



Western Canada Medical Journal

A MONTHLY JOURNAL OF MEDICINE
SURGERY AND ALLIED SCIENCES

WINNIPEG. CANADA

LOCAL ANAESTHESIA

FULMINATING APPENDICITIS

SOME DUTIES OF THE PHYSICIAN
IN SOCIAL LIFE

EDITORIAL

VOL. IV.

JANUARY, 1910

NO. 1

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Western Canada Medical Journal

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Editor. L.R.C.P., M.R.C.S., Eng.

Commonwealth Block, Winnipeg, Man.

Published on the Fifteenth of Each Month

VOL. 4.

JANUARY, 1910

No. 1

INDEX TO CONTENTS

MODERN METHODS OF INDUCING LOCAL ANAESTHESIA.....	1
..... J. E. Lehmann, M.D.	
FULMINATING APPENDICITIS, REVIEW OF A CASE WITH REMARKS	7
.....WALTER BAPTY, M.D.	
SOME DUTIES OF THE PHYSICIAN IN SOCIAL LIFE.....	11
..... Jasper Halpenny, M.D.	
THE TRAINING OF OUR CHILDREN.....	21
.....W. A. Marris, M.D.	
EDITORIAL—The Importance of Social Work of the Profession—Should Representatives be Muzzled?—Silence of Councils regarding their Work—Powers of Council in Financial Matters—Railway Camps a Menace to Health of Community	27
LETTER TO OUR SUBSCRIBERS.....	29
CORRESPONDENCE	32
THE WINNIPEG CLINICAL SOCIETY.....	33
GENERAL MEDICAL NEWS.....	38
RESOLUTIONS ADOPTED AT MEETING FOR WESTERN FEDERATION	45
EXTRACTS.....	48

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WESTERN CANADA MEDICAL JOURNAL

VOL. IV.

JANUARY, 1910.

No. 1

ORIGINAL COMMUNICATIONS

MODERN METHODS OF INDUCING LOCAL ANAESTHESIA*

BY

J. E. LEHMANN, M.B., M.R.C.S., L.R.C.P.

WINNIPEG, MAN.

Surgeon to the Winnipeg General Hospital

Local Anæsthesia has been much perfected in recent years although little has appeared in literature upon this subject. With the concise and easily applied technique as at present in vogue, many of the minor and even major operations can be readily and painlessly performed, and what is more, a considerable number of them, more satisfactorily performed under it than under general narcosis.

For instance, no one who has seen a cleft palate mended under local anaesthesia while the patient is sitting up, swallowing his saliva and the few drops of blood, turning his head to suit the operator and when the operation is over, get up and walk about as if nothing had been done, will ever be tempted to go back to a general narcosis for this operation.

The same applies to many of the other operations on the mouth, nose and throat, not to mention the host of surgical pro-

*Read before the Canadian Medical Association, Winnipeg, 1909.

cedures on the trunk and extremities which are easily and most satisfactorily done with the aid of a local anaesthetic. The great advances made in recent years along these lines have been made possible by improved anaesthetising fluids and improved technique. The former is by far the most important and will be taken up first.

The greatest improvement in the fluid has been the addition of Adrenaline solution to our formulæ. This material easily quadruples the time of anaesthesia, materially increases the diffusability of the fluid and this more than doubles the area rendered insensitive, and last but not least very greatly reduces the toxicity of the anaesthetic.

The bleeding is also very materially decreased, which is an incidental but nevertheless a great advantage where the operation is in the mouth, nose or throat.

The advantages derived from the addition of adrenaline to the solution, are all based on and explained by the powerful vascular contraction this substance produces.

Capillary circulation is more or less abolished and even smaller arteries become occluded. This great but local vascular disturbance necessarily materially retards the absorption of the injected fluid, which being aqueous, is absorbed by the vascular system and not by the lymphatic as was at one time thought.

By this delayed absorption the tissue fluid have time to act on and destroy the toxicity of the fluid before it is absorbed and carried to the brain to produce toxic symptoms. A few minutes in the tissue suffices to destroy or at least very greatly reduce the toxicity of cocain. By delayed absorption the anaesthetic has time to act locally and thus produce a more profound anaesthesia, while the temporary reduced vital resistance of the tissues allows a wider distribution of the agent. The toxicity of cocain is also reduced by employing diluted solutions, as less is absorbed and plenty is present to produce the local effect. One grain injected in a 10 p.c. sol. is a very dangerous dose, while three times that amount can be safely used if a 1-10 p.c. solution is employed. If the frequent supposed idiosyncrasies to cocain be investigated in this light, many if not all will disappear.

Another and great advance was made when we recognized that the injection pain and after pain are not caused by the

anaesthetic but by using solutions which are non isotonic with the blood.

Inject a quantity of distilled water into the tissues and you produce a very severe pain followed in a few minutes by a partial anaesthesia, which in turn is followed by a severe so called after pain which continues for some hours. The same symptoms are produced if a too concentrated solution is injected. On the other hand a normal saline solution produces no pain, no anaesthesia nor any after pain. In other words the normal saline solution is inert as far as the tissues are concerned while the other solutions, more or less severely damage the tissues, which damage is expressed by the pain they produce.

All anaesthetic fluids must contain active adrenaline and be made up with normal saline. These requirements reduce the large list of local anaesthetics, now on the market to two desirable ones, as all the others render adrenaline more or less inert. These two are our old friend cocain and the recently produced Novocain. Novocain has many and great advantages so that wherever introduced, it has replaced all other local anaesthetics. The advantages consist in: *First*, a much lower toxicity. (Solution of Novocain can without harm be directly injected into veins.) *Second*, greater stability (solution can be sterilized by boiling without deterioration.) *Third*, greater diffusability.

Novocain solutions are as sensitive to sodium salts as are those of cocain and therefore instruments and utensils which come in contact with the solution must not be boiled in Soda. Recently a synthetical substance called homorenon, having the same physiological action as adrenoline but not deteriorated by boiling has been introduced. Novocain homorenon tablets are on the market and are extremely useful.

All reported cases of gangrene following the use of a local anaesthetic have resulted from using old solutions. All solutions must therefore be freshly prepared and the above mentioned tablets readily lend themselves to this end. Unfortunately none of these substances have been properly introduced into Canada, so that at present they are a little difficult to procure. The ordinary formula for infiltration is:—

"Cocain .1 gramme or Novocain .5 gramme
Adrenaline 5 drops of the 1-1000 sol.

Normal saline 100 cc.

For regional anaesthesia:—

''Cocain .1 gramme or Novocain .5 gramme

Adrenaline 5 drops of a 1-1000 sol.

Normal saline 25 cc.

Good syringes are hard to get and difficult to keep in order but they are essential to success.

Just a few words about the changed technique brought about by the improved solution. The diffusability of the weaker solution is great enough to permeate the smaller cutaneous nerve trunks situated in the subcutaneous tissues, consequently the injections are made subcutaneously. The older solutions of Schleick and Recluse did not permeate these nerve trunks and consequently the much more tedious and more difficult method of intracutaneous injections had to be resorted to to anaesthetize the nerve endings. Let me describe the method by taking a case of tumor situated in the muscles of the thigh. A long needle is pushed through the skin and slowly advanced to the deepest part of the tumor. During the advance of the needle the fluid is injected. In a similar way the whole tumor is treated from all sides. In this way an inverted pyramid, with apex at the deepest part of the tumor, and base at the unanaesthetized skin is produced consisting of anesthetized tissue. To render the skin anaesthetic, the needle is inserted about one inch from the middle of the future line of incision and the subcutaneous tissue injected, the direction of the needle describing a rhombus with the future incision in the centre. Now comes the hardest part of the whole procedure in the form of a fifteen minute's wait, before the first incision is made. These fifteen minutes must be by the watch and not approximate. After the expiration of this time and for one hour afterwards, the whole area to the deepest part injected will be absolutely devoid of sensation no matter what is done; except in some instances the sensation of touch remains. If inflamed areas are to be incised, the injection is made in healthy, tissue surrounding the inflamed area. If bone is included in the field of operation, the fluid is deposited as close as possible to the periosteum and the usual time allowed to lapse. If the injection is properly carried out, the anaesthesia is perfect. The

incision can be of any desired length, artery forceps applied, ribs resected, fingers amputated, etc., etc., without a semblance of pain. Under infiltration anaesthesia many operations approaching major work can be done such as hernia, castration, etc.

Regional Anaesthesia has profited as much by the newer solution as has the infiltration method. Formula No. 2 is always used. The diffusibility of this solution is so great, that large nerve trunks are blocked if a few cc of it are deposited near them. It is not necessary to inject the nerve itself as was the case with the older solutions, and consequently no preparatory operations are necessary. For anaesthetizing fingers and toes for incision or amputation a few cc deposited on either side of the bone will in ten minutes render the whole member insensitive to pain.

In operation where a large nerve trunk is included in the field, a few cc of No. 2 sol injected near the nerve will greatly aid the infiltration Anaesthesia. Bone operations of considerable magnitude can readily be done if the stronger solution is used to infiltrate the periosteum. Laparotomies give a little trouble because the parietal peritoneum is not anaesthetized unless directly injected. The mouth and throat readily lend themselves to regional anaesthesia. The whole lower jaw including teeth and bone can be easily rendered insensitive by injecting 5 cc of the stronger Novocain solution into the retromolar space, depositing the solution in the neighborhood of the inferior dental and lingual nerves where they lie one behind the other before the former enters the bone. By doing this on either side all the teeth excepting the incisors may be extracted, pulp operations done, or the bone resected after the soft tissues are treated, or in fact any operation on the jaw or teeth done as painlessly as if a general narcosis were given, but without the many and great disadvantages. This anaesthesia has a duration of over an hour, ample time to do any operation without hurry.

The superior maxilla including the teeth is also easily anaesthetized, but requires several injections at different points to block the nerves. Sensation and reflexes to the whole larynx are readily abolished by blocking the internal branch of the superior Laryngeal nerve on either side where it lies behind the cornua of the Hyoid bone. Let these few examples suffice to

show what can be done with this blocking method. That the technique must be accurate goes without saying.

I want to mention another method of blocking recently introduced by Bier by which a whole extremity is rendered insensitive en masse. This is done by exposing a vein under infiltration anaesthesia in the case of a lower extremity, the internal saphenous, and a canula inserted. Now the thigh is constricted just above the canula and again a short distance below by a tourniquet just tight enough to interrupt all circulation and 30cc of a 1 p.c. Novocain solution injected into the vein.

The ramifications of the vein distributes the anaesthetic to all parts of the cross section of the thigh included between the tourniquets and thus a complete blocking of all nerves is produced. 15 minutes after the injection the whole extremity below the constriction is absolutely anaesthetic. Extensive osteotomies, excision of the knee or amputation or any other operation can be done without a vestige of pain. The toxicity of Novocain is destroyed by the blood and tissues fluids before the bands are removed. At first Bier washed out the Novocain with normal Saline but this was found unnecessary. Neither in the hands of Bier nor in any of my cases have any bad results followed; on the contrary the method has been extremely satisfactory. No cases are reported as the method is quite new.

In conclusion, I may say that in my experience with local anaesthesia, including as it does many hospital as well as private cases, I have always found it most satisfactory as soon as my technique was correct.

FULMINATING APPENDICITIS, REVIEW OF A
CASE WITH REMARKS*

BY

WALTER BAPTY, M.D.

VICTORIA, B.C.

Gentlemen,—

It is no doubt presuming upon you for one so young in the profession to introduce a paper on this subject before a Society, having so many members of wide and varied experience. However, trusting to your good nature, I hope, in a few words, to introduce for deliberation a subject on which all here can speak and which may recall numerous cases to your minds.

I shall begin by giving a short history of a case which recently occurred in my practice.

A strong, young, adult male, occupation street car conductor woke up on Wednesday morning, November 24th, with abdominal discomfort. However, he was up and about for a while but later went to bed and took a dose of Epsom salts which did not act. He says he had been bothered with constipation and had been treated for "indigestion" five weeks previously.

I was called to see him at a quarter past ten that night. His face was flushed, tongue furred, temperature 99 degrees F. and pulse 116. He complained of some pain across the lower abdomen and on deep pressure slight tenderness was present in the right inguinal region. The abdominal muscles were somewhat contracted, not markedly so, and some abdominal movement occurred during respiration. I sent him to the Jubilee Hospital and all that night hot fomentations were applied to the belly.

On the following morning, Thursday, he felt somewhat better. The face was still quite flushed and the pulse was 120. I induced him to submit operation.

*Read before the Victoria Medical Society, Dec. 7, 1900.

The incision was made through the sheath of the right rectus and the muscle retracted inwards. In the belly, owing to some recent matting, which later proved to be of a very slight extent, some difficulty was first encountered in finding the appendix. Finally it was discovered lying crossways, the end lying near the umbilical region, the base appeared to be twisted upon itself. The omentum lay over it and was adherent around its tip, no other adhesions were present. The appendix was very hard and firm and distended from the tip to near the base where it was of nearly normal size. In colour it was quite black, owing to gangrene. I tied off part of the omentum, as the adhesions were frail it became detached before the completion of the operation. I finished by the usual cuff method, the base of the appendix being apparently healthy. No general peritonitis was present.

As a specimen the appendix you see has lost the deadly appearance it had when lying in the abdomen. When fresh it had a most offensive odour. The piece of omentum removed has not been kept with it.

The after history is not important. The following day his pulse was 100, he passed flatus and felt comfortable and the second day after his pulse was nearly normal and after a good calomel and saline purge he felt well and quite hungry. Since then his condition has progressively improved.

As a rule in these cases the patient has been in his usual health until attacked by a sudden pain, or more commonly with a vague uneasiness in his abdomen. In this latter condition he may continue with his usual work for an hour or two and frequently takes a laxative, which does not act except perhaps to increase the pain or produce nausea. The physician is then called.

The patient on examination does not appear very ill, the pulse and temperature are normal, the abdomen is soft and moves with respirations. Careful palpation reveals tenderness on deep pressure over the right iliac fossa, but the pressure may not produce discomfort. Hyperalgesia is present on the same area. Normally four to five hours after partaking of food caecal sounds may be heard over the caecum. In these cases these sounds are absent owing to tonic contraction of the ilio-caecal sphincter.

The employment of two large soap and water enemas is said to be of great value in diagnosis, little or no flatus being passed

after the first, and none whatever after the second. Examination per rectum reveals nothing.

The appendix is found greatly congested and dark, free from adhesions and constricted at its base. The condition is possibly due to a volvulus of the appendix in which the veins, owing to their less resistant walls, are first constricted. The toxemia and localised peritonitis, present in ordinary cases of appendicitis, are absent.

Gangrene and generalised peritonitis supervene very rapidly if operation is not performed in the first few hours. Violent exercise in the unaccustomed, and injury as a blow in the appendix region are advanced as possible causes in some of these cases.

The above notes are chiefly taken from an article in the British Medical Journal, October 30th, of this year, by Mr. H. Branson Butler, Honorary Surgeon to the Royal Surrey County Hospital, Guilford. He had four cases in a series of fifty-two appendicectomies. His first two cases operated upon after the onset of generalised peritonitis died, the other two operated upon in the first day recovered.

In my case just cited the chief importance lies in the mildness of the abdominal symptoms, the slight degree of muscular contraction,—you could punch his belly anywhere with but little discomfort to the patient—and the small degree of tenderness on deep pressure at McBurney's point. Had it not been for his rapid pulse I should not have operated, or not until it would have been too late. His toxic symptoms, the rapid pulse and flushed face may have been due to a little absorption through the piece of omentum that covered the appendix or some absorption may have occurred at the base of the appendix itself.

Speaking generally of appendicitis, C. Mansell Moullin, says, * that in a number of instances no abdominal tenderness was present and all of those cases proved fatal but this was due to the great extent of toxic absorption. Continuing in the same address he mentions the great importance of the pulse as a guide. In an acute case if the pulse rate does not soon begin to fall immediate operation is the safest course. The continued rapid pulse means that the septic absorption is not being checked by the natural processes of resistance and that the central focus from which the poison is spreading should be removed at once.

The temperature he says is seldom conclusive. A high temperature persisting for several days means that the case is a serious one and will require operation. A sudden rise during apparent convalescence means a relapse with extension of supuration demanding immediate operation. A rigor means supuration. A rapid fall of temperature, especially if the pulse rate is increased, means the hopeless stage of general septic poisoning. As a rule when the pulse rate is out of proportion to the temperature gangrene of the appendix is imminent if not already present.

Mansell Moullin lays stress on the fact that any symptom may be missing, e.g. pain may be absent, tumor may be absent, temperature may be normal, the abdomen may not be distended, tenderness at McBurney's point may not be present, etc., and he recommends operation, as soon as possible, in all cases.

I thank you all, Gentlemen, for your kindness in having listened so attentively to this paper. I have touched neither on treatment nor on general symptoms, as I think they might well form the subject for discussion at some future meeting. Of course all Victoria practitioners, I know, believe only in the operative treatment at the earliest possible period.

* British Medical Journal, August 29th, 1908.

SOME DUTIES OF THE PHYSICIAN IN SOCIAL LIFE

BY

JASPER HALPENNY, M.A., M.D., C.M.

Surgeon to the Winnipeg General Hospital

A unique position is filled by the physician in every community. It is his privilege to know more of the secrets of the home than any one else not excepting even the bosom friend or the clergyman; and it is his duty to give advice on many subjects far removed from medicine. In a public way, too, he is expected to contribute to the social weal of the community, possibly as a member of the local council, or the public school board. In many other departments of life, also, his opinion is sought and followed. All this means responsibility.

Time will not permit me, however, to refer particularly to more than two phases of that responsibility a physician assumes when he announces his intention to practice his profession in any locality. The first of these two may be termed his duty to the individual patient. I will preface this by saying that the physician must use all available means to fit himself well for his work so that he may do justice to his patient. The physician must always remain a student. This will mean a library well stocked with medical journals and late editions of the best medical works on the particular class of cases which come to him. And the more general is his practice the greater is the need for regular habits of study whereby he becomes versed in the well-tried but modern methods of diagnosis and treatment. It will be no easy task to keep abreast with the times in medical literature amid all the other urgent demands on his time. I take it, however, that, amidst all his other public and private duties, the health of the community is his chief responsibility. Be not deceived into thinking that if because your professional visits are regarded by your patients as pleasant social calls, you are a really successful and skilful physician. I fear that some men are more intent on doing their patients than they are on curing

them. The value of the services rendered any patient will be largely in proportion to the anxiety of the physician to ascertain all the facts relating to the present illness; and if the uppermost thought is that of making the most money possible out of the case there will be a very great effort to prove the case to be one which require some long or otherwise expensive course of treatment. This effort you will frequently observe takes the form of finding some complication just about to set in which, had a good physician not been consulted, would have undoubtedly proved very serious or perhaps fatal. Be not a man who is continuously snatching patients from the grave: It is not fair to the grave. Besides, why should it happen that a large percentage of cases in one man's hands are exceedingly serious?

The attitude of the physician to the patient is all-important. Only the man who has abundance of human sympathy can get the confidence of the patient sufficiently to get a free expression regarding symptoms. Any sense of mistrust on the part of the patient or a too blunt and independent spirit on the part of the physician effectually bars a clear understanding of the case. On the other hand, however, it is equally easy to miss the essential feature of the illness by an affected and superficial inspection. Worse still, a few years of practice spent in such a method of diagnosis with the corresponding method of treatment so warps the physician that he is no longer competent to distinguish essentials from non-essentials, and no longer has in him the possibility of development.

If you look closely the polypharmacist is intimately related to the man who uses proprietary medicines. It makes a good impression on a patient to have a large shelf full of partly used bottles as milestones marking the long journey over which the sufferer has been safely guided by an attentive medical guardian. Each bottle, the patient knows full well, contains a separate drug for each of possibly a dozen symptoms and no wonder the progress has been sure, though possibly slow, for no possible symptom has been left untreated. Now to any of you, who views life at all seriously, this phase of medical practice will be distasteful, but not less so than is the habit so easily acquired of ordering mixtures which look well, taste well and are warranted on the word of the selling agent to cure. Generally speaking it will probably

be found that a large use of proprietary medicines means one of two things, either the physician is too lazy to go deeply enough into the case to thoroughly understand it, or he uses them to impress on the patient that he has at his command the very latest and most up-to-date wares in his armamentarium that can be procured. These same preparations have more or less of an atmosphere of secrecy about them; and besides they have been on the market only six months or less. The truth is they have been on the market just six months too long.

The superficial reader and observer is the man who is looking for a specific drug for every disease, or for a cure-all mixture readily obtainable. He is the easy prey of the smooth-tongued agent who presents him with samples of preparations which are so palatable that the baby will cry for them, and so useful that testimonials of no end are produced from creditable (?) and leading (?) physicians. Or some day, while worried over some difficult and obscure case the mail brings along a sample and the profuse literature accompanying it quotes instance after instance where just such obscure cases have been cured. The audacity of these firms in sending out to the profession, samples of their good looking, agreeable tasting mixtures with full directions for the future management of the case is only equalled by the gullibility and lazy stupidity of the long suffering profession. In this use of ready made mixtures, many times, the secrecy and mystery with which they are shrouded seems to add additional attraction. Please lay it down as a working rule that you will give no mixture to your patients the ingredients of which you do not know.

If that were the rule of every physician today-half the business of the large manufacturing chemists would be cut off tomorrow, and much of the other half would be cut off were the case in hand carefully studied and treated only according to the findings. Gentlemen, we look to you to keep abreast with the times medically and to help stamp out this vice of the profession, the use of proprietary medicines. In so doing you will do the profession a much needed kindness. Let me quote Osler (1) who, speaking on this subject says: "One is almost ashamed to speak in the same breath of the credulousness and cupidity by which even the strong in intellect and the rich in experience have

been carried off in a flood of pseudo-science.
 To have the placid faith of the simple believer, instead of the fighting faith of the aggressive doubter, has ever been our besetting sin in the matter of treatment. For years the profession has been exploited, until the evil has become unbearable, and we need an active crusade against pseudo-science in the profession as has been waged of late against the use of quack medicines by the public. We have been altogether too submissive, and have gradually allowed those who should be our willing helpers to dictate terms and play the role of masters. Far too large a section of the treatment of disease is to-day controlled by the big manufacturing pharmacists, who have enslaved us in a plausible pseudo-science."

The second subject to which I wish to direct your attention is one which, at the present time, is receiving much attention in our own city, viz: The Social Question. And, though up to the present time the medical profession has remained silent, the time is not far distant when the public will demand an expression of opinion from us. Why should they appeal to the medical profession? I take it that the answer to this question will in a general way outline what, in the future, will probably be the method of dealing with the whole matter. Why should public opinion appeal to the medical profession on this question? It is because certain diseases exist in the world largely, one might say wholly, because of illegitimate sexual intercourse. And thus at once the question, so far as we are concerned, becomes one of prophylaxis and prevention of the venereal diseases, syphilis and gonorrhoea. And as soon as we admit this to be the problem we are at once committed to a more or less definite policy in the treatment of the evil. It becomes a question of Public Health, and will, in a general way, ultimately be placed on the same basis, so far at least as we are concerned, as the white plague, and all other infectious diseases.

In proposing this solution to you I do so after considerable thought on the problem. At one time segregation appeared to me to be the one method least productive of bad results. Some of the following points have seemed so important, however, that I have changed my mind.

Segregation, we are told by an eminent divine of our city,

is of too kinds, official and tacit, and we are told that though the former has failed all down through the ages, the latter is the most sane solution of the problem before us today. That segregation may succeed some one must first catch the guilty one. It is claimed by police high in authority that segregation segregates not more than fifteen per cent. Be that as it may the world knows that clandestine illegitimate intercourse will continue as long as the earth is peopled by human beings. Many, many girls and women, who have occasionally stepped aside from the path of virtue, would prefer imprisonment or death itself rather than to be shut up in a brothel. And as a man I am compelled to say I would prefer to see a woman with enough of the essence of purity still left in her to refuse, even on the penalty of death, to be branded as a prostitute.

Again, from observation in my own practice, I am convinced that the woman of the servant girl type who occasionally indulges is much more likely to spread venereal disease than is the one who is an inhabitant of a regular house of prostitution. The living of the latter depends on her trade and even without any medical supervision she strives to keep free from venereal disease regarding which she is well informed. The other girl, because she acts clandestinely, knows little or nothing of these diseases and may be infected weeks or months before she knows it, or before she can gather enough courage to let a physician know she has gone astray. I maintain, therefore, that segregation not only fails to segregate all, but it segregates the least dangerous citizens of the community.

And why, in all that is said and written on this question, do we always refer to a prostitute as a woman? Are there not male citizens as low in the scale of social purity as any woman? As soon as a woman is known as a prostitute she is damned for the rest of her earthly life. The young men and old, the rich men and the poor, the social lion and the laborer all visit her at their will and still go on in their usual position in life without a whisper of their being removed from their business and family and compelled to live apart for the good of the public. Our respect for the word "woman" should compel us to meet out at least no worse social punishment to her than we do to the equally guilty man.

We have said that so far as the medical profession is concerned the question becomes one of public health. This will bear investigation. Our lay friends will charge us at once with lack of courage in that we do not carry the warfare into the sphere of morality. In reply I will go farther and say that in so far as this question is one which the civil law of our land can touch, it is entirely a question of public health. I cannot conceive of any interference with the rights of other citizens of the state caused by illegitimate intercourse between a man and a woman except the spreading of disease. And state laws are made to prevent one citizen from interfering with the rights of another. As soon as the brothel becomes a place of public nuisance it should be dealt with in the same manner as any other public annoyance, for example the smoke nuisance, but it cannot be treated by law as a moral problem. The moral aspect will have to be dealt with in other ways than by civil law. Probably the spreading of information in a sane, systematic, and thorough way will be the chief means of accomplishing what the law is unable to do. On this point Wilson (2) has the following to say:

“We can not cleanse the world of venereal disease in a day or a life time. It can be accomplished, however, as surely as any other right problem, and as certainly as that of tuberculosis, which, we must recall, was also impossible ten years ago. A small beginning may have no end. Conviction and sane enthusiasm will win over many who are now opponents to the cause. There will be more than any one physician can accomplish in the safeguarding of his patients from harm. It plainly becomes your duty and mine to educate, first, the physicians; and, secondly, through them, to arm the fathers and mothers so that they may guard our girls and boys.”

And why should information be spread? I take it the reason is two-fold. First, there is the moral aspect of the question. There is the same need for education on this as any other moral problem. Second, there is a need not frequently referred to in discussion on the subject, viz:—The protection of the innocent. And who are the innocent? They are the women and children. Outside of ophthalmia neonatorum there is perhaps a very small number of children infected with gonorrhoea. Unfortunately hereditary syphilis claims only too many children as its prey. In

women, however, gonorrhoea is a very frequent disease. Wilson wrote to six of the leading obstetricians and gynaecologists of Philadelphia asking what approximate percentage of operative cases would cover conditions caused by venereal diseases. The replies give us valuable information from an authoritative source. Dr. John J. Clarke thinks that 50 per cent. of the abdominal operations on women originate from gonorrhoea. Dr. Edward P. Davis places the percentage as low as ten. Dr. Joseph Price says "I do not hesitate to say that ninety per cent of all pelvic suppurations are due to gonococcal infection. In addition to these many other abdominal conditions are due to venereal diseases." Dr. Charles P. Noble said less than 10 p.c. of all his abdominal operations were for venereal infections. Dr. Richard C. Norris wrote "I have come to divide my patients into two general classes—the well-to-do private patients and the dispensary class. Among the latter I would approximately estimate a large majority, probably 80 per cent. are due to gonorrhoea. Of the former the proportion is, I believe, considerably smaller, due, not so much to the greater freedom from gonorrhoea of the husband as to the fact that a larger proportion of such husbands receive better and more persistent treatment for their disease, and their intelligence being greater, the sum total of infections produce by this class is less frequent and less virulent." Dr. Barton Cooke Hirst thought that in less than 8 per cent. of the better class of private cases inflammatory masses due to gonorrhoea, but in dispensary and ward patients places the figure at probably 75 per cent.

It will be admitted that all these women are not innocent. But that many of them are will, I think, be admitted by all clean minded people. Shoemaker (3) in his article on "Restoration of Function in the Innocent" read at a symposium on gonorrhoea in the female before the College of Physicians, Philadelphia says: "The title presupposes what must be conceded by all that there is an innocent class of sufferers among women. That it is a large group, even among the better class of public-ward patients, the writer firmly believes, while among the cultured classes, especially those of education and character, the proportion of innocent among those infected is large which implies that the husband is more often at fault than the wife." And I doubt not that even in

our midst many of the pelvic operations on women are due to conditions caused by gonorrhoea. It will be admitted by all medical men, I think, that in the majority of the cases occurring in their own practice the wife was entirely innocent.

Assuming this to be true then, when we ask how we can protect the innocent women we must face the problem of venereal prophylaxis; and this brings us again to the question:—How can we best cope with the social evil? I again affirm that the all important feature, from the standpoint of medical men, is this very question of venereal prophylaxis.

This is no new and untried scheme. According to Dr. Havelock Ellis (4) the Scandinavian countries of Europe have been the pioneers in practical modern hygienic methods of dealing with venereal disease. He refers to them as the "pioneers of the methods of combating venereal diseases which are becoming generally recognized to be the methods of the future," and adds "they have more or less completely organized the system of putting venereal diseases under the common law and dealing with them as with other contagious diseases". Denmark, in 1906, adopted the same plan, after failure of suppression or regulation of prostitution. There the only attempt at regulation of illegitimate intercourse is by attention to the venereal diseases consequent on such illegitimacy. The system includes free treatment for every case of venereal disease. And every known case is compelled to receive treatment either on the free list or from his private physician.

This is very different to the state of affairs in Great Britain and her Colonies and United States. Ellis says: "The mischievous and barbarous notion according to which venereal disease is the result of illicit intercourse and should be tolerated as a just visitation of God, seems still to flourish in England and United States with fatal persistency. In these countries the communication of venereal disease by illicit intercourse is not an actionable wrong if the act of intercourse has been voluntary, even though there has been wilful and intentional concealment of the disease." The freedom from law enjoyed in the United States is well illustrated by a case quoted by Dr. Isidore Dyer (5): "A woman with primary syphilis refused even charitable treatment and carried a book wherein she kept the number of men she had in-

oculated. When I first saw her she declared the number had reached two hundred and nineteen and that she would not be treated until she had revenge on five hundred men." Had facilities for justice existed in that state whereby she could have the wrong done her punished by law, society would have been greatly benefited. In every system of law relating to this evil there should be provision for compelling each and every infected case to receive treatment. In addition a penalty should be attached to the infection of another, and a second offense, which would in every case be wilful, should probably be punished by imprisonment.

It is said on all sides that it is useless to try to conduct the campaign as a problem of public health. It is held that the diseases are of such a nature that they cannot be controlled by the same laws as we apply to other infectious diseases. One readily admits that many difficulties lie in the way, but this seems so clearly the logical method of attack on this great monster of civilized nations that we must set to work to study out the details of the plan. And along with the enactment of laws must come a campaign of education regarding the prevalence and the dire results of these diseases. The average man regards gonorrhoea the same as a joke, declaring it to be no worse than an ordinary cold. And women, with their greater modesty, except in the most depraved, talk very little about it and know still less regarding it. And since, in many cases, the onset is not ushered in with such acute symptoms in the female, she does not realize what a calamity has befallen her until the disease has unsexed her by making her sterile, and probably shattered her health for ever.

No less an authority than Howard H. Kelly (6) on this subject of a campaign of education, waxes warm and says:

"But some will say that is religion and preaching. Well, if only religion and preaching will solve the difficulty, in the name of that deity of the land which we worship next to God, called Common-Sense, then let us all get religion and preach. Are not our children worth the effort? I suspect there is a lot of cowardice mixed up with this dread of saying anything about religion to the man next to you. Religion belongs in the pulpit? Yes, but, man, you are a generation behind the age; religion has abandoned

the pulpits to a lot of vapid and neo-critical essayists, and if we of the medical profession do not catch her as she stalks our streets in distress, and take her with us as we go from bed to bed, from rich to poor, through highways and byways, she will soon quit us altogether, and then look out for another French Revolution right here on American soil."

Certain it is that, if the public were half as well informed on this question as they are on tuberculosis, the social life of our city would have a tremendous over hauling, and many a transgressor would mend his ways through sheer fright of the thought of losing cast in the petty little circle which to him is society.

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THE TRAINING OF OUR CHILDREN
(Disciple and Training in the Prevention of Nervous Diseases)

BY

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Much has been said and written about the increase of lunacy in our nation, and in the discussion as to whether the increase is apparent or real recourse is naturally had to the statistics annually published by the Commissioners in Lunacy. Unfortunately, for the equally important discussion on the increase of lesser forms of mental weakness than those which come under the attention of the Commissioners, no such statistics are available, and we are driven back on the general impression of those best qualified to judge, namely the general medical practitioners of this country, the home doctors.

These are the men who know the great prevalence of mental weakness, hysteria, hystero-epilepsy, nervous debility, neurasthenia, mental depression, excitability, weak nerves, with their disastrous effect upon individual character and upon the mental and moral stamina of our nation as a whole.

Whether these troubles are on the increase matters not for the moment, but that they are appallingly widespread cannot be denied by those of us who are in a position to know. Every doctor realises what a large proportion of his time and nervous energy is spent in allaying unnecessary fears, in fighting the depression produced in so many patients by the slighter ailments—a depression which his patients of a robust nervous system, or, to put it bluntly, of a greater self-control, would be ashamed to show. As one doctor expressed it, "Half of a general practitioner's work consists in 'bucking up' the weaklings." It is a commonplace of the novelist that the doctor's manner should be a mingling of authority, sympathy, and cheerfulness, inspiring

confidence while he is in the sick-room, and leaving brightness and hope behind him. To the public this is the picture of the ideal doctor at times of critical and terrible illness. The doctor knows, however, that all his skill and tact in the judicious blending of sympathy, raillery, and authority are strained to the breaking point in dealing, not with cases of life and death, but with his list of weaklings who are overpowered by little troubles, or by no real troubles at all.

A little thought will show that this strain is not the doctor's alone. The whole family of the patient is affected. The adult members suffer by the constant demands on their sympathy, by the loss of the work which the patient should be able to do, and by the expenditure of the family funds on extra help in the house, repeated "changes of air," and doctor's bill, including all the modern expensive cures by massage, Weir-Mitchell rest cures, special diets, specialists' opinions, vibration and electrical treatment, etc.

The strain on the breadwinner of a middle-class family, should his wife belong to the army of nervous sufferers, through the expense, and through the lack of happy restfulness in his home life, is almost intolerable. On the other hand, when the breadwinner is the afflicted one, wife and children are permanently handicapped by the drain on the family resources. In the wealthier ranks of society the evil results may be even more morally serious. An incapacitated, complaining husband or wife easily serves as cause or excuse for the healthier partner to seek consolation from others, even to the breaking of the marriage vows.

It must ever be a matter of deepest thankfulness that out of these evil and often unnecessary conditions there emerges from time to time, to rejoice our hearts, the picture of the perfect saint; the mother taking up the burden of money earning and settling her boys in life in addition to performing her own true home work; of the father who, in addition to his long day's work, returns home at night to take up endless domestic tasks and dreary nursing.

As with all the other ills of human life, this curse of unwholesome nerves cannot be cut short by any drastic policy. It can, however, and it must be reduced far below its present ex-

tent, if the physical, moral, and economic position of our nation is to be maintained. Modern medicine, up till now, has expended its energies in two directions towards this end, firstly in a serious attempt to gain a scientific knowledge of the nature of the perversion of the nervous system underlying this trouble, and secondly in the invention of cures for the individual sufferers, as previously mentioned. It has almost forgotten in this connection its own old watchword, that "Prevention is better than cure."

It is on this line that most work needs to be done at the present time, and needs to be done by the family doctor.

In so far as the tendency to nervous ailments depends on heredity there is little scope for the doctor to work, under our present social code. The regulation of marriages is not yet, at any rate, a practical subject, though a word in season may occasionally be given to a young man or young girl who appears to be attracted by a partner of this most undesirable type. Advice is also asked at times from the family doctor on the marriage of cousins, and the probability of continuation of family weaknesses will not be forgotten by the wise practitioner.

The real scope for the doctor's powers of prevention, however, lies in the home, in the upbringing of the young children. Daily and hourly he is consulted on the management of children, and by his own handling of little patients he can often give a practical lesson to the mother, nursemaid, or guardian.

Let it be laid down once and for all that hereditary weaknesses are not hopeless, but can often be cured and can always be mitigated by right treatment from the earliest years. Unfortunately, this is not admitted by vast numbers of parents. "He is such a nervous child; I can do nothing with him," is a complaint that will be recognized by family doctors everywhere. According as the doctor passively acquiesces in this complaint, or can imbue the mother with further strength and help to battle with the child's weakness, so will be its future. In many cases the doctor can see for himself that the child is not naturally of nervous temperament, and that the natural excitability of youth has been mistaken by an over-anxious parent for evidence of "highly-strung nerves." The mistake once made, the home treatment resolves itself into a process of making life easy for the child; all

scoldings are avoided, punishment is unheeded, and, worst of all, little ailments are magnified, and treated with the elaborate care and anxiety that would be suitable for illness involving danger to life. It is to be wondered at that the child grows up fretful and distressed at every little jar in the routine of life?

What sort of upbringing and training, then, is the doctor to advise for the general management of normal children and for the correction of many forms of nervous weakness in children? Undoubtedly he should advise a stricter and sterner discipline than is now practised in many homes.

There is one motive which, above all others, enables both normal men and women as well as the neurasthenic and the vacillating, excitable, nervous weakling, to look beyond their own sufferings and interesting feelings, and to fit themselves into the scheme of life around them. This motive is the sense of compulsion, of duty, of obedience, of "must." Amongst the labouring classes we see less of these forms of illness and moral failure, and the reason is clear. They have no time for it. They must go on working. Work must be done, and done immediately, that food may be provided. The husband must bring home wages, the wife must go and buy and cook the food. This forced participation in the daily life reduces to its minimum the duration of and the suffering from these nervous maladies and their evil effects on those around the patient.

Again, many of the best recoveries from such troubles as the mental depression that follows some attacks of influenza are seen amongst good Christian men and women who have trained themselves for years in unselfishness and obedience to duty, and have daily striven for the fulfilment of the prayer of the English Church: "Lord, make Thy chosen people joyful."

For large numbers of patients in the middle and upper class of society the immediate compulsion of work to be done is inoperative. Duties can be easily shirked or thrown on the shoulders of others, either servants, relatives, or business partners. To protect this class and aid them in their weaknesses, there must therefore be implanted in them, and cultivated in them, a strong sense of obedience to duty and a wholesome realisation of the laws of consequence. Surely the time to get this ingrained into the moral and mental fibre is during childhood?

The practical difficulty lies in the fact that the natural trainers of the child are themselves often of unstable mental equilibrium, or of self-indulgent habits; and yet the medical man's help for the children must in most cases be given indirectly by urging on the parents, as frequently as tact will find opportunity, the necessity of firm moral control of their children.

A few of the practical points in which it is possible to give this advice will illustrate what is being urged here. It is hardly necessary to multiply instances of the endless opportunities that occur to medical men to give help in this matter.

To a young mother in an unnecessary fever of anxiety at the crying of her little baby but an hour or two old, a few cheerful words may convey the invaluable lesson that a baby's crying is not such a terrible thing that it must be stopped at all costs in the shortest possible space of time. Can she once assimilate the fact that babies cry over a thousand things that are very good for them, such as dressing and undressing, she will not be so desperately anxious in a year or two's time to keep the little child good by giving in to its every desire. The old nursery excuse that "Crying is so bad for children" has been responsible for untold evils. The rupture that is occasionally found in children who have cried excessively is due, not to the crying, but to the debilitated health that caused the excessive crying. In children about two years old, of strong desires, and also in placid children at a later age, there is at times a passionate sobbing when their will is—rightfully—thwarted, to which none but the most callous could listen unmoved, and which, if not harmful physically, is probably an unwise strain on their nervous system, and must be stopped. If a few moments of soothing, or of distraction of the attention—*without a yielding of the original bone of contention between mother and child*—is not successful, a sound smack of the hand on a harmless part of the body—never on the head—will enable the child to regain its lost selfcontrol, and will leave the mother in a strong position of authority which will be of infinite value in the future. One of the best ways in which medical men can help the parents is by assuring them that, however painful to themselves, physical punishment is more than harmless—that it is often of great good for the child.

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When the home atmosphere is unresponsive to all promptings towards wholesome discipline and sustained regularity, the kindest advice that the doctor can give is one which many mothers hail with relief, though others have to have it urged on them over and over again, and that advice is to hand over the work of training the child to others, and to entrust it to them entirely. When circumstances permit, the institution of a governess of strong nerves and will, but of kindly disposition, who shall be given a free hand to carry out the task of regaining control of a spoilt nervous child, is often the best solution of the trouble. In other cases, it is the doctor's duty to press for an early resort to school—either day school or boarding, according to the age and circumstances of the child—and no dread of overworking the young brain should be allowed for a moment to weigh the value of the moral training of good school discipline. Overwork is easily guarded against by control of home work in the case of day school, and by half-term inspection in the case of boarding school; and in younger children by forbidding all "playing at school" when at home. This last simple device will stop the "going over her lessons in her sleep" of which so many mothers complain.

In these and many similar ways the medical man can—and, one is glad to think, does—give help to parents and children alike. But I think it behoves us to look out for more frequent opportunities of speaking to parents about the upbringing of their families, and to urge on them the enormous *advantages* that are gained, both for normal children and for children with any tendency to nervous weakness, by a stricter discipline than that now in fashion.

It is not easy for a family practitioner in full practice to engage in public work, especially while so much of it involves partisanship; but, by bringing all his weight and authority to bear in favour of a sturdier home life, every medical man may feel that he is doing his share for his country. He is helping to ward off the deterioration of our national life with which we are threatened, not only in the matter of bodily inches, but in the infinitely more serious matter of intellectual and moral vigour.

EDITORIAL

The Importance of Social Work of the Profession

At the American Health Association meeting a speaker proved to what a great extent dependency and poverty was due to ill-health—of more than 50 p.c. of the orphans in certain institutions the cause was tuberculosis. There is a great need for more educational work along Public Health lines which should lead to enlightened government action. As is shown in another column, infant mortality is almost entirely the product of bad social conditions and ignorance. Therefore, such matters as wage rate, exploitation of women and children and labor in general are matters for the attention of the physician. Too much information which might help the public to attack problems of health is held between the volumns of transactions of societies.

Should Representatives be Muzzled?

The directors of the Manitoba Medical College have the privilege of being represented by there members on the C. of P. and S. of Man. Inthis way, the medical profession have placed much power and confidence in them. Their action in the case of the treasurer's motion to increaseth the fees and eliminate annual dues has caused comment. Many seem to think that the profession should seek powers from Legislature to make the council of P. and S. an independent body. This act of muzzling the treasurer does not speak for a healthy condition of affairs.

Silence of Councils Regarding their Work

Another point commented on is the silence of the councils regarding their work for the profession. Why the silence? The public think the medical profession much too silent on many matters pertaining to the community's welfare and now the rank and file of the

profession want to know why this silence of the Councils. Let them give an account of their stewardship as other representatives bodies have to do. The profession is tied down to a three year's agreement with their councils and this of course gives the representatives great powers for good or ill. Specially, should there be a clear statement of the finances and how they have been used so that members may know if every use has been an authorized legal one.

*Powers of Councils
in Financial
Matters*

Many enquiries are coming in on this subject and there is much discussion among active members as to the exact powers of the councils on this question of finance. Councils are frequently deluded regarding their powers and when allowed by members to slide along for years without much check are apt to imagine themselves to be possessed of much more power than they have. Take the case only recently settled in London, England, regarding the powers of the councils of the Trade Union Societies to use the funds of the Societies for the purpose of financing members of Parliament. This has been done for many years and now has been pronounced *illegal* by the highest appellate tribunal. Lord Halsbury said that the Act which was the Charter of the Union made certain things alone lawful and only for those purposes could the members subscriptions be used. Let the councils make note or difficulties may arise.

*Railway Camps a
Menace to Health
of Community*

The questions of the conditions of many railway camps is really a serious one. Much improvement is needed in this direction not only from the men's point of view but because of the danger to the health of the country. Later on, the land where the camps are now, will be occupied and no end of evil can result from the present carelessness of any railway contractor. Instead of the camps helping in the future the population of the country—the unsanitary conditions can cause much depopulation.

LETTER TO OUR SUBSCRIBERS

At the beginning of its fourth volume the Western Canada Medical Journal desires to give to those who have taken a cordial interest in its welfare a few details of its progress and future intentions. This independent Journal is now entering its fourth year—not a bad record in the West for a monthly publication for which the pessimists and its opponents predicted an early death at about the age of three months from malnutrition. Now that the infant is fairly on its legs and has proved its right to speak—it desires most heartily to thank the many friends who have assisted its living by sending news and articles and also those who have given encouragement in the many ways true friends can. At the same time, thanks are due to its enemies and it is a cause for rejoicing to have been honoured with such. Enemies are useful. Without such necessary helps to progress no such publication could have been established. St. Paul mentions the necessity of a thorn in the flesh to help one from getting slothful in wrongdoing. Unwittingly, enemies give many lessons to those who are willing to learn and are not afflicted with “blind sight.” That every now and again the Western Canadian Medical Journal alienates certain members of the professions by frankly voicing what it honestly thinks and what many members think, it is well aware. 'Twas ever thus! and in truth such possible supporters are weak opponents and we can let them go without grieving. The Journal is fortunate in possessing some very staunch friends and what more can be desired! Occasionally, we get very encouraging notes from friends far off watching our progress and cheering us on our independent way. These have been of immense help. The little rumours regarding the expected death of the Western Canada Medical Journal are getting to be the staple joke. Let us repeat, WE ARE HERE TO STAY. How do we know? In the surest way possible, namely there are at the back of the enterprise the necessary *few good men in Gath*, and did hard fate or adversity carry off some there will always be

one found to take care of the interests of the Western Canada Medical Journal. So those waiting for the funeral may find something more profitable to do. The Western Canada Medical Journal, is in the field as an independent publication and has no objection to any number of official organs. Let that be clearly grasped. There, certainly, is a great need for independent journalism all over this continent and in every sphere of work. When our little independent medical band started it was the object of misrepresentation, prejudice and one might even say persecution certainly calumny. Is not this the history of all such! Everything possible was done by opponents to kill this independent journalistic infant struggling against odds for its life. Its nurses had, however, those saving qualities—faithfulness to their charge, patience, courage, and great perseverance. Also willingness for self-sacrifice for the cause. "Dogged" has never failed to do it, and now this little band has valuable assistance in the work and appreciation expressed of the work. The Journal has substantial backers who feel the present time an all important one for the Western profession and also, for all matters pertaining to the national life of Western Canada. We hear the politicians say better conditions can only come in the West by taking care that the national conditions are right and full of *aspiration*. Then the West will have leaders of whom to be proud. Surely the conditions of medical education and work must be right and full of aspiration if we also are to be proud of our profession and our leaders. How much any school or council which strikes one as merely a mutual admiration society causes a lowering instead of the raising of the profession, all thinkers and observers know. The higher the aspiration, the greater the feeling of imperfection and need for constant improvement. Reading the accounts regarding medical affairs, one feels often ashamed. The schools, hospitals, etc., are not to be equalled on this continent nor abroad!! It is all so obviously provincial! Read as a contrast an account of a meeting of a society composed of many leading medical authorities. Note the different attitude, the modesty of great learning—the truth of the saying—"Wisdom is humble that she knows no more." Note how these great leaders are always students—willing to listen to the opinion of even the least among them. We shall

know we are truly progressing when there is less time taken up paying compliments to one another and more time spent searching to remedy faults. What a great hand in the making of Western Canada, the medical profession might have if all its members realized their responsibility as citizens to the State as well as advisers to their patients. The few who are taking part in civic and national life have great power for good. Who should be better fitted to understand most of the questions agitating the public minds—as for instance, the housing of the people—the evils of high living—the segregation question—the drink—the immigration! There seems at the present moment a great need for our voices to be heard not only regarding our own professional affairs but in national questions, too—and heard with some decision and courage.

We can say with full confidence there is *need* for our independent Journal in the West and also *room*. And our efforts in the future will be to make the Journal of such a character as to deserve the support it has received. May it grow in quality, character and influence.

We do not claim to give every month papers of the highest quality. One chief object was that Western men might have an opportunity to publish their observations and conclusions—and also that we in the West might keep in touch with each other so that we might band together when necessary for our mutual welfare. Many exceptionally good papers by Western men have been published—men who had never written before, extracts from which have been published in other Journals. We intend as before to publish from time to time articles by leading medical authorities. Long life to the Western Canada Medical Journal. May 1910 be a year noted for greater progress, greater influence and greater fraternity.

CORRESPONDENCE

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We do not hold ourselves responsible for the opinions of our Correspondents—Editor.

From *Daily Telegraph*, London.

SIR—In your issue of to-day, under the above heading appears a paragraph which has reference to milk as a source of tuberculosis. Now in our deliberations regarding milk we must not be unmindful of the fact that butter is obtained from milk, and that in the making of butter the milk is subjected to no influence which interferes in any way with the activity of pathogenic micro-organism which may chance to be present in the milk. Much of the butter consumed in this country is imported. During the year 1908 the quantity imported amounted to 4,210,831 cwt. The largest imports were from Denmark and Russia, and there is no reason to believe that the cows in these or any other foreign countries are more healthy or better cared for than the cows in this country. In the case of our home farmers it is quite possible for us to err by being too exacting regarding the question of tuberculosis, and a note of warning is necessary, lest by any hasty and unfair action we may tend to cause an increase rather than a decrease, of the disease which is a scourge of civilisation, by making it impossible for home farmers to compete against foreign dairy-food products, and encouraging thereby the import of butter which may contain not only tubercle bacilli, but other pathogenic micro-organisms. On such a far-reaching question it is very evident that our Legislature should proceed cautiously.—Yours, etc.,

JAMES OLIVER, M.D., F.R.S. (Edin.)

THE WINNIPEG CLINICAL SOCIETY

December, 7th, 1909.

Dr. Rorke, President, in the chair. Dr. Raymond Brown presented a case of saddle nose in a young woman, which he had treated by subcutaneous injection of paraffin. The injection was made through the tip of the nose, and to complete the operation another injection was to be given higher up. The needle used had a screw cap, by means of which considerable force was brought to bear. "I used ordinary commercial paraffin, boiled for some time to cleanse it from impurities. It floats on top of boiling water, and should boil for an hour or two to eliminate the soluble chlorides and sulphates, and is then not so irritating to the tissues. It melts at a pretty high temperature, and should melt at about 101 degrees to 104.5 degrees F. The paraffin used in this case melted at about 104 degrees F. In order to make it, I simply bought two cakes; the one melted at a high temperature, and the other down to 98 degrees, and I mixed it in proportions to make the point of 104 degrees. This was a very marked saddle nose, as the cast shows. Dr. Fletcher kindly assisted in the operation. In this case, when I first began to inject, the paraffin had solidified, and the first gush came with a rush, so that it got by the finger and shot up near the eye. There was an edema of the upper eyelid for about a week. The operation was performed about four weeks ago. I think the deformity has been sufficiently corrected in this region (indicating), and with one more injection I expect to get a perfect result. The ordinary aseptic precautions were of course necessary. There are several dangers in this operation. The first is blocking up of the nostril. This results when the paraffin is injected into such a part of the nose that it does not receive a firm base of support, and is very apt to occur if the ala of the nose is injected.

The second danger is that of embolus. If the needle perforates a vein, the liquid paraffin is injected into the venous system and forms a paraffin embolus. There has been at least one fatal case.

The third trouble is the displacement of the paraffin. If it is injected liquid, it will often dissect the fascia and appear in undesirable places.

The fourth is that of hyperamia. In some cases, if the paraffin is injected within the skin, instead of into the fascia beneath the skin, it will produce a chronic hyperaemia of the skin, with discoloration of the surface.

The fifth danger is obstruction of the lymphatics. I have never seen such a case, but have read of them, where perhaps five or six weeks after the injection, the lymphatics about the nose and eyelids become chronically obstructed, and you get such a condition as in phlegmasia alba. It is very annoying and the paraffin has to be removed. The paraffin will not go through the needles in a solid state and has to be injected in semi-solid form. I used no cocaine and simply inserted the needle as in an hypodermic. The patient did not flinch and said there was no pain." A number of cases of saddle nose, and photographs of patients before and after operation were exhibited by courtesy of Dr. Lehmann who, in commenting on the case, said that the syringe should be filled with the warm paraffin. Some injected at a high melting point, and others at a low point. Some used vaseline. A material aid to injection was to fill the needle itself with water. Another point was to cover the barrel of the syringe with a heavy rubber tube, which kept the paraffin warm and the syringe cool. The tissues should be thoroughly undermined. He believed it was much easier to un-

dermine the tissues a week before the operation, with a small knife made for the purpose, allowing the blood to reabsorb. The injection was much easier because there was not the same tension, and less danger of the paraffin disseminating over places where it was not wanted.

Dr. Gunn presented a male patient, age 37, who had come out of the hospital in June of this year. He had been sent to the hospital complaining of severe headache, vomiting and vertigo. He worked on a farm, and one day got very hot and became badly sunburned and blistered. A severe headache came on and during the night he was weakened with an uncontrollable fit of vomiting, which lasted, with the headache for about a week. He finally consulted a doctor who said he was suffering from sunstroke, and treated him accordingly. He was relieved only temporarily and went to the hospital in August. He was reduced in weight from 150 to 118 pounds. The headache was confined to the frontal and vertex. At that time a tentative diagnosis of tumor of the brain was made and he was accordingly put on potassium iodid in increasing doses. There was nothing in his family or personal history revealing any specific trouble and he gave no history of any excesses. Examination of the nervous system revealed no particular abnormality, but some interesting pathological changes were found. Intelligence was normal in every respect. Examination of the cranial nerves showed that most of them were normal. Hearing was apparently all right. The vision was considerably limited and he was almost blind in the left eye. He claims both eyes were normal up to the time he was taken sick. The third, fourth and fifth nerves were apparently normal. The fifth nerve showed absence of sensibility to touch and pain, and thermoanesthesia on the right side of the face. Muscular sense and reflexes apparently normal.

He was given tuberculin at several successive intervals, the last occasion being the only one to which he showed any reaction. Since being treated in the hospital he had considerably improved. Dr. Gunn was not altogether responsible for the diagnosis which, however, he thought was correct.

Dr. Rorke—"Is his equilibrium all right?"

Dr. Gunn—"Yes, there is no ataxia."

Dr. Hutchinson—"How is his weight?"

Dr. Gunn—"About 135 pounds now. Examination of the stomach showed the presence of lactic acid, as this was of the vomitus it was not so reliable."

Dr. Lehmann presented a male patient, aged 50 years, who two years ago had been suffering from carcinoma of the pyloric end of the stomach. Pain was worst in July last and patient had been kept continuously on morphine. He vomited continuously and suffered greatly from nausea, and at that time as a method of relieving him a gastroenterostomy was done, which he stood quite well. The improvement was marked and even at this time he had very little discomfort, only suffering occasionally from diarrhoea, and of course extreme weakness. His condition now was infinitely better than it was in July. "His urinary secretion is good, and this is a result which I am satisfied follows in a good number of cases of carcinoma of the pyloric end of the stomach after a gastroenterostomy is done. About the same time that this man was operated on I had a woman in about as bad a condition and heard the other day that she claims never to have felt better in her life. I am satisfied that many of the symptoms which patients suffer from who are affected with carcinoma of the pylorus are simply due to obstruction, which can be very well, and with comparatively small risk, completely relieved. I am satisfied that not nearly enough gastroenterostomies are done in carcinoma of the stomach. The operation is not a severe one; patients recover very quickly; they are infinitely better after than before operation; and the term of life is no doubt materially lengthened. The same applies to patients suffering from carcinoma of the rectum. Their lease of life is

THE WESTERN CANADA MEDICAL JOURNAL

much lengthened by colostomy. As soon as there is muscular insufficiency, I think gastroenterostomy is indicated. Of course, people that are sufficiently wealthy and have sufficient leisure to live for their stomach's sake may get along without gastroenterostomy. The little nodules you see are the ends of the wire used in suturing."

Dr. Bereovitch presented a boy patient, age seven years. "This is a case with an interesting history. When he was two years old a dog jumped on him while he was playing and knocked him over. He was much frightened and ran up-stairs, and some ten minutes afterwards it was noticed that his right arm, leg, and half of his face were completely paralysed. There was no motion and no sensation. He went to the Montreal General Hospital and after being kept there for a week was sent home, and brought from day to day for electrical treatment. Motion eventually returned as shown at present, but there was no further improvement. He is not able to taste as well and shows atrophy of the muscles of the leg; he has the foot-droop, and on measuring there is shortening of one inch in the diseased leg. He also shows a scoliosis, and the subscapular muscle is evidently practically gone, and when he lifts the arm, the scapula moves away from the thoracic wall altogether."

Dr. Bereovitch next presented a little girl, 10½ years. "Up to about six or seven months ago this patient was perfectly well. Then her mother noticed that when she stubbed her toe at all her whole leg would commence shaking. This gradually increased, not only as she stubbed her toe, but as she dragged her foot along the ground. The condition would occur about once a month, and then once a week, and instead of the leg shaking, she started stamping her feet. On one occasion I arrived in time to see one of these attacks. She started to tramp her feet thus (indicating) and the movement gradually grew faster, until her feet getting out of time she started to jump them together. The condition is very interesting to watch and I had hoped to be able to induce a spasm before one of the Clinical meetings. At my office one day I thought that possibly with a high frequency current I could set up a spasm. I used an ordinary glass electrode for about thirty seconds, and it produced a typical burn. I think that is very unusual. During the jumping she would hold on to her mother and cry mother, mother. The spasm lasted two hours the day I saw her. Previously the longest spasm had been for ten minutes. She gets as many as two or three attacks a day, and is gradually getting worse."

Referring to Dr. Brown's case, Dr. Fletcher said he had not noticed any escape of paraffin at the time. The case had very much improved and the marked saddle nose was certainly much better. The doctor was to be congratulated on the result.

Dr. Lehmann referred to the case of a surgeon of national reputation who attempted to inject paraffin for a frontal sinus abscess. He removed the anterior plate and attempted to inject the paraffin in a depressed square and when he had finished, the paraffin was not where he wanted it but had found its way to near the lower angle of the jaw, even as far down as the neck. The man had, as a result, a most peculiar appearance. It showed how far paraffin would travel in a very short time.

Dr. McKenty said that he was under the impression that the vessels became instantly surrounded by a wall of condensed tissue and that the paraffin remained where you wished to keep it.

Dr. Lehmann said he had had opportunities to remove paraffin after injection, and it looked very much like a wen. It had been injected at a high melting point and instead of being one homogeneous mass was in the form of little elongated masses of paraffin, one beside the other.

Referring to the case of brain tumor presented by Dr. Gunn, Dr. Hunter thought that decompression should have been done.

Dr. Lehmann said that in a case of general brain tumor where there had

been blindness in one eye and only one-fifth vision in the other, a decompression operation brought back vision on one side to twenty-thirtieths.

Dr. Brown agreed with Dr. Hunter that had decompression been performed at the right time the man would probably have had much better vision.

Dr. Fletcher thought there were certainly signs of atrophy: whether primary or secondary, it was rather hard to say. From the history of the case it was probably secondary. The retina was also somewhat opaque.

Dr. Gunn—"Dr. Lehmann's presentation of his case of carcinoma of the pyloric region of the stomach opens a rich field for discussion. I saw the case before and after the operation, and there is considerable improvement, but the rather free advocating of gastroenterostomies which Dr. Lehmann has given us is rather to be deprecated, I think. I understand that the trend of prominent surgeons is to perform gastroenterostomy far less frequently now than in the past."

Dr. McKenty—"The indications for gastroenterostomy I think are fairly plain. If there is an obstruction of the pylorus a gastroenterostomy under those conditions is indicated. But if there is no obstruction, it is of doubtful value. The fact of relief is clinical proof of the correctness of the view."

Dr. Hunter was of the opinion that a radical operation was desirable whenever possible, especially as in skilful hands the mortality was no higher than with gastroenterostomy. He disagreed with Dr. Lehmann that the latter operation was the comparatively trifling operation he would lead them to suppose. Although he thought that an operation in such a case was justified, he thought there was a tendency to avoid putting the risk before the patient.

Dr. Lehmann thought that the remarks made by Dr. Gunn referred to surgeons who overdid the operation at one time, and were now doing it less frequently, but in the case of carcinoma where there were distinct symptoms of obstruction, he thought there was not a particle of doubt that gastroenterostomy was the operation to be done in every case. The condition of the patient was deplorable and it was incumbent upon them to relieve him as much as possible, and he thought that gastroenterostomy was often indicated where even possibly the carcinoma might be removed. He did not think that late operations and pyloroplastics were very satisfactory.

Referring to the case presented by Dr. Bereovitch, Dr. Gunn said, "The case is certainly very interesting and it is rather hard to estimate what the lesion is, but judging from the differences in the size of the scapula, I would rather think there was some pre-existing infantile or hereditary trouble there before the time of the injury. At the time of the injury there was probably a hemorrhage, and the two conditions resulted in the condition perceived."

Dr. Rorke—"Was there any previous history of any illness?"

"No." Dr. Hunter thought the treatment resolved itself into orthopedic.

In closing, Dr. Bereovitch remarked that he thought the case was one of spinal lesion, possibly anterior poliomyelitis. He would like to ask Dr. Lehmann what he would suggest in the way of treatment. Dr. Lehmann responded that the only thing to do was to straighten out the ankle. It would make the child walk much better and do away with much of the shortening.

Referring to the second case shown by Dr. Bereovitch, Dr. Bond remarked that a high frequency glass tube would produce a burn on any person if it was kept on long enough, though half a minute would scarcely produce it. In this case lack of nutrition would bring on the condition more quickly.

Dr. Bercoitch—"It is news to me that a high frequency tube will produce a burn. In several cases I have used the glass electrode for fifteen minutes in constant application at a strength more than twice that I used on the child here and there was no burn resulting. With regard to the jumping, the only thing I can find is the saltatory spasm I have seen in Osler. He describes a condition much like this. He calls them jumpers, and mentions the fact that they jump and utter some sound, very often unintelligible, and also says that when the patients are in that condition you can do almost what you like with them, but with this patient you can do nothing. Of course, there is neurosis, allied to hysteria, and whether it is the saltatory or not, I cannot say."

DOMINION REGISTRATION

The Committee of the Canadian Medical Association appointed by the Executive to meet Dr. Roddick, consisting of Drs. E. P. Lachapelle and H. S. Birkett, of Montreal; R. W. Powell, of Ottawa; F. N. G. Starr, of Toronto; Jenkins, Charlottetown; Tunstall, Vancouver; Blanchard, of Winnipeg; John Stewart and F. M. Campbell, of Halifax; J. W. Daniel, M.P., and Murray MacLaren, of St. John, together with the representatives of certain of the Medical Councils of Canada—the Ontario Council being represented by Dr. Spankie, of Wolfe Island; the Quebec Council by the President, Dr. Normand, of Three Rivers, and Dr. Simard, Quebec; Nova Scotia by Dr. Sinclair, and Drs. MacLaren and Jenkins acting in the double capacity for the Canadian Medical and for the Councils of New Brunswick and Prince Edward Island respectively, met Dr. Roddick in Montreal on Tuesday, November 16th, and discussed the detail of the Canadian Medical Act of 1902. After several amendments were suggested the general principle of Dominion Registration was agreed to as a working basis for an Act. The draft measure will be printed at an early date and copies sent to every member of every Council in Canada, when the Councils will express their opinion of the measure.

GENERAL MEDICAL NEWS

VITAL STATISTICS

Winnipeg.	December.	Males.	Females.
Marriages	229		
Births	359	186	173
Deaths	131	81	56

Winnipeg.	December. Cases.	Infectious Diseases. Deaths.
Typhoid	13	1
Scarlet fever	36	—
Diphtheria	11	—
Measles	11	—
Tuberculosis	24	7
Mumps	1	—
Scabies	3	—
Erysipelas	5	—
Chickenpox	2	—

Calgary.	December.	Year 1909.
Births	75	894
Marriages	63	532
Deaths	37	451

MEDICAL NEWS

Mr. Otto Beit, has given a sum of \$1,075,000 to be devoted to purposes of Medical Research. The scheme is to be Imperial in character in so far that the one receiving the fellowships must have taken a degree in any faculty, in any university within the British Empire. There is no restriction of nationality except that the fellow appointed must be of European descent by both parents. The Fellowships will be "The Beit Memorial Fellowships for Medical Research." There are no age restric-

tions. 19 Fellowships will be awarded annually and will be of the value of £250, for three years. Forms of application may be obtained from the Hon. Secy. of the Beit Memorial Fellowships for Medical Research, 35 Clarges St. Piccadilly, London, W.

A new and thoroughly up-to-date Catholic hospital is to be built at Prince Albert, next spring. The new hospital now has accommodation for 100 patients and is to cost about \$100,000.

Speaking at the Medical Society, Sir Henry Morris said that we were not concerned as medical men with the metaphysics of Christian Science. What we resented was the effect of their teaching and practice in cases of organic and infectious diseases and in severe surgical injuries. It was because of their meddling with medicine that our profession in the interests of sufferers and of the general public opposed their false doctrine and cried out against their cruel and fatal practice.

In the November issue of the "Federation Review" Mr. Katz proves that it is a great injustice to attribute to particular nationalities a preponderance of particular crimes in New York—and quite a mistake to think that the larger percentage of criminals are foreign born.

Dr. G. H. Savage delivered the Harveian oration this year before the Royal College of Physicians. In the course of his addresses he advocated the serious scientific study of hypnotism by the medical profession. After a few comments on the history of hypnotism, illustrated by the work of Mesmer Esdaile, Elliotson and moderns such as Miers and Rivers he said the time had come when we must face the fact that there was a tendency to credulity and that the wheat must be sifted from the chaff. Other countries are investigating the matter thoroughly. As regards hypnotism it might be said as about other remedies if there were no dangers there were no benefits to be desired. He claimed that it was for the physician to honour and the charlatan to dishonour hypnotism and suggestion.

In the course of a lecture before the Psycho-Therapeutic Society, at Caxton Hall, Mr. Dudley Wright, F.R.C.S. referred to the use of coloured light in the treatment of diseases. Red was

good for patients who were depressed, languid, anæmic and debilitated. Blue for hyperæsthetic and neuralgic subjects. Golden yellow gave tone to the brain. Green was restful and possessed cheering elements. Violet calmed moral trouble and nervous tension. Maniacal patients should be treated by confinement in blue-lit rooms. Melancholic in cheerful yellow rooms. Anæmic and chlorotic patients should be treated by red light. In cases of local diseases such as inflammation, as well as local neuralgias, concentrated arc or sunlight filtered through blue glass should be the mode of treatment.

In a second report on the transmission of enteric fever by the "Chronic Typhoid Carrier" the Director-General of the Army Medical Service describes the various investigations that have been made for early treatment on discovery of these cases. It is desirable that any man ascertained to be a "carrier" should after a period of observation in England not exceeding three months, be discharged from the service unless he elects to remain in hospital for treatment. When any man is discharged the Medical Officer of Health for the District in which he will reside should be notified. This has been approved by the Army Council.

Dr. Fagan, of Victoria states that the British Columbia Government is willing to give enough land to the City for a new and larger cemetery.

As Vancouver laws are not strong enough to enforce the licensing of lodging houses. The City Solicitor was instructed to prepare necessary amendments when the City's Charter is considered by the Provincial Government at the coming session.

Mrs. A. C. Westhead, president of the Alix (Alta.) Agricultural Society has offered the site for a cottage hospital if the funds for establishing and maintaining the hospital are subscribed.

The Vancouver Municipality have decided to ask the Government to provide some efficient means for raising funds for the Sanitarium even to the levying of a special tax to meet the demand of the institution.

A Coroner's Jury at Vancouver, recently added to their verdict a very strong recommendation that the City Council should provide as early as possible a public morgue.

The formation of a Canadian Sanitary Association has been suggested. The holding of classes for the examination of students is proposed and the issuing of certificates that would be recognized in all provinces. The appointment of Sanitary Inspectors in all towns over 2,000 and the adoption of a course of study similar to that laid down by the Royal Sanitary Institute of Great Britain.

The quality of the milk sold in Calgary is to be investigated.

Dr. Fagan, in regard to the question of the milk supply pointed out that it was under the control of the Dominion authorities and that any regulations would have to come through them. Mr. Justice Clements had decided that the province had no right to enforce its regulations.

There is very important article on the "Business Control of the Press," the parties, and the Government" in the Success Magazine, January.

One of the most significant social experiments of recent times has been quietly proceeding at Ghent, in Belgium. In 1901 a clinic was started in Ghent by Dr. Miele, where mothers could obtain free advice as to the upbringing of their babies. The work developed rapidly and now from 700 to 1,000 babies come under Dr. Miele's observation, or about one-fourth or one-fifth of the babies born in this industrial town, of some 160,000 inhabitants. An extraordinary reduction in death rate of infants has been effected and the benefit to the living has probably been as great. These results has been achieved:—

1. By the establishment of Clinics where babies are weighed and advice given.

2. Medical and nursing, care are given at the home in certain cases. These benefits can be obtained by the payment of a small weekly sum—a provident payment—to the certified indigent, the services are free. The nurses gives practical demonstration how the baby should be cared for.

3. Milk and milk powder especially are supplied free of cost, in certain circumstances, to the certified indigent, and at a low price to others. The consequent financial deficiency is met by the Bureau de Bienfaisance, which also assists in other ways. Dr. Miele himself is not paid.

4. There are four "creches" for some twenty-five babies in all. Babies are taken in who, because of physical illness or for some other reason, are difficult to rear, and are kept there until in a condition to be sent out.

With day "creches" Dr. Miele will have nothing to do. At the "creches," the nurses who are quite young girls are trained. Dr. Miele proceeds frankly on the assumption that the ordinary mother does not know, unaided, how to bring up her baby. He has amply shown what great improvements can be effected by expert guidance and supervision.

At a meeting of the Health and Relief Committee, Regina, the Librarian complained of books going to houses where measles were prevalent. Dr. Meek said he thought there were about two dozen cases of measles that had not been reported. The Committee decided to inform every doctor that it would be necessary for them to adhere more strictly to city and provincial health laws.

PERSONALS

Dr. Brydon-Jack has been appointed Medical Officer of Health of the Vancouver City Schools.

Dr. H. Young has been appointed Coroner for Prince Rupert.

Dr. Rothwell of Vancouver, spent Xmas in Brandon.

Dr. L. T. Leavey from Port Townsend paid a visit to Vancouver.

Dr. Marion and family are visiting Palmerston, Ontario. Dr. Tombs of Moncton, is taking Dr. Marion's practice in his absence.

Dr. and Mrs. J. C. Farish, of Vancouver, spent Xmas at Hedley.

Dr. and Mrs. Andrew have returned to Summerland from their wedding trip.

Dr. Redman, of Esquimalt, has gone for a month's visit to Mexico.

A. W. Morton has been appointed resident Secretary of the Royal Jubilee Hospital, Vancouver.

Dr. McPhee, of Port Essington, B.C., is visiting the Coast cities.

Dr. Wilfrid Tucker, of Francis, Sask., is taking a post graduate course in the New York Hospitals.

Dr. A. C. Harwood, of Edmonton, is visiting the South.

Dr. Egbert who was called East owing to the serious illness of his father, has returned home.

Dr. and Mrs. Whillians, from Cariboo, are visiting Victoria. Dr. Whillians goes shortly to Prince Rupert.

Dr. Doherty, Medical Superintendent of the New Westminster Hospital, for the Insane, is visiting Victoria.

Dr. G. Fahrine, of Winnipeg, is taking charge of the practice of Dr. Thos. R. Wellwood, at Neudorf, Sask., while Dr. Wellwood is visiting Toronto.

MARRIED

- HUYCKE-DAVIDSON—At Winnipeg, Dr. A. H. Huycke, of Kelowna, B.C., to Miss Katherine Davidson, of Moncton, N.E.
- LOCKETT-DILL—At Vancouver, Dr. G. Vernon Lockett, of Vancouver, to Miss Frances Dill, of the Drexel Institute, Philadelphia.
- MCDUGALL-HAUGHTON—At Vancouver, Dr. John McDougall, of Call Creek, B.C., to Miss Bertha Haughton, of Vancouver.
- ROSS-POWER—On Wednesday, Nov. 24, 1909, Dr. Stewart A. Ross, of Vancouver, to Nahni, daughter of Dr. Power, of Ottawa, Ont.

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OBITUARY

Dr. H. C. Wilson, of Edmonton, died at his home, Dec. 17. Dr. Wilson was the first speaker of the Legislature and had been a medical practitioner in Edmonton since 1882. He was born at Picton, Ont., 1859, was educated at the Picton High School and Upper Canada College. Graduated at Trinity Medical School, 1882. Dr. Wilson occupied many public positions and was president of the Alberta Medical Association in 1907.

Dr. W. J. Furse, physician for the Western Canada Power Coy., at Stane River, died from a terrible accident, fell twenty feet over a bridge to the rocks below.

**RESOLUTIONS ADOPTED AT MEETING FOR
WESTERN FEDERATION**

RESOLUTION ONE.

Resolved, That the delegates of this convention affirm the desirability of creating a Board of the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia, with duties and powers as hereinafter provided. Carried.

RESOLUTION TWO.

Resolved, That the Federated Board be composed of two members from each of the four Provinces, such members to be appointed by the respective Provincial Medical Councils and to hold office for a period of three years. Carried.

RESOLUTION THREE.

Resolved, That the Federated Board be empowered to appoint an Examining Board, in number as may appear necessary. An equal number of such Examiners to be selected from each of the four Provinces. Carried.

RESOLUTION FOUR.

Resolved, That the possession of a certificate of having passed the examination of the Federated Board shall entitle the holder to registration in any one of the four Provinces upon payment of the registration fee of that Province. Carried.

RESOLUTION FIVE.

Resolved, That the duties and powers of the Federated Board shall be:

(a) The determination and fixing the qualifications and conditions necessary for registration, including the courses of study to be pursued by students, the examinations to be undergone, and generally the requisites for registration, except as hereafter provided. Carried unanimously.

(b) To regulate the fee for examination and collection of the same, which money shall be devoted to the payment of the

necessary expenses of the Federated Board and Board of Examiners. Carried.

RESOLUTION SIX.

(a) Resolved, That any person who begins the study of medicine after the year 1912 shall possess a certificate from some university approved by the Board that he is a successful undergraduate of two years' standing or its equivalent qualification or a degree in Arts from an approved university.

(b) That the examination prescribed by the Federated Board shall call for a course of five years' study from those who graduate after 1912 and of four years from those who graduate before, of not less than six months in each year in a school of medicine approved by the Board, and it shall be a complete examination in all subjects, primary and final, specified hereafter. Such examinations to be no lower than any prescribed by any of the four Provincial Medical Boards.

(c) That the following be considered the division of subjects into primary and final, the Board to be left free to add any other not herein mentioned to either class:

PRIMARY.

Anatomy.
 Physiology and History.
 Jurisprudence and Toxicology.
 Materia Medica.
 Sanitary Science and Hygiene.

FINAL.

Medicine—Clinical and Theoretical.
 Surgery—Clinical and Theoretical.
 Pathology.
 Diseases of Women.
 Diseases of Children.
 Therapeutics.
 Obstetrics.

(d) That any registered practitioner resident in any of the four Provinces at the time of the organization of the Federated Board shall be entitled to registration on passing before the Board of Examiners the following subjects only, viz.:

Medicine—Clinical and Theoretical.

Surgery—Clinical and Theoretical.

Pathology.

Diseases of Women.

Diseases of Children.

Therapeutics.

Obstetrics.

Provided always that his term of residence in actual practice in the prescribed area has not been less than five years, upon his presenting himself for examination.

(e) That the standard in examinations required be at least 50 p.c. in each of the primary subjects, and at least 60 p.c. in each of the final subjects. Carried.

RESOLUTION SEVEN.

Finances.—The initial expenses of the Board and Examiners shall be met by a loan or loans contributed equally from the four Provinces, said loans to be repaid out of any surplus that may subsequently accrue from the examination fees. Carried.

RESOLUTION EIGHT.

Resolved, That we record with pleasure the presence of Dr. Spankie, ex-President and member of the Ontario Medical Council, during our deliberations, and are gratified to learn that Ontario is desirous of joining in the Federation movement.

We regret that we are unable at this date to entertain this proposition, owing to the imperfect development of this undertaking, but as soon as circumstances make it possible we will consider the applications for admission from other Provinces of the Dominion to join in the Federation, and the several Provincial Councils will be notified to that effect. Carried.

RESOLUTION NINE.

Resolved, That the delegates submit these resolutions and recommendations to their respective Councils and report to the Chairman (Dr. Brett), who shall call such further meeting as may be necessary. Carried.

RESOLUTION TEN.

Resolved, That this Convention desires to record its thanks to Dr. Brett for the use of his rooms and the many courtesies extended to the members during their deliberations. Carried.

EXTRACTS

We should be more grateful to the profession of Surgery than to any other, because it has so hard an apprenticeship and requires such a special combination of qualities for success. . . . the surgeons like poets are born not made. . . . There is a beautiful saying about surgeons. "The great surgeon requires the hand of a lady and the heart of a lion."—Lord Rosebery's speech.

What physicians are specially interested in is how the proposal to establish a national (Health) bureau is regarded. . . . the papers recognized that it is folly to spend millions of dollars annually on the prevention of hog cholera and in inculcating upon the minds of agriculturalists certain truths about the prevention of disease among poultry and cattle by a well-organized department of agriculture while comparatively little has been accomplished by the government in the prophylaxis of disease among human beings."—*Lancet Clinic*.

"A faithful friend is the Medecine of Life."—Eccles. VI. 16.

NOTICES

The Executive Committee of the Manitoba Medical Association has fixed May 26 and 27 as the dates for the next meeting. The Canadian Medical Association will meet in Toronto, June 1st, 2nd and 3rd. All papers for the Manitoba meeting must be sent to the Secretary not later than May 1st.

Our subscribers might greatly assist the financial success of the Western Canada Medical Journal by trading when at all possible with the people who advertise in our columns and drawing attention to the value of the Western Canada Medical Journal as an advertising medium.

We intend this year having several numbers devoted to special subjects—The first will be a Diet number—Subscribers interested in this subject kindly forward their observations for publication as soon as possible.

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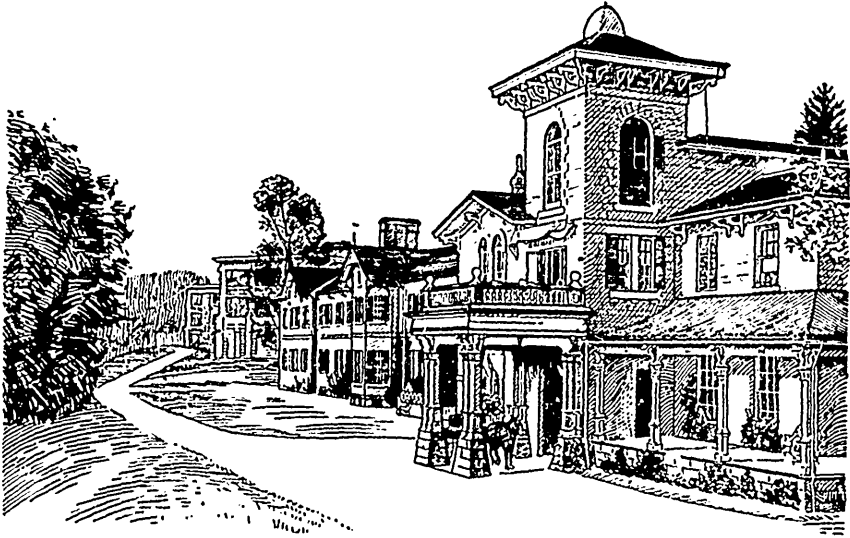
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Synopsis of Canadian North-West Homestead Regulations

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

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

DUTIES:

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

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

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

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

W. W. CORY,

Deputy of the Minister of the Interior.

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

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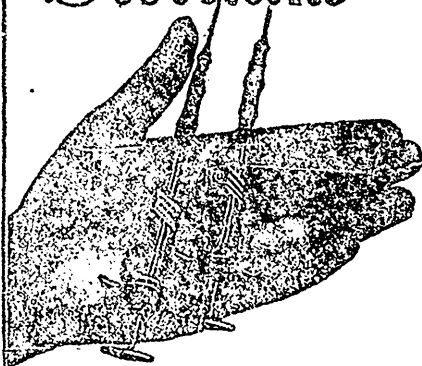
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