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Original Articles

COLON BACILLUS INFECTION OF GENITO-URINARY TRACT IN INFANCY.

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CASE I.—I wish to report two cases of colon bacillus infection of the genito-urinary tract in infancy. Both these cases occurred about the same time.

The first was in a baby one year of age.

This was a child who for no apparent cause had been running a temperature of about 103 degrees for more than a week. The respiratory tracts and the circulatory system were negative. There was some digestive disturbance, as evidenced by occasional vomiting, disinclination for food and constipation.

A course of calomel and castor oil corrected these symptoms, but the temperature continued.

An examination of the urine several days after I had seen the case resulted in the finding of a large amount of pus in the urine. Dr. McKee, who examined a specimen of the urine, reported that he had obtained a pure culture of colon bacilli from it. I was only able to follow this case for two weeks afterwards, and I regret that I cannot give a fuller detailed account of it.

During these two weeks the pus almost entirely disappeared, the temperature dropped to normal, and evidently the child was as well as ever.

The treatment consisted in giving large doses of urotropine and boracic acid.

The infection was evidently in the pelvis of the kidney, for the character of the epithelial cells were those of the pelvis.

CASE II.—The following is a report of a colon bacillus invasion of the kidney in an infant, age four months.

I believe that the infection in this case was present for some weeks before operation as a pyelitis which was unrecognized.

Family history.—Baby is the youngest of five children, who are all living and very healthy. Father and mother are living and well. No history of any disease in the relations that can have any bearing on the present history.

Personal history.—Was born in Vancouver and has not lived elsewhere. The mother has been unable to nurse it from birth and child has been fed on a variety of artificial foods, on none of which it has flourished. There has always been a great deal of indigestion, with a great deal of flatulence. Child has been constipated and seemed to have had a greater inability to digest proteid food than the ordinary baby.

At the age of two months food was changed to whey and cream, to which lime water and sugar was added. On this diet the child improved somewhat and gained in weight, but did not gain and improve as it should have done.

Present illness.—I was called to see the child on the 4th of September, 1908. He had been showing signs of not being well for two or three days previous to this, but had not shown any alarming symptoms till the day of the 4th.

Present condition.—Child is undersized, weighs about ten pounds, has the appearance of being intensely ill. Seems to be in a good deal of pain, cries a great deal, and is very fretful. There is marked anemia present. Child lies with the eyes partly open. Temp. 104, pulse 140. Skin is dry and harsh.

Nervous system.—Beyond being very restless and crying out from apparent pain there is nothing to point to any nervous lesion. Sensation is normal, the pupils are equal and respond to light normally. There is no sign of any weakness in the muscular system. Pain seems to be greatest, as judged by the sharp cries, immediately before urination.

Circulatory system.—Pulse 140, regular, very full and tension rather high. Physical examination of the heart shows no lesion, and the heart boundaries are normal.

Respiratory system.—Physical examination shows nothing pathological.

Digestive system.—There has been no vomiting. A dose of calomel followed by castor oil produced several movements, which were apparently normal. There was a disinclination to all food,

but the whey and cream that was given was apparently well handled.

The abdomen was very much distended with gas. S.S. enema with turpentine succeeded only in part in removing this. The most of the distension seemed to be in the colon.

Palpation elicited very little information. There was a generalized tenderness, but the point of greatest tenderness seemed to be in the region of the spleen and the left kidney, as deep palpation here seemed to give more pain to the baby than elsewhere.

Genito-urinary system.—The child always screamed before passing his urine. There was a marked phimosis. Tenderness of the left kidney was noticed as stated above.

The urine was acid, marked reaction for albumin. The microscopic examination showed a little blood and a tremendous number of pus cells. Dr. McKee made an examination of the urine and reported that he got a pure culture of colon bacilli from it.

On the third day there was such a serious condition of affairs present that death seemed to be pending. Temperature was 105, pulse 160, child partially comatose, and with these conditions present I gave a few whiffs of ether and examined the abdomen. The right kidney was palpable and apparently normal. The left seemed to be enlarged to two or three times its normal size, and deep palpation under the light anesthesia gave evidence of pain.

With these facts at hand I advised the mother to allow me to operate.

Operation was carried out an hour later, with the assistance of Dr. Nicholson, at the Vancouver General Hospital, under light ether anesthesia. My incision, which was a posterior one, disclosed a kidney almost as large as in the adult. It was intensely congested, being almost black in color. I delivered the kidney, placed a large-sized chromic ligature about the pedicle, and cut the kidney away. The wound was closed up with a small drain left *in situ*. The whole time consumed in the operation was ten minutes.

In four hours after the operation the temperature was normal and remained so during convalescence, which was uninterrupted. In twenty-four hours there was neither pus nor blood in the urine, and there was a normal amount being secreted.

Two years after the operation I examined the child, and during that time he has remained healthy and has grown as an ordinary child would.

This case is interesting for two reasons: In the first place I can find no record of an operation having been done for a similar condition in a young child, and in the second I can find no record of

a successful nephrectomy having been done for any purpose in a child as young.

The macroscopic appearance of the cut kidney showed the pyramids and the cortex intensely congested and soft, while in five or six places throughout the kidney substance there were round areas about the size of a marble, which were lighter in color and firmer in consistence than the surrounding parts. I thought at the time that these were foci of rapidly growing sarcoma, but Dr. Gillies, who examined several slides from them, reported that they were areas packed with white blood cells, and that they were about to break down into abscesses.

One thing that may be well worth reporting is the method that I use in obtaining specimens of urine from a young child. The very difficulty in obtaining urine from this class of patients I believe leads to a great many errors in diagnosis, and if the urine were examined more frequently that there would be less slashing and mutilation of the gums in the supposition that that long-standing "bogie," the teeth, is the cause of all the trouble in infants that a careless examination fails to reveal.

The common method to obtain urine is in male children to fasten a test tube to the penis and await developments, and in female children to place about the vulva a pad of absorbent cotton and express the urine from it. Anyone who has tried these methods will condemn the former as being difficult, clumsy and inefficient, and the latter for introducing too much extraneous material into the urine.

The method I have used is to choose a time from one and a half to two hours after the child has urinated and then to introduce into the rectum one or two ounces of cold water. This should be introduced as rapidly as possible by means of a simple bulb syringe. Almost invariably I have found that a stream of urine will be thrown from the urethra, which can easily be caught in a vessel.

A CASE OF TUMOR OF THE BRAIN.

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Toronto General Hospital. Associate Professor of Clinical Surgery, University of Toronto: Surgeon, Toronto General Hospital.

R. P., aged 27, female, was admitted to Toronto General Hospital on Dec. 18th, 1909.

Complaint.—(1) Attacks during which patient became numb in left side; (2) Headache; (3) Vomiting; (4) Weakness of left arm and leg and inability to walk; (5) Dimness of vision with occasional double vision.

Family History.—Uneventful.

Personal History.—Born in Plattsville, Ont., and has always lived in Ontario. Attended school until fifteen years of age, good student. Did housework in the country till six years ago, when she came to Toronto, where she has been employed as bookkeeper. Worked up till three weeks ago. Surroundings have always been comfortable and hygienic. Drinks tea moderately. Uses no alcohol.

Past Illnesses.—Had measles and whooping cough when a child; inflammation of the lungs when thirteen years of age (lasted one week). While attending school suffered from one-sided headaches associated with vomiting, which were diagnosed as migraine. Of late years these attacks have been infrequent. During the last ten years patient has had leucorrhœa. No evidence of hereditary or acquired syphilis.

Present Illness.—The present illness began about a year and a half ago, with ill attacks of the following nature: Patient first felt in the left "side" a numbness which travelled down to the thigh and leg, and then up again, the left arm and down to left side of tongue. At the same time the left side of the face would twitch. Patient was dizzy during the spell. The attack would last from 10 to 15 minutes. These attacks were repeated for a while once a week, later once a day, and still later once a month. During the last two months patient had been free from the attacks. These attacks did not interfere with her work. Only once, about three months ago after an unusually severe attack, was she compelled to stop work for the day.

The headaches and weakness of the left side began about six months ago. Until three weeks ago the headaches were not severe.

They were not constant and were felt in the front and sides of the head. During the last three weeks they have been very severe, worse at night, throbbing in character. They are felt in all parts of the head, but most marked in the mid and right frontal regions, just above the eyebrow.

The weakness of the left side was first noticed in the leg. The toes began to drag, and the knee became weak. Then the arm became affected. The weakness in the arm began in the upper part which has always shown a greater degree of paralysis than the lower. Patient has never observed any weakness in the muscles of her face. Until three weeks ago was able to walk. Since that date the weakness in left arm and leg has rapidly increased.

The vomiting has only occurred during the last three weeks. The vomiting bears no relation to food and occurs at irregular intervals. It is sometimes preceded by nausea. Severe headache is usually associated with vomiting.

The dimness of vision has been observed during the last three months, but only during the last three weeks has it been marked. The double vision, which is not constant, began about three weeks ago.

Present Condition.—Patient, who appears to be well nourished, lies in the dorsal decubitus, with left fore arm on the chest. The eyes are closed most of the time. Expression is weary and somewhat pained. Patient is conscious, answers questions readily and intelligently, but appears to tire easily. The skin is dry and slightly scaly. Its color is good. Capillaries over malaris are visible. Hair is thin, but long. The eyelashes are long. The left arm and leg show atrophy. The left arm measures half inch less in circumference than the right, and the left leg two inches less than the right. The left shoulder droops. The face appears symmetrical, but the tongue goes out slightly to the left.

Nervous System.—The subjective symptoms are: Headache, vomiting, double vision, dimness of vision, weakness of left arm and leg and occasional twitching of left leg. Patient is unable to walk. These symptoms were considered in history of illness.

Patient is intelligent; memory good; conscious but dull; eyes closed when not disturbed; easily fatigued and slightly irritable.

Cranial Nerves.—All normal except the optics and left sixth. Both optics show neuritis ("choked" disc), which is more marked on the left side. The left external rectus is weak.

Eyes.—Left external rectus weak, which probably accounts for history of diplopia. No squint. No hemianopsia. Pupils somewhat larger than normal. Both react to light and accommodation. Double *optic neuritis*. Field of vision somewhat contracted.

Motor Functions.—No apparent weakness of facial muscles. Tongue protrudes slightly to the left. The left arm is paralyzed, slightly atrophied and spastic. The paralysis of the arm is complete, that of the forearm and hand marked but incomplete. Patient is able to slightly move her fingers. The left leg is weak. Patient can flex and extend thigh, but is unable to move her leg, foot or toes. The respiratory movements on left side appear slightly less than those of right.

SENSORY FUNCTIONS.

Sensations all normal except possibly that of heat, which appears sluggish in outer part of left leg.

Reflexes.—Cutaneous: Plantar, normal on right; Babinski's sign on left; Abdominal, not elicited; Epigastric, not elicited; Scapular, not elicited. Deep: Patellar, Clonus on left, increased on right; Achilles, Clonus on left, increased on right; Biceps, Triceps, Periosteal, much increased on left, increased on right.

Organic.—Deglutition, defecation and micturition normal. During the last three weeks patient has had slight difficulty in retaining urine when bladder is full.

Vasomotor and Trophic Changes.—Tache cerebrale is marked. Skin is very dry and scaly. Cerebro-spinal fluid, pressure is 300 min. (water). Composition is normal.

Digestive System.—Disagreeable taste. Appetite good. Tongue heavily coated, red at edges and tip. Nausea and vomiting. The vomiting is not always preceded by nausea and is sometimes projectile in character. It bears no constant relation to the taking of food. With exacerbations of headache the vomiting is worse.

Respiratory System.—Normal except slightly deficient expansion on left side of chest.

Cardio-Vascular System.—Normal.

Cutaneous System.—Skin is very dry and slightly scaly. Tache cerebrale marked.

Genito-Urinary System.—Normal except leucorrhœal discharges.

Diagnosis.—Tumor of the upper right ascending frontal convolution. This would account for all the symptoms, the affection of the left abducens being due to pressure.

Medical Treatment.—Potassium iodide, gr. XL., three times a day.

Progress Notes.—Dec. 19, 20, 21, patient about the same; Dec. 22, internal squint of left eye more marked; Dec. 23, twitching in left leg for 15 minutes. Motor power in left arm and leg is weaker. Patient can scarcely bend fingers. Headache is very severe. Urine

passed involuntarily; Dec. 24, 25, condition about the same. Much vomiting and severe headaches; Dec. 27, condition worse. Cannot move fingers. Slight movement at knee. Patient transferred to surgical ward and prepared for operation. Slight flexion in toes of left foot present; Dec. 28, headache is severe this morning. Urine passed involuntarily. At 11 a.m. patient was operated upon by Dr. George A. Bingham.

The Operation.—An osteoplastic flap, including scalp and cranium, was turned down exposing the motor area on the right



side. After incising the dura a tumor as large as a hen's egg presents itself, in the upper part of the ascending frontal convolution and encroaching upon the superior and middle frontal convolutions. This was rapidly dissected out of its bed; and the hemorrhage, which was free, was readily controlled by pressure. Some gauze packing was left in situ. The flap was restored to its position and the wound dressed in the usual manner. At 12.30 the patient

returned to ward. The pulse was not palpable. 40 oz. of normal saline with half a drachm of adrenalin (1-1000) was given interstitially. This was repeated twice at four hours' interval. Strychnine, 1-30 gr., every three hours also ordered. At 1 p.m. patient restless and given 1-8 gr. of morphine. At 3 p.m. pulse palpable.

Pathological Report.—Microscopical examination showed the tumor to be an endothelioma.

Dec. 29.—Patient is rational. Feels sore all over body, but has very little headache. Motor and sensory functions and reflexes of left arm and leg the same as before the operation. Lower left facial muscle a little weaker than the right. Tongue, when protruded, goes slightly to the left. Pulse rate 126. Tension increasing. Outer dressing stained.

Dec. 30.—R. 22, P. 120, T. 99°. Pain in right side of neck. Slight headache. Can move left leg a little, but cannot move arm or hand. Vision improved. No diplopia. Wound dressed and gauze removed.

Dec. 31.—Patient improved. No movement in arm.

Jan. 1.—External rectus of eye improved. Pupils equal and respond well to light and accommodation. Discs show no obvious change since Dec. 28th.

Jan. 2.—Patient much improved. Patient has a little power in deltoid. Patient can flex and extend the thigh, but cannot move foot or toes.

Jan. 3.—The movement of leg improved. Flexion, extension, abduction and adduction of thigh present. Can flex and extend leg, but cannot move toes. Patient can contract biceps, triceps and deltoid. Very slight movement in thumb, but no movement in fingers.

Sensations in Hand.—(1) touch; (2) heat and cold, normal; (3) pain, normal; (4) smoothness, roughness and hardness, present; (5) shape, absent; (6) softness (cotton wool), absent; (7) moisture, absent; (8) weight, absent; (9) position of fingers, absent.

Jan. 4.—Patient is improved. Movement in thumb is increased, but no movement in fingers or toes.

Jan. 5.—Wound dressed.

Jan. 6.—Vision improved. Can move fingers slightly, but no movement in toes.

Jan. 7.—Movement in all parts except toes.

Jan. 10.—Slight movement in great toe. Marked improvement in mobility of arm and leg, sensations normal. Deep reflexes of left arm and leg are increased. On left side ankle clonus. Babinski's sign present. Flexion but no extension of fingers.

Jan. 22.—Patient sat up to-day. Movements of arm and leg much improved. Extension of fingers present. Vision good. Occasional diplopia. Reflexes the same.

Feb. 7.—Fundi clearing. Disc margins clear. No diplopia. Patient much improved.

Feb. 27.—Patient discharged. Walks fairly well, but slightly weak in left side. In left arm and leg the deep reflexes are increased. Ankle clonus and Babinski's sign present on left side.

MEDICAL THOUGHTS, FADS, FANCIES AND FOIBLES

BY JAMES S. SPRAGUE, M.D., PERTH, ONT.

The American Medical Association, some few years since, made an investigation of conditions concerning the one hundred and sixty medical colleges of the United States. This report states several facts or conclusions which recently, by a more careful study, and by Mr. Flexner, for "Bulletin Number Four" of the Carnegie "Foundation," are fully endorsed and more fully depicted.

When one considers the professional training and ability of those with whom Rush, McDowall, Mott and the immortal names of the seven doctors whose signatures are found attached to the Declaration of Independence, it is a sad reflection that their descendants, in so many instances, have allowed the establishment of medical colleges—of which several are really stock companies or "concerns," and falsely stated as possessing university federation and support; whose standards are very uneven; whose number is greater than is found in all the countries of Europe combined, and of which only fifty per cent., the report states, are sufficiently equipped to teach modern medicine. Of the eighty remaining schools thirty per cent. "are doing poor work," and twenty per cent. are "unworthy of recognition." Since the publication of the Report on Medical Education of the A. M. A. we have before us, as stated, "Bulletin Number Four"—a large volume—and its "price" (seventeen cents) is no excuse for you not to possess one or more copies—that is, if you are interested in reforms and in love with our profession, and deplore the sad condition in which unscrupulous men have disgraced medical colleges and medicine—prostituting the words, "university," "doctor," "professor," "medical college," and conferring "side show" degrees of "D.D.S." and "Pharm. Bach." under a cheap charter and under the same roof—heedless of national disgrace and the injury being done to a confiding public, whose statesmen's first duty is that pertaining to the health of the people.

Such lamentable conditions as are set forth in these reports cannot justify the graduates of many of the condemned colleges—and of others—of illegally styled universities or federations thereof, in claiming honor for themselves at home or reverence abroad—especially so when these reports, as published, are confirming beliefs for many years held by careful and patriotic observers; recognizing the apathy of men in practice to these deplorable conditions;

the profound ignorance of legislators and the people; and not least, recognizing and sorely bewailing the establishment of delusive medical cults that grow as mushrooms, some encouraged by the church and others by those who, if not otherwise occupied, would find lodgments in homes for the "weak minded" or more closely guarded "retreats." One fact is this: the brooding nests of bribers and corruptionists of commercialized, so-called medical colleges are rapidly breaking up an existence—and report has it that one dozen "concerns" have, in consequence of these exposures, been compelled to go out of "business," inasmuch as they have befouled their own nests, while others are tottering in their shoes whether to make "good" or "shut up doors." Yet, not all is gloom. Minnesota and Michigan (especially the former—with its State university—and it alone controlling medicine) are proudly named as exemplars, and it may be said that not until each State and each Province shall have its university to control all that pertains to medicine and its graduates and all other State or Provincial medical colleges—(and the fewer the better)—will we be placed in the respect of the medical world.

The time will come that no Simon Jones Smith, however wealthy, and however that wealth was secured—either by pork, coal oil, soap or stocks, will be allowed to brand the name Simon Jones Smith on the charter of university as its founder and as a reminder and monument of Smith. No! Smith may be given a chance to build a college, but that college must be under State or Provincial university control, for the great educational movements must be controlled by wise legislators, even if Smith and others of his ilk—equal worshippers of their individual shrines—and their ill-gotten gains, in too many instances, should perish and die without monuments of brass or of classic walls. Concerning interests herein named, we have an abundant fund—having for many years been searching reports, and having been a fair observer, and have often lamented that our medical journals do not sufficiently consider the necessity of publication of subjects that peculiarly relate to medical education. When we consider that Collier, a few years since, and Carnegie very recently, have done work for us which we should have done, is it not a sad reflection? However, Dr. Geo. M. Gould, of Philadelphia, in his lengthy paper, "Vocation or Avocation?" has told us some stubborn facts and well worth study. Yet how few among us have read this able paper! How few have read "The Propaganda for Reform," issued by the *Journal of the American Medical Association!* How few have read, or care to read, "Bulletin Number Four" of the "Carnegie Foundation!" Brother, you can rest assured, if you are "too busy" to read, there

are those who, heaping coals on your head, are very busy in reading. They are those who, as osteopaths, Christian Scientists, Emmanuel Movement promulgators, chiropractics and other visionaries, are seeking recognition by legislative enactments to dethrone us or debase us in public esteem—and we slumber and sleep—yet *they* neither slumber nor sleep, and we may awaken and find osteopathy as legalized in our midst. “I have no influence,” says a brother. You, if so charged, would be insulted, and if you are not capable of being ruled by the rudder of professional and personal respect you will be ruled by the rock towards which we are drifting—and that rock is composed of delusive and modern medical cults, the fabrication of the more or less insane, who wish to silence our work and disgrace us. Had we not better awaken? Yes, “doctors should wake up to the fact that even in the profession we are facing a lapse of civilization towards the silly superstitious of barbarisms and fate,” which the church and the credulity of men are daily encouraging.

Dr. Oliver Wendell Holmes, the Apollo of Medicine, as Dr. A. Jacobi classes him, has told us: “The human race is divided into two classes, those who go ahead and do something and those who sit still and enquire.” In which class are you, doctor? It is needless for an answer, for you belong to the “sit still” majority, and you will “sit still” and sit longer, even longer in other seats, when those who do not “sit still” are “going ahead” and are “doing something”—and that “something” is, among osteopaths, to become D.O.’s—not to practise medicine, but yet to be allowed to use antiseptics—more clearly set forth in their petition, soon to be presented to intelligent men in Parliament. We refer the reader of this to read the “Bulletin” herein named and such pages as relate to osteopathy, which blacken the report and should have no association with medicine. *Jam satis est verbum non amplius addam*, “I will not add another word, for enough is stated,” as Horace has said it.

It has been suggested by some in authority to discontinue the primary examinations of candidates by our Medical Council, which by those not in authority and who constitute the best thinkers in and most loyal to medicine, is considered a most serious and injurious departure, fraught with many evils and paving the way with flowers, to practice, for those who are not qualified in the essentials of medicine and wish to shun the rigid and uniform examinations which fully test the qualifications of candidates for the service of the public. Better far were higher matriculation qualifications required and made a subject of consideration by university Medical

Council and the profession, and by the Act, if B.A., M.A. or B.Sc. were demanded, we would be repeating history, for Oxford, more than three centuries since, allowed only men of these qualifications to commence medical studies. The graduates of Johns Hopkins and Harvard are affording us proofs that there is wisdom in requiring a degree in Arts or Science for matriculation, even if such well-educated men do find homes in villages or in small towns, as destiny may direct, and become leaders of men in all social reforms and public progressive movements, and daily learning facts, advanced and promulgated more than one century ago, that "Physic requires more industry, pains and labor, and more learning, a more extended knowledge of the auxiliary sciences to carry it to perfection than any other profession." They or such as they are those who "shall bring the glory and honor of the nations into it"—and this *it* is, the temple of medicine, whose foundations were laid by gods and demi-gods.

"Lofly ideals lift all of life, and happy is the man who carries with him a god, an ideal of science, an ideal of the virtues of the Gospel"—an ideal of the God within him in his duty to mankind, to heaven, and to his manhood and honor, not least to his profession, whose rank, by courtesy, we add next to the church, but when more accurately weighed we place it on higher levels, as we know no one religion; do not segregate our patients, and to each we are father, brother, tender but stern guide; their joys and sorrows are our treasure, in well-guarded adypta—our hearts.

I recall most pleasurably the lines of Dr. Charles Lever, who, in the most classical English, tells us: "The life of the physician has nothing so thoroughly worth regarding, nothing so charming, so full of hearty encouragements, as in the occasional friendships to which it opens the way. The doctor attains to a degree of intimacy and stands on a footing of confidence so totally exceptional, that if personal qualities lend aid to the position, his intercourse becomes friendship," thus the necessity of noble and hereditary virtues, and the imperative duty on the part of legislators and leaders in our universities to encourage none but the best of young men to complete their medical course, and that their matriculation for medicine shall be an arts or a science degree, to fit them, not for selfish interests, but for service for the commonwealth, wise among men and among wise men, the doctor—"Inter homines sapiens, inter sapientes medicus," and although we may have ecclesiastical vaudeville and sacerdotal sanctities, and fee-faw-fums, "veiling the mysterious," in our midst, yet, to do good is our mission, and it is our religion.

If those who are students in medicine, or are young or old in practice, were to read "Middlemarch, The Surgeon's Daughter" (Scott), "Religio Medici," "The Anatomy of Melancholy," "Extracts from the Diary of a Late London Physician," and other works of this nature, it would—(if the works have not been read and studied)—free many minds from many fancies and erroneous beliefs, and the result would be beneficial and occasion higher and nobler conceptions of the trusts and obligations in your keeping—if worthy of their guardianship.

"These are thoughts of things, which thoughts but tenderly touch," and we must learn the first duty, and that duty is that which we owe to our profession in supporting its honor, and it is equally well to learn early in life that which Dr. Byron Robinson has told us: "The fundamental principles of a successful life are singleness of purpose, devotion to *duty*, and an untiring effort,"—and that the master word is *work*, as Dr. Osler tells us. We must have one faith and one altar.

Surgery

WALTER MCKEOWN, HERBERT A. BRUCE, W. J. O. MALLOCH,
WALLACE A. SCOTT, GEORGE EWART WILSON.

The Surgical Importance of the Omentum. BY L. JAY HAMMOND,
M.D., Philadelphia. *New York Medical Journal.*

The writer divides his subject into sections dealing with the Anatomy, Physiology, Pathology and Treatment. Under the second heading he outlines the functions of the omentum as follows:

- (a) Protection to the intestines.
- (b) Retention of intra-abdominal pressure.
- (c) It has a reciprocal collateral circulation and a circulation relating with the liver and stomach.
- (d) It favors peristalsis.
- (e) It aids digestion, both gastric and intestinal, by equalizing blood pressure.
- (f) It causes leucocytosis.
- (g) It regulates by a uniform pressure the intra-abdominal pressure.
- (h) It is a lymphagogue.
- (i) It occludes abnormal apertures.
- (k) It acts as a storehouse for fat.

Among the pathological conditions the writer describes splanchnoptosis as in the vast majority of instances due to the adhesion of the omentum to various viscera in the pelvis.

Torsion of the omentum he describes under three headings:

1. Its occurrence within the abdomen.
2. Within a hernial sac.
3. Combined hernial and abdominal.

Stress is laid upon the fact that the patients are usually males in middle life and that a hernia is almost constant.

G. E. W.

Ophthalmology

D. N. MACLENNAN, W. H. LOWRY.

The Bacteriology of the Normal Conjunctiva in Its Relation to Intra Ocular Operations. BY STEPHEN MAYOU. *Ophthalmoscope*, August, 1910.

The conjunctiva, being a very exposed membrane, it naturally follows that organisms continually gain entrance to the conjunctival sac, and it is strange how rarely conjunctival infection takes place. Mayou says there are many factors which bring about this natural resistance to infection.

1. The lachrymal secretion, though having little or no bactericidal action, keeps the eye cleansed by mechanically washing away the organisms.

2. The epithelium presents an important barrier to infection, if it be intact; and it has been proven that such organisms as the tubercle bacillus, staphylococcus and pneumococcus cannot attack the conjunctiva without a break in the epithelium.

3. The laxity of the tissues, and its abundant blood supply, provide the conjunctiva with plenty of tissue fluids containing protective bodies.

4. The phagocytosis of the cells forming the lymphoid layer in the conjunctiva offers an additional barrier to infection.

The possibility of infection depends upon the number and virulence of the micro-organisms, and it is important to reduce the number of organisms by flushing out the eye frequently for some time before any operation be undertaken. Mayou has proved that cultivations taken from the conjunctival sac almost invariably remain sterile after about three days of washing out with 1-6000 perchloride of mercury or even boric acid, using the solutions four times a day.

The commonest organisms found in the conjunctiva are the staphylococcus albus and bacillus nerosis, these being found in 80-90% of cases. The bacillus of Maran-Oxenfeld and the pneumococcus occur in 8% of cases, and the staphylococcus aureus, bacillus subtilis and streptococcus occur more rarely.

The germ which most commonly causes post-operative inflammation, panophthalmitis and irido-cyclitis is the staphylococcus albus.

The pneumococcus is a common cause of suppuration after operation, but it is usually associated with lachrymal obstruction.

The position and nature of the wound has much to do toward influencing infective processes. The upper and outer fornix, *i.e.*, the upper and outer part of the eye, is often sterile, when a growth can be obtained near the entrance to the tear-ducts. Hence operations should, as far as possible, be done on the upper and outer part of the eye. The presence of blood clot, soft lens matter or prolapse of the iris or lens matter in vitreous or lens capsule facilitates the growth of organisms, and are important factors in the causation of suppuration.

W. H. L.

Genito-Urinary Surgery

T. B. RICHARDSON, W. WARNER JONES.

The Treatment of Syphilis with Ehrlich's "606." By CAPT. HENRY J. NICHOLS, M.D., and JOHN A. FORDYCE, M.D. *Journal of the American Medical Association.*

Nichols and Fordyce deal with the subject under two headings:

(a) The Theoretical and Experimental Basis for the Use of "606."

(b) The use of "606" from the standpoint of the Clinician.

In connection with the former, they point out that Ehrlich was first driven to the conclusion that the animal parasites causing malaria, trypanosomiasis, syphilis, amebic dysentery, etc., apparently cannot be successfully attacked by means of immune sera, and therefore their conquest must be attempted by means of ordinary chemical substances. The successful use of quinine in malaria seemed to indicate that this line of attack is a feasible one. Modern synthetic chemistry renders possible the preparation of an almost infinite number of combinations, which can be tried on animals infected with the animal parasites of the diseases named, until compounds are found which exhibit a higher degree of poisonous effect on the parasite than on the host.

While Ehrlich was engaged in developing this line of investigation the substance atoxyl, which is an empirical arsenical compound, came into use in the treatment of sleeping sickness, for which it proved a highly successful drug. Atoxyl then became the starting point for making synthetic compounds, with which to attack the syphilitic spirocheta. Up to the present time something like 630 different combinations have been made, of which No. "606" combination seems to be at once the safest and most potent. When given in a sufficiently large dose—0.3 to 0.6 grams—only one such administration is necessary to effect a cure! It has been found that it is not well to give it in small repeated doses, as the spirochetæ seem to acquire a tolerance of the drug.

Where the injection has been successfully administered the spirochetæ have been shown to be destroyed or "immobilized" in twenty-four hours. When successfully administered there is little

or no pain. While commonly known as "606," its chemical name is paradiamidodioxyarsenobenzoledihydrochloride—or more commonly "arsenobenzol." It is a yellowish powder, which rapidly oxydizes on exposure to air, and is therefore put up in vacuum tubes. The drug is not generally available at the present time, as the output up to the present is too small for general distribution.

From the standpoint of its clinical exhibition, the authors of this article show several photographs of "before" and "after" cases that would seem to be little short of miraculous. It is well recognized that mercury given in as large doses as are safely possible, in the early stages of syphilis, gives much better results than where the drug is given in small doses over a long period. Professor Ehrlich's contention, therefore, as to the value of a drug which at one dose destroys the invading organism, is supported by clinical experience in the use of mercury.

The authors of this paper have given the histories of several cases, which we need not here go into in detail. Suffice it to say the results were uniformly good and even, as already stated, well-nigh miraculous. Ehrlich has uttered a warning against the use of "606" in certain extremely debilitated cases, in cases of optic neuritis, and also in those who are suffering from advanced cardiovascular disease.

Finally it has just been announced that a further improvement in the preparation of "606" has been made, which still further reduces the toxicity—indeed, it is stated to be one-third that of the older substance. To this preparation Ehrlich has given the name "hyperideal."

From the collective reports of those who have used the drug the impression is gaining that we have in arsenobenzol a most thorough agent in controlling the manifestations of syphilis which are caused by the treponema. It may reasonably be hoped, therefore, that all the lesions which depend on the presence of the organisms will be favorably influenced, and the most we can expect in the secondary degenerative changes is that the process may become arrested.

Further experience with the drug will determine with more accuracy the dose which is necessary to bring about a cure, the time that must elapse before a second dose can be safely given, and the more definite indications for its use after relapses or failure of a single dose to control the symptoms.

T. B. R.

THERAPEUTIC TIPS

MIGRAINE.

Rankin (*Clinical Journal*) recommends chloride of ammonium, 15 grains; phenacetine, 10 grains; codeine, 1-3 grain; powder form or cachets: or antipyrine, 10 grains; salicylate of soda, 10 grains; tincture of gelsemium, minims xv; spirits of chloroform, minims xx: water to one ounce. A dose to be taken every two hours for three doses, then every four hours until pain is relieved.

SPONTANEOUS EPISTAXIS.

Digitalis is recommended for patients with a tendency to nose-bleed, by Foeke (Berlin). Many years ago this was a common remedy, but fell into disuse owing to theoretical reasons, since proven erroneous.

PNEUMONIA.

Pneumolytic serum has been employed with favorable results by Duncan, Chatham, Ont. (*Can. P. & R.*). Not recommended after the sixth day. It shortens the period of the disease, substituting lysis for crisis. The dose used is 10 c.c., once or probably twice repeated. Duncan has used the serum two and one-half years.

POLIOMYELITIS.

In the first four or six weeks rest in bed is the most important indication in treating a case of poliomyelitis, according to H. L. Taylor (*Arch. of Ped.*). The treatment is hygienic and symptomatic, bowels regulated, patient comfortable, well nourished, plenty of fresh air. Foot drop, hip and knee flexion, etc., are to be prevented by attention to posture, and moderate stretching and splinting when required. Massage and electricity are useless, and one should aim to secure normalized use of the part, the most important remedy. Vibration, next to this, local, spinal and epiphyseal, is the most powerful remedy for nutritive and circulatory inadequacy and retardation of growth. For fixed deformities surgical means are to be employed.

EPILEPSY.

Twenty grains of bromide of sodium with ten grains of chloral hydrate, to be given every two or three hours, is advised by Turner (*B. M. J.*) in serial epilepsy, that is, where the convulsive attacks occur during a short interval.

ANGINA PECTORIS.

Herrick (*J. A. M. A.*) says digitalis is not necessarily contra-indicated, and that it is often of value. In some cases digitalis does more good than the nitrites or iodides, the usual remedies. Patients should keep in their pockets either pearls of amyl nitrate or pills or tablets of nitroglycerine, gr. 1-100 to 1-50. Overloading of stomach, excitement, sudden exertion, even prolonged walks are to be avoided.

POLIOMYELITIS.

Hexamethylenamine (urotropine) is suggested by Preble in the treatment of poliomyelitis. In a letter to the *J. A. M. A.* he tells he has used it in large doses shortly after the paralytic phenomena appeared. Both cases made good recoveries, and paralysis did not extend in either case.

ORTHOPEDIC TREATMENT OF ACUTE POLIOMYELITIS.

John Ridlon, Chicago (*Journal A. M. A.*, October 22), states that the treatment of this disease consists of massage, use of braces and surgery. In nearly all cases of anterior poliomyelitis contraction deformities develop sooner or later. In most cases, fortunately, it is later, some months after the acute attack with its usual accompaniment of sensitiveness and soreness of the limbs has passed, and when it is comparatively easy with splints or braces to prevent it. But in a few cases contraction deformities, even of severe degree, develop during the first eight or ten days, while the sensitiveness is still so great that it seems a positive cruelty to move the child at all. But if the attending physician allows contraction deformities to develop, whether it be early or late, he should realize fully the responsibility he is taking, and should stand ready to admit that to his neglect of a simple precaution the child must have all the rest of his life more useless limbs than he needed to have. For no orthopedic or surgical treatment can ever make these contracted muscles as good as they might have been had he prevented the development of deformity. In regard to braces, Ridlon says that here and there an orthopedist can be found sufficiently competent to correct some slight contraction deformities by braces constructed to stretch the shortened muscles, but of these there are few, for most young orthopedists seem to have a greater ambition to perfect

themselves in surgery than in mechanics. As a rule, braces should be used only to prevent the development of deformities at joints where the tendency is not great, in joints where the deformity has been fully corrected, and to enable the patient to use the limb more and better than he can use it without the brace. If there is no deformity and no tendency to deformity and the patient can use the limb without a brace, then a brace should never be used. A brace should be a help, not a burden. It is greatly to be regretted that the cupidity of some physicians leads them to order braces from surgical instrument makers who give a commission of 25 per cent. on the cost of the brace, for this usually means a costly brace that the physician can neither measure for, fit to the patient, nor use intelligently. Ridlon discusses the indications for surgery and states that there is a certain risk, not often appreciated, in the use of great force in the correction of paralytic deformities.¹ For both from non-use and from deficient nutrition arising from the paralysis, the bones grow thin and friable and may be broken before the deformity can be overcome. These bones when broken sometimes are the source of fat emboli, not infrequently the cause of death. But when a deformity can be safely corrected without a cutting operation it should be so corrected. Then it should be put up in a well-padded and heavy plaster splint and kept in the splint and used for from four to eight months. After that an efficient brace should be worn for years. When a paralytic deformity cannot be corrected by force alone, it can generally be fully corrected by simple tenotomies and force. When this is done the after-treatment should be as before indicated, namely, a well-padded and heavy plaster splint, worn for months while the limb is being used, followed by a brace, for years in most cases, and massage and movements. He declares that tendon splicing is useless and that tendon transplantation is of value in a small and carefully selected group of cases. The tendon-lengthening and joint-fixation with permanently buried silk ligatures as practiced during the past five years holds out as yet a promise of better results when well done in carefully selected cases. Yet hardly a week passes that we do not see cases operated on by others that have been utter failures. As yet it is too soon to say what the ultimate results will be after ten or fifteen years have passed in the cases that now seem to be entirely satisfactory. Treatment of these cases by nerve grafting is useless. The resection of flail joints in complete paralysis in order to obtain ankylosis and escape the burden and cost of braces for life is sometimes a success, and sometimes a failure through failure of bone union, probably owing to the impaired nutrition. The prognosis, in Ridlon's opinion, is not good for recovery from the paralysis.

Reports of Societies

BRITISH COLUMBIA MEDICAL ASSOCIATION.

The Twelfth Annual Meeting of the British Columbia Medical Association was held at Tranquille Sanitorium, Kamloops, B.C., August 16, 1910.

The meeting called to order at 11 a.m., President Dr. R. W. Irving in the chair.

Members present were: Drs. Irving, Fagan, Large, Williams, Thompson, Monro, Walker, Gordon, Burris, Burns, Archibald and Bennett.

The minutes of the last annual meeting were read and confirmed. Letters of regret at inability to be present were read from Dr. Adami, of Montreal, Dr. Bruce, of Toronto, and Drs. Eagleson, C. A. Smith and Willis, of Seattle.

After some discussion it was moved by Dr. Fagan, seconded by Dr. Gordon, that the secretary take the necessary steps to have the Provincial Association affiliated with the Canadian Medical Association.

The Western Canada Medical Association was discussed and the matter was left in the hands of the executive for further action if needed.

The Roddick Bill was discussed by those present, and it was moved by Dr. Gordon, seconded by Dr. Monro, that the bill as now printed with amendments be endorsed. Carried.

Official Organ.—It was decided that the papers presented to the Association be divided between and printed in the *Montreal Medical Journal* and the DOMINION MEDICAL MONTHLY.

It was moved and carried that accounts from Westminster Press for printing magazine, for \$18.75, and secretary's account for postage and merchandise, \$14.30, be paid.

Moved by Dr. Monro and seconded by Dr. Gordon that the treasurer be instructed to draw on all members in arrears for this year's dues and report result to Executive Committee. Carried.

It was moved and carried that the next place of meeting be Vancouver, time to be fixed later by the Executive Committee.

Tranquille Sanitorium.—Moved by Dr. Monro and seconded by Dr. Gordon, that a circular be drawn up setting forth the advantages of the Tranquille Sanitorium and the benefits accruing to the public therefrom and appealing for support, and that the matter be left in the hands of the President, Secretary and Dr. Fagan, and

that a copy be published in all newspapers in the Province; also that a separate circular be sent to the medical profession, appealing for support. Carried.

The meeting then adjourned for lunch, which was laid in the large dining room of the sanatorium under the direction of Miss Matheson, the matron, and Mr. Tyrell, the steward. This delightful repast, prepared in the new kitchen and largely supplied from products grown on the sanatorium farm, was greatly enjoyed by all.

The meeting was resumed at 3 p.m. and Dr. Kendall's paper entitled, "Report of Two Cases of Colon Bacillus Infection of the Genito-Urinary Tract in Infancy," was read by Dr. Gordon and discussed by Drs. Monro, Thompson and Williams.

Dr. Ernest Hall's paper entitled, "The Social Duty of the Physician," was read by the secretary, Dr. Walker, and discussed by Drs. Monro, Gordon, Large and Fagan.

A committee, composed of Drs. Gordon, Monro and Large, was appointed to investigate questions brought up in the paper, "Social Evil, Etc.," and to report at the next meeting.

Dr. Gordon's Paper was entitled "Supra-Pubic Drainage of the Bladder." It was moved that this society be furnished with a copy of above paper and cuts of special apparatus, and have them printed and sent to the profession.

The meeting adjourned for afternoon tea.

Dr. Thompson's paper entitled, "The Early Diagnosis of Pulmonary Tuberculosis, in Relation to its Pathology, Symptoms and Clinical Features," was read and discussed by Drs. Irving and Monro.

President's Address.—Dr. R. W. Irving, the retiring President, briefly addressed the meeting. He expressed his regret that the attendance was so small, but congratulated the members present upon the excellence of the papers read. He said the meetings should be held in the larger centres and hoped the next meeting at Vancouver would be a record one. An invitation was extended to the visiting members to visit Fish Lake by automobile next day.

Election of Officers.—President, Dr. Weld; Vice-President, Dr. Doherty; Treasurer, Dr. J. Helmcken; Secretary, Dr. Monro. Executive Committee, Drs. Gordon, Boucher and Spankie. Standing Committees to be appointed by President at a later date.

A vote of thanks was then passed to the officers of the sanatorium for the generous hospitality extended. The meeting then adjourned.

Reviews

Dislocations and Joint Fractures. By FREDERIC JAY COTTON, A.M., M.D., First Assistant Surgeon, Boston City Hospital. Octavo of 654 pages, 1,201 original illustrations. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, \$6.00 net; half morocco, \$7.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

Of this work one can speak in the highest terms. Moreover, the work really embraces more than is perhaps conveyed in the title. It is essentially a one-man work, being largely the results of the author's extensive experience. The illustrations, too, are not only numerous, but in the main are reproductions of original drawings and photographs. Very naturally a good deal of stress is laid on the diagnostic value of X-rays in connection with the subjects treated of in this work.

T. B. R.

A Manual of Surgical Anatomy. By CHARLES R. WHITTAKER, F.R.C.S. (Ed.), Senior Demonstrator of Anatomy, Surgeons' Hall, Edinburgh. With forty-eight illustrations in black and white and color. Edinburgh: E. & S. Livingstone.

With original illustrations and material used in his lectures Mr. Whittaker has given students a manual which will give them a good general knowledge of this subject.

The Hygiene of Infancy and Childhood—And the Underlying Factors of Disease. By A. DINGWALL FORDYCE, M.D., F.R.C.P. (Edin.), extra Physician Royal Hospital for Sick Children, Edinburgh. Author of "Diet in Infancy." Edinburgh: E. & S. Livingstone.

The object of this book is to give to the busy practitioner essentials of pediatric practice which otherwise he could only gain through wide reading. It professes to correlate the primary, scientific facts of medicine as they apply specially to pediatrics.

"World Corporation." By KING CAMP GILLETTE. Boston: The New England News Company.

By buying one of these books for \$1.00 you will know what it is to become interested in the incorporation of all industry, etc., into "World Corporation." This is early and plainly told. We would not say that was the object in writing the book—but dollars talk.

Rebman & Company, 1123 Broadway, New York, have issued their latest descriptive catalogue together with their fall announcement. Among the latter books our readers will find some of great interest. We particularly mention:

"No. 606 Ehrlich-Hata," which is now in active preparation.

"The Modern Treatment of Alcoholism and Drug Narcotism."
By McBride.

"The Mental Symptoms of Brain Diseases." By Hollander.

"The Phase of Evolution and Heredity." By Berry-Hart.

Also a catalogue of German books which they carry in stock to offer to the profession at German prices.

They have also issued a catalogue of Art Prints, which is issued by the Medical Art Agency under their supervision. The pictures contained in this list are of the finest quality and imported from the best Art Institutes of Europe. The prices have been made as moderate as is compatible with the prevailing high duties. These pictures are excellent for Christmas presents, donations to sanatoria, hospitals, homes and asylums, etc. Our readers can secure same by postal card.

Fellowship and Dental Examination Papers. For the Diplomas of the Royal College of Surgeons, Edinburgh, for several years. Price, post, 1s. and 2d. Edinburgh: E. & S. Livingstone.

A small volume of 314 pages, as the title suggests, devoted to examination papers on different subjects running back to 1905. Those going up for these Fellowship Examinations will appreciate the papers bound in compact form.

Pulmonary Tuberculosis and Its Complications. By S. G. BONNEY, A.M., M.D., Denver, Colorado. New Second Edition. Philadelphia: W. B. Saunders Co. Canadian agents, J. F. Hartz Co., Toronto.

In the second edition Dr. Bonney presents the subject of pulmonary tuberculosis and its complications in such a way that it must be placed at the very top of the works on this subject. In addition to the data collected from his large clinical experience, he has succeeded in separating from the vast amount of literature the important and practical points most useful to the general practitioner in the diagnosis and treatment of this infection. The chapter on the use of Röntgen rays in the diagnosis of pulmonary lesions is especially well illustrated by X-ray photographs. The general discussion on the treatment at home and in sanatoria will be most instructive to every practitioner. In Chapter 89 the role of climate in

the treatment of this disease is well discussed. The last chapter, which is devoted to personal observations upon the use of tuberculin and bacterial vaccines in the treatment of this disease seems to justify conservatism in their employment. The volume is well bound; it contains 955 pages, with 243 original illustrations, including 31 in colors and 73 X-ray photographs.

O. R. M.

International Clinics. Vol. III. Twentieth Series. 1910. Philadelphia and London: J. B. Lippincott Co. Canadian Agent: Mr. Charles Roberts, 608 Lindsay Building, Montreal.

This is a very full and complete number of 311 pages. There are several articles on Diagnosis, Treatment, Teeth and Oral Cavity, Gynecology, Medicine, Surgery, and several miscellaneous articles. The volume ends with a series of clinics given at the University of Pennsylvania during home-coming week in April, 1910.

Röntgen Rays and Electro-Therapeutics, With Chapters on Radium and Photo-Therapy. By MIHRAN KRIKOR KASSABIAN, M.D., Director of the Röntgen Ray Laboratory of Philadelphia General Hospital, etc. Second Edition. Philadelphia and London: J. B. Lippincott Company.

The object of the author is to present clearly and concisely the more important facts pertaining to electro-therapeutics and the Röntgen rays. The initial portion of the work is devoted to the elementary principles of magnetism and electricity. The nature, properties and methods of measurement of electrical currents are explained; and the construction of various kinds of batteries, static machines and other electrical apparatus is fully gone into. Then follow chapters dealing with electro diagnosis and electro-therapy in diseases of the various systems of the body, including those of the eye, ear, nose and throat. The subject of high-frequency currents, cataphoresis, including fulguration, receives considerable attention.

The second portion of the work is devoted to Röntgen rays, which is treated in an exhaustive yet fairly lucid manner. Any one interested in the subject of X-ray apparatus, fluoroscopy and skiagraphy will be able to find much valuable information from the study of the author's methods.

In the third part of the book the subjects of radium, radio-therapy and photo-therapy are dealt with. The emanations of radium and X-rays are compared, and their therapeutic applications pointed out. Photo-therapy also receives careful attention.

G. C.

Dyspepsia: Its Varieties and Treatment. By W. SOLTAU FENWICK, M.D. (London), Doctor of Medicine of the University of Strassburg. Octavo of 485 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, \$3.00 net. Canadian Agents: The J. F. Hartz Co., Toronto.

In this work the subject of dyspepsia is considered in a manner considerably different from that adopted by most authors. Dr. Fenwick is of the opinion that in the large proportion of the cases the symptoms originate entirely in the intestines or some organ other than the stomach. Moreover, he thinks a disturbance of gastric digestion is rarely due to a primary disorder of the stomach, but is usually a sequel of a disease of another organ of the body. With this conception of the pathogenesis of diseases of the stomach we are not in complete accord. There is no doubt that the majority of gastric complaints which one meets in practice are not primarily due to gastric diseases, but to disturbance of other organs, such as the nervous system, but to state "that a disturbance of digestion in the stomach itself is rarely due to primary disorder of the viscus" is going further than we are prepared to follow. If we accept this view, then we must consider errors in diet as a negligible factor in the causation of gastric disease, a view which appears to us absurd. Because most affections of the stomach are secondary in nature is no reason why we should not designate them diseases. One would be equally justified in excluding from the domain of substantive diseases most of our disease entities.

With the exception of the classification of diseases there is little which we can criticize. The text is well written, scientific and up-to-date in every particular. Physicians who have given some special attention to the study of diseases of the alimentary tract will find it valuable reading.

G. C.

Medical Electricity and Röntgen Rays. By SINCLAIR TOUSEY, A.M., M.D., Consulting Surgeon to St. Bartholomew's Clinic, New York City. Octavo of 1,116 pages, with 750 illustrations, 16 in colors. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, \$7.00 net, Half Morocco, \$8.50 net.

This is a book of over 1,100 pages on medical electricity and radio-therapy. The first 500 pages are devoted to the principles of electricity, and its application in treatment and diagnosis. Dynamic as well as static electricity is considered, and special attention is given to the applications of electricity in neurology. High-

frequency currents are discussed as to their generation, physiological and therapeutical actions.

The second half of the work is devoted to Röntgen rays and radium. The former subject is treated in all its aspects bearing on medical science in a thorough but lucid manner, a valuable part being the fluoroscopy and radiography of special parts of the body. The sections on radium form interesting and instructive reading. The different emanations are described and their physiological and therapeutical actions explained.

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COMMENT FROM MONTH TO MONTH.

The Medical Man and the Criminal.—The recent series of criminal cases in which medical men have been defendants, brings to our notice again the dangerous position in which the average physician stands.

The cities and larger towns contain a number of women whose value to the community is frequently worthless, and who, morally, are a blot to the good name of their domicile. Add to these the number of feeble-minded girls, the defectives in cerebral power, and the uneducated, undeveloped classes, with, as a final addition, the selfish, devil-may-care individuals who, in the first place, ruin their own lives and then desire to pull the walls down on all surrounding them.

The physician has to do his best to assist these when ill and rarely receives any financial return for doing so, and when these same girls fall victim to one of their masters, or when they desire to victimize the doctor who trusts them, by blackmail, they return to the office of their medical man and are accorded a necessary or unnecessary pelvic examination.

To say that no physician should examine an unmarried woman, except when a nurse or friend is present, is a worthless fable in the life of a big city, for this class of girl, and the respectable girl who

falls below the moral line for the first time, will both require and request secrecy of the physician in the examination which would disclose their unfortunate position to the attendant friend, the very thing indeed they fear the most.

The physician must and always will examine these cases in private surroundings, and he thereby will always be open to blackmail and to lying.

But in our profession, the publication of the lie leads to the most terrible results, the loss of fame, of business, and the turning aside of many an old and trusted patient and friend.

Surely this is not fair to our noble profession, and if we continue to trust the public, on the other hand the public must trust the profession.

There is but one remedy for this ugly sore, and that is the following:

The charges made against professional men of criminal action while in the pursuit of their professional duties should not be handed to the newspapers by the police departments, and the preliminary trial should take place before a trial court of a few trusted medical men, in fact a minute professional grand jury, who will judge whether the case goes on to the criminal courts or is dismissed and the physician acquitted.

We medical men understand these cases better than our legal brothers, and it is high time that we arose and in our might demanded *fair play* instead of the horrible nightmare which is open to any gentleman in the profession of medicine at the passing whim of some miserable bird of prey from the slums.

G. W. H.

Medical Inspection of Schools has gotten off to a bad start in Toronto. The Board of Education placed the matter in the hands of a special committee. Two medical inspectors were appointed by the Board to work under the direction of the chief inspector of schools. Friction soon occurred and Dr. MacMurchy, one of the medical inspectors, not liking the arrangements, asked to be allowed to send her reports direct to the Board. This has been refused, and Dr. MacMurchy has been asked for her resignation.

It was tacitly conceded amongst the members of the medical profession that Dr. MacMurchy was qualified for this work. Indeed, under the circumstance, any medical practitioner would be, so it is rather unfortunate that at the very outset differences of opinion should make themselves so strongly manifest.

The object of the medical inspection of schools is to prevent dis-

ease. It is, therefore, educational in its aspect as well as medical. But the prevention of disease can only be brought about through the intelligent work of one well versed in all the methods to prevent disease. So one who is qualified to detect disease and who knows of the proper means to use to prevent disease should be selected to teach others how to prevent disease. If a public school inspector is thus qualified, why, choose him; but if a medical health officer is the better qualified, then choose him.

Our own opinion is that the conservation of little human health is a problem which comes under the hygienist rather than the educationist, and that it is not necessary for us to "copy" from New York or anywhere else, but to "adopt" the best possible system of medical inspection of schools, independent of whether it is to be administered under a school inspector or a medical health officer.

We believe the best plan would be to have a chief of this department with proper assistants, directly responsible to the Board of Education, dissociated altogether from the inspectors' offices and that of the medical health officer as well.

Appointments to the Hospital for the Insane Service in the Province of Ontario we have often before had to condemn. In our opinion, and we believe in the opinion of the medical profession of the Province, those appointments to superintendencies or even into the service from amongst members of the medical profession who had no special training in psychiatry were all wrong and did not by any means treat fairly assistants in the service who practically all their lives had devoted their talents and their energies to psychiatric work.

In connection with a recent appointment of a layman to a superintendency of one of these institutions, we have no particular quarrel, as it is quite well known that many institutions of this character are governed properly by laymen. We always objected to putting a politician who happened to be a doctor over the heads of well-trained and competent assistants; and we are satisfied that the medical profession will approve the action of the Government when promotion in the service is properly recognized.

All the better will it be for the service if the Government recognizes this principle in the future and frowns upon all attempts to enter the service by the often before travelled route, the stump, the hustings, and the ward committee room.

A doctor fresh from the ward committee room or an editor from a country newspaper may be selected to administer the business end of an institution if he is deemed qualified so to do, but he should

never be selected to conduct the psychiatric work of such institution over the heads of trained assistants who are by far his superiors in this branch of medical knowledge.

If, of course, an experienced assistant has the essential administrative capacity to superintend, all the better if promotion is recognized in this direction.

“606” or dioxydiamidoarsenobenzol, Professor Ehrlich’s new discovery for the treatment of syphilis, promises to be one of the greatest of medical discoveries. It has been designated “606” because of the fact of it being the 606th preparation with which Ehrlich has experimented. A shorter and better title has been suggested—arsenobenzol.

Great strides have recently been made in our knowledge of this dreaded and dreadful malady—*spirocheta pallida*, Wassermann reaction and now “606”—and these in five years.

What is “606”?

It is said to be a yellowish powder of the composition—dioxydiamido-arsenobenzol. The dose is put at 0.5 gm., or eight grains. It is remarkable in that only one dose is needed to bring about total destruction of all the *spirocheta pallida* in the human economy.

So far it has been used in over twelve to fifteen thousand cases with most marvellous results, and if uniform good results continue the immense literature extant on the subject will practically all have to be rewritten.

So far it has not been much used in America, and it would be wise not to employ it generally when put upon the market here, until it has been abundantly determined sound treatment.

As up to this time it has been universally considered that it takes anywhere from two to five years to cure syphilis, it is doubtful if it can safely be promised a cure is established in any given case until at least that length of time has elapsed, even although the spirilla are not found a short time after the administration of a treatment.

The Conference of Public Health Men, held recently in Ottawa under the auspices of the Public Health Section of the Canadian Conservation Commission, should bring about results of the very greatest importance in health matters all over Canada.

Any one who has the least opportunity to see and know something of the great amount of scientific and practical work, to say

nothing of the valuable literature issued thereon, must appreciate the fact that the United States in the matter of prevention of disease and in all matters of public health is at least ten years in advance of our federal authorities at Ottawa.

For many long years the Canadian Medical Association tried to impress upon the Government the great desirability of having a central laboratory and public health department for Canada at Ottawa, under one of the existing Ministers of the Crown; but they never made any material advance upon the subject, as the various departments did not wish to give up what little patronage might be theirs under the present regime.

But it has become apparent that others than members of the medical profession now see the need of Canada taking a foremost position in all matters pertaining to public health, and it is to be hoped that under the guidance of the Conservation Commission, and specially its Public Health Section, something tangible may now be secured in the way of laboratories for the scientific study of disease as it appears in our midst, and a united central force as has been so long desired by the medical profession.

News Items

INFANTILE paralysis is said to be epidemic in Vancouver.

DR. L. L. PALMER, Toronto, has removed to Grimsby, Ont.

DR. MURRAY MACLAREN, St. John, N.B., has gone to Germany.

MONTREAL'S death rate from tuberculosis decreased 67 in the past twelve months.

DR. ARTHUR I. KENDALL, a young physician of Vancouver, died on the 8th of October.

DR. C. H. HIGGINS, Dominion Government Pathologist, has been on a trip through Western Canada.

DR. S. H. FREEZE, Rhodesia, South Africa, is visiting in Fredericton and other points in New Brunswick.

DR. E. P. LACHAPPELLE, Montreal, has been elected First Vice-President of the Royal Edward Institute, Montreal.

DR. J. J. THOMPSON, late of Lanarkshire, Scotland, has been appointed District Medical Officer of North Vancouver.

DR. F. C. BELL has been appointed successor to Dr. J. A. Gunn as Superintendent of the Winnipeg General Hospital.

DR. P. H. BRYCE, Chief Medical Officer of the Department of the Interior, has been paying an official visit to St. John.

NORTH BATTLEFORD is to have a hospital at a cost of \$50,000, and the work of construction will be undertaken by the Order of Providence, Montreal.

DR. A. F. MILLER, head of the Provincial Sanatorium for Tuberculosis at Kentville, N.S., has been appointed Superintendent of the Detroit Sanatorium for Consumptives.

THE total number of deaths in Montreal in 1907 from all forms of tuberculosis was 953; 1908, 945; 1909, 845. From pulmonary tuberculosis, in 1907, 748; 1908, 760; 1909, 665.

A NEW Quarantine Hospital is to be constructed by the Dominion Government on Digby Island, near Prince Rupert. When completed it will be in charge of Dominion Quarantine Officer, Dr. Herbert E. Trenayne.

THE annual meeting of the Winnipeg Medical and Surgical Society was held on October 7th. Dr. S. W. Prowse was elected President; Dr. H. P. Galloway, First Vice-President, and Dr. J. A. Gunn, Secretary-Treasurer.

Frosst's Capsules contain the Glycerophosphates in accurate dosage, encased in the finest soluble gelatine—no alcohol, sugar, excess of acids or other additions, which in the elixirs and solutions are an objection.

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Prof. Philemon E. Hommell, Jersey City, says, "Glycerophosphates have evidently come to stay; they are frequently prescribed in the treatment of neurasthenia ** and seemingly give desirable results; they should obtain official recognition in an eligible form."

—Merck's
Report for May,
1910.

DR. E. H. DILLBOUGH, Hamilton, is dead, aged 76 years.

NEW WESTMINSTER, B.C., is contemplating a new hospital at a cost of \$200,000.

DR. S. MAUFETTE, Montreal, the victim of a gunshot injury died last month in the Hotel Dieu Hospital, Montreal, aged 32 years.

DR. WM C. GILDAY, who had but returned from a two years' course abroad and established in Toronto as a specialist in eye, ear, etc., died recently in this city.

DR. W. C. HERRIMAN, Assistant Superintendent of the Toronto Hospital for the Insane, has been appointed Chief of the Medical Staff at the Orillia institution.

A NEW building for the Babies Hospital, Montreal, is contemplated, at a cost of \$100,000. Last year for lack of accommodation over 350 babies were refused admission.

THE total number of patients treated during the first year of the Royal Edward Institute, Montreal, was 773, of whom 300 died, 48 lost sight of and 425 remained for treatment.

DURING the month of October there were 1,226 cases of contagious disease in Ontario, from which 266 deaths resulted. There were eight deaths from 146 cases of infantile paralysis.

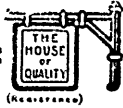
THE Oxford Medical Association held their annual meeting in Woodstock on the 21st of October. Dr. A. Primrose, Toronto, was the guest of the society and read a paper on the treatment of surgical affections of lymph glands of the neck.

MR. GEORGE NASMITH, M.A., Ph.D., assistant in the laboratory of the Ontario Board of Health, has been appointed chief of the laboratory for the city of Toronto. The appointment is a popular one with the medical profession of the city.

BRANDON Hospital for the Insane was completely destroyed by fire on the afternoon of the 4th of November. Through the efficient work of the staff and guards not a single life was lost. The institution had in residence over six hundred patients.

QUEBEC City Board of Health will ask the Dominion Government for enlarged powers towards returning ships for inspection to Grosse Isle, the object being to take all necessary precautions in preventing the introduction of cholera into that port.

THE National Sanitarium Association are asking Toronto for a grant of \$200,000 towards their institutions. At the present time they are caring for 143 city order patients in their five institutions from Toronto, which is more than double the number they agreed to care for.



Fairweathers

FURS

In buying furs, above everything else,
the fact always holds that :

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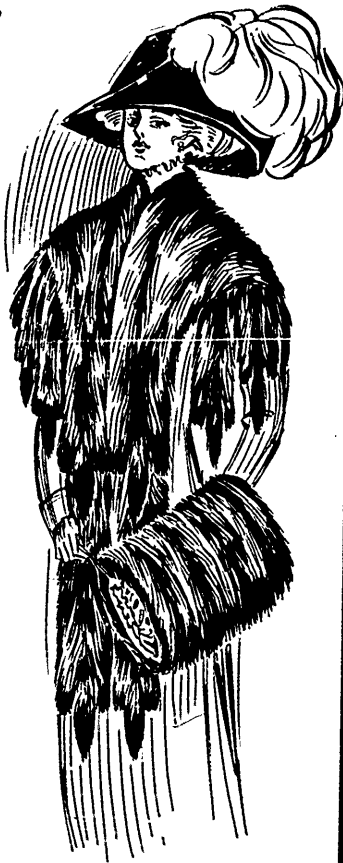
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TORONTO

MONTREAL

DR. MACCALLUM has resigned from the Penetang institution.

DR. ROLLINS, Orillia, has been made assistant to Dr. Beemer at Mimico.

DRS. GEO. E. ARMSTRONG and F. G. Finley, Montreal, have gone to Europe.

DR. HARLAN P. REYNOLDS died at Lapreau, N.B., on Oct. 8th, aged 71 years.

DR. MOHER, Brockville, has been transferred to the Superintendency at Cobourg.

DR. J. M. FORSTER, London, becomes Superintendent of the Hospital for the Insane at Brockville.

DR. HARVEY CLARE, Mimico, has been appointed assistant superintendent at Toronto Hospital for the Insane.

DR. LEONARD LUTON, St. Thomas, died Nov. 1st, aged 75 years. He was a member of the Ontario Medical Council for a number of years.

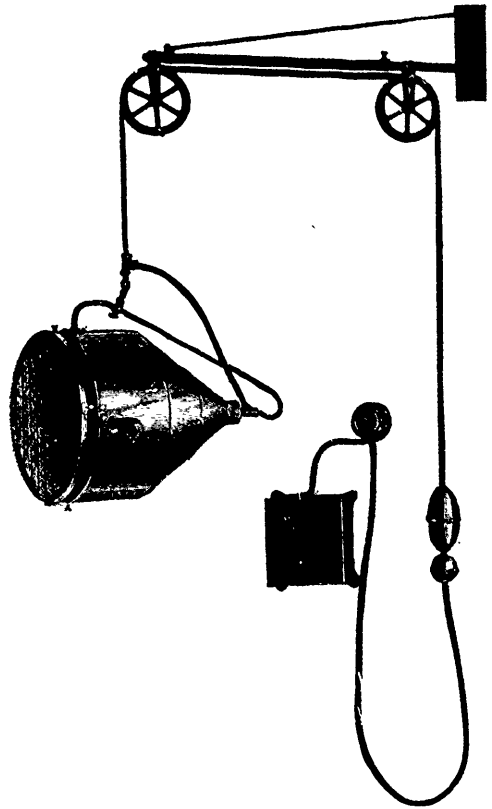
THE nurses of the John H. Stratford Hospital, Brantford, went out on strike on the 25th of October. The hospital was crowded, having sixty-two typhoid cases; and the nurses demanded better conditions of work. It is said all their places were promptly filled by graduates of the institution.

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Publishers' Department

THE REMEDIAL VALUE OF IRON. — Amid all the doubt that modern skepticism and therapeutic nihilism have aroused in the professional mind, in regard to the medicinal or drug treatment of disease, we have yet to hear any question as to the distinct value of iron in anemic, chlorotic and generally devitalized conditions. This metal is, indeed, the physician's mainstay in such cases, and cannot successfully be omitted or replaced. There does exist, however, considerable difference of opinion as to the method of administering iron and as to the most generally eligible preparation of same. The tincture of the olden times, prepared from iron filings, has in these later days been superseded by the less irritant and more tolerable preparations introduced into modern pharmacy. Among such products none has seemed to be so generally acceptable and promptly assimilable as the organo-plastic form represented by Pepto-Mangan (Gude). The ferruginous element in this preparation exists as a true peptonate, in combination with organic manganese, iron's side-partner in reconstructive blood therapy. It is palatable, readily tolerable, quickly absorbable and assimilable and entirely free from irritant or constipating effect. Pepto-Mangan (Gude) rapidly restores vigor to the circulating fluid, and because of its blandness and ready tolerability is especially valuable in pediatric practice.

It is a well-established fact that many of the chemical effects produced by living cells are due, not to the direct action of the protoplasm, but to that of soluble ferments or enzymes. Bovril is prepared by the complete disintegration of the muscle-cells of the finest ox-beef. The meat juices, with the intracellular enzymes in solution, are concentrated and then incorporated with the pulverized fibrine of fresh, unexhausted muscle tissue. Over and above its value as a highly nutritious nitrogenous food, there can be little doubt but that it has hydrolyzing and oxydizing properties which function largely in the anabolic and katabolic changes in the tissues of the consumer. It possesses the elements essential not only for its own digestion and assimilation, but also for that of other proteid, fat and carbohydrate foods. It is thus a tissue-stimulant in the broadest sense, aiding in the hydrolysis, oxydation and elimination of the effete products of katabolism, and in the building up of new tissue. In health, convalescence and disease, it thus serves a valuable purpose and has acquired an unassailable position in modern therapy.

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Wool is the very *best* material for *outerclothing*—but unfit for *undergarments*.

Wool next the skin is weakening and *invites* chills, catarrh, bronchitis, and a number of other ills.

The Dr. Deimel Underwear contains no wool, but is made of Linen and Abassi thread of the finest quality. Being porous, it protects; being absorbent, it keeps the body dry; drying quickly itself, being easily washed (the garments can be boiled), it is cleanly.

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WE ALSO SELL THE DR. DEIMEL LINEN-MESH SUPPORTERS & SUSPENSORIES

The Canadian Medical Exchange, conducted by Dr. Hamill, Medical Broker, 75 Yonge Street, Toronto, desires to say that at no time of the year are there so many buyers looking for medical practices as now, and would advise those contemplating selling out to list their practices with him at once. He also can give buyers without financial ability a list of villages without a doctor that desire one, and the territory in every case should warrant a practice of from \$2,000 to \$3,000 annually.

ONE COMMON LUNG BACILLUS.—It is quite generally accepted that pulmonary tuberculosis is caused by a bacillus. Coughs, colds, la grippe and bronchitis come and go, even if we cannot exhibit them as entities under the microscope. It would, indeed, be a fortunate thing if there were one common lung bacillus, the destruction of which would remove the cause of all respiratory affections. But under the present condition of things we can only meet indications, treat symptoms and trust to nature. In the treatment of throat and lung affections one remedy of the materia medica stands out more prominently than all others. Codeine has the marked peculiarity of controlling coughs and relieving the irritated and inflamed lining of the respiratory tract without arresting secretion. Here it shows its value over morphine. It is not followed by constipation, creates no habit, nor is the mucous membrane of the throat and bronchial tubes made dry. To control the cough and quiet the irritation, at the beginning of an attack, often prevents most serious trouble. There is another remedy which must occur to the mind of every well-posted physician as especially applicable to these conditions. The power of antikamnia to reduce fever and thus control inflammation makes it one of the best preventive and curative agents. The combination of two such clearly defined remedies for respiratory affections is most fortunate. They are prepared in the form of "Antikamnia and Codeine Tablets."

AN UNCONVENTIONAL COUGH SYRUP.—There are "cough syrups" without end. Some of them, it is needless to say, have little or no therapeutic value. Conversely, there are some that no physician need hesitate to prescribe. One of these—Syrup Cocillana Compound (P. D. & Co.)—is so exceptional in many particulars as to be worthy of special mention just now, when coughs are so plentifully in evidence. By its name no one would recognize it as a preparation for "coughs" and "colds," and this, in connection with its general efficiency, constitutes one of its chief claims to distinction. It is a product which the layman knows nothing about. It does not encourage counter-prescription or self-medication. It

Medical Council Election

The Nomination papers for members of the Medical Council of Ontario must be in the hands of the Returning Officer for each Division by Monday, November 14th, at 2 p.m., and the Voting papers by Monday, December 5th, 1910, at the same hour.

By Order,

J. LANE,
President
J. L. BRAY,
Registrar



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which can be made suitable for any degree of digestive power by the simple process of letting it stand for a longer or shorter period at one stage of its preparation.

It is used mixed with fresh new milk, and forms a delicate and nutritive cream, which is enjoyed and assimilated when other foods disagree. It is entirely free from rough and indigestible particles which produce irritation in delicate stomachs.

The *Lancet* describes it as "Mr. Benger's admirable preparation." Mothers and interested persons are requested to write for Booklet "Benger's Food and How to Use it." This contains a "Concise Guide to the Rearing of Infants," and practical information on the care of Invalids, Convalescents, and the Aged. Post free on application to Benger's Food Ltd., Otter Works, Manchester, England.

Benger's Food is sold in tins by Druggists, etc., everywhere.

was designed especially with reference to the needs of the prescriber. The formula of Syrup Cocillana Compound, which of course is plainly printed on the label, is quite unusual. Let us briefly consider its components: *Euphorbia pilulifera*—serviceable in the treatment of chronic bronchitis and emphysema; wild lettuce—a mild and harmless narcotic, useful in spasmodic and irritable coughs; cocillana—valuable expectorant, tonic and laxative, exerts an influence on the respiratory organs similar to that of ipecac; syrup squill compound—serviceable in subacute or chronic bronchitis, as an expectorant, and as an emetic in croup; cascara—the bitter glucoside of *cascara sagrada*, useful for its laxative action; heroin hydrochloride—a derivative of morphine and extensively prescribed in the treatment of cough, especially of bronchial origin; menthol—stimulant, refrigerant, carminative and antiseptic, serviceable in coughs of pharyngeal origin. Syrup Cocillana Compound would seem to be worthy of extensive prescription.

HOME OF THE AMERICAN MEDICAL ASSOCIATION.—In the second chapter on the development of the Home of the American Medical Association (*Journal A. M. A.*, October 29) it is said that in spite of twice enlarging the plant more room became necessary even though there should be no further development in the enterprises of the association. The Board of Trustees accordingly presented the matter before the House of Delegates at the Atlantic City meeting in 1909, stating that the matter of greater facilities was one that continued to arise. Accordingly, they had had provisional plans made for a new building to cost \$2,000,000, which was to be absolutely fireproof, six storeys in height, strong enough for additional storeys, and making provision for sufficient room for a considerable time in the future. The conference committee to whom the question was referred reported favorably on the proposition, its report was adopted by the House of Delegates and the Board of Trustees was authorized to go ahead with the building according to final plans to be approved by them. The architects then prepared final plans and specifications, the contract was let and the work of razing the old buildings on the site owned by the Association was begun in March, 1910. After the excavation had been prepared, in order to make a solid foundation for such a heavy building, piles to the number of 377 were driven, on which the concrete piers and walls for the support of the steel framework were to rest.