he fell headlong." Another wound of the neck is described as follows: "Antilochos wounded Thoas as he turned and cut through the blood vessel which running up the back reaches the neck, and he cut right through it, and Thoas fell headlong in the dust." The word used is *phleps*, literally "vein," but it is not probable that any distinction was drawn between arteries and veins in those ancient days; possibly the carotid was cut through.

Many chest wounds are mentioned. Thus Simoeisios was struck in the right breast, "and did not live to requite his parents' care." Alkathoos was struck in the chest by a spear, and "his struggling heart shook the point of the spear, until the mighty Ares (god of battle) took away its strength."

Wounds of the abdominal wall were sometimes recovered from. Thus Odysseus was struck by a spear "which tore the flesh from his side, but Pallas Athene did not permit it to mingle with his entrails." Hypsenor was wounded in the liver below the diaphragm, and "god-like Alastor and his two dear comrades stooping down carried him away to the hollow-ships groaning deeply." Wounds of the lower part of the abdomen were considered especially dangerous. Adamas, for instance, was struck by a spear in that part "where the fate of war is most grievous for unhappy mortals, and he gasped a little time but not very long."

Spear wounds of the extremities were seldom fatal. Thus Helenos was struck in the hand and "Agenor dragged the spear out and bound it up with the well-twisted wool of a sheep (a sling)." And Deiphobos was pierced in the arm by Meriones, who "leaping forwards like a vulture dragged out the sturdy spear and retreated, and Polites his own brother stretching his arms about his middle led him from the dreadful battle till they came to the swift horses, who bore him to the town groaning deeply and in sore pain for the blood poured from his newly-wounded arm." In the heat of battle such wounds might be disregarded for a time. Agamemnon, wounded in the hand, went on fighting, and killed many "whilst the warm blood flowed from the wound, but when the wound dried and the blood ceased then sharp pains afflicted him." There is a graphic description of a wound received by Sarpedon, who



was struck in the left thigh right down to the bone, and "his comrades bore him from the battle and the long spear dragging along the ground distressed him, for no one thought of pulling out the ashen spear so that he might walk, so hurried were they. But the mighty Pelagon pulled the ashen spear from his thigh."

Though every chieftain wore a sword, and apparently used it for close fighting or in killing an enemy whom he had wounded with a spear, there are but few cases in which sword wounds are described. Two heroes, Hypsenor and Hypeiron, were killed by a sword stroke which cut off the arm at the shoulder or through the collar bone, and Kleoboulos was struck in the neck and "the whole sword was dyed red with blood, and purple death and a cruel fate closed his eyes."

The use of an iron club as a weapon was apparently antiquated. We hear of only one Greek chieftain (Areithoos) who was so armed, and of another (Ereuthalion) killed by Nestor in his youth long before the Trojan War.

When other weapons failed great stones were hurled at the enemy, and we hear of many being killed or wounded in this way, struck in the head, neck, elbow or calf. The two most famous incidents are the wounding of Aineias and Hector. Aineias was struck by a large stone, thrown by Diomedes, "just where the thigh-bone turns in the hip, and people call it the hip-pan, and it broke the two tendons and the hero fell on his knees and hands." And Ajax, "not the weakest of the Achaians," "struck Hector in the chest with a stone, and he fell in the dust like an oak struck by lightning, and his companions bore him to his chariot standing a little way behind, and when they came to the ford over the Scamander they poured water over him, and he breathed again and looked round and, sitting up, spat dark blood and then again sank back, his soul oppressed by a grievous panting and unconscious."

Some of the Greek contingents, for instance the Locrians, entered the battlefield, armed not with spears or swords, but only with bows and arrows and slings, but no mention is made of their exploits. Descriptions of individual deeds with bows and arrows, as with all other weapons, are limited to those of chieftains. Amongst noted archers the Greek Teukros and the Trojan Pandaros were especially noted. There is a famous description of the latter, who "took out of the quiver a winged arrow unshot before, the foundation of black pains, and quickly fitted it to the bowstring, and vowing a glorious hetacomb of new-born lambs to Apollo the Archer when he returned home to the city of sacred Zeleia, took and drew the notches of the arrow and the bowstring, and brought the bowstring to his breast and the iron (point of the arrow) to the bow. And when he had drawn the great bow to a circle the bow



rang and the bowstring twanged and the arrow leapt forth desirous of flying into the host." Such arrows might directly kill a man; thus Euchenor was struck below the jaw and ear, and Kleitos was struck in the back of the neck. Both wounds were immediately fatal. There is a graphic description of a wound of this nature which implies some anatomical knowledge. Harpalion was struck in the right buttock by an arrow, and "it pierced to his bladder below the bone, and he sat down in the arms of his dear comrades breathing out his life, and the black blood flowed and wetted the ground, and the great-hearted Paphlagonians busied themselves about him."

More often arrow wounds were not, at any rate immediately, fatal, but were dreaded because the arrows might be poisoned, a fact we are still reminded of in the words "toxic" and "toxin," which are derived from *toxikon*, "belonging to an arrow." In the *Odyssey* we hear of Odysseus taking a journey to Ephyre, in Thesprotia, to ask Ilos, son of Mermeros, for a man-slaying drug to smear on his bronze-tipped arrows. The presence of such an arrow-poison is perhaps implied in the description I have just read—an arrow "unshot before"—and in other phrases. We do not know whether mention of the use of arrow poison is omitted by expurgation, as Murray thinks, or whether the practice was already passing away. But in any case it was beginning to be thought barbarous. Thus Ilos, son of Mermeros, fearing the wrath of the eternal gods, would not give Odysseus the poison he asked of him, but Anchialos, king of the Taphians, a robber and piratical people, was less scrupulous, and gave it, "for he loved Odysseus terribly."

The method adopted for the treatment of arrow wounds is recounted on two occasions. When Menelaos was struck by the arrow shot by Pandaros, Agamemnon, his brother, sent for Machaon, the army doctor, who was found in the midst of warriors who had followed him from Trikke, and "Machaon pulled the arrow from the belt, and the sharp barbs were bent back as the arrow was dragged back . . . and when he saw the wound where the arrow had entered he sucked the blood out of it and put on it soothing drugs which the kind-hearted Cheiron had given his father." Later on in the battle Eurypylos returned to the ships, "limping from the battle with an arrow in his thigh, and sweat ran from his back, shoulders and head, and black blood gushed from the grievous wound, but his mind was unshaken." Patroclus met him, and taking him under the breast led him to the hut, and his page having spread ox-hides for him to lie on, "Patroclus cut out the sharp, painful arrow from his thigh with a knife, and washed away the black blood with warm water, and put on it powder rubbed from a sharp root, which checked the pain, and the wound dried and the blood ceased."



We are not told how the root acted, but Paion, the physician to the gods, put similar pain-allaying drugs on the wound of Ares, and it is stated that they acted like a sap which curdles milk. Perhaps, then, the powdered root was astringent.

The treatment of wounds in those ancient times would thus appear to have been very simple. The first "field-dressing," if we may so call it, was anything available, for instance a sling, which would stop the bleeding. Subsequently the arrow was pulled or cut out, the wound either sucked on the field of battle, or washed with warm water at the "base," and some astringent powdered root dusted on it, which allayed the pain and stayed the bleeding.

The Machaon mentioned above and his brother Podaleirios were, according to Homer, the sons of Asklepios, "the noble physician," who lived at Trikke, in Southern Thessaly, and had learnt his art from Cheiron, the "most just" of the Centaurs, a savage tribe living in the hills near Mount Peleion. The Centaurs were probably one of the autochthonous races of the Greek Peninsula, which persisted after the invasion of the Achaians from the north. Cheiron imparted his knowledge of simples to others besides Asklepios, for instance to Achilles, who in his turn taught Patroclus.

Asklepios was an old man at the time of the Trojan War, and not able to fight himself, but his two sons Machaon and Podaleirios set sail with thirty ships to the siege of Troy. They served both as chieftains and as army doctors. They fought in the front ranks as . . . . ., and treated wounds. We do not hear that any other doctors accompanied the Greek army, though there were probably some. Thus Agamemnon, speaking in general terms, said that "a doctor is a man worth many others, both to cut out arrows and to lay on them soothing drugs." And in the *Odyssey* a doctor is classed with seers, hewers of ships' timbers, and inspired bards as being "the bidden guests of mortals throughout the illimitable earth." We are told very little of the exploits of the brothers, but finally Machaon was wounded, struck in the right shoulder by an arrow from the bow of Alexander. Whereupon Machaon mounted the chariot of Nestor, who "wipped up his horses, and they willingly flew back to the hollow ships." On arriving at Nestor's hut, Hekamede, a handmaiden captured by Achilles at Tenedos, made for them a curious drink of yellow honey, barley meal, and Pramnian wine. The garrulous Nestor, after relating one of his long stories, departed to an observation post, bidding Machaon stay on and drink his wine until such time as the fair-haired Hekamede should heat some water to wash away the blood.

He was left in good hands, for we are told that his nurse "exceeded in counsel" all those taken captive at Tenedos; we may perhaps hope



that he returned home in safety. The fate of his brother, Podaleirios, is more uncertain, for the last we hear of him is that he was "leading on in the fierce battle on the Trojan plain."

Thus, according to Homer, Asklepios was a Greek chieftain who acquired his primitive knowledge of surgery and medicine from Cheiron, and handed it on to his sons Machaon and Podaleirios, who served in the Greek army. The story seems simple and intelligible; but in reality the problem of the personality of Asklepios is extraordinarily complicated. Some light has been thrown on it by the study of Greek art and mythology. In Greek sculpture we find representations, first of a huge coiled serpent, secondly of an immense snake accompanying a venerable old man leaning on a staff, thirdly of an old man round whose staff coils a diminutive snake, and lastly of an old man without either staff or snake. The last-named figure is identified with Asklepios. These probably represent four stages in the development of a god, and the word "Asklepios" is derived from a root which means to "wriggle." Asklepios was thus not an Homeric hero who was deified in later ages, and the worship of whom supplanted that of some old snake-god, but the snake-god himself, who subsequently assumed human shape. It is remarkable that the badge of the Royal Army Medical Corps does not represent the Homeric hero, but a deity whose origin is far anterior to that of the Trojan War.

I cannot here trace the spread of the worship of Asklepios in Grecian lands, nor the development of surgery and medicine between the age of Homer and that of Hippocrates. Probably in earlier times people visited temples of Asklepios to consult the gods by dreams, at first for any purpose, and subsequently for relief from suffering. The priest aided in the interpretation of dreams by his knowledge of simple remedies, and gradually a separation of the offices of priest and doctor took place. The knowledge and skill of these temple doctors, or sons of Asklepios, increased as the years passed by, and were in many cases handed down from father to son. Thus in the works of Hippocrates we find not only the results of his individual experience, but that of preceding generations of doctors at the shrine of Asklepios at Cos.

Although the Iliad opens with a magnificent description of a great pestilence which decimated the Greek army, we can gather very little knowledge of diseases from the pages of Homer. The treatment of the subject of this plague is poetic and moral rather than scientific. The poet relates how, in his great foray, Achilles had sacked the town of Chryse and taken prisoner the daughter of Chryses, priest of Apollo. In the distribution of the booty the captive girl was assigned to Agamemnon, who refused the ransom offered by her father. Whereupon he prayed to the god Apollo for vengeance, and "Apollo descended from



the heights of Olympos armed with his bow and quiver, and as he strode in his anger the arrows rattled on his shoulders, and his aspect was dark as night. Seating himself far from the ships, he sent forth an arrow into their midst with a terrible clanging of his silver bow, and first he took aim at the mules and swift dogs, and then, loosing sharp arrows at the men themselves, struck them down and, the pyres of the dead burned continually." This destruction continued for nine days, whereupon the Council was called together to consider what might be done. Chryses' daughter was sent back, and the pestilence abated.

The nature of this plague can be a subject for conjecture only. The Iliad is a poem, not a history, far less a medical history of the Trojan War, and was written at a date long subsequent to the events recorded. Possibly the plague, which affected man and beast, was dysentery, for this disease has been endemic in the Mediterranean basin for thousands of years. It was described by Hippocrates in the fifth century B.C. It existed in Malta when the Apostle Paul was wrecked there in A.D. 62. We read that he was lodged at the house of Publius, the chief man of the island, and healed his father, who "lay sick of a fever and of a bloody flux." Last year it destroyed mules and many thousands of our men in Gallipoli, just across the Hellespont from Troy.

Whatever the nature of the pestilence, the description suggests that the ancient Greeks regarded disease as due to the attack of some god or demon. This is borne out by the few references to illness and death that we find in other parts of the Homeric poems. When Odysseus was wrecked from his raft on his homeward way he was thrown into the sea, and, supported by the veil of Ino the sea-goddess, swam for two days and two nights. On the third day he caught sight of the land and woods of Scheria from the top of a wave, and was, so we read, "as glad as are the sons of a man who had been attacked by some demon and afflicted with much pain and wasting, and whom the gods at length had delivered from his illness." And in the happy island home of the childhood of Eumaios "no hateful disease affected mortals, but when the races of men grew old silver-bowed Apollo with Artemis killed them with his painless arrows."

The clear-sighted Homer saw, too, that men might bring evil and death prematurely on themselves, and he puts this remarkable saying in the mouth of Zeus: "Mortals blame the gods and say evils come from us, but they themselves suffer through their own folly beyond that which fate allotted to them" (*huper moron*).

There are two instances of aphasia related. The phrase employed is *amphasia epeon*, a speechlessness of words. Thus Antilochos, on hearing of the death of Patroelos, and Penelope, on learning of the plans of



her suitors to kill her son, became speechless. The condition was an emotional one and temporary—Penelope's eyes filled with tears and her heart and knees trembled. There is no mention of any abiding aphasia.

Of medicines we hear but little. Nestor in his youth killed Moulíos, who had to wife the eldest daughter of Augeias, the fair-haired Agamède, "who knew all the drugs the broad earth bears." This, taken in association with the above-mentioned treatment of wounds, suggests that there was already some knowledge of simples. This knowledge was sometimes turned to baser uses. In the *Odyssey* we read that the suitors feared that Telemachos might be intending to bring poisonous drugs from Ephyra, which he would put into the wine and destroy them. It will be remembered that it was from Ephyra that Odysseus obtained his arrow poison.

In a most famous passage of the *Odyssey* the use by Helen of a narcotic drug of Egyptian origin is described. The narrative tells how Telemachos visited Sparta in search of news of his father, and was told by Menelaos of the sad fate of many of the chieftains on their return from Troy, and, it continues, on hearing this they wept together in common sorrow. Whereupon Helen threw in to their wine "a drug which had the power to remove grief and anger, and to cause oblivion of all ills, and whoever mixes it in his cup and drinks would not shed a tear during the whole day, not even if his father and mother should die, nor though one should slay his brother or dear son with the sword, and he should behold it with his eyes. Helen, the daughter of Zeus, possessed such helpful, noble drugs, given to her by Polydamna, the wife of Thon, in the land of Egypt, where the fruitful earth bears drugs, many noble, many baleful, and whose doctors are more intelligent than other men, for they are of the race of Paion."

Many suggestions have been made as to the nature of this nepenthe pharmakon—grief-allaying drug. Some have supposed it was cannabis indica, which is known to have been used in Egypt in the sixteenth century A.D. This narcotic seems to have been cultivated first on the slopes of the Himalayas, and thence to have spread east and west, but no traces of its hempen fibres have been found in the mummy cases of Egyptian tombs, and in the time of Herodotus it had only penetrated as far as Scythia. A more plausible suggestion is that the drug was opium, for the poppy had been grown in Egypt from very early times, and Diodorus says that the secret of its qualities and preparation was preserved by the women of Thebes.

But there is no reference to opium in the genuine writings of Hippocrates, and its use and value were unknown to the early Greeks. The



mention of it in the above passage appears to be a poetic use of some traveller's story.

In the foregoing pages I have attempted to describe the state of knowledge of medicine and surgery at the time of the Trojan War. But let me say in conclusion, though it is superfluous, that one does not read Homer for medical information. We read him for the glory and tragedy of the events he narrates—for the scene between Hector and Andromache, for the story and ideals of young Glaucos, for the impassioned oratory of Achilles, for the tragic fate of Hector, for the piteous appeal of Priam. Though the beliefs and knowledge of the early Greeks differed greatly from those of to-day, the heart beat to the same emotions and the springs of conduct were identical. As Hector said: "It is not inglorious to die whilst defending his country, but his wife shall be safe and his children, and his house and inheritance shall be uninjured." Then, as now, "the fates have granted an enduring heart to man." Then, as now, "the race of men is as that of leaves, for some leaves the wind strews on the earth, but the verdant wood puts forth others, and so one generation of men springs up and another passes away."

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#### PARATYPHOID INFECTIONS.

Jay D. Whitham (*Military Surgeon*, November, 1916) emphasizes certain points concerning paratyphoid infections: 1. The disease is more common than is generally supposed; many cases with typhoidal symptoms, but negative Widal reactions, being paratyphoid fever.

2. Paratyphoid infections are extremely variable in their manifestations.

3. Carriers probably play the most important role in the transmission of the disease.

4. Endemics resembling food poisoning, due to paratyphoid bacilli, must be much more common than is generally supposed. The trench diarrhea of Europe is an example.

5. The disease, though usually mild, may cause extremely severe complications, even death.

6. Considerable evidence has been submitted by competent observers to show that antityphoid vaccination does not sufficiently protect against paratyphoid infections and that a polyvalent vaccine should be used if such protection is necessary.

7. The fighting forces in Europe have suffered greatly from paratyphoid infections which, it is possible, might have been prevented had polyvalent vaccine been used.—*N. Y. Med. Jour.*



## CURRENT MEDICAL LITERATURE

## HEREDITARY SYPHILIS.

The diagnosis of hereditary syphilis as the cause of chronic invalidism is pointed out by H. F. Stoll, Hartford, Conn. (*Journal A. M. A.*, Dec. 23, 1916). For many years some clinicians have realized that syphilis is a disease of the family rather than of the individual, he says, but it was only since the advent of the Wassermann test that it has been known how extensive these prenatal infections are. Spirochetes undergo certain changes in time and the symptoms occurring from twenty to thirty years after infection, and especially after prenatal infection, are often insidious in their onset and development, and the Wassermann test, so valuable in early syphilis, is rarely positive in adults with hereditary syphilis. For several years Stoll has been interested in the study of syphilitic families, and from this it seemed to him that if one groups together all the symptoms and physical signs of all members of a family, certain series of symptoms will always be found which are very suggestive, and in this way what was indefinite and unmeaning may become highly significant. He believes that the diagnosis of hereditary syphilis is not generally practiced, as no mention was made of it by well known syphilographers in four symposiums which he attended. Family histories as commonly taken are worthless. It takes a good deal of time to elicit all the facts. Before attempting to work out the diagnosis one must first appreciate what disease in the parent indicates syphilis or is highly suggestive. When the parent has had tabes or paresis the case is clear, and a history of aneurysm or aortic disease makes the infection probable, as well as apoplexy and sudden heart failure before fifty and cardiovascular renal deaths are possibly syphilitic up to 60. While syphilis is the most common cause of abortion, in certain families all pregnancies give living children. It is also a frequent cause of sterility. In the outcome of pregnancy when syphilis exists, one of several things may happen, such as abortion, premature birth, late appearance of syphilitic manifestations years after birth, and occasionally a healthy child is born. Certain stigmata may occur even when no absolute disease is transmitted, and we should suspect the possibility of hereditary syphilis in cases of constitutional inferiority. Too little attention has been paid to this particular disease as a cause of weaklings. The luetic test was positive in nearly all of Stoll's cases with negative Wassermann, but as they had been receiving potassium iodid, it is perhaps unwise to attach significance to this at the present time.



Several interesting family histories are reported illustrating these points. Care must be taken, however, in differentiating what might be called incidental syphilis and what we may diagnose as pertinent syphilis. As an example of the former, he mentions a case of pneumonia recently seen by him. The symptoms in two other sisters and in the father were such as would suggest familial syphilis, and it was unnecessary to ask questions or make blood tests, but this, he says, was clearly incidental to her pneumonia and it did not call for therapy at that time. If her convalescence, however, was protracted, he thinks the underlying hereditary taint might become pertinent and call for treatment. While the Wassermann test is undoubtedly the most valuable laboratory test discovered, it is not to be absolutely depended on. To the important dictum "When in doubt have a Wassermann test" Stoll would add, "Make an intensive study of the family before the Wassermann."

#### OBSERVATION ON PRURITUS ANI.

Dr. Wwight H. Murray, of Syracuse, N. Y., read the sixth annual report of his original research work on pruritus ani and valvae, adding reports of 25 cases to the former series of cases, making 123, the bacteriology of which shows 95 per cent. of the cases a streptococcic infection as the etiology for these troublesome conditions. He stated that his claim, that the streptococcus fecalis is the etiology of pruritus ani, is now confirmed by many leading physicians throughout the United States, who have been investigating the subject.

He finds from the experience of this past year that far better results are obtained by the use of autogenous vaccines with more than 1,000 million dead germs to 1 c.c.

He states that not one of the cases of pruritus ani and vulvae pruritus scroti in the 123 cases have had diabetes and, as a result of this, he questions very strongly whether diabetes is ever the cause of these conditions, unless as a complication, and under such conditions there would be a general pruritic condition of the skin.

Last year, in his fifth report, he described cases of pruritus ani that did not show improvement under the administration of the autogenous, streptococcic vaccine. These cases were later found to have a staphylococcic infection as a complication and when an autogenous staphylococcus vaccine was administered with the autogenous, streptococcic vaccine improvement resulted. He has found proof of this same condition during the past year and believes that these cases show a characteristic whitish appearance of the skin spots, particularly around deep skin fissures. Abstracted from American Proctologic Society report.—*The Medical Summary*, Sept., 1916.



## ABORTION.

A. H. Curtis, Chicago (*Journal A. M. A.*, Dec. 9, 1916), reports the case of a woman who had given birth to a child who had died within twelve hours and who in the former pregnancy had symptoms of genito-urinary disease, and who had a stillborn child. The patient recovered her general health after delivery but suffered from mild vesical symptoms. Examination of the urine showed, in culture, hundreds of colonies of hemolytic streptococci. The microscope revealed a strongly gram-positive coccus of rounded form and good size, always in pairs and often forming small clumps. In broth and in condensation fluid, chains of considerable length occurred. Litmus inulin was not acidified. Injection with a small dose of autogenous vaccine (10,000,000) was followed by a recurrence of lumbar pain and fullness. Intravenous injections of the culture were made in a rabbit in the earliest stage of pregnancy which was killed and examined six days later and revealed the characteristic signs of early pregnancy and convincing evidence of absorption of fetuses. Another rabbit two and one-half weeks pregnant was intravenously injected with a similar dose and the fetuses dwindled in seven days to half their former size. A patient of Dr. DeLee's gave birth to a stillborn child but Moody found a streptococcus which he obtained in pure culture from the placenta and from the heart's blood. A subculture of this organism was used for the study and except that growth did not readily occur on dry plates and hemolysis was not obtained on blood-agar slants, it was the counterpart of the streptococcus described above. A pregnant rabbit near term injected with this organism gave birth to nine young on the following day, four dead and the remaining five succumbing within a few hours. A month later, when two weeks pregnant, again injected and killed after five days, it showed half a dozen retrogressing fetuses. Organisms other than the streptococcus have the power to interrupt the course of pregnancy but do not materially affect these results. These are the facts: Streptococci have been isolated from women giving birth to stillborn children and have been obtained in pure culture from the placenta and from the stillborn fetus, and these cultures can cause fetal death in rabbits. The streptococcus encountered in these cases seems peculiarly adapted to infection of the genito-urinary tracts. Several closely and probably identical strains have been isolated from patients with uterine, tubal and kidney infections. This type is especially modified by and has special affinity for growth in the genito-urinary tracts and is characterized by persistence of infection, low virulence and richness of growth.

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## PERSONAL AND NEWS ITEMS

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Both Houses in the United States have voted \$250,000 to the National Sanatorium for Lepers.

The Middlesex College of Medicine and Surgery, Cambridge, Mass., has recently had \$350,000 donated to it for the enlargement of the building and for scholarships.

George Albert Turner, M.B., Ch.B., D.P.H., died recently at Johannesburg, S.A., was a noted army surgeon in South Africa.

Albert Groenewald, of South Africa, died recently. When the recent rebellion broke out in South Africa, he gave his services under Louis Botha and rendered splendid medical aid. He overworked himself in his attention to the wounded while ill and succumbed to an attack of dysentery.

James Little, M.D., LL.D., past president of the Royal College of Physicians, Ireland, and Professor of Medicine in the University of Dublin, died in the latter part of December.

William Cayley, consulting physician to Middlesex Hospital, died a short time ago at the age of 80.

Dr. Herman M. Biggs, New York State Commissioner of Health, has been granted a leave of absence to go to France to make a survey of the tuberculosis situation behind the trenches, to study measures for its relief, and to ascertain along what lines American assistance may be made most effective. This work is being undertaken by the Rockefeller Foundation. Dr. Linsley R. Williams, Deputy Health Commissioner, will act as commissioner during the absence of Doctor Biggs.

Dr. Paul Monroe Pilcher of Brooklyn, N.Y., a graduate of the College of Physicians and Surgeons, New York, in 1900, died at his home, from pneumonia, on Jan. 4, aged 40 years. Dr. Pilcher was first editor of the Long Island Medical Journal, established by the Associated Physicians of Long Island, and at the time of his death was consulting surgeon to the Eastern Long Island Hospital, Greenport.

It has been rumored for some time that General J. T. Fotheringham is to return to Canada to take complete charge of invalided soldiers throughout the Dominion.

Nursing Sister Laura Holland, a graduate of the Montreal General Hospital, has been awarded the Royal Red Cross medal, second class, for her services in the Gallipoli campaign.

Col. F. W. Marlow contends that there is not sufficient accommodation for returned soldiers.



The Medical Department of the University of Dalhousie, Halifax, has established a course of lectures on physical therapeutics, including x-ray, electricity, baths, climate, dietetics, etc.

By the will of Mr. Mary Elizabeth Cockburn, widow of late G. R. R. Cockburn, the following bequests were made: To the General Hospital, \$5,000; to the Hospital for Sick Children, \$2,000; and to the National Sanitarium, \$2,000, to endow a cot to be known as the "Major H. J. C. Cockburn, V.C. Cot."

Nursing Sister Florence Hunter has received the Order of the Royal Red Cross at Buckingham Palace a short time ago. After the ceremony she drove to Marlborough House to meet Queen Alexandria, who presented her with a book. She trained at Grace Hospital, Toronto.

One person in every 257 in Massachusetts is suffering from some form of mental disease and is under observation, according to the first annual report of the Commission of Mental Diseases, the successor to the old State Board of Insanity. The report states that the number of these persons is increasing so rapidly that accommodations are necessary for 658 more patients and 114 more nurses. On October 1, 1916, there were 18,710 persons under the supervision of the Commission, of whom 15,049 were insane, 2,876 feeble-minded, and 670 epileptic.

It is reported that plans are under consideration for the erection of a sanatorium at Atlantic City, N.J., at a cost of about \$1,000,000. Dr. Emory Marvel is said to be behind the project and has been assured unlimited support. Several sites along the beach are under consideration, and as soon as the plans have been perfected further announcement will be made.

After twenty years' service in the New York Department of Health, Dr. John S. Billings, now deputy commissioner of health and director of the bureau of preventable diseases, has offered his resignation, to take effect on May 1.

Colonel William C. Gorgas, surgeon general of the United States Army, and Dr. George W. Crile, of Cleveland, were awarded gold medals by the National Institute of Social Science, at the annual meeting of the organization held in New York recently.

The London Times announces that its Red Cross Fund, which the other London papers also are supporting, has reached the total of \$30,000,000.

The National Association for the Study and Prevention of Tuberculosis announces that its plans are complete for the publication of a monthly journal for physicians and research workers in tuberculosis, to be known as the American Review of Tuberculosis. The Transactions



of the annual meeting of the association will be discontinued and the papers presented at these meetings will be published in the Review.

A group of eleven physicians, most of them from New England, composing one of the Harvard surgical units, sailed from New York on January 20, for service in the hospitals in England.

Lieut. Geoffrey Machell, son of Dr. H. T. Machell, Toronto, who was with the 15th Battalion at the Somme, in the severe fighting in September, in which his brother, Maurice, was killed, and who has just recovered from an attack of trench fever, has been appointed assistant adjutant of the 5th Reserve Battalion, which is composed of the 92nd, 85th and 169th at Bramshott Camp.

Professor Fisher, of Yale, in advocating health insurance, says that about three million of the people of the United States are constantly ill. Sickness causes poverty, and poverty is a cause of disease. He notes that there was less poverty in Germany than in England until health insurance was established in the latter country.

Use of eighty beds of St. Joseph's Hospital, London, or if necessary, the whole institution, has been offered by Bishop M. F. Fallon, to the Military Hospitals Commission.

A dinner, at the King Edward Hotel, Toronto, was given to Col. H. A. Bruce, who is in the city on a short leave of absence from military duties.

The old Agricultural College building has been turned over in its entirety by the Provincial Government to the Military Hospitals Commission, to be used for hospital and convalescent home purposes.

Dr. D. E. Robertson, a member of the staff of the Toronto Hospital for Sick Children, who has been at the front for two years, is home and gave recently an interesting lecture on his experiences to the Graduates Nurses' Association.

Capt. Fred. R. Nicolle, a well-known surgeon, of Chatham, Ontario, who went overseas for active military medical services, has returned home on account of ill health.

A former local boy, Dr. Charles White, son of James White, of Woodstock, Ontario, has been appointed to go to France to take charge of all the voluntary relief work of the health service of the French War Department. Dr. White's appointment came from the Boston Committee of French Relief, and he will assume charge of the work of systematizing efforts of the French Government in stamping out tuberculosis among the soldiers in the camps and trenches. He sailed on February 10. Dr. White is at present Medical Director of the Tuberculosis League Hospital in Pittsburg.



Capt. A. J. Gilchrist, Toronto, after two years' active service overseas as a surgeon, is home on furlough. During the first week of the Somme Battle 25,000 cases passed through the hospitals.

Dr. Beland, M.P. for Beauce, Quebec, is still a prisoner in the hands of the Germans. He was just married and was in Belgium when the war broke out. He offered his services to the Belgians, and his wife acted as a nurse. He was made a prisoner and separated from his wife who died recently. Dr. Beland was not permitted to see her. The efforts made by the British and Canadian Governments have been unavailing to effect his release.

The 34th annual report of the Provincial Board of Health shows that very gratifying results have been obtained in the prevention of typhoid among the men of the C.E.F. through the anti-typhoid vaccine which has been supplied by the provincial board for the entire Canadian forces since the beginning of the war. Both at home and abroad the board's action in placing this product of its laboratory at the disposal of the Department of Militia and Defence has been entirely justified.

Dr. J. A. Todd's son Allan, who was a very efficient aviator in France, has been missing for some time. It is thought he may be a prisoner. Dr. Todd's other son, Dr. Harvey Todd, is home from the front on account of an injured arm.

Surgeon-General Jones will shortly relinquish his position as Director of the Medical Services to become Inspector-General between Canada, Britain and France. He will be succeeded by the next permanent officer in order of seniority, Col. Foster, now Canadian Deputy Director in France.

Seventeen were killed and forty injured out of the total number of passengers carried on the Canadian railways last year, according to the annual report of the Railway Commission. This is a small number of casualties when compared with the total passenger traffic of 41,551,031 persons. Of the total number of railway employes in the Canadian railway service 124,142, some 120 were killed and 788 were injured.

Mr. G. G. S. Lindsay, who has returned recently from China, stated that the regulations now in force would soon completely abolish the trade in opium.

Capt. McBeth, who will be in command at Hamilton Military Hospital, has had experience in various branches of the Army Medical Corps work, having served in the trenches as battalion medical officer and in the field ambulances and base hospitals in France. He will have as his assistant Capt. J. S. MacCallum, who won the Military Cross in France.

At a meeting of the Publicity Committee of the Toronto branch of the Provincial Association for the Care of the Feeble-Minded, held in



the board room of the Toronto General Hospital recently, plans were discussed as to the best means of arousing public interest in the work for these unfortunates. It was decided to have a list of speakers conversant with the subject available for societies and organizations wishing for information as to the plans of the association and what it is endeavoring to do, also to create an intelligent public opinion as to the needs and the care of the feeble-minded.

Col. F. W. Marlow, of Toronto, A.D.M.S. for Military District No. 2, who applied some time ago through Major-General Logie for an overseas post in the medical service, has been appointed to the overseas staff, and will leave shortly for England.

A Royal Red Cross of first-class has been awarded to Matrons H. Casault, E. C. Rayside, E. Russell and M. Smith, and the second-class to Nursing Sisters E. L. Bell, E. Boulton, C. Cameron, M. Clint, E. Drysdale, M. P. Ellis, M. C. English, H. L. Fowids, A. M. Gallop, G. A. Gray, R. Harvey, L. Holland, C. Hood, M. Howe, A. E. Johnston, J. Johnstone, M. MacAfee, H. A. MacLaughlin, M. R. Marsh, G. H. Mavety, N. C. McCurdy, G. B. McPherson, M. Motherwell, E. F. Pense, J. Robertson, M. Rose, I. J. Smith, I. D. Strathy, F. H. Wylie.

Colonel Nelson Spencer, of Medicine Hat, has been nominated by Sir George Perley as a Canadian member of the committee which looks after canteens, a share of the profits from which is devoted to patriotic funds.

Several improvements have been under taken in the Canadian Hospital at Cliveden. Col. J. A. Roberts, Toronto, recently returned from Saloniki, is now in charge; Lieut.-Col. D. W. Macpherson, having returned to Orpington. Colonel Roberts is gratified at the compliment bestowed on Canadian medical officers in every allied country. About a dozen nurses from Cliveden leave for France to-day. Other Laval nurses are being collected from different English hospitals.

Lieut.-Col. E. B. Hardy, the new Commandant at the Toronto Base Hospital, is a Toronto man, his residence being at the corner of Euclid Avenue and Bloor Street. He went overseas with the first contingent as second in command of No. 2 Field Ambulance, and was soon appointed commanding officer of that unit. He was with the first contingent and the Canadian Army Corps through all the battles in which the Canadians have figured on the western front, and was mentioned in despatches both by General French and General Haig for distinguished service in the second battle of Ypres, and on the Somme. He has been identified with the medical work of the Canadian militia since 1905. He was recently invested with the D.S.O. by the King.



Dr. Michael Steele, M.P. for South Perth, has taken action along the lines of establishing a Dominion Department of Health. He moved a similar notice at the session a year ago.

Lt.-Col. F. W. Marlow has resigned his position as A.D.M.S. of Military District No. 2, Toronto. Charged with responsibility and not sufficient control seem to be the chief reasons.

A short time ago, Sir Robert Borden said in the House that already 10,000 returned soldiers had received treatment under the Military Hospital Commission. The Commission had undertaken to provide vocational training for patients.

Mrs. F. N. G. Starr, honorary treasurer of the University Hospital Supply Association, acknowledges the sum of \$5,278.69 received since Oct. 11, 1916. During January, 1917, Mrs. F. B. Kenrich, convener of the packing committee, reports having sent to the Canadian Red Cross Society 41 cases, containing the following articles: pyjamas, 726; socks, 606 pairs; dressing gowns, 40; bed jackets, 24; day shirts, 42; surgical shirts, 144; Scultetus bandages, 66; sheets, 114; pillow cases, 348; towels, 96; miscellaneous articles, 345. In addition 5 cases of socks, each containing 126 pairs, were sent to the Canadian War Contingent Association through the Soldiers' Comforts, 80 King Street west, making a total of 46 cases for the month.

Col. (Dr.) H. G. Barrie has left his home in Kuling, China, for active services at the front. He was twice honored by the Serbian government. He is a former Torontonian, and married a daughter of the late Senator John Macdonald. His wife and three children remain. During the South African War Dr. Barrie did excellent work in organizing the Y.M.C.A. on the battlefield. When in Serbia he contracted typhus fever, and had to return to China for a rest.

Mrs. Langrill, wife of Dr. John A. Langrill, of Hamilton, died at her home there on 9th February, in the 70th year of her age.

Dr. George E. Wilson, who went overseas with the University of Toronto Hospital, was at Malta for some time on sick leave.

Dr. T. M. Brandon, formerly of Walford, has taken the office formerly occupied by Dr. J. B. Martyn, of Alvinston, Ontario.

Drs. R. J. Wilson and K. C. Cairns are home in Toronto on sick leave from the C.A.M.C., England.

Col. J. A. Roberts, Toronto, and Col. H. S. Birkett, Montreal, both in overseas services in the C.A.M.C., have made companions of the Bath.

Dr. George Clingan, Brandon, Manitoba, has been officer commanding of the Canadian Convalescent Hospital at Monks Horton, England.



The following have been mentioned in despatches for their work at Saloniki: Col. J. Roberts, Lt.-Col. W. B. Hendry, E. C. Hart, Major C. H. Morris, and Capt. W. A. Clarke.

Dr. C. C. Tatham has been appointed Medical Superintendent of the Strathcona Hospital, Edmonton, which is now under the control of the Military Hospitals Committee.

Dr. W. L. Whitemore, grandson of the late Dr. Oldright, some time ago awarded the Military Cross, has been in Toronto for a short time convalescing from his wounds.

The following promotions have been made: To be Lt.-Cols., C. L. Starr, G. R. Phillip and D. King Smith; to be Majors, Harly Smith, C. Hunter, T. D. Archibald, and T. H. McKillop.

Col. (Dr.) R. M. Simpson, of Winnipeg, has been fully exonerated of any improper connection with certain charges in the Kelly contracts.

Dr. W. F. Mickle, M.P., Kingston, has been added to the Hospitals Commission, on account of his valuable services in securing accommodation for returned soldiers.

Dr. C. Stewart Wright, of Toronto, was married recently to Miss Meta W. Rankin, at Colerain, Ireland.

Capt. Gordon Gunn, M.D., R.A.M.C., of Edmonton, has been recommended for distinction on account of conspicuous bravery.

Dr. Gordon Malcolm, of Lac du Bonnet, Man., has joined the Staff of a Field Ambulance for Overseas service. He is a graduate of the University of Toronto.

Capt. (Dr.) Harry R. Smith, a Toronto graduate of 1914, joined the R.A.M.C. on the outbreak of the war. He was attached to the First King's Own Royal Lancaster Regiment. He was wounded sometime ago.

Capt. (Dr.) D. J. MacKay, C.A.M.C., went overseas for service and recently returned. He has been appointed medical officer of the 118th Waterloo Battalion.

Temporary Col. (Dr.) Arthur E. Snell, a graduate of the University of Toronto, has been decorated with the Distinguished Service Order for his efficient work in the C.A.M.C. at the front. He was attached to Field Ambulance No. 2. He belonged to the London Military District.

Lieut. Charles Stuart Wynne, who was a house surgeon at the Toronto General Hospital, has been awarded the Military Cross for attendance upon the wounded all night in the open, and saving many lives.

The Sanatogen Company, which was in German hands, was taken over by the government and has been disposed of to British capital.



There are over two million children in Belgium who have been held captive for over two years, and who have been maintained by the generosity of voluntary subscriptions through a neutral commission.

Through the good offices of the Pope and the Swiss Government, prisoners in Germany who are ill with tuberculosis, but not regarded as incurable, are being interned in Switzerland.

The American Society for the Prevention of Cancer is doing excellent work. The literature that is being circulated is of a valuable character from the educative point of view. Nurses are being taught to recognize the disease in its early stage.

The Canadian Medical Association will meet in June. Dr. Jane-way, of Baltimore, will give the address in medicine.

Dr. D. W. McKenzie has been appointed neologist-in-chief to the Royal Victoria Hospital, Montreal. He was formerly associate urologist of Bellevue Hospital, New York.

Dr. Louise A. Pennington, of Ottawa, has been appointed house surgeon to the Wolverhampton and Staffordshire General Hospital at Wolverhampton, England.

A Jewish maternity has been opened in Montreal. The building is well equipped for twenty patients.

Dr. J. H. King, of New Brunswick birth, is Minister of Public Works in the British Columbia Government; and Dr. J. D. MacLean is Provincial Secretary. They are both McGill graduates.

Dr. James Douglas, of New York, has donated \$15,000 to McGill University. Part of this sum is to be set aside as an endowment fund for the publication of original papers from members of the different faculties.

Queen's University Hospital at Etaples, in France, has accommodation for 2,290 patients. The staff of nurses and orderlies had to be considerably enlarged.

Mrs. Wagner, widow of the late Dr. W. J. Wagner of Toronto, died on 23rd February at New Liskeard. The funeral took place from the residence of her son, Dr. Charles Wagner, 21 Gerrard Street East, Toronto.

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## OBITUARY

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### COL. CHARLES W. GORRELL, M.D.

Charles Wilson Gorrell was born at Farran's Point in 1871. He attended McGill University, where he graduated as M.D., C.M. in 1894.



On graduating he became an assistant in the Montreal General Hospital, and in 1895 he became medical superintendant of the Garrett Hospital, Baltimore. Later he became a member of the staff of St. Luke's Hospital, Ottawa. Prior to the breaking out of the war he held several military appointments, and has risen to the rank of Lieutenant-Colonel in 1896, and in 1907 was P.M.O. for Ottawa military district. On the outbreak of the war he went to Britain in the C.A.M.C.; and at the time of his death was in charge of the Duchess of Connaught Hospital at Toplow. A non-commissioned officer in the hospital was convicted of taking bribes from tradesmen. The circumstances appears to given Dr. Gorrell much worry. He was found dead in his room. It was thought he had taken a dose of hydrocyanic acid, as a druggist said he had sold the doctor some a short time before. There was no suspicion resting upon Col. Gorrell of anything wrong in connection with the administration of the hospital other than that he had not been strict enough.

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JOHN NIXON THOMPSON, M.D.

John Nixon Thompson, M.D., died at his home on 22nd January, in Omemee, aged 70. Born in Newtonville, Ont., Dr. Thompson practised in Mount Pleasant and Bocaygeon, and then in Omemee for the past thirty years. He leaves a widow and family of seven: Wesley J., of St. Paul, Minn.; R. J., of Toronto; W. H. of Edmonton; Mrs. W. Watson, of Cobocok; Miss Annie, of Toronto; Mrs. T. Cook, Chengtu, China, and Mrs. J. Coulter, at home. The remains were taken to Toronto and interred in Prospect Cemetery.

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LT.-COL. R. C. McLEOD, M.D.

Lt.-Col. McLeod was officer commanding the St. Francis Xavier Hospital Unit and died at Bramshott, England, on 4th January, of spinal meningitis. His remains were brought to Nova Scotia. He was born at Magaree, Cape Breton Island, in 1864. He graduated from the University of New York. His death was caused by anthrax infection.

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JAMES DORLAND, M.D.

Dr. Dorland died at home in Adolphustown, Ontario, on 10th Dec. last. He graduated from McGill University in 1875, and for a number of years followed his professional work in Chicago and Milwaukee. In 1905 he located in Adolphustown. He was in his 66th year. His only son is at the front.



## WARREN KILBORN, M.D.

Dr. Kilborn, of Sharbot Lake, died last December. He was born at Frankville, Ontario. He graduated from Eclectic Medical College, Philadelphia, in 1866, and was in practice at Sharbot Lake for nearly fifty years.

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## SIR FREDERICK BORDEN, M.D.

Sir Frederick Borden died at Canning, Nova Scotia, on 6th Jan., 1917, at the age of 70. He was a graduate of Hoover University in 1868. He followed his profession for many years in Canning. Sir Frederick became well known as Minister of Militia for a number of years.

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## LIEUT CHARLES EVERETT THOMPSON, M.B.

Lieut. (Dr.) Thompson died of pneumonia on 3rd February, at the Military Base Hospital, Toronto. He was the second son of Mr. R. A. Thompson, Principal of Hamilton Collegiate Institute. Dr. Thompson was a graduate of less than a year's standing, and at once entered the C.A.M.C.

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## GEORGE R. CAMP, M.D.

Dr. Camp died at Sheffield, N.B., on 14th January. He was born in New Brunswick in 1850. He was a graduate of Bowdoin College, and had always practised in Sheffield. He had a large practice and was highly esteemed.

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## HARRY GRAY FAIRBANKS, M.D.

Dr. Fairbanks was a native of Halifax, N.S., where he was educated, graduating in 1895 from the University of Dalhousie. He located in Harcourt, N.B., where he practised until the time of his death.

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## HENRY HOUGH, M.D.

Dr. Hough graduated from Victoria University in Arts in 1855, and in Medicine in 1864. He engaged in newspaper work shortly after graduating and established the Cobourg World which he carried on for



twenty-five years. He removed to Toronto in 1885, but never took up practice. For many years he was on the Senate of Victoria University. At the time of his death he was in his 80th year.

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WILLIAM WAKE MCKENZIE, M.D.

Capt. (Dr.) W. W. McKenzie died very suddenly at Shorncliffe, England, on 19th February. He was the son of Mr. Thomas McKenzie, Bursar of the Mercer Reformatory. He went overseas with 83rd Battalion, but was transferred to the staff of the Military Hospital at Shorncliffe. He was born in Toronto twenty-six years ago, and was educated at Parkdale Collegiate Institute and the University of Toronto, where he graduated in the spring of 1914. Prior to enlisting he was medical officer to the asylum at Hamilton.

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BOOK REVIEWS

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PHYSICAL DIAGNOSIS.

**A Manual of Physical Diagnosis.** By Austin Flint, M.D., LL.D., late Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College, etc. Seventh Edition, revised by Henry C. Thacher, M.S., M.D., Associate in Medicine in the College of Physicians and Surgeons of Columbia University; Assistant Attending Physician, Roosevelt and Lincoln, New York. Illustrated. Lea and Febiger. Philadelphia and New York, 1917. Price in Cloth \$2.50.

The name Flint is a good one to conjure, by Professor Flint, who for long was known as Dr. Flint, Sr., was the author of that monumental work on the Practice of Medicine. Among his writings his book on Physicæal Diagnosis was a general favorite among students. It is gratifying to many that this stimulating volume has been brought out in a new edition by so able and sympathetic an editor as Dr. Thacher. This book covers the essential questions of percussion and auscultation in health and disease. The physical basis of auscultation and percussion, diagnosis of diseases of the respiratory organs, physical conditions of the heart in health and disease, physical diagnosis of diseases of the heart, and examination of the abdomen. There is one feature about the writings of the late Dr. Austin Flint that stands out boldly, namely, the clearness with which he was able to express his views. No one need misunderstand him. He who runs may read. Step by step the author leads the reader on as he clears up his statement of conditions and their description. The editor is to be congratulated in having brought out this classic.



## THE PRACTICE OF GYNECOLOGY.

A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. Easterly Ashton, M.D., LL.D., Professor of Gynecology in Graduate School of Medicine of the University of Pennsylvania. Sixth Edition, Thoroughly Revised. Octavo of 1,097 pages with 1,052 original line drawings. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$6.50 net; Half Morocco, \$8.00 net. Canadian Agents: The J. F. Hartz Co., 24-26 Hayter St., Toronto, Ont.

This work was given to the profession in 1905. It has run into its sixth edition, and several of the editions have been reprinted. This indicates a unique degree of popularity when we bear in mind that the book contains nearly 1,100 pages. The whole field of gynaecology is fully covered from the methods of examining the patient to the major operations. There is a great deal of reading matter, as the type, though clear is of medium size. There is a wealth of illustration that at once attracts the reader's attention. These illustrations merit special mention for the sake of their excellency both in their artistic finish and for their educative value. The paper, binding and typography are all that one could wish for. The real value of this work, however, is to be found in what the author has to say on the etiology, pathology, diagnosis, and treatment of women's diseases; and in this volume all these are set forth with remarkable clearness. The author lays particular stress on treatment, and intersperses his general words with many examples of useful formulae. These practical aids and suggestions are of the utmost value. It is needless to remind our readers that no morbid condition of the female pelvic organs is overlooked; for they all find a place in this large and complete volume. There runs through the book a regular system of arrangement that renders its study easy and pleasant. Everything is in order and in its own place. All topics are discussed fully, and yet there are no repetitions and useless verbiage. It has always been a pleasure to review this work, and the thorough revision this edition has undergone adds to this pleasure.

## DISEASES OF THE SKIN.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By Henry Stelwagon, M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Eighth Edition, thoroughly revised. Octavo of 1,309 pages, with 356 text-illustrations, and 33 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$6.50 net; Half Morocco, \$8.00 net. The Canadian Agents: The J. F. Hartz Co., 24-26 Hayter St., Toronto.

Stelwagon's work on diseases of the skin is so well and favorably known as to need no introduction to the medical profession. The first



edition appeared in 1902, and since then it has undergone repeated revisions and has many times been reprinted from the same edition. It has now reached the eighth edition, carefully revised and enlarged. There are 356 illustrations of which 35 are new. There are also 33 colored plates. The publishers have chosen the very best of paper which has the double merit of bringing out both type and cuts to advantage. On diagnosis the remarks of the author will always prove most helpful. Throughout the volume there is a genuine wealth of suggestion on treatment. It may be said that in no field of medical practice is the resources of the attendant more likely to be taxed than in dermatology; and it is here that this work will prove a real help in time of need. For this volume we have only words of unstinted praise, and trust it may have a circulation in keeping with its merits.

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### THE MEDICAL CLINICS OF CHICAGO.

The Medical Clinics of Chicago. Volume II, Number IV (January, 1917). Octavo of 231 pages, 20 Illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Published Bi-monthly. Price per year: Paper, \$8.00; Cloth, \$12.00.

This is a praiseworthy number and keeps up the high record of the series. We can recommend to our readers these Clinics.

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### MISCELLANEOUS

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#### MEMORIAL RE THE LATE DR. OLDRIGHT.

The Academy of Medicine, Toronto, in expressing its sense of loss in the death of Wm. Oldright, M.A., M.D., one of its most esteemed Fellows, desires to place on record its appreciation of the interest he took in the Academy's operations as one of its original Fellows, and of his work on her behalf as an active Fellow until near the close of his life.

Graduating in Arts at the University of Toronto in 1863, with a gold medal in Modern Languages; and in Medicine with high honors, in 1865, Dr. Oldright began his professional career under very favorable auspices. The more so because of the advantage he had enjoyed of much personal intercourse with his preceptor, the late Dr. W. T. Aikins, a wise physician, experienced surgeon, and a hygienist years in advance of his time. Dr. Oldright's academic training stood him in good stead, and



when he settled in Toronto to practise enabled him to take the position of Lecturer on Italian and Spanish in University College, which post he held for fourteen years, retiring in 1883. Willingness to work and a strong desire to succeed, coupled with a knowledge on the part of the authorities of his solid qualities, soon secured him a position on the staff of the Toronto School of Medicine, which he occupied until it ceased to be. There he was chiefly engaged in the Departments of Sanitary Science and Pathology and in organizing a Museum. Upon the resuscitation of the Faculty of Medicine of the University of Toronto, in 1887, Dr. Oldright became Professor of Hygiene and Sanitary Science. He was, indeed, a faithful steward and indefatigable worker in the cause of public health, as most of the Fellows of the Academy can testify. As first Chairman of the Provincial Board of Health upon its formation in 1882, he had already shown great energy and done effective work in the cause of Sanitary Science. He also discharged acceptably the duties of Associate Professor of clinical surgery, being attached to the surgical staff of St. Michael's Hospital.

Personally, he had an exquisite sense of the obligation of duty, a punctilious regard for the amenities and proprieties; always the courage of his convictions, and a great tenacity of purpose and perseverance in spite of difficulties in attaining legitimate and worthy ends. Withal he was of mild manner and gentlemanly deportment.

Dr. Oldright was a devoted son of his Alma Mater. He set a fine example in the interest he evinced as a member of Convocation and later of the Alumni Association, and for eighteen years he served the University very faithfully as a member of the Senate. His many colleagues in academic life and confreres in our profession, his multitude of friends, and the legion of those who owed much to his professional care and skill have ample reason to cherish kindly memories of the Christian gentleman whose loss the Academy now laments.

Resolved that a copy be sent to the widow with an expression of the sincere sympathy of the Fellows of the Academy.

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#### MEMORIAL RE THE LATE DR. GEIKIE.

At the stated meeting of the Academy of Medicine, Toronto, held on the sixth of February, 1917, it was unanimously resolved that this resolution be spread upon the minutes, and that a copy be sent to the family of the late Dr. W. B. Geikie.

That in the passing of Walter Bayne Geikie, M.D., D.C.L., Canada has lost an outstanding figure in the history of the development of medical education, and of the social and religious life of the people. In the feeling of this loss the Fellows of the Academy fully share and extend to the members of his family their sincere sympathy.



Born in 1830 and reaching his eighty-seventh year, it was given him to see, at its inception, every important forward movement in modern medicine. He was one of that great group of teachers who filled the era between the time when a medical education was picked up in the office of a preceptor and the present time—the era of fully equipped laboratories and highly specialized instruction.

Among his associates were such men as Rolph, Aikins and Richardson, of whom any country and any age might well be proud. They took raw country lads, communicated to them something of their own enthusiasm and made of them the practitioners who have served our country so well for the last half century.

Dr. Geikie in a rare degree won the confidence and retained the esteem of his students and of his co-workers. He was a man of strong convictions and great courage, overcoming by the force of his will every obstacle that lay in the way of achieving his aim. Those who were most closely associated with him were well content to remember him for his steadfast friendship.

Dr. Geikie's sympathies extended far beyond merely medical concerns, for he took a deep interest in everything that made for a notable type of citizenship, and the advancement of the moral and religious life of all, as was made abundantly manifest by his long connection with the Bible Society, and a number of benevolent and philanthropic associations.

The Academy of Medicine is deeply indebted to him for a valuable donation of many volumes, the collection of his long career as a medical practitioner. It was such acts that endeared him to a wide circle of friends.

Brave of heart as he was, when the last battle had to be fought, it was not on human courage alone that he had to depend. He knew in Whom he had believed and was sustained by an unshaken trust in that Saviour Whom so long and so faithfully he had endeavored to serve. He might well have said:

“I was ever a fighter—so one fight more,  
The best and the last!  
I would hate that death bandaged my eyes, and forbore,  
And bade me creep past.”

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#### MEMORIAL RE THE LATE DR. GORDON.

In the death of Dr. A. R. Gordon on December 17th, 1916, the Academy has lost one of its prominent Fellows whose ability and skill as a physician were highly appreciated and whose relationship to his colleagues in the Academy as a true friend was greatly valued.



Dr. Gordon, who died at the age of fifty-three, enjoyed the confidence of a large number of citizens of Toronto who sought his services as a physician. He was a most successful teacher of clinical medicine at the Toronto General Hospital where he won the admiration and respect of many students in recent years. His many friends in the Academy will share with many other citizens of Toronto the sense of great loss which they will feel deeply and sincerely.

Dr. Gordon graduated in medicine from the University of Toronto in 1890. Soon after graduation he acquired a very large practice. Of late years he restricted himself to the work of a consulting physician and, more recently, specialized on diseases of the heart. In pursuit of investigations on cardiac affections, he had worked with Sir James Mackenzie and, had he lived, it was his intention to devote his energies exclusively to that department of medicine.

In 1903 Dr. Gordon was appointed Associate Professor of clinical medicine in the University of Toronto and held this appointment at the time of his death. In the Toronto General Hospital he was senior assistant physician and in that institution his teaching and clinical work were characterized by rare accuracy, efficiency and thoroughness.

Shortly after the Great European War broke out the University of Toronto offered a Base Hospital for service in the field officered by members of the University Staff. Dr. Gordon was among the first to volunteer for duty and, with the rank of Lieutenant-Colonel, was attached to the staff of the hospital which became known as No. 4 Canadian General Hospital, now doing duty at Saloniki. After the necessary preliminary training in Canada he sailed with this Unit for England, but was invalided home because of the serious nature of the illness which manifested itself when he was on active service. The loss of his services in this hospital was greatly felt and it was with keen regret his fellow officers parted with him at Shorncliffe.

The Academy, while recording their sense of deep regret in the death of Dr. Gordon whose broad sympathies and exceptional ability endeared him to the individual members, wish to extend to Mrs. Gordon, and to her children their most respectful sympathy in the great personal loss which they have sustained.

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PRESENTATION TO THE TORONTO ACADEMY OF MEDICINE  
OF A NUMBER OF PORTRAITS.

By Dr. John Ferguson, President.

Galen (131-201 A.D. The greatest Greek physician after Hippocrates. He was the founder of experimental medicine. He was an architect's son and was born in Pergamus. He was of a very restless nature



and travelled much, and settled for some time in Rome, where he became the leader in the profession. He was a versatile and widely read man, rather than a genius like Hippocrates. He introduced the custom of giving mixtures containing many ingredients, or an elaborate system of polypharmacy. This remains with us under the name "Galenical." His theory of disease combined the Hippocratic humoral theory, the Pythagorean theory of the four elements, and his own theory of a spirit or *pneuma* penetrating all parts. He was the most voluminous of all the ancient writers. He was responsible for three superstitions that long dominated medicine. The first was the doctrine of vitalism which held that the blood was endued with a natural spirit in the liver, vital spirit in the heart, and animal spirit in the brain. The second was the notion that blood passed from the left to the right side of the heart through invisible pores in the septum. The third was that pus was the natural method of the healing of wounds, and this gave the foundation to the term, "healing by second intention." His theory of laudable pus and the use of setons, though combated by Mandeville, Paracelsus and Pari, was not overthrown till the days of Lister.

Leonhard Fuchs (1501-1566) was born in Bavaria. He graduated at Ingolstadt in 1521, and in 1524 was licensed to practise. In 1526 he was appointed professor of medicine in Ingolstadt. In 1535 he was appointed to the chair of medicine in the University of Tubingen, a position which he held till his death in 1566. He was a distinguished botanist, and wrote a work on this subject, called "*De Historia Stirpium Commentarii Insignes*," which appeared in 1542.

He had much experience with the plague, known as "The English Sweating Disease." He translated some of the writings of Hippocrates and Galen, but in practice was a follower of the latter.

Sir Samuel Garth (1661-1719) was both a physician and a poet. He attended the University of Cambridge, and graduated there as B.A. In 1676 he obtained his M.A. and became a member of the College of Physicians in 1691. In 1699 he wrote a mock heroic poem called, "*The Dispensary*." He was the only doctor who was a member of the Kit-Kat Club. He was knighted in 1714 by George I. He was a famous Latin scholar. In his *Dispensary* the dispute between physicians and apothecaries reaches its height. He is reputed to have had a large practice.

Jean Astruc (1684-1766) was a noted French physician. He graduated from Montpellier in 1703. In 1710 he secured the chair in *Anatomy* in the University of Toulouse. In 1717 he was appointed professor of medicine in Paris. He published a Treatise "*De Morbis Venereis*" in six volumes.



John Brown (1735-1788) was one of a long line of Browns that are famous in Edinburgh history. He was a quarrelsome fellow, and fell out with his colleagues, and especially with the gentle William Cullen, Professor of Medicine, who had done so much to promote Brown. Allbutt speaks of him as "the disputations Brown." In 1780 he published his "Elementa Medicinæ," in which he violently attacks the theories of others and advances his own. He became noted as the propounder of the Brunonian or Brownism Theory of disease. In this he contended for the excitability of the tissues as against Haller's Theory of their irritability. Broussais took up Brown's theory, and modified it. According to Brown, strong stimulation caused sthenic diseases, and weak stimulation asthenic conditions.

Wm. Mudge (1721-1793) was the son of Rev. Zachariah Mudge and was born in Bideford, Devonshire. He was a very successful practitioner due to his skill and pleasing manner. In 1777 he published a treatise on the "Inoculated Smallpox," showing inoculated form of the disease was milder than when contracted in the usual way. He was made a Fellow of the Royal Society and won the Copley Medal for his investigations on telescopic lenses, securing perfect parabolic curves, and thus bringing Sir Isaac Newton's work to completion. He published a method of curing catarrhal coughs by an inhaler. He practised in Plymouth. In 1784, King's College, Aberdeen, conferred on him the degree of M.D. honoris causa. On one occasion Sir Joshua Reynolds and Dr. Samuel Johnson were his guests, and the picture now presented is from the painting by Reynolds. He is spoken of in Boswell's "Life of Johnson" as "the famous physician."

Joseph Black (1728-1799). Dr. Joseph Black was an eminent chemist and held the chair of chemistry for many years in the University of Edinburgh. His original researches on specific heat and the capacity for heat, and his subtle investigations on latent heat, made him famous and laid the foundation for a genuine system of physical chemistry. He proved that quickened lime gave off a gas, which was the same as that given off from the lungs in expiration. A step further and he would have discovered the physiology of respiration. His treatise on the acid humor arising from food is a classic, and shows what a keen insight he had into the many problems of metabolism.

William Buchan (1729-1805) was a noted Edinburgh character. Some of us, whose memories go back for several decades, may be able to recall seeing a portly volume occupying a conspicuous place in the homes of those days, which was called "Domestic Medicine." It is interesting to look upon the face of the author of what was, for that period, so much



sound advice. His book was an honest effort to lay before the people useful information.

Johann Christian Reil (1759-1813) is known to all by a part of the brain bearing his name, namely, The Island of Reil. In 1787 he became professor of medicine in the University of Halle. In 1810 he was appointed to a similar position in the University of Berlin. In 1796 he started the "Archiv für die Physiologie." This publication continued till 1815 and ultimately became the famous "Müller's Archiv." He wrote a work called "Rhapsodies on the Psychic Treatment of Insanity" which appeared in 1803.

Sir Henry Halford (1766-1844) was the son of Dr. James Halford. Sir Henry's brothers were all distinguished men. One was a judge of Common pleas, one was Dean of Chester, one was British envoy to the United States, and another was Master of the Temple. Sir Henry graduated from Oxford as B.A. in 1788 and M.D. in 1791. He studied for some time in Edinburgh. On locating in London his genial manners soon made for him many friends. He became physician to Middlesex Hospital in 1793, and fellow of the Royal College of Physicians in 1794. George III made him his physician and knighted him. He was also physician in turn to George IV, William IV, and Victoria. He was for many years at the head of the London medical profession and was President of the Royal College of Physicians from 1820 till his death in 1844. He gave lectures or published articles on Climacteric Diseases, Tic Douloureux, Gout, Shakespeare's test of Insanity, the deaths of some illustrious persons of antiquity, the influence of some diseases of the body on the mind. When the coffin of Charles I was opened in 1813 he was present and wrote a minute account of what he saw. His orations before the College of Physicians ran through several editions. A number of royal favors and honors were bestowed upon him.

Benjamin Travers (1783-1858) was a London notable and one of Sir Astley Cooper's pupils, and assisted Cooper in bringing out the valuable surgical essays of 1818, to which he contributed his interesting paper on diseases of the veins. In 1809 he successfully ligated the Common carotid artery for an aneurism of the orbit. He was a follower of Broussais, who taught that constitutional irritation was a cause of disease. In 1820 he published his work on disease of the eye, the best that had appeared up to that date.

Benjamin Collins Brodie (1783-1862). Sir B. C. Brodie led the profession in London for forty years. He was the son of a Wiltshire clergyman, who was a Jacobite refugee from Scotland. He was assistant and then full surgeon to St. George's Hospital from 1808 to 1840. In his early professional career he conducted some important physiological researches for which he received the Copley Medal. In 1919 he pub-



lished his great work on "The Pathology and Surgery of Diseases of the Joints." He was a pioneer in subcutaneous surgery. He held firmly to the view that the main duty of a surgeon was to save limbs, not remove them. He was adored by students and patients. He was president for a time of the Royal College of Surgeons.

Michael Faraday (1791-1867) is noted as a great chemist and physicist. He made very many important discoveries in heat, light and electricity, which bear closely upon medical science and progress. From him we have the term "Faradism." He was the son of a very poor smith and at the age of thirteen entered the employ of a bookbinder and stationer. While in this position, through the kindness of a friend he was given three tickets to lectures that were to be delivered by Sir Humphrey Davey. He took notes of these lectures and sent them to Sir Humphrey. Shortly afterwards Sir Humphrey sent for him and made him his assistant. Faraday was of slight and frail physique, but endowed with tremendous energy, and no skull ever contained a more active brain. In all his walk and conversation he was a perfect gentleman.

James Wardrop (1782-1869) was an Edinburgh Scot and graduated from the University of his native city. He settled in London in 1809. In 1808 he wrote his famous "Essay on the Morbid Anatomy of the Eye." He adopted the method of treating aneurisms that had been suggested by Brasdor in the eighteenth century by tying the artery on the distal side of the tumor. In 1909, he performed this operation twice successfully on the carotid, and in 1827 he successfully ligated the subclavian for aneurism of the innominate.

Benjamin Ward Richardson (1828-1896) is worthy to find a place among any collection of noted physicians. He was not as a voice crying in the wilderness; but a true force and reformer in the great field of preventive medicine. For this work he was knighted in 1890. Among his writings may be mentioned "The Disciples of Aesculapius," "Preventive Medicine," and "The Asclepiad" which he issued from 1885-95. His writings have a special verve which carries the truths they contain home. To those who knew him in life it will be a genuine pleasure to look upon his face again.

The Alchemist is a beautiful old engraving. Connoisseurs tell us that this picture is now very rare. It was engraved by Baillie after the famous painting by Teniers. Just note the intense eagerness of the Alchemist as he works in his primitive laboratory in search of "The Elixir of Life" or some method of turning one of the common metals



into told. As we view the steadfast face we recall the words of Omar Khayyam:

“The Sovereign Alchemist that in a trice  
Life’s leaden metal into gold transmutes.”

The costume of the physician in Holland of the date of 1640 is interesting. Truly it may be said, *tempora mutantur et matamur in illis*. If we could only induce our lecturers to appear in such a dress we would be sure of a full house. The great poet tells us:

“Costly they habit as thy purse can buy,  
But not expressed in fancy; rich, not gaudy;  
For the apparel oft proclaims the man.”

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#### PENSIONS IN CANADA.

The Dominion Government have appointed a Board of Pension Commissioners for Canada with offices in Ottawa. As this Board wish to cause as little delay as possible in dealing with communications with regard to pensions, they wish the public to correspond directly with the Board of Pension Commissioners, Ottawa.

A great deal of delay may be caused by communications being sent through other Departments of the Government.

The Patriotic Fund Association and the Military Hospitals Commission have kindly consented to give information and assistance to those wishing to write direct to the Board of Pension Commissioners. These societies have offices in certain localities throughout Canada.

In addition, in order to facilitate the granting of pensions, the Board is opening branch pension offices in Vancouver, Calgary, Edmonton, Regina, Winnipeg, London, Hamilton, Toronto, Barrie, Kingston, Ottawa, Montreal, Quebec, St. John’s and Halifax. All information with regard to pensions may be obtained from these offices.

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#### PROVINCIAL SUPPLY OF ANTITOXIN.

The Provincial Board of Health for Ontario has completed a year’s contract for the supply of diphtheria antitoxin, tetanus antitoxin, anti-meningitis serum, smallpox vaccine and Pasteur preventive treatment for rabies. These as well as mixed typhoid and paratyphoid vaccine are supplied free to the public all over the province. Diphtheria antitoxin costs the Board fifteen cents per 1,000 units, in vials, tetanus antitoxin thirty cents per 1,000 units, in vials, anti-meningitis serum \$1.00 per 20 c.c., smallpox vaccine four cents per capillary tube and Pasteur treatment \$15.00 per person treated. Mixed typhoid and paratyphoid



vaccine is prepared and supplied free by the Board's Laboratory in Toronto. The aggregate cost of supplying the province for the year is about \$40,000 or about one-quarter of the cost under commercial prices. All these products except typhoid vaccine are obtained from the University of Toronto and are prepared at the Connaught antitoxin laboratories about twelve miles outside of the city. Needless to say the enterprise of the Board is the subject of many appreciative remarks by the public and the medical profession.

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#### NURSES ASKED TO FIGHT CANCER.

Nurses, especially those engaged in public health work, can do much to prevent unnecessary deaths from cancer, according to a special bulletin published recently by the American Society for the Control of Cancer. Many patients, especially women, it is pointed out, will speak to a nurse about the danger signals of this disease, such as lumps, persistent sores, ulcerations and other irregularities, when they would hesitate to call a doctor. Attention to these apparently trivial conditions, says the bulletin, often means the actual prevention of cancer or at least its discovery in the early stages when the hope of cure is greatest.

In promoting the special education of nurses so that they may be prepared to act as advance scouts in discovering this insidious enemy, the Society for the Control of Cancer has obtained the co-operation of national, state and local nurses' associations. All the leading schools of nursing have been urged to provide special lectures on the early signs of this disease so that nurses, when they take up their professional work may be equipped with the necessary knowledge, not to make a diagnosis themselves but to see that people with suspicious symptoms receive prompt and competent professional advice. Through the co-operation of the National Organization for Public Health Nursing, the special bulletin above referred to, is being sent to several thousand visiting nurses' associations and prominent individual nurses throughout the country. Copies may also be obtained from the American Society for the Control of Cancer, 25 West 45th Street, New York City.

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#### CONTAGIOUS DISEASES IN ONTARIO.

Except for an increase in diphtheria and a slight gain in scarlet fever the health of the Province during January, so far as communicable diseases is concerned, was better than in January, 1916. Measles was too much in evidence but at that the total was well behind that a year ago.

The detailed returns show:



	Jan., 1917		Jan., 1916	
	Cases	Deaths	Cases	Deaths
Smallpox . . . . .	9	0	21	0
Scarlet fever . . . . .	171	3	152	3
Diphtheria . . . . .	368	23	297	42
Measles . . . . .	1,180	6	3,018	59
Whooping cough . . . . .	165	4	136	10
Typhoid . . . . .	60	9	35	8
Tuberculosis . . . . .	97	79	140	38
Infantile Paralysis . . . . .	12	8	21	17

BIRTHS ON INCREASE.

The Assessment Commissioner is optimistic in regard to Toronto's population this year, and instead of the decrease shown last year by the assessors' returns, an increase may be looked for in 1917. Two reasons are assigned, first, that the birth rate is increasing; and second, that there has been an influx to the city owing to the increase in salaries, vacant positions to fill, etc. During the last four months of 1916 there was an increase in the number of births of 148. The total population as shown by the assessors' returns when they were completed in August was 460,526 as compared with 463,705 the previous year.

Following are the birth returns for the last four months of 1916 as compared with the last four months of 1915:

	1915.	1916.
September . . . . .	1,055	1,164
October . . . . .	1,015	1,067
November . . . . .	1,039	1,048
December . . . . .	1,042	1,020
	4,151	4,299

Increase, 148.

In January the births numbered 1,211, as compared with 1,030 last January, an increase of 171; giving a total increase for the five months of 319. The total natural increase since the census was last taken is 5,362, making a population of 465,888. This will be further augmented by new arrivals from other places.

MEDICAL PREPARATIONS

A GOLDEN ANNIVERSARY.

In 1867 Hayden's Viburnum Compound was established and first offered to the medical profession, and while no particular celebration is



taking place in view of the fact that this product has been before the doctors of this country for fifty years, nevertheless, it is but an evidence of its therapeutic stability and reliability.

In fifty years many products have come and gone, while H.V.C. enjoys the extending confidence of thousands of discriminating clinicians. The great Sims, the Father of Gynecology, thought so well of Hayden's Viburnum Compound, that he not only prescribed it, but referred to it in his writings.

Its dependability where particularly indicated, such as in dysmenorrhoea, amenorrhoea, menorrhagia, rigid os, and other gynecological and obstetrical conditions, will be found just as satisfactory to-day as in the time of Sims.

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#### PHYLACOGENS IN SMALL BULBS.

Formerly the six preparations constituting the phylacogen line were supplied in 10-mil (10-Cc.) bulbs only. A considerable demand has developed for a smaller package. To meet it the manufacturers (Parke, Davis & Co.) announce the addition of a 1-mil (1-Cc.) bulb. Each bulb is enclosed in a pasteboard carton and is accompanied by a descriptive circular. These small bulbs are marketed in packages of five, which enables the druggist to supply the physician with one to five bulbs, as may be wanted. The 10-mil bulbs, in individual cartons, will be marketed as heretofore. It is confidently believed that the two packages now furnished will meet every demand of the medical profession.

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#### THE PNEUMONIA CONVALESCENT.

In spite of all of the modern advances in scientific therapy, and the improvements in the general handling and management of acute infectious diseases, Acute Lobar Pneumonia still deserves the title ascribed to it by Osler: "The Captain of the Men of Death." There are, however, especially during the fall and winter months, many cases of the lobular or irregular pneumonia that so often complicates or follows la grippe. When this condition supervenes it is more than likely to follow a sub-acute or chronic course and convalescence is frequently long delayed. Under such circumstances, in conjunction with treatment designed to hasten resolution, a general blood tonic and vitalizing agent helps materially to shorten the convalescent period. Pepto-Mangan (Gude) is of much value in this field, because it not only increases the solid elements of the blood, but also acts as a true tono-stimulant to the organism generally. As Pepto-Mangan is free from irritant properties and constipating action, it is especially serviceable in the reconstructive treatment of the devitalization following the pneumonia of the aged.