

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

QUEEN'S MEDICAL QUARTERLY.

VOL. IX, No. 1
Old Series

OCTOBER, 1904.

VOL. II, No. I.
New Series

QUEEN'S MEDICAL QUARTERLY is presented to the Medical Profession with the compliments of Queen's Medical Faculty. Contributions will be gladly received from members of the Profession and willingly published.

EDITORIAL COMMITTEE.

R. W. GARRETT, M.A., M.D.

JOHN HERALD, M.A., M.D.

J. CAMERON CONNELL, M.A., M.D.

W. T. CONNELL, M.D., M.R.C.S., Eng.

A. R. B. WILLIAMSON, M.A., M.D., M.R.C.S., Eng.

MANAGING EDITOR:

ALEX. W. RICHARDSON, B.A., M.D.

Communications to be addressed to DR. ALEX. W. RICHARDSON, 254 King St. East.

Items of interest or original articles for publication solicited from Members of the profession.

Office of Publication—Kingston, Ontario.

EDITORIAL.

THE profession can have nothing but words of commendation for the action taken by the Hon. Senator Sullivan in connection with the subject of "patent medicines." Almost every day the practitioner meets some victim of the medicine habit who is as great a slave to some patent nostrum, manufactured for the purpose of enriching its proprietor, as the ordinary alcoholic or "dope" habitué.

The prevalent cupidity of the "patent" manufacturer leads him to use in some cases inferior and adulterated drugs, and, worse than all, to substitute decidedly harmful materials because of their cheapness.

In New York, recently, an analysis of samples of liquors purchased in ordinary liquor shops was made, and 95 % of them were found to contain no traces of ethyl alcohol, their basis being the poisonous wood spirits.

From clinical evidence we cannot but fear that many of the widely advertised nerve and heart tonics sold at a "discount for quantities," and largely consumed by the victims, are compounded of wood alcohol as the basis rather than ethyl alcohol.

Maniacal paroxysms resulting from the consumption of a few glasses of these "drinks"; nerve and muscular lesions exhibited by victims of the patent medicine habit, are clear evidence to the medical observer of the lethal nature of the compounds and the fearful danger their sale and consumption is to the country. Hundreds of people who would rather die than take a glass of spirits knowing it to be such, calmly swallow three times the ordinary "drink" under the guise of nerve compounds, heart tonics and anti-worry decoctions.

Government is paying increased attention to the purity of foods and drinks, and we think it can with great profit devote some attention to "patent" medicines. If people must have things, let us see that they get them in the least harmful form.

Professor Clifford Albutt, Regius Professor of Medicine in the University of Cambridge, delivered an address on the "Historical Relations between Medicine and Surgery," at the recent International Medical Congress at St. Louis.

Professor Albutt has done a great service to the profession in the plea which he makes for proper recognition of the unity of the healing art.

The historical review of the relation between Surgery and Medicine is of the greatest interest. Referring to Hippocrates, who was "in genius perhaps the greatest physician of past time," Professor Albutt pointed out that the Greek physician had no more scruple in using his hands in the service of his brains than Pheidias or Archimedes." The clear eyes of the ancient Greeks perceived that an art is not liberal or illiberal by its manipulations, but by its ends."

From Celsus to Galen surgery was an active, honorable and intimate part of medicine, but in the thirteenth and fourteenth centuries it became divorced from medicine and degenerated till surgeons were despised and looked upon as "base mechanicals" or mere instruments for carrying out the directions of the physicians. The latter would not even make a digital examination. This was partly due to the prohibition by the Church of the practice of surgery by its clergy, and partly to the feudal scorn of manual work.

A quotation is given from the *Chirurgia Magna* of Lanfranc of Milan and Paris, published in 1295, which goes to show that he realized the danger of separating Medicine and Surgery: "Good God," he exclaims, "why this abandoning of operations by physicians to lay persons, and disdaining surgery, as I perceive, because they do not know how to operate . . . an abuse which has reached such a point that the vulgar begin to think the same man cannot know medicine and surgery . . . say, however, that no man can be a good physician who has no knowledge of operative surgery: a knowledge of both branches is essential." In spite of the efforts made by men like Lanfranc, Theodoric, a Dominican friar who foreshadowed aseptic surgery and anaesthetics, Guy de Chauliac, and Ambrose Paré, the quarrel between medicine and surgery lasted till the middle of the eighteenth century and seriously interfered with the development of both.

Surgery was despised so long as medicine was largely speculative, but methods founded on knowledge and on direct observation of disease have equalized their positions. Surgery produced anaesthesia and developed and applied the knowledge that infection depends on micro-organisms.

It is only within the past thirty years that Surgery has come to its own and freed itself from the subordinate position. Modern surgery now seeks to take precedence of her former mistress, but this rivalry and division is most unfortunate. Neither stands alone, and it is only by combination that true progress will come. The true healer, like Hippocrates, should know the whole of his art. It is only the limitation of human faculties that justifies extreme specialization.

After three years' operations the Canadian Medical Protective Association reports a total membership of only 288. No claim has been successfully urged against a member of the Association since its organization, and the membership fee is only \$2.50 per year. Surely something is lacking in the method of securing new members when the increase for the past year is only thirty-six. More energy, at any rate, might well be expended in bringing the advantages of membership to the notice of the profession.

AESCULAPIUS*.

THE history of medicine has received very little attention from physicians, and yet its study is not merely of scientific value but an important source of practical information. To the layman it offers many features of interest. As an extensive branch of the general history of culture it is indispensable to the historian of civilization. Its study permits the philosopher to see the influence of his predecessors upon medicine and the influence of medicine on philosophy—a reciprocal interest which still exists. For the theologian the history of medicine has a scientific value, for once on a time theology and medicine were intimately united. The scientists will find an interest in tracing the development of the various natural sciences which began as off-shoots of medicine. Finally a knowledge of the history of medicine gives the man of genuine education the best means of estimating medical ability and activity.

When we review the labor of thousands of years and follow the advance of our science in all its devious and tedious ways; when we find how little service has been rendered to the main object of medicine—the cure of disease—we are likely to be disappointed. For in spite of all therapeutics the statement of the Psalmist is still true: “As for man his days are as grass; as a flower of the field so he flourisheth. For the wind passeth over it, and it is gone.”

But if this department of medical science is well adapted to educate the physician in modesty, so also is it fitted to inspire him with just pride in his often-contested and self-sacrificing labors. The history of medicine may show the inadequacy of medical knowledge and its helplessness in struggling against the laws of nature, but it also brings to light the unwearied struggles of physicians of all ages to investigate those laws and to appropriate the knowledge acquired to the healing and bless-

*An address by J. C. Connell, M.A., M.D., Dean of the Medical Faculty, at the opening of the Medical classes for the Session of 1901-05.

ing of suffering humanity. We prize infinitely less the fact that history, among almost all people, presents the immortal gods as the authors of medical art than that it teaches how mortal men have struggled continually after god-like aims,—the prevention, the cure, or at least the alleviation of the unavoidable heritage of woe and suffering imposed in so many ways upon us as created beings—even though to-day these aims have been imperfectly attained. The history of medicine shows how many noble men have served humanity, devoting strength and life to the sick, the feeble, the persecuted, the poor, the insane, and have led their fellow-men to lofty ideals in thought and action. Yet for most of these men one could but say that even had their life been glorious it would have been but labor and sorrow.

Millions on millions of individuals have perished without contributing to the progress of humanity; they have no history. Thousands have promoted at least the foundations of knowledge; history records their names, for they labored. But only a few chosen spirits have performed the highest service allotted to man. These summed up the past and discovered new and great truths, leading humanity onward. To study their lives and work should give a more ideal direction to our conception of our profession, showing us that duties and rewards are not to be found exclusively in daily labor.

The purpose of this paper is to direct your attention to Aesculapius, whose followers we still profess to be, even though we may know very little about him.

A distinguished French historian (Littre) writes as follows: When one searches into the history of medicine and the commencement of the science, the first body of doctrine that one meets with is the collection of writings known under the name of the works of Hippocrates. The science mounts up directly to that origin and there stops. Not that it had not been cultivated earlier, and had not given rise to even numerous productions; but everything that had been made before the physician of Cos has perished. We have remaining of them only scattered and unconnected fragments. The works of Hippocrates have alone escaped destruction; and by a singular circumstance

there exists a great gap after them as well as before them the writings of Hippocrates remain alone amongst the ruins of ancient medical literature."

Now Hippocrates was born in 460 B.C., whereas Aesculapius is said to have lived about 1250 B.C. It is not, therefore, surprising that the story of Aesculapius is intermixed with Greek mythology, for a period of 800 years elapsed between the time of Aesculapius and the first authentic records. Our main sources of information are the writings of Hesiod and Homer assigned to the period 850 B.C. Pindar and others also relate some of the legends connected with Aesculapius. Hippocrates wrote a treatise "On Ancient Medicine," but it contains no reference to Aesculapius. It deals with the development and the principles of the practice of medicine. He remarks with profound comprehension and appreciation of the history of medicine, that: "The physician must know what his predecessors have known, if he does not wish to deceive both himself and others."

In the Homeric poems Aesculapius is not a divinity but a human being; the healing god is Apollo, who was the physician of the Olympian gods,—the god who visits men with plagues and epidemics, who wards off evil and affords help to man. Pausanias says: "If Aesculapius is the air, indispensable to the health of man and beast, yet Apollo is the sun, and rightly so is he called the father of Aesculapius, for the sun by his yearly course makes the air wholesome."

Homer calls Aesculapius the "blameless physician," from which we may infer that even in those times there were such individuals. The worship of Aesculapius became established at least 400 years after his death, and soon after that of Homer.

The story of Aesculapius, while very interesting, is largely mythological. I have not been able to find it consistently told by any writer, so that what I have selected to relate to you is quite open to criticism.

Coronis, daughter of Phlegyas, living in Thessaly, near the lake Boebeis, was beloved by Apollo in the godlike way of those early days, and became pregnant by him; unfaithful to the god, she listened to propositions from Ischys, an ordinary

mortal, and consented to wed him. The infidelity of Coronis was witnessed by a crow, which at that time had snowy plumage. The bird officiously rushed off and told Apollo, who cursed it with such vigour that its feathers turned black, and have remained so to this day. The change of the colour of the crow is noted by Ovid and by Virgil in the *Aeneid* (vii, 761) though the name "Corvo custode ejus" is there printed with a capital letter, as if it were a man named Corvus. Artemis, sister of Apollo, enraged at the wounded dignity of her brother, brought the affair to the notice of Zeus, who also was indignant at the slight thus put upon an immortal, so he

"From Olympus top
With flaming thunderbolt cast down and slew
Latona's well-loved child—such was his ire."

(Hesiod.)

While Coronis was being consumed by fire, Apollo, evidently disturbed at the thought that his child should die like this, clove asunder the devouring flames and caught up the babe by some process of divinely operative Caesarean section. This child was Aesculapius, who, like other great men, was begotten in concubinage and born by Caesarean section. Afterwards Apollo handed him over to Cheiron, who taught him how to cure all diseases. This story was modified by the priests at Epidaurus to the effect that he was born in the usual manner but abandoned by his mother, who left him to die on Mount Tithium. Here the babe was nursed by a goat (perhaps the earliest example of artificial feeding of children) and protected from harm by a dog, both of these animals being in after years identified with the cult of Aesculapius. The goatherd missed his goat and dog, and on hunting for them found the infant Aesculapius lying upon the earth with the protecting animals beside him. Perceiving a dim radiance about the infant, he gave him into the care of the Centaur Cheiron, famous for his medical and surgical knowledge. Aesculapius soon acquired, partly from the teaching of the beneficent leech Cheiron, partly from inborn and superhuman aptitude, a knowledge and mastery of medicine and surgery, such as was never before witnessed.

Pindar tells the story of his instruction in the art of medicine :—

“The rescued child he gave to share
 Magnesian Centaur’s fostering care ;
 And learn of him the soothing art
 That wards from man diseases’ dart.
 Of those whom nature made to feel
 Corroding ulcers gnaw their frame ;
 Or stones far hurled or glittering steel,
 All to the great physician came.
 By summer’s heat or winter’s cold
 Oppressed, of him they sought relief.
 Each deadly pang his skill controlled,
 And found a balm for every grief.
 On some the force of charmed strains he tried,
 To some the medicated draught applied ;
 Some limbs he placed the amulets around,
 Some from the trunk he cut, and made the patient sound.”

(Wheelwright’s translation of Pindar, Third Pythian Ode 80-95.)

There is also the story that Athena gave him some of the blood of the Gorgon, by which he was able to heal the sick, raise the dead, or destroy the well. This last is an extra function not now admitted to be part of the art. The tale of Aesculapius being able to restore the dead to life was quite popular among the poets. Pindar says Aesculapius was “tempted by gold” to raise a man from the dead, and Plato repeats the accusation. A list of individuals is given who benefited by this power, Kapaneus, Eriphyle, Hippolytus, Tyndareus and Glaukus were all affirmed by different writers to have been endowed by Aesculapius with a new life.

According to another tradition Aesculapius was once shut up in the house of Glaukus, whom Zeus had struck dead with a thunderbolt—a most useful article in mythological history. While absorbed in thought there came a serpent and twined around his staff. He killed it. Then he saw another serpent which came carrying in its mouth an herb with which it recalled to life the one that had been killed. The physician then

made use of the herb to restore dead men to life. From which we may infer that even in the earliest times there was a popular belief that what would cure serpents was equally useful for man, and that experiments upon animals were quite proper—though in this case the animal was a dead one. The healing god is usually represented leaning upon a snake-entwined staff. The exact meaning of the latter is not quite clear. It may be taken as a symbol of early faith in the efficacy of animal experiments; or the association may have arisen from the idea that serpents represent prudence and renovation, and have the power of discovering the secret virtues of healing plants. In the sacred books of the East there is a reference to the point as follows: "As sickness comes from him, from him too must or may come the healing."

When Aesculapius began to raise from the dead his serious troubles began. Zeus feared that men might gradually escape death altogether. Pluto complained that by such medical treatment the number of the dead was too much diminished. So Zeus in his anger killed both patient and physician with the usual thunderbolt; as Pindar says, the "bright lightning dealt them down"—perhaps the first example of the physician sacrificing himself for his patient. Then, the story goes, Apollo was in great grief, for by this time he was quite ready to acknowledge his distinguished son, and wandered away to the land of the Hyperboreans, where he shed tears of gold. He appealed to Zeus to make Aesculapius immortal, and so the god of medicine was placed among the stars. While he was on earth his wife was Epione, the meaning of which is the soother. Perhaps she was a nurse. Homer mentions Podalirius and Machaon as sons of Aesculapius, and the following are also said to have been sons and daughters: Janiscus, Alexenor, Aratus, Hygeia, Aegle, Iaso and Panacea. Some of these, as, for example, Hygeia, the goddess of health, and Panacea, the "all-healing," are merely personifications of the powers ascribed to the father.

Such are the legends of Aesculapius. There can be little doubt that facts are the basis of the Aesculapian story, for the divinity was worshipped throughout the whole of Greece, ex-

tending from its original centres at Thessaly, Cos and Epidauros, until in the fifth century B.C. it had become well established at Athens, Corinth and other cities. Later, in the Roman times, the great centre was at Pergamon, in Asia Minor, where Galen was born. The worship was brought to Rome in 270 B.C., and a temple was built upon an island in the Tiber.

The antique statues which we see in the museums are not works of great masters, but copies of the originals made by Greek and Roman artists. Many of them are by second-rate sculptors. All the statues of Aesculapius in existence are copies, many of them very poor and made by inferior artists. At the time of Phidias and Myron, when Greek art reached its highest perfection, there were some statues of Aesculapius created,—some no doubt by these great masters, for the types followed by later artists were established then. None of the originals are in existence, but there are a few which suggest how the masters portrayed their ideals of the god. The masterpiece



FIG. 1.

is a colossal bust of Parian marble (Fig. 1) in the British

museum, found at Melos in 1828, where the statue of Venus was also discovered. It might well be called "the Aesculapius of Milo," and though inferior to the Venus in workmanship it has great merit and nobleness. It belongs to the Greek school of the fourth century B.C. and follows the best Greek type. The author is unknown. The face is suggestive of that of Jove, but the expression is milder and more benignant.

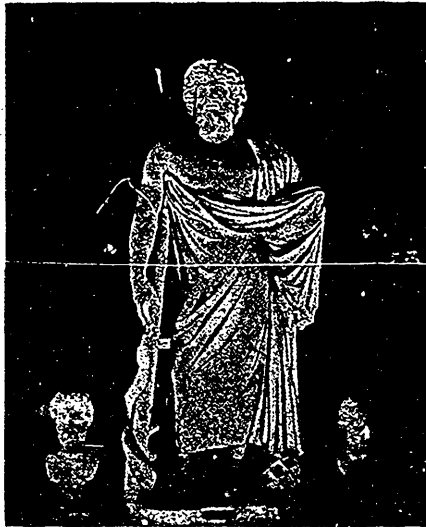


FIG. 2.

There are several statues which resemble Fig. 1 in type. One of these is Fig. 2, considered to be a copy of a statue by Alkmenes, the author of the Venus de Medici. It is a fairly good copy, at any rate, of a good original, and is said to have been made for the temple at Pergamon. This belongs to the Graeco-Roman period. The god is leaning upon his staff about which the snake is coiled. In the classical and earliest types of Aesculapius the expression is one of calmness, serenity and strength, yet lacking the force shown in the heads of Jove. The eyes look straight ahead, the right arm holds the staff, the left is bent and rests on the hip. The god takes in the situation with confidence in his powers. He never looked worried in those olden times. At his feet is the omphalos or navel, sig-

nificant of his god-head. Sometimes the dog and goat are added.

Another smaller group is represented by Fig. 3, supposed to be originated by Myron. This is known as "Aesculapius Feeding the Snake." Originally Hygeia was resting her left hand on his right shoulder. The original statue was the work of the fifth century B.C. and was of bronze, probably by Myron. By some authorities this is regarded as the best of the statues.



FIG. 3

The same type of head is shown in the bust (Fig. 4) which is also attributed to Myron. The head is slightly bent forward and there is an expression of benignity and interest in what is before him. The style is severe, but perfect in its expression of character. There is a statue belonging to this type in the Hermitage Museum of St. Petersburg said to be copied from a statue of Jove at Rome of which Myron was the author. Later artists worked it up into an Aesculapius to meet the demands of the temple trade.

Another group of statues is that found in the temple of Aesculapius at Epidauros. The original was a colossal gold

and ivory statue representing Aesculapius seated on a throne. Of this there are no complete reproductions, but only bas-reliefs copies. The pose and modelling of one of these show it to be a work of art made under the best Greek influences. The figure was often reproduced in votive tablets and this type of head was found on coins and in many later statues. Thrasymedes was the author of the original statue.



FIG. 4

Some statues of the god representing him without a beard were in existence even in the earliest times, it being thought by some critics that the son of a smooth faced god should not have a beard. The Greeks jokingly called him "the bearded son of a beardless sire." Evidently this was made in Roman times, and the figure is certainly very like a Roman emperor. This statue is in the Vatican.

An interesting series of votive tablets discovered at the temple of Aesculapius, on the south side of the Acropolis at Athens, shows the character of the god and his worship. One of these, made in the best Greek times, and under good artistic influences, but by inferior artists, perhaps of a grade not much different from our gravestone cutters, represents Aesculapius

seated upon his throne, with his daughter Hygeia beside him. Before him is the sacrificial table, and to him the suppliants bring their offerings. The goddess quality of Hygeia is indicated by her height as compared with the mortals before her. The face of the god cannot be seen, but in the complete figure the head is inclined and he looks at the suppliants before him with calmness and interest. He seems confident, god-like and compassionate.

Of the various centres at which the worship of Aesculapius was carried on Epidaurus was the oldest and most celebrated. It is referred to by Plato and described by Pausanias ; so it must have been in existence five hundred years before Christ. In later Greek times it fell into decay, but was restored by Antonius in the second century A.D. Various descriptions of the ruins have been made during the last century and a half, but not till very recently (20 years ago) was any systematic attempt made to study them. In 1895 an elaborate work in French (Defrasse and Lechat) was published containing a description of the ruins and a restoration of the temple based on these many years' study. The historical value of this restoration is considerable.

Epidaurus lies in the south-eastern part of Greece in Argos, about three miles from the coast, and separated from Athens by the bay of Aegina. The valley is warm, rather low and not well supplied with water—not very well situated for a health resort. Yet it remained for six hundred years the most famous of the temples of the god. The sacred grove was called the Heiron. In it were the temple, the Tholos or rotunda, and the Abaton or dormitory. Outside the grove was a large theatre. The temple was built about 375 B.C. on the site of an old and inferior structure. It sounds very much like a present day story to read of the building operations. Bids were sent out and advertised in a number of cities, and sixty contracts were given out for various parts of the work. Theodotus was architect. It took five years to finish and cost over \$25,000. The money was obtained from grateful patients who had been to Epidaurus, partly from voluntary subscriptions, and to a large extent by contributions from the city of Epi-

dauros itself. Hence it was partly a public and partly a private structure like many of our hospitals at the present time.

The two cornices of the temple were filled with sculptured figures; the west front represented the combat of the Amazons and the Greeks. At the apex was a winged Victory, and at the two angles a neriad seated upon a horse. These were probably covered with gold. While not equal to the sculptures of the Parthenon, they seem to have much delicacy and finish and may be considered classical works.

In the temple was a statue of Aesculapius about one-half the size of that of Jove at Athens. It was of ivory and gold and was the work of Thrasymedes. No trace of this statue has been discovered, but there are copies of it, and these show the type. Copies are also found on coins. Associated with the statue are figures of the serpent and dog.

The Tholos contained the sacred well of Aesculapius and was a finer building than the temple. It was designed by Polycletes, who also built the theatre outside the grove. He was regarded as the first artist of the fourth century B.C. Within it was found a vault which is supposed to be the site of the sacred well.

Besides the temple and tholos there was a dormitory for the pilgrims, called the abaton. This was a gallery with a closed wall upon one side and the ends, with an open space upon the other side, along which was a series of columns, the open space facing the temple. The dormitory was a sort of portico, a lofty, airy sleeping chamber open on its southern side. It was really very like a modern shelter balcony for treating tuberculosis. This provision for abundance of fresh air for the sick by day and night, which is so beneficial now, was undoubtedly so then, and probably brought much credit to the god and his shrine. It may be of interest to relate some further particulars.

When a patient arrived he had an interview with a priest or other official and arranged about his accommodation with one of the Hieromnemones or other secular person. He performed certain rites, bathed in the sacred fountain and then offered sacrifice under direction; the poor man gave his cake,

the rich man his sheep, pig or goat. Where the ceremonial purification took place is uncertain. Over the entrance to the temple was inscribed "Only pure souls may enter here." When night comes the sick man brings his bedclothing into the abaton and reposes on his pallet, putting some small gift on the altar. The Nakoroi come around to light the sacred lamps, and the priest then enters and recites the evening prayers to the god, entreating divine help and divine enlightenment for all the sick assembled there. He then collects the gifts upon the altar and departs. Later the Nakoroi enter and put out the lights, enjoin silence and command every one to fall asleep and to hope for guiding visions from the god. According to inscriptions the god frequently appeared in person or in visions, speaking to patients concerning their ailments. These visitations may have been merely hallucinations, or some priest in the dim light may have acted the part of Aesculapius. Whether the patient was put under the influence of some drug provocative of dreams, or whether by some acoustic trick the priests caused the sick to hear spoken words which they attributed to the deity, it is difficult to say.

The valley of the Heiron was the habitat of a large yellow serpent, perfectly harmless and susceptible of domestication. It has been seen during the past century. A number of these dwelt in the sanctuary, perhaps in the vaults of the tholos. The sick were delighted and encouraged when any of these creatures approached them and were in the habit of feeding them with cakes. The serpents seem to have been trained to lick with their forked tongue any ailing part. The dog was also trained to lick any injured or painful part of the body.

In the *Plutus* of Aristophanes, the blind *Plutus* enters the abaton of the *Asclepion* at Athens in order to be cured. *Aesculapius* and his daughters, *Iaso* and *Panaceaia*, appear in person; they whistle to the sacred serpents, which at once approach, lick the blind eyes and vision is restored.

On the walls of the eastern abaton were fixed two large stone tablets, bearing the title "Cures by *Apollo* and *Aesculapius*." Most of the fragments of these tablets have been re-

covered, pieced together and deciphered. Here are a few extracts of interest:

Line 72 of 1st tablet.—“A man who had only one eye is visited by the god in the night. The god applies an ointment to the empty orbit. On awaking the man finds that he has two sound eyes.”

Line 125.—“Thyson of Hermione is blind of both eyes. A temple god licks the organs and he regains his sight.”

Line 122.—“Heraeeus of Mytelene has no hair on his head. He asks the god to make it grow again. Asklepios applies an ointment and next morning the hair has grown thickly over his scalp.” Unfortunately the god did not write down the prescription.

Line 48 gives a story with a moral which the priests no doubt desired to impress upon their visitors. “Pandarus comes all the way from Thessaly to have a disfiguring eruption on his forehead cured and he is quickly made well. Returning to Thessaly his cure is observed by a neighbor, Echedores, who has a similar but slighter eruption on the face. He also goes to Heiron, carrying with him a sum of money sent to the god by the grateful Pandarus. Echedorus decides to keep the money. He consults the god about his own case and in answer to a question states that he brought no gift from Pandarus. On rising in the morning he finds that instead of being cured, the disease of Pandarus is added to his own.”

Here is another that I am sure was in a prominent place:

“Hermon of Thason, a blind man, was cured by the god; but as he would not pay the fee, he was deprived of his sight again. Appeased, however, by his prayers and penitence, the god once more restored him to sight.”

“Kleniatis of Thebes was covered with lice. He slept in the dormitory and dreamed that the god undressed him, and making him stand before him, cleansed his body from vermin by means of a broom. At daybreak he went out cured.”

Line 96.—“A man from Toronoea is so unfortunate as to have a step-mother who is not fond of him; she puts leeches in the wine he drinks. He swallows them. Aesculapius cuts

open the chest with a knife and removes the leeches, sews up the chest again and the patient returns home next day."

Evidently "Aesculapian" section would be quite correct.

From other inscriptions we learn that Aesculapius treats dropsy heroically; he cuts off the patient's head, then holds him up by the heels; the fluid runs out. He then puts on the head again and all ends happily.

In later times superstition and deception had a less share and art a larger one in the work of healing. We find the priests prescribing many things prudent and judicious; plain and simple diet, hot and cold baths, poultices, hemlock juice, squills, lime water, and drugs for allaying pain, are all mentioned. Many benefited greatly by the rest, pure air, simple diet, the sources of mental interest, the baths, the regular exercise, massage and friction, which were all in practical operation. As to the quotations from the tablets it must be remembered that the patients and not the priests were responsible for most of these statements, and that they do not differ much from many curious statements made by patients at the present day.

Near the sacred grove was the theatre, of which the ruins still exist in a fair state of preservation. It was the largest but one in the world, and is in interesting contrast to the small size of the temple. No doubt the patients who were able to have a good time were very numerous.

Epidauros was really a fashionable watering place for some eight hundred years. From all over the known world patients were sent for cure. It is an excellent illustration of how long a system of suggestive therapeutics backed by divine authority can maintain itself against the scepticism and incurable ills of this world.

J. C. CONNELL.

COLLEGE COLUMN.

MR. C. P. Johns, M.R.C.S., Eng., has gone to Winnipeg to practise.

Dr. Fred. Bell has finally settled in Ottawa.

Dr. F. Etherington secured his triple qualification in Edinburg last summer, and is open to congratulation.

Dr. Ambrose E. Ilett, of Watertown, has spent some months in visiting English hospitals.

Dr. Charles A. Morrison was married since our last issue, and is tendered the congratulations of his friends.

The death occurred in Medicine Hat, N.W.T., in July, of R. J. Fifield, of the class of '03. Mr. Fifield had successfully completed his third year at Queen's, but had been teaching for the past year in the Territories when he was stricken with brain fever, which caused his death. To his widowed mother the Faculty and students extend their heartfelt sympathy.

It rarely pays a student to oppose the legitimate demands of his fellow-students. In a democratic institution such as Queen's University, where the internal management is so largely in the hands of the student body, an undergraduate demanding its protection should at least meet the small financial obligation attached. The recent "hazing" had nothing to do with the colour question, but with the refusal of some students to pay the usual Aesculapian fee.

DEATH OF THOMAS COFFEY.

The bugle call has sounded for the last time, and that scar-covered veteran, that familiar figure to all the "Meds." of the good, old days, will answer no more. He had been ailing for some time with stomach trouble, so his death in August did not come unexpectedly. The late Thomas Coffey was a veteran of the Crimean war, having served with the 21st Regimental Fusiliers before Sebastopol and at the battles of Inkerman and Alma. In 1877 he was appointed janitor, holding that position for twenty-five years, till he was forced to retire two years ago owing to ill-health. Among the boys he was a prime favourite, and many a graduate will hear of his demise with regret and recall memories of student-days gone by.

EXPECTANCY OF LIFE IN MORBID CONDITIONS OF THE RESPIRATORY SYSTEM.

IN valuing the expectancy of life in conditions of the respiratory tract, it is all important to have regard for every element bearing upon the hereditary, social and moral aspects of the life in question. There can be no denying the fact that heredity plays an important part in the conditions of the respiratory tract. The old dictum of Heine, "We cannot be too careful in the choice of our parents," should always be before our eyes in dealing with this complex question. It is contrary to the natural law that we can in any manner escape our hereditary predispositions.

In reference to hereditary diathesis, this also may be laid down to that acquired disease, and the effects caused by disease cannot in general be transmitted in such a way that the offspring presents lesions identical with those produced in the parent. There is the possibility of a certain amount of transmission, not of the identical lesion caused by the disease in the parent, but by a modification or impaired condition of the germ plasm. We must recognize that constitutional disease, by leading to disturbance in the activity of the important organs, plays not only directly upon these organs, but, secondarily, upon other organs; that it leads, for example, to altered conditions of the blood, and so to altered nutrition of the cells of the body. Many other cells—the germ cells—may be directly affected. Their idio-plasm modified, and the offspring directly influenced. Conditions affecting the parents are capable of influencing and modifying the descendants. It is this which is forcibly brought home to us in our medical work. It is changes of this order which are almost invariably unsuspected by the biologists, for they are not within their ken. The changes brought about in the tissues by what is assigned chronic intoxication may be so slight as to be unappreciable. Microscopical examination may reveal nothing; only by their physiological effects can their existence be recognized.

It would be absurd to argue that the immature germ cells lie absolutely dormant in the organism; they need nourishment; they assimilate; and, should they absorb circulating toxins, their idio-plasm must be affected by this act.

Parental intoxication, therefore, is seen to be capable of directly affecting the germ cells, and, if there be no direct transmission of the effects of such intoxication, certainly there are indirect effects.—*Adami*.

It seems clear, therefore, that conditions affecting the "Respiratory Tract" in the parent, of whatever character they may be, influence to a greater or less extent the value of any risk. The fact that since Koch discovered the tubercle bacillus, and the contagious character of the disease has become known, the death rate has steadily diminished, does not alter the situation. The death rate from tuberculosis was decreasing before Koch's discovery; it has been decreasing for the last half century, and is, no doubt, due to sanitary conditions, and to the improved social and moral life on all sides. We now observe a marked rebound on the part of insurance examiners from the position obtaining a short time ago. Every medical examiner now recognizes there is no factor in life insurance of more importance than a family history marked by tuberculosis. The experience of the United States Life Insurance Company for twenty-three years shows that 27 per cent. of their mortality was due to consumption. Equally striking is the table prepared by the Mutual Life Insurance Company. Dealing with their entire mortality during the fifteen years, from 1879 to 1893, which amounted to 22,085 cases, up to twenty-nine years of age, the mortality was 35.8 per cent. of all cases in non-consumptive families, and 45.6 in families with a tainted record. In the next decade 26.3 and 39.6; in the next 17.6 and 24.6; in the next 6.7 and 15.7; in the next, that is, from sixty to sixty-nine years of age, the ratio was 5.8 and 8.2. A more recent tabulation of the mortality in this company, from 1843 to 1898, covering 46,345 cases, gives to tuberculosis 5,585 deaths, a percentage of 24.27 under forty-five, 10.88 between forty-five and sixty, and 4.03 above sixty years of age. Of late years, however, it has been proved that a bad family history may be

largely neutralized by a good personal record, the chief indication being the weight of the applicant.

Dr. J. E. Marsh has made this very clear in the table referred to, and from it he is led to the following striking conclusion :—

1. That the history of consumption in any member of the immediate family increases the probability of its appearance in an applicant.

2. That consumption in a brother or sister is at least of equal importance as when it has occurred in a parent,

3. That persons who are under the standard or average of weight are much more liable to consumption than those above this standard, while the peculiarity of constitution which is indicated by the inability to take and assimilate a proper amount of nutriment, indicated a susceptibility to phthisis, or at least is a reasonable suspicion of such predisposition.

4. That persons who exhibit a robust and well developed body have little susceptibility to consumption. That the personal conditions of weight and robustness has afforded more value than family history. The evidences presented by a well-developed body may outweigh the suspicion attached to an unfavorable family record.—*McPhail*.

It does not change the aspect of the question to say that the death of applicant's relatives was brought about by "consumption of alcohol." In fact, that makes the situation all the more serious, for here there is a double inherited tendency.

In connection with all conditions affecting "The Respiratory Tract," the applicant's occupation, his social and moral surroundings and his own habits of life have a most valuable bearing. There can be no question of doubt but that a well-regulated mind and body form a strong protection against an hereditary enemy. The same can be said, too, with regard to a purely acquired disease. If an applicant has suffered from, say, bronchitis, or pneumonia, or pleurisy, the conditions that govern his life, subsequent to these diseases, must certainly be taken into account. Those who live an out-door life, whose occupation affords them plenty of pure clear air and healthful exercise, certainly cannot be placed side by side with those who

are working in the contaminated air of mills and factories. As already pointed out, too, the present bodily condition of the applicant, whether he be well-nourished, etc., must have an important bearing.

All conditions, such as enlarged glands, coughs of any character, hoarseness, the strumous appearance—disease, indeed, of any kind, or occurring at any time of life—must greatly influence us in arriving at an intelligent decision. The presence of catarrh in any form, nasal or naso-pharyngeal, merits the closest inspection.

Coming now to the specific diseases, let us consider each in question. Hoarseness, of course, may not have any direct bearing, but its specific cause must always be determined, and its presence should always be regarded with an unqualified suspicion. No applicant, who is subject to hoarseness of any duration, should be admitted.

Asthma, while it may be due to other than respiratory causes, in time has an influence on the respiratory tract. Asthma most decidedly has a strong bearing on the expectancy of life. If there be any hereditary tendency to tuberculosis, or other lung affections, asthmatics should not be accepted, nor should persons over forty-five years of age be regarded as insurable if they have any tendency to asthma. In young subjects, if the attacks are at long intervals, the disease, of course, is not so serious.

Emphysema forms a bar to insurance. The expectancy of life in subjects so affected is, to say the least, very problematical.

Pleurisy, if a long interval has elapsed, and if careful examination reveals no present lesion, may not debar any applicant. But there can be no doubt that pleurisy, if not due to tubercle, greatly influences the oncoming of that disease. Those who have had pleurisy must be examined with the greatest caution. Even then recent cases should be excluded.

Bronchitis, if long continued, or if repeated, lowers the tone of the "Respiratory Tract." An applicant who is subject to repeated attacks of bronchitis, will not likely fulfil the expectancy of life.

The occurrence of hæmoptysis also needs to be carefully considered. Indeed, unless there is some indication of trauma due to a heavy strain, such as lifting, etc., it is nearly always associated with incipient phthisis; and, no matter from what cause it is due, it seems to me reasonable that it leaves permanent injury to the lung.

Pneumonia may not influence the expectancy of life if it runs the regular course. Repeated attacks of pneumonia reduce the vitality of the lung. Broncho-pneumonia, or pneumonia of any form, where resolution is unduly prolonged, influences the expectancy. Great care must be exercised in these cases.

EDWARD RYAN, M.D.

Kingston, Ont.

REPORT OF A CASE OF PURPURA COMPLICATING ERYSIPELAS AND ITS TREATMENT.

IT is not my intention to take up the subject of erysipelas and discuss it thoroughly, but merely to relate the history of a case of purpura, a complication of erysipelas, together with the treatment adopted.

The patient, Mrs. D., aged 48. Nationality, German. Past history: She has scrofula and has had it most of her lifetime, some cervical lymphatic glands had broken down and some had been lanced as seen by cicatrices, otherwise she has had fairly good health.

On April 2nd, 1904, she was taken ill with severe chills, accompanied by a rapid rise in temperature and the appearance of a rash on the bridge of the nose.

I saw her for the first time on the following day and the rash had spread into the cheeks and forehead, presenting a typical erysipelatous inflammation.

The same day I had the patient removed to the Marsey Avenue Hospital. Treatment adopted: Bowels were thorough-

ly evacuated by cathartics; quinine sulphate, gr. ij, was given every four hours, and the area involved, with the rash, and a little beyond, was swabbed with pure carbolic acid followed by alcohol so as to prevent the carbolic acid burning too deeply and thus avoiding scarring. Diet, stimulating.

On April 6th the erysipelatous rash had spread to the neck. This was treated with carbolic acid and alcohol, and by April 8th the rash had involved the back from neck above to the lumber region below. This was treated as above, and on the next day the back presented an ecchymotic condition.

On April 10th I was called at 6 a.m. to find my patient having a nose-bleed that was persistent and uncontrollable. Upon examination I discovered a general oozing of blood from the nostrils and buccal cavity around the junction of the gums and teeth. I plugged the nostrils with absorbent cotton saturated in a solution of Adrenalin. Gave 20 minims of Adrenalin solution hypodermically. I then packed about the teeth strips of absorbent cotton saturated with Adrenalin and raised the patient's head. All this did not in the least manner check the oozing of blood. It was now that I recognized that I had a condition of purpura to deal with. In the afternoon I packed around the teeth iron persulfate and cotton and gave 20 minims of Adrenalin solution in water by mouth. This was continued every four hours, for the puncture wounds left by the hypodermics were bleeding.

On April 11th, next day, the patient's condition remained about the same. The back was covered with blebs of blood, some of which had broken and blood was oozing from them. The stools became profusely bloody.

On April 12th patient vomited blood twice, and urine and stools became very bloody. The patient's condition had now I thought become very serious. Upon advice I gave tincture of iron chlorid, 20 drops every four hours, and calcium chlorid, gr. 6, every four hours.

On April 13th, 14th and 15th the bleeding continued unchanged. The patient was in a profoundly septic condition.

On April 16th I gave gallic acid, two drams every four hours, and Streptolytic Serum, 10 c.c., morning and evening,

still continuing the iron and calcium chlorid. Patient now complained of great difficulty in breathing, and as the lungs presented no diseased condition inhalation of oxygen for a period of five minutes was administered four times an hour, three times a day.

On April 18th patient's condition slightly improved. Temperature and pulse-rate that had not abated before were now lowered, no doubt due to the Streptolytic Serum, and the general oozing was lessened.

April 20th, stools were free from blood, oozing from buccal and nasal cavities had mostly subsided, urine was normal and patient feeling much better. Gallic acid was stopped and a cathartic of castor oil was given, as the bowels were inactive except from enemas. Streptolytic Serum was now discontinued.

On next day, April 21st, the stools and urine became bloody and gallic acid was given again in dram doses three times a day and continued until 3rd of May.

The patient made a gradual and slow recovery. Three deeply seated abscesses developed later on, one appearing over the left malar region, one on left forearm, and the other on same arm just above the elbow.

I attribute the controlling of the hemorrhage to the astringent properties of the gallic acid and to the Streptolytic Serum neutralizing the toxic agents of the erysipelas in the blood. I might digress here to substantiate the hemostyptic properties of gallic acid by referring to its effects in another physician's experience in intestinal hemorrhage in a typhoid case when Adrenalin, bismuth, lead and opium and all other akin remedies failed to check the hemorrhage. This physician gave a tablespoonful of gallic acid and saved his patient's life from what seemed inevitable death from hemorrhage.

AMBROSE E. ILETT, M.D.

Watertown, N.Y.

CLINICAL NOTES FROM LONDON HOSPITALS.

EVEN for the student who has spent much time in American hospitals, clinic and out-door departments, there awaits, should he decide to spend a year or two in the London hospitals, much that is instructive, a great deal that is entertaining, and withal many surprises. They certainly take great trouble in teaching what is actually the matter with a patient, and to make you give reasons for the faith that is in you, but I must confess that the operative technique in the General Hospital in Kingston is infinitely superior to that here, and yet they get good results. All the errors in surgery do not occur on your side of the Atlantic. Yesterday, at Middlesex hospital, I saw something that would have amused you greatly. A chap came into the hospital with a history of having been operated on in Vienna two years ago for stone in the right kidney. Ever since the operation he has had a discharging sinus, and which had been scraped eleven months ago. The discharge was not urine, but sero-pus. Pierce Gould put him on the table and proceeded to scrape away the sinus wall. At the bottom what should he find but two old gauze sponges which had been left behind by some careless operator or his dresser.

Just lately Dr. ——— was up before a coroner's jury for leaving a pair of Spencer Wells' forceps in the abdomen, and I see in the papers this week that a lady doctor is being sued for leaving a large sponge in the same cavity.

I have seen several good results in the local anesthesia line, especially in the service of Barker. He uses eucaïn and adrenalin with excellent results, even in such major operations as those for the removal of the appendix, for hernia, amputations of the leg, removal of tumors, excision of the semilunar cartilages, and the like. From 100 to 200 cc. of a very weak solution, made fresh for each operation, are injected into the whole surrounding sensitive area some fifteen or twenty minutes before operation. The effects last about two hours.

The patient is able to watch the operation, and at times is given some simple refreshment during its progress. There is never any sickness, the patient never loses a meal, and the wound heals up just the same.

Somnoform is used extensively at Guy's as a general anesthetic for minor operations, such as opening abscesses, removing toe nails and the like. Its effects are those of complete anesthesia for a couple of minutes, and is perfectly safe.

Dusting powder is never used here on operation wounds; just the plain double cyanide gauze, and bichloride wool on top. Quite a few use collodion and gauze. Barker very often uses collodion and gauze to close the surface wound, without any stitches. The scar is very small and in a month is practically gone. Two hooks in the hands of an assistant are introduced, one at each end of the wound, and drawn in opposite directions. The effect of this is to closely approximate the margins of the wound, and while in this position the gauze and collodion are applied and pressed down snugly.

I saw something new in the line of varicose veins of the legs that I never saw demonstrated before. It is this, that in a great number of cases the trouble is due to regurgitation from the femoral vein into the saphenous. It is demonstrated most conclusively in nearly every case I have seen by stripping the blood up out of the leg while the patient is in the recumbent position, and then holding the finger firmly over the vein in the saphenous opening causing the patient to stand up. As long as the pressure is kept up you will find the veins will not fill up; but immediately it is removed they fill at once from above downward, the blood rushing in from the femoral. A cure is effected by tying the saphenous as near to the femoral vein as possible. The operation takes from five to ten minutes.

One thing, in particular, I noticed is insisted on is that tubercular abscesses are not left open after incision for the purpose of drainage. It is claimed that when left open it is certain to become infected. After opening they are cleaned out fully by scraping, douching and antiseptics, and then closed up as carefully as possible.

I have been particularly struck with the apparent ease with which they do gastro-jejunostomy. It seems dead easy when once you have seen it done. The abdomen is opened a little to the left of the median line by a vertical incision four or five inches long. The stomach is pulled out and covered with a hot towel. The transverse colon is next drawn out and reflected over the abdomen. A fair sized hole is made in the transverse mesocolon, and through this a loop of the jejunum, previously stripped of its contents, is drawn through. A rubber tube is passed around the loop and fastened with a pair of catch forceps to shut off the blood supply. The loop is now sewn to the lower posterior surface of the stomach. A small oval is now cut out of each viscus about one-third of an inch from the line of suture. These are put in contact and the line of suture continued completely around the opening, a bone bobbin being put in the opening to keep it patent until it heals. The patient is well in ten or twelve days. The operation is done quite frequently in gastric and duodenal ulcers, particularly if there has been hemorrhage.

I watched Victor Horsley do the Gasserian Ganglion operation. He is a most careful operator, and yet at the same time the boldest that I have seen. He seems to be as much at home on the brain as a man is in his own native city. The side of the skull is removed and the brain lifted up out of the middle fossa. Any sinus that bleeds is packed and sponged out, and after about an hour's careful dissection out comes the whole ganglion, just like a dissection plate in Gray.

In gynæcology one thing that strikes you is the extreme rarity with which trachelorrhaphy is done; and still another the faith placed in ring pessaries. I do not remember ever seeing a ring pessary at home, but here they seem to be used for almost everything. They are made of fairly hard rubber, just flexible enough to squeeze in through the vaginal orifice. The left lateral position is always used for examinations, manipulations and minor operations.

I saw Duncan do a hysterectomy. Everything is as at home, except that we have a better technique. Reef sponges

are used, and the abdomen closed with tier sutures of silkworm gut instead of catgut.

In our lectures on obstetrics much stress is laid upon the albumenuria of pregnancy. My note-book contains some forty or fifty pages on that subject. Being aware of the diversity of opinion held on this subject, I thought it might be of interest to know how it is looked upon over here. This is a summary of the last few lectures :

Varieties.—1. That due to previous renal disease, such as chronic interstitial nephritis.

2. Chronic renal disease, arising in and peculiar to pregnancy.

3. Acute renal disease, arising in and peculiar to pregnancy.

The first requires no explanation.

Chronic renal disease peculiar for pregnancy is "a disease of the kidney which takes rise in pregnancy alone, seldom leads to important disturbances of the general health, and quickly subsides after labor." The clinical history shows slight edema, headache, shortness of breath, vomiting and pallor. The urine shows albumen about one-fourth to one-half in bulk. The albumen is mostly paraglobulin, showing that the kidney is not permanently damaged. The casts are granular; the daily amount of urea is below the average, as well as the total amount of urine, while the Sp, Grav. is lowered. About the second or third day after delivery there is a marked increase in diuresis, and lasting for about a week. The amount of urea excreted is increased to six hundred or seven hundred grains. Increased excretion of urine gives a good prognosis, otherwise the case may go on to chronic Bright's. A few cases pass into the acute form, viz., eclamptic.

The treatment consists of rest in bed, a milk diet, and aperients to flush the bowels and kidneys. Doses of chloral and bromide are administered at intervals. If the condition is not improved in two or three days it is best to induce labor. A waiting policy of a week is the longest time that could be entertained before active interference.

The acute form, or eclampsia, takes about thirty pages of our note-books. The clinical history and signs are much as we get them at home, but they go more fully into post mortem changes and the latest theories in causation. In regard to treatment the evidence is against active interference, using only such interference as would be resorted to under other circumstances; in fact it is held that interference to bring about rapid delivery increases the mortality. The rest of the management is as we were taught it, but the sheet anchor is large doses of morphia with the use of chloroform to control the convulsions.

Extracts from a private letter.

D.

PERSONALS.

THE many friends of Dr. Robert G. Moore will be pleased to learn that he has been appointed resident physician of the White Plains Branch of the New York Orthopaedic Hospital, the largest institution of its kind in the United States. Dr. Moore was born in Belleville, and was graduated from Queen's College, Kingston. Two years ago he came to Brooklyn, and became house surgeon at the Norwegian Hospital. He became very popular in South Brooklyn. For his ambulance service work he was given the hearty approval of the leading physicians of this section. About a year ago he resigned from the Norwegian Hospital to accept a position on the staff of the New York Orthopaedic Hospital. When that institution's country branch, costing half a million dollars, was recently opened, Dr. Moore was placed in charge of the institution, in which over fifty patients are given daily inspection and treatment. The promotion was deserved.

The following were successful in obtaining degrees at the Fall examinations :

- J. E. Bromley, Pembroke, Ont.
- A. E. Burrows, McKeller, Ont.
- G. G. Hagen-Burger, Boston, U.S.A.
- Jos. Laroque, Alfred, Ont,
- J. W. Pressault, Alfred, Ont.

S. E. Tyner, Kingston, Ont.

Among the Queen's contingent at Ottawa are Doctors "Pat" Caskey, Branscombe and Carruthers at the General Hospital, Dr. Sheriff at the Isolation Hospital, and Dr. Tom Costello at the Water Street Hospital. Tom's genial smile and eloquent tongue will be greatly missed around college halls.

On August 21st another wedding took place which will be of interest to Queen's men, when Dr. W. S. Murphy, B.A., was married in Gananoque to Miss Janet E. Birmingham, a graduate nurse of Kingston General Hospital. The meds. extend their best wishes.

On Wednesday, June 22nd, at the home of Mr. and Mrs. R. Richards, Frankville, occurred the marriage of their only daughter, Ethel Helen, to Byron Haskin, M.D., of Plessis, N. Y.

Dr. Mat McGonigle, '04, is dispensing drugs in a mining camp near the Sault.

Dr. D. McCarthy, '03, has begun practice in Prescott.

BOOK REVIEW.

REGIONAL MINOR SURGERY by George Gray Van Schaick, Consulting Surgeon to French Hospital, N.Y. Second edition, enlarged and revised, 228 pages, bound in cloth. Profusely illustrated. Price \$1.50. INTERNATIONAL JOURNAL OF SURGERY Co., N.Y.

The practicability and usefulness of this book is best indicated by the demand, necessitating a second edition in an unusual short time. This edition has been subjected to a thorough revision and additional chapters have been added.

The author's object, to furnish the general practitioner with such practical information on Minor Surgical Conditions as will be of the greatest service to him in his daily practice, has been well accomplished. Subjects of a technical character have been avoided, and only the most applicable methods demonstrated by twenty years private and hospital experience are presented. This book is liberally illustrated with original sketches and is so eminently practical and useful, we believe it will be run through many more editions.