

SAFETY FIRST

Fighting the Force of Gravity.

In the "Safety First" campaign, which is now engaging the attention of two continents, one of the greatest problems is that of providing adequate protection against the force of gravity.

Gravity is one of Nature's strongest forces—but for it there could be no order in the Universe—animate and inanimate objects would float off into space—and human life would be destroyed.

And yet, paradoxical as it may seem, this same force which preserves life is one of the most potent agents for the destruction of life. For the farther we rise from earth, the more dangerous the force—the higher we go, the harder the fall.

The modern skyscraper must be provided with some means of rapid transportation from floor to floor. To meet this pressing need, without falling foul of the perilous force of gravity, is the mission of the modern elevator.

Most of the elevators in use in Canada are Otis-Fensom Elevators. The Otis-Fensom people believe that it pays to make elevators so trustworthy—so secure—no SAFE, as to insure for all against the slightest risk of accident or loss of life.

Their credo is "Safety First." Every main part of every machine turned out in the Otis-Fensom shops is tested to withstand ten times the strain it will ever be called upon to bear in actual service.

Extravagant, you say? Useless expense? Emphatically NO! No permanent success can be built upon a policy of "economy" at the expense of public safety.

The staff of the cemetery was approached and also the plan to install two additional hydrants for watering purposes. These will be placed in position at once. The directors decided to visit the cemetery in a body in the near future and look over conditions for themselves.

Montreal, July 5.—Mrs. N. Dutocher aged 76 years, dropped dead from a heart attack yesterday at 17 Plateau street, because a husband and wife were quarrelling in another part of the building where she was going to the door to call the police when she expired.

RS CAMPING OUT OF DOORS.

ONE ON THE COMMON

of the thousands, made homeless by the fire on the Common until temporary shelter

PALE ALE

Intoxicant, but a BEVERAGE

and medicinal uses

AS WE CAN MAKE IT

wine and spirit merchant, write BATT, LIMITED

CANADA

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domestic business drama in they plays an important part.

THE SQUAW MAN MONDAY

The Best of its Kind In Years

Go Said the Audience Last Night

Celebrated Drama OF VIRTUE

TONIGHT

WED. MATINEE AND NIGHT.

MEDICAL MEN GATHER HERE FOR ANNUAL MEETING

Dr. H. W. Hill, former Director of Institute of Public Health, at London, Ont., throws Bombshell at Opening Session—Dirt has little to do with Disease, he claims—Lively discussion follows his address.

A bombshell was thrown into the Canadian Medical Association's opening meeting yesterday afternoon when a paper prepared by Dr. H. W. Hill, M. B., M. D., D. P. H., formerly director of the Institute of Public Health, London, Ontario, and now executive-secretary of the Minnesota Public Health Association, promulgated the doctrine that dirt has little to do with disease.

"The earlier conceptions of public health," said Dr. Hill, "identified dirt with disease, holding that one made, or included in some way, the other. But as we go deeper and deeper into the real causes of disease, direct or indirect, dirt loses the significance more and more, and we recognize that the saying 'dirt causes disease' is one of those glittering generalities that really mean nothing or is even false."

"We repeat, some of us often and as a public health maxim, 'Cleanliness is next to Godliness.' But is it? In what public health sense is that saying true? This phrase on the surface seems to mean, is certainly usually used to mean, that cleanliness protects against disease; and that the protection is so good as to rank below nothing but Godliness. But who here would dare to claim Godliness protects against sickness at all? Does the unvaccinated child escape smallpox or the vaccinated child escape diphtheria? Are the ninety per cent. of our people who suffer from measles all Godless? We average by the time we reach adult life over three infectious diseases, counting only the accepted children's diseases! Are children more Godless than adults? Godliness is no protection provided infection can reach us. Uncleanliness does not produce disease provided infection is excluded. It was not the heathen who suffered syphilis, tuberculosis; they were free until Christian nations, wallowing in both diseases, brought them to them. Then if Godliness is no protection, why is cleanliness lauded as being almost as good, since that means cleanliness is almost as good as zero?"

"It is true that those who like this phrase interpret it sometimes as meaning surgical or medical cleanliness, the proper disinfection of discharges from infected bodies, and so on. It is wrenching the meaning of cleanliness from its ordinary use and significance; and can be justified only by a desperate feeling of need to make the phrase mean something useful. But this forced significance still does not make the phrase true; in fact it makes it, if possible, still more ridiculous. Cleanliness of this really efficient form is not next to Godliness in value as a protection; it is far, far above it; for we have shown that Godliness only ranks zero! Certainly sur-

gical and medical cleanliness rank above, not below zero! "It would not hold water to say that this motto refers only to moral cleanliness; for moral cleanliness is not next to Godliness but a necessary part of it.

"Finally, an interpretation sometimes offered is that those who are physically clean are thereby rendered in some sense, more ready, indeed are almost on the way to become Godly persons. Yet remember that Christ came to the poor, needy, and dirty, not to the much-bathed aristocrats.

"The fish-smelling Peter, not the elegant Herod or Pilate, was His choice; it was of children He said: 'Of such is the Kingdom of Heaven.' Remember the average normal healthy children of that day simply revelled in dirt as they do now.

"Cleanliness Next to Godliness? "You may suppose too much time and attention has already been spent on this pitiful phrase. 'Cleanliness stands next to Godliness'; but I believe it to be quite serious obstacle to real public health, since we are so much governed by phrases.

"These remarks so far are merely introductory generalities; my real object is to present to you the findings of an Ontario health officer, Dr. G. A. Dickenson. He prepared very admirable statistics of the infectious of the sanitary code in his town, Port Hope, and at my suggestion divided the deaths and disease of his town according to the condition of the premises where they occurred, putting together in one group all premises showing infectious of the sanitary laws, and in the other all premises showing obedience. (Dr. Dickenson presented his results at the Ontario M. O. H. convention May 7-8, Toronto.)

"If it is essential to health and long life that all manure piles should be covered, all garbage collected, all privies kept in a sanitary condition (whatever that means), no water in the cellar and so on, surely the deaths and disease amongst the law-breakers should be higher than amongst the law-keepers. If our sanitary code is really sacred as it is often regarded, if it has the real weight of ripe years of well-checked up experience, if it is truly physically harmful to break its injunctions, if it is really protective to keep them; then the distribution of death and disease should show some relation to the two groups, the law-keepers on one side, the law-breakers on the other.

"We are not disappointed; a relation of this kind is in fact made plain; it is this: The law-keepers have in proportion about one-third more deaths than the law-breakers; and over twice as many cases of infection!

Premises (dwellings) showing various infractions, 303; deaths, 13; common diseases, 13. Premises (dwellings) showing no infractions, 901; deaths, 52; common diseases, 89. Proportions—Law-breakers, deaths 100; cases 100. Law-keepers, deaths 135; cases, 232.

"So, if we insist on any relation at all, if we claim that the sanitary code affects death and disease, we must on this showing admit its relation to be that of increasing, not diminishing both, and increasing both very markedly.

"Where lies the fallacy? Dr. Dickenson has searched for it carefully and found none, nor any explanation for the figures at all. The premises showing infractions were scattered at random all over the town, not grouped in any one 'unsanitary' neighborhood. The people who lived in these premises were the average citizens, no better or worse or richer or poorer than the others. The report of the deaths and disease was equally good for both groups.

"We are making expenditures, working hard, finding our people for breaking the sanitary code, preaching cleanliness, fighting dirt. It all sounds so good, so heroic, so righteous, so self-sacrificing. As a matter of fact, it is not much of one thing, nor is it so long as you think it is. Does our much vaunted cleaning up really accomplish the only real end we can have; does it really reduce death and disease? Are we not exactly in the position of a business man who never takes stock of his business?

"That cold-blooded taking of stock is just what we need now in public health, and I would here urge two things to this end: First the use by health boards of the financial scheme of accounting put forth by M. S. Baker, the noted engineer, publicist, and member of the committee on financial accounting of the Massachusetts Association of Boards of Health. This is the first step; it determines what boards expend for each item of what we call public health service. This form of accounting is wise from the mere standpoint of good business; if adopted widely it would make cost comparisons in different places more easy. Above all it would call attention to what waste for aesthetics or preventing nuisance, as against what we spend for the real reduction of death and disease.

"Uniform Technical Accounting in Public Health Departments. My second suggestion is this: In addition to this uniform financial accounting, every department of health, every health officer, should so keep his records as to yield a uniform technical accounting; thus showing not only what each branch of his work costs in cash, but what it returns, not in cash, of course, but in saving of death and disease. I suggest this form of accounting—but merely as a beginning—the tabulation of death and disease in the community against the infractions of the sanitary code, following in this the plan followed in Port Hope.

"There is appended here the form of financial accounting already described. Our speakers said statistics could be made to prove most anything if taken from isolated instances, and roundly condemned the peculiar doctrine of Dr. Hill. Nobody spoke in defence of Dr. Hill's views.

"Dr. Townsend's Interesting Paper on Tuberculosis. In the section of medicine an interesting paper on tuberculosis was read by Dr. David Townsend, superintendent of the Jordan Memorial Sanatorium at River Glade. Dr. Townsend said in part: 'As tuberculosis is such a prevalent disease and the onset so insidious, it is essential in making our diagnoses, to constantly bear in mind the possibility of its presence. It is rare today to think of tuberculosis if for no other reason than to exclude it, in this way our minds are lulled into a false sense of security and fewer cases overlooked. No matter what the symptoms may be a thorough chest examination should be done, especially during the first visit and where there is a tuberculous history. The disease is often found in the lungs, but in its early stages it is only by carefully weighing the data obtained by examination and a thorough physical examination, and its aspects that we are enabled to make our diagnoses. In cases of doubt, in my opinion, it is always safer to treat it as if it really were tuberculosis; if it is done there will be fewer advanced cases. In making an examination three things should always be done, chest examination, sputum examination and the registration of the pulse and temperature.

"Family history, as to tuberculosis, is always important. The previous history of the patient should be carefully studied, as well as his mode of living and occupation. In this connection, a history of personal contact with a person who has had tuberculosis, particularly if it be an advanced case, also a history of previous cases in the same house, may be of assistance. Poverty with all its consequences, lack of feeding, deficiency of sunlight, defective ventilation, mental overwork or fatigue and physical exertion from some cause, occupations where there is much dust mixed with the inhalation of impure atmosphere, disipation with disregard for the laws of health and irregular meals, bad home surroundings as to dirt, filth and overcrowding all predispose to the disease. Attacks of fever, persisting for some weeks without any apparent reason, particularly if accompanied by malaise, one or more attacks of pleurisy, no matter how remote, and a previous history of bronchitis, if untreated, as well as frequent colds are always suspicious.

"The Symptoms. The symptoms of early tuberculosis are insidious and usually extend over a more or less protracted period. The first warning may be a coughing up of blood. A slight cough, with or without expectoration,

not always short or dry, may be present and precede the attack for some time. The cough may be constant or intermittent. The sputum, if any, is usually at first mucous and grayish in color and presents the early morning or 'star' sputum, which is brought up either by cough or simply clearing the throat, or there may be only a feeling of fullness in the throat. There are disturbances of circulation with rapid pulse, disturbances of digestive tract with foul smelling stools, loss of appetite, which may be transitory or persistent and disturbances of the nervous system; the patient is easily excited, reddens on being spoken to and sweats profusely on examination. There may be and usually is loss of weight, loss of energy and a slight rise in temperature in the morning or afternoon or after meals or exertion. There may be susceptibility to cerebral attacks or to attacks of vertigo, which are heralds of laryngitis, gradually working downwards and finally settling in the affected areas, or ending in the bronchus giving a bronchitis and runs a more or less protracted course. This tendency may exist for months before a definite diagnosis can be made. Such cases are suspicious, to say the least, especially when there is a tuberculous history. Pain over the affected areas may exist for some time and is either constant or remittent or brought out by pressure, it is usually limited to the apex and is neuralgic or rheumatic in type leading to a diagnosis of rheumatism, or it may be found between the scapulae. It is either localized or, when present at the apices, extends to the shoulder and down the arms. The pain is due to a localized pleurisy.

"The chest should be completely bared and the patient placed in a strong light, this is essential for the detection of whatever abnormalities may exist. The general condition of the skin as to nutrition and appearance and the shape of the chest is important. The skin is either normal and the thorax is narrow with slight depth but great length and height. The chest is either normal or layer of fat or slight muscular development. The scapulae are prominent and their inner edges protrude and give the normal, giving a thin shaped appearance. There may be local flattenings or depressions and a retraction of one apex or emphysema of the lungs. The chest is either normal and the thorax is narrow with slight depth but great length and height. The chest is either normal or layer of fat or slight muscular development. The scapulae are prominent and their inner edges protrude and give the normal, giving a thin shaped appearance. There may be local flattenings or depressions and a retraction of one apex or emphysema of the lungs. The chest is either normal and the thorax is narrow with slight depth but great length and height. The chest is either normal or layer of fat or slight muscular development. The scapulae are prominent and their inner edges protrude and give the normal, giving a thin shaped appearance. There may be local flattenings or depressions and a retraction of one apex or emphysema of the lungs.

"Swelling of the thyroid is seen early in the disease. On measurement, the chest should measure in circumference one-half the height, if less, then we have a weak chest and are predisposed to tuberculosis. On breathing, especially on inspiration, the affected side or apex lags, expansion of chest is restricted and the excursion at the base of the lung on affected side is usually limited. The more restricted the disease the more evident the limitation.

"With regard to the type of cases suitable for admission to the sanatorium, the following may be mentioned: A—Cases with early physical signs in whom there is no evidence of temperature, even after exertion. B—Cases where the lesion is not far advanced, which has existed for over six months, and where no temperature is evident except after exertion, and then only a small rise. All other cases are best kept under observation at home and then if they improve may be given a trial later.

"Those Registered for Congress. The following doctors have registered at the office of the conference: R. C. Ruddle, W. W. Ruddle, Parkside Island; John O'Regan (student); Dr. John Murray MacLellan, St. John; H. S. Birckett, Montreal; F. S. L. Ford, Millton; N. S.; W. T. M. MacKinnon, Berwick; N. S.; S. C. Heuneger, Liverpool; N. S.; John Hunter, Toronto; J. V. McAlpine, St. John; J. S. Bentley, G. Corbet, St. John; F. O. Woodbury, Halifax; E. H. McDonald, Toronto; H. W. McCallum, London; J. M. Barry, J. W. Anglin, F. L. Kenney, W. W. White, G. A. B. Addy, S. H. Sklar, L. M. Curran, F. J. Hogan, E. M. Pratt, A. E. Lodge, St. John; J. H. Allingham, Fairville; W. G. Turner, Montreal; S. A. C. Scribner, Montreal; Mary E. McDonald, W. E. Rowley, A. P. Crockett, C. M. Kelley, J. W. Daniel, D. C. Malcolm, Wm. Warwick, G. G. Melvin, F. X. Morris, T. D. Walker, St. John; F. A. Starr, A. Primrose, Toronto; J. B. Black, Windsor, N. S.; J. D. Coffin, Plaster Rock, S. S.; S. G. Brown, E. G. Forbes, Lunenburg; W. N. Cochran, Malone, N. S.; R. W. L. Earle, Perth; A. S. Burns, Kentville; J. B. Reid, Musquodoboit; W. H. Egan, St. John; J. B. Champion, Tyne Valley; M. Chisholm, J. A. Ross, G. M. Campbell, Jno. Stewart, Halifax; M. T. Sullivan, Gloucester; L. M. Murray, St. John; F. A. Peters, Annapolis; A. C. Geddes, Montreal; E. E. A. deWitt, Wolfville; W. B. Kendall, Gravenhurst; H. J. Hamilton, St. John; G. C. Jones, Ottawa; W. Bruce Smith, Toronto; C. A. Hodgetts, Ottawa; W. L. Ellis, St. John; F. W. S. McCulloch, Toronto; A. R. Cunningham, Halifax; E. K. Macellan, Halifax; D. G. Wishart, Toronto; B. S. Bishop, Ploverport; A. F. Miller, Kentville; J. A. Bennett, Sussex; Jos. Hayes, Nelson; W. H. B. Jikens, Toronto; B. A. Marvin, Chatham; F. Montzambert, Ottawa; Geo. D. Porter, Toronto; J. L. Dyer, St. John; W. G. Anglin, Kingston; H. C. Parsons, H. B. Anderson, Toronto; J. G. Dalton, W. P. Roberts, St. John; A. J. Mader, Halifax; B. S. Watson, Toronto; S. G. Fulton, Truro; W. H. Hattie, Halifax; Alex. MacNeill, Summerside; Jas. Moore, Listowel; D. C. Dorman, Windsor; J. B. Travers, St. John; R. C. Ruddle, W. W. Ruddle, St. John; G. A. Lunn, Ploverport; G. C. Vanvarts, Fredericton; J. T. McDougal, Halifax; G. Armstrong, Montreal; A. L. Gray, Richmond, Va.; S. W. Ellsworth, Boston; J. Williams, Sherbrooke; C. L. Brown, Astor, C. A. Bowser, Montreal; U. P. Atkinson, Northport; J. T. Colley, Stanstead; F. W. Wetmore, Hampstead; W. Hutchinson, Montreal; H. S. Mackintosh, Montreal; J. A. McMillan, Montreal; B. W. Robertson, Keswick Ridge; W. H. McLaughlin, Milltown; N. B. F. D. Lawson, St. Stephens; T. J. Ryan, New York; R. T. Kierstead, Woodstock; W. A. Coughlin, Trull; H. B. Hauley, Stewiac, N. S.; C. A. Richards, Somerville; P. P. Torston, Sawyerville; S. Handford, McKee, Montreal; V. L. Ellis, Jacques River, N. B.; F. W. Nagle, Montreal; D. Townsend, River Glade; J. B. McKenzie, Loggieville; P. F. Duffy, Chatham; F. A. Lechart, Montreal; J. Kaufman, Montreal; J. A. Amyot, Toronto; W. H. White, Sussex; R. W. Towell, Ot-



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Meat May Be Injurious and Is Expensive!

Some people may eat lots of meat without injury to their health, but it's hard on their pockets. Others should avoid meat almost entirely, yet they eat it daily—these pay in both health and purse.

Either class will benefit by eating less meat and more Kellogg's Toasted Corn Flakes.

It gives much more nourishment than its cost in meat, is infinitely more easy to digest—consequently better for you.

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Only the highest quality of laboratory-tested fabric and white rubber are used in these tires. All Good Year experience and quality are wrought into them.

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Feared Paralysis

Mr. F. A. Krutz, Schwartz, Que., writes—"For about one year before using Dr. Chase's Nerve Food I was a complete nervous wreck. Could not rest or sleep, was irritable and easily excited and had indigestion and dreadful headaches. My nerves were continually on edge, and I feared prostration or paralysis.

After the first three boxes of Dr. Chase's Nerve Food I felt greatly improved and six boxes made me entirely well and strong. There is no treatment equal to Dr. Chase's Nerve Food as a means of building up the nervous system."

Nerves so Exhausted could not Sleep

Mr. Dennis Mackin, Maxton, Sask., writes—"I have just finished using the sixth box of Dr. Chase's Nerve Food, and I must say that when I commenced using it my nerves were so bad that I could scarcely get any sleep. I would lie in bed nearly all night without sleep, and one who has this trouble knows the misery of sleepless nights. The Nerve Food helped me from the start, and has built up my nervous system wonderfully. I now enjoy good, sound sleep, and instead of feeling tired in the mornings I am strong and healthy and well fitted for my daily work."

After using Dr. Chase's Nerve Food for a few days you will find yourself less irritable and excited, sleep will return to restore your nervous system as nothing else can, and you will be started on the way to complete recovery.

Dr. Chase's Nerve Food, the greatest restorative, 50c. a box, 6 for \$2.50, all dealers or Edman, Bates & Co., Ltd., Toronto

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The symptoms of early tuberculosis are insidious and usually extend over a more or less protracted period. The first warning may be a coughing up of blood. A slight cough, with or without expectoration,

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Head Office: Toronto, Ont. Factory: Bowmanville, Ont. St. John Branch - 83 Prince Wm. Street

Administrator During Sir Charles's Absence

Ottawa, July 6.—Mr. Justice Duff today swore in Sir Louis Davies as Administrator of the Dominion during the absence of the Governor-General and Chief Justice Sir Charles Fitzpatrick.

How to Rid the Skin of Objectionable Hairs

(Aids to Beauty) A simplified method is here given for the quick removal of hairy or fuzzy growths and rarely is more than one treatment required. Mix a stiff paste with some powdered delatone and water, apply to hairy surface and after 2 or 3 minutes rub off, wash the skin and every hair has vanished. This simple treatment cannot cause injury, but care should be exercised to get real delatone.

FEDERAL AID FOR SALEM SUFFERERS REFUSED

Washington, July 6.—The \$200,000 appropriation for the fund of the Salem fire sufferers, asked by Pres-