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# QUEEN'S MEDICAL QUARTERLY.

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Old Series

APRIL, 1905.

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New Series.

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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.

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BUSINESS MANAGER: ALEX. W. RICHARDSON, B.A., M.D.

This number is issued under the supervision of Dr. W. T. Connell.

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## THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

THE fifth annual meeting of the Canadian Association for the prevention of Tuberculosis was held in the Railway Committee room of the House of Commons on March 15th.

Hon. Senator Edwards presided.

Rev. Wm. Moore, D.D., the secretary and lecturer, read his annual report, showing the number of lectures delivered and the amount of literature distributed in various portions of the Dominion during the year.

The Dominion Government, since the inception of this organization, has annually set apart \$2,000 to aid in the prosecution of the work.

Several branches reported; the most interesting perhaps being that of Montreal. In that city a tuberculosis dispensary had been established with most gratifying results. Medicines, and where necessary, milk, eggs, etc., were supplied. The city gives an annual grant of \$700 towards the work. This association distributed during the year several thousand attractively-printed wall-cards, giving instructions as to the care of those affected, and the best means of preventing spread of infection.

The question of Federal aid for provincial sanatoria was next considered. After much discussion it was moved by Sir James Grant, seconded by Mr. Geo. H. Perley, M.P. for Argenteuil :

“That, whereas, the following resolution was agreed to unanimously by the House of Commons on 20th February, 1905, viz.:—

“That in the opinion of this House the time has arrived when Parliament should take some active steps to lessen the widespread suffering and the great mortality among the people of Canada, caused by the various forms of tuberculosis.”

“It is hereby resolved that this association do now and hereby, respectfully petition the Dominion Government to take such action as may be expedient to constitute a Royal Commission with authority to enquire into and report upon what active steps should be taken to lessen the wide-spread suffering and the great mortality among the people of Canada caused by the various forms of tuberculosis.

“It is further resolved that a special committee be appointed by the Executive Council of the association to forward this matter.”

Prof. J. W. Robertson emphasized the fact that the Government had asked for a definite scheme; showing that business was meant.

Dr. Chas. Sheard, Medical Health Officer, Toronto, favored a Commission, and pointed out that there were many difficulties in the way. The treatment of consumption was an expensive matter, which explained, perhaps, the reluctance of municipalities to take up the work. He had observed, at least, one result of the dissemination of literature bearing on the subject; the people had become frightened, and the poor consumptive was everywhere ostracized. He cited several instances that had come under his notice in an official way.

Dr. Third, of Kingston, also favored a Royal Commission, and agreed with Dr. Sheard regarding the difficulties to be overcome. He did not think the sanatorium offered a final solution of the problem. General Hospitals had been in existence many years, yet only a very small percentage of the sick had availed themselves of the privileges of these institutions, and he felt confident only a small percentage of tuberculosis patients would go to the special sanatoria; the great mass

would ever remain in the home, and it was here, he was convinced, the battle must be waged and won. It was nonsense to talk about compelling people to go to these special institutions. With a disease so general as tuberculosis this could not be done. Legislation must only keep pace with public opinion. Hardships such as Dr. Sheard has pointed out are unnecessary, and no time should be lost in remedying this defect in our methods. Many of these incipient cases may continue to work throughout the greater part of their illness, without injury to themselves and with advantage to those depending upon them. They should, of course, be instructed in the care and disinfection of sputum, etc. There is no reason why sanatoria for incipient cases should not be, to some extent, self-supporting. The discussion was continued by Drs. Barrick, Hodgetts and Noble of Toronto, and Dr. Lafferty, Calgary.

The resolution was unanimously adopted.

Senator Edwards was re-elected president, and Dr. Moore secretary.

In the evening Dr. Adami read his paper, "Adaptation and Tuberculosis," to a large audience, presided over by the Governor-General. After considering the defence set up by the various tissues of the body against the invasion of the tubercle bacilli, and the various ways in which this defence was strengthened and also weakened, he referred to the possibility of the transmission to man of bovine tuberculosis. In this he took an intermediate view. To those in good health there was very little danger of acquiring tuberculosis through milk. The debilitated child might, however, become infected in this way. The evidence that infected cow's milk was largely the cause of intestinal tuberculosis was not conclusive. He pointed out that the Japanese suffered from intestinal tuberculosis, and yet it had been recently shewn that the average daily consumption of cow's milk by each resident of Tokio was less than one teaspoonful.

Dr. Adami thought the Dominion Government should begin operations in Prince Edward Island by clearing the island of bovine tuberculosis. This could be done in about three years. He suggested Prince Edward Island because of the

limited extent of the province, and the ease with which quarantine could be established and maintained.

In all probability a Royal Commission will be appointed before Parliament prorogues.—COM.

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### A PROPOSED PROVINCIAL MINISTRY OF PUBLIC HEALTH.

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There is newspaper talk that the Ontario Government has under consideration the proposal to appoint a Minister of Public health, and to place under his care the work of the provincial board of health, the administration of hospitals, asylums, sanatoria and charitable institutions, and the inspection of immigrants. This is something that will commend itself not only to the members of the medical profession but to the public generally. At present these interests are distributed among the various departments of the Government, and there is frequently lack of co-operation as a result. If brought together under the administration of a medical man of experience in his profession and of tried business capacity, there would be a great increase of efficiency and economy. Dr. Willoughby has been mentioned, and, indeed, no more creditable Minister for the new department could be found. He has the confidence of the profession.

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**T**HE many friends of the Medical Faculty will be glad to learn that the Trustees of the University have adopted a proposal to solicit endowment for the Chair of Anatomy. Subscribers to this fund will be entitled to the same nomination privileges as other subscribers to the general endowment. Forty thousand dollars is the sum required. If any generous friend will subscribe the whole or the greater part of this amount the Trustees will gladly distinguish the Chair by the name of the donor. The annual report of the Faculty will be found on another page of this issue. It gives evidence of substantial progress during the past year.

## GRADUATES AND PRIZE WINNERS IN THE MEDICAL FACULTY.

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The annual examinations were held this year from 20th March to April 3rd inclusive, and the results were made public on the evening of the 4th April. There were 48 applicants for the degrees of M.D. and C.M., and of these 39 were successful in securing the coveted titles. Only three of those rejected belonged to the fourth year class of this session however.

Following are the lists of the successful graduates and the prize winners in the various years. To them we extend our congratulations on the honors won, and trust that they may meet with much success in their chosen profession.

### DEGREE OF M.D. AND C.M.

Bennett, H. J.....	Gananoque.
Chant, Joseph.....	Chantry.
Code, J. H.....	Kingston.
Consitt, E. O.....	Perth.
Corrigan, J. A.....	Kingston.
Dudley, W. H.....	Pembroke.
Dwyer, J. G., M.A.....	Kingston.
Ferguson, J. Y., B.A.....	Renfrew.
Gaudet, E. A., B.A.....	Moncton, N.B.
Girvin, A. W.....	Stella.
Grimshaw, M. E.....	Wolfe Island.
Halladay, R. W., B.A.....	Elgin.
Hogan, J. T.....	Perth.
Hourigan, J. M.....	Smith's Falls.
Hunt, A. H.....	Bridgetown, Barbadoes.
Lesses, M.....	Kingston.
Locke, M.....	Brinston's Corners.
Macgillivray, T. D., B.A.....	Kingston.
MacKinnon, D. L.....	Lake Ainslie, N.S.
MacMillan, A. D.....	Finch.
Mahood, A. E., B.A.....	Kingston.
McIntosh, P. A., B.A.....	Dundela.
Moxley, C. R.....	Kingston.
Randall, G. R.....	Seeley's Bay.
Reynolds, M. E., B.A.....	Athens.
Reid, R. G.....	Kingston.
Robb, J. J., B.A.....	Battersea.
Robb, W. M.....	Lunenburg.
Smith, B. A.....	Hartington.
Smith, W. A.....	Kingston.

Sparks, J. F., B.A.....	Kingston.
Spooner, A. C., B.A.....	Latimer.
Sproule, E. W.....	Harrowsmith.
Tonnont, R. W.....	Belleville.
Turnbull, John.....	Lowville.
Wagar, C. M.....	Enterprise.
Warren, F. R. W., B.A.....	Balderson.
Warren, J. W.....	Harper.
Williamson, H. J., B.A.....	Kingston.

## MEDALS AND PRIZES.

## Medal in Medicine :

A. C. Spooner, B.A..... Latimer.

## Medal in Surgery :

M. Losses.....Kingston.

## Chancellor's Scholarship :

J. F. Sparks, B.A.....Kingston.

## Dr. Clarke's Prize in Mental Diseases :

Equal	}	T. D. Macgillivray, B.A.....	Kingston.
		E. W. Sproule .....	Harrowsmith.

## Dr. Mundell's Prize in Medical and Surgical Anatomy :

J. G. Dwyer, M.A.....Kingston.

## Dean Fowler Scholarship (third year):

Elmer Bolton .....

## MacCabe Prize in Pathology :

A. E. Baker.....Osnabruck Centre.

## Faculty Prize (second year):

F. H. Trousdale.....Hartington.

## New York Alumnae Association Prize in Physiology and Histology :

J. P. Quigley, M.A. ....Kingston.

## Hayunga Prize in Pharmacology and Therapeutics :

M. L. Burke .....

## Hayunga Prizes for best dissection made by two students :

A. T. Spankie.....Wolfe Island.

M. J. O. Walker .....

## Wm. K. Warner &amp; Co. Prize for best examination in Anatomy of 1 year:

C. T. C. Nurse.....Georgetown, British Guiana.

## House Surgeons in General Hospital:

A. C. Spooner, B.A..... Latimer.

M. Losses.....Kingston.

H. J. Williamson, B.A.....Kingston.

Next in order—J. F. Sparks, B.A.....Kingston.

## ANNUAL CONVOCATION OF THE MEDICAL FACULTY.

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THE annual convocation, held on April 7th, for the conferring of degrees and prizes in the Medical Faculty, was this year a most brilliant function, due to the presence of His Excellency Earl Grey, Governor-General of Canada, and the Rt. Hon. Lord Strathcona, who together with the Rev. Dr. Kirkpatrick, Master of Selwyn College, Cambridge, were made the recipients of honorary degrees of LL.D. Convocation met for the first time in Grant Hall, which, with its seating capacity of 1700, could not contain the crowds which sought admittance. The students occupied the chief portions of the galleries, and throughout the proceedings maintained excellent order. At appointed times they sang patriotic songs. The entry of the Governor-General was the signal for a hearty outbreak of applause, concluding with the lusty sounding of the Gaelic yell. Exactly 175 occupied seats upon the platform. Earl Grey sat on the right of the Chancellor, and Principal Gordon and Lord Strathcona on the left. Besides trustees, professors, lecturers, graduates, there were many invited guests upon the platform, including Sir James Grant, U. S. Consul Twitchell, Hon. William Harty, Edw. J. B. Pense, M. P. P., Bishop Mills, Dr. Geikie, Col. Reade, Col. Drury, members of the Royal Military College staff, and clerical representatives of all denominations.

After devotional exercises by the Chaplain, Rev. Dr. Mackie, the Chancellor, Sir Sandford Fleming, delivered the following address :

Opening the first convocation for conferring degrees in this building, I feel called upon to submit to these present a few explanatory words.

This building is a gift to Queen's University from the students and alumni. It was spontaneously initiated by the youthful admirers of the late principal, Rev. George Munro Grant ; it was erected at their cost ; and it was transferred to



to the university a few months ago at a large gathering assembled within the walls.

The students and alumni of Queen's were attached to the late principal with an unfeigned affection. They were familiar with his wealth of mind, his generous spirit, his unselfish nature and his remarkable mental energy. They recognized that his strenuous life was devoted to the loftiest purposes. He was essentially patriotic, and while he never forgot his native land and warmly cherished the advancement of Canada, he always remembered the higher and broader and grander patriotism—the alliance of the motherland with her daughter across the seas.

The wonderful powers which he possessed of elucidating his views enabled the late principal to exercise over Canadian youth an extraordinary influence. No class of persons know better than the students and graduates of this university how untiring he was in promoting the common welfare. For a quarter of a century he devoted his keen intellect and his great energies to building up this seat of learning on the best and broadest foundation, and when he passed away the students resolved to erect this building to his memory, and that it should bear his honoured name. In carrying out this determination these young men did not hesitate to make sacrifices, the extent of which is known only to their own circle, in order to raise a monument which would carry on to remote posterity the name of him they revered.

I have mentioned that a few months back this memorial convocation hall was formally presented by the donors to the university. I need scarcely add that it was gratefully received. On the same occasion it was solemnly dedicated to the high purposes for which it was designed.

Entering on the business of the first convocation in this building, which bears the name of one who was for nearly forty years my very intimate friend, many memories crowd upon me. The occasion and the circumstances suggest that for a moment I may recall one or two early recollections.

Five years before my deceased friend entered on his duties as the head of this university, we happened to be fellow travel-

lers on a transcontinental expedition. It was an expedition which, when the story of it was told, revealed to the Canadian people the wonderful wealth of the vast fertile west, and the immense possibilities of the great inheritance we were then entering upon. We reached the Red River country at a time when the city of Winnipeg did not exist. At that date the Dominion itself was little more than a name; it was practically an infant state about one year old. Its few inhabitants west of Lake Huron were mostly Indians exterminating the buffalo. At Red River the travellers had the good fortune to meet the chief officer of that grand old company whose charter at that date had been in force for two centuries; that company which has figured so largely and so creditably in the colonial and commercial annals of England; that association of traders, known as the Hudson Bay Company, who above and beyond all other agencies have earned the gratitude of Canadians for preserving to British rule the vast region of woodland, prairie and mountain from Lake Superior to the Pacific.

At Red River we received such aid for our further journey as only the Hudson Bay Company could render, and on leaving for the mountains, after enjoying his bounteous hospitality at Silver Heights, the last man to give us a cordial God-speed was he, who since then has long filled the distinguished position of governor of the company, a nobleman whose name is now held in such high esteem throughout the whole empire. Since the parting incident at Silver Heights a third of a century has passed; it may therefore be imagined that I have very great happiness in seeing Lord Strathcona with us to-day, at the opening of the first convocation in the Grant Memorial Hall.

We are specially favored on this occasion by the presence of the representative of His Majesty the King.

His Excellency the Governor-General bears an honoured name, which awakens in my mind memories much older than those I have touched upon. I allude to a particular incident many years older than the earliest days of the Dominion, or even than the birth of this university.

In the year 1832, Earl Grey, as the prime minister of Eng-

land, crowned a long, honourable and consistent career by securing the passage of a measure entitling him to the affectionate gratitude of posterity. The grandfather of His Excellency, our Governor-General, seems to have been raised to carry out a much-needed reform, and the distinction for which he deserves to be remembered for all time is that he had foreseen at the age of thirty the necessity for the measure which, as prime minister, he carried out at seventy.

This great parliamentary victory, won against tremendous odds, may be regarded as the first step in reforming parliament. It substituted for a corrupt and evil system, a new system based on the broad foundation of popular support. The victory cleared away obstacles to more complete electoral representation, and led the way to the principle of government now enjoyed by us in Canada, in the Commonwealth of Australia, and in all self-governing British communities, perhaps the only principle to make possible the new British empire which is in process of development in the 20th century.

Thus it is that there is no name more enviable on the pages of English history than that of the statesman at the head of the administration when the reform bill was carried, and we in Canada, in the full enjoyment of free institutions, can never forget the great reformer.

The passing of the reform bill in August, 1832, was followed by public rejoicings throughout the country. The glens and parks of my native land had enthusiastic gatherings, in which all classes and all ages participated. My oldest recollection is one of these gatherings, with feasting and much rejoicing, bands playing and flags flying. Thousands of children were present, some of them like myself very young. A small flag was placed in my hands as we marched in procession, again and again our shrill voices raised three cheers for Earl Grey. These joyous acclamations of more than three score and ten years ago made an impression so strong that they seem even now to re-echo through my memory.

Thus it is that the presence among us in Canada of a distinguished nobleman has awakened recollections which have long laid dormant. Thus it is that I am reminded of the first

public function, in which it was my happiness to take a very humble part, in doing honor to a great statesman, Earl Grey, the reformer, prime minister of England.

After the lapse of not far short of three-quarters of a century, it is with peculiar feelings of grateful satisfaction that I am granted the high privilege of welcoming to the convocation another illustrious Earl Grey, a nobleman who occupies the most exalted position in the Canadian dominion.

We all delight in looking forward, and the friends of this university continue to do so with hope and confidence. I have, on this occasion, however, indulged in reminiscences for the reason that there are times and occasions when it is well to look back, and I think this is one of them. We are assembled for convocation in a new and magnificent hall, the noble gift of our youngest and best blood. This is in every sense a memorable occasion. We are not in our customary place of meeting. We seem to have turned our backs on the old Convocation Hall, with its accumulated associations of many years dear to every graduate. We do not see among us to-day portraits of founders and principals and professors of cherished memory. We do not behold on the walls those tablets recording the good deeds of thousands of benefactors. While this is all true, we look forward to the future. We must bear in mind that time does not stand, and gradually accept the changes which the years bring. We are opening a new chapter in the history of Queen's University. We have reached a fresh starting point, and those who appear before me to complete their academic career will rightly claim the distinction of being the first group of students laureated in the Grant memorial hall. Others will in due time follow. The annals of the university and the pages of new columns of Domesday Book will bear record of progress and changes. As time rolls on this new hall will cease to be new, its walls will echo to the sounds of other voices, it will year by year witness the laureation of many new students, and continue for many generations to be alike a testimony and a stimulus to the spirit and the loyalty of the graduates of Queen's University.

Following this address, the Secretary, Dr. W. T. Connell,

announced the prize winners, whose names are found above, and the prizes won were presented by the Chancellor.

Principal Gordon made announcement of the winning of the Rhodes' scholarship by James Macdonnell, of this city, who was presented to Earl Grey, the latter being one of the trustees of these scholarships. Another pleasing feature was the announcement by Dean Connell of the winner of the Grant prize, awarded to the member of the graduating class, who, by vote of his comrades, was chosen as the one possessing the highest morale. The one chosen was J. Y. Ferguson, B.A., who has just completed a well-rounded course of study for a medical missionary. Mr. Ferguson received a book at the Chancellor's hands, and was greeted with applause.

Dean Connell then called the graduates to their feet, and administered to them the "Sponsio." The graduates (whose names are found elsewhere in this issue) were then duly presented and laureated by the Chancellor.

Principal Gordon presented His Excellency, the Governor-General, for the degree of LL.D., in the following terms :

Mr. Chancellor,—In the name of the Senate of the University, I have the honor to present to you, as one worthy of the degree of doctor of laws, His Excellency, Earl Grey, Governor-General of Canada.

When the university grants this degree it does so in recognition of eminence in some department,—in learning or in literature, in science, or art, or public service. Or, perhaps, I might rather say, the university confers the degree in recognition of eminent service, for the scholars and artists and men of science by their attainments and by their work render special service to their fellows, and with them we recognize those also who broaden the bounds of freedom, who initiate and promote reforms, and who in any wise contribute to the progress of mankind.

The distinguished guest whose name I have presented has numerous claims to such recognition. Before he came to us we knew of him as the grandson of one pre-eminent in that great reform by which the throne of Britain has become more broadly based upon the people's will. We knew of him as the son of

one who had stood for many years in the intimate counsels of our late beloved queen. We knew of him as one closely and zealously connected with efforts to uplift the home life of England by the suppression of intemperance, actively concerned in the extension of British influence in South Africa, and already linked with our own and many other universities as a trustee of the Rhodes' scholarship fund.

But in addition to such claims of connection and of achievement, he comes to us Canadians as the representative of His Majesty the King. As such we give him our most cordial welcome, and I think we can venture to assure His Excellency that, while all Canadian hearts are loyal to their sovereign, he will nowhere find intenser loyalty than among the sons of Queen's.

A great ovation was accorded the Governor-General when the Chancellor had conferred upon him the honorary degree. The students paid their compliments in no uncertain manner, and His Excellency seemed to enjoy it all. Addressing the convocation Earl Grey said :

"I don't think I have ever seen proportions so noble or so grand as in this magnificent hall, which you have erected to the memory of your late principal, and I am certain I have never been in any hall with so brilliant and enthusiastic a company as is here gathered to-day. And that but adds to the pleasure I have in receiving the degree to-day."

The Governor-General then said he regarded the honor done him as a message of loyalty, and he would have the greatest pleasure in forwarding their expression to the king. The pleasure was heightened by receiving the degree at the hands of Sir Sandford Fleming, whom he looked upon as one of the most public-spirited Britons the British Empire ever produced.

His Excellency then expressed the pleasure it gave him to receive the honor of a degree.

"Queen's University," he said, "enjoys so honourable a reputation that it was a high distinction to be associated with it in any way. Although Queen's University owed her existence to the public spirit and to the piety of Scotch Presbyterians,

she did not offer draughts from the fountain of her learning, 'in any sectarian vessel,' through religious tests. But while she opened wide her motherly arms to Canadians of every race and creed, she endeavored to illumine all her buildings and all their surroundings with the health-giving sunshine of a manly Christianity."

The unique fact that the City of Kingston, which was the seat of a Roman Catholic archbishop and of an Anglican bishop had voted a substantial grant from municipal funds to enable the university to erect a new arts building, testified to the high opinion formed of the value of the university by those best able to judge; and the further fact that of the 900 students, of whom about half were Presbyterians, 227 were Methodists, 110 Anglicans, 66 Roman Catholics, 16 Congregationalists, and 13 Baptists, showed how powerful was the unifying spirit which if unsectarian was wholly Christian. He understood it was the constant endeavor of Queen's University to impress upon all who came within the reach of her influence, that the business of education was to fit man to do his highest duty to himself and to his country, and to convince him that it was impossible for a man to do his duty, even to himself, unless he adopted the motto of "God and the People," for the watchword of his life.

It was because he was satisfied that the object of Queen's University was to preach duty and inspire enthusiasm and produce the highest type of citizen, and send her graduates out into the world armed with that power and efficiency which came from the conviction that true happiness was only to be found in the service of others, that he considered it a great honor to receive the degree which they had so kindly presented to him.

That Queen's University might long keep undimmed the torch at which every undergraduate could light his highest hopes, was his fervent prayer. They always enjoyed the advantages which came from the stimulating incentive of great traditions, and he was confident, from what he had read and heard and seen, that it was the firm resolve of principal, of teachers, graduates and undergraduates, to hand on these traditions to their successors, with their brightness still further brightened by their own example.

The imperia spirit of Principal Grant still blessed with its inspiring and animating influence the atmosphere of the university. The Prince of Wales considered it a privilege to convey to him on his dying bed the approval of his sovereign, and Principal Grant, like Nelson, died with the knowledge that he had done his duty, and that his life-work was approved.

Principal Gordon, he was sure, was carrying on the work of Principal Grant in a worthy spirit. His hope was that Queen's University might continue to be an institution which stood for service to Canada and the empire.

He was aware that they were not, as a university, opulent, but he was reminded that Professor Robertson had declared that it was good for all concerned that they were poor. Their requirements and their poverty would constitute a constant incentive to strenuous and self-denying effort.

Their teachers had given a splendid example of self-sacrifice in their desire to be worthy of a university whose noble ambition it was to stand for service. With a public spirit that did them credit they preferred Canada and God by accepting at Queen's a low salary, to accepting higher paid employment elsewhere.

He was also aware that many of the graduates and undergraduates had only been able to pay for the cost of a Queen's University education out of hard earned savings, and that the acquisition of the knowledge they had obtained was the result of continuous self-sacrifice. He hoped that this example of devoted service by the teachers, and of strenuous efforts by the students, would appeal to many, and that the further funds required to enable the university to increase the scope and degree of its usefulness to the advantage of Canada and to the glory of God, would be rapidly forthcoming. (Loud applause).

#### LORD STRATHCONA PRESENTED.

Prof. Watson wade the following address in presenting Lord Strathcona :

Mr. Chancellor,—I have the honour to present to you, as worthy to receive the degree of Doctor of Laws, one whose name is familiar to all British citizens and dear to all Canadians, the name of Lord Strathcona and Mount Royal. "No other



civilian now alive," if I may venture to appropriate the words of a former governor-general, "has been able to do so much practical good to the empire before filling an official position." This service he could not have rendered but for his life-long connection with that great Hudson Bay company, which, like its counterpart, the East India Company, has been instrumental not only in promoting the material prosperity of the country, but in acting as a pioneer of the empire.

After he had been thirty years in the employment of the company, and had been appointed to the post of chief executive officer in North America, a crisis arose which gave Lord Strathcona an opportunity of doing a signal service to his country. When the Imperial Government resolved to transfer Rupert's Land to Canada, it was evident to him that the interest of the Hudson Bay Company itself demanded the change, and, therefore, he gladly undertook, in the capacity of commissioner, to act as mediator between the Dominion Government and the inhabitants of the Red River settlement. It was largely due to his courage, self-restraint and prudence that the unfortunate rebellion, headed by Riel, was kept in check, and the dissentients among the settlers reconciled to the new condition of things. Nor is this the only patriotic service which Lord Strathcona has rendered. It is only necessary to mention his connection with the Canadian Pacific Railway, that great national highway, which has drawn closer the bonds, not only of the various provinces and territories of the Dominion, but the different parts of the empire.

By his election as governor of the Hudson Bay Company in 1889, and his appointment in 1896 to represent the Dominion in London as high commissioner, he has had ample opportunities of furthering in many ways the prosperity and well being of Canada; and by raising a regiment of his own, during the South African war, the famous "Strathcona Horse," he has displayed his zeal for the British empire at large. For these among other reasons, Mr. Chancellor, I have to ask you, in the name of the senate of Queen's University, to confer upon Lord Strathcona and Mount Royal the degree of LL.D.

Lord Strathcona was received with great acclaim, and shown that he occupies a warm place in the hearts of Queen's students and the people of Kingston. His Lordship looked pleased over the reception accorded him. When the applause had ceased he said :

Mr. Chancellor, Ladies and Gentlemen,—I did not come here to-day to make a speech. I had no intention, and no thought of having occasion to say to you even a few words, but I learned from your excellent Principal that I was expected to speak. Let me say that it is a true satisfaction to be here with him at this time. I am proud indeed to be here to join with you in doing honor to the gentleman who has become one of the honorary members of this, Queen's University. I am here to do honor to him with you, as a statesman and philanthropist in the best sense of the word.

I have heard what he has done in a social point of view in England, a work which is not so well understood as it ought to be, but which in its results should be of the greatest importance to Great Britain and her colonies, and I trust also to the Dominion and the empire, particularly for the mitigating of the evils of intemperance. It is very good that each and all should be temperate, especially for those who thought it right and best to practice total abstinence, but many hold different opinions on the question. For myself I am persuaded that moderation should be taught and practised, but am opposed to any attempts to bring it on by force.

I am also glad to be here because I was in Canada before there was a Queen's University. I remember that well, and I remember with what enthusiasm at that time the Scotch Presbyterians entered into the idea of having a university which should be a pattern of the old good Scotch university.

I would like to say to the students whose privilege it has been to be here under the training and tutelage of able professors in this university, that it is not all the aim of life to pass successfully. By their determination and by their hard work they have obtained their university degree, and is it not to their honor? It is well for them that they have had that experience. It has taught them self-dependence and self-independence.

What can true citizens do better than to look to themselves and to the great interests of the country.

Queen's was initiated a quarter of a century and one year before confederation, and members of the Hudson Bay Company showed their interest and gave according to their means to the benefit of the university, and the men who had not much salary gave their mite for the same purpose. I am pleased and glad also to be here at the graduation of those gentlemen, who are going forward from this university to do one of the most magnificent of works. I have always believed that the medical profession was one of the noblest. Although Queen's was not very rich, it had the spirit of that Scot who said he was "contented wi' little but happier wi' mair."

Most important was it to remember the good work done in the early days by those now gone before, and especially that of Principal Grant, who was loved by those that knew him. "In my personal capacity, I congratulate you on behalf of the sister, McGill University, on the magnificent buildings you possess, and the high position to which you have attained. And as chancellor of Aberdeen University, I hold out the right hand and say, now, and forever, go, progress and succeed more and more."

Lord Strathcona then said, it was acknowledged by all that the Hudson Bay Company had done great things for Canada and the empire in the two and a quarter centuries of its existence, and it would be so with Queen's University, whose graduates were going out into the world determined to do their utmost of good. It was well, he said, to make the most of this life, but the making of money was not the greatest thing to be done.

Lord Strathcona in addressing the graduates said that while all might be determined to do their utmost to advance their own interests, they must not lose sight of that duty resting upon all of them, to give the best to the great empire to which they belong. In conclusion Lord Strathcona said: "I am proud of having been made an honorary graduate of this university. It is hard to express what I feel, but I thank you, for the great honor conferred upon me." (Loud applause).

## REV. DR. KIRKPATRICK PRESENTED.

Rev. Professor Jordan presented Rev. Professor Kirkpatrick, of Cambridge University, England, for the honorary degree of LL.D., and said that the senate of Queen's University welcomed Dr. Kirkpatrick just for his own sake, on account of his long and honorable service in the cause of Biblical learning. As a preacher, professor and author, he had done good work and rendered important service to his country. They welcomed him also as the representative of a great university in the motherland. At any time a representative from Oxford or Cambridge will receive a cordial welcome at Queen's, but especially now when active steps were being taken to draw into closer fellowship the seats of learning in Britain and her Colonies; and they also welcomed him on account of his present mission. Professor Kirkpatrick comes on the invitation of those who were interested in the study of our sacred Scripture, and we hope that his visit will be the means of stimulating an even keener interest in that great literature to which we already owe so much. In this country and in this century there are many new things, new forms of thought and life to be reckoned with, and we shall meet these all the better if we have knowledge of, and sympathy with the highest forms of life that have come down to us from the past.

Rev. Dr. Kirkpatrick, master of Selwyn College, Cambridge, spoke as follows in acknowledging his degree and in addressing the medical graduates :

“Mr. Chancellor, I esteem it a very great honor to receive this degree from this university. I regard it not merely or mainly as a personal compliment, but I take it as an expression of your desire to link closely the bonds between the universities in the old country and the universities in this new country. I have just seen in that sister university, which has just been alluded to, how the training of the English university combines with the worth of this new country for the promotion of education and research. The equipment that I have seen there is truly splendid.

“While we occupy ourselves with research we shall not forget the practical use of knowledge for the welfare of the citi-

zens of the empire, and while we think of the advantages of material progress we shall not forget, as we have already been reminded this afternoon, that the true purpose of education is the formation of character, the formation of worthy citizens of our great empire.

“I want to say a few words specially to you who have just obtained your medical degree. You are about to be sent forth to your life's work in the world. The profession to which you have been called is truly a grand and noble profession. It will rest with you to maintain the high traditions of it for self-denying labour, for Christian charity, for continuous and patient devotion to duty in all positions in which you may be placed. The traditions of your profession are so high I am convinced they will be a daily strength to you in your calling, and I think it is a special honour and a special pleasure for one who has been occupied with the study of theology to have this duty entrusted to him. I think that theology and scientific research are two sisters which ought to move hand in hand, and that the work of the minister and the doctor should always be coupled together in perfect harmony. It seems to me that the minister and the doctor are closely linked together. We have to recognize the power of mind over body and body over mind. It is possible in times past we have not sufficiently recognized what the power of mind over body is. There are some diseases to which no doctor can minister. It is high moral and spiritual counsel in many cases that is needed. On the other hand I think that we, in our religious debate, have not always recognized how many a child comes into the world unfitted for the walks of life by inheritance of feeble constitutions and feeble will. We have not always recognized this as we ought to.

“You, gentlemen, when you go forth to your work will carry forward, I am convinced, the work of your profession in harmony with those who minister to the soul. You have not, I believe, in this new country many of the difficulties which face us in the old country, in dwellings and in unsanitary conditions, and that terrible curse of drink, of which also we see so much in the old country. See to it as the years go on that these troubles do not invade your country. See to it all of

you, and work heartily and harmoniously for the physical, moral and spiritual welfare of the people which in the coming century you will see populating the vast areas of Canada."

The proceedings concluded at a quarter past five o'clock, the chaplain pronouncing the benediction and "God Save the King" being sung. The audience remained in their places while the three distinguished new honor graduates inscribed their names in the Domesday Book, and until the procession from the platform passed out of the hall. Afterwards, Earl Grey and Lord Strathcona, each planted a tree on the grounds in front of the old Arts building.

NOTE.—We are indebted to the Daily Whig of Kingston for the above account of Convocation proceedings.—*Con.*

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Dr. James Third sailed on 26th April for a three months visit to the London and Edinburgh hospitals.

Dr. E. C. Kinkead, '04, has located at Borcas-del-Tow, Panama.

Dr. R. C. Redmond, B.A., '98, late of Parkdale, Toronto, has lately formed a partnership with Dr. Chisholm, of Wingham.

Dr. Harry Bleecker, '02, formerly of Trenton, has begun the practice of medicine at Roblin's Mills, Prince Edward Co.

Dr. C. H. Amys, '99, having purchased the property of the late Dr. Pigeon, 270 Charlotte St., Peterboro, has moved there from Ashburnham.

Dr. S. H. McCammon, '88, who left Kingston about a year ago on account of ill-health, has decided to start practice in Coalinga, Cal., having improved much in health there.

Dr. J. E. Bromley, a '04 graduate of Queen's, has gone to Edinburgh and means to take the Scotch Conjoint Board Examinations.

Dr. H. A. McDonald, '04, is engaged in practice at Coal fields, Assa.

## THE LATE JOHN HERALD, M.A., M.D.

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IT is with great regret that we record the death of our colleague, Dr. John Herald, M.A., Professor of Clinical Medicine, which occurred on April 12th at the General Hospital, Toronto, two days after the operation of cholecystotomy performed by Dr. Bruce, of Toronto, assisted by Dr. Anglin. For five or six years Dr. Herald had suffered at intervals with severe attacks of biliary colic, the most severe and continuous attacks occurring about one year ago, confining him to the house for several months. Since then he has had immunity till during the recent College examinations, some twelve days previous to his decease, when he was again seized, the attacks recurring at intervals of a few hours, finally becoming almost constant, so that an operation held out to him the only hope of relief. Death was quite unexpected, as the operation was well and successfully performed (some 408 calculi being removed), and the patient rallied up well, expressing himself as feeling quite comfortable, when some 30 hours after operation he was suddenly seized with distressing cardiac pain with marked weakening and acceleration of the pulse, the symptoms becoming more severe and the patient gradually becoming more cyanotic and comatose, dying some 16 hours after onset of these symptoms. An autopsy disclosed embolism of the right pulmonary artery with infarction of entire lower lobe of this lung.

The body was removed to Dundas, his old home, where the funeral was held on Friday, April 14th, from the residence of his brother-in-law, Capt. J. J. Grafton. The funeral was largely attended, many coming from Kingston, Toronto, Hamilton and Chatham. Dean Connell and Dr. Anglin represented Queen's Medical Faculty, Dr. T. A. Bertram and Mr. Allan Laing, the medical students. Floral tributes were sent in large numbers from the many institutions and societies with which deceased was connected.

The late Dr. Herald was born in Aberdeen, Scotland, in 1855, the son of the Rev. John Herald, who some three years

later came to this country to the charge of the Presbyterian Church in Dundas. Here Dr. Herald was educated in the public and high schools, matriculating in 1872 into Queen's University. Entering upon his Arts course in this year, after a successful course he graduated B.A. in 1876 with the distinction of Chancellor's prizeman. After graduation in 1876, he became principal of the Dundas high school, where he was not only a first-rate teacher and administrator, but also a warm friend of his Alma Mater, for with his appointment to that position the name of Queen's began to be better and more favorably known in Western Ontario than it used to be, and the stream of students from those sections of the province has kept steadily growing ever since.

In 1880 he took the Master's degree, and the same year entered upon the study of medicine, taking his Doctor's degree after a very successful course four years later, 1884. Quite soon after that he began the practice of the medical profession in Kingston, in which from the first he met with success.

In 1890 Dr. Herald was appointed to the Medical Faculty as Professor of Materia Medica and Therapeutics, a chair he held for the succeeding six years. In his professorial work he stepped at once to the front rank among the teachers of the staff, his lectures being unexcelled for logical arrangement and clear exposition. On the death of the late Dr. H. J. Saunders in 1896, he succeeded to the chair of Clinical Medicine, which he has since filled with credit to himself and the Faculty and advantage to the students.

When the old Royal College of Physicians and Surgeons was merged in the Medical Faculty of Queen's University in 1892, Dr. Herald was made Secretary, and in 1898 the duties of Treasurer were added. In his position as Secretary he had an opportunity to use his talents for organization, and he soon brought out of the chaos of the old Royal a system of record keeping, conspicuous for order, effective working and adaptation to the varying requirements of a medical college.

Dr. Herald retired from the Secretary-Treasurership in November, 1903, owing to the increasing demands of his practice. His resignation was accepted with reluctance





THE LATE JOHN HERALD, M.A., M.D.,  
PROFESSOR OF CLINICAL MEDICINE, QUEEN'S UNIVERSITY.

by the Faculty, who placed on record in the minutes their appreciation of his services to the Faculty.

In the work of the General Hospital Dr. Herald always took a deep interest. His work in the College of course necessitated his being on the medical staff, but he also was a life governor and for some years on the committee of management.

In 1896 Dr. Herald, with the assistance of a number of other physicians, started this QUARTERLY and was its Editor till a little over a year ago, when it was brought under the control of the Faculty, Dr. Herald still remaining however on the Editorial Committee. He was also a prominent mover in the formation of the local Medical Society, being its President for two years and a frequent contributor at its meetings. He was also a member of the Ontario and Canadian Medical Associations, and contributed papers at a number of their meetings.

Last year, on the death of Dr. V. H. Moore, of Brockville, Dr. Herald was appointed to succeed him as the representative of Queen's University on the Council of the College of Physicians and Surgeons of Ontario. He was spared to represent us but one year, but even in that year did excellent service.

Notwithstanding the many and exacting claims of his professional and professorial duties, Dr. Herald found time for much practical interest in other questions of public importance. At different times he was member of the school board. In 1894 he was called to the highest civic office in the gift of the people, and filled with much acceptance the Mayor's chair. In politics he was a conservative, with strong convictions, but free from arrogance and rabidity. He was a clear, fluent and effective speaker and debater, and not easily ruffled or thrown off his guard. In consequence he was in much demand as a speaker on public and social occasions.

Dr. Herald was a member of many fraternal societies, being a leading Forester and for two years High Chief Ranger of the High Court for Eastern Ontario. He was a member of the Masonic order, the Sons of Scotland, etc.

In 1879 Dr. Herald married Miss Grafton, daughter of J. B. Grafton, Esq., of Dundas. Mrs. Herald with two children,

Miss Lilla and Grafton, a 3rd year student in medicine, survive him. To them the sympathy of the community goes out in their heavy bereavement.

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#### EXTRACTS FROM THE REPORT OF THE MEDICAL FACULTY TO THE BOARD OF TRUSTEES.

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THE registration for the year is 208. This is eight less than last year, but eight students who were registered in Medicine last year entered Arts to take up the six year course in Arts and Medicine. The first year class numbers 46. There are 33 Arts graduates in attendance, and 18 students have not completed matriculation.

Forty-five candidates received the degrees of M. D. and C. M.

Last summer a large amount was spent in placing the building in a state of thorough cleanliness and repair. As a result the students have taken greater care in keeping the building in a sanitary condition. The Faculty room was renovated and its meetings are now held there. In this room all the leading Medical publications are on file for the use of the Staff and students.

The library has been moved into a larger room, and new shelving has been provided. We have also become a member of the Association of Medical Libraries, which we hope will be of assistance in developing ours.

The recent death of Dr. Herald has created a vacancy in Clinical Medicine, which will not be easy to fill. No recommendation is made at present, as it may be advisable to divide the clinical teaching among several of the Faculty. This would be likely to increase the number of patients available for teaching. Time is asked, however, for full consideration of the proposal.

The addition to the Staff of the Assistant Physicians at Rockwood Hospital has added greatly to our clinical facilities,

and the classes of Dr. Barber and Dr. Herriman have been much appreciated by the students. An additional clinic each week has been given during the past session by Dr. Campbell at the General Hospital, and one by Dr. Morrison at the Hotel Dieu. From this I think it is evident that the Faculty is trying to utilize every possible source of material for clinical teaching.

Mr. J. M. McIntyre, M.A., K.C., supplemented the course in Jurisprudence by three lectures on that part of the subject most familiar to the lawyer. The advantage to the student was obvious, and it is hoped Mr. McIntyre may repeat the lectures from year to year.

The appointment of Dr. Etherington to give all his time to teaching Anatomy, has proved very satisfactory. The dissecting room has never before been so well managed. As he is constantly in attendance while the class of practical Anatomy is going on, the work of the students is always under full supervision. When not engaged in teaching Dr. Etherington has devoted his time to preparation of permanent dissections and specimens. These are very valuable for demonstrations and will save a great deal of the time of the Demonstrators. Already about fifty permanent preparations are in the anatomical museum, and there are many others in course of preparation. Funds are needed for purchasing glassware and apparatus for the department. If we are able to retain the services of Dr. Etherington I firmly believe that in a few years our department of Anatomy will be second to none in this country. The Faculty will gladly co-operate with the Trustees to secure an adequate endowment for the Chair of Anatomy.

Dr. W. T. Connell was appointed in May, 1904, a special health officer for Eastern Ontario under the Provincial Board of Health. During ten months' work he has examined 815 specimens of pathological products, and I am sure the service has been of great value to physicians and to the public. He was appointed at the nominal salary of \$500, and was required to make his own arrangement with the Faculty for the use of the laboratory. He pays \$200 per annum to the laboratory fund, and retains \$300 for his services. We are now asking the Government to continue the service and to pay adequately for

it. All the physicians throughout the province, who have made use of the laboratory, are being invited to join in our representation to the Government. \$1500 would be moderate remuneration for the work. In the laboratory at Toronto, where similar work is done, the expenses are about \$7000, and the number of examinations something over 3,000.

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## DYSPHAGIA.

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A CLINICAL LECTURE DELIVERED AT THE KINGSTON GENERAL HOSPITAL.

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**G**ENTLEMEN :—Cases of dysphagia are not very common, and it is a matter of interest, therefore, that I have to present to you three cases of this condition for your inspection. The diagnosis in each of these cases is of the greatest importance. The urgent symptom in each is the inability to swallow, the first and second of the patients saying they had swallowed nothing for several days when I first saw them; and the third, that for the past month he has had increasing difficulty until now, as you will see, a very little water is taken only after several efforts at swallowing.

The first of the cases is this man W. L., a farmer, aged 57, who says that two weeks ago when swallowing a piece of meat he felt a sharp pricking sensation between the base of the tongue and the side of the throat, which he thought was due to a piece of bone concealed in the meat. After a few hours his throat and tongue became swollen and he had severe pain. Upon the following day the swelling had increased, especially under the chin, and he swallowed liquids only with the greatest difficulty. When he came to see me yesterday he had swallowed nothing for several days, and was in the very distressing condition which is still present. When I ask him to take some water you notice that he scarcely opens his lips, and that while he can take the liquid into his mouth he is unable to proceed with the act of deglutition. Evidently the movement of the

tongue in the first act of deglutition is impossible. When we examine further it is at once noticed that the tongue is somewhat enlarged, and that beneath the chin there is marked swelling and induration. This is especially the case in the area between the arch of the inferior maxilla and the hyoid bone. There is a wide-spreading œdematous swelling of the skin of the neck. He holds his head stiffly, the chin being high and carried forwards. He speaks with difficulty, the rigidity of the tongue and its surroundings preventing articulation. Inspection of the mouth and throat is rendered difficult by the swollen tongue and the rigid jaw. By persistence, however, I have introduced a small mirror, and find that the oedema does not extend to the glottis—a fact which is borne out by the absence of any dyspnoea. He says there was some trouble in breathing several days ago. By palpation it is difficult to be certain there is any fluctuation. I introduced one finger into the mouth to exert pressure between it and the finger placed externally, but there is only a suspicion of fluctuation. When he came in I at once ordered him to be fed by means of the catheter introduced through the nose, and this method of feeding will be demonstrated to you that you may see how easily it is done and how little discomfort the patient has from it. As a local application externally antiphlogistine was ordered, and a mouth wash of very weak permanganate of potash solution. The latter is one of the most valuable antiseptic solutions for use in the mouth or throat.

What then have we to deal with in this case? You already have decided that the condition is the result of an infection of a comparatively trifling wound. The tissue chiefly affected is that area of connective tissue, filled with vessels and especially with lymphatics, and containing Wharton's duct and the sublingual gland. It lies above the mylohyoid muscle and between the genio-hyo-glossi on each side. This is the tissue which forms the floor of the mouth. Suppurative inflammation of this area is known as Ludwig's angina, of which this is undoubtedly a mild case. As I am uncertain whether pus is present I will use an exploring needle, and I introduce this deeply into the tissues under the chin. You notice there are a

few drops of pus in the syringe. We will, therefore, make an incision into the abscess cavity, and this I will do with the assistance of ethyl chloride to freeze the skin. For the incision I choose the middle line so as to avoid vessels of any size. After cutting the skin I use a director to separate the connective tissue down to the mylohyoid muscle. The abscess cavity is above this so an incision must be made through it. As soon as this is done you notice the pus comes freely. I will now wash out the cavity with boric acid solution and introduce a drainage tube, and in a few days I expect to see him well again and able to swallow in the usual way.

The second case is one in which dysphagia arises from interference with the second act of deglutition. This is Capt. J. O., aged 57, a retired sea captain, whom eighteen months ago I saw in consultation, when he had a cerebral haemorrhage. You notice his facial paralysis on the left side at once. The haemorrhage was at the base of the brain in the middle fossa, and must have been close to the internal auditory meatus, for the symptoms pointed to pressure upon both the portio dura and the portio mollis of the seventh pair of cranial nerves. There was also some slight pressure upon the sixth cranial nerve, but with this we are not now concerned. The ear remains deaf and the left side of the face is completely relaxed. At that time he had the usual difficulty in mastication which accompanies facial paralysis, but there was no dysphagia. As you know the lingualis is supplied by the facial nerve through the chorda tympani. The lingualis is the intrinsic muscle of the tongue, and that it is involved is at once evident in this case when I ask the captain to put out his tongue. You will observe that the tongue is drawn to the right side from the opposed action of the muscles on that side. The levator palati and the azygos uvulae are also, probably, supplied from the seventh nerve through the large petrosal nerve, Meckel's ganglion and the vidian nerve. But the loss of function of these muscles does not produce dysphagia. Now a few days ago the captain came to see me, saying he had been unable to swallow anything for four or five days, and this had been accompanied by a severe cold and sore throat. He was quite hoarse, and

even now his voice is weak and he phonates with some effort. On examination by the throat mirror an oedematous condition was evident at the entrance to the oesophagus, and, to a less extent, about the arytenoids. I shall give him a little water and ask him to swallow. You see a very little satisfies him, as he has taken only a sip— from experience he knows there is likely to be trouble. As he attempts to swallow he throws his head suddenly backwards and then repeats the act of deglutition several times. But a spasm is set up and he begins to cough violently, the latter being evidence that some of the liquid has entered the larynx. He tells me he thinks none of it went down. His distress is quite evident to you. Since he came he has been fed with a catheter as demonstrated in the previous case. He says he rather enjoys this new method of feeding. There is no doubt he enjoyed the first drink of whiskey I gave him by this method when he came to my office, as he had had no food of any kind for several days.

What is the explanation of the dysphagia in this case? I said there was oedema at the entrance to the oesophagus. Is this the cause? To-day that oedema has almost disappeared, but the dysphagia continues. He had a spray of adrenalin solution (1 to 8000) every four hours during the day, and now the throat is about normal in appearance. From the first the catheter passed without resistance through the oedematous area into the oesophagus, so I think we must say that the swelling was not an important factor in his distress. Then it must be due to impaired innervation of the muscles, or some of them, employed in the second act of deglutition. There is no doubt imperfect action of the palate muscles, and his recent severe cold, has increased this and affected the constrictors of the pharynx as well. Some one may ask, to confirm this, whether there has been regurgitation of liquids into the nasopharynx and nose. The patient does not say so, but I think the quantities of fluid taken in his efforts to swallow have been so small that regurgitation has not been noticeable. That there is imperfect closure of the glottis is evident from the coughing you have witnessed when a sip of water was taken. In the meantime we shall feed him well and hope, with general improve-



ment, he may be able to resume his usual method of feeding himself.

The third case is that of this elderly man, D. H., aged 75, a laborer, who tells me that for eighteen months he has a gradually increasing difficulty in swallowing. He has wandered about, but has had no treatment other than a few bottles of medicine. I will ask him to take some water and swallow it, and you will see how he behaves. You observe that he takes a mouthful and swallows it apparently in the usual way, but at short intervals he repeats the act of deglutition as though the fluid had not gone into the stomach. He tells me that it has not gone down yet and that he feels it in the lower part of his neck. If I ask him to take several mouthfuls of water, one after the other, you notice, in a moment or two, regurgitation takes place, some mucus and saliva coming up with the water. You will agree with me at once that some obstruction exists in the oesophagus. We must proceed to determine the situation of this obstruction and, if possible, the nature of it. What means have we for this purpose? Can we inspect the oesophagus as we do the larynx and trachea? Certainly not with equal facility. Morell Mackenzie invented and used an oesophagoscope, but it never came into general use. Killian has introduced a method of direct inspection with a long straight tube, but I have not yet employed it, and I fear it is unsuitable for such a case as this one. Auscultation is another method of examination which ought to be employed in these cases. In the first place it is useful to verify the statement of the patient as to the stoppage or slow passage of the liquid, and in the second place, to determine whether an aneurysm, heart lesion, or intrathoracic tumor be present. Before proceeding with the next and most important part of the examination, careful search should be made by the stethoscope, by palpation and external inspection for any evidence of swelling or enlargement in the neck or thorax.

When the stethoscope is applied to the left side of one of the dorsal vertebrae in this man and he is asked to swallow some liquid, as he did a moment ago, a confused and continuous bubbling noise is heard which lasts for several seconds.

The heart sounds are normal, and nothing unusual is to be found about the neck.

Having excluded the suggested conditions we will now use the oesophageal bougie. The set I show you consists of six olive tips with a whalebone stem, the tips ranging from five-sixteenths of an inch in diameter to nine-sixteenths. We will try to pass the smallest of these first. The bougie is warmed and then dipped into glycerine, not oil or vaseline, as these are disagreeable to the patient. We place the patient on a straight-backed chair, his head thrown back and supported by an assistant, the neck being stretched by extending the chin. The operator stands in front with the bougie held in the right hand, six or eight inches from the tip. The mouth being widely opened, the index finger of the left hand should be used to hold down the tongue, and when the bougie touches the posterior wall of pharynx it is also necessary to turn it downwards with the finger to facilitate its entrance into the oesophagus. I pass the bougie on till I meet with an obstruction. The tip seems to have entered a constriction. With moderate pressure it passes through this, and then it goes on without further resistance till it enters the stomach. On withdrawing the bougie I have a similar sensation, and now while the olive tip is in the constriction I take the stem of the bougie in my fingers at the patient's teeth and withdraw it. On measuring from the tip to the point I find it almost seven inches. So we may say definitely that there is a stenosis of the oesophagus at a distance of seven inches from the teeth. There is a slight trace of blood on the bougie tip. He says there was some pain when I exerted the necessary pressure, but the passage of the bougie is uncomfortable rather than painful. I think after a moment's rest we may venture to pass the next larger bougie. This passes I find with no greater resistance than the smaller size. For to-day we will be content with this amount of dilatation. To-morrow or the next day, if there is no undue reaction, we will use larger sizes. After resting a few minutes let us ask the patient to drink water again. He says it goes down easily, so easily that he is tempted to try a continuous drink. This is successful, and you see he seems pleased, for, he says, he has been unable to do this for a long time.

Now as to the diagnosis in this case. What is the cause of the stenosis? If we consider the age of the patient and his appearance we think of a malignant neoplasm. But there are other points. First there is the duration of the condition, viz. —eighteen months. The average duration of life in cases of malignant growths of the oesophagus is eight months, with a maximum of sixteen months. In the second place nothing can be felt in the neck, in the neighborhood of this stenosis, nothing that suggests a new growth. Finally the passage of the bougie gives the sensation of a ring of constriction. I am of the opinion that we have here a diminution of the lumen of the oesophagus caused by contraction of the cicatrix of a previously existing ulcer or wound. There is no definite history of either injury or ulceration, but in spite of that I am inclined to this diagnosis for the present. We shall very soon know. If within the next few days we are able to dilate still further, and the dysphagia disappears, we may be sure the condition is not malignant for the present, but it must not be forgotten that a malignant growth may supervene. The special, though not invariable characteristic of cicatricial stricture is odynphagia, at the time of injury or ulceration, its disappearance and then the onset of dysphagia gradually becoming more severe. If relieved by dilatation there is likely to be a gradual return of the dysphagia, from new adhesions and contraction of the cicatrix.

It is not often that one can bring together three cases of dysphagia differing so widely as do these three, and I am sure you have found their study of great interest. There is no more difficult problem for the medical man than that which presents itself with a patient who is unable to swallow. I have not attempted a complete consideration of the subject of dysphagia, but only those features of it brought into view by the cases in hand.

In a first examination of such cases as these I urge you to endeavor to answer the following questions :

1. Does the difficulty occur in propulsion of the bolus behind the anterior pillars of the fauces?
2. Is it in closure of the nasopharyngeal space and elevation of the root of the tongue?

3. Is it in the passage of the liquid into the oesophagus from the pharynx?

4. Is it in the oesophagus itself?

Having answered these you may proceed to the following?

1. Is the cause an obstruction of the fauces, pharynx or oesophagus?

2. Is it an intrinsic nervo-muscular disorder of one or more parts?

3. Is it a thickening or ulceration of the velum, pharynx, or epiglottis?

4. Is there ulceration or new formation (tubercular) near or in the interarytenoid folds?

5. Is there an extraneous cause such as (1) aneurysm, (2) mediastinal tumor, (3) enlarged bronchial glands, (4) carcinoma in the walls of the oesophagus, (5) goitre or other thyroid tumor?

J. C. CONNELL.

### A CASE OF FAVUS.

**L**AST August I was consulted by Mrs. C., a German Jewess, regarding a rash that was developing on the scalp, face and arm of her three months' old infant. She had first noticed the rash about a week before, and as it did not yield to home remedies, but rather seemed to flourish in spite of these, she became alarmed at the condition and sought medical advice. On examination I found two well defined areas of disease on the scalp, another on the face, below the right eye, and another on the extensor surface of the right elbow. The largest patch was as large as a twenty-five cent piece, and each patch contained a number of small bright yellow discs, pitted in the centre and ranging in size from a pin head to a split pea. Through the centre of each disc on the hairy parts a hair protruded, and this was very easily withdrawn. When the discs were scraped away a mouse-like odor was distinctly perceptible. I diagnosed the case as favus, and my diagnosis was later confirmed by Dr. W. T. Connell, who found the *achiorion schaeonleinii* present in

the scrapings taken from the diseased areas. Appended to this report is a photograph of a plate outlines of the fungus developed directly from these scrapings.

The case was treated as follows: The crusts were softened by an oily application, and then the scalp and other affected portions were thoroughly washed with tincture of green soap and water, all diseased hairs that could be reached by forceps were drawn out, and a 10% solution of salicylic acid in chloroform applied twice a day to the diseased areas. In about ten days all traces of the trouble disappeared, and for the next



week or so there was no further outbreak. The family left the city about three weeks after I first saw the case, and so I am unable to state whether the trouble was permanently or only temporarily checked.

Apart from the above facts the case was of interest to me for various reasons. The disease is not common in English-speaking countries, but is quite common in Russia and Italy. I saw a number of cases of the disease in Mackenzie's clinic in the London General Hospital in Whitechapel, and also in Crocker's clinic at University College Hospital, and all were immigrants from the above named countries. In Kingston the

late Dr. Herald reported a case in 1885, and although there may have been scattered cases since then I have not been able to get any record of them.

Another matter of interest was the possible source of infection. The infant was, as I have stated above, only three months old. I had confined the mother, and during the period of my attendance on her I had never seen any evidence of the disease on anyone in the household, and she denied that either herself or any of her relatives had ever suffered from the disease. She informed me, however, that several Russian Jews, who had fled from their own country to avoid participation in the war with Japan, had remained in Kingston for varying periods and had frequently been in her house. Now I have no evidence that the disease was introduced in this way, but taking all the facts into consideration it seems probable that such was the case. This, of course, would mean that at some one of the ports of entry the medical examination of immigrants is not as strict as it should be, for the examining medical officers are quite definitely instructed regarding such diseases. The Canadian regulations place the disease in Class II., i.e., "Those persons who, by reason of contagious or loathsome diseases, not necessarily dangerous to life, but which may become chronic or incurable, must be held for examination as to whether the conclusion that they are likely to become a public charge can be justified."

Another possible source of infection, which would free the medical officers from any blame in the matter, is to be found in the fact that domestic animals and rodents are susceptible to the disease, but in this case no such source could be demonstrated.

Passing on from the subject of source to that of possible result in such cases, it must be admitted that these are sufficiently loathsome, if not actually serious, to merit the most scrupulous care on the part of physicians both in diagnoses and treatment, for the fact that we have up to the present been free from the disease is no guarantee that our country will remain so. Now that the eyes of Europeans are turned towards Canada and emigration is being directed to this country, any laxity

on the part of medical men, especially at the ports of entry, might have very far-reaching effects. The disease is slow in developing, but when developed it is one of the most intractable of the parasitic skin diseases, and a few cases in the public schools might lead to an outbreak that would require years to stamp out.

A. R. B. WILLIAMSON.

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### RADICAL OPERATION FOR CHRONIC SUPPURATIVE OTITIS MEDIA.

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**A**MONG the laity, and in fact among some general practitioners, a discharging ear is looked upon as a thing of small account. It is still believed by some people that a discharging ear strengthens the eyes, and that it would be dangerous to the eyes to stop the discharge.

I have never heard how these theories originated, but the sooner they are disproven the better for the race. According to some late statistics one patient in every eighty-eight who suffered from a purulent inflammation within the middle ear, also suffered from some severe intracranial lesion. Of course some of these cases were acute, but it has been often demonstrated that a chronic middle ear suppuration more often causes intracranial lesions than an acute middle ear suppuration. This will go to show that something should be done to heal a discharging ear, and not let it keep on discharging with the chance of setting up some intracranial lesion.

There are numerous ways of treating this class of cases, and each has its advocates, but my purpose is to bring before you the radical operation. After the usual aseptic preparation of field, instruments and hands, the initial incision begins over the tip of the mastoid process at a point a quarter of an inch behind the insertion of the lobule. The incision runs upward and backward in a curve line, so that at a point opposite the centre of the meatus it lies at least three-quarters of an inch behind the line of auricular attachment. It is then carried upward

at this distance behind the line of auricular attachment to a point just above the apex of the auricle. From this point it is carried downward and forward over the top of the ear to a point one-half to three-quarters of an inch in front of the anterior termination of the helix. This incision is made so far behind the ear so that in removing necrosed bone from the mastoid process the posterior edge of the wound will not be disturbed. But it is sometimes necessary to do this even with the above incision. The incision above the ear is so that the upper wall of the bony canal can be thoroughly exposed and the outer wall of the tympanic cavity removed. After making the incision as described, and the bleeding points being clamped, the anterior flap is pushed forward by means of periosteal elevator exposing the posterior, superior, and inferior margins of the bony meatus. With a narrow blunt dissector the fibro-cartilaginous meatus is carefully dissected out of the bony tube in which it lies. The anterior flap being pulled forward by means of a retractor, the surgeon next proceeds to enter the mastoid antrum in the region of the suprameatal triangle. In the majority of these cases the mastoid will be found sclerosed, and the antrum will not be entered until an opening has been made in the bone at least half an inch in depth and frequently more. When the antrum lies deep it will be necessary to enlarge the funnel-shaped opening in the bone by removing the cortex from below and even invading the posterior margin of the bony canal. It is not wise to broaden the funnel above. In this way you work on until the probe enters the antrum and passes through this cell and through the aditus into the tympanic vault. After enlarging the opening into the antrum as much as desired, we then turn to the fibrous meatus which has been carefully dissected up from the bony canal. The fibrous meatus should be divided posteriorly as close to the tympanic ring as possible. It can then by forcible traction be pulled out of the bony meatus, and is threatened with a piece of iodoform gauze through the external auditory meatus, and brought out through the opening in the posterior wall of the canal. This strip of gauze is handed to an assistant to draw the anterior flap forward and keep the fibrous meatus out of the bony canal. The next thing to do is to remove the posterior wall of the bony wall by chiseling upwards



towards the mastoid antrum. Above the posterior wall of the canal is cut through by carrying the gouge or chisel directly inward on a plane slightly above the superior wall of the bony canal. As the wound is deepened above along the plane of the upper meatal wall, that portion of the external wall of the attic formed by the junction of the posterior and superior walls of the meatus, will come into view. This bony segment should next be removed by the gouge, the instrument being directed upward and inward so as to remove this portion of the outer wall of the tympanic vault. In this way the aditus ad-antrum is exposed and forming its floor, will be seen the prominence of the horizontal semi-circular canal, and closely amalgamated with this, the adeductus Fallopii lodging the Facial nerve. The position of this bony ridge varies considerably in different subjects, sometimes lying very high up, and sometimes much lower down, so it is well to proceed very carefully in the removal of the posterior wall of the meatus, until the aditus has been entered and these important land-marks seen. The remainder of the external wall of the tympanic vault should then be removed, that is the entire inner extremity of the upper wall of the bony canal should be chiseled away, leaving only the thin internal table forming the tympanic roof and separating the middle ear from the middle cranial fossa. In this way the tympanic cavity, antrum and external canal have been merged into one cavity. The remnants of the two larger ossicula can now be easily seen and extracted. If we now dry the field of operation we can make out the head of the stapes if this has not been destroyed by caries, and can also see the niche of the round window. To see these land-marks perfectly, a thin scale of bone must be removed from the posterior wall of the canal lying just below the prominence of the Fallopian aqueduct. This procedure must be done with every care, as a little too much and the facial nerve is injured. It is necessary in these cases to remove all diseased bone. But it is not necessary, however, to completely obliterate the entire pneumatic structure of the mastoid.

After the bony cavity has been thoroughly curetted, and the operator has assured himself that no diseased bone remains either in the middle ear or in the mastoid cells which have been

broken down, attention should be turned to the Eustachian Tube. A small curette should be passed into the tympanic orifice of the tube, and any softened bone removed from this region.

Remembering the relation of the internal carotid artery to the Eustachian Tube, the curette must be used in this region with the utmost gentleness. Care, however, should be taken that the mucous membrane lining the tympanic orifice of the tube should in every instance be entirely scraped away from the bone. After seeing that all sharp points of bone are removed, the cavity is packed with strips of plain gauze while we turn our attention to the foundation of cutaneous flaps from the fibrous meatus, and the concha in order to line this bony cavity as completely as possible with epidermis. There are several methods, but the one I like best is to split the posterior wall of the fibrocartilaginous meatus by a horizontal incision from a point where it is divided close to the drum membrane, outward along the posterior wall of the canal out to about the middle of the concha. From the conchal extremity of the horizontal incision one vertical incision is made upward and another downward. In this way two quadrilateral flaps are formed; the one composed of the upper and posterior wall of the fibrous meatus, and the corresponding portion of the concha, the other of the inferior and posterior wall of the meatus and the corresponding portion of the concha. The conchal cartilage included in each of these flaps is then dissected out, and each of these flaps folded back upon itself and held in position by a strong suture through the periosteum of the posterior lip of the mastoid incision. Next we cut grafts by the riersch method from the area on the thigh which has been previously sterilized. These grafts should be from  $\frac{3}{4}$  to  $1\frac{1}{2}$  inches wide and 2 inches or more in length, being governed in this by size of cavity to cover.

They are then made to line the whole of the bony cavity we have been taking so much pains to make, and held in position by small pledgets of cotton, which are impregnated with Aristol. Care should be taken that the first pledget introduced should be carried forward, downward, and inward so as to force

a portion of the graft well into the mouth of the Eustachian Tube. Then others are piled on top of this until the whole cavity is filled with pledgets of cotton.

A strip of sterile gauze is placed on top of the cotton pledgets and its end brought out through the enlarged meatus. The posterior incision is then completely closed by interrupted sutures of silkworm gut and of silk. The first dressing is changed on the eighth day, unless there is some odor from the wound or the patient complains of severe pain ; also, if there is any leakage through the dressing, or any marked elevation of body temperature. At the first dressing the entire cutaneous wound will usually be found to be united throughout. The strip of gauze is removed from the canal and usually one or two of the cotton pledgets. Quite often there is a very foul odor upon removal of the first dressing, caused by sloughing of the unattached portions of the grafts. When the odor is foul, it is well to remove as many pledgets as possible at the time of the first dressing. Whether or not these are removed, the canal is lightly dusted with Aristol, a loose gauze packing introduced into the meatus, and a light antiseptic dressing applied over the ear, and over the posterior wound. This dressing is then changed every second day, and at each subsequent dressing a few of the cotton pledgets are removed until all have been taken out, and the entire cavity remains free to view. If in the course of the operation the dura, or the lateral sinus, or even the jugular bulb should be exposed to a small extent, it is not a contra-indication to follow the above procedure.

However, if the area should be large the whole cavity could be allowed to form a layer of healthy granulation before the skin grafts were applied.

T. E. GAGE, Utica, N.Y.

## CASE REPORTS.

THE following cases have come under my observation during the past two years, and while none of them are distinctly rare, yet all are uncommon enough in ordinary practice. I am indebted to the physicians in charge for the privilege of reporting them :

### CASE I.—ACUTE LYMPHATIC LEUKAEMIA.

J. S.—, Male, aged 20, farmer; was admitted to Kingston General Hospital on 16th Dec., 1903, under care of the late Dr. Herald, with a history of progressive weakness of two months' duration and recurring bleedings at nose, becoming lately more severe in character. On admission his temperature was 101° F., pulse 128, respirations 28. He looked decidedly ill; his face was of a pasty, yellow color, his lips markedly anaemic. Patient was not at all emaciated; heart and breath sounds normal; abdomen natural; no enlarged glands; urine very pale but with no abnormal constituents. His condition was thought to be one of anaemia resulting from the repeated hemorrhages, and he was so treated. His temperature fell to normal and continued so for three days; the pulse too became slower, falling to 98, and he was in other respects improved, though occasional small nose bleedings occurred. On the 20th his temperature gradually rose to 102½° F., and pulse again became quicker. His blood was examined for the Widal reaction on 20th Dec., with negative results. The nose bleeding became more severe, necessitating plugging of both anterior and posterior nares by Dr. J. C. Connell. The temperature afterwards became of a septic type, and as septic infection of bleeding surface was thought of, I was requested to make an examination of blood on Dec. 26th, which disclosed the actual nature of the trouble. No bacteria could be demonstrated in the blood, but the examination gave following results:

Haemoglobin 18 %.

Red corpuscles 992,000. Cells show marked poikilocytosis with presence of numerous normoblasts, microcytes and a few macrocytes.

White corpuscles 104,000. Of these 94 % were large mononuclear cells and lymphocytes, 86 % coming under former heading. Polymorphonuclear cells made up remaining cells, while eosinophiles were very scarce, only one or two being found per blood film.

This great increase in white cells (15 to 20 times normal numbers) the increase being in the large mononuclears with the red corpuscles showing evidences of a grave secondary anaemia, is pathognomonic of acute lymphatic leukaemia.

The patient's general condition was by this time grave and he gradually sank, dying two days later, being in hospital some twelve days. An autopsy was refused.

#### CASE II.--ALBUMOSURIA WITH PROBABLE MULTIPLE MYELOMA.

On April 29th, 1904, Dr. R. W. Garrett brought me a urine sample, stating that it contained some material whose nature he did not comprehend, and that it gave a marked violet coloration with Fehling's solution (biuret reaction). This sample was one of a very pale urine, with a faintly alkaline reaction (from fixed alkali), slightly turbid, and with a specific gravity of 1010. On heating slightly (about 135° F.) a heavy white precipitate fell, which cleared up completely on boiling, to re-appear on cooling. Nitric acid gave a heavy white precipitate, disappearing on heating to appear again on cooling. The urine gave the biuret reaction markedly. There was no ordinary albumen, nor could any casts be detected. The condition was at once recognized as being one of Bence-Jones albumosuria and inquiry made as to its source.

The patient, W. G.—, farmer, aged 55, living near Lansdowne (30 miles from city) had been seen in consultation with Dr. Emery, of Gananoque, by Dr. Garrett. The patient had suffered with pains in limbs and body at irregular intervals for two years, and felt less able to do his work, but did not find it necessary to cease hard work till some six months previously. These pains were sharp, shooting, but were not readily localized. The patient about this time began to suffer from attacks of nausea and vomiting. He was treated for rheumatism and a tonic stomachic given. The condition remained however fairly

stationary for some months, and then patient began to lose flesh, suffer more frequently from attacks of nausea, and the pains continued despite use of remedies. On his examination Dr. Garrett could detect no organic lesions and nothing to account for condition apart from the urinary changes. Samples of urine were received on several occasions during May, and all showed a similar condition to first sample, a sample on May 13 showing .7% albumoses. On 30th May I was requested to see the patient at his home and make a blood and urine examination.

The patient was markedly emaciated (having lost over 40 pounds), quite anaemic looking and confined to bed most of the day. In walking he had a decided stoop forward (which was a late development) and complained of marked pain in legs and back. There was a slight fulness of left knee and right wrist, the ends of bones being portions enlarged. No tenderness or pain could be elicited on pressure. He had an attack of nausea and vomiting while I was in the house. The glands were not enlarged nor could any changes in viscera be made out. He was passing from 80 to 100 ounces of urine daily of a pale color, giving the reactions above quoted for Bence-Jones proteid. The blood gave the usual changes of a secondary anaemia, viz., haemoglobin 35 per cent.; red corpuscles 2,160,000, with slight poikilocytosis, presence of numerous microcytes and some normoblasts; white cells 7,000, with a relative increase in the proportions of the large mononuclears whose protoplasm was markedly basophilic.

The patient was tried on various preparations of arsenic, iron, etc., but showed no response, gradually sinking and dying early in July. The friends would not consent to an autopsy, so that I was unable to verify my opinion that this was a condition of multiple sarcoma (myeloma) of the medulla of bones. A marked and persistent albumosuria in the absence of distinct suppurative conditions is believed to be absolutely diagnostic of this condition. The other symptoms correspond to those described as characterizing this affection, viz., rheumatic pains, anaemia, gastric disturbance, wasting, bending or bowing of bones, and in some cases distinct nodule formation or even spontaneous fracture. The last did not develop here.

## CASE III.— ACUTE EPIPHYSITIS IN INFANT. RECOVERY.

N. E. C—, female, born Nov. 3rd, 1904. Infant seemed a particularly healthy child, weighing  $8\frac{1}{2}$  lbs., breast fed, the nourishment being abundant. The mother convalesced without an untoward symptom. The cord separated on 10th day, leaving a well healed stump. On Nov. 14th a small hard deep-seated inflamed nodule developed on the anterior aspect, proximal phalanx of right ring finger. This subsided gradually under local treatment.

On Nov. 16th a similar nodule developed on inner aspect left knee on upper end tibia, on level with the tubercle, and was accompanied by some febrile disturbance and fretfulness of infant. This swelling rapidly increased to the size of a large walnut and was incised under chloroform by Dr. Anglin on Nov. 19th, and two teaspoonfuls of pus were evacuated showing staphylococcus pyogenes aureus. The epiphysis was not examined carefully, though no roughness was detectable. The constitutional disturbance subsided largely on evacuation of pus. The abscess cavity did not tend to heal despite thorough cleansing, and at same time the knee joint began to show distinct evidences of fluid accumulation, this fluid on firm pressure dribbling away through abscess cavity. On 30th November, under chloroform, Drs. Anglin and Garrett examined the epiphysis and found that the area of ossification was necrosed, and that softening of a considerable portion of the epiphyseal cartilage accompanied the necrosis. These parts were removed carefully and wound packed with iodiform gauze. The dressings were changed daily and cavity kept well washed with sterile boric solution, etc., but pus formation continued, and on Dec. 9th the wound was again opened and more necrotic cartilage found and removed and the joint which by this time had become purulent was drained and well washed out. Five per cent. iodiform emulsion was then injected into joint and wound; the wound then being packed with gauze. Two days after on opening, only a little pus was found mixed with the iodiform emulsion, and this soon completely ceased under similar treatment, and in a few days only serous fluid came away, the cavity in epiphysis and in soft tissue rapidly filling up, closing on

20th, and by 22nd Dec. had skinned over. The limb was during treatment kept on a posterior splint. This splint was removed during Christmas week and movements of the limb begun. In a few days complete restoration of movement in the knee joint was effected, and to-day this joint is as supple as the other. Whether the epiphyseal growing line has been permanently injured cannot yet be decided with certainty. There is at present writing (April 15th) no appreciable difference in length of limbs. The child has since thrived well, weighing 16 lbs. when 5 months old.

It is evident from the deep-seated character of the infection in both finger and tibia that the infecting bacteria were carried by blood. It is difficult to account for the blood infection however in such an infant. There are two possible sources, the umbilical cord and the intestine, and the former seems to be the more probable despite the fact that the cord healed well. The favorable termination is exceedingly gratifying.

W. T. CONNELL.

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#### OBITUARY.

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**D**R. C. de St. Remy, '02, died on April 7th in St. Vincent Hospital, New York, with a recurrence of his old heart trouble (mitral incompetence following rheumatism), after an illness of several weeks. Dr. St. Remy was one of Queen's honor graduates, winning the house surgeoncy in the General Hospital as result of his final examinations. The past year he has been a house surgeon in the Manhattan Eye and Ear Hospital, New York. Never strong physically, Dr. St. Remy won the affection of his classmates by his quiet, cheerful manner, his patience and happiness of disposition. To his relatives the QUARTERLY extends most sincere sympathy.

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## SYDNEY E. TYNER, M.D.

Dr. S. E. Tyner, '04, died in the Orthopedic Hospital, New York, on February 14th, after an illness of four days of cerebro-spinal meningitis. He had only left home about a month previously to take an appointment as house surgeon in this institution. His mother and two brothers survive, one being Dr. W. G. Tyner, of Picton, and to them the QUARTERLY extends sympathy. His remains were brought home to Kingston for burial.

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Dr. A. H. Singleton, '04, recently house surgeon in the Kingston General Hospital, left for Edinburgh in February and successfully passed the Final Examinations of the Scotch Colleges held in April for L.R.C.P. & S. Ed. and L.F.P. & S. Glas. We congratulate Dr. Singleton on his success.

A pretty event took place at the residence of J. E. Varley, St. Thomas, when Miss Maude Philp, daughter of the late Rev. Dr. John Philp, of Sydenham Street Methodist Church, Kingston, was united in marriage to Dr. E. W. De Long, of Cayley, Assa., a '04 Queen's graduate.

Dr. W. Fred Jackson, Brockville, has recently been chosen President of the Medical Staff of St. Vincent de Paul Hospital, Brockville. He is also a member of the General Hospital Staff, and one of three originators of the free medical dispensary in that town.

Dr. J. T. Hogan, '05, has secured the house surgery of the Homeopathic Hospital, Montreal.

Dr. T. D. Macgillivray, B.A., '05, has received an appointment as house surgeon to an hospital on Staten Island, New York.