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TORONTO, JULY, 1908

Number 1

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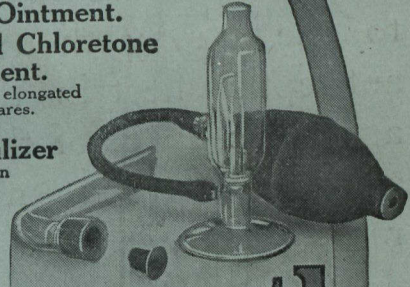
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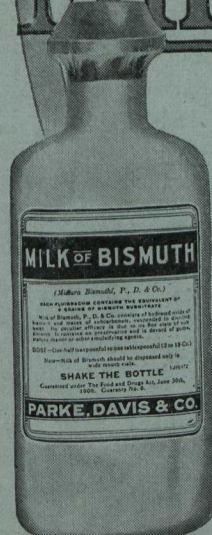
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Original Articles.

HYGIENE AND SANITATION: DOMESTIC, MUNICIPAL, NATIONAL AND INTERNATIONAL.*

F. MONTIZAMBERT, I.S.O., M.D.ED., F.R.C.S.E., D.C.L.

This meeting marks a very distinct advance, and the commencement of a new era, in the history of the Canadian Medical Association.

The adoption last year of our new Constitution—which comes into force to-day—has raised us to the status of a truly national body. It seems, therefore, eminently fitting that our first annual meeting under the new Constitution should be held in the National Capital, and under the Presidency of a medical man holding, as an officer of the Federal Government, what may be called a national position.

But in this connection let me say here that in addressing you to-night I speak not as a Government official, but as an individual member of this Association.

As you know full well, our profoundest feelings are often the most difficult to express. I shall limit myself to saying that, in the presence of this assembly of those who have come from the north, the south, the east and the west of this great country of ours, bringing with them to grace this meeting at the capital of the nation varied and priceless knowledge how to increase the duration and value of human life and elevate humanity to the highest standard of physical, mental and moral perfection—one may well feel many misgivings as to one's ability to meet the full measure of your reasonable requirements.

*Canadian Medical Association—President's Address. delivered at Ottawa, June 10th, 1908.

There have been gods and goddesses of disease and of medicine from very ancient days. Back in the far-away times of the first Chaldean Empire, some five thousand years ago, there was a Fever-God, a Plague-God and even a Headache God; and to overcome their evil influences the intervention and good offices were required of el-Merodach the son of Ea, "by whose spells the sick are restored," and of the Goddess Gula, the Queen of Physicians, "whose wisdom alleviates the ills of humanity."

Similar gods with similar attributes may be traced down through the various empires and dynasties, Babylonian Theban, Assyrian, Median, Phoenician and Egyptian, until under the Ptolemies the Hellenic Gods were identified with the Egyptian, after Alexander the Great of Macedon bridged the gulf dividing Occident and Orient. And then we have Apollo, who was, amongst other attributes, God of Medicine under his name of Paeon; and the original "paeans of rejoicing" were hymns loudly chanted by the Delphian virgins after Apollo had been sufficiently propitiated to overcome the pestilence. Apollo being possibly too busy about other matters, Aesculapius, his son, is the God of Medicine most usually recognized; and then, in the Homeric days, we first hear of a Goddess of Health, Hygeia, daughter of Aesculapius, and so grand-daughter of Apollo;—Hygeia, the most delightful and pleasing personality of all those that have come down to us from the ancient mythologies. The conjunction of the Goddess of Health with, and descent from, the Gods of Medicine is not without its element of flattery to the medical profession. It is at her shrine that I propose to pay tribute this evening.

A writer on hygiene has divided the history of sanitation into four epochs or eras:

- The Hebraic epoch, or era of Domestic Sanitation;
- The Roman epoch, or era of Municipal Sanitation;
- The Gothic epoch, or era of National Sanitation; and
- The epoch or era of International Sanitation.

This is in some ways a convenient division, and I shall make use of it to a certain extent this evening.

THE HEBRAIC EPOCH OR ERA OF DOMESTIC SANITATION.

With regard to this epoch, I shall not detain you by going over the familiar ground of the wonderful set of hygienic rules and regulations known as the Levitical Law, or the Laws of Moses. They were most perfectly adapted to the conditions of life of those to whom they were given, and many of them are good for all times and for all environments.

Amid the wreck of the Dark Ages, what had been taught and what little had been handed down regarding the necessities of hygiene to personal health, was buried. Filth, instead of being abhorred, was almost sanctified. The monks imitated the filthy habits of the hermits and saints of early Christian times, and the early Fathers commended them. Even St. Jerome used to praise the filthy habits of hermits. He especially commended an Egyptian hermit who combed his hair on Easter Sunday only and never washed his clothes at all. Monks, up to the time of the Reformation, thought, or professed to think, that by antithesis pollution of the body indicated cleanliness of the soul.

Only within the last century has the resurrection and re-establishment of sanitation upon a firm and more enduring basis been attempted. And this applies not only to personal and domestic hygiene, but to municipal and national sanitation, on which I shall touch later on.

It has been said that the ruling characteristic of this age is the tendency and effort towards perfecting the physical, intellectual and moral welfare of mankind. In these days of struggle and strenuous existence we hear much of the various means for the advancement and protection of the agricultural, the manufacturing, the mercantile and other interests; and of the race for social distinction, and the efforts people make to trace back their family tree as far as possible towards the one in which their original ancestors used to live and to disport themselves. But what question of mere business or social gain can compare, either in advantage or importance, with the general and individual interest which everyone has in the preservation of life and health? No matter what the labour, manual or intellectual, in which one is engaged, nor how productive, each and every mode of obtaining individual supplies and of contributing to the social welfare of the community is, and must ever be, subordinate—both intellectually and generally—to the possession of health.

It is not to be expected that legislators can go much in advance of the views entertained by the mass of the people in the value of preventive and protective measures. "Sanitary instruction is even more important than sanitary legislation," said the late Earl of Derby—himself eminent both as sanitary instructor and as sanitary legislator.

We must, therefore, be patient and untiring in our efforts to educate and encourage the more intelligent and thoughtful to adopt about their homes and in their daily life hygienic precautions. Their example in these matters will gradually extend by imitation

and habit to those less favored by fortune. Everyone can do a little, everyone can to a greater or less degree take a lively and practical part in the great crusade against dirt and disease. As has been well said, "If all the individuals in the city appreciated the fact that they are to some extent responsible for the condition of the public health, and, in order to keep their consciences clear, kept their back-yards, cellars, alleys, houses and rooms clean, the reports of the Commissioner of Health would show the result of the multiplied effort."

One of the most difficult parts of the work of improving such sanitary matters has been already greatly strengthened—that is, the getting the people to recognize the fact that dirt is always dangerous—by the gaining as our potent aid in preventing nuisances of the kind of which we are speaking, the public press of the country. At the present day things notoriously injurious to health are detected by the news-gatherer and commented upon in the daily papers. And neglected, dirty or untidy alleys and premises, the precursors of nuisances which in times past would have gone unnoticed, are now pretty certain to be complained of and remedied. These vigilant and influential voluntary inspectors are powerful agents for good, and they are ever on the advance and render any falling behind impossible.

"In the beginning," said a Persian poet, "Allah took a rose, a lily, a dove, a serpent, a little honey, and a handful of clay. The rose had a thorn, the lily was frail, the dove was timid, the serpent was guileful, the honey was very sweet, and the handful of clay was a woman." And nowhere better than in the hygiene of the home can this complex creature find her sphere for energy and active work. It is to the women of a family that should naturally come the instilling into the minds of the young hygienic ideas that will remain with them through life. "Train up a child in the way he should go, and when he is old he will not depart from it," is true now, as it was in the days of Solomon. To the women belongs the duty of teaching children to breathe through the nostrils, and to eat slowly; of training their daughters and sisters to protect the upper part of the chest; not to squeeze the waist; to have nothing tight below the knee; to wear thick-soled boots, and skirts clear of the ground, so as not to sweep up and carry home the impurities and bacteria of the streets and pavements. Amongst other phases of domestic sanitation may be mentioned the enforcing of proper ventilation of the home; the purity of the milk supply; the boiling of the drinking water and that used for washing vegetables that

are eaten raw, where it is doubtful; the use of ice in a jacket outside and around the water jug, butter dish, etc., and not within; and the removal of dust instead of only redistributing it by stirring it up with broom or duster.

Then, again, she can use her influence and authority against late hours at night. There is no doubt that many of the nervous breakdowns which are becoming increasingly common are due in part at least to the modern artificial life turning so much of the night into day since the introduction and perfection of artificial light. There can, I take it, be no doubt that nature intends the hours of darkness for that sleep which restores and prepares. The children's old hymn says:

“ When the darkness deepens,
Stars begin to peep;
Birds and beasts and flowers
Soon will be asleep.”

“Birds and beasts and flowers” follow this law of nature, and it would be far better for the health of the nation if men would go to sleep with the other beasts, and women fold up and go to rest with the other flowers.

I hold with the old saying that one hour's sleep before midnight is worth two hours after it. I do not hold with the other old saying, “Six hours' sleep for a man, seven for a woman, and eight for a fool.” If that opprobrious epithet is to be employed at all in this connection, it should, in my opinion, be applied to the person who is able to secure eight hours' sleep at night, and yet fails to do so. But those eight hours should be between dusk and dawn, instead of our sitting up late by artificial light and wasting the early day-light hours in sleep.

Then there is to be borne in mind the possibility of the conveyance of consumption and other diseases by kissing. Against the kiss of strong affection and of love, against that most delightful method of putting two and two together, especially when only one pair is feminine, no sanitarian will waste his time in useless words. But one may possibly have a chance to obtain a hearing with regard to other forms that might well be abolished or diminished. It would surely be an advance from the sanitary standpoint, and one not too hopelessly unreasonable, if the masculine handshake or some similar greeting could be substituted for the formal conventional touching of feminine lips to lips which is so general amongst women on meeting and on separating.

Again, the general and indiscriminate kissing of babies and young children by every friend and visitor might surely be omitted. This would not involve an overwhelming amount of self-denial, for the infant at any rate, and it would protect it from a risk to which we have no right whatever to expose it without its understanding and consent.

I speak of the home aspect of sanitation as being especially women's work, because it is in the home that she finds her fitting and proper sphere. The new woman now-a-days is forcing herself forward as a competitor with man in almost every line of life. Nature herself tells us in several ways that this should not be so. Take as one evidence of this the distribution of hair upon the face. The man is supplied with a moustache to act as a dust-filter and protection for the nostrils (and it should, therefore, be all brushed upwards) and a beard to protect the throat and chest. It is he, therefore, that is evidently intended to go out and face the elements and the dust and other dangers of most kinds of work. And the absence of this hirsute addition to the face of the woman must surely be nature's indication that she is intended for the shelter and protection of the home. But though that is her rightful realm, and she is the angel of the home, the source of all its beauty and grace, and sweetness and comfort and joy, it by no means follows that she is to sit there with folded hands in smiling and idle acceptance of our homage and adoration. Looking again at the faces, we see that both sexes have been given eyebrows. Now, the physiological use of the eyebrow is, of course, to prevent drops of moisture upon the forehead running down into the eye. As women have eyebrows, it is evident that, besides the beauty of those eyebrows being a fit subject for the rhapsodies of the lover and the sonnets of the poet, they are given for their physiological purpose also, and that women should carry out all the active and energetic labors symbolized by the expression, "the wielding of the broom." (Not the wooden end upon her male relatives, except under very exceptional circumstances, but the bushy end.) And certainly in no better way can they labour for themselves and for others than in sanitary work in the home.

In this everyone can do a little—if only to make one home or one room more bright, more cleanly, more wholesome. Sunlight, pure air and cleanliness are the natural enemies of disease germs. There is no sounder philosophy than is contained in the old sayings: "There is more health in a sunbeam than in drugs, more life in pure air than in the physician's skill," and that "sunlight may fade your carpets, but better that than have disease fade your cheeks."

In the temples of Hygeia the statue of Apollo sometimes is found standing with that of the Goddess of Health for worship. This is possibly because he was originally a God of Medicine. I like to think, however, that there may be another explanation, and that is that he is present in his character of Helius, the Sun-God; and that this placing of the Sun-God in the temple of the Goddess of Health shows an appreciation even at that day of the health-giving effects of sunshine.

THE ROMAN EPOCH OR ERA OF MUNICIPAL SANITATION.

This epoch or era is so named because the great city of Rome set perhaps the most remarkable example of this phase of preventive medicine; a city which worshipped as a divinity the sweet, smiling Goddess of Health; a city in whose municipal administration the highest place was accorded to the sanitary corps; a city which supplied pure drinking water of crystalline purity from the distant mountain lakes and streams by its seven or eight great aqueducts, of which four still remain; aqueducts dating back to centuries before the Christian era; aqueducts considered so important that under Nerva and Trajan no less than seven hundred and twenty "curatores aquarum," engineers, architects and others were continuously employed at the public expense to look after the water supply of the city; a city with public baths capable of accommodating all the citizens, for there were some eight hundred bath-houses throughout the city, the Thermae of Caracalla, Diocletian, Nero, Titus, Agrippa, and countless others; a city with a system of sewers dating back to Tarquinius Priscus and Tarquinius Superbus, six hundred years B.C.; the Cloaca Maxima, the main drain, built in triple arches of Etruscan architecture, and so large that barges could float upon it all under the city; and so well constructed that no earthquake or other force has altered it. Though choked up nearly to its top by the artificial elevation of the surface of modern Rome, it is curious to see it still serving as the common sewer of the city after the lapse of nearly three thousand years. Under the Empire condemned criminals repaired the sewers. To what better work could our modern jail-birds be put than that of similarly working for the sanitary well-being of their communities?

A proper drainage system is the first great duty of municipal sanitation. It must precede the waterworks, and be in readiness to carry off the water. To reverse this order has been well stigmatized as preposterous in its original signification of "pre" first and "posterus" coming last, or putting the cart before the horse. And the very worst use that can be made of drainage is to pollute

some river or stream with it; it is a waste of valuable fertilizers and a wrong to other communities down-stream. Cities and towns must ere long come to the purification of their sewage by septic tanks, chemical precipitation tanks, or filter beds, and the using up of the effluent in sub-soil irrigation.

A good water supply is the next most pressing duty of municipal sanitation. As a model from the past in this respect, I have spoken of Rome. Jerusalem also before the days of Solomon had aqueducts bringing water from miles distant, and through a reservoir which served as a sedimentation tank. We have another notable example in Tenochtitlan, the ancient Toltec capital, now the City of Mexico, with its admirable waterworks dating back long before the first meeting of Cortez and Montezuma, the Aztec chief. The difficulty of finding a pure water supply in sufficient quantity is facing every city. With the increase of population it is hardly possible to find a near-by watershed which is not more or less contaminated by the wastes of human life. Cities have too often either to adopt or continue a suspicious supply, or to trust to methods of filtration for the removal of the disease-producing elements. The remedy in some cases is fortunately to be found, as by Rome and Mexico, in bringing water from the distant mountains where it is pure and undefiled. Such a supply could be obtained for this city* from the Laurentian lakes to the north of us. This, or the purification of the water supply through filter beds, is a necessity that must soon be faced by this as by every other city.

Amongst the many further duties of municipal sanitation, I need only mention the inspection of milk, food, fruit, lodging houses, schools, public stables, abattoirs, etc.; the prevention of the exposure of meat and bread to dust, flies and unnecessary handling; the removal of garbage and dead animals; the prevention or, at least, the limitation of the soft coal smoke nuisance, and the inspection of plumbing. I have mentioned this last because I want to say a word about it. The health of the home and the household is more at the mercy of, and depends more upon, the work of the plumber than the doctor. There may be differences of opinion as to whether or no sewer gas carries the actual micro-organisms of disease, but all, I take it, will agree that the breathing of it in the home and the bedroom is calculated to so lower the resisting power of the body as to make it the more exposed to become the victim of contact infection. In the large cities there are inspectors of plumbing. There should be such officers in every municipality where there is a drainage system. Soil pipes should pass along the basement ceiling and pass underground only outside the wall, and

*Ottawa.

never be laid under the house. And every joint and fixture should be made and connected by a skilled workman, and not by an apprentice. In the book of the Proverbs of Solomon, the Son of David, King of Israel, we read that there were three things that were too wonderful for Agur, the son of Jakeh, yea, four things which he understood not: "The way of an eagle in the air, the way of a serpent upon a rock, the way of a ship in the midst of the sea, and the way of a man with a maid." It has been said that had that wise man lived in our day he would have been tempted to add a fifth cause of wonderment: "The way of a plumber with the drainage of a house." There are, doubtless, reliable, well-informed men amongst them, but the public should have greater protection. In my opinion, plumbers should only be admitted to practice under a license in sanitary work and drainage, given only after examination. Some similar system to that very rightly required for physicians for the security and protection of the people. And the public should be educated and encouraged to choose for employment as plumbers and as inspectors men holding diplomas and certificates, such, for instance, as those of the Royal Sanitary Institute, now procurable in this country.

Another duty in municipal sanitation is the enforcement of the notification to the City Health Office of all cases of infectious disease including tuberculosis, and the keeping of a house register in which the medical and sanitary history of each house should be written, the name and number of the cases of infectious diseases, with their dates, and the means taken to improve the drainage and sanitary condition of the house. Such a register is kept in many cities; it should be so in all. Reference to it would be of inestimable value to those looking at a house with the view of purchasing or hiring it. It would also be a potent lever to move holders of house properties to keep them in proper sanitary condition.

Still another municipal duty is that of the suppression or extirpation of the rat. Rats are always a nuisance of the first order, and as carriers of disease a source of public danger. From the standpoint of health they possess no redeeming qualities, and the more quickly a great diminution in their numbers is effected the better it will be for everybody. The Rat Act of Denmark is one of the most remarkable laws in the history of legislation. It is the result of the grim fight carried on for ten long years by one man, Zuschlag, a civil engineer of Copenhagen, against the most merciless ridicule poured out by the Danish press, the galling contempt of scientists, and the lethargy of the people; but in the end he finds himself acclaimed as a benefactor of his country. He is now President of the powerful and influential "Association Internationale

pour la destruction rationnelle des Rats," which has a membership of two thousand men of standing and known influence. In several countries government or port authorities have adopted Zuschlag's premium system of a national campaign on this principle. In England a society has recently been formed for the destruction of rats with the support of such men as Sir Patrick Manson, Sir James Crichton Browne, Sir T. Lauder Brunton, Lord Avebury and Professor Simpson. It has been calculated that there are as many rats in a country as there are men, women and children, and that each rat destroys one farthing's worth of food, grain or material per day. At that rate the six million rats of Canada cost us the enormous sum of over thirty thousand dollars per day.

But, in addition to this is the other terrible indictment as the conveyors and disseminators of disease germs. That enteric fever is spread by them is well established. And the important, indeed the all-important, part they play in the introduction and extension of bubonic plague is well summed up in the recent report of the Plague Committee appointed by the Secretary of State for India in the statement to the effect that unless the destruction of rats is carried out with the utmost energy it will be vain to hope to get the plague under control.

The last number of the *British Medical Journal* has an article on "The Cat as a Preventor of Plague." In villages in India where cats are numerous rats are scarce and plague unknown. In adjacent villages where cats are scarce rats are numerous and plague prevails. The cultivation of the cat has an advantage over some other plague preventives in that it does not conflict with any caste prejudices.

As Dr. Murphy has pointed out, the connection between rats and the plague has been apparently known since very early times. We read in the Bible that when the Philistines, after they had taken the Ark of God, were stricken with what was probably the bubonic plague, they evidently recognized, as we do to-day that the disease was carried from one section of the country to another by rats, for they endeavoured to propitiate Jehovah by offering five golden images of the most noticeable result of the disease, and five golden images of the family of *Mus*, probably *Mus rattus* or *Mus decumanus*—now known as the rat—images of the probable disseminators of the disease.

THE GOTHIC EPOCH OR ERA OF NATIONAL SANITATION.

This epoch has been given its name because Theodoric the Great, Theodoric the Ostrogoth, was the first in recent history to take a wide or national view in such matters. The torrent of vital energy

poured into the West by the Goths, with the collapse of the old inanimate routine of government and the old inanimate social system, the foundation of a new kind of government, and the rise of a new social fabric instinct and permeated through and through with the energy of the invading races, found one of its manifestations in the establishment of national sanitation.

After the Conquest, with all Italy laid at his feet, Theodoric held court in the city of Ravenna by the Adriatic, and there placed the protection of the public health entirely under the control of the central government, and recognized the great truth later enunciated by one of England's Prime Ministers: "The health of the people is the first duty of the statesman."

In former ages the three great enemies of national welfare, happiness and progress were deemed to be war, famine and pestilence. Until less than a century ago all these were regarded as beyond the realm and reach of human science, and were accepted as the infliction of the gods, or as the mysterious scourges of Providence, whereby nations were chastened for their sins.

From war and the fear of war we in this country are most fortunately and happily free.

As for famine, the genius of man has so wrought upon steam, upon electricity and other forces of nature that not only have the products of the earth been vastly increased, but by means of rapid intercommunication all nations have been brought into close relations, one easily supplying what another lacks. Thus national famines have disappeared, or are disappearing, from the world, together with the ignorance that tolerated them.

So for pestilence. We claim, too, that disease and pestilence are not the rightful masters of man, and only tyrannize over him by reason of his ignorance or supineness. They are merely the humble subjects of nature, and come and go in obedience to her laws.

Accepting the estimate made by statisticians of the financial value of the life of each able-bodied, industrious man at sixteen hundred dollars, and the average cash value of each man, woman and adolescent above twelve years of age at one thousand dollars, we have then some slight conception of the financial value of the life of each citizen, and the loss to the wealth of the country from sickness and death from preventable diseases which destroy thousands of lives annually, the cash value of which amounts to millions. The eight thousand who die annually in Canada from tuberculosis alone represent a financial loss of at least eight million dollars. Even from this low monetary point of view, therefore, it needs no

laboured argument to prove that it should be the first duty of all governments, national and provincial, to protect the public health by enactments based upon the knowledge that sanitary science has evolved, and to see that all the members of society are benefited by them.

Nations and communities have it in their power to diminish the causes which produce sickness and premature death. From even the partial wise use of this power during the years that are recently past, the average duration of human life is slowly but progressively on the increase. But much, very much, remains to be done. And every measure which relates to the improvement of the sanitary condition of the people generally deserves the earnest support of statesmen, and the favor and hearty support of all.

Provision has been made by the National Government to protect this country at large against the exotic diseases—the diseases to be detected by quarantine and by inspection—threatening from abroad.

The country has been and is so fairly protected from their inroads that everyone takes their absence as a matter of course without stopping to think of the work constantly going on at the outposts of coast and frontier. But it is the diseases we have always with us, the well-known preventable diseases, that produce the greatest destruction of human life, and swell the total of the general suffering and distress in all parts of the country.

Some of these, such as enteric fever, scarlet fever, measles and diphtheria, are left in this country to Provincial responsibility. But there are some other diseases and some other points as to which it seems to me the national power can best be exercised.

Tuberculosis, for instance. This is a disease widespread throughout the whole Dominion, and it cannot be kept within municipal or provincial bounds, if only because the Eastern sufferer is so apt to seek a health resort in the West. The annual death rate from tuberculosis is so high and the financial loss to the country from these deaths and from the illnesses which precede them is so grave a national matter that it seems to me it should not be left to the separate actions of the various Provinces, but should be at least co-ordinated and arranged by the National Government. Sanatoria are good in their way, and would be better if they could be kept for the reception of incipient cases, to be discharged cured to make room for others. The beginning cases, however, are not those that appeal most loudly to the sympathy of the onlooker. And too often, under pressure political, personal, religious and charitable, the few beds of the sanatorium are promptly filled with in-

curable cases, and so their highest mission fails. The same amount of money spent in dispensaries, day camps, and the dissemination of pamphlets, leaflets and other literature on the prevention of the disease, would reach and benefit hundreds for each one the sanatorium can aid. The enforcement of notification of tuberculosis also, with the appointment of inspectors to follow up each case where the visiting physician cannot or does not do so, seems to me essentially a national work and responsibility.

The prevention of smallpox also should be distinctly a matter of national sanitation. We are not only threatened with it from the Orient, from Europe, from the United States, and from South America, but from England also, owing to her retrograde legislation nullifying compulsory vaccination by the admission of conscientious objections, and yet not putting smallpox on the list of her quarantinable diseases.

Compulsory vaccination in infancy and compulsory re-vaccination in adolescence should be the national law. By such laws smallpox has been made to practically disappear from Germany. This disease is unknown in her army. In the entire German Empire during the whole of 1906 there were but twenty-six cases of smallpox and five deaths, and these cases were largely imported from neighboring countries. Why cannot we learn from such an object lesson as that, confirming, as it does, the experience of every smallpox hospital, where vaccination keeps the attendants free from the disease?

I would go further still. For the victims of unpreventable infectious diseases I have both sympathy and pity. Smallpox, however, is entirely preventable. For its victims, or for those who are responsible for them, I have nothing but condemnation. Not only would I make vaccination and re-vaccination compulsory, but I would make having smallpox a penal offence. In no other way that is avoidable is one permitted to be or to harbour what is a nuisance and an injury to one's neighbours. An outbreak of smallpox often paralyzes the travel and traffic of a small community. It always injures even the larger ones. It is a distinctly preventable disease. No one has any right to harbor an unvaccinated person on his premises any more than he has to store a supply of dynamite. No one has any right to have it, and every offender in this particular, every adult who has smallpox and the parent or guardian of every minor who has it, should, in my judgment, be sent, as soon as the risk of infection is over, to pick oakum for a term in the common jail for having been guilty of a wanton and quite avoidable nuisance and misdemeanour; or, still better, to work for a similar period

at forced labour in the sanitary improvement of the municipality, as I have suggested for our prisoners before.

Railroad and car sanitation should also come under National Sanitation. Under this heading may be briefly mentioned the prevention of the possible spread of typhoid dejecta along the roadbed, to directly infect or to be blown as dust into neighboring sources of water supply; the use of non-absorbent coverings and curtains; the general use in sleeping cars of the thin, so-called emergency curtains which permit the free passage of air, but not of light; the placing of ice in a jacket around the drinking water, and not in it; the provision of a separate basin, over which alone toothbrushes may be used; the proper ventilation of, and preservation of temperature in, the cars, and their frequent and efficient disinfection; and the abolition of the brushing down of passengers by porters in the midst of the car, whereby the dust from each in turns is distributed over the persons and into the lungs of his neighbours. And this in order that a rapacious porter may be the more sure of the holdup for his tip. The brushing, when required, should be done only in a corridor beyond a swing door.

If temperance be a thing to be secured by legislation, that legislation may well be national. Nothing certainly injures health more than the diseases of the various organs that are affected by improper food and the abuse of spirituous liquor. With regard to improper food, as far as quality is concerned, national sanitation has already taken hold of matters connected with the adulteration of food and drugs, and the inspection of meat for export, although not yet that of meat for our own home use.

With regard to the liquor traffic: Of all temperance legislation, the most temperate and, therefore—to my mind—the most likely to gain the desired end is that known as the Gothenburg system. The elimination of private profit upon the sale of spirits, and the commission upon the sale of non-intoxicants, are, of course, the essential points of this most excellent system, with the introduction and extension of which in England the name of His Excellency our Governor-General is so closely connected.

I cannot pass from the subject of national sanitation without referring—still in my individual capacity, not in my official one—to the resolutions that have been passed annually since 1902 by this Association, urging upon the National Government the collecting together of national matters medical and sanitary—now scattered amongst the various departments—into a Department of Public Health under one of the existing Ministers. In connection with such a department there should, in my judgment, be a national

bacteriological laboratory, with branches for the supply of vaccine and of the various sera and antitoxins. These should be prepared and tested by men on salary and without any personal interest in their sale. And they should be issued bearing the Government stamp as a guarantee of purity and reliability, and marked with a date limit of efficiency. The general practitioner throughout the country would then know just what he is using, and both he and his patient would be much better protected than they are at present. Moreover, in such a national laboratory there might well be bacteriologists and chemists engaged in original research. This country should rise above the position of hanging on to the skirts of other nations and waiting to hear from them. It is fully time that in such a national laboratory Canada also should have her investigators taking their part in forwarding the advances of science. In such a National Department of Public Health there would be no interference with Provincial rights, only a domestic rearrangement for greater efficiency. On the contrary, one of my dreams is the creation of a national board or council of public health, composed of the occupier of the federal office I now hold and of a representative from each of the Provincial Boards of Health, to meet at the Capital from time to time to advise the National Government in public health questions affecting the country at large. Advice and recommendations from a council so composed should carry more weight with the Dominion Government, and with the people, than those of any one sanitary advisor, be he ever so able and ever so experienced.

Departments of Public Health already exist in some countries. They are being actively striven for in Great Britain, in the United States, in Mexico and in Cuba. That we will ultimately have one in Canada I in no wise doubt.

THE EPOCH OR ERA OF INTERNATIONAL SANITATION.

Within the last generation the idea has been spreading that those nations that are most active in sanitary and hygienic movements are really dependent on each other for complete success. This idea has found expression in international official conferences such as those of Venice, and London, and Paris; in the international congresses of hygiene and demography; in such international conventions as those of the Republic of North and South America; of those on tuberculosis; in such international societies as the American Public Health Association, which embraces the United States, Canada, Mexico and Cuba, and in the general international exchange of health news and bulletins.

International agreement, as a recent writer has pointed out, or even a declaration of policy to ameliorate the local conditions that cause disease, so that no people should be allowed to live without sufficiency of pure air and light, pure water and pure food, good drainage and sewerage; in other words, except under the healthful environments of man which are his inalienable right—such an agreement would furnish objective employment of national thought and energy, and by the substitution of one energy by another detract by so much from the consideration of armament and war. It has been suggested that in the search by peace congresses for measures to be recommended to The Hague Tribunal for consideration as measures towards universal disarmament, or partial disarmament, or arbitration, or peace, such international sanitation as I have alluded to above might be included as tending directly and indirectly towards the full or partial abolition of war.

It is devoutly to be hoped that in the process of evolution of international sanitation the time may be not far distant when it may be possible that there shall be Canadian medical officers responsible to the Dominion Government in every port of emigrant departure for this country in Europe and in the Orient. The action of such a body of men in vaccination, disinfection and careful inspection before departure would lighten the work of quarantine and immigration officials on this side. And, what is far more important, it would remove to a great extent the chances of outbreak of disease during the voyage, thus lessening the risk of infection for all classes of persons upon the vessel. It would benefit the shipping interests greatly both in time and in money. Moreover, it would obviate the hardships which must necessarily accrue in many cases from the sending back of undesirable immigrants from the port of arrival in this country.

In conclusion, I would say that I cannot hope that I have told you anything new this evening. The truths of sanitation are well established and well known. We cannot plead now as in the days of Hosea the Prophet when it was written: "The people are destroyed for lack of knowledge." But these truths—like others—require iteration and re-iteration, line upon line, line upon line, precept upon precept, precept upon precept, here a little and there a little.

The best I can hope for is that I may have in some small degree presented to you some old thoughts in new settings. And I may, indeed, be well content if anything that I have said tends to make these truths—ever old and ever new—sink more deeply into your minds and memories, and if, by so doing, I may have advanced

even by the smallest step our progress towards that time when the four sanitary epochs or eras of which I have spoken—the Domestic, the Municipal, the National, and the International—may be followed by a fifth, towards which we are all striving and yearning, the epoch or era of Universal Sanitation.

PRESIDENT'S ADDRESS.*

BY INGERSOLL OLMPSTED, M.D., HAMILTON.

Gentlemen,—Permit me first to thank you for placing me in the honorable position of President of the Ontario Medical Association. In electing a member of the profession of this city to fill this most important office, I feel that you wished to do honor to Hamilton and to the profession here, rather than to the individual. On two previous occasions Hamilton has been honored by the election of one of its citizens to the Presidency of this Association. In 1883 the late Dr. J. D. Macdonald was chosen, and again in 1888 the late Dr. J. W. Rosebrugh received the honor. The first and only meeting of this Association in this city was held in the old City Hall, on James Street North, where the present City Hall stands, in the year 1884, just twenty-four years ago.

After an absence of twenty-four years, it is my pleasant duty to extend to you a hearty welcome. We feel that the prodigal has returned, and an intellectual feast has been prepared for you. We trust that the reception given you this year will induce you to return to us in the near future.

Hamilton has well deserved the name of the Ambitious City. It may not be generally known, but nevertheless a fact, that this was the first city in America where antiseptic surgery was practised. Dr. A. E. Malloch, a Canadian, who is with us this afternoon, was a house surgeon of Lord Lister. He returned to Canada and introduced Listerism in Hamilton in 1868.

In his early operations the spray was used, but realizing that it was unnecessary, he abandoned its use years before it was discarded in England. The results he obtained, and the work he did were as fine as anything I have ever seen.

Also this is the first city in the province where compulsory

*Delivered at the Ontario Medical Association.

notification of tuberculous patients to the Medical Health Officer was established. It was owing to the energies of Dr. W. F. Langrill, the present Medical Superintendent of the City Hospital, that this important by-law was passed in 1902. At that time Dr. Langrill was the Medical Health Officer, and he was ably supported by the Hon. Lieut.-Col. John S. Hendrie, who was Mayor of the city.

There have been many improvements in this city during the past twenty-four years. Whereas formerly there was only one hospital, with accommodation for 100 patients, we now have two first-class hospitals, the city, with 250 beds, and St. Joseph's, with 50 beds. Both of these institutions are splendidly equipped with modern appliances, and over 3,000 patients are treated annually in the wards, and about the same number are treated as out-patients. The surgical work has increased by leaps and bounds, and the results have been excellent.

Two years ago a Sanatorium was established on the mountain, for the treatment of incipient cases of tuberculosis. It has accommodation for 35 patients. The results obtained there have been very encouraging.

Another very important institution is being erected, thanks to the generosity of one of our citizens, Mr. William Southam, namely, a hospital for advanced cases of tuberculosis. We will henceforth be in a position, we hope, to successfully cope with the ravages of this terrible disease. It is thus a great pleasure for us all to have the members of the Association meet here.

Now, in regard to the Association itself. We felt that owing to the tendency of its members to devote themselves to special branches, new sections should be formed. The various subjects could not be fully discussed in the two sections, Medical and Surgical, consequently three additional sections have been formed, namely, Preventive Medicine, Eye, Ear, Nose and Throat; Obstetrics and Diseases of Children. Two additional sections could easily be added, namely, Mental Diseases and Diseases of the Nervous System and Pathology. I firmly believe that if this plan were followed, and the different sections were placed in the hands of enthusiastic men, our annual meetings would be very much better attended.

With 2,500 practitioners in this province, we should have more than 10 per cent. of them at our meetings. Some parts of our Ontario are seldom represented on our programmes. This should not be allowed. During the year hundreds of interesting cases are seen by the different physicians, which are never published.

The rule to take careful notes of cases should be more generally adopted. It would then be a very easy matter to get up a short paper which would lead to good discussion with marked benefit to all present.

During the past two years several county medical societies have been formed, and if the officers of these societies were to interest themselves in getting their members to write papers and present them to the Ontario Medical Association, the duties of the officers of this society would be lightened very much.

We want every physician, whether practising in village, town or city, to come to our meetings, and give us the benefit of his experience.

Many of the papers on the programme this year are by Canadians practising in different parts of the United States. Thus, there are two from New York, two from Johns Hopkins Hospital, Baltimore, and two from Detroit. Montreal has sent some of her best physicians and surgeons to assist us at this meeting, and last, but not least, our brethren across the line, who unfortunately are not Canadians, have graciously laid aside their work and come to us with the best fruits of their labors.

For the preparation of this programme, gentlemen, we are chiefly indebted to the untiring energy and faithful work of the chairman of the Committee on Papers, my friend, Dr. Wallace.

As there are a large number of excellent papers to be read this afternoon, I shall not take up any more of your time, but will proceed with the programme.

MR. DOOLEY (M.D.) ON MATTERS MEDICAL.*

I see be th' pa-papers that th' sessions iv this prehistoric s'ciety has been a gr-reat success. All iv th' pa-papers on th' programme was r-read amid breathless silence an' enthus'sm, fr'm "Clinical Symptims iv an Overdose iv Jawn Collins," to "Ann S. Thesia in her relations to or with certain Mimbers iv Parlymint," an' no language bein' used more riprihinsible than th' scientific wurruds emplied be th' gifted authors thimselves.

Now, although I'm a medical man mesilf—I'm an M.D., like

*An original monologue, written and recited (in character costume) by Mr. Gordon Rogers, Ottawa, at the smoking concert of the Annual Meeting of the Canadian Medical Association in the Russell House, Ottawa, on June 11th, 1908.

all iv yez, which sthands, I'm told, f'r Modherate Dhrinker—I was unable to be prisint at th' intelchool indoor festivities iv th' meetin'; bein' more arjoosly emplied in showin' an academic bunch iv our distinguished visitors th' lions an' sights iv our sanitary an' hygienic city, th' principal iv which was th' sthreet car lines an' some iv th' numerous tuberculosis hospital sites an' as a last port iv call, we inspected that sanitary hot box iv oratory th' House iv Commons, where, in th' commercial inthrests iv th' medical min an' th' undertakers iv Canada, th' Mimbers sit heroically raisin' th' temperachoor an' lowerin' their vitality fr'm elivin a.m. to five a.m.

“Why dont ye pay th' Civil Sarvints their money?” thunders me ould frind, Dock Sprowle, punchin' a lar-rge hole in th' heated atmosphere with a copy iv Hansard, ap' bitin' a large piece out iv an orange in his left hand. “They can't pay their doethors' bills,” he says, weepin', “an' they're near crazy about it. I'm a midical man mesilf,” he says, “or was, onet; an' I sthand here as th' champeen iv th' medical patient an' th' patient medical man,” he says. “Hear! hear!” says Dock Borden, Dock Daniel, Dock McLennan an' Dock Black, an' siveral more iv th' ould guard that laid down th' prescription pad whin their counthry called' an' give up their practice f'r th' more payin' proposition iv politics. Dock Sprowle, to hide his emotion, turns a page or two over be th' seat iv their pants. “If me ould frind Dock Tupper was here, here,” he says, bitin' har-rd at th' orange, “he'd make more noise than all iv yez! He'd show ye there was no lung throuble in his family!”

Now, there was a few things I wanted to say a wurrud or two about, an' I will not detain th' House, as th' Mimbers say, after which they go on to put ivrybody t' sleep,—that is, ivrybody that's awake. There's Christyan Science. Ye'er all medical min. What is it? I've been r-readin' a book on th' Life an' Har-rd Times iv Mary Baker Eddy, th' Eddystone Lighthouse an' Burnin' Beacon iv Modern Thought, an' th' gran'ma iv them all. She was th' daughter iv Hygeia, be Mercury, th' god iv merchants an' iv thieves, an' be Croesus an' Pandarus, an maybe siveral more iv them classical immoral, an' so gran'daughter iv Sanitaris an' Apollinaris, as me noble frind th' Prisidint would say.

Now, it tells in this book that there was two stoovents iv ould McGill that issued th' challenge t' two iv Mary's pets to a test iv their respective methods iv curin' disease. Says th' b'ys fr'm ould McGill to th' Christyan Science la-ads: Afther tis proved, they says, that th' four iv us is all ekally sound in wind an' limb, we'll

all be inoculated, they says, with some deadly mickrobe. The deadlier th' betther, they says, f'r 'twill be two Christyan Scientists less. I forget just which particular brand iv mickrobe it was, but twas wan iv th' best and most expinsive. We ar're willin', they says, to be vaccinated with th' pure tested culchoor iv th' bacillus vermicilli or th' bacillus macaroni or th' bacillus magilli, providin' anny two iv yez out iv th' Eddy Tabernacle does th' same. We ar're to depind, they says, on medical threatmint, an' ye ar're to depind on Christyan Science threatmint f'r relief or sudden death. Well, sir, what does th' two young disciples iv Mary do? They tillygraphed t' Mary, an' she wires back, at their expinse, an' this is what they says to th' McGill heroes: We ar-re perfectly willin', they says, to accept all iv the conditions iv our medical frinds except th' thriflin' wan at th' last. The' referee is all r-right, an' th' size iv th' ring an' iv th' side bet f'r th' death sthuggle an' th' funeral expinses iv our antagonists is all r-right, but we cannot take advantage iv ye, they says. We ar-re to receive midical threatmint, they says, an' ye ar-re to receive Christyan Science threatmint. And there ye ar-re. Tis a good spoortin' offer, but th' McGill la-ads crawls back to th' laboratory, an' th' fight is off.

Tis wan on Christyan Science, says you. But hold on. Take medical science. There's th' Sthrange Case iv Mabel Quirk, a la-ady that underwint an operation f'r laparotomy in America. I don't know in what part iv America laparotomy is, or if it was th' lap iv Senator Platt that Mabel was sittin' in; but annyway, this poor lady, in addition to bein' laparotomous, was near sighted. She kep' her glasses on to see if th' thrained nurse winked at th' doethor, an' she forgot to take thim off iv her nose in th' excitement iv bein' chloroformed an' holdin' th' doethor's hand. An' whin she come to, her glasses was gone. Th' thrained nurse didn't have thim, an' th' doethor said he niver took even wan of annything himself. Well, sthrange as it may see to all iv yez, afther th' operation Mabel's health was not improved. Th' laparotomy mickrobe got a lap ahead of Mabel again. She got a new pair iv glasses an' was able to see her way to go to Germany, f'r operation number two. An' there 'twas th' same as before. She kep' her glasses on, an' when she came back into this wurruld iv sin an' sorrow an' operations, they was gone like th' last pair. Well, Mabel was cut up. I don't know what she said to th' thrained nurse an' th' doethor, but what they said to her in German, which she didn't understhand, wouldn't look well in German text, to a German, th' pa-aper says.

Thin Mabel come back t' New York. Twas rough on th' v'yage.

Th' ship rowled a good deal, an' 'twas noticed be th' head steward that whin Mabel wint into action on th' bridge deck she jingled a good deal like a pitcher iv ice wather in th' hands iv a har-rd dhrinker at four a.m. She noticed it herself, thinkin' 'twas th' tur-rbine engines; but whin she got t' land she sthorted f'r th' R'yal Victoryah Hospital, havin' no more faith in th' integrity iv th' officials iv American an' German institutions. Nivertheliss, she give her third pair iv glasses to th' Mathron to lock up in th' safe till afther th' operation. She was chloroformed; an' whin she opened her eyes—glory be! there was her two pair iv lost glasses starin' her in th' face. They was inside iv her all iv th' time! So all's well that inds well. Mabel Quirk has got all iv her glasses back, an' afther three operations she can see betther than she iver did before.

Now, at th' urgent request iv th' worthy sec'tary, I wrote a pa-aper entitled, "Th' Utility iv th' Sigmoid Flexure f'r Hangin' Purposes f'r th' Japanese in th' Evint iv Hari Kari not Doin' th' Job." 'Tis a toss up which is th' longest, th' Title 'r th' Sigmoid Flexure. 'Tis very exhaustive an' weighs four pounds. Th' pa-aper, I mean. You will all be disappointed t' know that I'm not goin' t' r-read it. But before I come down off iv me perch, I want t' make a few remarks on the Possibilities iv Profit in th' Establishmint iv Soda Fountains in th' Waitin' Rooms iv Medical Min. It might be wan way iv gettin' th' patient to pay up besides th' Collector at Tin Per Cint. An' while I'm there, I'll l'ave it to all iv yez, if there's anny wan kind iv account that gets pushed hardher behind th' clock than th' doethor's bill, an' if there is anny man that gets called in quicker whin there's a panic an' throuble in th' house, than th' doethor, I'd like to know what an' who they are.

"Jawn," says th' wife, "there's th' bill f'r me new hat has come in. I must pay it, f'r I want t' keep me credit good with Madame Aigret, f'r she's th' best. An' there's th' bill f'r Mary's music lessons; an' her profissor says me must have a new pianny. I'll need a hundhred dollars," she says. An' Jawn writes out th' cheque with th' easy grace iv Jawn D. Rockefeller. "An—O, yes!" says th' wife. "There's wan other I forgot. 'Tis Doethor Casey's bill. 'Tis tin dollars, f'r savin' th' baby's life a year ago." "Forgit it—again!" says Jawn blottin' th' cheque. "Put it on ice. Th' baby's all r-right now."

Glory be! As me ould frind, Dock Kipling would say if he was here:

T' hell with Docthor Casey's bill!
 I'll pay it bye and bye.
 But it's: Please to come in quick, Dock!
 Whin ye think ye'er goin' t' die.

Now, about this Soda Fountain scheme. Ye have a good lookin' thrained nurse, to attind to th' fountain. She's th' Soda Fountainness. Or durin' an epidemic or compulsory vaccination ye might have two, a thoroughbred peroxide blonde an' a black draught brunette. That's f'r th' male patients, ye undhersthand. F'r th' ladies I would recommind a tall, dark, good-lookin' athletic young man from wan iv the American base ball univarsities, well thrained in th' matther iv high balls. Th' ladies prefer th' male clerk an' a little somethin'; an' th' tall, dark, good lookin' young man could take a good deal iv throuble off iv th' docthor's hands, if desired. Now, here is me idea iv an appropriate an' inexpinsive menu—inexpinsive to th' medical man, I mean:

DR. JIM FIZZ SODA FOUNTAIN

Fizzing at all hours, Day or Night.

Practice and Prescription Positively a Secondary Consideration.

All Drinks Spot Cash. No Checks Given or Taken.

Try Our:

- Buster Brown Bioplasm 10 cents
- Post Mortem Egg Phosphate..... 15 cents
- Hypodermic High Ball..... 25 cents
- Pineapple Perineum 10 cents
- Meningitis Fruit Salad 20 cents
- Vermiform Cream Puff (special) 10 cents or two for 25c
- Ergot of Rye High Ball..... 15 cents
- Sunday Specials: (all Sunday School Drinks 25 cents)
- Spirochaete Pallida Fizz
- Sunny Jim Bacillus
- Housemaid's Knee Bouquette
- David Harum Appendix
- Strawberry Streptococcus
- Chloride of Potash Frappe
- Wood Alcohol Nut Salad

An' there ye ar-re. If there's annything in it, don't let y'r professional etiquette sthand in th' way iv gettin' rich quick. Th' Modherate Dhrinkers Soda Fountain Company, Limited, sounds all right. As f'r mesilf, if anny wan iv th' Boord iv Directors surreptitiously removes th' ould style soda fountain from me medicine cabinet (Mr. Dooley removes a flask from his hip pocket) to make room f'r a few hundred shares in th' New, I'll say nothin'. An', glory be! who knows? With th' patients payin' cash at th' Soda Fountain, maybe there'll be th' miracle iv a practicin' medical man livin' an' dyin' a millionaire.

GORDON ROGERS.

THOROUGHNESS IN ABDOMINAL SURGERY.

BY A. LAPHORN SMITH, B.A., M.D., M.R.C.S., ENGLAND.

Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Western General Hospital and to the Montreal Dispensary, and Consulting Gynecologist to the Women's Hospital, Montreal; Fellow of the American, British and Italian Gynecological Societies.

Several years ago, when I had had an experience of about five hundred abdominal sections, I published a paper entitled "Conservative Gynecology," in which I pointed out that the term was often wrongly used. While the only thing to be conserved was the patient's health, the keeping in of diseased organs or of organs which experience told us were on the straight road to disease, led to the very opposite result. Now, with an experience of nearly a thousand major operations, I feel it my duty to call the attention of my brethren in still louder and more certain tones to the grievous wrong they are doing not only to their patient but to themselves, not only to the abdominal surgeon to whom they bring the case, but to the cause of surgery in general when they arbitrarily insist upon his leaving one ovary and tube, and promise the patient that no more will be done, when at the operation the other appendage is found to contain pus or to be buried in adhesions. I have actually seen half a dozen different operators in many different lands deliberately close the abdomen without doing anything because the condition found was not the one they had obtained the woman's consent to remedy, and they were all men with an international reputation.

One would think that, with the enormous aggregate experience which we now possess we should be able to make a more minute

*Read before Section on Gynecology and Obstetrics, Canadian Medical Association, Ottawa, June 10th, 1908.

diagnosis than ever; and yet the very opposite is true. The young man just out of college thinks we should be able to say exactly whether the tumor which is killing the patient is a cystic fibroid of the uterus or a fibrous cyst of the ovary. Indeed, one esteemed friend actually told me that he had delayed operation for a year because he was not sure whether the tumor was a fibroid or not, and he had been taught that fibroids should be left alone, as they often get well themselves after the menopause. That teaching nearly cost that patient her life, for as I will show later, a fibroid is a source of suffering and danger from the moment it is discovered.

While the inexperienced doctor thinks that an exact diagnosis is easy, and delays the life-saving operation until he knows exactly the nature of the trouble, we find men with an enormous experience, the Mayos for instance, saying that it is impossible to say before the abdomen is opened just exactly what will be found, and that we are making no mistake when we operate for a pus tube and find instead a tubal pregnancy before rupture. What would be a mistake, and an awful one at that, would be a conservative curetting with the patient dying on the table from internal hemorrhage, when a prompt and radical operation would have conserved the patient's life.

How many thousands of lives have been lost through the conservative treatment of cancer? The woman with irregular hemorrhages at or after the menopause has been treated for months when days were precious, with ergot or adrenalin, without an examination; and when the examination has been made more months are lost with local applications when even hours have become a question of life and death. And when we upbraid the family physician gently, and too often, alas, tell him that the time has passed for saving his patient, he puts in the plea that he thought it was cancer, but was not sure, as there was no foul-smelling discharge, and he did not like to advise anything rash. Everyone should know that a foul-smelling discharge in cancer means an order for a coffin. He is conservative in his treatment, but he is not conservative of the patient's life. Or a woman comes to him with a small, hard lump in the breast. He finds no lumps in the axilla, and, being conservative, he tells her to leave it alone and to come back in six months. She goes away delighted, not knowing that in those few conservative words he has pronounced her sentence of death. When she comes back six months later with the nipple retracted and enlarged glands in the axilla he takes her to the gynecologist, who has had a large experience of such cases; but he sees by the latter's tone that it is too late to save her life, which but for his mistaken conserva-

tism he might have saved. More than one good medical friend has told me, after the patient had left my consulting room, that that was the most unhappy moment of his life. In both of these cases, and they are happening every day, there was a time when the cancer was no larger than a pea and when operative treatment would have given no deaths and a hundred per cent. of cures; while waiting for a sure diagnosis will give an operation mortality of four or five per cent. and a mortality of 80 per cent. before three years; with only four alive after six years.

But to confine myself more exactly to the abdominal work of the gynecologist; there is here more than enough of disappointment and regret, due to mistaken conservatism, to more than fill this paper. I have forgotten all about the several hundred women who came to me with pus tubes, and who, after several years of invalidism due to peritonitis, had them completely removed, and thereby gained robust health and the restoration of marital relations. But time has not effaced the mortification of having exposed some twenty women to the suffering and danger of a laparotomy without having relieved them of their pain. Twenty years ago I only conserved one of two diseased ovaries under compulsion, after giving the woman distinctly to understand that if the operation proved a failure it was her fault and not mine. Notwithstanding this understanding, I have received insulting letters from several of them, saying, among other things, that "if I did not know how to cure them I should have sent them to someone who did." A few even went so far as to say that I should have used my own judgment and done what was necessary in spite of their injunction to the contrary. During the last five years I must say, in justice to the patients, it has not been their fault if I have adopted this foolish conservatism. One is more or less the result of his surroundings, and it is almost impossible not to be influenced by public opinion, no matter how well we know and how anxious we are to do what is best. Consequently during the last five years I have had to do a second and much more difficult operation on at least ten women who might have easily been cured by the first one done by me; while more than ten times the second operation was done on the victims of conservative, or rather incomplete, work by other, and some of them more able, operators. Half a dozen times I have had my hand on the telephone to ring them up and tell them that Mrs. X., from whom they had removed one ovary and tube a year or two ago was in my office, suffering worse than ever, demanding a second laparotomy, but refusing to go back to the first operator. But I knew how unhappy such a message would make me, and I

spared them. Some of these cases I tried to pacify by telling them that they had had a child since, which they would not have had if their first operation had been complete; but they indignantly replied that they had suffered all the time they were carrying it and ever since its birth. The most unhappy part of it is that while I am an unwilling listener to their complaints, the same number of my conservative failures are complaining to other operators of my incapacity. Then back of these women again are all the hundreds of women in their little towns who are dragging out a wretched existence, and who could be absolutely cured by a thorough operation, but are deterred from undergoing it by the bitter experience of their unfortunate sister, who because she has had another child is reported at the society as a brilliant success. I have been taken to task at a great society meeting for putting in a feeble plea for these unoperated ones. The speaker said, "I hope that it will not go forth as the opinion of this society that our treatment of any given case should be influenced in the slightest degree by the effect such treatment might have upon similar cases not under our treatment, no matter how numerous they might be." I said nothing, but I thought his remark very heartless. But in this case it does not even apply. Women come to us for relief. They care nothing whether it is a teratoma or a gyroma that is killing them. What they want is health. They are not clamoring for more children, but for strength to take care of those they have. To them a successful operation does not mean getting off the operating table alive, but it means freedom from pain, in the abdomen at least, for the rest of their life. And if in a few months or a year after their operation they are suffering worse than ever and have to have another and more serious operation (all second operations are more serious than the first one, owing to adhesions) the idea will soon spread that once a woman has an operation she will keep on having them. This is one of the most difficult objections we have to meet when we propose an operation which is really necessary. The objection is all the more difficult to meet because it is valid. I have had more than one woman under my care who has had the following discouraging experience: First a pain in the left side, which is worse at the periods, and which has grown steadily worse in spite of medical treatment and a curetting by her own doctor. Then a visit to the gynecologist for removal of the left ovary only. At the operation the other ovary was found to be cystic and sclerosed, but was only cauterized or the cyst incised. She was just getting into fairly good condition when the same kind of pain began in the right side; a third operation for removal of the right ovary.

Much better health for several years, and then another kind of pain with digestive disturbances, attributed to adhesions, for which nothing could be done, until one night she was taken with severe pain and vomiting came on, looking very like obstruction. Another doctor is called in consultation, and he, being unbiased by her former experience, at once pronounces it appendicitis, for which a fourth operation is performed. Then at last she gets into better health than she has had for years, and, barring the ventral hernia, she is perfectly happy. When this has been repaired by her fifth operation, which is very difficult but entirely successful, she enjoys robust health. Unfortunately while all this is going on there are several women in her town who form a sort of unsuccessful operation club, opposed to all operations, which does not help the cause of good surgery.

Now, what is the remedy for these unfortunate experiences? First, let the family doctor do all he can to help that sclerosing left ovary and that weak appendix along. The left ovary was born with trouble, one might say, for the left ovarian vein enters the left renal vein at right angles to the current of blood, while the right one enters the inferior vena cava at an acute angle, which is much more favorable, so that it takes a year more of disease to make the right ovary as painful as the left. But as if that were not enough of a handicap, there is the loaded rectum, with a pound or two of hard feces nipping that delicate left ovarian vein at the brim of the pelvis. Then there is the handicap of fashion, which applies to both ovaries alike in obstructing the venous circulation. Then there is the handicap of old maidhood, which never gives the ovaries the physiological rest to which they are entitled by pregnancy and lactation. And still another handicap of a long engagement, which keeps them choked with blood. These and many other handicaps the family doctor must remove if he can, and he can most of them if he has the patience and courage. Also let him do his best with local application for a year; in nine cases out of ten he will succeed. But if, on the contrary, in the tenth case the suffering is becoming so great as to be unendurable and the patient has to spend most of her time in bed, he has done his best and the time has come to bring her to a gynecologist who does thorough work. Don't tie his hands; on the contrary, put the responsibility on him to effect a cure, but leave him free to do all that should be done at the one sitting. Let him remove both ovaries and tubes and the appendix and do a ventrofixation; and if she is an overfed woman even suggest that while he has his hand in the abdomen that he should explore the gall bladder and the common duct. Then, if he

sews up the abdomen with three layers, this will be her first, last and only operation, and the chances are that she will be well. During a recent visit to the Mayo brothers at Rochester, Dr. Willie Mayo told me of a case where even he had nearly lost a patient by committing the following blunder: He had removed a pair of pus tubes in a satisfactory manner, and all went well for nearly a week, when the case went wrong, pain, temperature and vomiting. He thought there must be adhesions and obstruction of the bowel, so he reopened, but could find nothing of the kind. He was about to close in a hurry, when it suddenly occurred to him to look at the appendix. On doing so he found it hanging down in the pelvis, gangrenous and almost perforated, with a stone in the end of it and bathed in pus. He removed the offending organ and the patient promptly recovered. In spite of that lesson he had another and a final one a year later, when, after removing a large and difficult tumor, he was about to close when Ochsner, of Chicago, who was standing beside him, asked if he had not better look to the appendix. He replied: "That is not necessary; she has never complained of it." However, to please his guest, he dragged it up out of a bed of adhesions, and found to his mortification a large stone in the end of it. The woman afterwards remembered that she had had a severe attack of pain in that side when a child. Ever since that second lesson he has never failed to look at the appendix, and in most cases to remove it.

Another day, when I asked him if he ever did conservative work on the ovaries, he said most emphatically, "No. I only do two things to the ovaries—either take them out or leave them severely alone." I actually saw him put back two large cystic ovaries after a myomectomy without even emptying the cysts. He said that some of his most difficult laparotomies had been for the removal of ovaries which had been tinkered with at a previous operation.

About fifteen years ago I had the good fortune to hear a paper at the American Gynecological Society by Edebohls, of New York, advocating more thorough work, after which I began to do six or seven operations at one sitting of sixty or seventy minutes, and the results have been most satisfactory. At that time we did not know much about the appendix, so it was not included in the list of combined operations. But a few years ago I read a paper entitled "Should the Appendix be removed in every case in which the abdomen is opened for other reasons?" before the American Gynecological Society, Niagara Falls meeting, and the discussion which ensued so thoroughly endorsed the affirmative view which I took that I have ever since carried out this plan, except in a few cases

where it would have endangered the patient's life to prolong the operation even a few minutes. Owing to gradual improvements in the technique, we can do the operation of appendectomy in less than six minutes in such a safe way that it does not add even one per cent. of risk to the average abdominal section. When I have done this in addition to the dilatation and curetting, amputation of the cervix and anterior and posterior colporrhaphy, then removed the tubes and ovaries, explored the gall bladder and done ventrofixation, I feel that I have done thorough work and that I will be spared the mortification of having my patients going to another operator to have my work completed.

238 Bishop Street.

Physician's Library.

State Board Questions and Answers. BY R. MAX GOEPP, M.D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Octavo volume of 684 pages. Philadelphia and London: W. B. Saunders Company, 1908. Canadian Agents, Toronto: J. A. Carveth & Co., Ltd. Cloth, \$4.00 net. Half Morocco, \$5.50 net.

Students of medicine in Canadian Universities who propose going to some of the States of the American union will welcome this volume, which is decidedly comprehensive and embraces the entire range of examinations. It is in fact a compend on a large scale. It has been gotten together from sifting the wheat from the chaff—the chaff being repetitions—from state board examinations of the past four years. We find the definitions so practical that we can as well recommend it to Canadian students of all grades.

Subcutaneous Hydrocarbon Protheses. BY F. STRANGE KOLLE, M.D., author of the Recent Roentgen Discovery; the X-Rays, Their Production and Application; Medio-Surgical Radiography, etc., etc. The Grafton Press, New York.

The aim of the author in this book has been accomplished. He has placed before the medical profession a clear, practical and concise treatise on the subcutaneous employment of hydrocarbons for the correction of defects about the face, neck and shoulders. The book is nicely illustrated.

Handbook of Medicine and Therapeutics. WHEELER AND JACK. Edinburgh: E. and S. Livingstone. Price, 8s.

The student of medicine will find in this book much to enable him to receive and digest the main features of the various diseases. That it has now attained to its third edition speaks for itself. It will be found very helpful just prior to an examination in getting together as many salient points as possible in the least possible time.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

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

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

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

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

The annual fee is only \$3.00 at present, payable in January of each year.

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

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Dominion Medical Monthly

And Ontario Medical Journal

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No. 1.

COMMENT FROM MONTH TO MONTH.

The Canadian Medical Association's forty-first annual meeting at Ottawa on the 9th, 10th and 11th of June, was in every way a pronounced success. The new constitution seemed to work out easily and smoothly, and it was encouraging that three provinces interested themselves and sent delegates to the Executive Council. From Ontario the following were elected, but unfortunately not one was able to be present. Drs. F. N. G. Starr, A. R. Gordon, R. D. Rudolf, D. J. G. Wishart and Chas. P. Lusk, all of Toronto. British Columbia delegated Dr. S. J. Tunstall, Vancouver, and Dr. R. Eden Walker, New Westminster; the latter was present. Prince Edward Island Medical Society sent its President, Dr. Alex. McNeill of Summerside, and Dr. S. R. Jenkins, Charlottetown. The fifteen members of the Executive elected in open session were: Dr. R. W. Powell, Ottawa; Dr. A. T. Shillington, Ottawa; Dr. W. J. Bradley, Ottawa; Dr. R. A. Reeve, Toronto; Dr. C. J. C. O. Hastings, Toronto; Dr. J. T. Fotheringham, Toronto; Dr. J. H. Elliott,

Toronto; Dr. Wm. Hackney, Ottawa; Dr. James Bell, Montreal; Dr. George E. Armstrong, Montreal; Dr. F. A. L. Lockhart, Montreal; Dr. J. C. Mitchell, Brockville; Dr. E. P. Lachapelle, Montreal; Dr. G. Carleton Jones, Ottawa; Dr. A. B. Atherton, Fredericton; President, Treasurer and General Secretary, ex-officio.

The Finance Committee elected by the Executive Council were: Dr. J. T. Fotheringham, Dr. F. N. G. Starr, Dr. Geo. E. Armstrong, Dr. James Bell and Dr. R. W. Powell. Dr. Fotheringham was elected Chairman.

The Report of Special Committee on a Journal, signed by Dr. A. Macphail, Montreal, read as follows: We, the undersigned, the only members present of a committee (Dr. Murray McLaren, St. John, N.B., being present) appointed to consider the advisability of publishing a journal of the Canadian Medical Association, beg to report that, after a correspondence with the other members and a full consideration of the matter, in our judgment the undertaking is feasible, provided that all members pay a fee of five dollars, of which three dollars will be assigned from each member for the purposes of a journal. We estimate that with 1,500 subscribers the undertaking would be a success. We recommend that the matter be now referred to the Finance Committee.

Reference Committees.—The Chairmen of these were appointed by the Executive Council with power to add to their number: Dr. A. T. Shillington, Ottawa, Chairman of Committee on Medical Legislation; Dr. R. A. Reeve, Toronto, Chairman of Committee on Medical Education; Dr. C. J. Hastings, Toronto, Chairman of Committee on Public Health and Hygiene; Dr. H. B. Small, Ottawa, Chairman of Committee on Amendments to Constitution and By-Laws; Dr. F. A. L. Lockhart, Montreal, Chairman of Committee on Reports of Officers; Dr. J. H. Elliott, Toronto, Chairman of Committee on Neurology.

Milk Commission of Canadian Medical Association.—The Executive Council appointed the following Special Committee with power to add to their number on the question of pure milk: Dr. C. J. Hastings, Toronto (Convener); Dr. W. H. Eagar, Halifax; Dr. T. D. Walker, St. John; Dr. S. R. Jenkins, Charlottetown; Dr. R. Eden Walker, New Westminster; Dr. A. D. Blackader, Montreal; Dr. A. McPhedran, Toronto; Dr. W. B. Thistle, Toronto; Dr. J. T. Fotheringham, Toronto; Dr. Popham, Winnipeg; Dr. W. I. Bradley, Ottawa; Dr. J. L. Chabot, Ottawa; Dr. A. B. Atherton, Fredericton.

Special features of the C. M. A. meeting were the beautiful programme gotten up by the Programme Committee, the President's Address and Mr. Dooley's monologue. The former was the nicest ever in our history. From a scientific standpoint and from a sectional standpoint, nothing could have been better arranged, indeed the chairmen of the sections were abundantly satisfied with how everything proceeded. The President's address was so admirable that it needs a passing notice. On all hands it was spoken of with eminent approbation. We have been privileged to produce it on another page. We have also been favored with Mr. Gordon Rogers' original monologue, given at the Smoking Concert, and which was received with so much favor.

Winnipeg was selected as the place of meeting in 1909. The presidents and secretaries of the provincial medical societies were appointed vice-presidents and local secretaries, with the exception of Quebec, which has no provincial society for that province. Dr. F. A. L. Lockhart and Dr. C. A. Peters, Montreal, were elected vice-president and local secretary respectively. Dr. R. J. Blanchard, Winnipeg, was elected president. Dr. H. B. Small, Ottawa, and Dr. George Elliott, Toronto, were re-elected Treasurer and General Secretary respectively.

The meeting of the Ontario Medical Association in Hamilton the latter end of May was a huge success. This was no doubt due

to the great popularity of the President, Dr. Ingersoll Olmsted, and to the extremely excellent programme gotten up. In other than in scientific proceedings it did good work. Particularly noticeable being the resolution with regard to the appointments of Hospital for the Insane superintendents. This should be prominently brought to the attention of the "powers that be"—and kept there. In fact it is up to the Ontario Medical Association to see this hideous practice of appointing Hospital for Insane superintendents for political knowledge and agility, be bludgeoned to death.

It was the largest meeting of the Association ever held, 317 being present. It would prove that it will be a good thing for this Association to take a little exercise now and again in the way of travel and sight-seeing. In this particular instance it was a case of Mahomet going to the mountain. Next year the mountain will have to reciprocate. We wish to congratulate Dr. H. J. Hamilton upon being elected to the Presidency, and to Dr. E. Stanley Ryerson, Toronto, for that of General Secretaryship. Next year the meeting will be held in Toronto. Much regret was expressed at Dr. Lusk retiring from the secretaryship, as he had proven such an admirable executive officer.

News Items

DR. TELFER and wife, of Montreal, are visitors at the old home, near Burgoyne.

DR. J. A. ANDERSON, of Trenton, a graduate of Toronto University, has opened up a practice at Lisle, Ont.

DR. GORDON S. COCKBURN, of the Department of Public Health, New York City, is in Sturgeon Falls on a few weeks' visit to his parents, Mr. and Mrs. J. D. Cockburn.

DR. R. M. CUMBERLAND, son of W. B. Cumberland, of Rosemont, has purchased the practice of Dr. Lougheed, Glenboro, Man., a flourishing town about 100 miles west of Winnipeg.

Welland County Medical Association held their annual meeting in the City Hall, Welland, with a good attendance. The following officers were elected: President, Dr. J. H. Howell, Welland; Vice-Presidents, Dr. Old, Port Colborne; Dr. Snyder, Ridgeway; Dr. J. M. Dalrymple, Fenwick; Secretary-Treasurer, Dr. E. L. Garner, Welland. Dr. L. F. Barker, of Johns Hopkins Hospital, Baltimore, gave an interesting address on nervous diseases, and Dr. E. L. Garner, of Welland, a paper on practical experimental surgery, as witnessed by himself in the Johns Hopkins Hospital this summer.

MACMILLAN-NICHOLAS.—A very pretty wedding took place on Wednesday evening at the home of Mr. and Mrs. E. Nicholas, of Camosun Street, Victoria, when their youngest daughter, Hattie, and Dr. Lachlan MacMillan, of Vancouver, were united in the bonds of holy matrimony. The wedding was a quiet one, only a few of the most intimate friends of the bride and groom being present. The ceremony was performed by Rev. Joseph McCoy, of Knox Presbyterian Church. The bride was attended by Miss B. Lawrence, while Dr. McNeill supported the groom. Conspicuous among the many presents was a beautiful cut-glass piece from the congregation of Knox Presbyterian Church, where the bride has been organist for a number of years. At the close of the ceremony a reception was held at the home of the bride's parents. Dr. MacMillan and bride afterwards left for the Sound, where the honeymoon will be spent. They will subsequently take up their residence in Vancouver, where Dr. MacMillan is now practising his

Publishers' Department

THE old and reliable house of Wm. R. Warner & Co. will be incorporated under the laws of Pennsylvania, with Mr. Wm. R. Warner, Jr., retaining his connection as President of the corporation. This move enables Mr. Warner, who has managed the entire business, to transfer to others many of the details of management, and at the same time assures his host of friends and patrons in the trade of a continuation of the safe and conservative policy which has proven the keynote of its success, and which has characterized it from its foundation in 1856.

TREATMENT OF DYSMENORRHEA.—Since dysmenorrhea, like all other anomalies of menstruation, is merely a symptom of a pathologic state of the uterus or one or more of its appendages, it is perfectly obvious that remedial agents capable of effecting the removal of the underlying cause are preferable, in its treatment, to drugs that are solely palliative in action. In the treatment of all varieties of dysmenorrhea it is possible to relieve the pain at once, normalize the pelvic circulation, restore the uterine contractile power and correctively affect the acting cause. By such a course the comfort of the subject is more promptly brought about and durable relief is more easily effected. These ends can be achieved by the administration of Ergoapiol (Smith) in doses of one capsule four times daily during the menstrual period. In the treatment of recurrent dysmenorrhea, the most gratifying results are obtained by beginning the administration of Ergoapiol (Smith) three or four days in advance of the catamenia and continuing its employment until menstruation has ceased. Despite the fact that Ergoapiol (Smith) exerts a pronounced analgesic and sedative effect upon the entire reproductive system, its use is not attended with the objectionable by-effects associated with anodyne or narcotic drugs. The unvariable certainty, agreeableness and singular promptness with which Ergoapiol (Smith) relieves the several varieties of dysmenorrhea has earned for it the unqualified indorsement of those members of the profession who have subjected it to exacting clinical tests. Whilst hot sitz-baths, vaginal injections and similar measures may be advantageously employed in conjunction with Ergoapiol (Smith), their use is not essential; in fact, the

preparation will invariably prove sufficient to relieve the pain attending menstruation. The impressive analgesic and tonic action of Ergoapiol (Smith) upon the uterus and its appendages render it of conspicuous service in the treatment of all anomalies of the catamenia associated with pain.

GASTRO-INTESTINAL AILMENTS OF YOUNG CHILDREN.—As the hot weather approaches the usual number of cases of gastro-intestinal ailments will confront us and if we be not alert the same mortality of old will occur among our little patients of one and two years. The keynote to success in the management of these cases is to see that correct feeding is enforced and to keep the alimentary canal as clean and as nearly aseptic as is possible. If this be done much suffering can be obviated and many little lives saved. Every medical man these days is capable of giving correct advice on infant feeding, the care of bottles, accessories, etc., if he will only take the time and trouble to make the mother understand how important it all is. The doctor's suggestions on this matter are too often regarded as simply platitudes and not thought of seriously until the child is in the throes of a severe illness. The following clinical reports are illustrative of my usual method of handling the more common but serious gastro-intestinal diseases we meet during the heated season: Ethel G., aged ten months, suffering from cholera infantum, bottle fed. Was passing watery stools every few minutes. Temperature had been considerably elevated, but was now slightly subnormal. Mouth and tongue parched. Considerable emaciation and a scaphoid abdomen. Circulation weak and respirations labored. In fact an extreme prostrate condition. Treatment: I put four ounces of Glyco-Thymoline with eight ounces of water and gave it as a high enema, causing it to be retained as long as possible. This was repeated every hour or so until the bowels were thoroughly cleansed and the stools diminishing in number. Gave one-tenth grain of calomel every hour until the discharges showed the characteristic greenish color. Also gave the following:

Elixir Lactopeptine	3 ij
Glyco-Thymoline	3 ij
Oil Peppermint	j

M. Sig.—20 drops every hour. After eight hours the child was able to take nourishment and retain it. This consisted of pasteurized milk diluted with an equal portion of lime water. Child

was given all the cold water and lemonade she wanted. She made a good recovery. Johnnie M., aged fourteen months, suffered from gastro-enteritis with much fermentation. Bowels swollen and tympanitic. Fever of a remittent type due to autotoxemia. Child delicate and poorly nourished, still nursing the mother's breast. Mother herself in poor health and in no condition to nourish her child. Treatment: Put the little one on cow's milk diluted with lime water. Three times a week I gave a high enema of a warm saline solution and Glyco-Thymoline equal parts. Also gave the above prescription, a teaspoonful every four hours. Child steadily improved under this treatment and in six weeks was in a good state of nutrition and health. A point that I wish to emphasize in these notes is that Glyco-Thymoline is a most excellent antacid and antiseptic and deserves special consideration in the stomach and bowel disorders of young children. It gives prompt and gratifying results.—*H. B. Brown, M.D., Waukegan, Ill.*

CANADIAN NATIONAL EXHIBITION.—Prize lists now being distributed and attractions arranged for on a grander scale than ever. The Prize List of the Canadian National Exhibition of Toronto, to be held this year between August 29th and September 14th is in course of circulation. A number of changes have been made in the way of improvements. Considerable additions have also been made to several of the classes; among others \$1,100.00 is to be divided into six prizes for the best decorated floral display on floor space not exceeding 500 square feet. The object of this change is to improve the appearance of the Agricultural Building, and to induce exhibitors to show their ability in the way of designing flowers, plants and shrubs for decorative purposes. Mr. Geo. H. Gooderham has donated \$50 for a special prize for the best Clyde or Shire stallion and progeny. The Shire Horse Society of England have donated two Gold Medals. The English Hackney Horse Society have donated three silver medals, and the Dominion Shorthorn Association and Clydesdale Association make their usual liberal contributions, the former of \$2,000 and the latter of \$500. Several classes for commercial horses have also been arranged. In short, the Prize List gives the usual indications of advancement. The increase of prizes for the Agricultural Section amounts to upwards of \$700. Special efforts have been put forth to make this year's exhibit of Art the greatest and most representative of the different schools that has ever been made in any City of America. Pictures

have been secured from Florence, Munich, Paris and England. His Majesty, the King, in particular has consented to the exhibition of Lady Butler's world-renowned picture, "Scotland for Ever." His Majesty has also consented to the visit to the exhibition of the magnificent Band of the Royal Artillery of Woolwich, acknowledged to be the finest in either of the services, and the Band will give select concerts twice daily as well as take the leading part in a grand international military tattoo and the best spectacle yet produced, illustrating The Siege of Sebastopol and the victory of the allied forces of Britain and France. Arrangements have also been made for an exceptionally fine educational exhibit. In short, every effort is being made by the directorate not alone to maintain the standard of Canada's great National Exhibition but to improve it in all departments. It should be mentioned that the premiums and prizes will reach the handsome sum of \$50,000 and that entries close with the Secretary, J. O. Orr, City Hall, Toronto, on Wednesday, August 5th, to whom application for prize lists, entry blanks, space and any information required should also be addressed.

GASTRALGIA.—Papine in teaspoonful doses, given every two or three hours will promptly relieve the severe pain associated with gastralgia. The effect of one dose is often prolonged for five or six hours.

A FINANCIAL "SIMILE."—The prudent financier always has, at his command, a reserve store of sound securities with which to meet the demands of a period of monetary stringency. Likewise, the *healthy* individual maintains, in his vital bank account, a reasonably liberal balance of forceful energy, upon which he may draw during periods of physical stress and strain. When, however, the business man gambles with his capital, his financial reserve is often hypothecated and is thus unavailable in times of emergency. So it is with the man or woman who improvidently consumes the physical capital with which nature liberally endows the human organism. Too liberal and too frequent drafts deplete the vital store more rapidly than the normal deposits of force and energy are credited to the physical account. It is just at this period that the physician is consulted in his capacity as a physico-financial expert. Upon his advice, at this critical juncture, depends the vital solvency of the patient. The undue expenditure of energy must be checked; the

vital assets must be conserved; timely deposits of negotiable funds must be entered to the credit of the impaired balance. The vital bank account of the depleted anemic, the over-tired, over-worked neurasthenic, the chronic dyspeptic, the exsanguinated surgical patient, the marasmic infant and the exhausted convalescent are all in need of such deposits of vital energy. As the round gold "coin of the realm" is the standard of financial value, so is the round hemoglobin-carrying, oxygen-bearing red corpuscle of the blood the circulating medium of all vital exchange and interchange. To avert an impending physical bankruptcy, there is urgent need for the adoption of prompt measures to increase the deposit of these necessary erythrocytes. Pepto-Mangan (Gude) quickly adds to the circulating medium, by constructing new red cells and reconstructing those that have retrograded because of over-drafts of force and energy. It increases the appetite, stimulates and encourages the absorption of blood-building nutritive material, augments the hematinic richness of the circulating fluid, increases the number and establishes the structural integrity of the corpuscular elements of the blood. It thus successfully plays the rôle of the depositor of vitality to the account of the patient who needs such essential additions to his or her physical credit.

A VALUABLE THERAPEUTIC AGENT.—One of the principal subjective symptoms of any disease, or disturbance of nature, is pain, and what the patients most often apply to us for, is the relief of this annoying and troublesome feature. If we can arrest this promptly, they are much more liable to trust to us for the remedies which will effect a permanent cure. The everlasting resort to morphine is overcome in a great measure by the employment of reliable coal tar products. In cases of intermittent fever it is best to prescribe doses of one or two antikamnia tablets when the first chill comes on. I also find them most valuable in controlling headaches of a neuralgic origin. Rarely more than two tablets are necessary; the pain is promptly dissipated and the patient can go about as usual. The tablets of antikamnia and codeine, I consider the best and most useful in controlling severe pain. I have used them after surgical operations as a substitute for morphine, and find them eminently satisfactory. In controlling the severer forms of neuralgia they rank next to morphine itself.—C. P. Robbins, M.D., Louisville, Ky., Assistant to the Chair of Obstetrics and Gynaecology and Chief of Clinic, Hospital College of Medicine, in *Medical Progress*.