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Original Articles.

THE PENALTY OF DEFECTIVE VISION AND HEARING IN SCHOOL CHILDREN WITH A PLAN FOR ITS RELIEF.

BY FRANK ALLPORT, M.D., LL.D., CHICAGO, ILL.

In the *North American Review* for June, 1906, appears an article by Dr. G. Woodruff Johnston upon the "Effects of School Life on Children's Health," in which the writer wisely attributes to "fatigue" a large share of the ill-health prevailing amongst school children, which renders them more or less incapable of receiving the benefits of a modern education. In the opinion of the writer of the present communication, however, Dr. Johnston, while setting forth his theme in a masterly and convincing manner, utterly fails to properly emphasize one etiological factor in the *production* of fatigue, that has become well recognized by medical men and educators, viz., defective sight and hearing, which, when existing, nullifies to a greater or less degree advanced systems of study and work-regulations, which otherwise would have been of inestimable value to the student. This is a conclusion which is so well understood by progressive medical men as to hardly require further argument from their standpoint; it remains, however, to fully convince the laity, school authorities, State Boards of Health and Education, and State Legislatures of the truth of these ideas, after which it is hoped and believed that wise and decisive steps will be taken to as largely as possible remove from, at least, our public schools this productive element in the physical fatigue of school children. The writer does not wish to be understood as entertaining

the idea that visual and aural incapacities are at the root of all school children's ailments and "fatigues," nor that such conditions are alone responsible for backward and defaulting students; he does, however, believe that such physical shortcomings represent an important factor in the ill-health and inefficiency of scholars, and that inasmuch as such factors can be largely mitigated or utterly removed, by suitable steps taken by the proper authorities, there should be no hesitation whatever in the active adoption of such measures.

In order to emphasize the importance of his theme, Dr. Johnston has gathered from the reports of the Commissioner of Education for the fiscal year ending June 30, 1903, certain figures showing the number of school children in the United States, and the expense of keeping them in school, etc., including the fact that our educational system costs us over \$250,000,000 per annum, or over \$3.00 per capita, to maintain. The writer begs to state that since these figures were compiled three years have elapsed, during which time our child population has increased, so that now, in our public schools alone, over 20,000,000 children are receiving an education, and the people of the United States have about \$700,000,000 invested in school properties (irrespective of the cost of maintenance), a fact which certainly evidences their desire to have this great business and educational enterprise managed in the best possible manner, a condition which is clearly impossible unless the school children themselves are generally in good physical condition.

It may also interest students in sociology to know that there are in the United States about 300,000 blind people, many of whom would not have become blind if their incipient disabilities had been detected during school life, and that it costs the public about \$15,000,000 per annum to care for such unfortunates.

It should also be remembered that over 50,000 American children are annually removed from school on account of debilitated physical and nervous conditions, precipitated by physical incapacity and injudicious mental pressure. Such children, being unable to acquire a suitable education, fall by the wayside—grow up in invalidism and ignorance, and help to fill the ranks of the weaklings, the worthless and the criminals. A multitude of statistical compilations unmistakably show that about 40 per cent. of children attending schools are afflicted with some tangible ocular affection, and that another 40 per cent. possess some ear, nose or throat disease of serious import. In other words, 80 per cent. of our school children, or 16,000,000, are suffering

from some eye, ear, nose or throat disease, which can easily be detected, and generally cured, or at least relieved, if the public health and educational authorities will only decree that this work shall be done. Is it hard to do? No. Is it expensive? No. Is it in any way objectionable? No. Can it be easily and effectively accomplished? Yes. Then why is it not done? The writer believes that the reason for the non-accomplishment of this plain duty on the part of hygienists, educators and legislators, is simply apathy, ignorance, neglect, or politics. Can such authorities not rise from the level of the past to the height of the present and of the future, and offer this tardy reparation to the poor and neglected children of this country, who must some day control its destinies? In view of all that has been accomplished along these lines during the past ten or fifteen years, it would seem almost unnecessary to produce an array of facts and figures like the foregoing for the conviction of authorities having such matters in charge—for it is an undisputed fact that healthy eyes and ears are quite essential to the ready acquirement of an education, and yet it is but natural to assume that where such authorities do not take decisive action along these important lines they cannot be fully awake to their duties and responsibilities. It seems necessary, then, not only to impress upon them the array of statistical facts just enumerated, but also to remind them that almost all children are born with reasonably healthy eyes and ears, and that such conditions as high myopia and hypermetropia, devastating inflammatory diseases, etc., are usually due, not only to possible inheritances, but to malnutrition, excessive study under improper conditions, neglect, lack of judicious medical attention, etc., most of which could and would be corrected if the situation was thoroughly understood, and intelligent action thereon energetically taken. The myopic or short-sighted eye is a diseased eye, proceeding from small degrees of shortsightedness to those of enormous extent, accompanied by disastrous ocular congestions, detached retina, etc., all fostered by excessive study under improper conditions, such as bad illumination, insufficient outdoor life, lack of proper glasses, etc. The average increase in myopia during school life is about 20 per cent. In Germany, the land of bad print and profound students, this proportion is increased to about 60 per cent. The hypermetropic and astigmatic eye renders study exceedingly irksome by producing headaches, tired eyes, nervous exhaustion, etc., thus sowing the seeds of illiteracy, ignorance and idleness, all of which might be prevented by timely

detection and medical intervention, coupled with the correct adjustment of glasses, etc. Inflammatory ocular conditions, such as the various forms of conjunctivitis, keratitis, etc., besides being foci of more or less dangerous contagion to other children, produce conditions making suitable study impossible and improper, and, again, provide scholars that are a burden to their teachers and encourage the swelling of the ranks of the idle and the outcast. Nasal and throat hypertrophies, such as turbinated enlargements, and polypoid, adenoid and tonsillar growths, produce deaf children (unable to absorb an ordinary education) and discharging ears, which not only induce deafness, and may be a menace to life, but necessitate the production of micro-organisms, which should exclude such children from school owing to their menace to the health of other children. A large proportion of the idle and criminal classes is being supplied and resupplied, as generation after generation of children are thrown upon the world, by children who, for some reason or other, have failed to acquire the education which enlarges and uplifts the soul and character, and opens up avenues for honorable and useful employment. Visit the criminal courts, the reformatories, jails and prisons, and how often do you find law-breakers who have been plucked from the ranks of the educated? Occasionally, it is true, but the great rank and file of the offenders are men and women of meagre or of no education. Some, it is true, are natural criminals, the offspring of criminal parents, but even here there must have been a beginning proceeding some generations back, perhaps from some ancestor who was deprived of an education by some physical defect, possibly of the eye or ear. The great mass of criminals, however, are not born offenders, but become so through associations and lack of a cultivating and ennobling education, which is, of course, practically impossible, if physical defects place such an education beyond their reach. The writer has no desire to magnify his theme, and does not by any means believe that all crimes could be expunged from society by the correction of the physical defects of children, but he earnestly believes that there is enough real matter in the subject to claim the fixed attention of sociologists, health and educational authorities and law makers, both as a matter of moral obligation and public economy. The physical condition of our children reaches down to the very substructure and foundation of society. The boy of to-day becomes the man of to-morrow, to whom we and succeeding generations must look for the advancement and prosperity of our country. The child cannot

act for himself, and often the parent is equally helpless or careless. It behooves those, therefore, who have such matters in charge to act for him, and to act wisely and well. His physical and moral as well as his intellectual status and progress should be carefully guarded and watched, and probably no avenue through which he can be reached is so important and accessible as the public school. Here he spends most of his waking hours, and it is here that his body, mind and heart should be under the strictest surveillance. The school requests, nay, enforces, his attendance, and volunteers to superintend the unfolding of his young life in its most critical period. It is, then, the sacred duty of school teachers and school authorities to note well their important and self-assumed obligations, and to give the child the benefit of the best and most modern thought and judgment upon this sacred and important subject. Our schools undoubtedly provide opportunities for great intellectual and moral advancement, but are they equally solicitous of the physical condition of the scholars?

Two things are necessary to raise corn: one is the seed, and another is favoring soil and conditions. So it is with the enlightenment of the young. The means of education are necessary, viz., the buildings, properly placed, constructed and conducted, including systems, books, etc., and then the child with the receptive mind and healthy body and senses, capable of receiving instructions and profiting thereby. We are surrounded by the means of education, for modern schools, with their effective machinery, are a source of gratification and delight to all, but enthusiastic, progressive and systematic educators to not always consider the soil upon which the seed of enlightenment falls; in other words, they are disposed to consider children as a massed entity, and do not separate them into isolated individuals, with distinct inheritances and mental and physical peculiarities rendering them more or less adaptable to the requirements of the modern public school. Children are thrown into the great machinery of school life, are divided into grades and are expected to adhere to them and become educated according to a certain system. A child may have a weak or crooked back, which will become aggravated by close confinement at improperly constructed desks; he may have lungs handicapped with the incipient germs of tuberculosis, encouraged by the protracted inhalation of vitiated school air; he may languish from general systemic impoverishment, and pine and droop under too much study and too little fresh air. These are some of the conditions

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noticed in school children, militating against the easy acquirement of an education; but more directly essential still is the existence of certain abnormal conditions of the organs of special sense and hearing, which are certainly of prime importance, in the imbibition of presented instruction. If a child cannot see well and hear well, his position is certainly most unfortunate in the modern public school, where he is expected to keep up with his grade work or else subject himself to chagrin and mortification. The writer does not wish to be understood as saying that our schools are likened to the Car of Juggernaut, that ruthlessly throws down and crushes all who unfortunately come in contact with its destroying wheels. Far from it. The writer fully appreciates the gentle, humane and sympathetic feelings that proceed from the hearts of most teachers towards those children committed to their care. The writer is not unaware of their watchfulness and solicitude over their little flock, that prompts them to change the seats of the deaf and near-sighted, to make allowances for any noticeable physical or mental shortcomings, to frequently visit parents and urge upon them the necessity of action concerning the health of the child; but these are isolated though frequent instances, inspired by individual sympathy and character, and restricted by necessary ignorance of such subjects on the part of the teacher. What we want is a paternal school system of health investigation, by which the physical defects of children will be made manifest, and steps taken to protect pupils against themselves, and in many instances against their parents. We also want a system that, after these unfortunate conditions have been discovered, will not only *allow* but *insist* upon the harmonizing of the studies to the child, and not the child to the studies. The writer is not unaware of how often this is done: that a doctor's certificate of poor health is usually respected; that the course of study is sometimes changed under the advice of the parent or teacher; but the writer thinks he is not wrong in saying that these changes are comparatively infrequent, and so little encouraged that children will often endure much physical discomfort or even suffering rather than assume the chagrin and mortification brought upon them by the unenviable distinction of a grade change. These changes should be inspired from the intelligent illumination of regular physical examinations, and should be so common as to excite no comment, and give rise to no loss of a pupil's self-respect, or disappointment on the part of the parents, who frequently allow the child to languish and acquire permanent invalidism rather than

interfere with his class standing or the date of a projected graduation. The writer would not be understood as advocating the abolition of systems and grades. It is needless to say that schools cannot be properly conducted upon other principles. Neither does the writer advocate the indiscriminate changing of grades without just and adequate consideration. Neither does the writer ignore the fact that grades are frequently changed for good and sufficient reasons. The writer advocates more systems and more grades. The writer advocates a system of physical examination in schools by which we may *know* the condition of a child's health, and not trust to chance or circumstances to detect it; and he advocates more and shifting grades, commensurate with the physical condition of defective children. In other words, the writer does not believe in the wholesale education of the rising generation, which is our country's hope, its bulwark and defence, and whose physical as well as moral and mental condition is a sacred trust which we must guard and cherish. The writer does not believe in thrusting these little yielding, impressionable, often sickly lives into a common crucible, to be moulded and turned out with identical exactitude and precision. He believes that children should not be damaged by their educational existence, but should emerge from the portals of the American public schools in better physical, mental and moral condition than when they were entrusted to its fostering care, and that steps should be taken calculated to bring about the fulfilment of this plain and imperative duty.

While the physical examination of children should include *all* children, rich and poor, young and old, it is to the poor and neglected child that they must of necessity become the most useful. The children of well-to-do and intelligent parents are usually, though not always, well cared for through parental love and solicitude, and their slightest ailments ministered to by the medical adviser, but it is quite otherwise with the children of the tenement, the hovel and the slums, who frequently are parentless or—God knows—might better be. If education is worth anything in the broadest sense, and if it passes beyond the borders of dilettanteism into the broad realms of those influences which stand for human uplift, then it should reach down, down to the very dregs and bottom of the social scale, and pull up the most unfortunate of the human race and place them on a par with their fellow-men. We all know that education will perform this great evolutionary process, and the writer claims that it is the inalienable, inborn right of every citizen of this great,

magnificent republic to be placed in a position where an education may be acquired, for to education we must look for the solution of many of the sociological and criminological problems of the day, the solving of which means much for the betterment and happiness of our fatherland. If obstructions exist militating against this Utopian condition, which are relievable by acts undertaken by the guardians of the public welfare, they should not shrink nor hesitate in the execution of their duty, but should cheerfully and promptly perform such acts, and, if necessary, vicariously assume the office of father and mother to those who are bereft either by death or unfortunate conditions of the benefits of such benignant influences.

The responsibilities of school authorities along these lines are enormous, and involve, among other things, such questions as the location of school buildings with reference to air (Billings says that children should have thirty cubic feet of fresh air each minute for each child), space, noise and drainage; the construction of the building itself with regard to window space, and the direction of light, proper ventilation, plumbing and heating; the necessity for good and artificial illumination; the prevention of overcrowding; the necessity of medical inspection before and during school life; the use of proper drinking water and cups; the providing of washstands, towels, etc., that will be free from contagion; the construction of desks of different sizes for different ages; the use of desks that are of the proper slant and height, and compel an upright position in reading and writing; the frequent intermission from studies, and the change from one study to another, thus compelling a combined rest of the eyes, mind and body; the proper regulation of the means of study, such as the distance and color of blackboards, the color of slates, the character of print, and the paper on which it is printed; the necessity for vaccination; the exclusion of contagious diseases, and the exertion of advisable quarantine regulations; the placing of scholars in grades suitable for their physical and mental conditions; the forbidding of too many studies, in order to prevent much home study; the supervision of games, sports, etc., and the general physical health of scholars; these and many other problems must be met and solved by school authorities, and upon their wise and conservative opinions and acts depend very largely the ocular and aural health of children and the general well-being of the coming generation.

One of the most important topics for those who manage schools to consider is the proper care of children during the

period of adolescence, or, in other words, between the ages of about fourteen and eighteen. During the course of this wonderful unfolding of Nature's purposes, the nervous, mental and physical condition of the child is in a peculiarly sensitive and precarious condition. Nature is busy with her physiological changes, the child's resistance is taxed to its utmost, and during this important epoch of existence the individual should surely be relieved of all unnecessary physical, nervous and mental taxation. This is not the time for excessive study, either at school or at home; it is not the time for grade vaulting or extreme mental activity; and yet how often do we see children, ambitious themselves, perhaps, or forced to unduly studious habits by ambitious parents or teachers, paling and fading away from over-application, until a broken-down constitution, thus early in life, proclaims the folly of the undue prosecution of a prevailing error.

One of the most interesting investigations that have been recently made concerning the relations existing between the ocular conditions and mental development, has been undertaken by Gelpe, who has examined 578 physically defective children, and found that 419, or about 72 per cent., had defective eyes, and that the worse the mental condition of the child the worse the eyes were found. A very large majority of these cases were improved by treatment, glasses, etc., showing what can be done even with children of feeble intellect by intelligent examinations and care. He shows that a predisposition to feeble-mindedness, congenital or otherwise, may certainly become active or be aggravated by various ocular defects, especially by uncorrected refractive errors. He compares defective visual organs to an ill-adjusted objective of a photographic camera, imparting to the retina and the brain indistinct images, thus putting such a severe strain on the nervous system as to handicap the mental development of the child. He found the significant fact that myopia decreased in direct proportion with the decrease of intelligence, and found that in these children of defective mentality myopia existed in about 12 per cent. of the cases, hypermetropia in about 32 per cent., while astigmatism occurred in 30 per cent. of the cases. These data are most interesting, and, the writer believes, fully coincide with the opinion of those who have observed many children of low physical or mental development. While the various avenues of this interesting subject might be more thoroughly elaborated, enough has surely been said to clearly indicate that a majority of school children are suffering from some

eye, ear, nose or throat disease which to a greater or less extent debars them from the advantages of a modern education, and which, secondarily, induce the various forms of "fatigue" and bodily disease to appear, which must play an important role in handicapping the physical, mental and moral development of the child. While fully prepared to admit the importance of other disabilities, the writer fully believes that aside from mental incapacity there is nothing so essential to the acquirement of an education as good eyes and ears, and without them the pathway to an education must be thorny indeed.

The pity of it is that practically all of such conditions, and many more too numerous to mention, could be cared for or cured if detected early in life by the annual systematic examination of all school children's eyes and ears; and of the various methods that have been essayed from time to time to accomplish this purpose, the simple examination by school teachers is the only one that has been even reasonably successful, and is surely the only one that contains sanguine prospects of becoming universally adopted. Such examinations would be made if only all health and educational authorities, aroused to the importance of the situation, would issue their separate orders that such examinations *must be made*; the pity of it is, they do not do it. The writer further feels that such examinations can never reach their highest usefulness unless performed with methodical regularity every year. The sporadic care of this child and that child does not suffice; the general and kindly observation of children by even willing and intelligent teachers, with occasional advice to students and parents that medical advice be sought, is not enough, for generally no attention is paid to such unofficial suggestions, certainly not as much as would be paid to a formal printed notification of the child's imperfect physical condition, and besides this, many important and serious diseases may exist without exciting the observation of the average teacher. The examination of these organs of special sense by physicians is no novelty, and has been accomplished many times for the purpose of gathering statistics and doing good. The employment of physicians for this work, however, has been well proven to be practically impossible, as it involved too great an annual expense, and almost invariably produces so much professional jealousy and friction as to place an efficient quietus upon any future investigations. For the purpose, therefore, of overcoming these two objections, and yet of accomplishing the end in view, the writer proposed, in February, 1895, that such examinations should be

annually and systematically performed by school teachers, and that any scholar found to be defective should be furnished with what the writer calls a "card of warning," which is to be handed to the parent. This card simply notifies the parent that his child is believed to have some eye or ear disease which impedes his progress in school. The parent is urged to consult his family physician, or some eye or ear surgeon, either at his office or free dispensary. The card does not *insist* upon such a consultation, and leaves it entirely open as to which physician shall be consulted. In this way, no physician sees the child until the parent voluntarily escorts the patient to some medical man of his own choice; this, of course, does away entirely with any professional friction, or any suspicion of collusion or favoritism. In order that the presence of a disease may be detected by the teacher, the writer has arranged a series of nine questions, absolutely plain and simple in their character, for which the teacher is to obtain the answers. They are, for instance, such questions as these: "Does the pupil habitually suffer from inflamed lids or eyes?" "Does the pupil fail to read a majority of the letters in the number XX line of Snellen's test types with either eye?" "Does matter or a foul odor proceed from either ear?" "Is the pupil an habitual mouth-breather," etc. It will be observed that these questions are so primitive in their character that any teacher worthy of the name can easily furnish answers to them, and yet the nine questions are so comprehensive in their significance that when correctly answered they will disclose the existence of 90 per cent. of serious eye, ear, nose and throat diseases. The teacher, however, should not feel that she is expected to furnish a diagnosis of the child's disease; she is only expected to know that some abnormal condition exists. The diagnosis and treatment are left for the physician. These tests should be made as soon as possible after the opening of the Fall term, as this is not only the most convenient time for the work, but it will also give the teachers a long opportunity of following up the tests and watching the effect of medical treatment. The tests should be made by the room teachers, as they are more familiar with their scholars' infirmities, and such a subdivision of labor imposes no hardship upon anyone. A school-room can easily be examined in one day, which means, of course, that every public school child in any city can be examined in a day, provided each teacher does her own examining, or, if it is preferred, a few pupils could be kept after school each day, and the entire work accomplished easily in one week. The extra work thus

expended by the teachers will be generously rewarded in the end by the transforming of dull students to bright ones by medical treatment, glasses, deafness relieved, etc., for who does not know the nervous exhaustion experienced by teachers in endeavoring to instill knowledge into children's minds who are suffering from eye or ear defects?

As a complete description of the tests will be given at the end of this article, it will be unnecessary to further describe the method at this juncture, and the writer will merely say, in answer to many inquiries, that the expense of making these tests is so nominal that it is really not worth considering. For instance, a large city containing 5,000 school-rooms can have a testing chart, with testing letters and instructions to teachers printed on it, for every room by an expenditure of about \$200. The expense of "Warning Cards," and simple record blanks need not exceed \$100. A city like Chicago can, therefore, have this work thoroughly accomplished by the expenditure of a little time, labor and \$300. The testing charts and teachers' instructions can be used for years, if carefully preserved. It will, therefore, be seen that the question of expense is quite immaterial and need never be considered; the only question involved in an honest determination to see that this important work for the coming generation is annually and properly accomplished.

In order to facilitate the work and bring it more fully before the profession, the writer secured at a recent meeting of the American Medical Association the passage of the following resolutions, both in the Ophthalmological Section and the House of Delegates:

"Whereas, the value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures; therefore, be it

Resolved, That it is the sense of the American Medical Association that measures be taken by boards of health, boards of education and school authorities, and, where possible, legislation be secured, looking to the examination of the eyes and ears of all school children, that disease in its incipiency may be discovered and corrected."

Since then these resolutions have been adopted by the Mississippi Valley Medical Association and by the State Medical Societies of the following States: Minnesota, Colorado, Illinois, Michigan, Montana, New York, Indiana, North Dakota, Rhode Island, Alabama, Utah, South Dakota, Delaware, California,

Massachusetts, Arizona, West Virginia, Kentucky, Louisiana, Nebraska, Washington and New Jersey.

The resolutions have also been adopted by the American Public Health Association, by the State and Provincial Boards of Health of North America, and by the State Boards of Health of the following States: Kansas, Minnesota, Colorado, Wisconsin, North Carolina, Vermont, Illinois, Montana, New York, Indiana, Connecticut, Ohio, North Dakota, Rhode Island, Alabama, Pennsylvania, Maine, New Hampshire, Michigan and Utah.

The resolutions have also been adopted by the State Boards of Education of the following States: Texas, Kansas, Minnesota, Colorado, Wisconsin, North Carolina, Vermont and Connecticut.

Besides this, the tests are being placed in operation in the government schools in India, and in hundreds of schools in America where they are not required by school authorities.

Two State Legislatures have incorporated this movement in a public law—Connecticut and Vermont; and in the last message of the Governor of Massachusetts to the Legislature he strongly recommends that the annual systematic examination of public school children's eyes and ears be ordered by the lawmakers of that State. The Connecticut law reads as follows:

"Section 1. The State Board of Education shall prepare, or cause to be prepared, suitable test-cards and blanks, to be used in testing the eyesight of the pupils in public schools, and shall furnish the same, with all necessary instructions for their use, free of expense to every school in the State.

"Section 2. The superintendent, principal or teacher in every school, sometime during the Fall term in each year, shall test the eyesight of all pupils under his charge, according to the instructions furnished as above provided, and shall notify in writing the parent or guardian of every pupil who shall be found to have any defect of vision or disease of the eyes, with a brief statement of such defect or disease, and shall make a written report of all such cases to the State Board of Education."

The Vermont law reads as follows:

"Section 1. The State Board of Health and the Superintendent of Education shall prepare, or cause to be prepared, suitable test-cards, blanks, record books and other needful appliances to be used in testing the sight and hearing of pupils in public schools, and necessary instructions for their use; and the Superintendent of Education shall furnish the same free of ex-

pense to every school in the State. The superintendent, principal or teacher in every school, during the month of September in each year, shall test the sight and hearing of all pupils under his charge, and keep a record of such examinations according to the instructions furnished, and shall notify in writing the parent or guardian of every pupil who shall be found to have any defect of vision or hearing, or diseases of eyes or ears, with a brief statement of such defect or disease, and shall make a written report of all such examinations to the Superintendent of Education, as he may require.

"Section 2. The State Auditor is hereby directed to draw his order on the State Treasurer for such sums and at such times as the Superintendent of Education, with the approval of the State Board of Health, may require to carry out the provisions of this Act. The total expense under this Act shall not exceed six hundred (\$600.00) dollars in any biannual term ending June 30.

"Section 3. This Act shall take effect July 1, 1905"

The Vermont law seems to be the better of the two, not only because it specifically states that the examination shall be made in September, but particularly because it includes ear defects (which, of course, means also nose and throat defects), which is of the greatest importance. It is to be hoped that the Connecticut law will be amended to fulfil this requirement. It is also to be hoped that these tests will become a law, and an active, living law, in every State of this country; but to effect this the combined medical and educational energy of the professions in each State is a positive necessity. The American Medical Association resolutions should be passed by every State Medical Society, and active committees appointed to induce the State Boards of Health and Education to likewise adopt them and to actively undertake the work. If this can be done, an act of legislature is hardly necessary; still, if this can be accomplished it is certainly a vast improvement and should always be effected where possible. It should be remembered, however, that legislatures are hard to move and only convene once in two years, while boards of education and health are more susceptible to measures of this kind and can be reached at almost any time. The writer would, therefore, advise that those interested in the matter should first secure the co-operation of their State medical societies and boards of health and education, and then secure suitable legislation on the subject wherever it is possible.

The writer would like, through the pages of this magazine,

to address the following questions to all boards of health and education, all legislatures, and all who are interested in the physical and moral welfare of our children:

Do you believe that bad vision and hearing constitute an important barrier to the reasonable and easy acquirement of an education?

Do you believe that a vast number of children are thus embarrassed?

Do you believe that a great benefit to the children, to society at large and mankind in general, would be effected if such physical defects could be detected and relieved?

Do you believe that some such plan as the writer has proposed would be instrumental in largely relieving such defects?

Do you believe such a plan to be practical, unobjectionable and inexpensive?

The writer thinks the answer, "Yes," must be returned to each one of these questions. Then may I ask still another question: Why do you not take up this work and carry it through? The writer addresses this interrogative to those who, by reason of their public offices, have the power to enact rules and laws calculated to produce beneficent results on the public at large. The writer, as a private individual, can do nothing, but they, as public officers of Canada and elsewhere, can do much. Will they do it?

THE DETAILS OF THE PLAN.

INSTRUCTIONS FOR THE EXAMINATION OF SCHOOL CHILDREN'S EYES AND EARS, ETC.

For Use of Principals, Teachers, Etc.

Do not expose the card except when in use, as familiarity with its face leads children to learn the letters "by heart."

First grade children need not be examined.

The examinations should be made privately and singly.

Children already wearing glasses should be tested with such glasses properly adjusted on the face.

Place the "Vision Chart for Schools" (Snellen's) on the wall in a good light; do not allow the face of the card to be covered with glass.

The line marked XX (20) should be seen at twenty feet, therefore place the pupil twenty feet from the card.

Each eye should be examined separately.

Hold a card over one eye while the other is being examined. Do not press upon the covered eye, as the pressure might induce an incorrect examination.

Have the pupil begin at the top of the test card and read aloud down as far as he can, first with one eye and then with the other.

VISION CHART
(Reduced Cut)

CC **E** **200**

C **B C** **100**

LXX **N L D** **70**

L **R T P E** **50**

XL **E Z F B D** **40**

XXX **C T L G F O** **30**

XX **E O P Z F R D A** **20**

Facts to be Ascertained.

1. Does the pupil habitually suffer from inflamed lids or eyes?
2. Does the pupil fail to read a majority of the letters in the number XX (20) line of the Snellen's Test Types, with either eye.

3. Do the eyes and head habitually grow weary and painful after study?
4. Does the pupil appear to be "cross-eyed"?
5. Does the pupil complain of ear-ache in either ear?
6. Does matter (pus) or a foul odor proceed from either ear?
7. Does the pupil fail to hear an ordinary voice at twenty feet in a quiet room? Each ear should be tested by having the pupil hold his hand first over one ear, and then the other. The pupil should close his eyes during the test.
8. Is the pupil subject to "colds in the head" and discharges from the nose and throat?
9. Is the pupil an habitual "mouth breather"?

If an affirmative answer is found to any of these questions, the pupil should be given a printed card of warning, to be handed to the parent, which should read something like this:

Card of Warning to Parents.

After due consideration it is believed that your child has some Eye, Ear, Nose and Throat disease, for which your family physician or some specialist should be at once consulted. It is earnestly requested that this matter be not neglected.

Respectfully,

.....
School.

If only an eye disease is suspected, the words "ear, nose and throat" should be crossed off; if only an ear disease is suspected, the words "eye, nose and throat" should be crossed off; if it is only a nose and throat disease, the words "eye and ear" should be crossed off.

It will be observed that these cards are non-obligatory in their nature. They do not require anything of the parent, who is at perfect liberty to take notice of the warning card or not, as he sees fit. They simply warn the parent that a probable disease exists, thus placing the responsibility upon the parent.

Nevertheless, if parents neglect the warning thus conveyed, the teacher should, from time to time, endeavor to convince such parents of the advisability of medical counsel. Teachers are urged to impress upon pupils and parents the necessity for consulting reputable physicians.

These tests should be made annually at the beginning of the Fall term, and should include all children above the first grade.

Each teacher should examine all the children in his or her own room, and should report the results of such examinations to the principal, such reports to be signed by the examining teacher.

The following simple form of report, to be filled out by the teacher and handed to the principal, is suggested, and may be printed upon paper of any size and character that is deemed advisable by the local school authorities, and should be distributed to the different room teachers.

No.	NAME OF PUPIL.	Do the tests indicate an Eye, Ear, Nose or Throat Disease? Answer "Yes" or "No." If so, which?	Was the pupil given a Card of Warning?
	John Doe	Yes Eye	Yes
2	Robert Smith	Yes Ear	Yes
3	Mary Brown	No	No
4	Edward Hart	Yes Nose & Throat	Yes

[These charts, with instructions attached, are published by F. A. Hardy & Co., 131 Wabash Avenue, Chicago, and can be procured in any quantity desired by addressing the publisher.]

72 Madison Street.

MEDICAL THOUGHTS, FACTS AND FANCIES.

BY JAMES S. SPRAGUE, M.D., STIRLING, ONT.,
Author of "Medical Ethics," etc.

"New worlds have arisen and we have lost old nations," to employ a hyperbolism, since I commenced the practice and announced it by the tin sign to those who spoke in the manner of men, but the manner pertained to several distinct nationalities, totally foreign.

From midshipman to vice-admiral is a history given us by Sir Evelyn Wood, but in medicine the laurels of the first year's practice are such as one generally wears and expects in each and every decade, unless one abandons the practice and seeks other pursuits wherein steps of promotion are known to exist, each successfully crowned by increased honors and rewards—thus caught by the sacred thirst—the *sacra fames auri*—of Virgil. Medicine is losing, has lost, and will ever lose men whose souls are not with us—the steady, everyday plodders in practice. Yet, such is well, for medicine has been ever a most jealous mistress, and if not, as a rule, she with the riches of coins enriches us, it is gratifying to know the righteous are seldom forsaken—that few of us are sued—a lesser number are star occupants of refuges, and of the other professions, the least found in institutions for detention are we. Dr. Oliver Wendell Holmes says, among us M.D.'s it is impossible to find one who, to the novelist, would be the ideal villain in the plot, yet accused are we of atheism—too often so. If in any sense we are deserving of the accusation it is attributable to our inmost knowledge of the character, thoughts, even teachings, of those who, with license, proclaim The Christ who taught that which all the great philosophers taught, the necessity of study and the realization of grandeur of the divine possibilities in each and every man—failing much in this, in consequence of the illiteracy of too many, who dream not of Christ's principal teachings of the ideal man, the doctor is, in consideration of closer association with men—in fact, longer association than the average minister has, by education and wider reading, more capable of impressing and encouraging the necessity of every one among his acquaintances to abandon meanness. "Get out of your meanness," Sam Jones preached, and he, like the average

doctor, knew the people—he saw them in their every-day lifework. Yes, the ordinary country doctor, even if only moral—the possessor of ethical virtue, is the ideal man among men, and his markings of the worth of saints and sinners in his clientele would be accepted by the King of Kings. Yes, it is he “who carries with him a god—an ideal of beauty, and who obeys him, an ideal of art, an ideal of science, an ideal of patriotism—and an ideal of the virtues of the gospel,” to Pasteur are these words, this legacy, these truths, and he wrote those words as if we, you and I, were with him in the inspiration, knowing and believing our confirmation. Time and history have approved, are proving, and ever will approve, these utterances of a master mind—sufficiently medical—quite enough for the praise of the in-rushing centuries. Yes, past centuries have had illustrious men in medicine, and in Homer’s time they won his eulogy. Apollo, Esculapius and other illustrious founders of medicine, *merito pro diis habiti*, were gods, and are gods, and everywhere venerated, whereas Venus at Cyprus, Diana at Ephesus, and Apollo at Delos, and other gods in other separate and well-defined limits, had their shrines; yes, everywhere, the shrines in classic Greece, for the gods in medicine. However, we, in early days, did not escape the satirist, for *Maximilianus urentius*, defines the doctor and the surgeon:

Chirurgicus medico quo differt? .Scilicet isto. Enecat hic succis, enecat ille manu.

Carnifice hoc ambo tantum differe videntur. Tardius hi faciunt, quod facit ille cito.

(How does the surgeon differ from the doctor? In this respect: One kills by drugs, the other by the hand; they differ from the handman, for they do slowly what he does by the work of a minute.)

While considering the works and the lives of the fathers, I learn that jealousy was a characteristic of the Man of Cos.—The Hippocrates—who when he had a call to a distant part, although his wife was left with her parents, yet he had a friend, Democritus named, as vigilator, to guard her from the salacious. The fair river Arctusa, from which men, women and horses drank, had jealousy, even if it imparted nobility, beauty and strength. However, jealousy is, as when Hippocrates lived, not so much as respects our wives, but our conferes—*inter fratres*.

If new worlds have arisen, old worlds crumbled, the works of literary men—the master minds—have come down the ages, no way impaired, but sufficiently illustrative that, after all, there is not much

that is really new. Yes, "the thoughts we are thinking, our fathers have thought." Even if one, however scholarly, can unfold the writings of the illustrious dead, he learns there were scholars before him, even before Homer, for even when he "smote his tuneful lyre, he'd 'eard men sing by land and sea, and what he thought he would require" he made use of in the same manner as the modern scholar, and frequently, as Homer did, tears off the "Hall" mark. To me it seems an age from the broncho and the saddle-bags to the auto-motor car, yet not four decades, and although apparently many triumphs are named for medicine, yet many old truths have survived, but have met with so many sub-divisions, especially as relates to psychology, that alienists have bewildered the real and faithful investigator, while the Eddys, Dowies and their numerous copyists, have toyed with the innocent and weak-minded, brilliant and even cultivated minds, and enriched themselves even within the shadows of our greatest universities, and we as learned men have stood by, have either mourned, have had pity, have ridiculed, and yet powerless are we for the want of co-operation of the profession in studies so much enjoyed, so much discussed and written on by the fathers in medicine. The philosophic study of man, the divine possibilities of man, are subjects for our foremost researches and considerations, and if assisted by a learned and non-superstitious clergy, too often silent encouragers of incredulity, we, sustained by the writings of the fathers, would save the balance of this century from being disgraced, by the madness of the crowds for popular delusions—not least the mad houses. History affords us many lessons. Paracelsus has many copyists, and they walk forth in mid-day—and are even asking to be recognized by our Provincial Parliament.

Clinical Department.

A Test of the Efficacy of Sal Ethyl in the Treatment of Rheumatism. A. F. MALLOY, M.D., Exeter, Ontario.

Mrs. G., aged 35, married, had typhoid fever when seventeen years of age, and since that time had been afflicted with five attacks of rheumatic fever. I was called to see her on the 16th of September, 1906, and found her suffering with a feverish condition, pains in the ankles, profuse perspiration, and a slight eruption. I diagnosed the trouble as rheumatic fever and put the patient on salicylates with a heart tonic. At the same time I kept up good elimination. Under this treatment the symptoms did not abate; on the contrary, the patient got weaker and the temperature rose to 105 1-5 degrees with a pulse of 102. This condition prevailed for two weeks, whereupon the patient became constipated, complained of pain in her abdomen, had swollen eyelids and sensitive conjunctivæ as well as intense headaches, which were controlled with ice. The stomach was very irritable and the patient was unable to retain any food or medicine. At about this time I administered Sal Ethyl Globules (P. D. & Co.), which immediately produced a reduction of temperature, and the stomach became more retentive. When the supply of Globules gave out, I began using salicylate of sodium, while awaiting another consignment of Sal Ethyl. During the following five days, the eyelids became swollen, the temperature went up, the joints became painful and the patient was delirious. When the Sal Ethyl was administered the second time, all of these symptoms abated, and the patient did nicely for nine or ten days, until my supply of Sal Ethyl ran out again. Another supply was obtained by mail, in three days, but during the interval the patient developed intense pleuritic pains. When Thermofuge was applied and Sal Ethyl given internally, these subsided directly and the patient made an uninterrupted and complete recovery. This case demonstrated that, no matter what serous membrane may be affected, the trouble immediately responds to Sal Ethyl in doses of 2 globules every three hours and subsequently one globule every 4 hours.

Actinomycosis of the Vermi-Form Appendix. THOS. H. KELLOCK, M.A., M.D., CANTAB, F.R.C.S., ENG., Surgeon to Out-patients at the Middlesex Hospital; Surgeon to the Hospital for Sick Children, Great Ormond Street.

The author first pointed out how much more frequently actinomycosis or streptothricosis, as the affection should be preferably termed, was recognized since more modern methods of examination had been employed. The affection, which was formerly expected to attacked the jaws, liver, and lungs almost exclusively in persons whose occupations and lives were followed in the country, was now often recognized in many other parts of the body and in persons of various occupations and forms of life, town as well as country. The star or ray formation was not always present, and its absence must frequently have led to a negative diagnosis when the affection would have been recognized by proper staining.

As the fungus of streptothrix generally enters the body by the alimentary or respiratory tract, and has a great disposition to insinuate itself along the ducts of glands opening into these, it is easy to understand that the vermiform appendix should fairly frequently be attacked when the organism has travelled along the alimentary canal as far as the cæcum.

From the number of reported cases, actinomycosis of the vermiform appendix would appear to be a not very uncommon form of disease of that organ. An investigation of the records at the Middlesex Hospital showed that during the last three years seven cases had been under treatment in which the presence of a streptothrix had been demonstrated. The notes of two cases were read in which septic infection had been superadded to the streptothrix, in both of which portal pyæmia and streptothrix abscesses in the liver had been found *post mortem*, and in one a similar affection in the pancreas and pleura. In three cases the disease had been limited to the neighborhood of the appendix, whilst in two this had been associated with an abscess presenting through the abdominal wall at some distance from the appendix region. A streptothrix infection of the vermiform appendix might thus be met with under two forms—the one simple, the other in which a septic infection had been superadded. In the first the condition is difficult to distinguish from an ordinary case of appendicitis, but in the second the patients were often extremely ill, and rigors and septic pyelophlebitis, both rarely

seen in cases of ordinary suppuration about the appendix, seemed to be relatively common. These two forms of the affection were similar to what is sometimes seen when the disease occurs in other parts of the body, such as the cheek. Attention was called to the tendency of the abscesses which form to burrow, and point at a distance from the original seat of the disease, and a comparison made to what often occurs in the same affection of the lungs.

The question was raised as to whether the so-called secondary streptothrix affections of the liver were really conveyed thither by the bloodstream, or whether they were not really an independent infection from the alimentary canal; in one of the reported cases the discovery *post mortem* of a streptothrix abscess in the head of the pancreas was quoted as an argument in favor of the latter view. The points that would be likely to be of help in arriving at a diagnosis in the simple cases would be a long history of slight indefinite pain in the region of the appendix, a relatively large amount of induration, and, if operation were performed, the small quantity of broken-down material found; in suppurating cases the occurrence of rigors early, and the pointing of abscesses at a distance from the appendix region.

The treatment should be both constitutional and local. In the simple cases the best results follow removal of the appendix and as much of the affected surrounding tissue as possible, combined with treatment by large doses of iodide of potassium. The suppurating cases are more serious, and little benefit is likely to be derived from the use of drugs until the septic condition has been dealt with by ordinary surgical measures, and it was pointed out how exactly this coincided with what is experienced in dealing with the affection as it occurred in other parts of the body.

Reports on Tongue-like Accessory Lobes of the Liver, and Achylia Gastrica. By JAMES NEWELL, PH.B., M.D., M.CH., of Watford, Ont., late Professor of Therapeutics in the Michigan College of Medicine and Surgery, Detroit, Mich.; late Physician to the Detroit Emergency Hospital; in *American Medicine*.

This malformation is also known as linguiform lobe, partial hepatoptosis, Riedel's lobe or appendicular lobe. My attention was particularly directed to the malformation by an article by Dr. Alex. McPhedran, of Toronto, published in the *Canadian*

Practitioner, June, 1896. These accessory lobes were first noted by Hzetl. Haller, Gruber, and Cruveillier afterward described them. They are parenchymatous prolongations, and are thin, round, or tongue-shaped in form and variable in size.

They usually rise from the inferior surface of the liver and are connected to it by a pedicle containing "vasa aberrantia." The quadrate lobe is the seat of predilection.

Toldt and Zuckerkandl, of Vienna, in an article published in 1875, described their form and structure. Broca found them on both upper and lower surfaces in a microcephalic individual. Eichorst refers to malformations caused by tight lacing and Frerichs, in 1858, in his treatise on the liver, mentioned tongue-like processes due to malformation of the liver. H. Thompson, of Oxford, reported a case in 1885, and in 1889 he saw the processus caudatus separate in a fetus. Cecil H. Leaf, of Guy's Hospital, London, says these processes are atavistic, because they are often present in monkeys.

These tongue-like lobes are often quite movable, are often discovered accidentally, and may not be accompanied by any bad effects. They may seriously complicate the differential diagnosis of abdominal tumors, or cause symptoms closely simulating calculous cholecystitis and floating kidney. They may be mistaken, even after most careful examination, for omental tumor, tumor of the pylorus, distended gall-bladder, pancreatic cyst, or appendicitis. In connection with the latter I wish to report the following case.

Miss A., aged 16, while attending school in December, 1903, was taken suddenly with acute pain in the right side of the abdomen. In due time she made a partial recovery, but the soreness remained, with indigestion, and a general feeling of ill-health. I saw her first in April, 1904, and after a careful examination, not having discovered any evidence of an abdominal tumor, diagnosed chronic appendicitis of a mild type. I prescribed rest, proper diet, and intestinal antiseptics. She slowly improved, but her digestion was faulty, and there was some neurasthenia. In November, 1904, I performed an appendicectomy, making a McBurney incision. On introducing my finger into the abdominal cavity, I felt what I at first thought was a dislocated kidney. Having extended the incision upward, I brought to view a tongue-like process, two inches wide and three-fourths of an inch thick. It ascended and descended with the respiratory movements, careful examination showing it to be a tongue-like process having its origin from the right lobe of the liver. I had a long and tedious hunt for the appendix,

as the transverse colon was prolapsed, and down in the right iliac fossa, which very much complicated the search. Having found the appendix, I removed it, as it exhibited signs of having been inflamed. The patient made an uneventful recovery, and has improved so much in health and appearance, that I failed to recognize her about a month ago. As there is slight ptosis of the stomach, she still complains of some indistinct symptoms and slight uneasiness in the region of the incision.

I do not think this abnormality of the liver is of frequent occurrence, as I have never before met it in any abdominal section I have done or at which I have been present. Its occurrence in so young a person excludes tight lacing as a cause.

As the malformation is met mostly in those of mature years, its occurrence in this young girl adds interest to the case. I wish to acknowledge my obligations to my friend, Dr. Basil Harvey, Instructor of Anatomy in Chicago University, for his assistance in furnishing me with the history of this malformation.

ACHYLIA GASTRICA.

The following case of achylia gastrica, or atrophy of the stomach, may be of interest. It is a terminal of chronic gastritis, but is most frequently met in carcinoma of the stomach. Riegel in Nothnagel's Practice, says that total atrophy of the gastric glands may lead to serious disturbances of the general health, but that it has been demonstrated that a complete loss of peptic power may be tolerated for many years, without impairment of the general health, provided the motor power of the stomach remains intact, and the intestine can vicariously assume the functions of the stomach.

The patient was Mrs. M., married, aged 46, and the mother of one child. She was first seen by me in August, 1903. I found her thin, pale, and complaining of indigestion. She informed me she had had trouble with her stomach for the past five years, that she had little desire for food, vomited a greenish fluid frequently, and had at times considerable pain in the region of the stomach. On examination, I found the abdominal muscles tense and on guard, and that pressure over the stomach produced pain. Five years before, she had an attack of mucous colitis, which lasted for several months; I prescribed various remedies and diets, without much benefit. In November of 1903, I began lavage of the stomach, which for a while seemed to afford some relief. This was continued for months, but occasionally she would vomit quantities of the greenish fluid, which failed to give the reactions for bile. In August, 1904.

she became worse and refused to eat, and I began giving nutrient enemas. These soon disagreed, and she asked for their discontinuance. I called in Dr. F. R. Eccles, of London, and like myself, he thought she had cancer of the back wall of the stomach. There was now great emaciation, hardness of the muscles and absence of any tumor on palpation. I may say examination of the stomach contents showed absence of hydrochloric acid, but Uffelmann's test gave the lactic acid reaction. Microscopically, yeast cells and micrococci were found and I thought I discovered the Oppler-Boas bacillus. She died of starvation on October 21st.

Autopsy was made by Dr. Wm. Reid four hours after death. The body was greatly emaciated, no fat in the abdominal walls, nor in the omentum, which looked like a net. The liver, gall-bladder and pancreas showed no sign of disease. The stomach was atrophied and in size no larger than the duodenum. There was no infiltration nor enlargement of the mesenteric glands. The walls of the stomach on section were found slightly thickened, the gastric mucosa was very red, and had a velvety look. The stomach was empty and its capacity would not exceed four ounces. The cardiac orifice admitted my finger. The pylorus was almost closed, admitting the tip of my little finger, which is rather small, on using considerable pressure. The transverse colon for about ten inches was atrophied and thickened, being about three-fourths of an inch in diameter. This was probably caused by the mucous colitis. While the walls of the stomach were sclerosed, I found no distinct evidence of cancer, and registered the cause of death as achylia gastrica.

This condition of atrophy of the gastric mucosa is said by Riegel to be by no means so rare as is ordinarily believed.

WHEN performing external urethrotomy without a guide it is often possible to trace the continuation of the urethra proximal to the opening, by means of a filiform bougie, even when all devices failed to secure the introduction of a filiform before the operation. If a filiform cannot be thus passed through the urethral wound, suprapubic pressure on the bladder may demonstrate the location of the urethral orifice by the escape of a drop of urine or by bulging of the membranous urethra.—*Am. Jour. of Surg.*

Therapeutics.

The greatest living authority on ringworm **The Treatment of Ring-worm of the Scalp.** is, beyond all doubt, Dr. Sabouraud, of Paris. He has devoted the better part of his dermatologic life to the study of the pathology, mycology and treatment of trichophytosis. He has recently introduced an invention of his own which enables the operator to not only employ X-rays with safety, but to measure their intensity and limit their use to one sitting in the cure of ringworm of the scalp. This variety has been acknowledged to be the most obstinate and refractory to all treatment, and competent authority has found from five to twenty sittings necessary to obtain a cure. In addition, there have been almost endless discussions in regard to the use of soft or hard tubes and the distance at which the tube must be used. Sabouraud solved the entire question by the discovery of a method by which the quantity of X-rays emitted from the Crook tube may be easily and accurately measured. In order to measure the quantity of X-rays emitted it is only necessary to observe the alteration in color, produced by the X-rays, in a disk of platino-cyanide of barium. When the disk, placed at a certain distance from the Crook's tube, assumes a fawn tint, which is called Teints B, and shown on the pattern supplied, the exposure must be stopped. By means of this device burns are avoided, and the advantage gained of curing a case in one sitting.—*Am. Jour. Derm.*

Ergotin in the Treatment of Chronic Prostatitis. The condition known as chronic prostatitis has ever been a problem with genito-urinary surgeons, and they have devised many operations as well as mechanical methods of treating it, and this has naturally led to a certain amount of repugnance on the part of patients suffering from this condition. The microscopic anatomy of the prostate shows that it is largely composed of unstriped muscular fibres which are very analogous, if not identical, with those of the uterus. This confirms the old idea that the male prostate is what our predecessors were pleased to call the "male uterus." Therapeutic experiments have gone

a good way to confirm this view of the matter, but it has never been conclusively accepted by the authorities in genito-urinary surgery, who have preferred to look upon it as a glandular structure rather than as a muscular one. The researches have been mainly directed to the former contention rather than to the latter, which, in consequence, suffered some neglect. The writer, being somewhat inclined to embrace the latter doctrine, applied practically its teachings to the treatment of old cases of prostatitis, and, as a diminution in the size of the prostate and a consequent diminution in the amount of prostatic secretion was desired, he administered internally ergotin in three-grain doses as often as four times daily. This was found to exert a positive effect in the way of a diminution in the size of the prostate as well as a stoppage of the secretion of its mucus, all of which acted most favorably upon the *morale* of the patients. This method is one which has acted favorably in a number of cases, but it is not mentioned here as a certain and only cure. It is, however, worth trying, and if others find that they can confirm the findings of the writer it will certainly constitute a real advance in the treatment, not surgical, of old inflammatory troubles of the prostate.—*Am. Jour. Derm.*

**The Treatment of Skin
Disease.**

The successful treatment of skin diseases may be truthfully said to be more than skin deep. In fact, cutaneous therapeutics is such a broad subject and encroaches so much upon general therapeutics that he who would aspire to be successful in the treatment of cutaneous affections must possess himself, not alone of a good knowledge of medicines and their therapeutic effects, but he must also know the toxic and untoward effects of drugs. In addition to these qualifications he must be able to formulate a scientific diagnosis, and for this purpose must have a good knowledge of microscopy and bacteriology. It may be objected that these qualifications are almost sufficient to constitute a medical Admirable Crichton. And yet all these are possessed by advanced dermatologists; and those who still strictly adhere to the teachings of the old school of Vienna, as formulated by Ferdinand von Hebra, are not as successful in the therapeutic results which are attained by others. One of the most essential factors in the attainment of successful results in the treatment of skin diseases is the mastery of pathogenesis of a process

which is observed. The application of a treatment *ad hoc* is always certain to be crowned with success.

For instance, the writer has observed a case of chronic intractable acne in an anemic girl, and upon close questioning learned that she had rectal obstipation. An aloes pill restored the color to her visage and caused the acne to disappear without any local treatment. A very simple means in an apparently obstinate chronic case.

The reason for the treatment was one which can be easily accounted for on a purely rational basis. The obstipation produced an absorption of the toxic matters in the rectum, which in turn affected the general circulation and glandular systems, thus bringing about the anemia of a general character and toxemia of the sebaceous glands.

This is merely mentioned as one of a very numerous class of dermatoses, and it will be found that the adoption of an analytic method in the determination of the causes of disease will not only facilitate the successful treatment, but hasten its ultimate cure. The secret is certainly not difficult; but, on the other hand, the carrying out of the investigation is rather inclined to be difficult.—*Am. Jour. Derm.*

Is Protiodide of Mercury Rightfully Popular?

There is no doubt that many will wonder that such a question should be raised. The real question at issue is whether mercury given by the mouth can be as efficient and reliable as when given by other means. No one will raise a doubt as to the efficiency of the hypodermic injections, be they of the soluble or of the insoluble salts of mercury. We are fully aware of the fact that the protiodide is very popular with the medical profession, and we also know that some prominent syphilologists claim to be able to cure syphilis by means of this salt alone, taken by the mouth. On the other hand, the vast majority of those prominent in syphilology refuse to endorse this position, and show their lack of faith in the virtues of this mercurial salt by using others. It has been a matter of observation with the writer to note that the protiodide of mercury is not, as a rule, an efficient drug in the treatment of men. On the other hand, it acts excellently well in the case of women; and hypodermic injections have acted better in both sexes. The protiodide used upon men is unfortunate in two respects. In the first

place it does not seem to possess sufficiently intense therapeutic properties; and, secondly, it is irritating to the gastro-intestinal mucosa. It readily induces diarrhea if employed in working doses, brings on gingivitis, and is prone to favor the formation of mucous patches. It is for these reasons that a certain amount of caution should be observed in prescribing the protiodide of mercury by the mouth. The favorite plan of Hutchinson of giving mercury with chalk is a much superior method.—*Am. Jour. Derm.*

BONE tenderness, especially of the sternum and tibiae, is frequently significant of sepsis.—*Am. Jour. of Surg.*

ECZEMA of the breast should always be viewed with suspicion, for it may be a symptom of Paget's disease and precursory to cancer. In these cases the growth may for a long time appear as a superficial ulcer, and thus lead to errors in diagnosis.—*Inter. Jour. of Surg.*

IN chronic mastitis the existence of pain and swelling of the glands in the axilla often awakens a suspicion of cancer. If the affected area is adherent to the skin and muscles, with puckering, the diagnosis may be impossible before a microscopic examination has been made.—*Inter. Jour. of Surg.*

IN children suspected of having a foreign body in the larynx it will be generally found necessary to anesthetize the patient before a satisfactory laryngoscopic examination can be made, although in the presence of severe dyspnea no time should be lost in performing tracheotomy.—*Inter. Jour. of Surg.*

SUPPRESSION of urine in infants is extremely rare, and in any case in which the child is unable to pass its urine it is far more likely that there is some congenital source of obstruction. The existence of this should be determined by the prompt introduction of a soft rubber catheter.—*Inter. Jour. of Surg.*

IN cases of spina bifida in which the mass is small and the overlying skin not much atrophied, the protruding part may be reduced into the vertebral canal and prevented from returning by a disc of pasteboard, cork, or celluloid, held in position by adhesive plaster and bandage.—*Inter. Jour. of Surg.*

Physician's Library.

Dr. C. Herbert Burnham's book on his combined treatment of the eye (9 chapters, about 100 pages), giving the origin, theory, action, and manner of application; with examples of different kinds of cases in which he has used it,—and these have a very wide range. But it is in the difficult and almost hopeless cases that Dr. Burnham has obtained such good results that he wished to let the profession know of its value. He has now had sixteen years of trial practice in its uses, and has long since decided that it is beyond the experimental stage. He emphasizes the great necessity of a fixed routine in its application. He uses hypodermics of pilocarpine and potassium iodide and mercury by the mouth, and considers the pilocarpine the more active for good, stimulating all the nerve centres to a remarkable degree, and through them the ordinary physiological processes; but especially those of the affected parts or organs are aroused to an activity far in excess of the normal, and thus the diseased condition is acted upon and removed. Quite a large portion of the book is taken up in citing difficult and interesting cases which he has cured or ameliorated. He throws out hints to the general practitioner also as to its uses in other than eye diseases, and asks that they should give it a fair trial. (Publishers: H. K. Lewis & Co., London, England.)

C. T.

The Doctor's Recreation Series. Vol. III. In the Year 1800. Being the Relation of Sundry Events Occurring in the Life of Dr. Jonathan Brush during that Year. By SAMUEL WALTER KELLY, M.D. The series, XII. volumes, all now ready. Edited by CHARLES WELLS MOULTON. Akron, Ohio: The Saalfield Publishing Co.

This is a very interesting recital. Indeed, it is quite a romance. It is remarkable as occurring all in a year. It practically opens with a doctor falling in love with a lady *enciente*, who has engaged him to attend her *accouchement*. Just before that event arrives she is most foully murdered, *a la* Whitechapel Jack the Ripper style: a victim to the law of primogeniture. Taking what might be called a post-graduate course in Phila-

delphia, the doctor meets a younger sister,—and as it all occurs in one year,—he immediately falls in love with her. The villain is on the scene here too; but the yellow fever gets both doctor and villain in its clutches and helps wonderfully in the *denouement*. There is a decidedly interesting letter by Dr. Benjamin Rush on Insanity, showing the trend of thought in 1800 in Psychiatics. Dr. Physick is also brought in. The narrative, although disconnected here and there, keeps up interest and attention quite easily from start to finish. Lord Ashburton figures in the story as a Mr. Baring. We have already noticed volumes I. and II. in these pages. Each month will follow a short review of the remaining nine volumes. The entire set is well worthy of a place in every doctor's library.

Blakiston's Quiz Compendis. A Compend of Genito-Urinary Diseases and Syphilis, including their Surgery and Treatment. By CHARLES S. HIRSCH, M.D., Assistant in the Genito-Urinary Surgical Department, Jefferson Medical College Hospital. Illustrated. Philadelphia: P. Blakiston's Son & Co. Price, \$1.00.

Medical students will find in this small volume of 351 pages a fine epitome of the subjects stated. Practitioners will find that the diseases are tersely treated of, as all unnecessary details and rare conditions are omitted. The treatment part of the book is that recognized by eminent men in these departments and that used by the writer and his colleagues in the Jefferson Medical College Hospital.

A Practical Treatise on the Office and Duties of Coroners, in Ontario and the other Provinces and the Territories of Canada, and in the Colony of Newfoundland, with Schedules of Fees and an Appendix of Forms. Fourth edition. By WILLIAM FULLER ALVES BOYS, LL.B., Junior County Court Judge, County of Simcoe, Ontario. Toronto: The Carswell Company, Limited, Law Publishers, etc.

Wherever, in medicine or out of it, many means are advanced for meeting the same indication, we are safe in concluding that no one of the series is quite satisfactory. *Per contra*, where universal approval is given to a single method, it is sure to be all one can reasonably desire. As illustrating the first of these, the treat-

ment of whooping cough, or of fractured clavicle can be mentioned, while for the second the mixed treatment of specific disease will suffice. We can apply the same rule to books bearing upon medical practice. Judge Boys' excellent work has been for a generation the one authoritative and all-sufficient book of reference upon the subject of coroner's law in Canada. So well has it in its successive editions occupied the field that there has been no need for any other publication along similar lines. One can go further than this, and claim that in no country where the English language is spoken is there to be found a treatise upon the coroner's court anything like its equal. In our country no one charged with the responsibility of investigating violent or suspicious deaths can afford to be without a copy of this clear and scholarly manual. N. A. P.

Elements of Practical Medicine. By ALFRED H. CARTER, M.D., M.Sc., Fellow of the Royal College of Physicians, London; Professor of Medicine, University of Birmingham, etc., etc. Ninth edition. London: H. K. Lewis, 136 Gower Street, W.C. Price, 10s. 6d.

That this must be a popular book, we would think, amongst medical students in England, is evidenced by the fact that the present is the ninth edition. It is elementary, of course, but thoroughly practical. The text of this volume has been thoroughly revised, many sections have been entirely re-written, and here and there some few additions made. Canadian medical students will find in this book a compact treatise, especially valuable in reviewing for examinations.

The Technic of Operations on the Intestines and Stomach. By ALFRED H. GOULD, M.D., of Boston, Massachusetts. Octavo volume containing 190 beautiful original illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company. 1906. Cloth, \$5.00 net. Half morocco, \$6.00 net. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

The author of this work has collected certain of the standard operations upon the stomach and intestines which he has studied during three years of research work. The opening chapter deals

with the repair of intestinal wounds. This process is described in detail and illustrated with seventeen reproductions of microscopical drawings and three drawings. The second chapter is devoted to knots, sutures, needles, clamps, and a description is given of a method of tying a knot with two hands and another of tying with one hand. There are minute directions for introducing the sutures, and the whole is profusely illustrated. Following this is a chapter on the anatomy of the intestines and intestinal localization. The next part is devoted to operations on the small intestine, and the last to operations on the stomach. The descriptions of the various operative procedures are most minute and clear, and do not leave a possibility of a misunderstanding. The illustrations of these parts are accurate and beautiful and include seven colored plates from Sobotta's "Atlas and Text-Book on Human Anatomy," which are introduced to illustrate certain important surgical landmarks. The book contains 302 pages. It is well bound and is printed on excellent paper, and the mechanical work has been admirably executed. The author is to be congratulated on his excellent work. W. A. S.

The Physician's Visiting List for 1907. Philadelphia: P. Blakiston's Son & Co.

This most useful little pocket visiting list again makes its appearance—its fifty-sixth, by the way—which speaks volumes for its worth. The price is one dollar.

CHCL₃—Problem. By RICHARD GILL, B.Sc., M.B., B.S., London University, F.R.C.S., England, Chief Chloroformist to St. Bartholomew's Hospital. Edinburgh and London: Wm. Blackwood & Son.

We have looked over these two volumes carefully. It is rather out of the line of the ordinary text-book, not only in its arrangement, but also in its general reading matter. The preface and introduction make hard reading. Every phase of the chloroform problem is very fully and very ably discussed. The quality of chloroform, the parts on which it acts, with original interpretations of the observed phenomena, both normal and abnormal, are fully discussed. The method of administration to produce anesthesia and avoid narcosis is excellent. Altogether it is a splendid analysis of a very difficult problem, and one well worthy the careful study of anyone interested in chloroform anesthesia.

D. M. A.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only \$2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

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And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH.

Beginning our fourteenth year of publication we have much pleasure in wishing all our readers a happy and prosperous New Year.

The visit of Dr. Osler, in December, to Toronto and Montreal was a very pleasant holiday item to the medical community of our two leading cities. At Toronto, the medical faculty had the pleasure of meeting Dr. Osler at Dr. Reeves', The Ontario Medical Library, and the Toronto Medical Society. At the latter he spoke for an Academy of Medicine for this city; the amalgamation of the three medical societies, the Clinical, Toronto Medical, and Pathological—something which was being considered before his arrival. At the Ontario Medical Library he unveiled a painting of the late Dr. J. E. Graham, of this city, and gave a characteristic address on the life-work of that former leader of medical

thought and work in Canada. The portrait was a gift to the Library by the widow and son, Dr. J. S. Graham.

The prevalence of typhoid fever in Ontario is something which will, no doubt, tax the capabilities of Ontario's new Board of Health. That there were one hundred and thirteen deaths from this disease out of a total of 1,500 cases treated in one month—November—is a condition of affairs which calls for very active work. Some one has recently said that food, fingers and flies is the alliterary tripod upon which the propagation of typhoid fever rests; and that every case of typhoid fever is a crime of the State against the individual. If health bodies are to prove themselves, they must grapple with this subject in dead earnest.

Asylum is a word, as applied to hospitals where patients with mental diseases are admitted, which should rapidly become obsolete. In this connection we note a new and important departure in the Toronto Provincial Hospital. A specialist in pathology has been appointed as clinical director and pathologist, who will devote his entire time to this work. The appointee is Dr. J. H. Fitzgerald, who, after being graduated from Toronto University, has done special study in the neurological and psychological clinics of Johns Hopkins and in the Sheppard and Enoc-Pratt Hospitals. Himself an advanced and progressive alienist, Dr. C. K. Clarke, the superintendent, takes a decided move forward in the study and propagation of psychiatrics in Ontario by securing this appointment. It is fitting this should be inaugurated in the Toronto Provincial Hospital.

Our editorial comment in December issue advocating the medical inspection of schools in Toronto has been productive of a splendid paper, which will be found in this issue, from the pen of Dr. Frank Allport, Chicago, who for ten years has taken a very great deal of active interest in the eyes, ears, noses and throats of school children. It will be sure to be read with great profit by those of our Canadian readers who favor the medical inspection of schools in this country. The whole subject is such a very important one that we commend it, especially now, to the Committee on Papers and Business of the Ontario Medical Association. It is not alone a civic one, but appeals to the Provinces, which have control of our educational matters.

The Ontario Medical Association: The Committee on Papers and Business for the current year is composed of the following members, under the chairmanship of Dr. D. J. Gibb Wishart: Drs. Ingersoll Olmsted, Hamilton; N. W. Woods, Bayfield; W. J. Bradley, Ottawa; A. F. Tufford, St. Thomas; Angus Graham, London; and H. B. Anderson, R. D. Rudolf, J. S. Hart, T. F. McMahon and F. N. G. Starr, of Toronto.

It is proposed to reinstate the plan of sectional meetings at the next annual gathering, which will be held a week earlier than usual—May 28, 29, 30, 1907.

The committee have secured the promise of Dr. Crile, of Cleveland, to deliver the address in Surgery. Dr. Crile is the Professor of Clinical Surgery at the Western Reserve University. It is proposed to secure, if possible, some prominent physician of the United States to give the address in Medicine. While it is impossible to speak definitely as yet, it is hoped that we may have with us one of the English physicians who will attend the meeting of the American Medical Association, which will open a few days later at Atlantic City. The committee has partially drafted a programme which will surely interest every physician of the Province.

The associations for the prevention and treatment of tuberculosis in Canada do not appear to secure either the political or the public heart aright. The public is more or less lackadaisical; the politicians would rather look after the welfare of cattle affected with tuberculosis, or chickens with pip, than human beings. In interviewing the heads of the federal government quite recently, the National Association did not seem to get a very favorable response to their request that the Government should this year increase the annual grant to the Association from \$2,000 to \$5,000. All the sympathy the delegation got from the Finance Minister was that he would speak through the medium of the estimates. In British Columbia, Dr. Fagan has for a long time been trying to raise \$100,000 for the purposes of a provincial sanatorium. The task is so hard that a less strenuous and progressive officer would be likely to give up in despair and disgust. One cannot but ask the question: Does the public appreciate the efforts of preventive medicine?

Another phase of the ever occurring tuberculosis problem is presented by the Toronto Board of Trade which is bringing its influence to bear on the Dominion Government. It

is charged that nearly fifty per cent. of the patients treated in the consumption sanatoria are importations, and that they are a very undesirable class of immigrants. Grant that; but even so, it scarcely follows that the inspection of immigrants is thereby lax. The point we wish to make, however, here is that governments are vastly concerned in making a good showing. Now, if it were a question of admitting diseased cattle, what a hurrying and a scurrying there would be on the part of every government official! Keep the cattle free and untainted. Let the human look out for himself.

The Dominion Parliament is going to wrestle with a patent drug law during the present session. It is impossible, of course, to forecast the outcome. In this connection, however, we may remind our readers that on the 1st of January, 1907, the Federal Food and Drugs Act went into force in the United States. This law's prime feature is that manufacturers are held responsible for the truth of statements on all labels. Amongst the drugs named, which have to have their exact proportions on labels, are alcohol, morphine, opium, cocaine, heroin, alpha or beta cocaine, chloroform, canabis indica, chloral hydrate and acetanilide, or any preparation or derivative thereof. This law will, no doubt, result in the correction of many abuses which formerly held sway, and takes a good reef in the sail of nostrum manufacturers.

In the proposed re-organization of the Canadian Medical Association the essential principle is the establishment of a national medical society, which shall bring into its fold as affiliated societies all the present existing medical societies in Canada, and in every sense to provide for its conduct and management by representatives of these, and from the national body itself. Once that is accomplished, the governing body, or Executive Council, will be truly representative of the united medical profession of Canada. The establishment of an official medical journal is a subsidiary question, even though our esteemed contemporaries, the *Montreal Medical Journal* and the *Canada Lancet*, consider the journal question the paramount one. When the executive council names a Finance Committee, in whose hands it is proposed to rest the management of a journal, it will most likely name a committee that will conduct the establishment of a journal to a successful issue. The prime thing to do is to start right in the right place.

News Items.

DR. P. C. WOODWORTH, Wolfville, N.S., has removed to Arizona.

DR. J. J. WILSON, a graduate of McGill, is dead at Arbosso, Africa, aged 29 years.

MR. CAWTHRA MULOCK has donated \$10,000 to the Hospital for Sick Children, Toronto.

THE death of Dr. Charles F. Campbell, of Springhill Mines, N.S., is announced, at 84 years of age.

THERE were reported in Ontario in November 1,242 cases of contagious diseases, with 310 deaths.

THE death of Dr. John Macdonald, Chatham, N.B., is announced. Deceased was 56 years of age.

THE total deaths from all causes in Ontario in November were 2,010, or 70 less than in November, 1905.

THE Montreal League for the Prevention of Tuberculosis is pushing urgently for the establishment of a sanatorium.

IN the four faculties at Queen's University the students number 1,100, and there are about 200 extramural students.

MAJOR ALEX. N. HAYES, M.D., Sarnia, Ont., becomes a Lieutenant-Colonel, *vice* Colonel Ryerson, transferred.

DR. R. R. GAREAU, a prominent medical man of Detroit, Mich., native of St. Roch, Que., is dead, aged 52 years.

MEDICAL DIRECTORY OF TORONTO AND SUBURBS.—We are advised by Theo. E. Gibson & Co. that they have taken over this publication, and that the issue for 1907 is now in press. We have no doubt that, in the hands of the present publishers, the value of the Directory will be fully maintained.

DR. B. S. PRICE, St. John, N.B., has been appointed Professor of Clinical Surgery and Physiology in Kansas City University.

LIEUTENANT-COLONEL and Hon. Colonel George Sterling Ryerson, M.D., Toronto, has been transferred to the reserve of officers.

LIEUTENANT-COLONEL CARLETON JONES, M.D., Halifax, has been appointed to succeed Col. Fiset as Director-General of Militia.

LIEUTENANT-COLONEL A. B. OSBORNE, M.D., Hamilton, has been transferred to the reserve of officers in the Army Medical Corps.

DR. WRIGHT has resigned his position as physician to the House of Refuge, at Beeton, and is succeeded by Dr. Brewster, of that village.

DR. W. C. BROWN, of Queen's University, who has spent the past six months in the General Hospital, Toronto, will open an office in Lakefield.

THE Toronto Board of Trade protests to the Dominion Government that immigrants are brought into Canada already the victims of tuberculosis.

DR. J. M. FAWCETT, of Mount Forest, has sold his practice, and, after spending a short time with relatives in Drayton, will go to Sault Ste. Marie.

DR. J. D. CAMERON died in Montreal on the 4th of January, of typhoid fever, aged 38 years. He was graduated from McGill University in 1893, and after a year in the Montreal General and Royal Victoria Hospitals, commenced practice in Montreal. He was assistant gynecologist at the Montreal General Hospital at the time of his death.

It is reported that in the first week in January there were about 1,000 cases of typhoid fever in Montreal and the immediately surrounding municipalities.

THIRTY-THREE cases of typhoid fever were reported in Toronto for the first twenty-four days of December, 1906.

LIEUTENANT-COLONEL GEO. A. PETERS, M.D., Toronto, has resigned from the command of the Toronto Light Horse.

DR. G. A. L. PAYNE, a graduate of McGill in 1906, died in Montreal on the 4th of January, aged 27 years, of typhoid fever.

DR. ERNEST A. HALL, Victoria, B.C., is a candidate to represent Victoria in the interests of the Canadian Labor Party, in the Legislature of British Columbia.

LIEUTENANT-COLONEL H. S. BIRKETT, M.D., A.M.C., Montreal, has been appointed principal medical officer of the Quebec command, *vice* C. W. Wilson, M.D., Montreal, resigned.

PROF. ERNEST RUTHERFORD, of McGill University, has been appointed Langworthy Professor and Director of Physical Laboratories at Manchester University, England.

DR. J. O. TODD, Winnipeg, after spending some weeks at the hospitals of Chicago and New York, will then proceed to London, England, and the leading Continental hospitals.

THE courts have ordered the Ontario Medical Council to replace the name of Dr. Alex. Crichton, of Castleton, Ont., removed some months ago for alleged unprofessional conduct.

PROFESSOR OSLER has been appointed by the British Science Association a member of the sub-committee to consider the influence of the weather on the virulence of smallpox infection.

DR. TAIT MCKENZIE, of the University of Pennsylvania, was present at the formal opening of the new gymnasium at Queen's University on the 12th of January.

DR. R. E. MCCONNELL, a graduate of McGill University, is at present visiting his father, Dr. J. B. McConnell, Montreal. Dr. McConnell has been on the West Coast of Africa for two years, studying blackwater fever, at the instance of the Liverpool School of Tropical Medicine. He will return to West Africa.

DR. GEOFFREY BOYD, 167 Bloor Street East, Toronto, has retired from general practice, and will hereafter devote himself to special work in nose, throat and ear.

DR. JAMES HENDERSON, one of Cobourg's best known practitioners, was struck and instantly killed on December 21st, at the Grand Trunk Railway crossing. He had spent the greater part of the night in the country attending one of his patients who was very ill, and on his way home, after having missed his night's sleep it is supposed that he fell asleep in his cutter and did not notice the train.

DEER PARK SANITORIUM, LIMITED, DEER PARK, ONTARIO. —On January 5th, 1907, the Deer Park Sanitarium was formally opened for business. This institution offers first class accommodation for fifteen patients. It is a strictly up to date Private Hospital, well heated, airy and light. A large sixteen plate "Waite and Bartlett" Static Machine, also "Massey Cabinet" will be installed for giving Electric treatment.

NEWS has been received of the death, at Sutton, England, on the 10th of December, of Dr. Charles Neville. His wife, who is now in England, was Miss Beatrice Hatheway, of St. John, N.B. Dr. Neville was for many years a physician in the employ of the Allan Line, and was for a long time doctor on the steamship *Parisian*. He had many friends in Canada among the travelling public, and was particularly well known in Montreal.

THE Ottawa Medico-Chirurgical Society meets on the first and third Fridays of each month in the Carnegie Public Library lecture-room. The following programme has been arranged: Jan. 3rd, Annual Dinner; Jan. 18th, Clinic at Water St. Hospital; Feb. 1st, Paper—"Some Points in the Practice of Obstetrics," by Dr. R. Chevrier; Feb. 15th, Clinic at Rideau St. Hospital; Mar. 1st, Discussion—"Acute Specific Urethritis," by Drs. O'Brien, Whitton and F. McK. Bell; Mar. 15th, Annual Meeting. Cases and specimens for exhibition or case reports will be gladly arranged for any meeting by the president or secretary. The officers for 1906-7 are: Hon. President, Sir Jas. A. Grant; President, Dr. W. I. Bradley; 1st Vice-President, Dr. J. L. Charbot; 2nd Vice-President, Dr. E. B. Echlin; Secretary, Dr. C. H. Brown; Treasurer, Dr. Thos. Gibson; Curator, Dr. Robt. Law; Librarian, Dr. T. H. Leggett; Council, Drs. Small, Klotz, Argue, I. G. Smith, Lambert.

BEFORE the members of the Ottawa Medico-Chirurgical Society, on December 7th, at the Carnegie Library, Dr. Burgess, superintendent of the Protestant Hospital for the Insane, at Verdun, gave an exhaustive and instructive paper on "The Family Physician and the Insane." Dr. Burgess has made a life study of the brain, and is considered an authority on this, especially throughout Canada. He referred to the wrong public practice that attaches a stigma to families in which there is insanity. It was no more disgrace to have disease of the brain than disease of the lungs, or any other organ of the body. It comes to families of all stations of life, the highest and the lowest. He said that it was the duty of the general practitioners to do all in their power to crush out this unfair belief. He said that in former years the study of the brain was not included in the curriculum of the studies of the general physician, but that it was a very wise change when it was made a part of the medical man's study, instead of leaving it entirely to the specialists. The general practitioner could do much in guarding families in which there are erratic tendencies. He pointed out that children of such parentage should not be highly educated and should follow an outdoor occupation. Regarding sending patients to hospitals for treatment, he said that in nearly every case it was better to send the patient to the hospital. It was at least necessary that the insane person should be taken to new surroundings. He gave an extensive explanation of making out applications for admittance to asylums, which are often done very incorrectly by the physicians. He spoke of the proper methods to be employed to promote sleep, and said that drugs should only be used as a last resort, and then should be changed often to prevent the patient from acquiring the drug habit. He pointed out that in many respects the laws in Quebec regarding the admittance of patients into an asylum were much superior to those in force in Ontario. He had been written to by Ontario authorities, and he believed that shortly there would be many changes in Ontario's laws in this respect. Dr. Chabot, acting president of the society, presided, and a vote of thanks was tendered, moved by Dr. Cousens, seconded by Dr. Scott. In replying, Dr. Burgess said that it would be a great advantage if the name asylum was changed to hospital for the treatment of mental diseases. He said that there was no restraint used with patients in asylums now.

Publishers' Department

FISHING AND SHOOTING.—A new region, known as the "Temagami" (pronounced Tem-mog-a-me) District, is being brought to the notice of the public as one of the finest fishing and hunting confines in Canada. Excellent sport is assured all who take advantage of a trip to this magnificent territory which is 300 miles north of the city of Toronto at an altitude of 1,000 feet above the sea. Black bass, speckled trout, lake trout, wall-eyed pike and other species of fish are found here in abundance, and large game such as moose, caribou and deer abound in the forests. A handsome booklet, profusely illustrated, giving all information, including comprehensive maps, can be had free on application to J. D. McDonald, D.P.A., Union Station, Toronto

PNEUMONIA FOLLOWING STAB-WOUND.—On January 11th, 1905, Mr. C., aged 20, was stabbed in the back below the scapula, and when I saw him twenty minutes after the affray, he was suffering from profound shock. I carried out the usual operative procedures, and the patient rallied, doing well until the night of the eighth day, when he had a severe chill, presaging pneumonia. I feared a fatal result, as the left pleural cavity contained considerable bloody serum, and immediately applied a thick dressing of *Antiphlogistine*, 10 inches wide, from the spinal column to the median line, in the front, and kept up this treatment for three weeks, changing the dressing every morning. By this time the lung was perfectly clear, and there was no further use for the external application. The *Antiphlogistine* was covered by a cotton jacket and held in place by a cloth bandage. The pain was relieved by hypodermics of morphine and atropine, and the heart was sustained by strychnine. Outside of a little calomel and some laxatives, there was no other treatment. I aspirated the pleural cavity and drew off the serum. In view of the complications in this case, I consider it rather remarkable that the patient made so excellent a recovery. It only confirms my high opinion of the remedial value of *Antiphlogistine*.—J. A. Davis, M.D., of Norman, Oklahoma.

SALICYLATES act at least in two ways in the body. In the case of acute articular rheumatism, in which they are supposed to exercise a specific influence, they probably act deleteriously upon the micro-organism which is responsible for the malady, whereas in the case of chronic rheumatism or gouty conditions depending upon diathetic states they produce some influence upon metabolism or the oxydization processes in the body which we do not understand, but of which we are therapeutically certain. It is of the greatest importance, therefore, that the salicylic acid administered should be from natural sources, and not the synthetic product. Physicians can rely on the fact that all the salicylic acid in Tongaline is made from the pure natural oil of wintergreen, and that it does not possess the disturbing effects of the salicylic acid made from coal tar.

A PHYSICIAN makes the following statement: "I consider Tongaline far superior to any preparation for rheumatism, neuralgia, grippe, gout and similar complaints, and it has given me such uniform satisfaction that I rely on its action most implicitly. I was first impressed with the unusual merits of Tongaline by the great benefit which my wife derived from its use, and this was all the more remarkable because she tolerates salicylates in any other form very poorly, but whenever she feels the first symptoms of rheumatism the attack is at once controlled by taking Tongaline for a very short time."

HEMORRHOIDS.—Without any comment on the nature, causes, varieties or pathological conditions found existing in rectal ailments, I will transcribe from my records two cases of hemorrhoidal troubles that I have treated within the last two years with Glyco-Thymoline. Case 1.—Mr. B. O. H., aged 29, had been ailing several years with what he called piles. A careful examination revealed the following condition: On the margin of the anus were three strangulated tumors about the size and color of a Concord grape. On continued pressure the tumors would empty themselves almost entirely, but refill again in the course of an hour. Several similar tumors about the size of a pea were found just inside the sphincter. Anal moisture and pruritus were very troublesome, but, singularly enough, little pain was

complained of. The bowels were somewhat constipated. Regulated the diet and secretions, gave an enema of two ounces of a fifty per cent. solution of Glyco-Thymoline every night and morning quite warm, held in till absorbed, and applied gauze to anus on lamb's wool during the night and as much of the daytime as he could spare from the office. A decided improvement was noted in a week, and three weeks later he was cured. That was nearly two years ago, and there has been no trouble since. Case 2.—Mrs. R., consulted me regarding "bleeding piles," which had been gradually growing worse for three or four years. At every stool she would bleed two or three tablespoonfuls. She had become quite anemic. No external tumors. A corroding ulcer as large as a nickel was diagnosed just inside of the internal sphincter. Washed out the rectum three times a day, at first with a warm solution of boric acid, and then gave an enema of one ounce of Glyco-Thymoline, full strength, hot, held in until absorbed. After four doses only two enemata a day were used, as no blood was passed. At the end of two weeks' time a careful examination of the rectum showed it to be perfectly normal. She was cured. No return after eight months.—*Elmore Palmer, M.D., Buffalo, N.Y., ex-President of the Western New York Medical Society.*

THE MANAGEMENT OF CONVALESCENCE.—In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc., we are face to face with the problem of restoring the weakened organism to its normal condition. *The blood shows a state of secondary anemia*, the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them. It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong, is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "Nature" do the rest. The wise practitioner, however, knows that Nature is grateful for the proper kind of aid in these circumstances,—aid in her efforts to lead a weak organism out of the bondage of illness. And so, the far-seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the

digestion, the assimilation, the appetite, the weight, and the powers of resistance of the sufferer to normal, in the quickest possible time. Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance that the forms of iron and manganese administered be such as to become absorbed and assimilated with the least disturbance of the gastrointestinal organs. The old-fashioned inorganic preparations of iron which still figure in the Pharmacopœias of various countries are totally unsuited for this purpose. The scientific researches of Hamburger, Bunge, and others, conducted during the past twenty-five years, have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds, the peptonate, which is an organic-chemical combination of iron and manganese with peptone in solution, known as Pepto-Mangan (Gude) is the most readily absorbed, and therefore the most efficient preparation of iron-manganese known, and as such is used with the greatest benefit in convalescent anemias. A point which is frequently lost sight of in considering the treatment of anemia, is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hemoglobin of these cells. Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lhéritier show that manganese forms a constant constituent of the hemoglobin molecule. Furthermore, Zaleski (*Zeitschr. f. physiol. Chemie*, 1904, p. 449) showed that manganese enters the molecule of hemoglobin with the same readiness as does iron, and therefore it has the same blood-forming power as iron. But perhaps the most important fact in connection with manganese

is that, once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (Boll. Scienc. Mediche, Bologna, June, 1905). A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible blood-building efficiency without in the least interfering with the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude) therefore offers in convalescence the surest, most agreeable and most prompt road to perfect health.

THE Canadian Medical Exchange, conducted by Dr. W. E. Hamill, Toronto, Medical Broker, for the purchase and sale of medical practices and properties, handles this class of business from the Atlantic to the Pacific, and has done so for the past twelve years. The majority of the medical sales in Ontario have passed through his hands, and many from the Maritime Provinces and the great North-West, hence we advise our readers, whether they be buyers or sellers, in whatever part of Canada they may reside, to take advantage of such an important central depot for this class of business, which is a very important department of medical affairs and is a specialty in itself. Many prospective purchasers are registered with him, to be piloted into opportunities to buy a medical practice, and vendors will find a shortcut to the goal desired.

ANTI-KAMNIA AND THE NEW PURE FOOD AND DRUG ACT.—Our readers will note from the new Antikamnia advertisement, which appears in this issue, that The Antikamnia Chemical Co. was prompt to file its guaranty under the new Pure Food and