# Western Canada Medical Journal

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CONTENTS



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# Western Canada Medical Journal

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## INDEX TO CONTENTS



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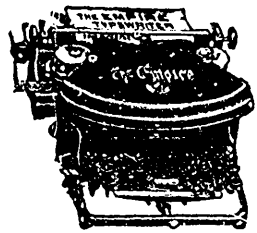

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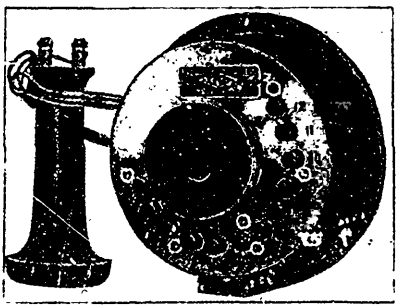

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WESTERN CANADA MEDICAL JOURNAL

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## ORIGINAL COMMUNICATIONS.

### A CASE OF INFECTIVE CHOLEANGITIS WITH CHOLEANGIECTASIS

BY SIDNEY MARTIN, M.D., F.R.S. (Eng.)

Dean of the Faculty of Medicine, University College, London, Physician to University College Hospital, London, etc.

The case here recorded is an example of the results of the severer form of infection of the Bile ducts, resulting rapidly in the death of the patient.

Infection of the Gall Bladder is not uncommon occurrence apart from the fact that the invasion of the Gall Bladder by Micro-organisms may be, and is possibly, the commonest cause of the formation of Gall Stones. Severe infection of the Gall Bladder occurs mainly in two conditions: (1) When Gall Stones are present; (2) When there has been a severe and prolonged infection of the Intestinal Tract.

There are cases which may be assumed as belonging to the latter category as the infection from the intestines is conveyed to the Gall Bladder without a prolonged intestinal infection. Similarly the infection need not seriously affect the Gall Bladder, but is observed mainly as affecting the bile duct and pancreas. The infection of the bile ducts which ensues (Cholangitis) is not uncommonly associated in this manner with an infective pancreatitis.

Two classes of cases of infective Cholcangitis may be distinguished, in one there is obstruction in the biliary tracts at the papilla of the Common duct in the duodenum (by carcinoma or gall stone), in the course of the Common duct by gall stone or constriction or in the Liver itself, by direct distension of the ducts through cirrhosis as in Syphilitic Cirrhosis. In the other class of cases there is no obvious obstruction.

The main symptoms are pyrexia with or without rigors and enlargement with marked jaundice. Ascites may be present, recovery may take place or death occur mainly by peritonitis.

The following case illustrates infection of the biliary tracts following obstruction at the biliary papilla.

*Clinical History.*—The patient was a man aged fifty-two, a carpet designer, and was admitted into the hospital suffering from abdominal pain, jaundice, and irregular pyrexia. The history was that three weeks before admission he began to suffer from discomfort after food, and at the same time noticed he was becoming slightly yellow. The pain increased in severity, and subsequently had no relation to food, while the jaundice became greatly intensified. Previous to admission there was no vomiting and no headache. He had been a teetotaller for twenty-seven years. There was nothing of importance in his previous history.

On admission the patient was deeply jaundiced; there was enlargement of the liver, the edge of which could be felt about two inches below the costal margin, and the pain and tenderness of which the patient complained was limited to the hepatic region.

The motions were clayey, but contained some green bile-coloring matter, as well as pellets of mucus like boiled sago grains. There was a large amount of bilirubin in the urine, but there was no albumin.

During the illness in the hospital, the following points were noted: The pyrexia was of an irregular type; as a rule there was an evening rise to 101 degrees, 102 degrees, 103 degrees, and there was sometimes a double rise in the day, in the morning and afternoon, with a fall in between. This in-

regular pyrexia lasted for fourteen days, after which there was a fall and the temperature became subnormal at the onset of the peritonitis to be subsequently described. During the course of the pyrexia there was no shivering and no rigors. Some slight feeling of coldness came on at the onset of the peritonitis. The jaundice showed variation, and tended somewhat to diminish during the continuance of the pyrexia. For the most part green bile was present in the motions—rather patchily, however, and not uniformly staining the motion. Mucus like boiled sago grains was always present in the motions, but there was never at any time any blood. The enlargement of the liver increased and the tenderness and pain persisted. No irregularity of the organ was detected, nor was the gall bladder at any time palpable.

Fourteen days after admission, that is five weeks after the commencement of the illness, the patient was seized with a sudden pain in the abdomen, which was accompanied by a fall of temperature, signs of collapse, and a pulse of 120. Severe pains lasted twelve hours and there was vomiting twice. On examination of the abdomen it was found that there was diffuse tenderness as well as an increased resistance, and some slight dullness in the flanks. The diagnosis was peritonitis.

The patient recovered somewhat from his collapsed condition, and after a consultation with Mr. R. J. Godlee, it was decided to open the abdomen with a view to draining the gall bladder. This was done, and the patient died a few hours afterwards.

At the operation there was a moderate quantity of deeply bile-stained fluid in the peritoneal cavity, with free lymph. There was lymph also attached to several coils of the small gut. The gall bladder was opened, and there were no gall stones. The green bile it contained was reserved for bacteriological examination. Some of the peritoneal fluid was also reserved for bacteriological examination.

*Post-Mortem and Histological Examination.*

The Post-Mortem Examination showed recent lymph attached to the peritoneum, but did not reveal the rupture of any

organ. The main interest centred in the liver.

*Liver.*—The liver was enlarged; deeply congested, and the diaphragm was adherent to its upper surface. On removing the adherent diaphragm several small cavities were opened containing a deeply bile-stained thick fluid. These cavities were not present in all parts of the organ, but some were seen on the under surface. Microscopical examination showed these cavities to be mainly dilated bile ducts. Two varieties of cavities were to be seen, one apparently an advanced stage of the other. In the first stage the wall of the bile duct was greatly thickened and infiltrated with polymorphonuclear leucocytes. which had caused the separation of the epithelium, which appeared detached in the centre of the duct. In the second stage the epithelium had disappeared and a cavity was left, the walls of which were composed of polymorphonuclear leucocytes and large fattily degenerated cells. The appearances were therefore those of infective choleangiectasis.

The lobular structure of the liver was not lost, but there was some increase of connective tissue in Glisson's capsule.

*Gall Bladder.*—The gall bladder was not apparently dilated, and did not project beyond the liver margin. The walls were somewhat thickened, but not markedly so, and the lining membrane showed a small oval erosion about one-third of an inch across. There were no gall stones. The cystic duct was perhaps slightly dilated, but contained no gall stones. The common bile duct was greatly dilated from its origin down to its entrance into the duodenum, being at least one inch in diameter.

The hepatic ducts were also greatly dilated.

The hepatic artery and portal vein were normal.

*Duodenum.*—On opening the duodenum the biliary papilla were seen to project three-quarters of an inch into the duodenum and it was seen to be occupied by a whitish hard mass, which extended along the duct as far as the outer wall of the duodenum. This mass was a new growth, which on microscopical examination showed the appearances of a columnar epithelioma.

At the apex of the growth the opening of the dilated duct could be recognized by its edge being stained green. The ob-

struction to the common bile duct was therefore not complete, the bile in the stools being thus accounted for.

*Pancreas.*—The pancreas was firm, normal in appearance and section, and showed no foci of softening or of hemorrhage. The main duct was found to enter the duodenum in a separate papilla.

*Bacteriological Examination.*

The peritoneal fluid gave a pure culture of a short bacillus, which on subculture gave the characteristic appearances of the bacillus coli communis, that is it gave a dark fleshy growth on potato; it coagulated milk, and gave an acid reaction in litmus milk; it did not liquify gelatin; it gave copious gas formation in glucose gelatin.

From the contents of the gall bladder removed at the operation, and from the contents of the small cavities in the liver, a diplococcus was obtained by cultivation in broth. It grew very slowly in the broth, and died within a few days; and could not be subcultured on any of the ordinary media. It was in all probability the pneumococcus. The organism obtained from the peritoneal fluid was not present in the biliary canals. Bacteria mainly rods was also found in the walls of the biliary canals. These were not identified.

*Remarks*—The case appears of interest from several points of view. The occurrence of an infective choleangiectasis, following carcinoma of the bile duct, is not unknown, but the occurrence in so early a stage of the carcinoma is a rare event. As in most other cases of infection of passages in the body preceding the infection is obstruction or damage to the tissue. In this case there was obstruction at the biliary papilla, leading to an infective choleangitis and choleangiectasis. The infective agent was mainly a coccus—in all probabilty the pneumococcus. Although from the peritoneal fluid a pure culture of the colon bacillus was obtained, it is by no means an accurate conclusion that this was the infective agent causing the peritonitis, and in all probability the peritonitis was induced by transference of infection from one of the small choleangiectatic cavities at the surface of the liver. The colon bacillus would therefore be con-

sidered a secondary invasion, and not the primary one. Other organisms were also present so that the process must be considered a mixed infection.

The question of treatment is important. On seeing the case, and diagnosing the conditionas that of Infective Choleangitis, I had in my mind the draining of the bilary system, and this would at once have been performed if the gall bladder had been found enlarged. Inasmuch as the enlargments of the gall bladder was not present, it is evident this cannot be relied upon as the only sign for surgical interference. The draining of the biliary system in this case would not have led to any curative result, inasmuch as, although it might have relieved the infective process, the carcinoma would still have remained.

The non-involment of the pancreas and duct in the infective process is of interest, and is accounted for by the fact that the main duct of the pancreas entered into the duodenum by a separate opening to the bile duct.

As illustrating another form of Infective Choleangitis, the following case may be mentioned. It was that of a Frenchman, aged 21 years, well built and athletic, who, for two or three weeks, when first seen, had had a succession of rigors with high temperature. The attacks occurred irregularly and lasted only 24 hours, sometimes not so long. No physical signs of disease were discovered in any of the organs of the body; there was no jaundice and no change in the motions or urine. The patient had never had malaria and did not come from a malarious district in France. At this stage no diagnosis was possible. The rigors continued and in a short time slight jaundice appeared, and the pyrexia became continuous. The jaundice became intensified, the case was considered as one of the Infective Choleangitis, the gall bladder was opened and the biliary tract drained. There was complete recovery after some weeks.

The appearance of the jaundice in this case sometime after the commencement of infection ( as shown by the rigors) is to be explained by the consideration, that the infective process in "non-instructive" cases of choleangitis produces jaundice only when the biliary passages are clogged by the mucus produced

by the infective process. The importance of draining the biliary passages in Infective Choleangitis is illustrated by this case. The patient was so seriously ill when the jaundice appeared to warrant a grave prognosis. His condition only improved after the drainage operation was performed.

## "SOME EXPERIENCES IN PIONEER DAYS"

### BY THE HON. DR. HELMCKEN

VICTORIA, B.C.

"Fifty years experience in Practice," formed the subject of an address delivered before the Medical Association convention by Hon. J. S. Helmcken, now 82 years of age, who came to Victoria when the city was a Hudson Bay fort as surgeon to the company of Gentlemen Adventurers Trading to the Hudson Bay. The address was the feature of the session

Dr. Helmcken, who was introduced by Dr. R. L. Fraser, the president, as the nestor of medicine in British Columbia, said he was asked to crowd the experiences of his fifty years and more of practice into fifteen minutes, and he considered that this was going even further than the tinctures of modern medicine where much was crowded in a small space. His experience had been the same as that of other medical men; some patients had recovered, some had died; some had done neither one nor the other.

He had been asked if he had seen operations without the use of chloroform. He had, and some severe ones, such as the removal of an arm or leg, practically without preparation. In the hospitals of those pioneer days they did not keep a great number of instruments. When an operation was to be performed they sent to the instrument maker and he brought what instruments were needed. There was little bother about bacteria then. The instruments were used as they were brought, and surgeons did not always prepare themselves as now; sometimes they had clothing bloody from other operations. He recalled that those operated upon bore themselves with astonishing fortitude. What bothered the surgeons of those days most were the ligatures. They were afraid to touch them for ten or fourteen days when they were supposed to have separated from the arteries. He had been told of a practi-

tioner in the upper country who had operated under mesmeric influence and succeeded well.

The Indians knew about mesmerism before others, though He recalled one occasion when he went to the Indian village of Victoria when an Indian doctor was being made. Indians had to study like others before they were made doctors. He saw the Indian brought from among some logs while there was much beating of drums, shouting, and outcry. The man was almost white with pallor, rigid as a board and blood was flowing from his nostrils. He looked like a dead man. One Indian carried him by the head and another by the heels. They did not have any operation. No, they pitched him into the water, and the next thing the man did was to get ashore and bolt to the woods. The Indians said he would remain there until his spirit came back to him and he would then return and become a doctor. This went to show that the Indians knew of mesmerism and catalepsy before the white settlers did.

Dr. Helmcken went on to speak of his practice. He said he was a great man. He knew he was for he had seen the statement in a published pamphlet. It said he was at the head of his profession in Victoria. (Applause). The statement was perfectly true; for at the time there was not another surgeon within a hundred miles. The pamphlet went on to say he had been remarkably successful in his treatment. So he had been. There was no one to treat. All the citizens of Fort Victoria then were young men, all healthy. No one died. Not that he wanted any of them to die, but they didn't die. If one had died the mortality might have been computed at one per cent. But it was less.

He had come here as surgeon of the Hudson's Bay Company, he was supposed to be secretary to the governor; but that was all nonsense. He had been preceded by Dr. Benson. On his arrival he went to the surgery to see what shape it was in in the way of drugs, etc. He found few drugs, and he afterwards came to the conclusion that why he was so successful was because he had no drugs to give. (Laughter.)

They all lived the simple life in those days, and he gave simple treatment. One of those who came to "Bachelor's

Hall" at the fort, was Francois, an Indian, and he said he was very sick. He was told to take a dose of salts. He said he was very sick. He was told to take two doses. That was the treatment, "and it was successful treatment." (Laughter.)

One of the first cases he knew of in Victoria was when a young lady came to "Bachelor's Hall" at the fort, and shouted: "Dr. Benson."

"Yes, Maggie," came the reply.

"Come down and cut father's throat."

"All right," answered the doctor. "Father" was suffering from quinsy.

"His duties were varied. He ordered all medicines required by the Hudson's Bay Company, and the company gave freely for that purpose. It was the simple life, then though, and the medicines were simple. The orders from the interior were generally as follows: Send me four dozen purges, the purges consisted of Plv. Jalapæ C grs xxx, Calomel grs ii send me 4 doz pukes, the pukes consisted of Plv Ipecas grs xx. Antimony Tart grs i. When anyone got sick they generally gave a puke first and if he was not better in an hour they gave a purge, and the patients generally got well. It was good treatment. They also used a great deal of Oil of Peppermint and Friars' Balsam. Some of the ointments were sent in tins, and they were useful to cook with. There was little correspondence. It took six months for a letter to come and go and a man would either be better or dead in that time. There was no drug shops, no hypodermic syringes, no concentrations of medicines, but the practitioner had to carry many things in his pockets.

One beastly night he had been called to Mount Douglas. He had mounted his horse and rode off. There were no "automobile things," and no electric lights then, and the horse had to find the trail as best it could. When an examination of the sick man had been made the doctor asked one of the others there which of them was coming to get the medicine. The man addressed said:

"You've seen him now, doctor; won't tomorrow do for the physic?"

The man came next day and reported that the sick man had died. "But you've seen him doctor," the man said. "We don't want any coroner's inquests."

One of his duties had been the vaccination of the Indians, a duty he had to perform each year. They would never be vaccinated from other tribes, fearing witchcraft. The only way was to vaccinate them with vaccine from the arms of white children.

Dr. Helmcken then told of a smallpox patient, a woman. She had been surrounded by a number of people when he announced that she was afflicted with smallpox. They stayed not "on the order of their going." Some children were there and he had asked if they were vaccinated. The father replied that they were. Next morning, he had seen the man he had quarantined on the street. When he sent him back the man said: "You asked if those children were vaccinated, I told you they were; but the vaccine didn't take." The doctor hurried to his office and got some points which he kept in tubes—not like the way Dr. Fagan keeps them nowadays—and he vaccinated those children. Although with the smallpox patient they were not affected, which showed that if anyone was vaccinated soon after being with smallpox they could probably be immune.

Speaking of abdominal surgery, the doctor said that Dr. J. C. Davie had introduced it in Victoria. He told of a case in which he assisted when astounding preparations were made and lamps burned all over the house with carbolic acids. His first experience had been in operating upon a man with cancer at St. Joseph's hospital.

Several other cases were dealt with in detail, and the doctor said he would tell something regarding his character. On one occasion, a woman came to engage him to attend her in confinement. He told her, however, he was too busy and could not undertake it. One night a strange man came to his office and insisted on his coming to see his wife who, he said, was very ill. On entering the sick room, much to his surprise, he saw the woman who a few days before he had refused to attend. He was very angry at being thus forced into the case, and he said: "I suppose if the devil himself were to come to

you now in the shape of a doctor, you would be glad to see him." She immediately replied, "Yes, doctor, that is why we sent for you."

Meeting that woman on the street still recalled that incident.

Often in the old days some posts ran short of medicine, Factor Manson at Bella Coola, for example, had run out of physic and had nothing left to give the Indian but seidlitz powders. Now, he didn't want to give those to Indians—he wanted them for himself. But there was a valuable Indian, a faithful man who could be trusted inside the fort, and such men were valuable in those days. This Indian believed he had been bewitched by Indians of a neighboring tribe. He pined and pined and had used all the salts, peppermint, and the old time remedies without effect other than to exhaust the supply.

Manson finally decided to try the seidlitz powders. He got the Indian, and he took two tumblers and mixed the powders. When the water fizzed and boiled up the Indian was astonished.

"Here, drink this," shouted Manson.

The Indian was afraid.

"Drink it, dash you," said Manson, and he grabbed the Indian, who gulped down the drink. It acted as an emetic, and the trader shouted: "There, that finishes the witchcraft." It did. From that day the Indian got well.

# ROENTGEN RAY TREATMENT OF HODGKIN'S DISEASE

*(Read before the B.C. Medical Association, August, 1907)*

BY DR. RUNDLE NELSON

VICTORIA, B.C.

The case I intend to bring before your notice is one of a little boy of 7 years of age. The condition was first noticed in January, 1906; a lump was apparent on the right side of his neck, closely following upon a cold, this grew to about the size of a hen's egg, and then many small groups around it made their appearance, and all became coalesced into apparently one tumor.

The patient suffers from no symptoms at all, there is no breathlessness, or dyspnoea, nor has he any pain, and he plays about all day long quite happily. It is yet perhaps too early to draw the line in this case between Hodgkins disease and Lymphadenoma, but I am at present in favor of the latter diagnosis. Anæmia does not appear to be present, but I have not made any microscopical examination of the blood.

The disease is considered in all probability to be infective and due to a micro-organism and may be placed midway between tubercle and cancer. It is frequently fatal and the removal of the growth surgically has been followed by fatal results by hastening the dissemination of the disease throughout the system. Tubercular adenitis is best distinguished from it by the tendency to suppuration, and the fact that the small individual glands become welded together instead of remaining loose as in the present case.

The Thoracic and Mediastinal glands become involved late in the disease, causing very distressing symptoms and death from pressure may ensue or trachæotomy may have to be resorted to.

The present case was brought to Rochester to the Mayo's clinic last April, and they refused to operate. They recommend Rontgen Ray treatment, and accordingly the boy was

treated in Edmonton for some six weeks, but the result does not appear to have been very marked, owing, I believe, possibly to small doseage.

On the second of July the case was brought to me for treatment, and the tumor then measured as follows: Length from inferior tip of lobe of ear vertically down, 4½ inches; breadth at widest point, 4½ inches; total girth of neck, 12½ inches.

After three exposures one week later the measurements were: Length 4 inches, breadth 3½ inches, girth 11¾ inches.

And on July 27th, after a total of seven exposures the girth was further reduced to 11 inches.

It is too early to speak of the ultimate results, but up to the present they are very encouraging. At present treatment is suspended for a few weeks.

NOTE.—(We hope Dr. Nelson will later report results.—Ed.)

# THE SURGICAL TREATMENT OF MESENTERIC TUBERCULOSIS

BY DR. ERNEST HALL

VANCOUVER, B.C.

Those of us who have had experience in abdominal surgery can appreciate the pithy saying of Tait—that it is better to turn an exploratory incision into an operation, than to turn an operation into an exploratory incision. We frequently come in contact with conditions as obscure as unexpected, in which we are unable to determine the exact condition, and where we can make but what Dr. Will Mayo calls a " surgical diagnosis." That is, we satisfy ourselves that the condition is sufficiently grave, and of such a nature to justify surgical procedure. With such a diagnosis decided upon, and not until then, should we proceed with intra abdominal exploration, and then deal with conditions, as our experience or mechanical ingenuity may dictate.

The case, whose history I make the basis of these remarks, was that of a female child, of three years, fairly well nourished, with a history of several months of peevishness and irregular appetite, and who, for several days, had complained of abdominal pain. She was brought to me with a diagnosis of appendicitis. Examination showed an irregular mass the size of a hen's egg, very suggestive of intussusception, but with the absence of the usual concomitant signs.

Section showed this mass to be an accumulation of caseous mesenteric glands. The appendix and peritoneum were normal. The mass was brought forward. The mesenteric peritoneum stitched to the parietal, and the extremities of the muscle incision closed. The caseous matter was then curetted from the largest and most prominent gland, and a gauze drain inserted. Drainage continued for three months, during which time all the glandular enlargement disappeared, and the child developed a robustness more than satisfactory.

This is but one case. A surgical teacher of international reputation advises young men to make out their statistics, and draw their conclusions before they have many cases, as the greater their experience the more carefully guarded become their statements, and less definite their conclusions. But this one case recovered after a very simple surgical procedure, and a procedure which I have failed to find recommended by any surgical authority. One of our best authorities, Rose and Carless, last edition, may be taken as the representative teaching of today. I read the following, regarding this condition: "It is probably secondary to intestinal lesion, and when widely diffused through the mesentery is to be dealt with only by hygienic and medical measures." Therefore, I feel justified in presenting this matter for your consideration, realizing the frequency of this condition, and previous inadequacy of our measures regarding the treatment.

It is not for me to say that after the remarkable results that we have all seen following simple section in tuberculous conditions within the abdomen, that these caseous masses would not have disappeared without the opening of the lymph channels and drainage. The opening of of the abdomen produces a change in Metabolism more pronounced than we have observed in any other part of the body. Not only the tubercular lesions, but those considered undoubtedly malignant, have diminished, if not disappeared, after simple section. Modern science would attempt to explain this by stating that peritoneal fluid present upon section was low in its opsonic index exhausted by fruitless attempts at resolution, and the manipulation caused a renewed flow of serum, whose opsonic index was high, hence the fresh activity and destruction of germs with consequent resolution. All of this process might in this case have followed simple section. But this can be said, that the method followed relieved the pressure of the mass upon the larger vessels, lessened the liability to intestinal obstruction, and in case of suppuration would have saved the peritoneal cavity from infection. I have seen one case of death from this latter condition.

The question may be asked, Why not remove more of the mass? A moment's reflection upon the histology of the mesen-

tery is sufficient to convince us that anything but the gentlest and most delicate dealing with this structure is not to be considered.

To the vast field invaded by tubercular baccilli, and successfully conquered by surgical measures, let us add another piece of territory—the mesentery. Enlargement of these glands with interference with the lymph channels may explain many cases of malnutrition in children, and may give rise to symptoms simulating appendicitis. It would be well to examine the condition of the mesenterie glands when operating for other conditions in the abdomen, especially when the primary condition does not present adequate pathology to account for the symptoms presented.

In conclusion, may I ask that in the absence of advanced tubercular disease in other parts of the body, may we not consider tabes misenterica within the limits of surgical treatment.

# CLINICAL MEMORANDA

## Case of Infantile Mongolism.

Infantile Mongolism has attracted little attention on this side of the Atlantic, and as few cases have been reported, I thought that these notes, with a photograph, might be regarded worthy of publication.

*Georges, D.*—Born in Saskatchewan. Parents, German, and of average intelligence. When first seen his appearance suggested Mongolian parentage. Skin is of icteric color, though infant has not been ill, and parents state that complexion has been the same since birth to present age—19 months. Has had moderate blepharitis since birth. Lippitudo moderate. (No trachoma so frequent among Germans here—no gonorrhoeal ophthalmia. Dentition normal, palate well formed. Abdominal viscera normal and no transposition of viscera testes have descended into scrotum. Mental development delayed. At 20 months had a slight attack of bronchitis. Photograph was taken at 24 months when child showed some improvement mentally —speaks a few words.

Photograph shows clearly malformed ears, broad, flat nose, wide separation of internal canthus, brachycephalæ.

Kephalic measurements—

Nasion to Inion, 34.5 c.m.

Ext. Audito. Meatus to Ex. Aud. Meatus 31. c.m.

Greatest autero-posterior 15. c.m.

Greatest biparietal, 13. c.m.

Circumference, 44. c.m.

Weight, 25 pounds; height, 30.5 inches when photo was obtained.

French writers have emphasized the frequency with which transposition of the viscera has been found—the olive complexion and mental hebetude.

Infantile Mongolism

While the obliquity of the palpebral fissure has been frequent it has not been constantly met with by all observers nor yet is an invariable characteristic of Mongols.

Hartmann asserts that the complexion is not that of the typical Mongol while it seems to have been present in each of 14 cases reported from Paris.

All authorities agree in stating that the head presents the most characteristic features. The head in this case is typical. Unchastity on the part of the mother can be excluded.

E. REAVLEY, M.D.

Rosthern, Sask..

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### A Case of Appendicitis

*L. E.*—Female, aged 2 years and 8 months. First seen on Monday, July 15th, about noon. Had been ill since Friday night with vomiting fever and constipation. The temperature was 100.6, pulse 120. The belly was tender and there was resistance in the right Iliac fossa.

Operation the same afternoon, Dr. W. A. Wilson assisting, and Dr. MacDowell giving the anæsthetic. On opening the abdomen, in the usual situation free pus welled out. There was no walling off. The field of operation was packed off as well as possible with gauze and the pus mopped up with gauze dabs. The appendix was found, freed from its adhesions and removed.

It was four inches long bent upon, itself and gangrenous at the tip which showed a large perforation. Proximal to the perforation was a large stercolith and the appearance of the walls indicated a previous attack. A drainage tube, packed round with iodoform gauze, was inserted in the wound, which was left open, except at its upper extremity.

From the impossibility of thoroughly walling off the field of operation through such a small opening in addition to the fact that pus was free in the peritoneal cavity, it was not to be wondered at that secondary foci of suppuration amongst the intestines subsequently occurred. Two of these abscesses were reached and evacuated through the original wound without

difficulty. One was in a direction northeast, the other due east.

Progress was on the whole good till July 27th, the twelfth day after operation, when the temperature rose, the belly became enormously distended and the child complained of pain and refused all food. Respiration was embarrassed and entirely costal. No evidence of a localized abscess could be found. It seemed likely that a subphrenic abscess from lymphatic infection was forming, so the belly was opened by a new incision above the umbilicus. Nothing was found except a general plastic condition, the intestines being all matted together, especially, of course, in the neighborhood of the original operation.

A counter-opening was made in the right loin and a long drainage tube passed through the abdomen from one opening to the other, the incision being closed, except at the lower part.

Feeling sure that there was suppuration somewhere, the original wound was opened up and the abscess discovered and evacuated. This time it was in a direction southeast. The drainage tube was pulled into the abdomen and the wound closed at the end of twenty-four hours and removed altogether at the end of 48 hours.

Progress was entirely satisfactory until the 5th August, the twenty-first day after the first operation, when acute vomiting set in, lasting all night and the next day, and reducing the child to an apparently moribund condition. There was no fever and the belly was soft and not distended.

Most careful examination failed to find any evidence of localized abscess. On the morning of August 7th, the child, being in a profoundly toxic state, in consultation with Dr. Roy, the left thigh was found flexed and abducted and there was distinct bulging and hardness in the line of the left Rectus muscle just opposite to the Umbilicus.

A general anæsthetic was out of the question, so the skin was frozen with ethyl chloride and a dissection made through the Rectus muscle. The posterior layer of its sheath was adherent to the peritoneum, and on cautiously incising it a large abscess cavity was immediately entered. It seemed to be

quite outside the field of the original operation and was entirely on the left side extending upwards, downwards and backwards amongst the intestines. It contained about 8 oz. of foetid pus. The cavity was washed, packed with peroxide of hydrogen, and packed with iodoform gauze.

The toxic symptoms continued, the vomiting being incessant in spite of washing out the stomach, etc., until 2 a.m. on the 8th, when it ceased and the child began to take nourishment. From this time on progress was rapid, and the patient left the hospital well with the fistula nearly healed on August 22nd.

*Remarks.*—This is an instructive case and well illustrates several important points, in connection with the subject of Appendicitis.

(1) The paramount necessity of an early diagnosis and prompt treatment. Had the diagnosis been made 36 or 24 hours earlier, the case would have been comparatively simple. It must, however, be admitted that in very young children the diagnosis is difficult. The symptoms are more insidious than in adults, and vomiting and fever, with pain in the belly, are not necessarily indicative of serious illness in babies.

It is worth while bearing in mind, that the symptoms of appendicitis in children are those of acute obstruction of the bowels, and with the exception of intussusception, which has characteristics of its own appendicitis is practically the only cause of acute obstruction in infants.

(2). Although the appendix had been ruptured and there was free pus in the peritoneal cavity, there was no general infection. The rapidity of onset of acute general suppurative peritonitis depends upon two factors which, clinically speaking, are unknown quantities. The virulence of the poison and the resisting power of the tissues. One must infer that, in this case the resistance was considerable and the poison not very virulent, but a general infection could not have been very long delayed.

(3). The case exemplifies the difficulty there may be in localizing secondary abscesses and the varied symptoms of

toxæmia which such collections give rise to. The last and most critical of these abscesses gave no local signs until almost too late and even then the retraction of the thigh and bulging of the belly wall were quite transient, for between the time of observing the signs at 9 and completing preparations for operation at 10, both these signs had disappeared, leading to a fact that the abscess had burst into the general cavity.

(4). Lastly, the case proves what very remarkable vitality may be found even in a delicate looking baby of two years old.

The tenacity of that child, when profoundly toxic, with incessant vomiting, unable to retain nourishment by mouth or rectum, for a period of 60 hours after a serious illness of three weeks' duration, with three abdominal sections, was truly phenomenal.

C. N. COBBETT, M. D. (EDIN.)

Edmonton, Alta.

# WESTERN CANADA MEDICAL JOURNAL

GEORGE OSBORNE HUGHES, M.D. *Editor*

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## EDITORIAL

*The Western University Question*

It is pleasing to note the spirit that prevails regarding the question of higher education and the founding of a university or universities in Western Canada. Yet, although the Government of Saskatchewan has legislated for the institution of a Provincial University there are some who express their belief that such an institution is not warranted until there be a much greater population in the three Western Provinces, and especially in the Cities, than exists at the present time. Taking their stand on that ground they claim that the Manitoba College is quite sufficient for present requirements, if not for those of many years hence. Others there are who maintain that the three Provinces, British Columbia, Alberta and Saskatchewan, should jointly establish a uni-

versity and at a point as generally convenient and suitable as possible, whilst others as strongly maintain, and it may be not without good reason, that each Province should establish her own University, and they thus express themselves in full accord with this Province's recent legislation toward that end.

Considering, therefore, the various and wide-spread opinions on the matter, and the great importance that always attaches to the question of higher education, I thought it well to place this communication before the readers of the only journal in the West devoted exclusively to scientific questions, with the hope that a free discussion, and it may be the closest criticism may lead to good results.

Those who favor the opinion that no Western University is required, mistake, I think, the very signs of the times. They do not seem to appreciate at its full value the steady and steadily increasing flow of population into this Western country, and that that population is mainly of such a character as will seek, here or elsewhere, and within a reasonable expenditure of time and money, the best in higher education that can be procured. If we ask these men what it is that influences real estate values and what will likely maintain or increase them, they will readily and rightly answer, or at any rate, I think, agree that in the last analysis it depends upon density of population, upon the actual and enormous potential wealth of the country and the favorable conditions, climatic and commercial, that afford the energy and the ability to turn wealth to account. That, it seems to me, is the whole story, and I venture to say that the most conservative estimate that a liberal-minded individual would make of the increase of population in Western Canada within the next ten years would still be a flattering quantity. Therefore, we need not hesitate to say that the prospects of the west are so bright, the increase of population so encouraging, and the desire to promote and partake of higher education so

intense as will soon not only warrant the activity of a University but demand it.

There still remains the consideration whether Provincial Universities should be established or one common to the three Provinces already named. A good deal might be said in favor of either view. Those who stand by the former have a strong and abiding faith in the future population, wealth and greatness of his own Province. At the same time, he may not have seriously considered what an enormously expensive plant a University is, that is to say, a University whose equipments are such as will secure to the student within her walls a course of instruction equal to the best he can procure in the land. Those who favor the other proposition urge the point that it is better by far to have one great resourceful university than several institutions which, in their opinion, could not justly lay claim to the distinction. Yet, these same individuals may not have given due weight to the thought of how difficult it is to secure parliamentary co-operation that will best serve the interest and ideals of the University, since, as is often if not usually apparent, the majority of any parliamentary body are very much in the position of "Hal O'The Wynd who fought for his own hand," instead of occupying the high ground of statesmanship and employing his strongest efforts in the best interests of the commonwealth of which education is an essential part. If, then, that be a difficulty that must be seriously reckoned with by the few righteous of any one government, how much more complicated and grave would become the question, and the many questions necessarily touching the life and well being of the University, when put for solution before three different parliamentary bodies having nothing in common unless likely a mutual spirit of antagonism and distrust. And again, a century is not a very great lapse of time in the history of a university. Supposing that at that time or much sooner the internal

conditions of each Province to have assumed vast proportions, their relative conditions to have undergone a marked change, but each Province quite capable of supporting and crowding with students her own university, assuming also that the relationship of the common schools in the different Provinces to be somewhat distant in their subjects and methods of instruction and any one Province particularly desirous of having her system in the closest possible touch with the University, then our successors would find heavily vested interests on their hands, a University perhaps not at all what they want, and their desire for a change, great, indeed, but no greater than the difficulty in effecting it.

But the question, so far as Saskatchewan is concerned, is settled, and in reading over the legislation as empodied in the University Act, I cannot but admire the courage of the undertaking guided by the wisdom and breadth of view shown in every section. An important feature of the Act is that the general education of the Province is well represented among the members of the University Senate, an important body in the general working of the institution. This is as it should be, since, as already hinted, it will allow of a close and healthy co-operation between the public schools and the University, which should be their natural development. And this it is which every country is striving for that has clear ideas of the course and especially the method of instruction which best secures a liberal and sound education. In building and strengthening our educational structures in this new Province we have the advantage of all the other systems in the world to choose from, and it is our duty to avail ourselves of their best features. It seems to me, therefore, of essential importance that the University be what the older institutions are trying to become, a prime centre of activity in affording the method of instruction best calculated to throw the student upon his own resources, and

the exercise of his own powers of reason, instead of that kind by which he places his reliance mainly upon authority either in the form of text books or didactic lectures. That method should be sought which will best sharpen and strengthen his intellect so that he may in the first case more clearly observe and then best judge of and deal with the thousand and one things he meets with in actual life. What is of most value to us is the power of seeing things as they are, and drawing just conclusions from first handed observations without implicitly relying upon what this or that authority may have said about the matter. And it is this inductive process of reasoning which gives to the student a real mental discipline, and which cannot be over estimated or begun too early in life. It need not be said that such a method is the especial Province of physical science and a department of education, that should receive the fullest attention possible, not only in the University, but in the public schools of the Province. The success of the University, judged from the standard of the mental clearness of her graduates, will, in large proportion, depend upon the method of instruction her students will have received in their primary and high school course of work. The true value of their cargo will not be measured by the *amount* of knowledge they bring to the University, nor even by the *amount* they take from it, not by the quantity as matriculates or as graduates they may be able to throw upon examination papers, but by the process of reasoning, the modus operandi they display in arriving at that knowledge or a part of it. The question is not so much that of the accumulation of knowledge as of the exact process of intellectual discipline. Nor is it necessary that all branches of the physical sciences should be taught in the schools—that would be foolish to attempt and impossible to accomplish—but it is of the greatest significance that the teaching of any subject should be practical and that the student be given the widest latitude in

calling upon his own faculties to the fullest extent possible and in drawing his own conclusions from accurate observations so that when he leaves school and is turned into the world to make his own way he shall be able to employ the discipline he has thus received in approaching the many problems, economical, social, or political, that, as a citizen, it is his duty to meet and honestly deal with, or if fortune should favor him with a further course of instruction in the University where the same methods of investigation would be employed in the search for truth, he come out among his fellow citizens with his mind a focus of intellectual power directed to the highest good of his kind.

It is our privilege and duty to critically examine any problem, social theory, or political policy that may come before us, no matter how plausible it may appear, and to estimate things and theories at their own value, rather than, as is often if not usually the case, passively submitting to what opinions this or that so called authority may have expressed. In the one case in so far as we are active enquirers, with suspended judgment and delayed action, until reason compels us to accept and prompts us to act, we are cultivating the intellect and strengthening the understanding. In the other case in proportion to the reliance we place upon what someone else may have said about the matter are we merely the agents, so to speak, of his opinion and allowing our own intellectual faculties to lie fallow. In closing, let me give an illustration quite in keeping with this subject of education. There is nothing I am aware of between here and hereafter that affords a better illustration of the completeness with which people act at random without the least attempt at giving due consideration to a question and acting accordingly than in the exercise of their political functions. About every four years some servant of the people trips before his masters, not with that grace of humility that naturally

becomes a servant, but with all the pomp and pride of a head-waiter, and he begins to "orate" something like this: "I am here, gentlemen (mark the term of distinction, for the compliment will not be given for another four years), I am here, gentlemen, seeking your suffrages, etc., etc." He goes on to tell his masters what they want. Not even what they need, such is his confidence in their ignorance of their requirements. He then at length unfolds to his masters the solemn truth that he is the only one in the length and breadth of the constituency that can get them what they want. The masters wonder at their servant's ability as so well they might if they believe him. The servant continues to urge upon them the importance of electing *him*—and if they fail to do so, Heaven only knows what will happen them, the bridge, the mighty, Saskatchewan, and other things like that. The servant in opposition then unfolds himself and his "policy" before his masters' view and at this point hereafter is let loose. Each seeking treatment, so to speak, for one particular organ instead of employing the measures directed to the well being of the whole organic body. And the result? The best actor gets the house, the last scavanger secures the vote. An election is over and there ensues on the part of the masters another period of sleepy indifference. On the part of the servant another period of activity in the interests of the individual rather than in those of the species.

J. RENWICK MATHESON.

## EDITORIAL NOTES

Every medical man should read the address recently given by Professor McCallum at McGill. A few quotations will show the broad-minded way he looks at University and Medical school questions.

"In all things of the mind there ought to be a *noble* rivalry—a struggle of emulation to excel that no comradeship ought ever to extinguish or make appear unnatural. * * * A competition aiming at excellence should exist always between universities, and it would be a sorry day for Canada if either went on its way careless of the ideal and intellectual ambitions of the other." "This comradeship should make also for generour appraisements of each other's efforts." * * * "The representative men of each University should mingle freely with each other. McGill and Toronto cannot afford to stand still, since standing still will involve a helpless and hopeless fall to the rear." "Ideas are to march in Canada the next twenty years."

What Professor McCallum points out as the proper attitude of the various universities and schools to one another is also the right attitude of the medical men. When this is attained progress will be very rapid.

The Council of College of Physicians and Surgeons of Alberta is to be congratulated on the broad policy that has been shown in bringing up and at once earnestly discussing the question of Interprovincial Reciprocity. We regret that at present Manitoba is not included, owing to the anomalous position in which the men of the Province are placed by the relation between the university and the college. The fraternal feeling existing between the three Western Provinces will no doubt cause the ratification proposed, and let us hope the day is not far distant when there will be a united Western Canada.

## LETTER TO OUR SUBSCRIBERS

During last month we received several letters from subscribers promising their cordial and practical support in the work and circulation of the Western Canadian Medical Journal. We thank them very much and may we ask all those who wish us success to help it by patronizing our advertisers when possible. They are all reliable and if found not we shall be grateful to be informed of the fact and shall at once—on proof—drop the advertisement. Another practical help would be for those who have not yet sent in their subscriptions to do so at their earliest convenience and for any intending subscribers to send their names for our list. We are near the end of our first year and as all the work is voluntary and done in addition to other work the more time given to get matters well arranged to start 1908, the better for the workers.

A report seems to be travelling round that the journal has changed hands. This is quite misleading. The change consists in the fact (as stated before) that Dr. Harry Morell, who had the management of the business side, has relinquished his interest in the Western Canadian Medical Journal, and his place in the management is now taken by Mr. Reginald Phillips. A glance at the editorial page will show that the control of that department remains as at the start with the addition of one or two names.

Secretaries of Societies, please send reports of meeting as early as possible as the sooner these appear after a meeting the more interest taken in them. Dates of meetings, elections and exams to be held, etc., should be sent as soon as known to give the men time to arrange. Papers read at meetings to be published in the Journal, the earlier received the better as now we

are making up the Journal, the papers, etc., several months ahead.

Will all please remember the object of the Journal is to be impartial and that both sides of any question before the medical men are desired so that a right decision may finally be reached. There is no doubt we are now in a transition stage and great progress seems before us, but as Professor McCallum said the other day in the words of the Red Queen to Alice: "You have to run very fast in this land to remain where you are." More true of Western Canada than anywhere.

So to get what we want we have to be up and doing.

Subscribers kindly send us

(1) Any change of location.

(2) Names of new men in district.

(3) If you take a Post Graduate Course.

(4) If you are starting to devote yourself to any Special Work.

(5) Any appointments, etc., and remember that our desire is to do our best for the western medical men, and for that end, as we believe that "in the multitude of counsellors there is safety," send us suggestions, etc.

"Oh, wad the power the giftie gie us
To see oursels as ithers see us.
It wad frae mony a blunder free us
And foolish notion."

*The Editor.*

# GENERAL MEDICAL NEWS

## MEDICAL SOCIETIES

The Annual Meeting of the College of Physicians and Surgeons of the Province of Alberta was held in Calgary on the fourth of September, 1907. The members of the Council are:

Dr. R. G. Brett, President, Banff, Alta.; Dr. J. H. Hotson, Vice-President, Strathcona; Dr. E. A. Braithwaite, Edmonton; Dr. W. J. Simpson, Lacombe; Dr. C. A. Kennedy, Macleod; Dr. F. H. Mewburn, Lethbridge; Dr. C. J. Stewart, Calgary.

The members present at the meeting were Drs. Hotson, Braithwaite, Simpson, Kennedy, Mewburn and Stewart. Dr. Brett was unavoidably absent. The following officers were elected for the ensuing year: Dr. G. A. Kennedy, President; Dr. J. M. Hotson, Vice-President; Dr. J. D. Lafferty, Registrar and Treasurer.

The following are the conditions affecting candidates writing for Registration: (1) Any candidate failing in three or more subjects must take the full examination again.

(2) Any candidate failing in one or two subjects shall be given a supplementary examination on these subjects within three months

(3) Any candidate rejected may appeal from the decision of the Council for a revision of his papers within thirty days after receiving notice from the Registrar of such decision. Such appeal shall be made in writing addressed to the Registrar and be accompanied by a marked cheque on some chartered bank in Canada for $25, the amount to be returned if his appeal is successful, otherwise it shall be applied to pay the expenses attending the appeal.

A matter of more than ordinary importance was brought up and discussed with great interest, viz., the question of Reciprocity between the three Western provinces—Alberta,

Saskatchewan and British Columbia. Dr. Kennedy introduced this subject at a previous meeting of the Council, but it was not formally dealt with as the legality of the Alberta Act was in question, which has since been satisfactorily settled favorable to this Act. The Council thought the occasion opportune, and propitious to take steps to bring about this result and a committee was appointed to confer with the Council of British Columbia and Saskatchewan to discuss the question and if favorably entertained the terms on which *Reciprocal Registration could* be established at the earliest date. The fact that there is no Medical College or teaching body in either of these Provinces, and that the requirements for Registration are practically uniform, make it most desirable for many reasons that they unite and hold a common examination for Registration. The question of including Manitoba was thoroughly discussed, but the Council was of the opinion that on account of the different conditions prevailing there and hereafter referred to, it could not be entertained, Manitoba has a Medical School and teaching body. The College of Physicians and Surgeons of Manitoba in consideration of receiving representation on the Board of Manitoba University surrendered its *right* to control Registration, and the degree of the University carries with it the right to practice in the Province on one examination, while the three Western Provinces require a distinct and separate examination before the Examiners of each Council, after receiving their degree from College or University before they can secure Registration.

The following is a list of the successful candidates who wrote at the examination of the College of Physicians and Surgeons of Alberta, held in Calgary on August 5th last:

A. E. Ardill
John H. Birch,
Arthur C. Brown,
Jas. F. Boyle,
Jas. L. Biggar,
D. J. Bechtel,
W. F. Edwards,
Melville Graham,
A. McNally,
Philip Quesnel,
Robert C. Robinson,
Jos. W. Rowantree,
Heber S. Sheriffs,
Walter H. Scott,
Reginald Stevens,
Frank W. Smith,

E. H. Lawson,
W. Lincoln,
Geo. R. D. Lyon,
H. S. Monkman
A. H. Maclaren,
Edward J. Madden,
Ella S. Synge,
Gilbert E. Storey,
Robert Shearer,
Charles W. Wilson,
Jas. B. Woodrow,
W. J. Shipley.

(Signed)

J. D. LAFFERTY, M.D.,
*Registrar.*

*Requirements for Registration in the Province of Alberta.*

Any person producing a diploma of qualification from any College or School of Medicine and Surgery, and a certificate or certificates (if required), that he has taken at least a four years' course of lectures of at least six months each before receiving such diploma, and is satisfactorily identified, pays the examination fee of $50 and passes the examination of the Council of the College of Physicians and Surgeons, can register on payment of $52.00.

---

Date and Place of Examination—First Tuesday in August each year, at Calgary, Alta.

Subjects.—Anatomy, Chemistry, Physiology and Histology, Medical Jurisprudence, Practice of Medicine, Surgery, Diseases of Women and Children, Obstetrics.

Examination.—Written and oral.

Applications for examination with credentials and fee to be in the hands of the Registrar two weeks before the date of examination.

No permits are granted to practice before Registration.

*Requirements for Registration in the N. W. T., Including the Province of Saskatchewan.*

Any person producing a diploma from Great Britain or Ireland entitling him to practise there, and being satisfactorily identified, can register on payment of $52.00. Any person producing a diploma and certificates (if required), that he has taken a four years' course of lectures from any College or School

of Medicine and Surgery recognized by the Council of the College of Physicians and Surgeons, N.W.T., and who is satisfactorily identified and pays the examination fee of $50.00 and passes the examination of the College of Physicians and Surgeons of the N.W.T., can register on payment of $50.00.

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Date and Place of Examination.—Second Tuesday of July and January, at Regina. Subjects—Anatomy, Chemistry, Physiology and Histology, Materia Medica and Therapeutics. Pathology and Bacteriology, Sanitary Science, Medical Jurisprudence, Practice, Medicine, Surgery, Diseases of Women and Children, and Obstetrics.

Other conditions same as for Alberta.

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*The Winnipeg Medical Association* met on October 4th, and elected the following officers: Dr. J. R. Davidson, President; Dr. J. Neil MacLean, Vice-President; Dr. Vrooman, Secretary-Treasurer. The report of the year was presented and approved, after which, at the invitation of the retiring President, Dr. E. W. Montgomery, the meeting adjourned to the Mariaggi for dinner, at which many interesting speeches were delivered and an enjoyable evening spent.

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The first meeting of the newly elected Council of the College of Physicians and Surgeons of Manitoba met at the Medical Library, Winnipeg, on Oct. 9th. The following officers were elected: Dr. W. Rogers, of Winnipeg, President; Dr. M. O'Brien, of Dominion City, Vice-President; Dr. J. Patterson, of Winnipeg, Treasurer; Dr. J. Gray, of Winnipeg, Registrar. The election of members to represent the College of Physicians and Surgeons of Manitoba on the University Council was as follows: Dr. A. W. Moody, of Winnipeg; Dr. R. S. Thornton, M.P.P., of Deloraine; Dr. Cunningham, of Carman; Dr. C. W. Clarke, of Winnipeg.

Dr. Thornton placed a very important resolution before the Council concerning the relations between the College of Physicians and Surgeons and the University, bearing on the question of Reciprocity.

The minutes of every meeting are to be printed and forwarded to each member of the College, besides appearing in the W. C. M. Journal.

A full report of this meeting will appear next month.

## VITAL STATISTICS

*Winnipeg,* September—

| Diseases— | No. of Cases | Deaths |
|---|---|---|
| Typhoid Fever | 69 | 2 |
| Scarlet Fever | 13 | 1 |
| Diphtheria | 28 | 1 |
| Measles | 14 | 1 |
| Tuberculosis | 3 | .. |
| Mumps | 2 | .. |
| Erysipelas | 4 | .. |
| Whooping Cough | 1 | .. |
| | 134 | 5 |

*Edmonton,* September—Births, 47; Marriages, 23; Deaths 13.

INFECTIOUS DISEASES.

| | Urban | Rural |
|---|---|---|
| Chickenpox | 0 | 1 |
| Measles | 1 | 0 |
| Typhoid | 9 | 6 |
| | 10 | 7 |

At the Isolation Hospital all work in progress in the building was suspended on Sept. 5th, by order of the commissioners. The number of cases admitted were: Chickenpox 1; Erysipelas 1; Typhoid (suspect) 1; number of recoveries 2; deaths 0; still in hospital 1.

*Regina,* September—Diphtheria, 4; Chickenpox, 2; Typhoid 54.

March 5th to Sept. 30th—Measles 34; Diphtheria 19; Chickenpox 3; Purtusis 1; Smallpox 6; Mumps 1.

Much less Typhoid this year.

The Committee of the Vancouver City Council recommend that hereafter all buildings located along the line of new sewers should make the connection, with the improvements within sixty days from completion of work. An old resolution regarding city laying all sewer connections to the lots and charging the expense to the property will probably be brought up.

The Medical Officer reported that the best penalty for adulterated milk was cancellation of milk vendors' license.

Dr. Underhill reported on results of inspection of restaurant kitchens.

## MEDICAL NEWS

Dr. Ternan recently pointed out the "penny wise and pound foolish" policy of the resolution passed by the Medicine Hat meeting of the Union of Municipalities with reference to the disposal of sewage. He showed that the greatest drawback to the progress of Western Canada is the report regarding the prevalence of typhoid and the great mortality through it. Years ago, when the population was small, typhoid was hardly known. If the new Health Act of Alberta were carried out much good would result. The first means of eradicating the disease being to keep sewers and streams pure and this only possible by the scientific disposal of the sewage of cities and towns. Any new city that starts well in this direction will be repaid by increased prosperity through immigration caused by good Health Report.

That arrangements may be made to give training in "First Aid" to members of logging camps and communities, with Vancouver as headquarters, a local centre has been organized with Dr. Brydone-Jack, President; Mr. Schofield, of British Columbia Electric Street Railway Company, Secretary; M. H. O., Dr. Underhill, and Dr. McTavish, members of an executive committee to be enlarged. Often accidents occur and much suffering is endured when being removed to nearest hospital, probably at great distance. If the members had some knowledge of "First Aid to Injured," much unnecessary suffer-

ing might be prevented. The centre is to be fully equipped for the work and arrangements to be made for lecturers to visit all camps and communities expressing their desire for such instruction.

At a recent meeting of Winnipeg School Committee a proposal was made that the school management should consider the question of Hygiene in the schools with special reference to systematic medical inspection with the object of preventing the spread of infectious diseases, and that trained nurses be employed as is done in large cities in England and U. S. A.

Professor Osler, speaking on the subject of the field for women doctors, said the following were particularly suitable: Children's and Women's Diseases, Medical School Inspectors and the Zenana work.

Dr. Grenfell reports much suffering and destitution among the Eskimos of Northern Labrador this year, due to failure of the fishing this season.

The keynote of the addresses at the opening of the various Medical Schools seemed to be the change the practice of medicine is undergoing. It is thought private practice will gradually disappear. The Public Health Officer replacing this as his true work lies in the prevention more than cure of diseases. Dr. Ewart, in his address, said the professions were in the throes of a double crisis, economical and professional; also, that the growing success in reducing the prevalence of disease and the growth of specialism had contracted the field of general practice. He considered the profession would become more and more the servants of the state. Another said that things were moving to a consummation of a calling by its own training and applications destroying the very source upon which it depended for a living. Is not this a proof of the good already done by the Profession for Public Health?

The next meeting of the American Hospital Association is to be held at Toronto, September, 1908. Canada was represented at the recent meeting at Chicago by larger numbers of new members than any State of the Union.

At a recent meeting of the Canadian Society of Superintendents of Nurses' Training Schools, held in Montreal in September, it was announced that the Society had received a message from Colonel Jones of Ottawa, presenting the wish of Princess Christion that a staff of nurses be formed in Canada to act in the same relation to the militia of the country as that of the Red Cross nurses of the Regular Army. The president proposed that the Society affirm its willingness to adopt the idea and this was carried unanimously.

The Association of Medical Officers of the Militia of Canada, formed 1892, has been revived and reorganized. The next meeting of the Association will be held at Ottawa, Feb. 26, 1908.

The Trustees for the Sanitarium for Consumptives of Manitoba have decided to make the location Ninette. The Board of Control proposed that the Sanitarium should provide accommodation for incurable consumptives as well as for incipient cases. The trustees, however, are of the opinion that incurable consumptives can be more economically and conveniently cared for in the proposed Isolation Hospital to be erected by the city. The Sanitarium proposed is to consist of a main building and a number of small cottages in connection with it. Cost, about $40,000 or $50,000. A medical man is to be sent throughout the Province to solicit subscriptions.

*The Canadian Journal of Medicine and Surgery, October,* gives a very interesting address by Dr. Ross on the "Early Hospital Days of the Toronto School of Medicine."

Great efforts are being made in Vancouver to relieve the existing terrible unsanitary conditions among the Hindoos.

Though smallpox is epidemic in Washington and Oregon throughout the summer, British Columbia keeps very free through the strict inspection and preventative measures which have been taken by the government officials. The only outbreak reported was that of fever cases at Phoenix, B. C.

The Medical and other authorities in Vancouver are working vigorously to get a pure milk supply. Let all City Coun-

cils in the West do the same; also, the law passed in Ontario last year regarding a penalty on all selling game not cleaned, etc., might well be passed here.

At the annual meeting of British Columbia Dentists the principal question was that of affiliation with the Dominion Dental Association. A negative decision was reached.

Dr. E. Genest, Physician and Surgeon to the R.N.W.M.P., from the Peace River to the Yukon, has travelled since February 4,000 miles. He reports there is not much sickness in the northern country, the reason being that the altitude and pure atmosphere are conducive to Health. His work was more in surgery. He always carries a good assortment of instruments, etc., for operations. Dr. Genest was with the M. Division under Colonel Constantine, but has resigned to accept a chair in the Medical Faculty of Laval University, where he was an undergraduate.

At the meeting of W.C.T.U. at Edmonton lately, a resolution was passed that members "oppose use of Alcoholic Medicines and particularly alcoholic patent medicines."

At meeting, Oct. 1st, of School Trustees of British Columbia, a resolution was adopted, asking government that a proper medical inspection of all schools be regularly made.

The Provincial Boiler Inspector of British Columbia inspected the new incinerator. The requirements of B. C. are very rigid and as a result several changes will have to be made in the construction. The inspector informed the civil authorities that a third and fourth class engineer would be needed when the plant was placed in operation.

The Borough Medical Officer of Southend, England, was appointed 1901, three years' agreement, at salary of $2,200; 1904 he was reappointed at $2,500. Last month time came for another agreement; a proposal was made that he be appointed for one year at $2,500, although his salary had reached $3,250. The Medical Officer refused terms. Advertisements were sent to the papers inviting applications, and because of the injustice done there was only one Medical man applied—and

unless some amicable arrangement is reached Southend will have no Medical Officer. It seems Dr. Nash incurred wrath of some civic authorities by complaining regarding the sewage disposal and warning the inhabitants against dangers of eating shell-fish, etc., etc.

The whole of the medical staff of the Sheffield Workhouse Hospital have resigned, both visiting and resident, and there promises to be a professional boycott.

The sewerage that flows down Rat Creek into the River is to be freed from disease germs and odor and rendered harmless by a Septic tank.

The case of LaChapelle vs Lenay—a physician suing patient for $208 fees for medical attendance—judgment was given for plaintiff. An appeal has been made against the verdict.

The strike of the Parish doctors in lower Austria owing to poor pay has been followed by an alarming outbreak of measles and scarlet fever, and the death rate has rapidly increased. The Parish doctors declare that the fee of 4 cents allowed by the government for each case of infectious disease is insufficient. A detailed diagnosis had to be made to the authorities in each case and the doctors declare that they are frequently out of pocket in consequence. They firmly refuse to treat any cases till a just fee is promised. The government has threatened them with dismissal, but private doctors have promised to decline to take their places if asked.

Doctors are said to be wanted at the following places, according to the "Commercial:" At Lang, Sask.; at Herbert, Sask.; at Ruddell, Sask.; at Churchbridge; at Bienfait; at Sunny Plain; at Creelman; at Glen Ewen; at McTaggart; at Borden, Sask.

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*Appointments.*—Dr. Clairoux, of Montreal, has started in practice at Bienfait, Sask. Dr. Clairoux has been appointed physician to the Hudson Bay mine and Taylorton mine.

## HOSPITAL NEWS

Plans have been accepted for Calgary's new hospital building cost, $40,000.

The Inspector of Public Institutions reported that the daily average population of the Asylum for the Insane, Selkirk, including those absent on probation during the year was 258.58 —Men 184.16; women 102.39. Admissions in 1906 were 62, being five more than in 1905; 18 were dicharged as recovered, being a recovery rate of 29.19 per cent. on admissions; 18 deaths occurred during the year, being a mortality of 5.32 per cent. One death was due to drowning. The census of 1906 gives 800,000 people in Manitoba, Saskatchewan and Alberta. In the two Asylums for the Insane in the three Provinces there are less than 809 inmates, making less than 1 in 1,000 of population. During the year the average daily population was 403, deaths were 47, or 8.10 per cent. of those under treatment. The general health of the patients is reported as having been good.

*Deaf* and *Dumb* and *Incurables*—Professor McDermid reported number in attendance during year at Deaf and Dumb Institute as 97, being an increase of 6 over that of 1905. New pupils, 11 came from Manitoba; 3 from British Columbia; 4 from Alberta; 5 from Saskatchewan. Fifty-one patients were admitted to Home for Incurables at Portage la Prairie; 27 died, 17 were discharged and one transferred to the Asylum. Since start of Institution 446 patients have been admitted; 285 died, been transferred or discharged. Total in Institution, 160 —males 107; females 53.

The roof, frame, of the new R. C. Hospital at Edmonton, is now under erection and work is being hurried forward.

It is reported that the Provincial Asylum for Alberta will be located at Ponoka. This property is situated on high level near the town and seems in every way an admirable location.

The Winnipeg General Hospital Nurses' Alumnæ Association has arranged for a series of lectures to be given before the

organization this winter. Graduate nurses from other schools or any who are interested in nursing questions and wish to take advantage of these lectures should write Miss Hood, 519 Spence Street, the Secretary-Treasurer of the Association.

## PERSONALS

Dr. W. Grant, of Winnipeg, has been appointed Resident Physician for the Indians at Norquay House.

Dr. O'Brien, of Dominion City, and Dr. Thornton, of Deloraine, were in Winnipeg attending the Council meeting of the College of Physicians and Surgeons of Manitoba.

Dr. Harlington, of Dauphin, paid a short visit to Winnipeg.

Dr. Brett, of Banff, visited Edmonton Oct. 12th, to attend the Provincial Medical Association Convention held there.

Dr. and Mrs. Burditt, of Mount Pleasant, Vancouver, will spend the winter in California.

Dr. J. W. Lebreeque, of Prince Albert, is taking a holiday.

Dr. Newhall and family, Belvedere, B.C., have gone on a visit to Chicago.

Dr. and Mrs. Lindsay, of Calgary, are visiting Alberni, B.C.

Dr. and Mrs. Boyle of Vancouver, leave about the beginning of November for a prolonged trip to Europe.

Dr. Dolbey has been visiting Victoria, B.C.

Dr. and Mrs. Westwood, of Coleman, Alta., have been visiting Vancouver, B.C.

Dr. Tunstall has returned to Vancouver from Montreal, where he attended the Canadian Medical Convention.

Dr. J. C. Moore, of Rockburn, Ind., has been visiting Dr. Shearer, of Edmonton.

Dr. and Mrs. Sanson, of Calgary, have returned from their visit to the East.

Dr. and Mrs. O. W. Jones, Victoria, have returned from their visit to the Old Country.

Dr. O. F. Young has gone with his sisters on a visit to California.

We regret to hear that Sir Lauder Brunton was taken seriously ill at Montreal on his way home.

Dr. Singleton, of Westport, Ont., visited Dr. and Mrs. Singleton, at Roucan.

Dr. T. McPhee, of Ruskin, has been visiting Vancouver.

Dr. S. F. Dolmie, of Victoria, visited Vancouver.

Dr. W. T. Kergin, M.P.P., for Skeena, B.C., who has been visiting Victoria, intends going east for a holiday. He will spend several months in Eastern Canada and the United States and return to British Columbia in time for opening of Legislature.

Dr. W. A. Hicks, of Calgary, has returned from his holiday in the East.

Dr. F. S. Ewing, Fort William, was a visitor in Winnipeg lately.

Dr. Bishop, of Crossfield, paid a short visit to Calgary lately.

Dr. Egerton Pope, of Winnipeg, has gone to London, England. He will be absent about a month.

Dr. Wade and son of Kamloops, B.C., are visiting the coast.

Dr. West, who has been in command of the R.N.W.M.P. force at Lesser Slave Lake for seven years, has gone to Prince Albert where he wil probably be stationed in future.

Dr. J. G. Campbell, of Cumberland, N.S., has started practice in Edmonton.

Dr. McGibbon, of Edmonton, visited Calgary recently.

Dr. Brien, of Douglas, has been visiting Brandon.

Dr. and Mrs. Weld have returned from a three months' trip to Europe.

Dr. Bjornson is acting as Health Officer in the absence of Dr. Douglas, of Winnipeg, who is attending the American Public Health Association Convention at Atlantic City.

Dr. and Mrs. Peterson, of Saskatoon, have returned from their honeymoon trip.

Dr. McEachern attended the Medical Convention at Edmonton.

Dr. Carter, of Victoria, has returned to the city from his trip to England.

Dr. McEwen, of Port Arthur, who has been attending Mayo's Surgical Clinics has returned.

The following men have started in practice: Dr. F. H. Hurlburt, in Lashburn, Sask.; Dr. Du Rosier, from Montreal, in Saskatoon; Dr. Robbins, from Montreal at Gono, Sask.; Dr. J. H. White, from Ottawa, at Mandal; Drs. Sandwith and Robertson, from Waterhouse, Sask., at Natkomis, Sask.

Dr. Seymour, Provincial Medical Officer, has returned from his trip along the route of G.T.P., during which he inspected the various construction camps.

Dr. John Henry MacDermot, of Van Anda, Texada Island, has been appointed Resident Physician for Texada Island.

Dr. Frank Patterson, of Trail, B.C., has been appointed coroner in and for the Province of B. C. Dr. Seymour Traynor, of Steveston, has been appointed coroner in and for the Province of B. C.

Dr. A. P. W. McKinnon has been appointed Assistant Gaol Surgeon of the Central Judicial District Gaol of Manitoba in place of Dr. H. A. Gordon, resigned.

## BORN

Roy.—At Wiesville, Gull Lake, the wife of Dr. P. Roy, of a daughter, Sept. 8th.

## MARRIED

Hunter—Bouvette—On September 27th, at Winnipeg, Charles Hunter, M.D., of Winnipeg, to Louise Bouvette, late of Dauphin, Manitoba.

Mackay—Montgomery—At Calgary, Dr. A. W. Mackay, of Westaskiwin, to Sadie, youngest daughter of the late D. Montgomery, Summerside, P.E.I.

## OBITUARY

October 7—Dr. William Jones, Bursar and Registrar of Trinity University, passed away.

At Nanaimo—Dr. Robert, S. B. O'Brien, one of the best known citizens of that city, passed away. Dr. O'Brien was a prominent member of the B. C. political world.

# BOOKS FOR REVIEW

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE BY ALIDA FRANCES PATTEE, late Instructor in Dietetics in Bellevue Hospital, New York City. (Published by A. F. Pattee, 52 West 39th Street, New York City, N.Y. $1, by mail $1.25.

This book should be of great assistance in the sick-room as it enables the nurse to prepare food suitable to any disease. The foods are all well classified according to their different properties. To prepare appetizing and at the same time nourishing food often taxes the ability of the nurse, but by referring to "Dietetics" she can not only do this but has a great variety of preparations from which to choose. Many suitable drinks for invalids are also given. The important question of preparation of nourishing fluids receives much attention. The various forms in which milk can be prepared alone makes the book valuable. There are dainty and palatable preparations for convalescents. Diets for typhoid, pneumonia, diabetes, phthisis, etc. A very comprehensive system of child feeding is outlined—from birth to nine months, and then from 9 months to 5 years. In addition there is a useful appendix dealing with the use of disinfectant,, temperature of rooms, ventilation, poultices, plasters and other applications.

A. D. CARCSALLEN, M.D.

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A DICTIONARY OF MEDICAL DIAGNOSIS BY HENRY LAWRENCE MCKISOCK, M.R., M.R.C.P. )Lond.). (Bailliere, Tindall & Co., London, Publishers.

This volume of 583 pages combines the duties of a medical dictionary and an encyclopedia, with special reference to the signs and symptoms of disease only. It is well written and well printed on good paper. Its size naturally limits its author's opportunity to produce a volume that would rival either a good dictionary or a good encyclopedia, but at the same time its size make it a book easy to use and suited to the needs of a busy practitioner or college student.

There is a good index and the topics are taken up alphabetically so that no time is lost finding the subject required. The derivation of each term is given and the proper pronunciation will doubtless be added in some future edition.

Good articles are written on the examination of the blood, stomach, thorax and urine. The methods of examination are dealt with as completely as possible. Under *Vision*, the various opthalmoscopic appearances of the retina are nicely described. The use of X-Rays in diagnsis is well written.

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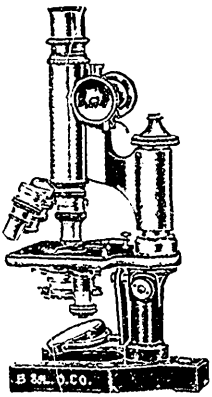


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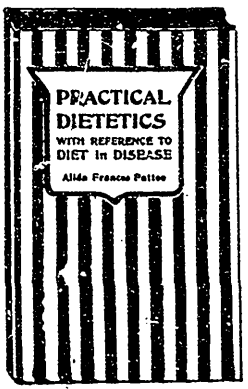


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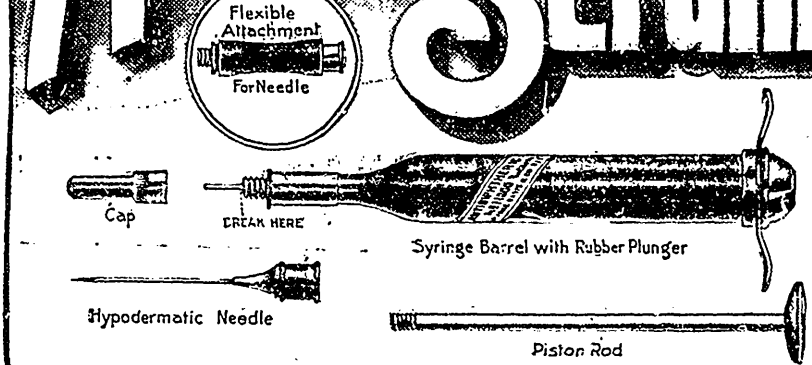


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