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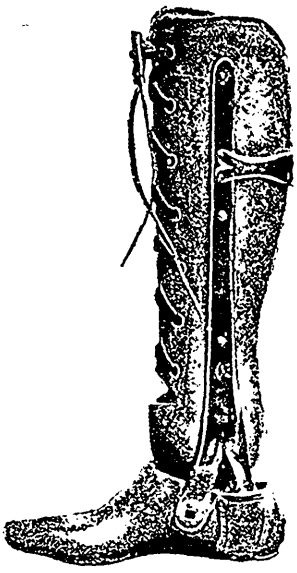

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Western Canada Medical Journal

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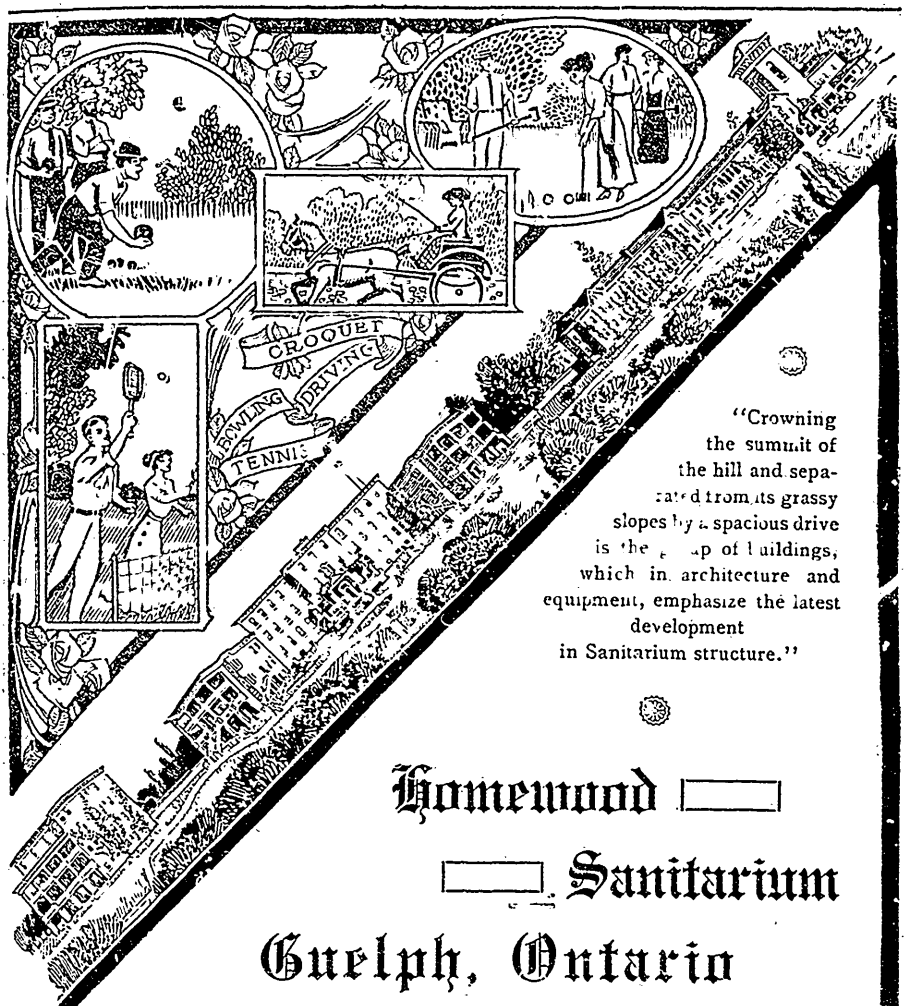

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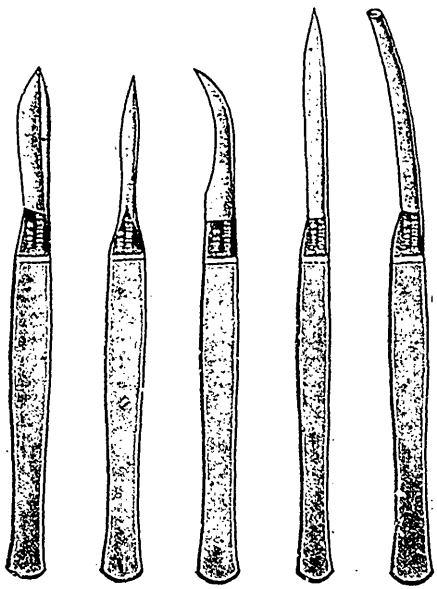

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MEDICAL JOURNAL

VOL. IV AUGUST, 1910 No. 8

ORIGINAL COMMUNICATIONS

TALK ON TUBERCULOSIS.*

By Dr. C. E. Coke, Beausejour.

In submitting for your consideration a short paper on the prevention and treatment of Tuberculosis, I have not done so with the idea of introducing any innovations on existing methods, nor because of any paucity of comment in recent times on this subject, but because the situation is such that it requires "Line upon line and precept upon precept."

When we consider how the general status of medical and surgical science has advanced during the last two or three decades to such a degree that a number of diseases once so deadly are now regarded with more or less indifference, and how that operations are now performed daily that the boldest would not have attempted before that time, no one will deny that the advancement has been anything short of marvellous. And when we consider further that during this same period Tuberculosis has been constantly on the increase, is it not high time that this disease should receive the attention from all classes that it deserves?

If we consider the frightful mortality of such diseases as Diphtheria, Malaria and Yellow Fever a few decades removed with that of to-day when these diseases are being treated on scientific principles and the proper prophylactic treatment

* Delivered before the Manitoba Medical Association, May, 1910.

applied, the contrast is simply amazing. Thirty or forty years ago the treatment of Diphtheria, when viewed in the light of the present, was little short of barbarous and the results most disastrous.

Malaria, once so fatal in many tropical and sub-tropical regions as to render them almost wholly uninhabitable by the white race—that rendered the employment of the Englishman practically impossible on the west coast of Africa, and that gave to the city of Sierra Leon the unenviable appellation of "The White Man's Grave," as the result of the labors of a Manson, a Ross and other co-workers, is fast disappearing.

And even "Yellow-Jack" that is no respecter of color or race is no longer the bug-a-boo that it one time was. If recent reports from Havana are to be relied upon this disease may be considered a thing of the past in the island. We have all realized the vast boon conferred by Diphtheria Antitoxine, but unless one has actually seen Malaria in its worst form and the death-like pall that is cast over whole communities by the raising of the yellow flag; it is next to impossible to imagine the magnitude of the debt under which these countries and races have been placed by the medical researches of recent years.

While such diseases as those mentioned, and many others that might be cited, have been decreasing, why, we say, has Tuberculosis been constantly increasing? Has there been no advance in the treatment of this disease? Is the cause, prevention and treatment not sufficiently known as to warrant better results than are obtained at present? We answer most emphatically "Yes!" There is enough known that if crystallized into practice Tuberculosis would be relegated to "limbo" in a very short time. But why, then, such unsatisfactory results?

Kipling divides the world into two classes—doctors and patients. The cause of the increase cannot be laid at the door of the former but of the latter, and if improved results are to be brought about it is up to the patients to wake up.

Two of the fixed laws of nature are: Nothing shall exist in vain, and He that has and does not use from him shall be

taken. Applying the first to Tuberculosis, it would be a negative quantity ten years from now. Its prevention is little more than good hygiene enforced, and its cure, in the early stages at least, is brought about by a thorough conformity to the same law. But what shall we say if the second law be violated? Have we not good reason to infer that if governments—and the people who are the governments in all democratic countries—will not make it their duty to put in operation the proper laws of prophylaxis in this matter that nature will assert herself by wiping out such an effete race and raising up a better who will know her laws, and will obey them.

But if a desirable solution of this problem is to be brought about, the rank and file must radically change their tactics. At present they almost invariably make three mistakes the result of which is fatal.

Require More Care.

(1) They do not take sufficient care in the matter of prevention. (2) They defer treatment until late. (3) The great majority still regard the disease as incurable.

The Dominion government and every other department of government down to our municipal administration should take this matter in hand. Hospital accommodation for every advanced case should be provided by the state. Legislation should also be passed controlling the consumptive.

It is not fair to ask the country to care for and pay for those afflicted with this disease unless at the same time it is given jurisdiction over them. Neither will all the hospitals that can be provided be sufficient to meet the ever growing demands unless at the same time adequate provision is made to curtail the spread of this disease. Sanitaria should also be provided sufficient to meet the demands of incipient cases and free dispensaries in every municipality. The clinic might with advantage be manipulated in connection with the local work. No great expense need in this way be incurred and for pennies spent dollars will be saved, to say nothing of the suffering and loss of life. One great advantage, if the treatment were free, would be that in many cases those afflicted

would seek advice early where now they wait until too late. The medical inspection of all schools would also be an aid in this work.

Ottawa's Responsibility.

In only one respect do I hold the medical profession as a whole in any way censurable and that is in being responsible for an excellent pretext for the Dominion government from an executive standpoint washing its hands of this business. Now, I do not wish to infer that that government is attempting to shirk its responsibility, but I do wish to say that if it cared to do so by referring this matter for the provinces to deal with any easy way has been prepared for them out of the dilemma; and medical men who are responsible for raising the provincial bars could ill afford to accuse that body of narrowness. If the medical profession as a whole throughout this Dominion were prepared to take that broad-minded view of the question of registration that usually characterizes them in other departments they would set an example worthy of emulation by this government in the fight against Tuberculosis.

Certain statutes can be enacted relating to the public health. These should be supplemented from time to time and thoroughly enforced instead of being the dead letter they so often are at present. One that is more prominently paraded in the public eye than some others is that in respect to expectorating. In Winnipeg it reads somewhat after this manner, "$50.00 fine for spitting on walks." In Edinburgh they use the less dogmatic form, "Please do not spit on the side-walk." The latter is more gentle, quite as effective and therefore preferable. We also have notices posted on street cars and many other places of public resort, all of which are openly disregarded every day. I question very much if even the churches are immune in this matter. We have all seen this law openly violated almost daily.

Why Not Prosecuted?

Then why have some of the offenders not been prosecuted? But what would be the use? How many of the men

who adorn the position of Justice of the Peace or Police Magistrate in Manitoba to-day would convict on such a charge? But, gentlemen, these things ought not to be! And just here is one of the stumbling-blocks in the way of getting better legislation along these lines. We do not make use of what we have. Law that is not enforced is worse than no law. Every law should be respected either by being enforced or by being repealed.

In any case such a law as that in regard to expectorating is absurd on the face of it, from the health standpoint. Why except the sidewalk and grant the use of the city in which to expectorate? If the sputum contain Tubercle Bacili, these, by drying and blowing about may become quite as dangerous to the general public by being deposited on the street as on the walk.

The laws that apply to Tuberculosis should be made more in conformity with the laws that apply to other infectious and contagious diseases. Every case should be notifiable and every case kept under observation. In case of removal or death of such an individual the dwelling occupied should be disinfected.

More thorough supervision should be exercised over meats offered for sale in country places. In dairies not only the cows but also the milkers and those who handle the milk should be free from the disease. Because cows are not emaciated, not show signs of disease of the udder is not proof positive that they are exempt from tuberculosis. McPhayden estimates that 30% of the cattle in Great Britain are tubercular and in tests made in the United States from 2% to 50% of the animals supposed to be immune responded to the tuberculin test.

To Educate Masses.

What at present would probably be least expensive and most effective would be a general campaign to educate the masses of the nature of this disease. This might well begin in the schools, and although the curriculum is already full up, Hygiene should certainly be taught; for after all has been

said or done of what real benefit is education that is obtained at the expense of health. Such teaching would naturally benefit the child, who in turn would influence the home, and in some instances at least might not have an unwholesome effect on the teachers themselves. Unfortunately there are schools in Manitoba to-day where the laws of Hygiene are observed more in the breach than by the observance.

The masses should be taught that this disease is preventible, communicable, curable. There are those who claim that certain diseases are cured by suggestion. Of this I have no proof to offer, but the converse, that many are killed by this method is, I think, not wanting of proof. To state to an individual or the friends that such a one has tuberculosis is too often like pronouncing the death warrant. The ominous nod, the funeral-like expression of countenance all to frequently indulged in, indicate that the patient is doomed.

Why Dread Fresh Air?

They should be taught not to have such an unwholesome dread of fresh air, that children suffer no inconvenience from sleeping in the open air if well wrapped up in winter and screened from flies and insects in summer, that night air is the best kind of air we can get at night and is much better at that particular time than stored air of the morning previous, that a sleeping apartment is none the worse if the temperature falls near freezing and that pure air is never to be sacrificed at the expense of a little fuel.

In some instances the housewife should be taught that "Cleanliness is next to Godliness" and that swarms of flies infesting the home are not essentials of good housekeeping and that they are purveyors of many kinds of infection among others tuberculosis.

If the license to marry had to be accompanied by a certificate of health it would aid in the prevention of this and other infectious diseases. And if the state is to be held responsible for the care of its sick, it should have some say in the matter of who may or who may not marry, in which state

others may be brought into the world who in turn are likely to become a public charge.

The clothing and bedding of those suffering from tuberculosis should not be permitted to be washed at the public laundry.

Gather Germs of Death.

Those suffering from this disease should not be permitted to endanger the lives of others. The railroad man who does so is likely to be sent up for a term, but the subject of tuberculosis, who in its later stages may expectorate from one to four million bacilli in 24 hours, is allowed to scatter these germs of death broadcast and to go free. In the case of the railroad man there are many extenuating circumstances as a rule. He often goes for long periods without sleep. At the best gets his meals at very irregular hours and at the worst when he has nothing else to do, and is often overworked. When he gets into trouble it is usually under circumstances where the best of men might lose their heads for the moment, never wilfully, and considering the number of men employed the mistakes are very few. But if he ever does make a slip there is a law against such an offence and the machinery of law must be put into operation. In this instance the lives of the public must be protected and their interests safeguarded. But what of the consumptive, who in all too many cases, exposes hundreds to a worse death daily and for whom there is no defense to offer, who often apparently does so wilfully, deliberately and with a criminal disregard for his fellow-man. Is this not a travesty of justice? Is this not a case of punishing the innocent and letting the guilty go free?

The general public should know:—

1. That the habit of indiscriminate kissing, which is not uncommon among certain classes, is not in the interests of hygiene.

2. That the public drinking cups should be avoided.

3. That the individual cup should always be used in the administration of the sacrament.

4. That table-ware used by those suffering from phthesis should not be common property.

5. That in all public eating houses such articles should be sterilized after using.

6. And those in authority should know that a law that requires an individual to kiss a book that has passed through hands not too clean and been kissed by a hundred others is wrong.

In conclusion there is one other matter to which I think the attention of the public should be called and that is the reprehensible practice of putting certain articles in the mouth and also of wetting the fingers with saliva to facilitate the handling of others. In this way money is often contaminated and becomes a means of conveying infection. They should be warned of this danger, and as a prophylactic I would advise that the custody of such articles be placed more in the hands of those who know best how to disinfect them.

PSYCHOLOGY AND MEDICINE.*

By James Duxbury, M.D., Winnipeg.

The title of this paper might arouse in many minds the question of medical orthodoxy and so at the outset I will say that the cases quoted are from my own personal experience while the psychology is of the modern school, being chiefly from the work of Prof. Titchener, at present lecturer in psychology in the University of Cornell.

One of the papers read before the Canadian Medical Association in Winnipeg last year ended with this quotation, "Beware of condemning a new theory, for it may be the refraction of some great truth, as yet below the horizon." I beg of you that whatsoever refraction may be found in this paper, you will remedy,, with radical measures of outspoken criticism.

Medicine is not a science but its votaries must be versed in many sciences. We must needs be philosophers as well as mechanics. We must be as priestly confidantes, but with the urbanity and wisdom of the man of the world. We cannot allow the pharmaceutical manufacturer to invade our realms as usurper and dictator. There is no field of knowledge which we can slight. We must investigate every science in search of greater powers.

It is only within recent years that psychology has been recognized as a definite science, the science of mental processes. But its position as a science is now unquestioned. It would be flattering to professional pride to know that its acknowledgement as a science was synchronous with its investigation by the medical profession. But such investigation was not so timed, but was caused by a coercion from without, which has aroused the medical fraternity to act, in self-defence.

For some time the public have been fed literally on psychic nourishment. The psychic novel with its problem, psychic ghost stories, tales of telepathy, new thought, adven-

* Read before the Manitoba Medical Association, May, 1910.

tures and discoveries of psychic researchers, combined with vaudeville attractions of hypnotism and mind reading have supplied an abundant papulum. But the greatest coercive factors have been Spiritualism, Christian Science and the Emmanuel movement, especially the two latter which have so encroached upon medical field.

In the business world the greatest force for progress is a psychological one. It is shown in the advertiser's persistent intrusions upon the attention. Commercial products are not allowed to get beyond our consciousness. We have window displays, handbills, posters, newspapers columns, bill-boards, cartoons, industrial exhibitions, ad infinitum. The success of a salesman depends more upon his psychology than upon his wares.

The true success of a teacher must depend upon his ability to measure the psychology of his pupils.

Psychological truths are practically applied by all public men, and often even to the detriment of justice and reason. The church has always been a great user of psychological methods for the carrying on of its work, and these methods, with very little extension, have reached into the medical field. The Christian Church, from its early inception, have used such methods, discovering early that its precepts had most effect under conditions which placed the recipient of its teachings in the best attitude for suggestibility. The attention was to be undivided, reason and judgment held in abeyance. The bright sunlight was replaced by the dim light of the abbey and incense held the devotee's attention to the place where he was. The deep restrained notes of music and the giving up of personality in song or responses, combined with more or less prostrating bodily attitudes kept the attention to the then present consciousness. The church has had its greatest power and the influence through the psychology of prayer.

The attitude of the medical profession towards the effects of mental processes has been, however, more or less paraoxical, often openly tabooing, while unknowingly using them. Many a medical man will deny any healing results to Christian science, and yet expect his assurance to have effect at

once upon his patient. Christian Scientists do get results and these results get them converts. They, however, misinterpret the cause of their results, ascribing it to their idiotic philosophy which they have so wonderfully misnamed.

Some years ago I met a lady, mother of a large family, who had then been sick for over two years, bedridden and a sufferer from great pain. For relief she had consulted many medical men, and had undergone two major abdominal operations. No relief was obtained. Another year of suffering followed, at the end of which time the patient was on the verge of entering a hospital for further operative measures. But the ever-present lady caller with advice did not like the knife and so sent along to the sick woman a masseur with his assurances of perfect cure. In a few weeks the patient went home and for five years since that time she has continued not only comparatively well, but has again taken charge of her many household activities.

Here is a case in which the best professional skill in our province, equal to any, failed over many years, when in a few weeks an ignorant charlatan restored to active health a woman who otherwise seemed doomed to be a life-long invalid, and to cause one family and their friends to regard the medical profession as a protected class of mercenary sinecures.

It is for us to investigate and learn thhe cause and effect of such a situation. A sneering aloofness fails to satisfy. There must be a scientific explanation, and seeking is the only way to find.

Psychology is the science of mental processes and its claim to be considered by medical men is based on the relationship existing between mind and body. Such a relationship has been considered and wondered over, since the days of the earliest philosophers. Three important theories of such relationship have been propounded. (1). One-sided action. (2). Psychological parallelism. (3). Interaction.

The theory of one-sided action acknowledges only one side of the question, either all physical or all mental. But each side has upholders. One party claims nothing but physical phenomena. These are the materialists, and to which class

that portion of a medical man's training, which we may designate as academic, has a tendency to make him an adherent. As far as the problem is concerned in medicine, they would say there is no psychic disease, but that all disease depends upon a physical basis. If our microscopes were efficient we should be able to see in nerve cells the condition denoted by hysteria, neurasthenia, etc. The other side of the question is upheld by those who declare nothing physical, all psychical. Here is the place of the Christian Scientist who promulgates "No disease but error of mortal mind."

The idea involved in the theory of psycho-physical parallelism is that the mental and physical move along side by side but one having no influence on the other. While influenced by the same conditions there are no communicating links between them. This view does not fit in with experience.

Common sense, as well as experience, tells us that the relationship must be along the lines of interaction, that bodily conditions influence the mind and mental conditions influence the body. Emotions affect the bodily functions and attitudes. Grief causes secretion of tears and lessens digestive powers. Fear causes dryness of the mouth as well as disturbance of exretory functions. We have open eyed surprise and open mouthed wonder. Of the two classes of affective feelings, the pleasant are anabolic, the unpleasant catabolic, cell destroying. Bodily weakness causes mental depression.

As men of practical medical experience, we must accept the theory of interaction. Doing so we can then lift the term —Psychic Disease—from hazy uncertainty to tangible fact. But having discovered a psychic disease—which in many minds means often no more than, not a physical disease—the past has been, only too often, satisfied to stop there, the patient being placed in the nervous class. But the diagnosis—Psychic Disease—is no nearer than the diagnosis—Physical Disease. We must get a closer analysis than that.

Before any particular disease can be listed as psychic, every possible physical cause needs to be looked for and elimmated. A closer attention to detailed examination would be necessary to make such a diagnosis, than in conditions making

for any other diagnosis depending on a physical basis, since, as a rule, negative findings have not much weight.

Chronic constipation is often a psychic disease.

Case 1.—Female, married, aged 45. History of constipation of over twenty years' standing. All pharmaceutical remedies had had their day and ceased to be effective. Injections and suppositories had been used first with success then proved ineffectual. She had been sent from one medical man to another, but any promising success was only too soon followed by failure. Three years ago I saw her professionally for the first time. Seeing that all medication had failed, I decided not to appeal to drugs, but instead to re-educate her regarding the function. I saw her daily and had a visiting lady instructed in giving her massage of the large bowel through the abdominal wall. The attending to the function at a stated period and for a stated time was insisted upon. Being that she was an intelligent woman, I discussed the reason with her for my instructions. After a number of days the bowels began to move naturally, but at long irregular intervals. In three weeks was fully established a normal daily movement. After three years she has had no return of the trouble.

This illustrates a class of cases caused by inattention to stimuli, inhibition being carried too far. When the attention was called to the function it was centred upon, not its work, but its incapacity. Retroaction followed re-education.

In infancy, bowel evacuations are involuntary, becoming voluntary by education, which is achieved by inhibition of sensation until a convenient season. The adult returns to this infantile stage of involuntary evacuations under circumstances which have interfered with the activity of his higher trained centres, as in extremely debilitating sicknesses, in intoxications, senility, insanity, or other cerebral affections. Psychic chronic constipation occurs when inhibition has been carried too far. There are many definite causes for this, primarily, such as lack of conveniences, wrong mental measurement of the function, irregularity of the act, etc., and secondarily, pain from actual evacuation, hemmorrhoids or fistula. Psychology teaches that "Attention increases force

of sensation, while sensation unattended to ceases to stimulate." In regard to organic sensations, Tichener says, "An organism that could disregard them would have carried its indifference too far and would quickly perish."

In the opposite direction, we have many varieties of cases depending upon hypersensitiveness from too close attention to sensations and functions. A few weeks ago, a lady watching some gold fish, commiserated with them upon their unhappy condition of always having to expend so much effort in order to breathe and live. She was very surprised when she was led to think that she also was necessitated to continually use muscular energy in respiratory efforts to live, and yet the effort causing no sense of fatigue. Normal respiration is unconscious, automatic. When it has to be attended to, there is something abnormal. Attention causes it to vary in depth, time and rhythm. This disturbance caused by attention is not often of much account, as such attention is only passing. But there are conditions in which attention is abnormally fixed for a more or less lengthened period. This explains many cases of asthma.

Case 2.—Some years ago I met an asthmatic. No measures for relief had been found of any avail. His attendant assured him that I was especially interested in him and in his class of case, and that he could hope for much benefit as soon as I had formulated a special treatment for this peculiar form of the ailment. His medication remained the same as formerly but the method of giving it was changed to a more formal one, while inunctions, strongly flavored with camphorated oil were used freely over the sternum. It acted beautifully and he slept at nights without any disturbing spells. In three or four days he pronounced himself as cured. He protected himself with the prescriptions and passed from my notice.

His attention was most likely fixed upon his respiratory movements by some catarrhal condition of the respiratory passages. The attention remaining so fixed even after the first cause might have passed away. What he needed was to be re-educated to the point of letting the function become

automatic and unconscious again. Mrs. Eddy has many testimonials for the cure of asthma. She would also have cured this case and ascribed it to religious power. I then ascribed the cure to faking a fakir but now I regard it is a definite psychic effect on a psychic disease.

Under normal conditions, "Impressions which are frequently repeated become indifferent." Especially is this true regarding the sense of sight. We attend to the results of vision but not to the act of seeing, unless from over-stimulation or from strain sensation. A stimulus is stronger by attention, and close attention to a normal stimulus by a normal organ, may act as overstimulation and so cause painful results, pain becoming the predominating element in consciousness.

Case 3.—Photophobia. Patient of more than average intelligence and education, suddenly under strain, developed photophobia. Was under care of specialists who failed to find any organic disease, ascribed the cause to nervous strain, advising rest. Seven months were given up to resting without the slightest benefit. No use of eyes possible, no reading, no work, no exposure to light without extreme pain. But when in bathing at summer resort, pain was absent, this apparently not noticed for some time. Pain never interfered with sleep. Being, that all possibilities of organic disease had been eliminated as far as possible, this was dwelt on. The patient was told how it could be psychologically possible to have such sensations and yet no organic disease present, and how one could overcome them. In three days the patient was reading for long periods without pain. Inside of two weeks was ready for any duties and since then, for months, has followed an arduous occupation without the slightest inconvenience.

"Attention increases the force of sensation, and even reproduces it centrally." "When a peripheral organ has been stimulated some few times its stimulation ceases to be necessary. The central excitation (set up somehow within the brain) is enough." The truth of this quotation is seen in its application to my case 4.

Case 4.—Married lady, complaint of very painful condition in lower third of left tibia. Gave history of having struck

it, eighteen months before. Pain present all that time, but always worse about two o'clock in the morning, when it became excruciating and imbearable, allowing no more rest. There were no objective symptoms. All likely physical possibilities had apparently been considered, from flat foot to pelvic inflammation. Patient was told it arose from nervousness, and from thence the treatment was nothing. When I saw her she was a nervous bankrupt, without hope of possible relief. There were no objective symptoms, and the subjective ones could not be built up into any picture of physical disease. I told her how I viewed her case as of psychic nature, but she would have none of it, declaring she was no malingerer. A week after our first interview I saw her again, she had been no better. During the second interview I got her to understand my position better. During the next week the only change was, that one night the onset of pain was delayed in its severity for two hours. After that some nights passed without any painful spells. Within the next month the pain gradually passed away and there has been no return. The patient has recovered her self-control and has a different outlook on life altogether.

It is necessary for a doctor to know the psychology of his patients. The one symptom which is generally most prominent to both patient and doctor is pain, and yet pain can never be measured in terms on which much weight can be placed. You must know your patient very well indeed, before you can judge accurately his statements regarding it. This indefinite measurement of pain has undoubtedly caused in medical men and nurses that attitude towards suffering which has bred the idea of their hard-heartedness. The necessity of knowing the mental side of a patient will keep medicine from passing solely into the hands of specialists. The close personal knowledge which the country practitioner may get of his patients is his greatest power in his fight against disease. He can often prognosticate, even the ills of his people, not merely from his knowledge of this physical make-up, but more because he knows their mentality.

In conclusion, it is surely a worthy endeavor to strive to

get away from mystic haziness, nearer to a scientific explanation. Truth and error are nearly always companions. Fact of cure has been often dimmed by explanation of mystic philosophy. The supernatural has been too often invoked to explain the natural.

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, Held at St. Louis, Mo., June 6 and 7, 1910.

Undergraduate Proctology.

Dr. Dwight Murray, of Syracuse, N. Y., delivered the presidential address—"Undergraduate Proctology."

After thanking the society for the honor conferred upon him in making him president, he made some recommendations as to its future before taking up the formal subject of his address.

He considered that the American Proctologic Society stood for a high class of scientific work and the best that there is in proctology. He believed that it would be for the best interests of the society that the programs of future meetings should be made up of symposium, or possibly two, with essays that shall treat thoroughly some selected subject or subjects, and that these papers should be written by men whose part in the symposium should be assigned to them by the executive committee. He suggested that the program should not be too crowded, and that sufficient time should be given for a full discussion of every paper and subject presented.

He believed that a volume or year-book of the American Proctologic Society, containing a symposium with additional papers of merit, such as would be presented by experts in proctology, could be made of great value to the profession, and would be sought after by general practitioners. He believed that it would be of the utmost importance to the society that the Transactions be published yearly, as it would be a decided step backward to omit the publication, no matter what its cost might be.

A recommendation was also made regarding the limitations of the field of the proctologist. He believed it to be true that ethical practice of proctology was too narrow a field in which the specialist could gain a competence. He therefore

recommended that this society take up the question of the limit of proctology as a specialty, and that it be changed to include diseases of the small intestines—in other words, that proctologists become procto-enterologists. In this way every member of the specialty would be doing uniform work.

He then proceeded to take up the main subject of his address—"Undergraduate Proctology." He believed that the specialty was rapidly assuming the importance which is its due, in spite of the oppositions is has experienced from the general surgeons, who have seemed to look upon it as an unwelcome in vasion of their field.

He considered that one of the most important duties of the Proctologic Society was an educational one. He hoped that, with the increasing appreciation and demand for this kind of special work, the colleges would take up the subject in a manner which its importance demands, and that if the medical colleges did not educate the profession in this branch of medicine, the members of the Proctologic Society must do it. He put forth the claim that the field of medicine and surgery is too large to admit of any man becoming an expert in all branches. This is an age of specialties, and the very limitation of specialists make an expert of him.

He believed that proctologic teaching in colleges should be done by men learned in the specialty, and not by general surgeons, who only teach in a desultory manner, so that when the students are graduated they go forth to the practice of their profession, in fully 75 per cent. of the cases, with little or no knowledge of this line of work.

He then proceeded to prove this point by a statistical report showing the answers to questions which he propounded in a communication of fifty of the most prominent colleges in the United States and Canada. The answers to those questions show conclusively that a very large percentage of the college faculties believe that proctology is of minor importance, and that it is not necessary to give the student any special training in the subject.

In order to prove his point he found it necessary to communicate with a large number of physicians, including special-

ists in various branches and men who had graduated during the years from 1873 to 1905. He sent communications to these men asking them to answer certain questions which would show whether they believed they would have been better prepared for their practice and have been better able to treat their patients, if they had been given instructions in this line of work. Ninety per cent. of the physicians answered the question in the affirmative, which he believed told the story from the standpoint of the physician. This gave him good comparison from the standpoint of the college faculty on one hand, who feel that they know the subjects in which the student should be trained at the beginning of his life work, and from the standpoint of the physician on the other hand, who is in the midst of his life work. These answers show that physicians believe that colleges should devote less time to major things in specialties and surgery, and instead give their students more definite and practical instruction in proctology.

Dr. Murray then presented the questions and answers from the college faculties and physicians in tabulated form. He did not claim that the work of the eye, ear, nose and throat, or any of the specialties, was unimportant, but he did maintain that the time given to these specialties should be shared in a proper way with proctology, which would not detract from the importance of the older specialty, but would recognize the importance of proctology. At the same time this would put the young graduate in possession of knowledge that would not only be of great value to him but of far greater value to his patients. There are certain common and important diseases in every specialty that the young physician is sure to meet and ought to be able to recognize.

He believed it to be the duty of the American Proctologic Society to foster a sentiment in the profession and among college authorities favorable to the special teaching of proctology either separately or as a branch of general surgery. He did not deem it necessary that a special chair of proctology should be created, but that a course in proctology should be provided for under the chair of general surgery.

Dr. Murray believed that it would be wise for the Amer-

ican Proctologic Society to offer a prize of a substantial sum of money for the best original graduating thesis on a proctologic subject, the competition to be open to graduating classes of any college in the United States and Canada.

In conclusion, the doctor believed that the profession should offer more encouragement to specialties in all branches, especially to those who are willing to devote their time to a branch which has for some reason been neglected, as proctology has been. Then it would be practically impossible for quacks and healers of various sects and isms to take advantage of our professional neglect and use it is their opportunity to play upon the credulity and gullibility of human nature.

A. Review of Proctologic Literature.

Dr. Samuel T. Earle, of Baltimore, Md., presented a review of proctologic literature from March, 1909, to March, 1910.

The Committee on Proctologic Literature reviewed the following papers as worthy of the attention of the members of the Proctologic Society:

"The Treatment of Hemorrhoids by Zinc-Mercury Ionization," by Dr. T. G. Bokeham, which appeared in the Proceedings of the Royal Society of Medicin, May, 1909.

A paper by Dr. Herman A. Brav, in the "Monthly Cyclopedia and Bulletin," May, 1909, on The Importance of Careful Post-Operative Treatment in Rectal Operations."

A paper from the "Albany Medical Annals," May, 1909, by Dr. Geo. Blumer, New Haven, Conn., "A Neglected Rectal Sign of Value in the Diagnosis and Prognosis of Obscure Malignant and Inflammatory Diseases Within the Abdomen." The sign is spoken of as the rectal shelf, which is observed on making a digital examination of the rectum of the anterior rectal wall, from two to four centimeters above the prostrate gland in males. This shelf is of almost cartilaginous feel which projects into the rectal cavity. In some cases the circumference of the rectum is involved in an annular zone of infiltration, more marked anteriorly and tapering off toward the posterior wall, a signet ring stricture, as Schnitzler calls

it. The summary of his paper is contained in the following:

1. In certain forms of carcinoma of the abdominal organs, notably gastric carcinoma, and in some cases of tubercular peritonitis, implantation metastasis in Douglas' pouch are common.

2. These metastases impinge upon the rectum and may infiltrate its submucosa, causing a peculiar shelf-like tumor on the anterior rectal wall, readily felt by the examining finger.

3. In cases of gastric carcinoma this may be an early metastasis, and occurs especially in males.

4. In such cases the primary tumor may be latent and the metastasis may be large enough to cause symptoms of obstruction. It has been mistaken at times for rectal carcinoma and has been removed as such.

5. The not infrequent occurrence of this rectal shelf makes it a diagnostic and prognostic sign of a good deal of importance, and warrants the statement that in no case of obscure abdominal disease should a rectal examination be omitted.

Dr. W. I. Dec. Wheeler, in the London "Lancet," March 6, 1909, gives excellent reasons for always using the abdominal route, or a combined method for excision of carcinoma of the rectum, whenever the malignant growth is three inches or more above the sphincter.

The technique for excision of the rectum in procidentia, as given by Dr. John H. Cunningham, Jr., Boston, Mass., "Annals of Surgery," May, 1909, is referred to and favorably commented upon.

Dr. A. L. Wolbarst's improved rectal irrigating tube is referred to. A description of the instrument may be found in the "Journal of the A.M.A.," July 31, 1909.

Malformations of the Anus and Rectum.

Dr. Alois B. Graham, of Indianapolis, Ind., read a paper on "Malformations of the Anus and Rectum," with a report of four cases.

Congenital malformations demand prompt surgical treatment. Many cases are never reported and the percentage is

evidently much larger than statistics indicate. These malformations are sufficiently uncommon and interesting to warrant placing every case on record.

Case 1. White male child, born with no trace of an anus, and in whom careful dissection and exploration failed to find any trace of a rectum. Colostomy was suggested, but the parents refused their consent. Child died four days later. Autopsy refused.

Case 2. Colored male child, age five years, born with a complete obstruction of the anus by a membranous diaphragm, which was perforated by the attending physician. Examination revealed a dense stricture, almost impermeable, involving the entire anal canal. The interesting point was the presence of a hypospadias through which feces had escaped for two years. The communication between the rectum and urethra was the result of ulcerations above the stricture, rather than defective embryological development. Surgical treatment was refused.

Case 3. Colored female child, age fifty-six days, in whom examination revealed a well-formed anus and a protruding or bulging imperforate rectum. A photograph shows a pronounced distension of the abdomen, the result of a fifty-six days intestinal obstruction. Posteriorly, the rectum had no attachments, and the finger could be introduced easily behind the bulging imperforate gut, through the anal canal, into a blind pouch. A fistulous opening was found in the vagina just behind the hymen. The meconium and a small quantity of feces had escaped through this opening. The protruding rectal mucosa was dissected from its attachments and excised. The rectal mucosa was then sutured to the free skin at the anal margin, except for one-eighth of an inch posteriorly. This was used for drainage in case the blind pouch became infected. This patient made a good recovery. At the last examination, which was three months following operation, the finger could be introduced easily into the rectum, the stools were normal, and sphincteric control was good. The fistulous opening into the vagina was closed, and the posterior rectal mucosa was firmly united to the skin at the anal margin.

With the exception of an abdomen which seemed a trifle prominent for one of its age the child appeared normal.

Case 4. White child, one of twins, age forty-two hours, in whom examination revealed an imperforate urethra and no trace of an anus. Penis and scrotum were well developed, but neither testicle could be palpated. Careful dissection and exploration failed to find any trace of a rectum. A two inch incision was made in the median line just above the pubis, but no bladder could be found. Decided to perform a colostomy or sigmoidostomy. A portion of what was supposed to be the sigmoid was opened and a large quantity of meconium escaped. Exploration revealed a pouch which appeared of much larger dimensions than a normal colon or signoid should be. Operation was completed, and yet our inability to find the bladder made the case a hopeless one. Child died twenty-four hours later. At autopsy no bladder was found. The entire large intestine was removed. This case is of interest from the point of view of defective development. The pouch-like termination of the intestine might well be termed a monstrosity. The writer is inclined to believe that it is one of those rare cases in which the colon or sigmoid opens into the uterus. While the local examination revealed a male child, with the exception of being able to palpate the testicles, the examination of the specimen removed at autopsy reveals marked evidence of the female generative organs. This child was a transverse hermaphrodite—namely, one whom the external genitals seem to be of one sex and the internal of the other. Report of examination states that pouch-like termination of the intestine is formed of three organs, namely, the bladder, uterus and rectum. (Specimen shown.)

Quinine and Urea Hydrochloride as a Local Anesthetic.

Dr. Louis J. Hirschman, of Detriot, Mich., spoke on "The Use of Quinine and Urea Hydrochloride as a Local Anesthetic in Ano-Rectal Surgery."

The cases operated upon by him were as follows: Acute thrombotic hemorrhoids, 10; internal hemorrhoids, 22; interno-external hemorrhoids, 7; external hemorrhoids, 10; fistula-in-

ano, 14; abscess peri-anal, 7; fissura-in-ano, 7; excision of scar tissue, 3; Ball's operation (pruritus ani), 2; hypertrophied papillae, 16; inflamed Morganian crypts, 4. Total, 102.

He reported perfect results as far as operative anesthesia was concerned in every case, and in but seven cases was there any post-operative pain. He uses the one per cent. solution of quinine and urea hydrochloride in all his cases of ano-rectal surgery, where suturing of the skin is not required.

The technique of administration as employed by Hirschman is the same as that used with weak solutions of cocaine and eucaine. He describes this technique in detail. He believes that the substitution of quinine and urea hydrochloride for any of the other anesthetic salts hitherto employed will be found eminently satisfactory in all cases of ano-rectal surgery, where suturing of the integument is not required. He sums up its advantages over the other anesthetic drugs as follows:

First, it is soluble in water; second. it can be sterilized; third, it is equal to cocaine in anesthetic powder; fourth, it is absolutely non-toxic; fifth, it has a pronounced hemostatic action; sixth, post-operative anesthesia lasts from four hours to several days; seventh, it is inexpensive and most always available.

Atony of the Rectum.

Dr. William M. Beach, of Pittsburg, Pa., read a paper on atony of the rectum. He stated that atony or sluggishness of the rectum signifies the inability to expel its contents by reason of impaired musculature, ligamentation or innervation, and further that the musculature in the rectum proper, or that portion above the plane of the levator ani, is entirely involuntary, whose inertia must therefore be due to some inherent factor.

On the contrary, the anal canal, which is made up for the most part of the voluntary fiber, has most to do with the expulsive act, the normal function of which depends chiefly upon the muscular automation that is intact, proper innervation and psychic influence.

The physiologic rectum depends upon (1) an unobstructed canal, (2) firm ligaments, and (3) a well-developed rectal sense residing in the anal canal Factors contributing to atony are (a) traumatism of the perineal body, (b) disease in the anal canal, (c) enteroptosis secondary to general systemic conditions or local anatomic anomalies, (d) the abuse of injections and drastic catharsis, (e) disease in adjacent organs, as prolapsed uterus, adhesions, neoplasms. appendicitis, prostatitis, circulatory disturbance as engorged portal vessels and primary gastric diseases, (f) atony may be the sequel to luesis or senility. The treatment is that of constipation, being guided by the cause. Alterative, dietetic and mechanical agencies are to be invoked.

Villous Tumors of the Rectum.

Dr. T. Chittenden Hill, of Boston, Mass., presented the subject of "Villous Tumor of the Rectum." He expressed the belief that a villous tumor of the rectum is very uncommon and but few cases have been recorded in current literature. B. Merrill Ricketts reported a case before this Society in 1907, and states that but "Sixty-two cases have been reported, nine of which have been by six American authors." Since then I have been able to find out one case, reported by Vautrin (La Revue de la Gynecologie). His article is the most accurate and painstaking observation to be found on the subject.

It is rather difficult to arrive at any conclusion as to their relative frequency by studying the reported cases or by searching hospital reports, as these border-line tumors are generally very loosely classified. Probably the most accurate data at our disposal may be had from St. Mark's Rectal Hospital, London, in which twenty-five villous tumors are tabulated among 42,343 patients with rectal ailments.

The chief point of interest about these tumors is that a certain percentage of them show a marked tendency to undergo malignant degeneration. From the histories of the thirteen cases cited by Ricketts, including one of his own, we learn that three recurred and three did not. Those with a broad

base later became malignant, while those with a pedicle did not. Of the other seven cases no mention was made as to the final outcome.

Goodsall and Miles have had twelve cases, eight in men and four in women, of which number two ultimately became carcinomatous.

From a careful study of these cases and several others the author believes that if there is a distinct pedicle without infiltration of the adjacent mucous membrane, tumors of this type are generally benign and if completely removed by ligation, or otherwise, there is but little likelihood of their recurring. On the other hand, if the base is broad, whether there be induration or not, a total exterpation of the rectum should be advised.

Another point of some interest borne out by a study of these cases is that the longer the condition has existed the less likely is it that the growth will prove malignant. The case now reported seems to bear out this statement:

Mrs. M., forty years of age, was referred by D. J. H. Vaugn, of Everett, Mass., January 5, 1907. She was well nourished, weight about normal, but anemic, with sallow complexion. Had had indigestion for years, but in other respects was in good health. For the past six years had noticed small rectal hemorrhages. During the year previous the hemorrhages had become more profuse and the mass was always protruded at the anus during defecation and even after slight exertion when walking.

She had to go to the toilet several times during the day and to get up two or three times at night, when she would pass one-half cupful of blood-stained mucus; also considerable mucus would at times escape with flatus. For two months, tenesmus had been present nearly all the time. She did not complain of anal or sacral pain.

Rectal examination: Sphincters, peri-anal skin and anal canal were perfectly normal. In the rectum was felt a slippery growth with a band-like pedicle, one inch wide by one-half inch thick, attached obliquely with the long axis of the rectum. By careful manipulation, the writer was able to bring outside

the anal orifice a lobulated, cawliflower-like mass, the size and shape of a large English walnut, from which there was a gentle oozing of blood while it was held outside by the sphincters.

Operation January 8, 1907. The sphincters were stretched after infiltration with 0.25 per cent. cocaine solution, and the mass drawn down with the finger and the pedicle infiltrated and clamped about half an inch from the margin of the tumor.

The pedicle was then transfixed on the proximal side of the clamp and ligated with Pagenstecher No. 5 in three sections, and the pedicle cut away on the distal side. An ounce of bloody mucus escaped from the anus during the dilation.

The operation was easily performed and with but little discomfort to the patient under local anesthesia.

Over three years have now elapsed since the case was operated upon, and as yet there is no sign of recurrence.

The report of Dr. Louis Hoag upon specimen, January 8, 1907, was as follows:

"Pediculated cauliflower tumor of flattened spheroidal form, of pale brownish-red color and 4 x 3.5 cm. in size.

"Surface quite regularly broken by deep, narrow pits and furrows between and among hundreds of small hemispherical, ovoid and spindle-shaped lobules, ranging from 1 to 3 mm. in diameter. Such are soft, juicy, but not necrotic, and of uniform pale brownish-red color. Surface always smooth and glistening. Irregularly distributed are deeper clefts, outlining pyramidal divisions of the tumor, each bearing upon its base, which is directed outward, a number of lobules just described.

"Toward the periphery of the cross-section of the tumor the lobules are of uniform soft consistency and of uniform pale-brown red color. Centrally the pale pedicles, which are about 4 mm. in diameter, enter the tumor at a sort of hilus, and its white fibrous tissue, bearing numerous small blood-vessels, spread out to be finally lost in the similar tissue of the apices of the various pyramidal divisions of the tumor."

Significance of Rectal Hemorrhage.

Dr. Louis J. Krouse, of Cincinnati, O., read a paper on "Significance of Rectal Hemorrhage," and called the attention of the profession to the importance of making a more careful examination of every case where there is bleeding from the rectum. He stated that rectal hemorrhage must not be considered conclusive of the existence of piles. Many other diseases besides piles are accompanied with bleeding. He laid great stress on the importance of diagnosing malignancy in its early stage, so as to give the patient a better chance of recovery. Many cases of malignant disease of the rectum whose only symptom is hemorrhage, have been overlooked and the patient sacrificed, which would not have occurred had the family physician insisted upon a local examination, thereby diagnosing the disease in its incipiency, before it had gone beyond the operable stage. He further stated that every patient is entitled to a thorough examination, and physicians are in duty bound to use all the means at their command to accomplish it. As Murray very aptly expressed himself, "Thus a case that to-day would be operable and a cure result, if diagnosed, would be improbable in six months or a year, and death result." The author reported numerous cases where a correct diagnosis had not been made on account of the negligence of the family physician. Some had been operated upon for bleeding piles, which subsequently turned out to be cancer. He concluded his article with the statement that "earlier recognition of malignancy would add materially to the future welfare of the patient which can be obtained by surgical measures, and it therefore behooves the general practitioner to be on his guard and examine carefully every case of bleeding, so as to detect malignancy in its incipient stage."

Treatment of Rectal Fistula.

Dr. J. Rawson Pennington, of Chicago, Ill., selected the subject, "The Treatment of Rectal Fistula." He referred to three methods, viz., simple incision; the injection of bismuth

paste; the incision or excision with immediate suture (proctorrhaphy).

Of the simple incision he said: Those of us who are operating quite frequently for this malady know its disadvantage, drawbacks and frequent failures to cure. That this operation has done more than any other, unless it be that of the ligature or clamp cautery operation for hemorrhoids, to bring disrepute upon rectal surgery. That the laity dread a rectal operation for hemorrhoids more than any other surgical procedure, because of the fear of pain, the fear of recovery and theh fear of loss of control of the bowels. Yet we know that each of the above operations in the hands of experts gives good results. Concerning the injection of bismuth paste he said: To treat a rectal fistula, the paste is liquefied by heating in a water-bath, and injected into one of the openings with a metal or glass syringe. The other opening or openings are kept closed by an assistant while the injection is being made. Enough force is used until one feels reasonably sure that all tracts and diverticuli have been filled. The paste may be forced into some line of cleavage, if too much tension is used, and carried along this line to some distant organ or healthy tissue and deposited there with deleterious results.

Of excision or incision with immediate suture (proctorrhapy) he said: This method is the most rational of all surgical procedures; that he dissects and removes the entire tract when a probe or director can be passed through the fistulous channel and into the rectum; that he then searches out and removes any diverticula or tracts connected with the main tract. If this cannot or should not be done, he then incises the fistula and dissects out all granulation tissue. If needs be, the wound is disinfected with carbolic acid and alcohol.

Suturing the wound may be done by lembertizing the line of incision from its termination in the rectum to the anus. The ends of the several sphincters, as well as the deeper portions of the incision, are next brought together with interrupted catgut sutures. The skin and fascia are sutured with interrupted silkworm gut. He dresses the wound

with iodoform or plain gauze and applied a T bandage. He maintains that proctorrhaphy, or the paste, or a combination of the two, offers the nearest approach we have to the ideal method of treating extensive rectal fistula.

VITAL STATISTICS

Vital Statistics ....

Winnipeg, July, 1910.

Diseases.	Cases.	Deaths.
Typhoid Fever	21	2
Scarlet Fever	26	5
Diphtheria	13	—
Measles	112	—
Tuberculosis	23	5
Whooping Cough	8	—
Chicken Pox	3	—
Small Pox	1	—
	207	12

Vaccinations, 7; No. successful, 6; No. Unsuccessful, 1.

N.B.—Ten of the typhoid cases originated at points outside the city.

EDITORIAL

Consider well before you elect Members of Council.

The Western Provinces will have to elect their new councils of physicians and surgeons during the next few months. It would be well for medical men of each province to find out before voting for the new Council what the present representatives have done for the benefit of medical advancement in their province and whether the representative has proved to take a real interest in the work of the Council.

Regarding Manitoba, as far as we know, the treasurer brought about a much needed reform by abolishing the annual dues and advancing the registration fee. The representatives of the Manitoba Medical College tried to block this. Curiously at the same time those in control of the Medical School advanced their college fees. This proves the evil effect of private corporation control of medical affairs, self-interest generally coming before the profession's welfare. The retiring president of the College of Physicians and Surgeons has striven hard to get the examining powers returned from the University to the rightful place—namely, the Council of the Colleges of Physicians and Surgeons—but without effect so far, owing again to the influence of the Medical School. The city members of Council have been able to raise their per diem allowance to double. The Council has also done all in its power to bring about Western Federation, and many illegal practitioners have been prosecuted with varying success, the result of the latter being that this Council seems inclined to bring in a resolution to save useless waste of funds by leaving the Attorney-General's Department to do this work of prosecuting the offenders against the statute, as this is really the duty of that department.

Saskatchewan has only just started so there has been no chance as yet for the members to prove their zeal. It would

be well if they also left prosecutions to the Attorney-General's Department, as this would cause the public to realize that the offence was not against the medical profession but against Society as a whole. This Council has also done what it could to bring about Western Unity as shown by the Banff meeting.

Alberta—The College of Physicians and Surgeons, through Drs. Kennedy and Brett, have worked hard for Medical Unity.

In British Columbia the electoral districts have been rearranged through Dr. King and with the new Council this change, which gives the interior better representation goes into effect. British Columbia representatives also have to be congratulated for preventing the Amendment of the Dominion Medical Act passing last legislature, though if it had passed it would certainly have been ultra vires according to the North American Act. Dr. Fagan being a firm believer in Dominion Unity and a high standard saw as a result of the meeting of delegates that it would be best to get Western Federation first and then Dominion. The only way the rank and file can gauge the work of their representatives is by noting the regularity of their attendance at the Council meetings and whether they have carried out the wishes of their constituents.

The three western provinces are as yet fortunate in not having medical schools—but these will appear in time. Let the lesson from Manitoba's experience be learnt. In Manitoba at present the medical profession is controlled by the Medical School—and controlled to the detriment of the profession and of the public. The profession as represented by its Council has no control over the standard of medical men who shall practice in the province and it is generally recognized that any reform started for the good of the men as a whole, unless directly or indirectly benefiting this private corporation, is at once blocked in every possible way.

Regarding the election of representatives, would it not be well to send the voting papers to each member with the names of the candidates in their respective districts and if the candidate is seeking re-election, the number of meetings

held during last term of office, with the number of attendances recorded. This would give a little insight into the interest taken in the work and could be a guide for selection. This method has answered well elsewhere.

Correspondence.

Dr. Lafferty's remarks at the Conference seem to have been construed by medical men present and by the press (which, of course, may be referred to) as distinctly c posite to the tenour of his letter, but it is well we now know his opinion. When the real opinion of those in authority are known then the rank and file can judge where they are and so we thank Dr. Lafferty for at once correcting our mistaken ideas. The amended Act makes every province have two representatives which seems fair but there is representation from Medical Colleges which gives the Eastern Provinces a great preponderance of representatives and also makes Medical Colleges have an unfair advantage over the general profession as these bodies have representation on the various Colleges of Physicians and Surgeons and direct representation as Medical Colleges. Thus Medical Colleges have double influence. In this way it can be easily seen how Eastern Medical Colleges could control eventually western medical education and affairs. Besides this, the quorum is 11. The West would have 11 representatives at the outside. The East will have 20 at least. The meeting place is Ottawa. It takes very little imagination to see what would be the result to the interests of the West when they came counter to those of the East. The East, if it chose, could call a meeting and perform official duties without a single representative from the West! This we must suppose is the compromise recommended by Dr. Lafferty. Dr. Lafferty says "give and take." If it were really so it would be good advice. "Giff gaff maks guid friens"—but all "giff" and no "gaff" the opposite side. It is constantly being proved that progress and harmony can only be attained by the mutual good being considered. Dr. Lafferty called it a represen-

tative gathering, yet the accredited delegates from the West were very few. We consider it was not a representative gathering and the reason for the lack of Western delegates was simply the reason always given, and which will always exist, that the men here have neither time nor funds to go such a distance for a meeting. Thus those near at hand and their friends in the West will have "the pull." Out of 400 present at Toronto only 22 were from the West. Dr. Lafferty in his enthusiasm to pass the Dominion Medical Act seems to have forgotten that his first duty was to see that the West got fair play. He also forgot that to have a solid and permanent agreement every medical man in the West must be satisfied, otherwise the clause which provides in the Act for withdrawal might be exercised and the West withdraw as a whole when it realized through the workings afterwards its absolute dependence on the East. Immediate acceptance of the Dominion Act was urged by Dr. Lafferty "as it was unlikely that the opportunity would present itself again." There is no fear of such a contingency. Unity in medical matters is the aim of the most of us, though we may have different opinions as to the best way to reach our goal. We certainly are all in favor of Dominion Registration but when we get it we want to keep it and have no chance of withdrawel.

The Need for Western Unity.

The science of war develops curious traits among men and none more curious than the effect of "the touch of the shoulder spirit." By the plodding march shoulder to shoulder of a resolute few like "the Boys of the old Brigade" great victories have been won. The medical West needs co-operation of the shoulder to shoulder kind—When those striving hard for reform of abuses have the knowledge that there are others ready to help, then success is assured in time. It is the consciousness of this feeling that is the root of all organization success. The true advancement of the profession in the West can only come when the members

realize the necessity of "pulling together" to gain their first great object—Unity. After that other reforms will quickly follow. Before attempting to settle Dominion affairs let us study our own needs. When the East realizes there is a strong Western association looking after the interests of the profession there will be little likelihood of any more giving all control on serious matters to the East. The cause of this lack of harmony between East and West, province and province, medical school clique and general profession, is individual selfishness, greed and sometimes ignorance. The first and foremost object of all organization is the good of the units and thus is attained the good of all.

Investigation in Ontario.

Dr. Young has to be congratulated for the good work done in investigating the large sums spent by the members of the Council of the Ontario College of Physicians and Surgeons. The Ontario men certainly need to ponder regarding whom to elect to look after their interests. No Council seems to be prepared to take the profession (for whom they are the stewards) into its confidence about the moneys received and how spent. This proves the necessity of a yearly audited account being sent to each member.

Methods of Manitoba Board of Health.

With the new government in Manitoba we have a re-election of the old Health Board with one change. Looking over the names the only conclusion one can make is that it is a political appointment. One of the first acts of this body was the diverting of $25,000 (that the public had collected as a result of an appeal from the old Board of Health for an institution for advanced cases of tuberculosis) to the Ninette Sanatorium, a private corporation of which many of the Board of Health are directors!

MEDICAL NEWS

Victoria, B. C., has asked the provincial government for financial aid toward providing a new and first-class isolation hospital.

In Chamber's Journal there is an article describing a plan that has been adopted in Germany for the treatment of those who suffer from tuberculosis in its early stages. In Germany there are many thousands for whom there is no accommodation in the hospitals. These are poor people but not paupers. For their treatment temporary cure stations have been built in pine woods near large cities. A long wooden shelter open on one side with a kitchen is built. The stations for men and women being separate. These stations remain open from dawn until dark, but no one is allowed to sleep in them. Warm meals are provided at about cost price. If the weather is damp, camp beds are provided. The fares, etc., are so arranged that the poorer class can afford them. Permits are obtained from the district doctor for admission. Attendance and shelter are provided free. No medicine is given except by the doctor. The small sum needed is provided by the state sickness fund to which all earning less than $10 a week must contribute. Children are also allowed these privileges.

This method has proved after 10 years' working to be most effective. At these stations the patients are educated regarding their manner of life when they return home and seem to greatly benefit by the discipline.

Colonel Jones, Director General of the Canadian Militia Medical Service, in an address to the Vancouver Nurses, pointed out that he thought an Army Nursing Reserve necessary. Wherever an army existed there ought to be an adequate medical service ready in the event of war. The military nurse played as important a part in the defence of empire as did the soldier. A movement was started (after a meeting

at Toronto last May) towards the formation of a Canadian branch of the Army Nursing Reserve.

The Victoria School Board have decided on a very wise system regarding the qualifications necessary for a teacher. They now require that the applicant for a position shall not only show mental fitness for the post but physical fitness.

Australia has decided upon founding a fifth University—the new Brisbane. The salary of professors is about $4,500.

The Dominion authorities have passed regulations authorizing the inspection of food stuffs intended for export and delegating the municipal authorities control of the inspection within their limits.

The Charity Act now requires that any hospital built under that act must be fireproof.

It is rather interesting to find that all the money needed to build a Children's Hospital in the Girls' Garden City at Barkingside near London was subscribed in Australia. The money was raised in Australia by ten boys who were sent from the Barnardo homes on a musical tour of the Commonwealth. The Australians who helped this considered it a practical way to prove their imperialism.

Societies are being formed in the States for the prevention of blindness in New York State which is associated with the New York Association for the Blind, the expenses of which are defrayed by the Russell Sage foundation has for Organizing Secretary Samuel E. Elliott, of St. Louis, former Rhodes Scholar.

Dr. Egbert, of Calgary, has been advocating the erection of a Children's Hospital in that city. We are glad to note that the importance of a separate institution for the care of sick children is being recognized by western cities.

The building of Manitou Lake Sanatarium is to be started at once at a cost of $50,000 and another large Sanatorium is also likely to be built at a cost of $60,000, the chief stockholders being a number of physicians of Saskatchewan. The provincial government recognizing the curative value of the waters of Lake Manitou have reserved for Sanatorium a mile of frontage on the Lake.

The Calgary press are pointing out to their readers that the Board of Health and Health Officer should at once have drafted and passed a by-law requiring that all meats, fish, fruits and other foods exposed for sale be kept protected from flies and dust.

The foundation stone of Saskatchewan University was laid by Premier Laurier July 29. 293 acres have been set aside for the campus, 160 acres for experimental purposes.

There is to be a great Imperial University Conference in 1912.

The X-rays have claimed another martyr in Mr. Cox who sacrificed his life in the cause of scientific research. By one discovery he made it possible for surgeons to locate the position of a bullet in the body and this proved of great value in the Boer war.

"The hope of the permanency of our present civilization rests in the adoption of rational modifications of our laws, our conventions and our social relations. Through our great conquest of nature our material resources are almost unbounded. With the meager assistance of medicine the death-rate of the first five years of life have been reduced to a lithe. Many dread epidemics have been robbed of their horrors. The hospitals of the world have been multiplied a hundredfold in their effectiveness. Even war is robbed of half its destructiveness by sanitary and surgical science. The greater and the more constant danger of society from the delinquent, the defective and the dependent classes is so complicated and imminent a problem that it requires all the wisdom of all the faculties to find a way out."—Lancet Clinic, August 6.

It has been decided to submit a by-law to the people of Calgary for $100,000 to be used in the building of a Calgary University. A plot of 500 acres has already been donated and Dr. Blow has offered temporary accommodation for the University and the work of the first and second years will begin this fall. The University will start with endowments of over a million.

Cleveland is to have a splendid system of looking after the welfare of the children. The preliminary work of the Cleveland campaign is to be confined to the discovery of physical defects in the children of the city. Poor eyesight, bad teeth, enlarged tonsils, defective hearing and skin diseases are all ferreted out. The examining physician on his tour of inspection is accompanied by a trained nurse as assistant. After examination a properly filled out card is sent to the parent giving particulars of the inspection, the form being as follows: To Mr.....your child.....seems to be suffering from....., and it is advisable for you to bring this to the attention of your family physician or dispensary. Respectfully,..... Principal.....School Inspector.

The Regina City Council has decided to meet, as far as possible, the request of 14 medical men recently forwarded in the form of a petition. The petition asked:

(a) That no medical practitioners be appointed to the Regina General Hospital Board of Governors.

(b) That all matters of special interest to the profession be referred to a committee of three or more medical practitioners elected by the Regina medical profession annually as representatives of the petitioners whose duty it shall be to act as an advisory board to the Board of Governors on matters of special interest to the medical profession.

The first request is practically granted—the second is under consideration.

PERSONALS

Dr. Kendall, who attended the Alpine Club gathering, has returned to Vancouver.

Dr. Mackenzie, of Winnipeg, has been appointed Medical Superintendent of the C.N.R. He will reside in Victoria.

Dr. and Mrs. Drier, of Vancouver, have returned from their visit to Victoria, B. C.

Drs. Stewart and McLaren have been appointed surgeons to the C.N.R.

Mr. Howard, of Howard & Son, Stratford, England, is visiting the West owing to the vast expansion of their business.

Dr. Fagan has returned from his visit to the East.

Dr. Doherty, New Westminster, is visiting the various asylums in the East to get ideas for his new building.

Dr. and Mrs. McIntyre, of Prince Rupert, have been visiting Harrison Springs, B. C.

Dr. Thomson, Aberdeen, Scotland, has settled to practice in Winnipeg.

Dr. Victor Williams, Winnipeg, is visiting Chicago.

Dr. Beer, Brandon, has returned from Chicago where he has been doing post-graduate work.

Dr. McPhillips, of Vancouver, has gone north for a holiday.

Dr. Conklin, Swan River, has settled in Winnipeg.

BIRTHS

LANG—Born July 30, to Dr. and Mrs. W. H. Lang, Kitsilano, a son.

CORRESPONDENCE

College of Physicians and Surgeons of Manitoba.

Circular.

Dear Doctor: —

Since the last circular sent you two meetings have been held.

First, on the 3rd of March—Present Drs. Milroy, Patterson, Ross, Rogers, O'Brien, Harrington, Clark, McCharles, Hutchison, McFadden, Thornton and Gray. After reading of minutes, communications were read from Dr. Patterson, Thornton and Cruikshank, commenting on the proposed scheme for reorganization of the University presented in a minority report of the University Commission. A letter was read from Dr. Roddick—referring to and regretting the enforced postponement of the amendment to the Canada Medical Act, on account of the Council in B. C., not yet being ready to take action in consonance with the other provinces.

A motion was passed expressing the desire of this Council that the promotion of the Medical Act should be urgently continued.

A motion by Drs. Hutchison and O'Brien, was also passed favoring the Council getting back its power of examining for license.

Dr. Rogers' motion re reduction of registration fee from $125 to $100 was then brought up and discussed. A majority, however, favored the higher fee and the motion, on division of the Council, was lost.

Dr. O'Brien gave notice that at the next meeting he would move that examination be required of British licentiates seeking licenses in Manitoba—the same as others from outside Manitoba.

On motion the meeting adjourned.

July 21, 1910.—A regular meeting of Council was held—Members present, Dr. Milroy (in chair), Drs. McFadden, Patterson, Ross, McCharles, Rogers, Hutchison, Thornton, Harrington and Gray.

After reading of minutes the Registrar reported concerning an unlicensed person practicing at High Bluff, and was instructed to investigate and if sufficient evidence could be obtained—prosecute at once.

A motion by Drs. Hutchison and McFadden, was passed favoring continued efforts with a view to the formation of a Western Examining Board.

Also a motion by Drs. Hutchison and McCharles, urging the restoration to the Council of the power to examine for license.

Dr. O'Brien's motion was allowed to stand over till a future meeting.

On motion the meeting adjourned.

N. B.—The Registrar was instructed to again urge upon members the necessity of paying up their outstanding annual fees. If therefore on receipt of this circular your account has not been paid it is hoped you will attend to this matter without further delay—and once for all Clean the Slate.

Yours truly,

J. S. GRAY.

Winnipeg, July 20th, 1910.

Dr. Thomas M. Milroy, Pres. of College of P. & S., Manitoba,
162 Donald Street, City.

Dear Sir:—Re powers of College of Physicians and Surgeons.

With regard to your interview with me to-day in regard to the powers of The College of Physicians and Surgeons in regard to the licensing of graduates of the Manitoba University, and in regard to regulating the curriculum of the Manitoba University, I beg to advise as follows:—

By section 30 of the Medical Act the following persons are entitled upon payment of the required fee to be registered

on producing to the Registrar the document proving such qualification.

(d) Every graduate in medicine upon examination of the University of Manitoba.

(e) Every person who produces to the Registrar the certificate under the corporate seal of the University of Manitoba hereinafter provided for.

The certificate in sub-section (e) is evidently the one referred to in section 69 of the Act, which is as follows:—

"The University of Manitoba shall be sole examining "body in medicine in this Province, and the council of the "University shall have power from time to time to grant to "any person or persons a certificate under the seal of the "University that the council of the University have been "satisfied that the person mentioned in the certificate is, by "way of medical education and otherwise, a proper person to "be registered under this Act; but such certificate shall not "be granted until the person or persons making such appli- "cation shall have given such evidence of qualification by "undergoing an examination or otherwise as the statutes of "the University then in force may require, and the applicant "shall in all other respects first comply with the rules and regulations of the University in that behalf."

It will, therefore, be seen by the above quotations from The Medical Act that The College of Physicians and Surgeons is bound to register every graduate by examination of the University of Manitoba, and every person who produces a proper certificate from the University even although not a graduate by examination.

The College of Physicians and Surgeons has no legal right to prescribe the curriculum in medicine, except in so far as by the Statutes The College of Physicians and Surgeons has representation on the University Council, and except further, in so far as the University itself by practice consults with the College of Physicians and Surgeons in regard to the curriculum or credentials of applicants.

Sub-section (e) of section 30 above quoted, and section 69 above quoted, are evidently intended to be applicable to

medical men from other places applying for license. It will be noticed that the University itself has full control over the requirements for such candidates. As a matter of practice, however, the University of Manitoba refers to the College of Physicians and Surgeons any application so received for license to practice, and when the College of Physicians and Surgeons certifies that the education and practical training of the candidate is satisfactory, the University admits the candidate to the examination in the required subjects.

We enclose you herewith memorandum of the University regulations on this point as they exist at the present time.

Yours truly,

(Signed) I. PITBLADO.

Copy of University Regulations Re License.

In case of candidates for license to practice medicine, their application shall be referred to the College of Physicians and Surgeons for Manitoba, and on that body giving a satisfactory certificate as to the education and practical training of such candidates, they shall be admitted to the regular examinations in Therapeutics of the Third Year, and in all subjects of the Fourth and Fifth Years.

Calgary, July 22, 1910.

To the Editor of the Western Canada Medical Journal.

Dear Sir,—I wish to correct your editorial report of my remarks made at the Conference on Dominion Registration, held in Toronto during the annual meeting of the Canadian Medical Association.

You say "the question of Dominion Registration came up at the conference, but owing to the severe criticism of Dr. Lafferty of Calgary, nothing definite was accomplished."

I beg to say that my remarks on the question were very distinctly on different lines. I expressed myself strongly in favor of Dominion Registration, and urged the representatives present to consider the question from the standard of compromise and be prepared to give and take, as this was the most

representative gathering of accredited delegates that had taken place to discuss this most important question, and if they failed to agree it was unlikely that the opportunity would present itself again to secure a Dominion Registration Act, as it was more than probably that if a satisfactory basis was not arrived at, the Western Provinces would proceed with there scheme already discussed and somewhat advanced for union of the Western Provinces for registration purposes. I expressed myself as strongly in favor of Dominion Registration.

As a matter of fact the result of the conference was very encouraging for a Dominion Registration Act, Quebec being thoroughly satisfied and heartily in support of the proposed amended bill.

Every Province in the Dominion was represented and concurred in the amendments submitted, except two Provinces whose delegates were unable to do so, as there instructions were not wholly in harmony with one or two of the clauses submitted, but the delegates from these two Provinces advised the committee that it was the intention of their councils to submit the proposed amended bill to a plebiscite of the profession, when I hope and trust that the profession will accept it.

I am fully in sympathy and will support the amended bill.

Yours faithfully,

J. D. LAFFERTY.

EXTRACTS.

"The Montreal Medical Journal" Becomes "The Journal of the Canadian Medical Association."

President—Dr. George E. Armstron.....MONTREAL
General Secretary—Dr. E. W. Archibald.....MONTREAL
Chairman Finance Committee—Dr. James Bell, MONTREAL
Editor—Dr. Alexander McPhail .....MONTREAL
Place of Meeting, 1911.....MONTREAL
Journal.....The MONTREAL Medical Journal

What a scoop for Montreal!

Has the Canadian Medical Association become a Montreal institution? From the above table it would look a little that way, wouldn't it?

Where does the University of Toronto come in, and is it not rather a pity that our National Association, which seems to have come back to life more or less, should become so intimately associated with McGill university interests?

These are somewhat pertinent questions, in view of the adoption of by the Canadian Medical Association last month of the report of the Executive Committee, recommending the Association to definitely establish an official organ by leasing the "Montreal Medical Journal" and paying six per cent. interest on an invested capital of six thousand dollars.

It seems too bad that our Association must acknowledge its inability to establish a journal of its own, instead of leasing another publication (the official organ of McGill University) at a cost of one dollar per day.

We feel that this is a mistake from first to last and that the Canadian Medical Association have entered upon a course that is, to say the least of it, unwise. W.A.Y.

—From Canadian Journal of Medicine and Surgery.

EFFECT OF THE WEATHER ON HEALTH.

The relation of climatology to health and disease is no new subject. Hygiene and meteorology have for a long time been known to be co-related to an important degree. In fact, atmospheric influence upon health is mentioned in ancient history. Over four thousand years ago, the frequency and fatality of diseases during the manifestations of certain atmospheric phenomena, were noted and attributed to arbitrary punishment from heaven.

The following propositions are generally held to be true:

A preternaturally dry air, with a high temperature, predisposes to the development of fevers and intestinal disorders.

A very moist atmosphere, accompanied by a low temperature, is likely to induce bronchial and rheumatic affections.

In summer and autumn the tendency to sickness and death is chiefly connected with digestive organs.

In summer and autumn a rise of mean temperature above the average increases the number of cases of, and the mortality from, diseases of the digestive organs.

A cold and rainy summer controls the prevalence and fatality of diarrhoeal diseases.

Diarrhoeal diseases become epidemic when the subsoil temperature at a depth of four feet below the surface reaches 56 degrees Fahrenheit for the season.

The physiological effects of climate embrace the degrees of humidity, fogs, cloudiness, sunshine, force and direction of wind, purity of atmosphere, and the quality and energy of all the meteorological influences.—"Health," London.

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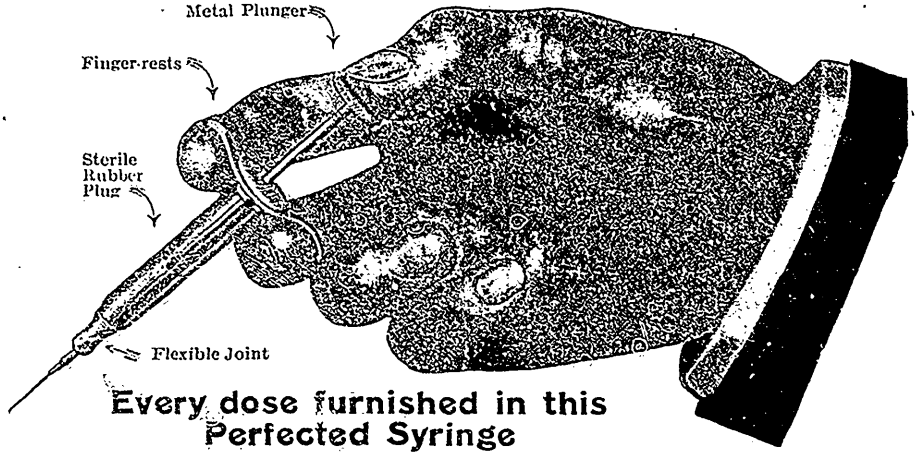

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Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of Dominion lands in Manitoba, Saskatchewan and Alberta, excepting 8 and 26, not reserved, may be homesteaded by any person who is the sole head of a family, or any male over 18 years of age, to the extent of one-quarter section of 160 acres more or less.

Application for entry must be made in person by the applicant at a Dominion Land Agency or Sub-Agency for the district in which the land is situate. Entry by proxy may, however, be made at an Agency on certain conditions by the father, mother, son, daughter, brother or sister of an intending homesteader.

DUTIES:

(1) At least six months' residence upon and cultivation of the land in each year for three years.

(2) A homesteader may, if he so desires, perform the required residence duties by living on farming land owned solely by him, not less than eighty (80) acres in extent, in the vicinity of his homestead. Joint ownership in land will not meet this requirement.

(3) A homesteader intending to perform his residence duties in accordance with the above while living with parents or on farming lands owned by himself must notify the Agent for the district of such intention.

Six months' notice in writing must be given to the Commissioner of Dominion Lands at Ottawa, of intention to apply for patent.

W. W. CORY,

Deputy of the Minister of the Interior

N.B.—Unauthorized publication of this advertisement will not be paid for.

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Utero-ovarian sedative and anodyne of the highest merit. In the treatment of functional dysmenorrhea, menorrhagia, ovarian irritability and menstrual irregularity it has been prescribed with marked success in many thousands of cases.

LIQUOR SEDANS, Rx. 2 (WITHOUT SUGAR) has the same formula as **Liquor Sedans** except for the omission noted.

LIQUOR SEDANS WITH CASCARA is identical with **Liquor Sedans** except that each fluid ounce contains 40 minims of the fluid extract of cascara sagrada.

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Each fluid ounce represents: Red Clover Blossoms, 32 grams, Lappa, 16 grams; Berberis Aquifolium, 16 grains, Xanthoxylum, 4 grains; Stillingia, 16 grains; Phytolacca Root, 16 grains; Cascara Amarga, 16 grains; Potassium Iodide, 8 grains.

One of the most valuable alteratives known to the medical profession. It is widely prescribed in scrofula and cutaneous affections. It meets important indications in secondary and tertiary syphilis, acting as a tonic to digestive, assimilative and excretory functions. It is successfully used as a vehicle for the prolonged administration of iodic alteratives in cases in which they could not be tolerated alone.

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