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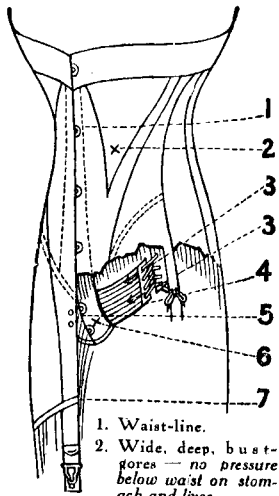
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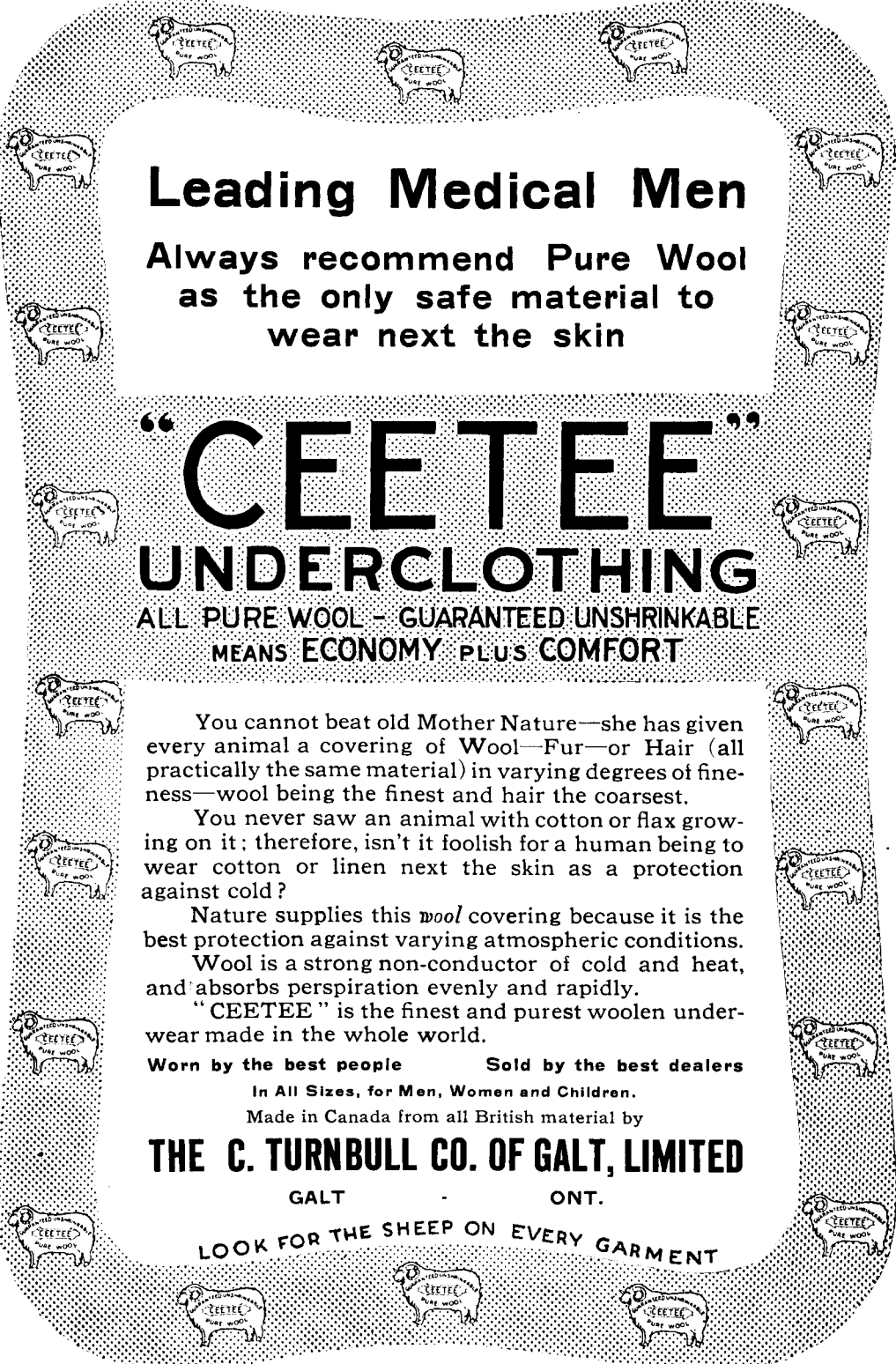
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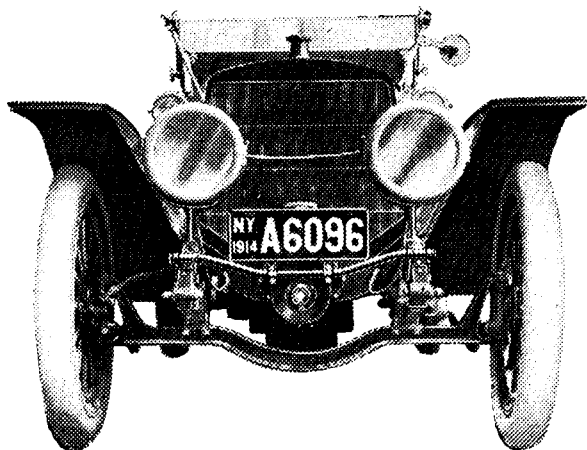
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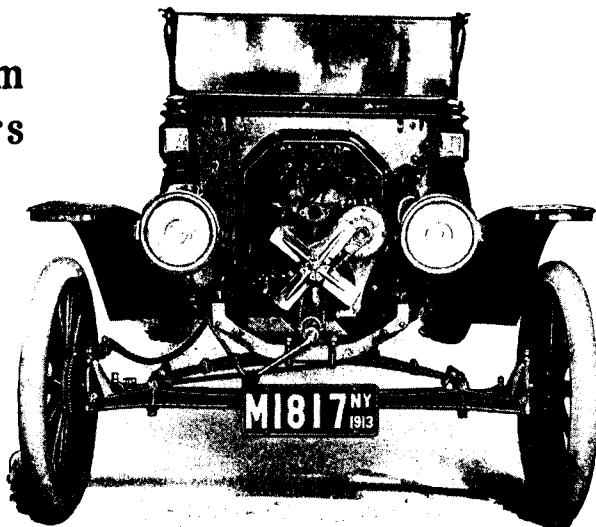
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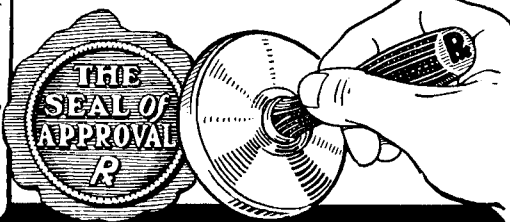
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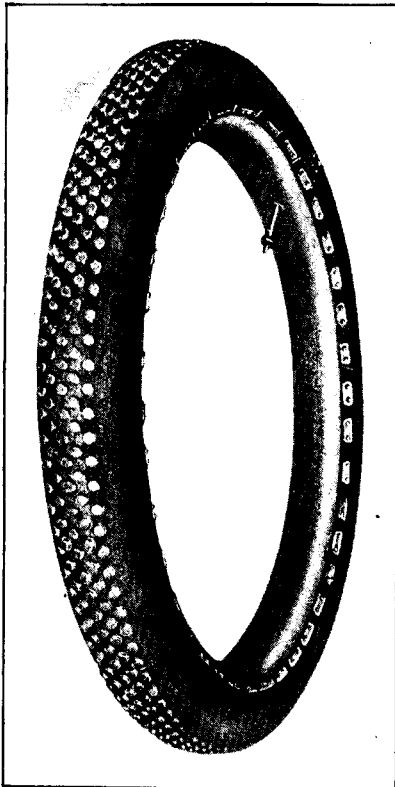
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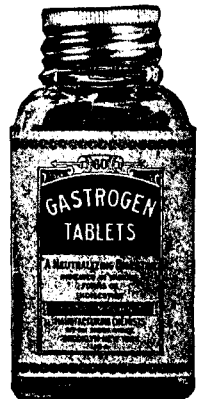
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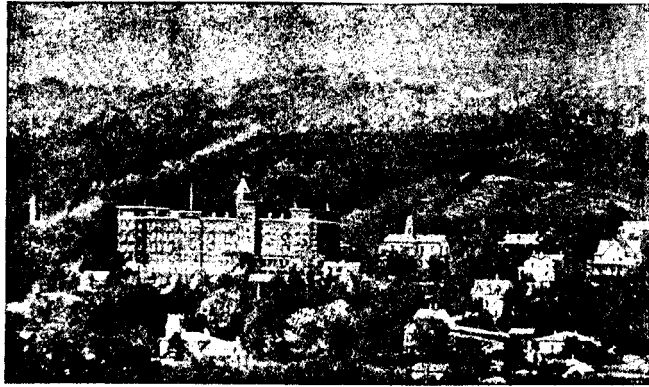
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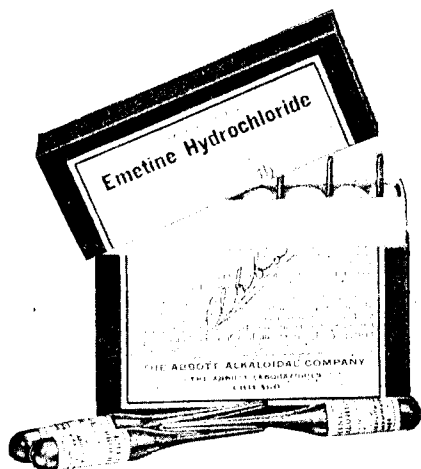
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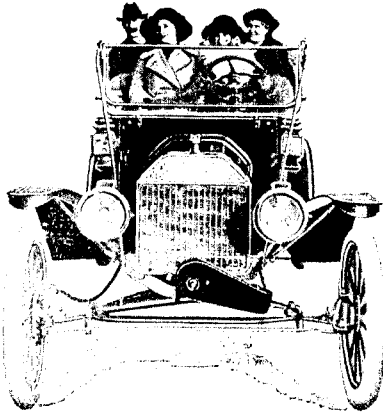
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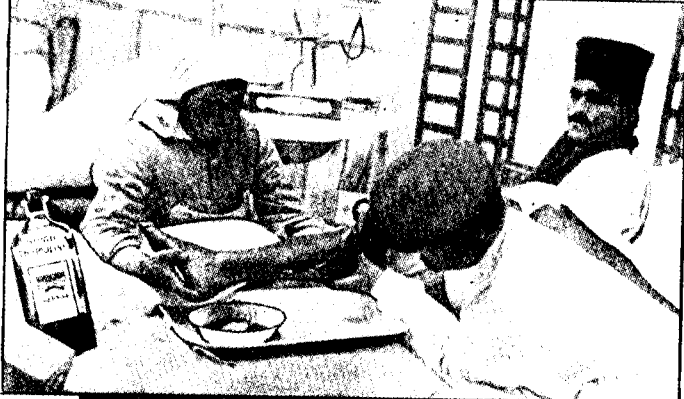
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Wound first cleaned with Hydrogen Peroxide and then swabbed with full strength Glyco-Thymoline. The orifice was covered with a compress of gauze saturated with a 25% solution of Glyco-Thymoline and covered with cotton and oiled silk. Dressing changed every six hours.



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ONE Tablet to be dissolved in a pint of hot water for each application. Deodorant and astringent; rapidly soluble in hot water; in most convenient form of preparation of a douche for treatment of leucorrhœa and kindred troubles.

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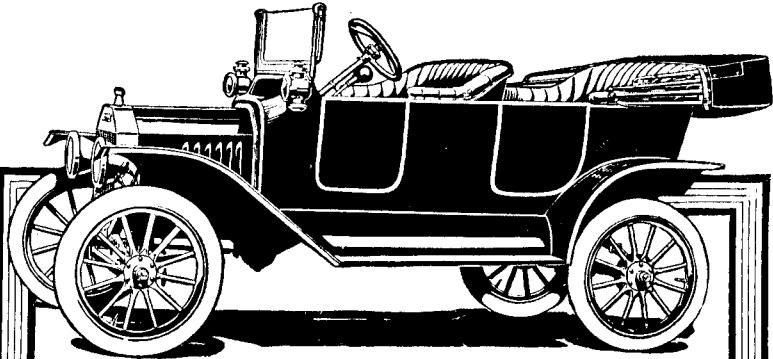
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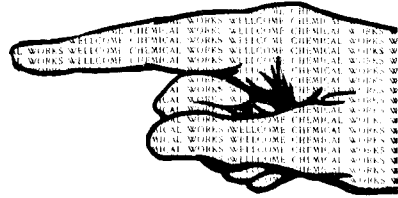
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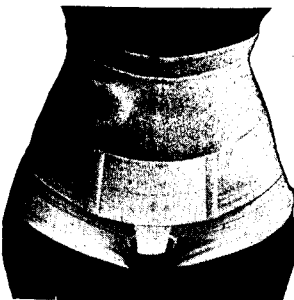
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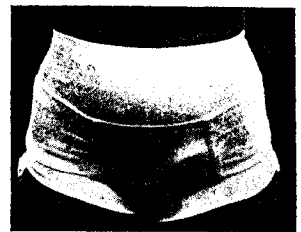
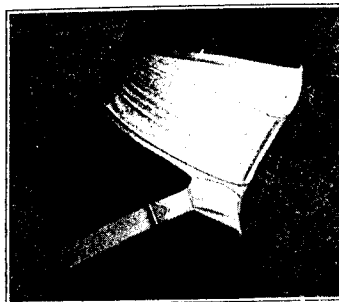
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Editorials

MEDICAL EDUCATION

No nation, no time, no chosen residential suburb, no man-made collection of homes, can ever be free from illness (and other deviations from normal) requiring the assistance of skilled medical attention. There must always be physicians, and it is to the best interests of the laity to provide excellent means for their education. Many of the heaviest expenses of the state are due to crime, idiocy and other features that are traceable to disease, and any economist will grant that living expenses would be greatly reduced if a wide modern eugenic and prophylactic movement were to take place. Living, then, being made comfortable for the masses, the physician's charges would be within reach of all, and he himself could occupy his proper place in society, educating his family rightly without fearing a yearly deficit, because his patients would always pay their bills.

The "man in the street" is just as much concerned in medical education as the physician. He

may need a physician—his son may become one. Any steps, therefore, taken to inform the public how to choose a good physician, how comprehensive his education should be, what his position, duties and limitations shall be, should be made the work of an investigating committee composed partly of laymen and partly of medical men. It cannot be denied that the war spirit has brought physicians and the mass of the people into closer friendship than ever, and now, when medical men are heading the lists for valor under fire, when there are so many needed at home to take the place of the absent, it is a telling stroke to remodel the plan of medical education, and determine its scope, its support by the government to the universities in building colleges, and how many, if any, "pathy" schools shall be regarded as really having any status or even a right to exist under the law.

The Government is tardy in this respect. We take giant strides, as a rule, in these new countries, where press, cable and wireless put us in a position to adopt at once any new measures formed by the older civilized nations. About two years ago, when Toronto General Hospital was opened, Premier Whitney, in his opening address, stated before one of the largest audiences ever collected in Toronto of people interested directly or indirectly in medicine, that the Cabinet intended to appoint in the near future a Commission to study carefully and report to the Government upon the whole subject of medical education. This caused a hope to glow brightly for

a while that all the wrangling among the sectional schools would be settled firmly by a parental oversight from a fair-minded body. It also suggested the thought that no amount of foolish lobbying, "caucusing" committees, or wasting of members' time would have any weight with the august body to be chosen as the Commission. Silence ensued, however, on the part of the Government for the long period of nearly two years. The various professional medical journals touched on the subject from time to time, but with no avail.

Suddenly, however, the appointment of Mr. Justice Hodgins, of the Supreme Court of Ontario, gladdened all those who have looked and hoped for the problems to be settled. It is now expected that the subject will be carefully, diligently and intelligently studied from every viewpoint, in justice and moderation, and that before too long a period elapses the report returned by the Commissioner will be presented and promptly acted upon by the Government.

Various bodies of nurses, dentists, and others coming into public life at a later date than the last legislation have asked for Government recognition, but in vain. Now, however, it is hoped that the limit of school formations is ended, that no new group can arise and say they do something that heals the body, even in part. The human frame has been pretty well covered by this time, beginning with the opticians and ending up with chiropodists.

Some healers demand incorporation and licensing on the ground that doing so protects the public

from being imposed upon by others. It might be said by the osteopath, "Give me a license, or my patients may make a mistake, go to a masseuse, and be bruised in the wrong place." The laity do not need quite so much protection. If they do not use their common sense, they should suffer for it. These misnamed schools in so many words say, "License us so that we may charge a large fee as specialists without fear of criticism from the Allopaths." They, students of a part of the body only, ask license so that they may at least act independently of or on an equal footing with the general practitioner.

The nurse, acquainted thoroughly as she is with the mechanical means of cure, such as enemata, douches, binders and other care of the patient's body, never does these on her own responsibility. That would be a flagrant violation of all that she has been taught. The patient does not come to her for diagnosis and treatment. The physician sends her to the patient to give the medicine and treatments he has ordered. She is a nurse and as such is at the command of the physician. As the true nurse is a handmaiden only to the physician, let her be put in a class by herself in this matter of legislation; classified, too, in such a manner that only a woman who has proved herself competent to care for a reasonable number of groups of disease, such as obstetrical cases, surgical cases, medical and contagious diseases, can have the legal status of nurse and command her remuneration. The nurse is taught constantly to look up to and obey

the physician. No such precepts are embodied in the teaching of the osteopath, who studies only a small part of the body and its functions, or of the quacks who approach the patient to heal, without any knowledge at all of the chemical or other changes going on in the human system. The man with toothache makes his own diagnosis and applies to the dentist, who performs a cure by mechanical means, in which, if he needs assistance, such as a general anesthetic or treatment of sepsis, he calls a regular practitioner.

But those persons who are not thoroughly versed in all the normal and pathological conditions of the body, those who take a "get-rich-quick" course in one mechanical or mental method of healing disease, should be bound under strict conditions. They should not be allowed to receive patients for treatment. It is true that there are some people so constituted that they frame ills for their own enjoyment, and finding no relief, since they want none, from the hands of those physicians who pierce their mask of deceit, they finally dip their flag to some scion of a new or peculiar sect so that they may be considered miracles in a class that cannot be refuted. It is also true that the exponents of some of these cults have effected cures through their good luck in the simpler conditions where only mild interference, *or none*, is necessary. But when a man is really ill, from some disease such as pernicious anemia, he cannot be cured by osteopathy. When he suffers from tetanus or diphtheria, prayer alone cannot cure him. When a

woman's generative organs are disturbing her whole nervous system, simple refraction and glasses will not cure the pain in her eyes. The licensing, therefore, of those so-called schools of mechanical art should be restricted so that the patient on going to such an office should be surrounded at once with sufficient knowledge to determine where he is, and just how far this sort of "practitioner" can help him.

Certain types of "schools" *should be eliminated at once* in a new fair country like this, since they do not contribute to the general weal. There are always a few people who want to be gulled, and there are always a few willing to undertake the job. If tolerated at all the basis of classification for license should be, "Are these men performing any duty in the relief of pain, the banishment of disease, or the general campaign for public health?"—Are they sufficiently versed in a general knowledge of the body to know whether they are injuring one part in treating the other? What guarantee has the public that they will not undertake to treat illnesses entirely outside of their limits? What is the length and breadth of their curriculum? Taking for granted that they have the natural disposition, the perseverance and preliminary education which grand old Hippocrates demands as essentials for a physician, it should be demanded of them *that they undertake the whole study of medicine.*

The man needed all over the world to-day by the sick is the diagnostician. That art can only be acquired by the regular five years' course of study

demande ere the student is granted the license to practise.

The Judges of the Supreme Court acquire in their long career a keen knowledge of medicine in its relation to the community. They can study the close relations between physicians and their families. They appreciate better than others how disease warps the judgment, not only of the sufferer, but of his family, at times. We feel that the cause of medical education is in good hands when Mr. Justice Hodgins sits as Commissioner for the Government. We know that all right-minded people will give him every assistance in opening records and otherwise facilitating his research.

ACADEMY OF MEDICINE, TORONTO

THE opening meeting of the Academy of Medicine, Toronto, took place in the Mining Building, University of Toronto, on October 5th. The new President—Dr. W. H. B. Aikins—occupied the Chair, and Dr. J. H. Elliott acted as Honorary Secretary. The meeting was one of the most successful opening meetings ever held, the attendance being splendid. The number present proved the urgent necessity for a new Academy Building, something which all the Fellows hope will be realized ere long.

The programme was exceedingly interesting, particularly the Presidential Address, which we reproduce in this issue, and the Address by Dr. W. P. Manton, Detroit.

After the formal Minutes had been read and

adopted, Dr. H. B. Anderson read the Report of the Patriotic Relief Committee, followed by Dr. Powell, who presented the Report of the Hospital Supplies Committee.

The Presidential Address was full of interest and only too short, the reason for this being a little excessive modesty on the part of Dr. Aikins and consideration for the guest of the evening. Dr. J. H. Elliott formally presented two books from Sir William Osler, the books being Jenner's "Inquiry into the Causes and Effects of the Variolae Vaccine," London, 1798, and Rhazes' "Liber Nonus ad Alman-soren," Venice, 1490. The Academy of Medicine is certainly under a debt of gratitude to Sir William Osler for this further contribution. Sir William has always been, and, we trust, will continue to be, a warm friend of the Academy. The subject of Dr. Manton's address was "Marriage Rites and Obstetric Practices among Ancient Romans" (with lantern demonstration). We only regret that we have not the opportunity of publishing Dr. Manton's address in full.

Dr. Aikins gave a delightful reception to the Fellows at his residence on Bloor Street after the meeting.

We trust that the meetings of the Academy for the current winter will be equally successful to that of the opening meeting on October 5th. The President and Programme Committee having devoted a great deal of time to preparing a goodly bill of fare for the Fellows throughout the winter months, we bespeak for Dr. Aikins the hearty support of all.

DR. CHARLES R. DICKSON, HONORED

AT the annual meeting of the American Electro-Therapeutic Association, held at Atlantic City, N.J., September 14-16, 1915, by the unanimous vote of the Association, Dr. Charles R. Dickson, of 192 Bloor Street West, Toronto, was elected an Honorary Fellow with all of the privileges of an active member, the first time this distinction has ever been conferred upon a Canadian. Only eminent practitioners of medicine in good standing, or eminent electrical experts in good standing, are eligible for honorary fellowship. The active membership consists of regularly qualified practitioners of medicine or surgery, who are graduates of recognized colleges, and who must also be members of their respective local and national medical societies before being admitted to the American Electro-Therapeutic Association.

Many of the most widely known electrical scientists—Tessla, D'Arsonval, Thomson, and others equally distinguished—are on the honorary list, which is restricted to fifty in number. Almost every civilized country is represented.

Doctor Dickson was President of the Association in 1898, was its official representative at the International Electrical Congress in 1904 at St. Louis, Mo., and is now a member of its Board of Trustees. The doctor is Consultant in Electricity to Toronto General Hospital, and has been a member of its staff since 1889, when he organized its first Department of Electro-Therapeutics.

MORE HELP FOR OUR SOLDIERS

THE Academy of Medicine, Toronto, in conjunction with the Ontario Medical Association, have begun a work which will doubtless be followed up at once, or has already been, by the medical profession in the other parts of the Dominion. Kindness, patience, brainwork, endurance, forethought, are some of the essential features of the task it has set itself. The cardinal point is the after-care of the wounded, in sharp contrast to a period within our memories, when any wounded soldier became a school teacher, or flagman at a crossing, legless or armless, as the case might be. The plan suggested is to form a Reception Hospital, where the men will be treated temporarily, then classified, before distribution to general hospitals, sanitarium for tuberculosis, institutions for nervous cases, convalescing homes, etc., according to the necessities of the individual case. Preferably this clearing-house would be in a city or in the country near a city, where the services of a staff of doctors representing different special departments would be available.

The convalescent institutions should be in familiar surroundings, and not too far from the men's families, so as to banish excitement and drown the nervousness produced by life under a constant cannonade, as well as to produce a benign psychic effect through hearing English spoken all the time and seeing no foreign ways, foods or gestures.

The equipment will include good nursing, baths, massage, electrical treatment, gymnastics, and introduction to some of the trades for those not fitted

to return to their old occupations. The whole atmosphere will be surcharged with hope, otherwise extreme depression would be expected. But there will be steps taken soon to also put the wounded in touch with the Pension Department at Ottawa. Not so much does the true soldier mourn over his own lot as of his dependent family. This was beautifully expressed in the "Little Gray Home in the West," that was never successfully dethroned by "Tipperary." To assuage this anxiety in the minds of the fighting men, the physicians a year ago banded themselves together to give free care to the needy families of the soldiers now at the front.

Feeling has run so high in every Canadian heart that we feel sure no person will take an unfair advantage of the men who are so generously devoting their time to the soldiers as the doctors. Not only did many go, but they took their sons with them, while those who stay behind have their ear to the ground all the time for news to give them new ways of helping. Doctors and soldiers have been mates since time began, but never at any time or in any nation have the best qualities that manhood can afford been displayed so cheerfully. Over two hundred physicians in Toronto alone are engaged in treating the soldiers' families, while over sixty-six chemists have been supplying the drugs free for those cases.

We commend this noble work of establishing a clearing-house for the convalescent soldiers to every patriotic mind, and we doff the hat to the men who thought out the scheme.

Canadian Journal of Medicine and Surgery

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Original Contributions

PRESIDENTS' ADDRESS, ACADEMY OF MEDICINE, TORONTO

BY DR. W. H. B. AIKINS.

The Medical Profession and the War—The Cancer Problem.

At a time like the present, when such momentous events are happening day by day on the Continent of Europe, and the destinies of the nations of the world are trembling in the balance, most of us find it extremely difficult to concentrate our minds on any subject which is not directly or indirectly connected with the war. This is not to be wondered at when we consider that it is by far the most terrible conflict recorded in history, the result of which will influence the future course of events throughout the whole of the civilized world. The state of things in Europe has been recently very vividly brought home to us in Canada, owing to the fact that so many of us have already lost those near and dear to us on the battlefield or in that great tragedy of the sea, the sinking of the *Lusitania*; but we rejoice to know that our soldiers have worthily upheld the traditions of our race, and that this country has reason to be proud of her sons.

In no previous war has the medical profession, not only of the British Islands, but also of the Overseas Dominions, played such an important part, and there was everywhere a prompt response to the demand of the Army for civilian surgeons to supplement the work of those belonging to the service. Many of the senior students in the various medical schools also volunteered for employment as dressers.

As you all know, the response from those of our profession in Toronto has been most gratifying. The Army Medical Ser-

vice of the First Contingent took many of the Fellows, and with the subsequent contingents, Clearing Hospital and University of Toronto Base Hospital, there has been an increasing depletion of our ranks. Sixty-one Fellows of the Academy of Medicine are now on active service. The medical student body of Toronto University has not been behind in their response to the call. Of the undergraduates in medicine, 6 officers and 88 men have gone, while there are 252 men serving from the graduate body of the Faculty of Medicine.

You will remember that very soon after the beginning of the war the Fellows of the Academy of Medicine pledged themselves as a patriotic duty to undertake, without charge, the professional care of the needy dependents of any men serving with the Allied armies during the war now going on; and you have this evening listened to the report of the Patriotic Relief Committee, and can realize how well and truly that pledge has been implemented by the Fellows of the Academy. From the report of the Hospital Supplies Committee you have also learned how very active the Fellows have been in this matter.

From all parts of the country came offers from private individuals of accommodation for invalid soldiers and sailors, and of large country houses to be used as convalescent homes for the sick and wounded. Australia, New Zealand, South Africa, India, and our own Dominion of Canada, have given splendid and magnificent assistance in hospital equipment and personnel, and in the sermon preached by the Archbishop of Canterbury, at St. Paul's Cathedral, on August 4th, the anniversary of the declaration of war, he says that, "the temper of the whole of the British Empire has been worthily reflected by medicine. A firm resolution to endure to the end and a hope for the victory of the right are displayed in the hearty co-operation between our citizens in all parts of the world in the medical conduct of the war." The United States has also done much to help in the treatment of our wounded soldiers, and has made generous contributions in the shape of hospital equipment and personnel.

The war can scarcely fail to have a more or less arresting effect upon medica; progress in some directions, in view of the fact that in all the countries concerned so many men engaged

in medical investigation and research have, at any rate for the time being, been called away from their work. The interruption to the exchange of scientific data is also a serious obstacle to progress. Many medical meetings which were to have been held during the present year have been postponed. The next International Medical Congress, which was arranged to meet in Munich in 1917, has suspended the work of organization, and in the *Deutsche Medizinische Wochenschrift* there is an editorial to the effect that it is probable that the feelings of hatred excited by the war will not have died out by that time, so that it would be difficult to welcome representatives of the countries now fighting Germany with any degree of cordiality. In fact Germany seems to be preparing for isolation from the external medical world, and it is announced that the German scientists have commenced a campaign against all medical words of English, French or Russian origin, and that a committee is to be formed for the purpose of framing a purely German medical nomenclature.

This isolation from the rest of the world may not be an un-mixed evil if the opinion expressed by Dr. Greely in the *Boston Medical and Surgical Journal* of September 10th, 1914, is correct, namely, that in Germany the scientific side of medicine is over-developed, whilst the human side is greatly neglected.

The sublime ignorance of the facts in regard to the origin of the war shown in the extraordinary manifesto issued towards the end of last year by the German Intellectuals, including such names as the late Prof. Ehrlich, some of the assertions in which are in direct opposition to the statements contained in the German White Book, cannot fail to discredit German science. Can we ever trust the German scientists again?

Soon after the beginning of the war we began to realize how dependent we were upon Germany for the supply of certain drugs, in the manufacture of which she had acquired a monopoly. These included a large number of extremely valuable drugs, which had displaced many of the older remedies, such as the whole range of synthetic drugs, analgesics, anti-pyretics, alkaloids, salicylates and potash salts. The fact that Germany possessed a monopoly in the manufacture of aniline dyes has caused a very considerable inconvenience. The manu-

facture of many of these products had originated in Britain, but had afterwards been applied by German manufacturers. One of the chief difficulties in manufacturing them ourselves was that hitherto Germany had had an exclusive supply of the raw material required. There has since been considerable progress in the manufacture of the products formerly supplied by Germany, but there are still many difficulties to overcome before this industry is established on a satisfactory basis.

It is sometimes asked if war offers any compensations for the harm it undoubtedly does in hindering the advance of science? Much has already been learnt in regard to the proper treatment of septic wounds, and as to efficacy of inoculation in the prevention of the diseases which have in previous wars caused more deaths than the actual battles themselves. The vigorous efforts taken in Serbia by the British and American doctors have been so successful that typhus, relapsing fever, cholera and smallpox are now almost stamped out, and so far the health of our troops in France, in England, and at home has been extraordinarily good.

At the end of the first year of the war it may be said that the value of the medical work in the Army cannot be too highly estimated, and the practical absence of epidemic disease and efficient sanitary organization has meant a gain of innumerable lives to the allied armies. The heroism of the troops in battle has been equalled by that shown in the hospitals, and the wounded have been attended with courage, assiduity and success, often under the most trying circumstances. Very warm tributes have been paid to the courage and professional efficacy of the Medical Corps by the highest military and political authorities. They all agree that the medical men have rendered most heroic services, and that their courage and devotion is beyond all praise.

I quote the following paragraph from the *Daily Mail*, which appeared soon after the battle of Neuve Chapelle:—"A bright page in the story of British heroism in the battle of Neuve Chapelle is the conduct of the doctors. As always, they distinguished themselves by their fearlessness under fire and their gallantry. Their losses were heavy, for they exposed themselves without thought of danger."

Amongst the results of the war which are of special interest to us in Ontario is the establishment of medical reciprocity between Ontario and Great Britain. This became necessary on account of the necessity for those holding the license of the College of Physicians and Surgeons of Ontario to go with the Canadian Contingents to Great Britain and France, and therefore to work under the War Office. The Council of the College passed the enabling legislation in December last, the Lieutenant-Governor subsequently giving the Royal Assent. In the *Lancet* of September 4th a notice appears from the Registrar-General of the Council of Medical Education and Registration of the United Kingdom, containing the following paragraph:—“That any person holding the license or membership of the College of Physicians and Surgeons of Ontario, granted after examination in medicine, surgery and midwifery, together with a license to practise in that province, shall be entitled to register in the Colonial list of the Medical Register, providing he satisfied the Registrar regarding the other particulars set forth in Part II. of the Medical Act, 1886. Degrees in medicine granted by the Queen’s University, the Western University and the University of Toronto may so be registered as additional titles, provided they are registered in Ontario.”

It has been assumed by some that this war is likely to result in an enormous amount of more or less permanent nervous and mental suffering and incapacitation amongst the soldiers, but although there is no doubt that a certain number of them become unnerved by the horrors of the battlefield, time has shown that a large proportion of these recover after rest and suitable treatment. In an address recently given by Lord Bryce, he states that the effect of the fighting on thousands of our men has been to sober them, to stir their deepest thoughts, and inspire them with an urgent desire for a more idealistic basis of living, and he holds that the spectacles of millions of men abandoning home, family, ambition and money, and laying down life for a principle is so glorious as to transfigure the pictures of mangled bodies and human beings gasping in the dark struggle against death. He believes that one of the eventual results of the war will be the great decrease in the amount of mental instability.

and that people will return to a simpler life, partly from choice and partly from necessity.

Another fact of importance which we may here mention is that neurasthenia and other neurotic conditions are apparently becoming much less common, in spite of the anxiety and strain resulting from the war. This is not difficult to understand, as the experience of most people who have been accustomed to the treatment of nervous conditions indicates that it is not so much the great tragedies of life which are apt to upset the equilibrium of the nervous system, but small daily worries persisting for long periods of time, and above all lack of occupation and interest in life.

This war is certainly affecting the Fellows from a pecuniary point of view, in that many people who have been accustomed to employ physicians and to pay the ordinary fees can no longer afford to do so. The extent to which the war has affected the medical profession in this respect varies in individual cases, but there certainly seems to be no doubt that consultants and specialists are suffering more than the general practitioners, who in a few cases are benefiting more or less, due to so many of their colleagues having taken up military work of some kind.

Now as to the progress of the Academy since the last regular meeting was held, I may say that 27 new men have been elected, so that, counting in the 61 who are at present overseas, the total number of resident Fellows is 404, non-resident Fellows 42, life Fellows 5 and honorary Fellows 4, making a total of 455. Ten additional names will be submitted at the next Council meeting for election, and it is our earnest hope that before the close of this Academy year the total fellowship may come up to the 500 mark by the adhesion of a number of very able men in Toronto who have signified their desire to join with us.

**SOME REMARKS ON MENTAL HYGIENE AND THE
PREVENTION OF INSANITY**

BY CAMPBELL MEYERS, M.D., M.R.C.S., ENG., L.R.C.P., LOND.

THE Provincial Inspector of Prisons and Public Charities states in his latest report that on October 31st, 1914, exclusive of the insane patients in the Homewood Sanitarium, at Guelph, there were in the Hospitals for the Insane of the Province of Ontario, 5,986 insane persons. The total population of this Province, as shown by the last census, is 2,519,907. Hence one person in every 420 of the entire population of Ontario is certified insane. Moreover, the number of patients in the Hospitals for the Insane is greater than the number in the General Hospitals of the Province. The Provincial Inspector of General Hospitals and Charitable Institutions states in his last annual report that on September 30th, 1914, the number under treatment in these institutions was 4,654. Hence 1,332 more patients were under treatment at this period in the Hospitals for the Insane than there were under treatment from all other diseases in all the hospitals of this Province, including the sanatoria for consumptives. This fact alone clearly indicates the importance and magnitude of the subject. The cost to the Province for the maintenance and capital expenditure of the Hospitals for the Insane in 1914 was \$1,704,699.48, being about one-sixth of the total provincial income.

This appalling and ever-increasing number of insane is surely a subject for careful consideration, and renders the prevention of insanity one of the most important of the humane and economic problems which are before the people of this Province to-day. While a large proportion of the number of admissions to Hospitals for the Insane are now discharged as more or less completely recovered, there still remain in these hospitals a large proportion in whom the sunlight of reason, and all enjoyment of life, is forever gone—a vegetative existence in which often apparent physical health is combined with a single defect which produces a result sadder than death. Had the development of insanity been averted, the havoc wrought by

the storm of the developed attack on the brains of these individuals would never have been experienced, and the mental integrity never affected.

The mental suffering in insanity, especially during the early stages of the attack, has been justly said to be unequalled by that of any other disease to which humanity is heir. Nor is the suffering borne by the patient alone, since the relatives and friends must bear a profound grief—often over a prolonged period—when their sympathies and their powerlessness to afford either comfort or assistance makes them devoutly hope, for the patient's own sake, that the physical remains of life itself might be removed.

From an economic point of view the loss to the state is tremendous. The expense of treatment and maintenance is great, extending as it does for some of these patients for over fifty years. More important still, however, is the loss to the state of the individual's capabilities for good and useful work, in whatever walk of life he may have previously occupied—a loss which, morally, mentally and financially, it is impossible to estimate. If these facts only had to be considered, the question of the prevention of insanity would merit the most careful thought by all classes of the community.

Much more serious, however, than the appalling number of certified insane at present under treatment in the provincial hospitals is the fact that at least an equal number is each day steadily progressing towards the boundary line of insanity or passing completely over it, while practically no effort is being made to prevent this dire calamity. In other words, instead of the proportion of one to four hundred and twenty, as stated above, as being confined in the hospitals for the insane, there are at least another one in four hundred and twenty of our population who are daily nearing the same disaster without a single hand being extended to help them. (It is to be noted moreover, that neither the number of the insane in the other provincial institutions, nor the large number of insane in this province who are not there confined, are considered in this connection.)

While the treatment of the insane has advanced by leaps and bounds during the past twenty-five years, no real assistance

has been offered to prevent the full development of the disease, and once this has taken place, no matter how skilful the medical aid may be, the restoration to mental health is, at best, liable to be only more or less complete. True, the hospitals for the insane have opened their doors to voluntary patients, but the fact remains that, with rare exceptions, the patients will not decide to enter into these surroundings and associations—a decision, moreover, which is perfectly natural—until the onward progress of their disease leaves no alternative and they simply drift onwards with the irresistible current to the inevitable whirlpool. It is, therefore, clear that if success in treatment is to be obtained for those liable to develop insanity, it must be in different surroundings and with different methods and associations than those in which the insane are treated.

Can insanity be prevented?

The answer is an emphatic affirmative in a very large proportion of the patients. How can this result be best accomplished? The answer here is by two methods, which may be described as (1) General and (2) Special. The former relating to general mental hygiene in the development of the individual, and the latter relating to the active treatment of the patient when symptoms of his condition are beginning to develop.

The General methods to be employed for the prevention of insanity comprise the upbringing of the child, especially in regard to its moral development; a wise degree of education, which comprises the avoidance of over-education in unsuitable subjects; a close observance of the laws of eugenics, especially the intermarriage of those exhibiting any mental weakness, or pronounced nervous affection, either in themselves or their forebears; the avoidance of alcohol; the prevention of syphilis (the two latter being especially prone to produce insanity); the cultivation of sound physical health and development by out-of-door sports; and the avoidance of pampering and self-indulgence, which are so prevalent in this twentieth century: in short, by the development of those qualities, both physical and moral, which tend to the promotion of the best possible health, in accordance with the rules of mental and physical hygiene.

The Special methods are applicable to the earlier stage of the developing disease, and include the steps necessary to obtain proper medical treatment for the condition.

In order to explain how prevention is best accomplished at this stage it is necessary to state briefly, and in a very general way, what class of insanity is most amenable to prevention, and then, what symptoms are to be found which indicate a danger of the full development of the disease.

It must be clearly understood that insanity rarely begins suddenly in ordinary life. The early symptoms in many cases are overlooked, or ascribed to other and especially physical causes, so that in those cases where the outbreak of active insanity is thought to have been sudden, a careful examination of the preceding nervous symptoms would clearly show that, in the large majority of such cases, the disease had been coming on, not only for weeks, but more often for months. Moreover, the advance of modern medical science enables a competent physician to foretell the outbreak of insanity often for weeks in advance, with at least as much certainty as that of any other form of disease. From this it will be readily understood that the outbreak of insanity is often preceded for weeks or months by symptoms which are commonly described as nervous, and the patient during this period is suffering from so-called neurasthenia, or nervous exhaustion. This by no means implies that all patients suffering from neurasthenia do, or will have, an attack of insanity. On the contrary, it is only when this diagnosis has been made that the fear of such a result may be considered, depending entirely, as it does, on the nature, the intensity, and the grouping of the symptoms. In other words, while neurasthenia frequently exists without any actual danger of insanity, insanity is rarely present in ordinary life without preceding neurasthenic symptoms, often of long duration. (An exception is found in the present war, where the mental strain and the shock of shell fire, etc., has been so great that mental derangement is often sudden in its onset.) It must also be carefully remembered that once insanity is fully developed it is too late for preventive measures, and that treatment in a hospital for the insane becomes generally imperative. Hence, treatment in an early state, when the symptoms are those of nervous exhaustion, not only will, in the majority of cases, avert a developing insanity, but thus also obviate entirely the necessity for asylum treatment. Again, there is no doubt that the

strain on the mental faculties of an individual who is obliged to pass through an attack of insanity, is liable to leave him—even when discharged as recovered—with more or less mental deterioration, so that he would be considered “not the man that he was.” This unfortunate result would also have been obviated had the development into insanity been prevented by early treatment.

It must not be overlooked that insanity is a definite disease, having its origin in the higher centres of the brain, which is the chief organ of the nervous system, and that its location here is liable, especially in the early stages of the disease, to influence any or all of the functions of the various internal organs, since these depend primarily upon the nervous system for their proper performance. This explains how the various physical processes, such as menstruation, digestion—both in the stomach and intestines—the secretions, and the action of any or of all internal organs, may be affected when their centres in the nervous system become impaired in their functions, as is so often observed in neurasthenia.

As to the class of insanity most amenable to prevention, it can fortunately be stated that one of the most frequent and important forms of this disease belong to this category, viz.: that functional form which occurs in adult life, among persons who have previously enjoyed good mental health, and have already accomplished a fair share of life's work in proportion to their age, and in whom the symptoms usually follow such causes as overwork with anxiety, intense mental strain under adverse circumstances, or some pronounced nervous shock. That this form of insanity can be prevented in 75 per cent. of all the cases, when treatment is commenced sufficiently early, has already been clearly demonstrated by a practical experience of many years which were devoted to this purpose.

Before discussing the various symptoms it should be clearly understood that the symptoms of which a patient complains in neurasthenia are always as real to him as those of any ordinary physical disease. Because we often cannot see or locate any visible cause externally for the symptoms, we have become prone to doubt their existence. The prevalent conceptions of any pronounced illness have for so long been associated with pallor,

weakness, emaciation, and other physical signs in the patient, that it has been a natural mistake, when judging only from the possible lack of external physical signs of disease, to consider that all the symptoms of a neurasthenic are voluntarily intensified or even imaginary. Were the truth recognized, it would be seen that many of these patients struggled long to overcome their symptoms, but were unable to do so. It is this lack of knowledge, conjoined with a hasty conclusion, which is apt to lead many to think that the patient could do differently if he chose, or be quite well if he only believed it. If these persons would only consider that they themselves may one day be obliged to pass through the same ordeal as many unfortunates are doing in every quarter of the world to-day, the injustice and the unkindness of this view would be at once apparent to them—no one is immune. Moreover, in the discussion of the symptoms which follow, it is assumed that the patient has previously enjoyed good mental health, and the grouping of the symptoms here given, whilst purely arbitrary, is intended to indicate how their symptoms, when untreated, may become gradually intensified from a comparatively simple nervous affection in the early stages to a most pronounced disturbance of the functions of the brain—a fully developed insanity.

The symptoms, of which only a limited number may be mentioned here, comprise—especially in the early stages—complaints of disturbances of the various physical processes, such as are mentioned above, of which functional disturbances of the generative system in women and the digestive system in man, are the most frequent offenders. These symptoms may be accompanied in their onset by noticeably nervous symptoms, which latter, unfortunately, in the past have been too often regarded as “reflex” in their origin from the physical disturbances, instead of being recognized as definite evidence of the general nervous condition. As the disease advances, the nervous symptoms gradually become more evident: sleeplessness develops, and this is often attended by disturbing or horrible dreams, the patient awakens tired and unrefreshed in the morning, even after a fair night’s sleep. Undue irritability is often present, with a decided tendency to worry over trifles, loss of confidence, and marked indecision—the simplest questions

being solved only after much difficulty and hesitation; an inability to concentrate the mind for any length of time without an undue effort, which is followed by intense fatigue; reading an ordinary article, as in a newspaper, may be difficult, and the patient cannot remember or enjoy what he reads; the emotional equilibrium is easily upset, so that a strong man will shed tears without any apparent adequate cause; the lack of confidence in himself may extend to his surroundings, so that his sense of security is lacking, and fears of various kinds arise, such as the fear of being alone, or in the dark, or in open places, etc., these fears being as real to the patient, on account of his condition, as though some immediate danger were actually present; any mental effort may be commenced in good form, but rapid exhaustion follows; a lack of interest gradually develops in the usual affairs of life, and he becomes increasingly introspective; depression may now appear, at first slight and only occasionally, being easily shaken off, but later it returns with greater force, and the patient is only able to rid himself of it by a stronger voluntary effort; the courage, brightness, energy and optimism, which had characterized the individual previously, are now steadily diminishing, and he gradually begins to feel doubtful about his recovery; the ordinary affairs of life no longer interest him as they did formerly; his intellect is as clear as ever, but he is unable to sustain any prolonged intellectual effort; the daily work, which hitherto had been done cheerfully, now becomes an ever-increasing drudge, and finally is no longer possible. The patient realizes all these changes, and does his best to rid himself of them, especially with the help of friendly advice, but he can only do so temporarily, as they constantly return with increased force.

It must be here noted that the above symptoms have all increased gradually in their intensity, and may have occupied months of time from their onset to this stage of the disease.

All these symptoms, which are termed *psychical*, indicate a diminished resistance and a disturbance of function of the higher centres of the brain, and are just as characteristic of a disturbance of the cells in these centres as a yellowish discoloration of the skin is of a certain disturbance of the cells of the liver. Efficient treatment at this stage of the disease would result in the recovery of 80 per cent. of the patients.

If we now suppose the disease has not been efficiently treated, and that in its onward progress all the symptoms have steadily become intensified, what will be the next stage? The sleep has become less and less, until the patient often believes he gets little or none; the inability to concentrate the mind has increased to such an extent that the simplest duties are performed only with difficulty; the depression has become more marked and constant, so that while the patient may be induced to smile from time to time, the hearty laugh of former times is no longer heard; he is more discouraged about his prospect of recovery, and, owing to his inability to work, he fears his usefulness in life has passed, and that he will become a burden to his friends. At this time thoughts of self-destruction flash across his mind, but are promptly dismissed from ethical or moral reasons. While discouraged about his recovery, he still clings to the hope of getting better, and desires to do so. At this stage his disease has become much more serious, and the outlook for the prevention of an attack of insanity much less bright than before. It may safely be predicted, however, that treatment would still save 50 per cent. of these patients.

If we pursue the onward course of the disease still further into another stage, we find that the inability to concentrate the mind has led to a state of habitual distraction; the discouragement has become more intense and the futility of trying to prolong his existence is ever present with him; at this time thoughts of suicide as the best means of escape from his trouble are constantly with him, and he is unable to rid himself of them; they steadily assume a more definite form and either a deliberate attempt to take his own life is made, or on a sudden impulse he ends the scene. Should this not occur, or have been unsuccessful, the symptoms grow steadily more marked; he finds that all interest in his family has disappeared, his entire thoughts being centred on his own misfortune, which is steadily becoming greater; the fears he had earlier in regard to external objects gradually extend to imaginary evils, and he is terrified by them; he asks himself why this great misfortune has come upon him, and tells himself it must be for some great evil which he has done which has caused God, and all his friends, to desert him; or he may hear a voice in the stillness of the night telling

him of dreadful things about to happen to himself, such as being burned in a fiery furnace, or suffering some horrible torture, etc., the reality of which to the patient is often very evident from his actions.

During this stage the patient has passed over the boundary line of insanity, and even the friends can no longer conceal the truth from themselves, and they awaken to the dreadful reality that his disease has so far progressed that treatment in a hospital for the insane is often the only alternative which remains.

As the above symptoms are different from those of ordinary physical disease, so must the treatment be different, if it is to be successful. The first essential is to remove the patient from the surroundings in which his trouble developed, and to place him under the charge of a physician in whom he is entitled to have confidence. If the patient remains in his own home, or his usual surroundings, the pernicious influences which induced his disease still remain to produce further irritation and thus counteract the benefit of his treatment. Moreover, in a patient's own home, where he or she has been accustomed to direct, it is doubly difficult to give up everything to follow the prescribed course of treatment. Again, the visits of friends in the home, be such either social or business friends, disturbs the necessary mental quietude of the patient, and these friends may often suggest, in all kindness, other remedies or other plans of treatment which, from their disturbing effect on the patient, are often most harmful to his progress. Again, a home is not provided with the facilities required for successful treatment, and these can only be had in a hospital devoted to the purpose. A most frequent mistake is made by taking half-measures, which are nearly always failures, and a more severe stage of the disease has to be contended with, owing to the time which has been wasted and the further discouragement to the patient which has ensued. It is much better in this, as in other affairs of everyday life, to make a business of it and succeed. It is often suggested that as the patient is only nervous a little rest and change is all that is required. While much depends, of course, on the symptoms at the time, it is always well to remember how the disease *may* progress, and be governed accordingly.

The nursing of these patients is most important, and requires a long experience with these conditions to be really efficient. The problem of being nursed by a near relative is often present, but of this it may be said that however serviceable such might be in a patient suffering from an ordinary physical illness, the result here is usually unsuccessful, owing to the special type of disease; and the nurse often breaks herself down without having in any way improved the patient's condition. Hence, removal from home is usually imperative if the disease is at all severe, and once this has been done, it is better to keep the patient out of touch with it (except to know that the family are well) until he has made some decided progress on his way to recovery.

Once the patients find themselves in surroundings in which they have confidence, where every detail of their treatment is carefully planned for them without any effort to decide for themselves, and where the knowledge of such conditions on the part of the attending physician assures every confidence in him, they will at once experience relief from their symptoms, and will be only too willing to carry out all treatment, feeling assured that they will soon return home fully restored to health.

[At the meeting of the Ontario Medical Association, held in Peterborough, May 25th-28th, 1915, the following resolution was moved by Dr. Meyers and seconded by Dr. Hamilton: "That this Association desires to place itself on record in favor of active steps being taken immediately for the prevention of insanity by the establishment of separate Neurological Wards in general hospitals, especially in those hospitals in which clinical teaching is given." Carried.—Ed.]

**DISABILITIES,
Including Injuries Caused by Bullets, Shrapnel, High Explosives, &c., as Illustrated by Cases Examined
before a Medical Board at Canadian Headquarters, Shorncliffe, England ***

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(Continued from October issue.)

8. *Defective Vision: Deafness.*—Several men had been found unfit for duty because of defective vision, chiefly myopia and astigmatism. Most of these had a high degree of myopia, in one eye only, the result in most instances of a slight strabismus. Such men are incapacitated for shooting and must therefore be considered unfit to go into action. Deafness is obviously a great handicap to a soldier and where at all marked the man is absolutely unfit for service. One man was very deaf and told us he was unable to hear the words of command.

9. There were other conditions such as epilepsy, chronic alcoholism, and lateral curvature of the spine, of which we had examples. One man had a most exaggerated degree of lateral curvature with fixed deformity, rendering him absolutely unfit for duty. The epileptic is obviously unable to serve at the front. He is a source of danger to his comrades and at any moment may become quite incapable of looking after himself.

A study of all these conditions emphasizes the importance of adhering absolutely to Army Regulations in the Recruiting Office. Many of the conditions enumerated in the above list are examples of the failure to comply with these regulations on the part of the Medical Examiner at the time of enlistment. We note these conditions in order to urge that more care should be exercised in this particular. Men who are thus physically unfit and who are permitted to enlist have a miserable existence for weeks or months until finally they are compelled to relinquish

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the effort to continue their duties. Few of these men ever reach the front, they are a source of expense to the country, and have served no useful function. Many of them have done themselves permanent injury in the attempt. It is therefore obvious that, in the interest of the individual and of the country he seeks to serve, such cases should be rejected at the recruiting office.

We shall now proceed to deal with disability arising primarily as a result of injuries received while in action.

1. *Gas Poisoning.*—There were 96 cases before us. We saw no recent cases; they, with, I think, no exception, were men who had been poisoned at Ypres on the 23rd or 25th of April, i.e., three months after having been subjected to the fumes. As far as our observation goes it would seem that while the Germans inflicted serious damage on our troops during those few days in the latter part of April, they never succeeded again in their diabolical effort to gain ground by this contemptible method of poisoning men. Prompt measures were taken to protect our men against the influence of gas, and these efforts seem to have been wholly successful, so that it seems certain that no further injury will be caused by such means. It is true that some cases of short exposure to the influence of gas have occurred since April, but the effects of these have been very evanescent. Regarding the more serious effects of gas we learn that not a few cases proved fatal soon after exposure or within the first few days. In our Board work we had to deal with many cases of serious poisoning who had passed the initial danger but were still suffering from symptoms more or less distressing. Shortness of breath was complained of on exertion, or, at times, coming on apart from exertion, the man occasionally waking at night with dyspnea. These men usually complained also of excessive secretion with expectoration particularly in the morning. The physical signs on examining the chest were practically negative and it was remarkable that one was never able to detect by this means any serious lesion in the lung. Next in order came marked gastric irritability, evidenced by the fact that the man was unable to retain any solid food. Many of these cases were able to take milk and soups, but the

moment they took solid food of any description they vomited. Occasionally we were told that the man would vomit in the morning only, this occurring immediately upon his first meal for the day, no matter what type of food was taken, but that he had no trouble with dinner or supper provided he took fluids.

Over a period of weeks in many cases there had been no improvement. We also got a history in several instances of hemorrhage from the bowel with diarrhea and hematuria in the early stages.

The problem which thus far we are unable to solve is whether or not the damage done to the gastro-intestinal tract or to the respiratory organs is permanent. These men continue to have symptoms three months after the exposure to the gas, and occasionally with little or no tendency to improve. We have no previous experience of such cases to go upon and we are therefore quite unable to determine whether the damage done is permanent or not.

The cases of gas poisoning frequently were victims of other injuries, suffering possibly from nervous shock or from wounds.

2. *Exposure to Cold and Wet in the Trenches.*—This, as we have seen was sometimes the cause of lighting up a latent pulmonary tuberculosis or again it induced rheumatism, sciatica, etc. Frost bite of the feet was observed in a number of instances; the exact nature of this is not quite evident. The men in cold weather were standing in water, wearing boots and putties, the feet and legs were soaked. This, as we know from reports from the front sometimes induced extensive gangrene resulting in the loss of the foot or leg. We saw the minor effects in those who had recovered after a superficial ulceration such as would result from frost bite and often the characteristic painful and congested cicatrix was producing marked disability.

3. *Nervous Shock.*—Men exposed in the trenches to heavy shell fire are inevitably exposed to nerve strain and the effect produced varies within wide limitations. Occasionally there is a somewhat sudden and complete breakdown with results which continue for months. At other times a man may come

through all this nervous strain and possibly receive serious wounds without any appreciable collapse of this nature. Some men who suffered in a severe degree appear to be complete wrecks. They are usually very emotional and may break down as they are telling their experiences. Tremor is always a characteristic symptom. The hearts' action is rapid, the pulse being from 100 to 120 per minute. The knee jerks are markedly exaggerated—insomnia, anorexia, and a constant feeling of fatigue are common. The man is wholly unable for sustained effort of any kind, his memory is frequently defective and he is obviously worried and apprehensive. These men should have every consideration and should be provided with a suitable environment to ensure recovery. A period of months must elapse before a man who has severe symptoms is fit to assume duty again and occasionally years may elapse before recovery. It is therefore difficult to arrive at a conclusion in endeavoring to predict how soon the individual case will be physically fit for duty. We are told by those at the front that the tendency is to send these men into action too soon, the result being a second breakdown under much less strain than at the first. Our impression is that many cases of the exaggerated type will never be fit for active service during the present war.

4. *Head Injuries.*—(a) Injuries to special senses. Vision was impaired by various types of injury. There were twenty-six cases of loss of one eye in most instances enucleation had to be performed and subsequent to the injury because of the extensive damage which had been inflicted. Then again injuries by bullets or shrapnel in the neighborhood of the eyeball not infrequently resulted in separation of the retina or hemorrhages causing permanent impairment of vision. *Deafness.* This results from the effect of high explosives, the drum may be perforated and resulting otitis media may cause serious trouble. The auditory nerve is also affected in many instances and thus permanent damage may be done. *Affections of Speech.* This gives us some most interesting conditions of which perhaps *stammering* is the most remarkable. For example, a man of twenty-two was in the trenches when a shell knocked a portion of the parapet over on top of him. He was buried under debris

and rendered unconscious. He wakes up some two days afterwards in the hospital at Rouen. He had a flesh wound of the right leg caused by shrapnel, but this healed readily. When seen by us two months after the injury his mentality was perfect, he could read and understand readily all that was said to him, but he had largely lost the power of continuous articulate speech. His effort to say "Yes," in reply to a question, for example, would be accompanied by irregular contraction of various muscles. He jerks his head spasmodically, his arms twitch and he slaps his thigh until finally he succeeds in pronouncing the word which comes out in a final spasmodic fashion. If it is a sentence, then after he manages to pronounce the first word the whole sentence comes rapidly one word succeeding the other with great speed. The difficulty seems to be in getting the initial word. It would seem as if when the motor centre for speech is stimulated there were an overflow of stimuli to the centres controlling movements of the head, neck and arms resulting in irregular muscular contraction. Numerous instances of less marked stammering were observed from similar injuries and one learns on inquiry that it is quite a common occurrence as the result of injuries in action. In the cases observed it is obvious that improvement takes place slowly, but the prospect of final complete recovery is good.

Fracture of the Skull.—We had a few examples of this, but judging from our experience one would conclude that practically all cases in which a bullet perforates the cranium and brain result fatally.

(To be continued.)

Militia and Naval Medical Services and Ambulance

Dr. Colling, College Street, is now attached to No. 9 Stationary Hospital, R.A.M.C.

Major (Dr.) F. W. E. Wilson, of Niagara Falls, is still at Shorncliffe, as D. A. D. M. S. of the Canadian Training Division.

Capt. (Dr.) Magwood, of Toronto, has been added to the Unit, No. 2 Casualty Clearing Hospital, now known as the C. A. M. C. This hospital was recently moved over to "somewhere in France."

No. 4 General Hospital (University of Toronto Base Hospital) left England on October 10th for "somewhere in the Mediterranean."

Dr. Oswald C. J. Withrow, who has joined the 81st Battalion as medical officer, will be a decided acquisition to the newest of Toronto's units, as in addition to a ripe medical and surgical experience, he has been for two years with the 10th Field Ambulance. Before becoming attached to that branch of the service he served in the 96th Lake Superior Regiment.

LIEUT.-COL. DR. H. A. BRUCE returned to Toronto on October 8th, after spending several months in the different Canadian War Hospitals, including the Duchess of Connaught Hospital at Cliveden; Shorncliffe; No. 2 Canadian Stationary Hospital at Le Touquet, France; No. 3 (McGill) General Hospital at Camiers; and No. 1 Hospital near Etaples. Dr. Bruce speaks in the highest terms of these hospitals and, when away, had the pleasure of meeting Major Dr. J. T. Clark, Capt. Dr. Pentecost, Capt. Dr. Wood, Capt. Dr. McEwen, all of Toronto;

Major Dr. Elliott, of Cobourg, Ont.; Col. J. T. Fotheringham, of Toronto; Col. Dr. Foster, of Ottawa; Lieut.-Col. W. D. McPherson, of Toronto; Major Dr. E. P. Hardy, Captains P. G. Brown, Jeffs, Jeffrey, J. J. Fraser, and many others.

FORTY TORONTO DOCTORS FOR ACTIVE SERVICE

TORONTO General Hospital is losing a large part of its medical staff by the transference of its senior house surgeons to the R.A.M.C. for overseas. Forty doctors from the Toronto division have been selected by Lieut.-Col. F. W. Marlow for the Royal Army Medical Corps in England, and these have been ordered to prepare to leave at once.

The list includes:—Lieutenants C. C. McIntyre, A. R. Riddell, S. A. Walker, S. M. Dale, P. J. Harris and G. A. McLarty, all A.M.C. men and senior house surgeons, Toronto General Hospital. Lieut. E. H. McVicar, A.M.C., and St. Michael's Hospital. Dr. R. R. Young, Toronto Western Hospital, and Dr. C. E. Wilson, of Muskoka Hospital, also selected. Other doctors selected are:—Lieut. A. B. Mofatt, acting medical officer for artillery; Lieut. J. Cunningham, Camp Hospital staff; Lieut. P. P. Rogers, 21 Lindsay Avenue, Toronto; Dr. V. E. Cartwright, Gravenhurst Hospital; Lieut. G. Carleton, 154 Danforth Avenue; Lieut. F. L. Thompson, 11 Farnham Avenue; Dr. D. A. Warren, Hamilton; Lieut. R. Home, 674 Spadina Avenue; Dr. T. R. Phipps, 1394 Queen Street West; Lieut. A. M. Murray, 576 Danforth Avenue; Dr. W. A. McLeod, Elmsdale, Ont.; Drs. H. C. Sutton, Port Credit; J. W. Wheeler, Cornwall; A. W. Nixon, Georgetown; A. G. Wallace, Thessalon; E. Bryceson, 62 St. Clair West; J. J. Hurley, 6 Dundonald Street; W. S. Grimshay, 462 Avenue Road; H. C. Moyle, Burlington, Ont.; W. B. Seaton, Clifford and Toronto; M. D. Kyle, Fergus, Ont.; W. E. Dean, 337 Palmerston Boulevard; N. N. Ferguson, 1253 Dundas Street; W. W. Conise, 496 Spadina Avenue; G. Cooper, Charlton, Ont.; Capt. M. H. Embury, Allandale; Lieuts. D. M. Kilgour, 152 Carlton Street; A. M. Robb, 181 Perth Avenue; F. A. Ross, Barrie.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information H. Albert, Esq., Hot Springs, Va., U.S

LISTERINE

A safe, non-poisonous, unirritating antiseptic solution

LISTERINE embodies a two-fold antiseptic effect, in that after the evaporation of its volatile constituents—thyme, eucalyptus, mentha, gaultheria and ethyl alcohol—a film of boracic and benzoic acids remains upon the surface to which Listerine has been applied, affording more prolonged antiseptic protection.

LISTERINE is a trustworthy surgical dressing; it has no injurious effect upon the tissues in which the healing process is going on.

LISTERINE in proper dilution is useful in the treatment of abnormal conditions of the mucosa and forms a suitable wash, gargle or douche in catarrhal conditions of the nose and throat.

LISTERINE in teaspoonful doses will often afford relief in fermentative dyspepsia and is largely prescribed, with excellent results, in the various forms of diarrhoea occurring in infants and adults.

LISTERINE literature, including special pamphlets upon *Disorders of Digestion* and *Respiratory Diseases*, may be had, by physicians, upon application to

LAMBERT PHARMACAL COMPANY
2101 Locust Street St. Louis, Mo.

A MODERNLY EQUIPPED OPERATING ROOM

SURGEONS who prefer to send their cases to a private hospital should bear in mind that the operating room, at the Lynhurst Hospital, 100 Yorkville Avenue, Toronto, has been recently re-equipped and is to-day one of the most modern in the Province. The surgeon will find there everything necessary for the most intricate case, the room being in charge of one of the most competent of graduate nurses. The Lynhurst to-day enjoys the confidence of a large proportion of the Toronto profession.

OPEN WINDOWS NOT AS GOOD AS WALSH WINDOW TENTS

Eighty per cent. of all body energy is lost through the skin by the radiation and conduction of its heat. At a freezing temperature it requires the oxidation, or use, of two and one-half times as much food to keep the body up to its normal temperature, as it does at summer heat. (Howell's Physiology, pages 861 to 864, or any other physiology.)

You go to bed with the windows open, the outside temperature fairly warm, with bed covering accordingly, and are awakened before morning to find it blowing and freezing. These sudden changes are dangerous, for if the body temperature is suddenly reduced resistance to disease is lowered and germs that are ever present in the digestive and respiratory tracts multiply and get beyond control. The Walsh Window Tent affords ample protection from these sudden changes and drops in temperature which are responsible for colds and pneumonia. For prices see page iv.

AN IDEAL CAR FOR PHYSICIANS

THE Canadian Regal Motor Co., Ltd., of Berlin, Ont., are making a car that should appeal very strongly to the automobile lovers of Canada.

Their Four-28 model in touring car or roadster at \$875 is particularly fine value. This car has the appearance, construction and material of a high-grade automobile.

The design betrays none of the characteristics of the cheaply built car, and it does reveal that abundance of detail and superior finish that are typical in the higher priced cars.

This sturdy Canadian-made car has an aluminum crank case and long 5-inch stroke motor, which puts this four-28 Regal absolutely alone in its class, and the motor-buying public are quick to appreciate the flexibility, power strength and lightness that these two features give this car.

The equipment is very complete—one-man top, electric starting and lighting, demountable rims with one extra, including tire-carrier and straps, 106-inch wheelbase,

Mercurialized Serum

An Important Advance in the Administration of Mercury for Treatment of Cerebral and Systemic Syphilis

In cerebral syphilis the spirochetes are located in the cerebrospinal system and are unaffected by the intravenous or other use of the usual antisyphilitics. Dr. C. M. Byrnes, of Johns Hopkins University, reports that Mercurialized Serum may be administered **intraspinally** without corrosive action and with specific action on the spirochetes.

In systemic syphilis Dr. Loyd Thompson recommends Mercurialized Serum **intravenously**.

(Journal American Medical Association, Dec. 19, 1914, p. 2182; May 1, 1915, p. 1471; Mulford Digest, May, 1915.)

Mercurialized Serum Mulford is furnished: FOR INTRASPINAL USE

No. 1.—In 30 c.c. ampuls containing 1.3 mg. (1-50 gr.) Mercuric Chloride in normal serum and physiologic salt solution, with special sterilized rubber tubing and intraspinal needle.

No. 2.—In 30 c.c. ampuls containing 2.6 mg. (1-25 gr.) Mercuric Chloride in normal serum and physiologic salt solution, with special sterilized rubber tubing and intraspinal needle.

No. 3.—Hospital Size Packages, contain ten 30 c.c. ampuls, each containing 1.3 mg. (1-50 gr.) Mercuric Chloride in normal serum and physiologic salt solution, with sterile tubing and intraspinal needle.

No. 4.—Hospital Size Packages, contain ten 30 c.c. ampuls, each containing 2.6 mg. (1-25 gr.) Mercuric Chloride in normal serum and physiologic salt solution, with sterile tubing and intraspinal needle.

FOR INTRAVENOUS USE

No. 5.—In sterile glass syringe, graduated in fourths, with sterile needle, containing 22 mg. (1-3 gr.) Mercuric Chloride in 8 c.c. normal serum. Each one-fourth graduation of the syringe contains 5.5 mg. (1-12 gr.) Mercuric Chloride and represents the usual dose.

No. 6.—Hospital Size Packages, contain ten graduated sterile glass syringes with needle, each containing 22 mg. (1-3 gr.) Mercuric Chloride in normal serum.

H. K. MULFORD CO., Philadelphia, U.S.A.

Manufacturing and Biological Chemists

New York
Chicago

St. Louis
Atlanta

New Orleans
Minneapolis
London: 119 High Holborn

Kansas City
San Francisco

Seattle
Toronto



Illustration of ampul package for gravity method of intraspinal injection and sterile syringe for intravenous use.

The Canadian Regal Motor Co., Ltd., also make a de Luxe eight-cylindered car to sell at \$1,650, and a Standard Four at \$1,350.

IMPROVED EASYON TIRE CHAINS

THE Leather Tire Goods Company of Niagara Falls, N.Y., announce that they are now making deliveries of their 1916 Easyon Chains, which have been improved in several respects. The new chains have a metal fastener for attaching to the spokes which is absolutely unbreakable and is covered with leather so that it cannot injure the paint. The cross chain, where it comes in contact with the middle of the tire, is smoothly rounded so that it cannot injure the rubber and the chain portion, being made entirely of welded links, is unbreakable under any condition.



Most automobile owners carry chains with them only in order that they may be sure they will not get stuck on the road. Easyon Chains are especially valuable for such persons, for they can be applied in a moment, even when stuck in the mud or snow, and will give excellent traction on any sort of road surfaces.

They also have the advantage of being more durable than ordinary chains and it costs less and is much easier to renew the cross members.

Easyon Chains are packed a set of 8 in a bag, 4 for each rear wheel. They are made in two sizes: small size which fits tires up to 4 inches, cost \$3.20 per set; large size, which fits tires from 4 to 5½ inches, inclusive, sells at \$4.00 per set. The chains will be delivered, parcel post, at these prices to any part of the United States or Canada.

POULTICES SHOULD BE STERILE

PROF. GEORGE HOWARD HOXIE, of the University of Kansas, in his most excellent book on "Symptomatic and Regional Therapeutics," states, under the heading of localized inflammation, that "the danger of infection should ever be in mind in applying a poultice, for the maceration incident to the poultice favors infection, even if in ordinary circumstances one might consider the area germ-proof."

It is thus noted how important, then, it is, in the employment of a poultice for the relief of pain and inflammation, that a sterile and trustworthy product be applied. Inasmuch as poultices are a means of producing hyperemia by the use of heat, and in so far as they do this better than by other means,

OF UNDOUBTED FOOD VALUE

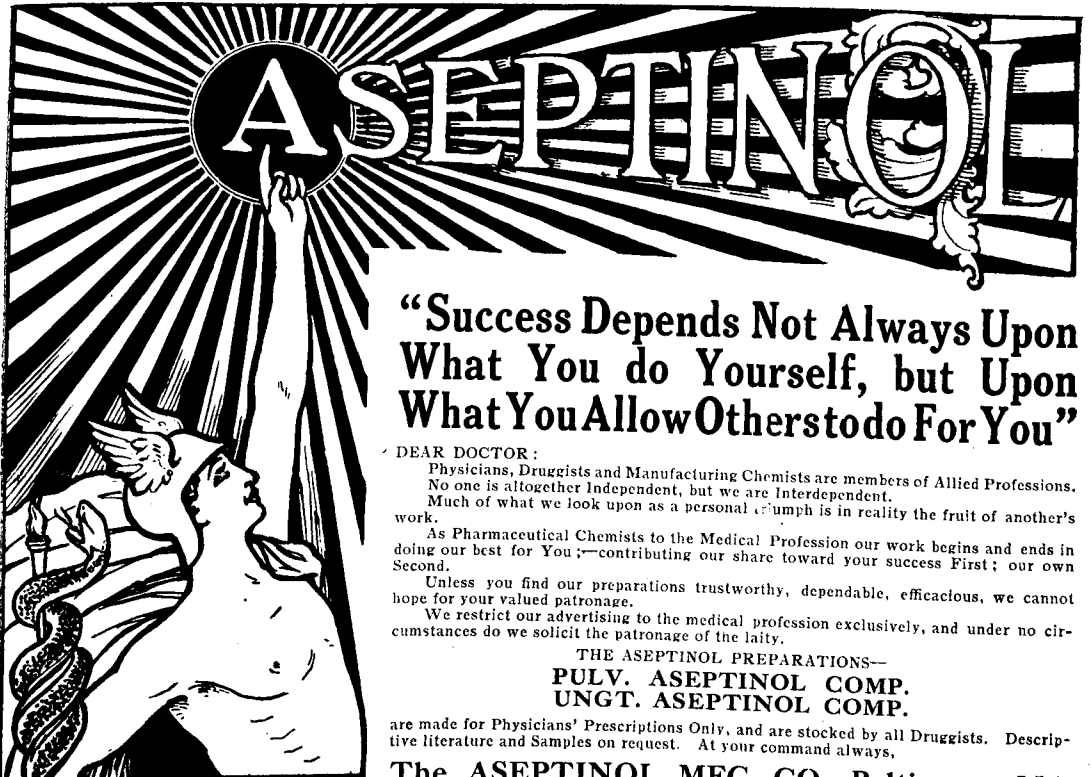
The attention of the Medical Profession of Canada is called to

CANADA-FIRST CONDENSED MILK

as an ideal food for the sick-room. In food value *this milk exceeds* that of the majority of similar products. The Laboratory of the Inland Revenue Department in a recent report certifies that CANADA-FIRST CONDENSED MILK showed Total Solids 69.27, Ash 1.57 and Fat 8.23, a splendid showing when compared with other brands. Physicians will therefore realize how suitable this Canadian product is for use by invalids during convalescence, for the old whose digestion is impaired, and for babies whose growth and development depend upon the caloric value of the nourishment administered.

The manufacturers will greatly appreciate the assistance of the Medical Profession in introducing this milk for family and hospital use.

AYLMER CONDENSED MILK CO., Limited
HAMILTON CANADA



**“Success Depends Not Always Upon
What You do Yourself, but Upon
What You Allow Othersto do For You”**

DEAR DOCTOR:

Physicians, Druggists and Manufacturing Chemists are members of Allied Professions. No one is altogether Independent, but we are Interdependent. Much of what we look upon as a personal triumph is in reality the fruit of another's work.

As Pharmaceutical Chemists to the Medical Profession our work begins and ends in doing our best for You;—contributing our share toward your success First; our own Second.

Unless you find our preparations trustworthy, dependable, efficacious, we cannot hope for your valued patronage.

We restrict our advertising to the medical profession exclusively, and under no circumstances do we solicit the patronage of the laity.

THE ASEPTINOL PREPARATIONS—
PULV. ASEPTINOL COMP.
UNGT. ASEPTINOL COMP.

are made for Physicians' Prescriptions Only, and are stocked by all Druggists. Descriptive literature and Samples on request. At your command always,

The ASEPTINOL MFG. CO., Baltimore, Md.

it is interesting to observe that in the belief of Prof. Hoxie "the clay poultices, known best in the form of Antiphlogistine, are the best to employ, as they are sterile and clean."

THE PHYSICIAN'S DUTY

PHYSICIANS are becoming more and more impressed with the value of prophylactic measures. Therefore, to instruct patients of the gentler sex in hygienic and sanitary principles and procedures is both duty and a privilege.

It is a fact, often not entirely appreciated even by physicians, that the vaginal douche, properly employed, should be used frequently, even in the absence of any abnormal condition. Despite the opinions sometimes expressed that frequent douching is not advisable, that the natural secretions being sufficiently germicidal should be allowed to remain, etc., it is a matter of common knowledge and experience among women of any degree of refinement that proper toilet of the vaginal tract is as valuable, necessary and indispensable as the use of the toothbrush.

The proper use of the Marvel Whirling Spray Syringe is not only instrumental in the treatment of diseased conditions, but is also of great value as a prophylactic measure.

BORDEN'S MILK

PHYSICIANS will be gratified to know that, in prescribing Borden's milk, they have the best interests of their patients at heart, as proven by the following analysis:

	Per cent.
Fat	9.50
Albuminoids (Protein)	7.84
Milk Sugar	
Cane Sugar	
Lactic Acid	
Carbohydrates	53.67
Saline Matter (Ash)	1.68
Water	27.31
	100.00

FRENCH LICK SPRINGS

THE *European* war has made it impossible for Americans to go abroad for hydro-therapeutic treatment. In consequence the spas of this country will be patronized hereafter more than they have been before, and Americans will be happily disappointed to learn that they can receive the same kind of treatment in this country as they have been used to getting in France, Germany and Austria.

The Spatula is Mightier Than the Sword—

especially when wielded by the Physician, in Pneumonia, for example, to spread on previously verified and properly heated

Antiphlogistine
TRADE MARK

"About five per cent. of all physicians still adhere to the theory that pneumonia being a so-called self limited disease, admits of no active treatment, but requires only good nursing and patient watchfulness. The other ninety-five per cent., out of their individual and collective experiences, are convinced that, with prompt treatment of the right kind, pneumonia can be often greatly lessened in its severity, shortened in its course, or (as some affirm) actually aborted. We are of the opinion that about seventy-five per cent. of the physicians believe there is no single or similar remedial measure which equals Antiphlogistine in its prompt effectiveness in the treatment of this disease."

(From Pneumonia Booklet sent on request)

Physicians should WRITE "Antiphlogistine" to AVOID "substitutes."

"There's Only One Antiphlogistine."

THE DENVER CHEMICAL MFG. COMPANY - MONTREAL



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We can sell you exceptionally

Well Secured Mortgages

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15% PER ANNUM

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REAL ESTATE AND MORTGAGE BROKERS

Cor. Bloor Street and Dovercourt Road

TORONTO

COLLEGE 734

One of the best known spas in America is the French Lick Springs, where the water possesses virtues equal to those of the great Continental spas. In addition to the excellence of the medical attendance, the sojourner at French Lick is certain of delightful hotel surroundings and most pleasant environments. French Lick, in addition to its other attractions, is the home of Pluto Water.

DR. BROUGHTON'S SANITARIUM

THIS Institution is at Rockford, Ill., and is for the accommodation of patients suffering from opium, morphine, cocaine and other drug addictions, including alcohol and special nervous cases. The methods used are easy, regular and humane. As the number of patients is limited to 44, each one can and does receive individual attention.

HYPERTROPHIED PROSTATE ARRESTED

INCREASED urinary frequency, chiefly nocturnal in character, is the earliest and most frequently encountered symptom of enlarged prostate. Many cases of hypertrophied prostate might never develop beyond this point if sanmetto was administered as a prophylactic, and the discomfort of rising two or three times at night to urinate, to say nothing of entering upon a catheter life, might be avoided.

This is especially in the chronic prostatic hyperplasia which we find in old men always associated with chronic vesical catarrh. that sanmetto gives the most brilliant results. Numbers of cases can be recited in which the use of sanmetto alone has not only relieved the vesical irritability, but has seemingly reduced the hypertrophy of the prostate and enabled the patient to dispense with catheterization and micturate unassisted for the first time in years.

WYETH'S HYDRAS

THE busy practitioner will find Wyeth's Hydras of considerable value in the treatment of dysmenorrhea, colic spasm, and as an anodyne to relieve the pains caused by diseases of the female sexual organs. It is a powerful antispasmodic, though safe; it contains no opiate or any of the habit-forming drugs, and can be administered freely in variable doses without risk of any danger.

Hydras is the result of extended clinical experiments, a well-balanced formula of *Viburnum opulus*, *Helonias*, *Hydrastis*, *Scutellaria* and *Cornus*, dissolved in a palatable solution and aromatized. Various physicians have demonstrated fully the claims made and especially in the dysmenorrhea of young girls

The Proper Feeding of Nerve and Blood-cells

Significant Findings of the Professor of the Physiological Department, Tulane University, Louisiana.

Seldom has the practising physician received a more important lead from the physiologist than in the case of Professor Mann's recent researches in protein metabolism. (See articles in *The Lancet* for October 19th, 1912, and January 24th, 1914.)

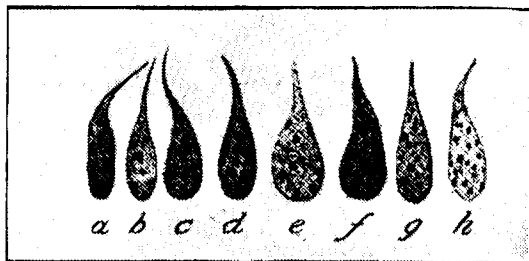
In that large group of diseases connected with "starvation" of the nerve and blood-cells—such as, for example, anæmia, neurasthenia, neuritis, the debility induced by feverish states, etc.—these researches provide a sound scientific basis for a mode of treatment which is, by general consent, easy of adoption, agreeable to the patient, and free from any risk of danger or disappointment.

Briefly, the author of the above mentioned papers has demonstrated to the eye, by microscopic examination, the improvement produced in the blood and nerve-cells, etc., by the administration of phosphorised albumin; Sanatogen being selected for the purpose on account of its excellent clinical record, superior purity, and high phosphorus content.

The earlier paper deals with blood tests made not only on a large series of frogs, including an adequate number of controls, but also on the investigator's own blood and that of six of his medical students. In the author's own words:—

"It is evident that Sanatogen acts as a strong stimulus so far as the recuperative powers of the blood are concerned. . . . The most notable change in my own blood films was the marked increase in nuclear metabolism."

The second paper describes the increased vitality in the nerve-cells and fibres obtained by the use of Sanatogen. The accompanying illustration shows this most markedly, and the author definitely states that, after the administration of San-



NUCLEI OF EPENDYMA CELLS

a, b and c are unfed; d is three hours after feeding, e and f 12 hours, g 24 hours, and h 68 hours after feeding

atogen, "a building up process goes on in the nerves." Nor is the improvement limited to the nerve and blood-cells; it affects in a pronounced manner, and in a remark-

ably short time, every cell in the body which counts for health purposes. The effects of Sanatogen are, in fact, extraordinary, and would be almost incredible were not such irrefutable scientific evidence forthcoming. Indeed, the author tells us himself that "the questions involved are so important that he submitted his slides to a colleague, who, after a careful examination, agreed with his findings."

The practical value of these findings is self-evident to the earnest student of everyday medicine.

THE SANATOGEN COMPANY, 12 CHENIES ST., LONDON, W.C.

And at New York, Sydney, Cape Town, Shanghai and Moscow
Factories at London and Penzance, Cornwall, England.

due to some mechanical difficulty, as antelexion or of a congestive character, of suppressed menses due to exposure to cold, etc. In the frequent headaches, in the nervous and hysterical disturbances of dysmenorrhœa, etc., it affords relief. The palatability of Hydras makes it acceptable to the patient with impaired digestion, and will serve to correct the digestive disorders.

A VALUABLE ADJUNCT IN TREATMENT

THE attention of the readers of *The Journal* is called to the advertisement of Chas. A. Tyrell, M.D., of 280 College Street, Toronto, manufacturer of The Cascade. Physicians are well aware of the fact how ineffective some drugs are in the treatment of obstinate chronic constipation, and how necessary it is to resort to relief by mechanical interference. The Cascade is a very simple but most effective way of relieving this condition, especially in old people. It thoroughly lavages the descending colon, producing a rapid, complete and painless evacuation.

PHENALGIN IN LEPROSY

DR. A. L. BALDWIN, of Calcutta, India, recently wrote: "For the past two years or more I have been using your Phenalgin in my prescriptions for fever, rheumatism and leprosy, the last of which I make a specialty, having made a life study of the disease. I have found Phenalgin a very valuable adjunct to my specific for leprosy, which is practically a species of Multiple Neuritis, in which 'pain,' hyperesthesia, anesthesia, 'hyperemia,' 'congestion,' and gangrene, 'the moist variety,' are some of the chief features."

STIMULATES THE DIGESTION

CAREFUL investigation of the action of Bovinine shows that it acts, primarily, by stimulating the digestive and absorptive processes, and by imparting tonicity to the whole nervous system. The hepatic and the various secretory functions are increased, and a more substantial assimilation of nutriment follows as a natural sequence, and it gives to the system every element required to properly sustain it. In other words, proper balance between waste and repair is brought about.

THE PNEUMONIA CONVALESCENT

WHILE the course and progress of acute lobar pneumonia is short, sharp, and decisive, the impression made upon the general vitality is often profound, and apparently out of proportion to the duration of the disease. Even the robust, sthenic

MILK-BORNE DISEASES

There are no instances of Infectious Diseases arising from the use of Gail Borden Eagle Brand Condensed Milk. It contains NO BACTERIA that produce Infection. In epidemics many dangers to infants can be avoided by the use of



Gail Borden
EAGLE
 BRAND
CONDENSED
MILK



THE ORIGINAL

THE PHYSICIAN WILL FIND IN "EAGLE BRAND" THE MEANS OF LESSENING THE DEATH RATE IN OUTBREAKS OF INFANTILE DISEASES. This result is due to the modern and sanitary methods of production and manufacture strictly enforced by the Borden Company.

Write to-day for Samples, Analysis, Feeding Charts in any language, also our 50-page book, "Baby's Welfare."

BORDEN MILK COMPANY, LTD., MONTREAL

"Leaders of Quality"

Branch Office

2 Arcade Bldg., Vancouver, B.C.

Contains Medicinal Properties of

ASPARAGUS, CORN SILK, TRITICUM AND KAVA KAVA

SODIUM SALICYLAT AND POTASSIUM ACETATE

TWO GRAINS EACH TO THE GRAHM

Waterbury's ASPARAGUS COMPOUND

Emollient (DIURETIC) Sedative

INDICATED IN

Genito-Urinary Diseases Cystitis Prostatitis
Urethritis Albuminuria of Pregnancy Etc.

WATERBURY CHEMICAL COMPANY, Limited

62 JOHN STREET, TORONTO, CAN.

Des Moines, Iowa, U.S.A., Home Office

New York City, U.S.A., 37 Pearl St.

patient is likely to emerge from the defervescent period with an embarrassed heart and general prostration. In such cases the convalescent should be closely watched and the heart and general vitality should be strengthened and supported, and this is especially true as applied to the patient who was more or less devitalized before the invasion of the disease. For the purpose indicated, strychnia is a veritable prop upon which the embarrassed heart and circulation can lean for strength and support. As a general revitalizing agent is also needed at this time, it is an excellent plan to order Pepto-Mangan (Gude), to which should be added the appropriate dose of strychnia, according to age, condition and indications. As a general tonic and bracer to the circulation, nervous system and the organism generally, this combination cannot be surpassed.

GLYCO-THYMOLINE FOR COLDS

At this season of the year the crop of "colds" becomes very numerous.

One of the first efforts of the physician aims at relieving the congestion of the nasal mucous membrane and bringing some degree of comfort to his patient.

Glyco-Thymoline in a 25 per cent. solution, used in connection with the K. & O. Nasal Douche, not only cleanses the nasal passages of the mucous secretions but also reduces the congestion by its exosmotic action, thereby giving the patient a degree of comfort that will be thoroughly appreciated.

PEPTENZYME ELIXIR

MANY times have I swallowed a wineglassful of highly-vaunted elixirs of pepsin or pancreatin, and nary a thing did it do for me, except sometimes produce nausea. It had no effect whatever on the lazy stomach for whose relief it was engulfed. Just here I wish to say that, in a discussion as to digestives, I hold one preparation to be all right in this line, and never yet has it failed me as a real digestive. I refer to Peptenzyme Elixir, since this article is not simply one of the supposed digestive agents, but it contains the enzymes and ferments of every gland entering into stomach, intestinal, salivary or splenic digestion. Peptenzyme gives results—that has been proven time and again—and it has well been termed "The Perfect Digestant."

AT THE FRONT

Stands—Penheroin in the treatment of all coughs. Each drachm dose contains:—

Terpine Hydrate gr. 1
Heroin Hydrochlor. gr. $\frac{1}{40}$

In a basis of Essence of Canadian Pine.

A happy combination—expectorant, diuretic, sedative and demulcent, without the clogging effect of preparations of Morphia.

Combined with Creosote at the request of specialists in Phthisis, it has proved invaluable after long trials in large Institutions. It quickly relieves the irritating cough.

Full Particulars from our
sole Agent for Canada.

MERVYN E. VANZANT

732 YONGE STREET - - - TORONTO

OPPENHEIMER SON & CO., LTD.

179 Queen Victoria Street
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BRITISH HOUSE ENTIRELY
SINCE FOUNDATION

PRUNOIDS

An exceptionally efficient laxative that produces its effects by stimulating and promoting physiologic processes of the intestines without exciting excessive peristalsis.

Employed with conspicuous results in **Chronic Constipation**, since Prunoids do not cause griping nor reactionary constipation.

DOSE--One to three tablets at bedtime as required.

SENG

An aromatic preparation of **Panax (Ginseng)** of well proven utility for stimulating the secretory glands of the stomach and duodenum.

Successfully administered in **Functional Digestive Disorders, During Convalescence**, and whenever the flow of the gastro-intestinal fluids is retarded or deficient.

DOSE--One to two teaspoonfuls shortly before or during each meal.

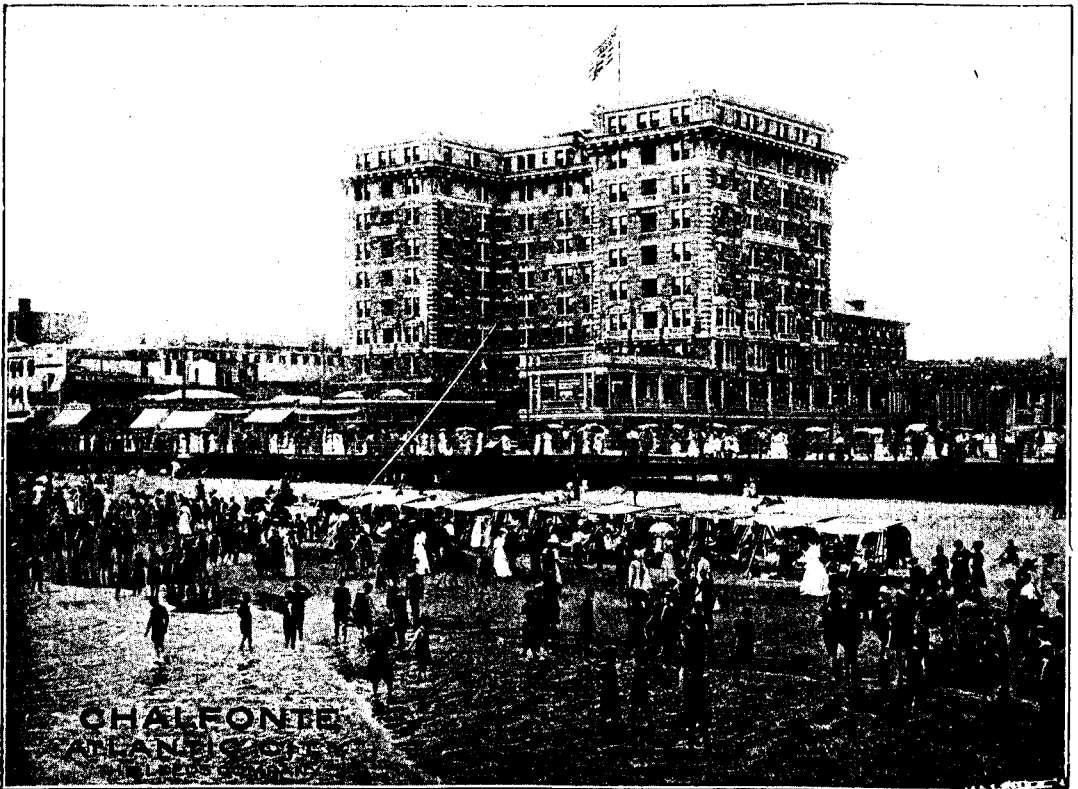
CACTINA PILLETS

A true cardiac tonic prepared from *Cereus Grandiflorus*.

Useful and effective in **Tachycardia, Palpitation, Tobacco Heart, Arrhythmia**, and all **Functional Diseases of the Heart** where the heart's action needs supporting, strengthening or regulating.

DOSE--One to three Pillets three times a day.

SULTAN DRUG COMPANY, St. Louis, Mo.



"THE OVERCOAT SHOP"

Men's Overcoats

First, the style note, and that is to say that the loose garment is the correct thing for Fall wear.

We are featuring these correct styles in finest London tailored overcoats in the Balmacaan and the new set-in sleeve design.

A wide assortment of specially chosen lines for our own high class trade—finest of English, Irish and Scotch weaves.

Shades, colors and patterns that are as exclusive as they are gentlemanly. All Fall weights.

\$25.00 \$30.00 \$35.00

MEN'S HATS—New blocks in soft hats, Derby Hats and Silk Hats—English, American, French and Italian makes.

FAIR WEATHERS LIMITED

Montreal

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Winnipeg

TIRES --- A Price to Fit Every Pocket

Compare the following prices and guaranteed mileage with any other *Non-Skid* tire on the market :

KELLY-SPRINGFIELD

Size	Price	Guaranteed Miles	Price per 100 miles
30 x 3½	\$30.80	8,000	38c.

FISK

30 x 3½	\$16.55	4,000	40c.
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K. & S. AUTO TIRE CO., LIMITED

Phone N. 6343.

527 Yonge Street, Toronto, Ont.

ROBERT A. GEORGE & CO.

CLEANERS, PRESSERS, DYERS AND REPAIRERS

wish to announce to the Medical Profession that they have removed from 116 Carlton Street to

110 CARLTON STREET

but a few doors west. The telephone number is North 3267, and Physicians should bear in mind that if, for any reason, they are dissatisfied with their present Valet Service, they should immediately call up the above 'phone, as

**ROBERT A. GEORGE & CO. DO NOTHING
BUT THE BEST OF WORK.**

They have a contract service at the very low figure of \$5.00 a quarter, for which they give each suit or article individual attention, calling for and delivering it free of charge.

**Remember the Telephone Number
North 3267**

DOCTOR!

Why not have your tires repaired by us?

We are in a position to give **special attention to Doctors' tires.** All of our repairs are made with absolutely new material, new fabrics, cement and gum. We have a steam vulcanizing plant and guarantee every job turned out. Don't forget the name and address of the firm,

Hill Vulcanizing and Rubber Co.

193 Victoria Street, Toronto

Telephone M 2847

PURE MILK

The particular attention of the medical profession is called to

The Purity of Farmers' Dairy Milk

Milk is only accepted from farmers whose cows are in perfect health, and where the cattle are housed and cared for in absolutely sanitary barns, and where cleanliness is the first consideration. (The Farmers' Dairy Co., Limited, supply their producers with the most modern milking pails, free of charge.) All Farmers' Dairy milk is strained and then pasteurized, being exposed to a temperature of 142° for 30 minutes and then cooled to 38°, being immediately bottled in bottles that have been first sterilized under a 40-pound steam pressure. The motto of the Farmers' Dairy Co., Limited, is "Cleanliness First."

Physicians can rest assured that, in prescribing Farmers' Dairy milk they are prescribing the best.

THE FARMERS' DAIRY CO., LIMITED

367 Queen Street West

Phone Adelaide 400

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NOBLEMEN CIGARS

CLEAR HAVANA
CUBAN MADE

Smoked by Connoisseurs

Retailed by all first-class dealers
throughout Canada at

2 for 25c.

Makers :
S. DAVIS & SONS
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ERGOAPIOL (Smith)

For
AMENORRHEA
DYSMENORRHEA
MENORRHAGIA
METRORRHAGIA
ETC.

ERGOAPIOL (Smith) is supplied only in
packages containing twenty capsules.

DOSE: One to two capsules three
or four times a day.

SAMPLES and LITERATURE
SENT ON REQUEST.

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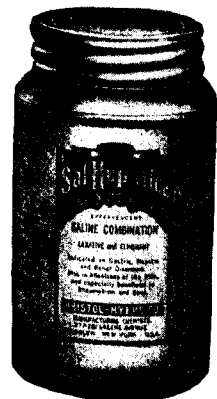
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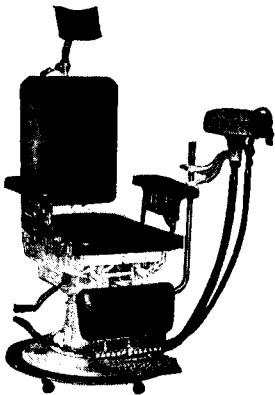
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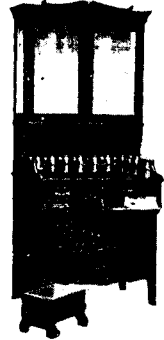
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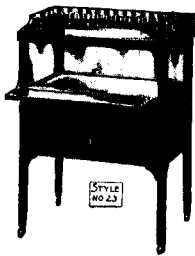
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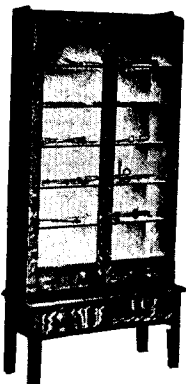
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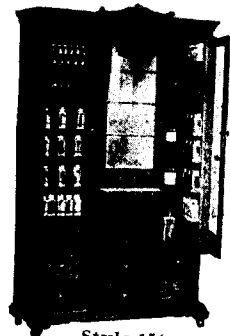
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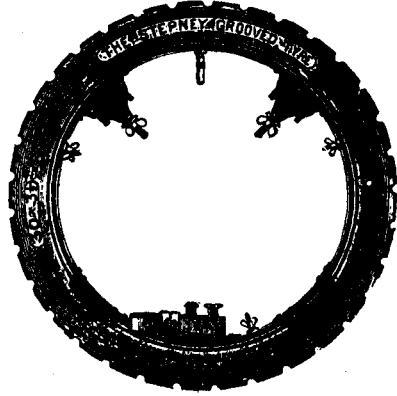
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