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EDITORIAL

IN THE INTERESTS OF THE MEDICAL PROFESSION

The best way to succeed is to go to work and do things. The medical profession cannot afford to drift. The time was when the medical profession was unorganized for either scientific, social, or business purposes; but we take it that such a condition is a thing of the past. There are many reasons for this.

One of the first to present itself is that there are great questions that demand careful consideration from the scientific aspects. As a great calling each doctor must maintain a high standard of efficiency, and one of the ways is to attend at medical conventions where medical subjects are discussed.

Another reason for organization and meeting is that the members become acquainted with each other and this makes for a better understanding of each others needs and aspirations. It adds immensely to the joy of living to know many good fellows, and to share with them thought for thought. This tends greatly to raise the standard of all.

Then there is the business side of the question. In years gone by each doctor worked away in his own way out in his own locality, coming into contact with only a very few of his fellow practitioners. Medical laws did not affect him, as there were really none. He did not need report births and deaths, he was not called upon to notify contagious diseases, there were no public school inspections, and hospitals only existed in a few of the large cities. All this has changed. The medical men must adjust themselves to the new conditions, and the only way by which this can be done is by organization and the holding of meetings.

Manufacturers have their associations, business men their common understandings, bankers have their union, and working men their various leagues. So by necessity the medical profession must become more and more organized. Governments will pass laws affecting the medical profession, and municipalities will lay down regulations giving certain trends to medical practice. Some of these laws and regulations might be very

objectionable and prove very irksome, and so they must be opposed or corrected. It is no use for any one doctor to appear in such a case. The only voice that has any chance of being heard is the voice that speaks for many.

But there is a positive side as well. No one knows better than the medical profession what is in its best interests, and in the best interests of the health of the people. An organized medical profession is in a peculiarly favorable position to give utterance to the direction which needed legislation should take.

For these reasons we urge upon the profession the urgent need for common action. For this purpose every practitioner in Ontario should become a member of the Ontario Medical Association.

\$6,000,000 OFFERED ENGLISH COLLEGE

University College and its hospital and medical school have been offered £1,205,000 by the Rockefeller Foundation to be devoted to teaching and research work, according to the *Daily Mail*. This is not a charitable gift, it is understood, but involves conditions including the construction of a new obstetrics unit, a bio-chemical laboratory, the re-building of some of the hospital buildings and the establishment of various endowments. In addition, a new institute of anatomy, which, it is hoped, will be the finest in the world, will be erected.

The hospital must raise an additional £20,000 annually to carry out the programme. Like all similar London institutions, it depends for support upon voluntary contributions. It has accepted its share of the gift, amounting to £835,000, but the college must obtain the sanction of London University, in which it was incorporated in 1907, before accepting.

ONTARIO HOSPITALS ASSOCIATION

At a meeting of the Ontario Hospitals Association held at the Toronto General Hospital much was discussed regarding the future plans of the hospitals in general. Berry Hayes, of the Toronto Carpet Co., was elected president. Supt. C. J. Decker, of the Toronto General Hospital, was elected secretary-treasurer.

The fifty-five hospital representatives of Ontario who attended the meeting were unanimous in the plan of issuing pamphlets to all hospital workers relating to the doings of the hospitals. They also will ask the newspapers to print part of the pamphlet. "The public are kept in the dark too much," was stated at the meeting.

The association also decided that all hospitals within Ontario will work more harmoniously than they have been doing. A central purchas-

ing agency for the purpose of purchasing some of the commodities, such as sugar, flour, jams, etc., as also coal, sheeting, towels, etc., would be formed. Towels, etc., sheetings and such things could be standardized, and be bought from one manufacturer for all purposes, and so at a cheaper rate.

THE AMERICAN ORTHOPEDIC ASSOCIATION

This association held its 34th annual meeting in the Mining Building of the University of Toronto during the early part of June. The session was a very successful one, and about one hundred orthopedic surgeons were present from the United States and Canada.

Much praise was accorded Dr. C. L. Starr, of Toronto, the retiring president for the efforts he had made in behalf of the success of the meeting, and this was put on record by an unanimous vote.

The dinner at the Hart House was a very delightful event, Dr. Starr presiding. The guests were Prof. I. H. Cameron, professor of surgery, University of Toronto, and Col. McVicar, of the Dominion Orthopedic Hospital. About 100 delegates from the principal cities of Canada and the United States were in attendance. The speakers of the evening were: Dr. Cooke, of Hartford; Drs. Ridlon and Porter, of Chicago, and Dr. Osgoode, of Boston.

The officers elected at the executive session are: president, Dr. R. B. Osgoode, Boston; president-elect, Dr. Nathaniel Allison, St. Louis; secretary, Dr. Plummer, Boston. Although not definitely decided, it is expected that next year's convention will be held in Boston.

THE ONTARIO MEDICAL ASSOCIATION

The 40th Annual Meeting of this Association was held in Toronto on 26th, 27th, and 28th May. The meeting was a very successful one; and Dr. F. W. Marlow, of Toronto, the president, is entitled to a full measure of credit for the good work that was done, and the skill with which the programme was carried through.

The papers and discussions were all of a very high order of merit, and gave keen satisfaction to all who had the good fortune of being present.

The social events were well attended, and full of interest to all present. Among these events should be mentioned the reception on the grounds of the Academy of Medicine by the president and Mrs. Marlow, the visit to Mrs. Massey's Dentonia Farm, and the Annual Dinner at the Hart House.

The reports by the various Committees were very full and exhaustive. The Constitution underwent a thorough revision, and has been made to

conform to what experience has shown to be necessary. Some of these reports appear in this issue of the LANCET.

Dr. J. Heurner Mullen, of Hamilton, is the new president of the Ontario Medical Association; other officers are: First vice-president, Dr. F. J. Farley, of Trenton; 2nd vice-president, Dr. F. A. Clarkson, Toronto; secretary, Dr. R. C. Routley, Toronto; treasurer, Dr. G. Stewart Cameron, Peterboro; counsellors, J. A. MacGregor (London), E. R. Secord (Brantford), George S. Burt (Owen Sound), J. P. Morton (Hamilton), F. W. Marlow (Toronto), T. S. Farncomb (Trenton), H. A. Boyce (Kingston), Fenton Argue (Ottawa), Edgar Brandon (North Bay), and E. B. Oliver (Fort William).

CONTAGIONS IN ONTARIO

Ontario is in the grip of an epidemic of measles. Of 3,768 cases of communicable disease reported during May there were 2,264 cases of measles with 45 deaths. Apart from measles the health of the province was little below average, the increase for all other diseases being only 400. A decided improvement is shown in the diphtheria death rate. The disease has been giving a great deal of trouble for some months and in February the death rate was 15.2 per hundred cases. Last month this had dropped to 11.5. There were fewer cases of scarlet fever but more deaths. There were fewer deaths from influenza, influenzal pneumonia and primary pneumonia than in May, 1919.

The doctors of the province are still remiss in notifying the health authorities of cases of venereal disease coming to their notice.

The detailed returns for the month were:

Diseases	May, 1920.		May, 1919.	
	Cases	Deaths	Cases	Deaths
Smallpox	290	0	92	2
Scarlet fever	383	10	391	7
Diphtheria	397	46	264	26
Measles	2,264	45	34	0
Whooping cough	99	12	46	8
Typhoid	41	12	18	6
Tuberculosis	237	127	233	188
Infantile paralysis	1	1	..	..
Cerebro-spinal meningitis	8	7	12	11
Influenza	48	40	..	..
Influenzal pneumonia .....	..	13	..	355
Primary pneumonia .....	..	293	..	..
	3,768		1,090	603

ORIGINAL CONTRIBUTIONS

REVIEW OF THE FORCES.

Presidential Address, Ontario Medical Association, Toronto, 1920.

BY DR. F. W. MARLOW.

THE fortieth annual meeting of the Ontario Medical Association is now in progress. Time is moving on and with its passing the Association is gradually being moulded into an organization truly representative of the medical men and women of Ontario.

To the pioneers of forty years ago and there are but few of them remaining with us, let the credit be given for their commendable spirit and ambition in launching forth the effort to get the members of the profession together in annual convention so that they might have opportunities of keeping in touch with and discussing for their mutual interest and enlightenment, the various advances in medical science. Their conception of the value of attracting men together to propound, to listen and to discuss is the spirit which has prevailed throughout the forty years and which still exists. Their motives could not be classed as selfish as their whole theme was how to best fit themselves to combat disease. Be it said to the credit of those who have carried on meantime that the same theme has permeated their endeavours and so it is that to-day we meet again to check up and to sort over our armamentaria so that the serviceable may be burnished up for further use, the obsolete discarded, and the whole replenished with up-to-date equipment.

To-day there are but few counties remaining in the province of Ontario in which an organized medical society does not exist. County and district societies have their regular meetings during the course of each year and in many, though unfortunately not in all parts of the province a great deal of enthusiasm is evidenced by the members.

Closer relation of the local societies with the Ontario Medical Association, by affiliation, is tending to promote a still greater interest, not only in district and local affairs but in provincial as well. The present plan of organization with its ten counsellor districts and its ten counsellors constituting part of the Executive, renders it more easily possible for the Association to keep in touch with the status, demands and activities of the local societies.

Doctors of Medicine appear to recognize more fully the value of co-operation and it is most gratifying to find that the old idea of opposition in practice is being replaced by the spirit which regards the other doctor as a colleague.

The spirit of service still prevails and has been strengthened by the splendid work done and the great sacrifices made by so many medical men of Canada during the great war, and it is in this same spirit of service that the hope of the future of the medical profession lies.

Successful co-operation demands the spirit of service and those involved must realize the necessity of taking their proper part. They must trust their fellows and prove themselves worthy to be trusted. They must keep their equipment serviceable and add to their knowledge by the constant reconstruction of experience, whether personal or transmitted.

The one who does not enjoy meeting with his fellow practitioners in local, provincial or other medical societies is difficult to understand and the man who thinks he gets nothing out of so doing is a problem,—a subject for research. The doctor who thinks himself too busy to get away for a few days to take part in a meeting, if only by his presence, or who is satisfied with his fund of working knowledge, is likely soon to become a pronounced case of chronic fossilization.

Fossilization of ideas and cerebral block, in so far as the practice of medicine is concerned, is not in the interest of the public good and tends to destroy or to lessen confidence and to create loopholes through which irregulars may osmose and afterwards thrive.

The question might well be asked as to whether we are doing all that we should to secure and to maintain the standard of efficiency expected and demanded by the public.

To the matter of undergraduate medical education reference will be made later, but here one ventures to state that possibly there is something wrong with the system by which a man is graduated and licensed to practise medicine without further checking up until death relieves him of his various duties.

It is true that in Ontario he has to renew his license from year to year and provided that he commits no serious misdemeanour and continues to contribute to the funds of the council the sum of two dollars a year he is considered to be getting on well and to be a fit person to continue his important duties in relation to the public whom he may serve.

Experience is a good teacher but always provided that its interpretation is carefully sought and a logical idea determined. Most men have their efficiency strengthened by experience but unfortunately there are a few who have not, and because of their failure to think, to investigate, to check and to confer.

In the permanent army a system has prevailed by which medical officers have been required to pass examinations on medical subjects at various stages prior to promotion, and it has been suggested from some

quarters that a system of after-graduation examinations should be inaugurated in respect to civil practice.

Such a system would be laborious, unsatisfactory and in many instances unjust but with some legislation a system for checking up, and which would be simple, fair and effective might be inaugurated.

The principles involved might be the Golden rule of doing unto others as you would have them do unto you and British justice which provides that a man be judged by his peers.

It might reasonably be expected that every medical practitioner in the Province of Ontario should be eligible for membership in his local or county medical society and it might even be suggested that membership in such society should be demanded provided that geographical conditions are not impossible.

Each local county society might constitute an investigating committee to enquire into, and if deemed advisable to report upon the then recognized professional standing and methods of practice of men within the precincts of their society, and particularly upon the few whose actions might be deemed unethical or who through carelessness, staleness, greed or failure to recognize their limitations, have fallen below the average standard of efficiency or have actually become a menace to the public.

An incompetent or unethical practitioner constitutes a source of reflection upon the doctors in his vicinity and likewise upon the whole medical profession and it should not be incumbent upon any group of medical men to condone the actions of a fellow practitioner who goes wrong and makes no special attempt to get right or who is so selfish as to disregard the rights of his fellows and of the public.

If such there be he should be made the object of an investigation by the local society, which body, if it seems desirable, should pass the information on to the council or licensing body either directly or through a special committee of the Ontario Medical Association. The council should by legislation have its powers extended so as to deal with such cases in a satisfactory way either by expulsion, suspension or by ordering further specific courses of study.

During the past few years some advances have been made in an attempt to stimulate more interest in the local and district societies by making it easier for such to secure lectures on various selected subjects.

The Committee on Medical Education, after much commendable work have recently made it possible for the secretary of the association to send out to all the local societies a list for post graduate extension work. This list is a compilation of various subjects on which men who are specially qualified to discuss them have expressed their willingness to go out to

meet with the local societies and present to them lectures or addresses on subjects of their choice. Arrangements have been made whereby any society having a man who has devoted enough time to a subject as to make it worthy of presentation outside of his own society may recommend the addition of his name and subject to the list.

University co-operation in this connection has been acquired and the committee in charge of post graduate extension work at Toronto University have kindly supplied the Association with a valuable list of subjects in which they will undertake to provide suitable lecturers. The Western and Queen's University have also supplied a list of subjects and have attached the names of the lecturers. The Academy of Medicine, Toronto, and the Hamilton Medical Society have also supplied similar lists. It is expected that before long the whole list will be revised with additions and eliminations. In this regard it is considered that unless there are some valid objections, the valuable list supplied from Toronto University would be still more valuable if the names of the lecturers were attached. Opinions expressed by members of local county societies are decidedly in favour of the attachment of the names in order that selection may be facilitated, for although the choice of lecturer might safely be left in the hands of the University Committee, the local men will insist on knowing that he is one who will present the subject in a practical way. To select a subject and have to communicate with the Committee to get the name of the lecturer is a somewhat cumbersome procedure and one which might lead to embarrassment.

It is hoped that local societies will derive great benefit from the use of this list and that they will feel free to use it to the fullest extent and to make suggestions for its improvement, as it is desired to bring to them practical up-to-date information which they may not have an opportunity of seeking away from home.

The educative factor of this post graduate extension work is so pronounced that when in a slightly further stage of development it is hoped that it will merit the sympathy and support of the provincial government to a degree sufficient to establish it on a broad and comprehensive basis.

Following a recent interview on the subject of post graduate extension work along the lines suggested, the Government of Ontario expressed itself as very much interested in the scheme and intimated that some possible participation in it might be considered at a later date.

The formal affiliation of most district and county medical societies with the Ontario Medical Association will soon be accomplished and it is essential that the Association should take care to manifest some interest in its affiliated bodies and also to demonstrate that such affiliation is of use and interest to them. So too it is essential that the local societies

should manifest a greater interest in the association by courteous treatment of the latter in responding to communications promptly, by holding regular meetings and keeping the Association informed as to their activities by attempting to enroll all the practitioners within their precincts and by the careful selection of officers to conduct their internal affairs and judicious appointment of delegates to the general purposes committee of the Association. Co-operation is the chief essential to success and the spirit of cohesion must prevail.

For the Association to take its proper place in this scheme of affiliation and co-operation it is necessary that business-like methods should be adopted. A central office, located in Toronto, is the first great need and the second is adequate secretarial assistance. It might be taken as read that funds are required and at present these are inadequate if the work of the Association is to be enlarged and carried on satisfactorily.

Membership, which is now continuous, includes the names of nearly one thousand practitioners throughout the province and it is hoped that in due time two thousand more will be added. Increased membership means increased funds, sufficient to meet the demands. In the meantime it seems necessary to effect an increase of funds by special means and in order to bridge over a gap of a few years and acting in accordance with the wishes of the general membership of the Association at its last annual meeting the Executive have instituted a campaign towards the establishment of a guarantee fund covering a period of three years. To this end members are being solicited to subscribe the sum of ten dollars per year for that period, and it is hoped that a great many will avail themselves of the opportunity of contributing in this way to the establishment of an effective and permanent organization.

The subject of a journal for the Association has been under discussion and what appears to be a very favourable offer in this regard has been received from the Macmillan Publishing Company. The offer, which does not place any financial obligation upon the Association, has been accepted by the members, and it is hoped that the establishment of this means of communication amongst them will do much to further the organization and to consolidate the affiliation of the Association with the local societies. Further it may reasonably be anticipated that the value of medical literature in Ontario will be considerably enhanced.

During the year the Association has suffered the loss of many of its friends. Less than a year ago it was rumored that Sir William Osler would likely be here about the time of our next meeting and it was hoped that he might be induced to favor his many friends in the medical profession of Ontario by being present with us. Alas, time's relentless in

cident called death has left us sorrow and disappointment but we cherish a happy memory of the great physician whom we revered and loved.

An annual meeting without the presence of Sir James Grant is so unusual that his enthusiastic spirit which entered into many a discussion will be greatly missed. Sir James went to his rest after a notable and inspiring career.

Dr. Herbert J. Hamilton fell in the thick of battle. Influenza held the field in its relentless grasp and the doctor fought and carried on against this terrible enemy without fear or hope of gain but only for the common good. Not until all his defences were battered down, did he give up the struggle and when he did it was to lie down and to welcome death with a sense of duty well done.

Few men are endowed with the quality of intellect and poise so necessary in the successful management of persons whose mental deviations are such as to bring them under special observation and care. Dr. J. C. Mitchell who recently died at Brockville was a man who after long years of general practice was capable of adapting himself to the intricate needs of such a position and the public service sustained a great loss when, actively carrying on against known and serious physical odds, he was called to rest. Those who received encouragement, comfort and sympathy from his ministrations are numberless.

To have lived beyond three score years and ten and to have spent half that life in an effort to alleviate the ills of mankind by presiding over the advancement of hospitalization is a record that will stand for centuries to the loving memory of Dr. Charles O'Reilly.

These are but few of our friends who have been relieved of duty and who with the many others have gone on to their rest and reward after lives filled with duty well done. Let their memory be an inspiration to all whose duty it is still to carry on.

While deploring our losses we may yet take encouragement from our gains. The war is well over and we have witnessed the return of many of our members from military to civil duty, and our ranks are strengthened. Intelligence and devices tested and proved worthy during the war are being applied in practice.

During no previous year has there been witnessed such an impetus towards the conservation of health, and public combat against disease. Sentimental barriers have been broken down and there is a notable willingness on the part of the people to delete opposition to advances in public health and to get in line for the fight against disease.

War against venereal diseases has been declared and it is realized that in order to make the fight effective, knowledge of these diseases must

be disseminated far and wide and in an understandable way. Never before the immediate past has such a practical change of sentiment been observed as that demonstrated by the women of Ontario who recently appeared before large mixed audiences and discussed venereal diseases with the object of furthering the educational campaign against them.

Perhaps it is in respect to this subject that the greatest amount of co-operation has been manifested as between legislative bodies and individual workers and just as it was found how greatly the efficiency of the armies in the great war was reduced by venereal diseases, so too has the inefficiency and economic waste resulting in civil life from these diseases been recognized. It is indeed most gratifying to find that the Federal Government is assisting the provincial government and that the latter have set about to inaugurate facilities for early diagnosis and treatment with some degree of compulsion. The menace to the State from venereal diseases is so real and of such magnitude that the State can well afford to contribute even large sums of the people's money to combat an enemy so widespread, so insidious in its activities and so deadly in its results.

Almost a year ago a Federal Department of Health was established and a little later there was appointed to the department as Deputy Minister, Dr. John Amyot of Toronto, formerly professor of hygiene at Toronto University and whose distinguished service overseas in respect to the conservation of the health of the armies was well recognized.

It might be said without fear of contradiction that this is the most notable example in the knowledge of the medical profession of Ontario in which a man has been chosen by the Government at Ottawa to fill an important position mainly because he was the most capable man that could be found.

Some idea of the work that is being assumed by this department may be gained from a letter received from the Deputy Minister in reply to one from the writer.

This indicates a broad and comprehensive organization with specialization in many branches by the establishment of many important divisions. Through the Quarantine Division it is hoped to protect the country against the entrance of the graver infectious diseases. The physically, mentally and socially undesirable are excluded through the Immigration Division. The sick and distressed and ship-wrecked mariners are looked after by the Division of Marine Services and the health conditions of all workers on all government and near government public works through the Preservation of Health on Public Works Division.

There is a Leprosy Division for treating and segregating all leprosy cases.

The Food and Drugs Division protects the food and drugs for man and animals; the Opium and Drug Division controls the export, import and sale of all habit-forming drugs, while through the Patent or Proprietary Medicines Division they are protecting the public against the frauds of advertisers and money seekers trying to put out dangerous food and drugs of composition unknown to the public.

The International Joint Commission is protecting the public by preventing the pollution of waterways. Health statistics and information are being gathered and information published on all subjects relating to health through the Division of Statistics, Publication and Propaganda.

Information and ideas of standardization of methods and efforts along health and social welfare lines are being diffused through the Dominion Council of Health, which is composed of the chief executive health officers of all the provinces and representatives of the agricultural and the labouring part of the population, of scientific public health activities and of the educational and women's interests, the Deputy Minister being chairman of the council.

They are co-operating with the provinces in the cure of venereal disease to thus eliminate the foci of infection, by the establishment of free standard clinics for the treatment of all venereal disease inmates of places of detention, and in propaganda, and in the enforcement of laws suppressing moral vice and following and encouraging legislation in this connection going through the legislatures.

Through the branch of Child Welfare they hope to be able to help mothers pre-natally, and post-natally to take care of their infants; to improve conditions of living, housing, feeding and clothing; to protect against vice; to properly educate, morally and intelligently; to improve labour conditions that mothers may be able to look after their infants; to facilitate recreation of a proper kind for mothers and their children, and to give financial and medical help to mothers bringing up their children, against exploitation in labour and vice, and to protect them in institutions and in the courts from the ill-effects of ill-humoured, ignorant, vicious and fanatical people.

Through the Housing Branch and the Dominion Grant they are co-operating with the provinces in an endeavor to have constructed suitable houses and particularly for habitation by the labouring part of the population.

An amount has been placed in the estimates this year for the establishment of a Dominion Medical Research Laboratory which will tend to complete the cycle and lend valuable assistance to other branches in making the Department of Health a distinct factor in general Dominion affairs.

Dr. Amyot solicits the help, encouragement and support from outside bodies, such as the Ontario Medical Association, and states that any advice or suggestions which our Association can offer will be cheerfully and gratefully received.

Beyond peradventure one of the most important divisions established in the Department of Health is that of Child Welfare. During the past few years much valuable work has been performed with the object of reducing infant mortality and it is understood that Dr. Helen MacMurchy of Toronto who has done so much to call attention to the deplorable and unnecessary losses of life during infancy and early childhood, has been appointed to take charge of this division.

Dr. MacMurchy states in a letter, that whereas our loss in battle during the great war was 60,000 men, we lost during the same period about 70,000 Canadian children under one year of age. Surely this terrific personal and economic loss constitutes a sufficient reason for our governments to spend all the public money necessary to establish an organization competent to inaugurate and prosecute such a campaign as will eliminate such terrible waste by reducing infant mortality to an irreducible minimum.

Think of it! Seventy thousand Canadian children died while under one year of age during a period of a little more than four years and from causes largely preventable. Surely this constitutes a most serious reflection upon our state of national health and every commendable effort put forth by individuals, constituted and governing bodies, tending towards the correction of this deplorable state should command the sympathy and support of all our people.

There has recently been established a Canadian National Council for Combating Venereal Diseases with the support of the Federal Government, and in each province an executive branch of this council has been constituted to co-operate and to form a medium of further co-operation on the part of local branches which are to be organized in a very general way throughout Canada. The membership of this body will be largely constituted of men and women anxious to learn about venereal disease and to lend a helping hand in the fight against it. Its work will be largely along educational lines and its endeavour will be to co-operate with all judicial organizations engaged.

There is a Canadian National Council of Mental Hygiene and sporadic advances in psychiatry in its relation to public health have been made. Lack of more definite progress is no doubt due to lack of co-operation on the part of those interested and lack of co-ordination of the forces at work. Those most actively engaged in the work and who are carrying on the propaganda in its favour are in a measure self selected, remunerated

in part from a voluntary fund and without definite responsibility to the Federal Department of Health or to the Provincial Boards. While much creditable work has been performed there have been reported some ill-judged public utterances, which if voiced would appear to be but emanations of their hyper-enthusiasm.

The only proper solution of the psychiatric problem is to place the whole matter in the hands of properly constituted authorities for the evolvment of a comprehensive plan of dealing with it in its entirety. Like all other matters of public health it should be directed into the proper channels which are those through which legislation permeates. The Federal Department of Health and the Provincial Boards should assume this great responsibility without delay.

In the City of Toronto there is still no visible sign of the much-discussed reception hospital for the observation and treatment of those threatened with mental aberrations and who if properly cared for might be reclaimed as useful citizens instead of drifting over the border to become a source of grief to relatives, and economic loss and expense to the State. Surely the Province of Ontario and the City of Toronto should get together on this matter and make haste. It is by no means as important where the hospital is located as to get it built and carrying on, but a site removed from the busy and noisy centres would seem best adapted for its work.

In our own Province of Ontario the year has been marked by many advances and innovations. It has witnessed the downfall of the government which apparently for political reasons dared not bring down the "Medical Bill" based upon the splendid report of the Commission appointed by them. No doubt had they sensed their fall from power they would have passed the bill to add to the monumental legislation left to recall them to memory.

The Provincial Board of Health has been transferred from the Department of the Provincial Secretary to that of Labour, and a letter from Dr. J. W. S. McCullough, chief officer of health sets out some of the more important recent features of their work. They are as follows:—

- (1) License granted to the Provincial Board of Health to produce arsphenamine.
- (2) Grant to Ontario from Dominion Government of \$57,473 toward control of Venereal Diseases which is being supplemented by an equal amount from the Ontario Government making an appropriation of \$115,000.
- (3) Formulation of a plan to establish Venereal Clinics in accordance with a standardized plan prepared and adopted by the Board.

- (4) Addition of two public health laboratories, making a total of six in the Province.
- (5) Appointment of one additional District Officer of Health, making eight in all; and of three sanitary inspectors, or five in all.
- (6) Appropriation of \$40,000 for a Maternal and Child Welfare Division under the Provincial Board of Health.
- (7) Establishment of a Division of Industrial Hygiene.
- (8) Additional appropriation for public health work in Ontario of about \$300,000.

It will be seen from these details that the life of the Board has been full of vigour and that extension of its usefulness and its efficiency has been its chief aim. Extension of its laboratory system throughout the Province cannot fail to produce good results, and its active interest in child welfare, industrial hygiene and the fight against venereal disease is worthy of our strongest commendation.

The establishment of a Division of Industrial Hygiene will no doubt tend to bring this important work under proper medical supervision. The department of hygiene at Toronto University under Professor Fitzgerald has taken up this subject and during the past session a series of lectures on it have been given. The writer is unfortunately uninformed as to what extent this important subject is receiving attention in other Ontario universities.

Scientific laboratory work in respect to public health can count much valuable work accomplished and special mention is due to the work of the research division of the Connaught Antitoxin Laboratories where highly important research work in preventive medicine is being pursued.

During the two very serious epidemics that have marked the year's progress our laboratories have proven a most useful adjunct. The fight against smallpox was greatly aided and the value of vaccination was again amply demonstrated. While no specific prophylactic agent against influenza has been produced the demands for such vaccines as were given trial while influenza held the field, were well met.

The subject of medical inspection of school children is one which has received much attention of late and considering the enormous value of such work if made general, systematic and thorough, it would seem desirable in order to organize and facilitate the work and produce the best results, another division should be established by the Provincial Board of Health and known as the Division of Medical Inspection of School Children, and be presided over by a medical man well qualified for such an important position.

Public health nursing has become a very important factor in the advancement of the general plans for combating disease, and in this con-

nection it is most gratifying to note that an important adjunct body has come forward with a willingness to co-operate with the Provincial Board and particularly to inaugurate plans whereby an adequate supply of well-trained public health nurses for the Province of Ontario may be provided. The Ontario Division of the Red Cross, under the splendid chairmanship of Mrs. H. P. Plumtre of Toronto, has taken up with the University of Toronto the matter of establishing a course in public health nursing, the cost of this course and the provision of ten scholarships to be borne for an initial period of three years by this division. Though it is not yet known whether this plan has been consummated it is expected that it will at least form the basis of an arrangement.

This division of the Red Cross is also working on a plan for providing depots at various centres throughout the province where supplies may be held in readiness for epidemics or other catastrophies.

The spirit manifested in the work performed by the Canadian Red Cross Society overseas, if applied to the solution of health problems throughout our province will undoubtedly constitute a powerful aid.

Credit is due to the Victorian Order of Nurses for the valuable work performed throughout the year and especially during the stress of epidemic diseases.

The St. John's Ambulance, under the local direction of Dr. Copp, has added much to the strength of the forces combating disease by giving instruction to large numbers of candidates in the subjects of first aid, home hygiene and home nursing.

In Toronto, the Federation for Community Service, with its numerous branches, is accomplishing much in the way of relief work under all sorts of social conditions and so is contributing much to the general scheme of establishing and maintaining better health standards.

The Workmen's Compensation Act has been subjected to some changes whereby the proportionate remuneration to the injured undergoes a substantial increase and his medical attendance ceases to be a limited one. Medical fees, under this Act, are still very inadequate.

This phase of State Medicine has been a great boon to those who come under its provisions, because, to know that while unable to work there is still a livelihood provided for him and his family and that the doctor's fee will not become a personal obligation, is to be relieved of a burden which might otherwise retard recovery or render it incomplete and maintain for a long period a psychic drive under which subsequent breakdown might readily occur.

Elaboration and extension of certain other phases of State Medicine are matters for development in the near future. Allowances to widowed mothers where necessary will do much to relieve suffering thrust upon mothers and their children by the untimely loss of husbands or fathers.

When sickness comes the wealthy, or moderately so, are able to provide for themselves adequate and satisfactory medical service, and when the poor become ill they are able to find such service in the public wards of the hospitals, where gratuitous service is amply given by the doctors appointed to the hospital staffs. But for those who in respect to wealth, constitute the large middle class, the problem is a very difficult one. These, if hospital treatment is required, do not want to go to the public wards and accept gratuitous service, but to enter as private patients, or even semi-private, and become chargeable with hospital maintenance and all extras besides special nursing and medical or surgical attendance, is cause for a financial blow from which many do not easily recover.

Assuredly some re-adjustment of present plans is necessary. It may be that some limited form of State Medicine will soon be evolved whereby medical men will be relieved of the load which they have willingly carried for so many years, of providing gratuitous service for the public ward patients in hospitals, and whereby individuals with incomes less than certain fixed amounts, according to various conditions of living, will be afforded adequate medical service at standardized hospital rates and fees for nursing and medical attention which will be, at least in part, an obligation of the State to be provided for through general taxation.

Within easy memory there was a time when it required some persuasion to get a patient to go to hospital for treatment. Now because all prejudice against hospitals has disappeared and their suitability is generally recognized, and because of domestic and other appertaining conditions it is taken for granted that as far as possible all major and many minor surgical cases should be treated in hospitals; also that many medical cases should be likewise managed.

Throughout the province many hospitals have been established in recent years and largely through the philanthropic spirit of benefactors and local citizens. In many instances municipal assistance has been withheld until the hospital has proved itself indispensable to the community. More recently a commendable policy of hospital support has been manifested by the Provincial Government and it appears likely that such support will be extended in the immediate future.

In the larger centres of population the hospital problem is much more difficult than in the smaller ones. In Toronto, the centre with which one is most familiar, the hospital situation is very serious in respect to availability of accommodation and particularly for other than public ward patients.

During the past two or three years the struggle for hospital beds has been extreme. The population has steadily increased with no increase in the number of beds. The domestic situation has become so difficult that patients have to be kept in hospital for longer periods of time than should be necessary and there is a great lack of suitable convalescent homes to which they might be transferred and where they could be looked after more advantageously and economically than in active treatment hospitals.

Extension of hospital accommodation must devolve to a much greater degree upon municipal authorities and those of the State.

Where could a body of men be found to-day, and under present financial conditions, to constitute themselves into a hospital board and build a public hospital on voluntary subscriptions, with some municipal aid, or even to build and to carry on a private hospital? And where could voluntary subscriptions be secured these days when the burden from taxation and the cost of living has become so grave?

The problem is indeed no longer one for solution by small groups of philanthropic men or women. It is for the municipalities with more adequate governmental assistance to see to it that the situation is immediately and consistently met.

The City of Toronto could very well afford to organize a chain of hospitals supplying the needs of the centre, the North, the East, and the West, with central control vested in its department of health, and in the general interest of the people should provide suitable accommodation for paying patients as well as for those who are a charge upon the State. It is illogical to provide only for the latter when so much expense in connection with their care has to be provided for by general taxation. Besides it is a great reflection on such a city as Toronto to find that during most months of the year its hospitals are so filled that many who become ill have to be refused admission and are obliged to take treatment under conditions much less favourable than should be imposed or endured.

The situation could no doubt best be met by carrying on hospitals which combine accommodation and facilities for both classes of patients. It might be suggested that rooms for private patients should be standardized so that with few exceptions, if any, they would command equal and moderate rates.

A suitably located convalescent home should form a part of such a scheme, as tending towards economical efficiency and permitting early evacuation of patients from the active treatment hospitals, and convalescence to be prolonged until satisfactorily concluded.

Nursing at the present time presents many varied problems. The necessity of so much private nursing in hospitals has imposed, and some-

times unfairly, a great additional burden upon the sick. It would almost seem fair to suggest to some hospitals that they should have two rates of maintenance, one with, and the other without nursing. At present the higher the rate of the ward the more is a patient expected to employ special nurses, while it might seem reasonable that when nursing is not provided the rate of maintenance should be less.

During the war a great many nurses went overseas and a large proportion of these have been, and many through marriage, lost to the ranks. Many have taken on institutional duties or have joined with the public health forces. The number of those available for duty seems to have decreased while the calls to duty have increased.

Some training schools appear to be finding it difficult to secure an adequate number of candidates and at present attempts are being made to interest more young women in the nursing profession. But a short time since, with the celebration of the centennial of Florence Nightingale, an active campaign in this regard was begun.

The idea of service must be inculcated into the minds of those who would enter the nursing profession while at the same time they must be allowed to feel that while results of service will largely constitute their reward they will attain such financial remuneration as will permit them to live as their calling demands and to provide against the possibility of matured age overtaking them in a self-supporting state.

Further it is essential that they should be assured that a high standard in their calling will be maintained.

The Canadian National Association of Trained Nurses and the Canadian Association of Nursing Education, with their provincial branches, are doing splendid work in the interests of nursing, and their efforts to place the education and training of nurses on a well chosen standardized plane have been worthy of great praise.

It is understood that at present the Graduate Nurses Association of Ontario have submitted such recommendations to the Government of the Province as, if approved by that body, will make effective the act already on the statute books providing for the registration of nurses. The medical profession beyond question, hopes that this desired end will soon be accomplished.

While the need for professional nurses is great, and particularly as the public health services are demanding so many, there is also a great need which is not filled to-day by the nursing profession, and that is for women sufficiently trained in nursing and domestic science, through the medium of short courses, to go into homes where the services of professional nurses are not demanded, and minister to the needs of the sick

and if necessary supervise the running of the home meantime. Such a service as this, if duly recognized and under supervision of the central governing body, would undoubtedly attract many capable young women into its ranks and would be of the utmost value as a force in regard to public health and in the alleviation of suffering and disease.

It may not be amiss to venture the hope that in the immediate future some scheme will be evolved for inaugurating such a course as will provide an effective force of such workers.

If it comes to pass, as it certainly should, that every young man in Canada will be obliged to undergo a short period of physical and military training, so also should every young woman be required to take some prescribed course of training as a nurse.

Medical education in Ontario is, generally speaking, being maintained at a high standard. During the period of the war its progress was to some extent interrupted, or at least subjected to vacillations.

Within the past year important changes have been made at the Provincial University, and particularly in the department of medicine in the appointment of a full time professor and the reorganization of the whole department under his supervision, not only in the university but in the Toronto General Hospital as well. It is as yet too early to judge the results of this plan and its pursuit will be watched with intense interest.

It has been strongly suggested that a similar plan should be followed in the reorganization of the department of surgery and in that of obstetrics and gynaecology but many are inclined to think that there is not the same need for a full time professor in these departments and that reorganization with elaboration of the system in vogue before the war would be productive of satisfactory results. No doubt further developments will depend largely upon the acquisition of greater financial resources through increased governmental support and contributions likely to be received through the generosity of the Rockefeller Foundation, which body have recently set aside a substantial sum of money for the furtherance of medical education in Canada.

For some time it has been felt that clinical work has suffered somewhat on account of the large amount of attention demanded by laboratory work but it is gratifying to note that at present there is a greater tendency to get back to clinical research and to make the laboratory its chief adjunct, thus encouraging students to use all the senses with which they are endowed and to supplement and corroborate with laboratory methods.

The wisdom of increasing the course of undergraduate study to six years duration is open to question. The medical student is hammered from all sides by specialists in various departments, all of whom are greatly impressed with the importance of their own subjects, and he is expected before graduation to satisfy all the specialists that he has a good working knowledge in all the subjects. Before the end the average man is likely to become stuffed, while some may manifest a degree of staleness, and upon graduation they welcome the relief from imposed study and too many are loth to pursue it further, but are rather inclined to draw upon their fund of knowledge for practical purposes without taking the necessary precautions to add to it or even to keep it replenished.

Might not better results be produced by raising the educational standard for admission to the course in medicine, by maintaining its duration at five years, and by providing greater facilities for post graduate work and a further follow-up system?

It would seem better that our universities should graduate men after five years training with a good post graduate system than after six years training and continue the indifference towards graduates which has been so noticeable in the past. To carry on a six-years course and establish a satisfactory extension system at the same time is likely to prove a difficult proposition.

Promotion of medical education is but a small branch of the work in any university and yet there is none more important. The welfare and strength of a nation is largely dependent upon its health, as is the case of the army in the field. Good generalship is needed in order that the wheels of administration may turn true (that is without wabbling) and that those responsible for the execution of tactical schemes for gaining objectives may have confidence and the desire to press on toward the issue.

An experienced organizer, a tried and successful administrator, an inspiring leader of men, firm against coterie advice and making meritorious decisions, learned but not too academic; these are the qualifications of the man but recently chosen as principal of one of Canada's greatest educational institutions, and McGill University is to be congratulated on Sir Arthur Currie's acceptance of this appointment.

The times are hard. The high cost of living is unprecedented in the history of the present generation. The world refuses to work, at least beyond a scant degree, and for the minimum work demands maximum pay. Parasitic life as adopted by the human has developed inordinate proportions.

What an extraordinary person the doctor would seem if he refused to work more than eight hours a day and not at all between 5.00 p.m. and 8.00 a.m.!

Sympathy is due to so many of our fellow men who through restrictions imposed upon themselves have almost ceased to know the joy of work accomplished. Without such joy there is discontent, and while so restricting themselves, some whose self selected mission is to remove the pitfalls from the paths of the idle, have imposed so many other restrictions that the non-working man is somewhat at a loss to know how to spend seven or eight recreation hours out of each twenty-four and especially that long period from Saturday noon till Monday morning.

As an instance, "Thou shalt not toboggan slide on Sunday" is one of the restrictions that during the long Winter months deprive our young people of a most healthful recreation and a much-needed one during that period.

"Thou shalt nots" have become so numerous that there is a manifest tendency to think that the world has a bad attack of the "blues", and to say, "Well, what's the use?"

Who of us, when in our youth had unrestricted access to bread and butter, meat and potatoes, milk, sugar and apples, could have imagined the lamentable conditions imposed upon so many of our children to-day? How they thrive is a problem, and unfortunately many of them do not thrive. Profiteering on the one hand and organized waste of daylight and opportunity on the other can hardly be counted upon to bring the much-needed relief.

The resources of Canada are beyond comprehension and as the war becomes more removed there is less reason why they should not be developed and conserved for the benefit of our people.

That the Northern half of the North American continent is presided over by a government that has not only outlived its usefulness but seems moribund while the oppression of its people becomes more severe, is deplorable and antagonistic to responsible government. Where would England stand to-day had not a mandate been obtained from the people immediately following the war by that always-on-the-job statesman, Lloyd George?

Our great need to-day is a government with a fresh mandate from our people, with a leader vigorous enough to stay on the job with his ear to the ground for eleven months out of each twelve, and such legislation as will curb the profiteer, allow only reasonable profits, especially on all articles of food and clothing, promote and encourage production and conserve the necessary supply for our people and secure for them access to the supply at reasonable prices.

Further, it is essential that something must be done to stimulate work and to relieve discontent. Let the "Thou shalt nots" mark time

and let the gospel of work be preached from the housetops, the highways and wherever it may chance to fall on unstopped ears.

To justify the gospel of work let it be remembered that although most of the ten commandments are essentially restrictive and these features have been the subject of exhortations for centuries, it appears to have been overlooked that in one there is a direct order that is applicable to the situation to-day. It is this:—

“Six days shalt thou labour, and do all that thou hast to do”.

PERSONAL AND NEWS ITEMS

Dr. R. M. Pierce, medical director of the Rockefeller Foundation, on his recent visit to Queen's Medical College, wished to know the source of the college's students and the distribution of her graduates for the last twenty years. Figures just issued show that the students totalled 1,072 and the graduates 806, of whom 479, or over half, are practising in Ontario. There are 129 Queen's medical graduates practising in the United States.

Dr. M. B. Whyte, Director of Medical Services in the Department of Public Health, Toronto, has tendered his resignation, effective Sept. 1. He will go into private practice after a two years' special course in ear, nose and throat work. Dr. Whyte has been with the Department since 1912 and has had charge of the Isolation Hospital. His salary is \$4,000 a year, with free residence and domestic service.

At a representative meeting of Parkdale and West Toronto physicians yesterday afternoon, the scale of physicians' fees was thoroughly debated, and it was decided to increase the scale as follows: Day visits, from \$2 to \$3, and night visits, from \$3 to \$4. This is a minimum charge. Other fees will be increased in like manner. It was pointed out by the advocates of the increase that this was the first upward step in the scale of fees since 1907, 13 years ago, and that the increase was justified. A similar increase was adopted by the North Toronto Physicians' Association about a week ago, and it is expected that a medical association soon to be formed in the east end will follow the same action.

Lack of hospital accommodation and shortage of houses has brought about an increase in communicable diseases, declared Dr. Charles J. Hastings, M.O.H., Toronto, at the meeting of the local Board of Health. Isolation hospital accommodation was urgently needed, he said, as there had been no increase in such accommodation for nine years.

Bubonic Plague, previously rumored as having been discovered, has assumed alarming proportions, and is spreading rapidly over Vera Cruz. Until recently the authorities have not considered the plague of sufficient seriousness to take active steps, but with the discovery to-day of a large number of new cases, city and Government doctors fear the disease will get out of control, and have ordered all theatres, churches and public places closed. In order to prevent communication of the disease to other cities, all railway and steamship traffic has been suspended, with the exception of the line running to Jalopa.

Care of Ontario's insane is a source of worry to the Provincial authorities at present. At present there are 11,000 mentally deficient civilians and 8,000 nerve-wrecked war veterans who need institutional care, and there are only 23 institutions in the Province. Work on the new Federal Government institution at Westminster, near London, is being pushed rapidly to provide accommodation. When it is completed its capacity is expected to reach 8,000. It is being constructed along the lines of the famous soldiers' home in Dayton, O., which is said to be a model institution.

At a meeting of the Toronto Teachers' Council held in Manning Avenue School, recently, Dr. E. A. Hardy was presented with a silver tea service as a mark of appreciation of his leadership as President of the Council.

Miss Lavinia Price bequeathed \$200 to each of the following: Children's Shelter, Home for Incurable Children, and Girl's Home, all in Toronto.

Surgeon-General J. F. Fotheringham has resumed practice as a consulting physician. He is located at 20 Wellesley St., Toronto.

The wife of Dr. Edward Stutt, of Toronto, died recently, and the remains were interred in West Flamboro.

Middlesex County Council received the report of the committee deputed some months ago to investigate the proposal to make a grant toward the cost of the new home for Western University. The committee advised that the amount be made \$100,000, and that it be used to meet in part the cost of the main building of the arts department. The recommendation was sent to the finance committee, and will probably be finally dealt with at once. It is understood that a large number of the councillors are favorable to adoption of the recommendation, as it is proposed that Middlesex County should adopt this practical method of erecting a memorial to the sons of the municipality who served during the war.

The late Lieut. Geoffrey Hughes, of Liverpool, who died in France of wounds in 1918, bequeathed £1,000 to each for the Liverpool Work

Shops and Home Teaching Society for the Outdoor Blind, Officers and Families' Fund, Le Dunstan's Hostel for Blinded Soldiers and Sailors, Aged Merchant Seamen and Widows' Fund, and Royal Southern Hospital, Liverpool. £500 for the Bluecoat Hospital, Liverpool, and £100 each for the Home for Incurables, Liverpool, and the Liverpool Consumptive Hospital.

OBITUARY

THOMAS McKENZIE, M.D.

The death occurred on 2nd June, after a lengthy illness, of Dr. Thomas McKenzie, of Jameson Avenue, Toronto, who for the past thirty-five years has practised his profession in Parkdale. The late Dr. McKenzie, who was widely known and esteemed, was born on the farm near Galt sixty-five years ago, the son of Scotch parents. He was educated at the public school at Little's Corners, and later at the famous school conducted by Dr. Tassie in Galt. He matriculated there and then attended Knox College, afterwards going to the University of Toronto where he took the natural science course. He graduated in 1880 and three years later graduated from the Medical School. For some time he was a lecturer in biology at the University, acting as assistant to Prof. Ramsay Wright.

After leaving the University he was for a period house surgeon at the Hospital for Incurables, an institution with which he retained a connection up to the time of his death. He began private practice in Parkdale thirty-five years ago and had been located there ever since.

The late Dr. McKenzie was a member of the Academy of Medicine and of the Ontario and Canadian Medical Associations. He was a member of the Royal Canadian Yacht Club and of the Lambton Golf Club. He always took a great interest in nature study and was an authority upon Canadian birds.

He is survived by his widow, formerly Miss Jessie Montgomery, daughter of W. J. Montgomery, of Islington; two brothers, John and James, of Galt, and three sisters, two of whom are living in British Columbia and one in India.

LT.-COL. EDMUND OLDHAM, M.D.

One of the best known medical men in the County of Grey passed away at Chatsworth on 8th June, in the person of Lt.-Col. Edmund Oldham, M.D. For over twenty-five years he was medical officer of the

31st Regiment and was medical examiner during the war of all recruits from this district. The late Col. Oldham was about sixty years of age. Graduating at an early age from Queen's University, Col. Oldham commenced to practise near Chatsworth, and since then has served the people of that district with a devotion that had won for him the love and respect of hundreds of families. He was a member of the Anglican Church, a Conservative in politics and a member of St. George's Lodge A. F. & A. M. Besides his widow, Dr. Oldham is survived by one daughter, Mrs. Robert Vanbuskirk, of Toronto, and one son, Maurice, at home. The elder son, Dr. Morell Oldham, was a victim of the influenza epidemic in 1918.

C. H. LUSK, M.D.

Dr. Charles H. Lusk, a resident of Oakville since 1866, and for many years prominent there as a High School teacher and physician, died recently in his eighty-fifth year. Dr. Lusk for a long time occupied an outstanding place in the educational work of the Province, while of late years he had devoted himself exclusively to his medical work. He was an active member of Oakville Methodist Church for many years. He is survived by his wife, who before her marriage was Miss Potter, of Oakville, three sons, Dr. Charles Lusk, of Toronto, and Ross C. and Egbert R., of Chicago, and one daughter, Mrs. Herbert Ashbury of Oakville.

W. H. LAMBERT, M. D.

Dr. W. H. Lambert of Moose Jaw, Sask., who died on Friday, 11th June, at the Toronto General Hospital, was the son of the late Joseph H. Lambert, of the Royal Canadian Rifles, a former military instructor at Kingston. Dr. Lambert, who was 54 years old, received his early education at Arnprior and studied medicine at the University of Toronto, and subsequently took special courses in Canada, the United States and London, England, on the eye, ear, nose and throat.

At the beginning of the war he joined the R.A.M.C., and after training in England, was sent to Alexandria. He served for a time as medical officer to convoys between Salonika and Alexandria, and later was in charge of eye work in a hospital in Alexandria. There he contracted typhoid, from which he never fully recovered, and was returned to England and later to Canada. On his return to this country he joined the C.A.M.C. and served as President of the Examining Board at Moose Jaw and as eye and ear consulting physician in the military hospital there. He came to Toronto a month ago for treatment, but succumbed to Bright's disease. He is survived by his wife and a sister, Mrs. W. A. Warriner. The funeral took place in Arnprior.

JOSEPH P. LAVOIE, M.D.

Dr. Lavoie, of the City of Quebec, died at his home there, on April 15th, at the age of 65 years.

J. LESLIE FOLEY, M.D.

Dr. Foley died in Montreal in his 60th year, on 9th April. He was a graduate of Bishop's College, and held the diploma of M.R.C.S., Eng.

THOMAS W. LAMBERT, M.D.

Dr. Lambert died in London, England, on 10th April. He was well known in the western part of Canada, as he had been chief medical officer for the Canadian Pacific Railway, Western division.

NELSON P. FREEMAN, M.D.

Dr. Freeman, a resident of Bridgewater, Nova Scotia, died there on 16th April, at the age of 55 years.

 BOOK REVIEWS

PASTEUR—THE HISTORY OF A MIND

Pasteur—The History of a Mind, by Emile Duclaux, late member of the Institute of France, Professor at the Sorbonne and Director of the Pasteur Institute. Translated and edited by Erwin F. Smith and Florence Hedges, Pathologists of the U. S. Department of Agriculture, Octavo of 363 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1920. Cloth \$5.00 net. Canadian agents: The J. F. Hartz Co. Ltd., Toronto.

In this book we have the following achievements of Pasteur brought before us, namely, his work on Crystallography, lactic and alcoholic fermentation, spontaneous generations, wines and vinegars, studies on the diseases of silkworms, studies on beer, studies on the etiology of microbial diseases, and studies on viruses and vaccines. It can be said that few minds ever worked with the same originality as did that of Pasteur. There were two features in his life that stand out, his wonderful industry, and his power to guide his scientific imagination. He never imagined ways of explanation of natural phenomena, but he imagined correctly, and then he followed up his speculations with marvellous effort and thorough-

ness. He was the true type of the scientific genius. In this work, Pasteur has been represented by an unusually able intellect in Dr. Duclaux, who was a chemist and scientist of high rank. This work of Duclaux was written about fifteen years ago, and represents the science of bacteriology and immunology of a somewhat bygone period; for much work has been done since the author set forth what Pasteur had accomplished. The book is the setting forth of the workings of one master mind by another master mind. One of the many pleasures derived from a perusal of this book is that of looking upon the numerous pictures of Pasteur at different ages, and in various attitudes of thought and study. What a pleasure it is to look into these portrayals of the face of one of humanity's greatest benefactors! We make no attempt at giving our readers even a faint outline of the material to be found in this book. The work that Pasteur did has stood the test of time. No one has found out a better treatment for rabies, or a better vaccine for the prevention of anthrax in the sheep. To all who wish the enjoyment of a great book, by a great man, about one of the greatest of men, we recommend this book.

A TEXT-BOOK OF PHYSIOLOGY

For students and practitioners of Medicine, by Russell Burton-Opitz, M.D., Ph.D., Associate Professor of Physiology, Columbia University, New York City. Octavo volume of 1185 pages with 538 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, \$7.50 net. Canadian agents: The J. F. Hartz Co. Ltd, Toronto.

The finest of paper, the clearest of type, the choicest of binding, and a profusion of beautiful illustrations, go to make up the artistic side of this excellent volume of nearly twelve hundred pages. The literary and scientific part of the book call for unstinted praise. The author has done his work well. There are many who will agree with him "that the sole hope of modern medicine is Physiology." We have often expressed the opinion that every practising physician should from time to time read some good and modern book on physiology. It is a true guide to know what organs in disease do to know what these organs in health do. This book is the result of long study and teaching of physiology. From his experience as a teacher, the author knows what is most needed, and states his views in the best style. One by one the organs and their functions are taken up. There is nothing that should be said that is omitted, and there is nothing that is said that is expressed obscurely. Fullness, clearness, and completeness are the characteristics of this excellent book.

MANUAL OF PSYCHIATRY

Edited by Aaron J. Rosanoff, M.D., Clinical Director, King's Park State Hospital, New York, Lieutenant-Colonel, Officers' Section, Medical Reserve Corps, U. S. Army. Fifth edition, revised and enlarged. New York: John Wiley and Sons; London: Chapman & Hall, 1920.

This book is no stranger to the medical profession. The first part of the book deals with General Psychiatry, the second part takes up Special Psychiatry, and the third goes into the Technique of Special Diagnostic Procedures. The book is written from the standpoint of being useful to the general practitioner, and in this respect fills a real need. The descriptions of the various types of mental derangement are explained in a brief and clear fashion. In the study of insanity many writers make the subject too complicated. In the present book we notice a distinct effort to simplify things. When properly handled the study and recognition of the several forms of insanity should not present undue difficulty. We are glad to be able to state that Dr. Rosanoff has done good service in this regard. Mental derangements are discussed as any subject in clinical medicine should be discussed. When the picture is well painted it can be readily recognized, and the author has painted the types of insanity with such a degree of accuracy and clearness that they can be recognized, and put into their proper places. The general advice on treatment is sound. There are one hundred tables of words that are to be used in the diagnosis of cases.

 DISEASES OF THE CHEST AND THE PRINCIPLES OF
PHYSICAL DIAGNOSIS

By George W. Norris, M.D., Assistant Professor of Medicine in the University of Pennsylvania, and Henry R. M. Landis, M.D., Assistant Professor of Medicine in the University of Pennsylvania, with a chapter on Electrocardiograph in Heart Disease, by Edward Krumbhaar, Ph.D., M.D., Assistant Professor of Research Medicine in the University of Pennsylvania. Second Edition, thoroughly revised. Octavo volume of 844 pages with 433 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth \$8.00 net. Canadian agents: The J. F. Hartz Co., Toronto.

We had the opportunity of reviewing the first edition of this work, and we return with pleasure to examine the second edition. This large volume deals with the heart and lungs, and it covers the ground well. Both authors are experienced clinicians and both are recognized medical writers. One can turn to the pages of this volume with confidence that he will find what he wishes, and find it well expressed. The methods of diagnosis are very fully and lucidly given. This is highly important, as correct diagnoses in diseases of the heart and lungs are of the utmost importance; and diagnoses in most cases are not easy. The illustrations,

so plentifully found in the book, are of great assistance in arriving at correct views. On treatment we have found the recommendations trustworthy. Throughout we observe a constant effort on the part of the authors to make their work useful to the practitioner. By the publication of this book, the authors have placed the medical profession under deep obligations to them, as the result of their labors have been to produce a really valuable guide in the management of diseases of the chest.

THE INSTITUTION QUARTERLY

The publication is the official organ of the Public Welfare Service of Illinois. It is a very valuable publication, as it contains many useful and instructive articles on Social Welfare and Institutional Management. It merits wide distribution and careful study.

MISCELLANEOUS

MEDICAL GRADUATES, UNIVERSITY OF TORONTO.

The following are the results of the fifth year examinations of the University of Toronto:—

PASS.

J. B. Anderson, H. G. Armstrong, Mrs. I. T. Ayer (medicine, surgery and clinical obstetrics and gynaecology), H. E. Baker, Miss K. M. Bartley (medicine, surgery, Clin. Obst. and Gyn.), W. F. Beamish (medicine and Clin. Obst. and Gyn.), G. L. Bell, N. J. Bicknell, M. J. Brown (medicine, Clin. Obst. and Gyn. and Clin. Therap.), B. B. R. Burns (medicine, Clin. Med. and Clin. Obst. and Gyn.), G. C. Cameron, E. B. Clouse, W. D. S. Cross, Miss A. A. Curtin (Clin. Med. and Clin. Obst. and Gyn.), W. A. Dafoe, C. S. Dickson, W. B. Dickson, J. F. Docherty, G. H. Eagles, H. Ferguson, C. P. Fitzpatrick, W. F. Gillespie, N. F. W. Graham, O. G. Hague, R. C. Hall, H. W. Hendry, W. E. Henry, W. P. Hogarth, A. L. Huether (medicine and Clin. Obst. and Gyn.), P. L. Irvine, G. S. Jeffrey, W. E. Johnston, G. R. Jones, G. A. Jordan, R. E. Joyce (medicine), Miss F. A. Kelly, J. D. Kinsman (medicine and clinical surgery), W. D. Lanspeary, H. Lipsitt, G. E. Lipsitt (medicine and Clin. Obst. and Gyn.),

H. S. Little, W. C. Little (surgery), F. P. Lloyd, F. A. Logan, H. A. Lowrie (clinical surgery), D. M. Masson, W. H. Miller, C. V. Mulligan (clinical medicine, surgery and Clin. Therap.), J. J. McClintock (medicine), Miss J. R. McClure, Mrs. F. S. McConney (medicine, Clin. Med. and Clin. Therap.), W. G. McCormack, J. E. McGillivray (Clin. surgery), P. D. McIntosh, A. L. McKay, E. J. Nelson, J. E. Nunn, H. I. Palmer, R. E. Palmer (medicine and clinical medicine), P. E. Pickett, A. Podnos, W. G. Powell, Dew. S. Puffer, H. J. Quinn, J. S. Reid, F. Rittinger, F. C. Robbins, J. W. Rush, N. H. Russell, E. H. Shannon, W. L. Spratt (medicine), H. G. Stevenson (Clin. Oto-Laryng. and Clin. Therap.), A. E. Stewart, B. C. Sullivan (medicine, Clin. Med. and Clin. Surg.), G. T. Uurquhart, L. E. Verity, W. P. Warner, E. G. Wheler, H. Willis, D. B. Wilson, D. G. Wilson (medicine, Clin. Med. and Clin. Obst. and Gyn.), W. E. Woods (medicine, Clin. Obst. and Gyn.), G. T. Zumstein.

QUEEN'S MEDICAL COLLEGE DEGREES

Forty-five M.D., C.M. degrees were announced at Queen's Medical College, recently, as follows: F. C. Abbot, Smith's Falls; C. D. Archer, Kingston; H. M. Barnes, M.B., Gananoque; C. K. Blackett, M.B., Port of Spain, Trinidad, B.W.I.; J. H. Box, M.B., Kingston; A. A. Cameron, Toronto; W. B. Carruthers, Sarnia; J. M. Clark, B.A., M.B., Port Perry; W. F. Clark, M.B., Montreal; R. A. Dowd, M.B., Ottawa; T. F. Draper, Glenburnie; C. H. Elliott, M.B., Kingston; G. H. Ettinger, B.A., Kingston; C. W. Ferrill, Cobden, Ont.; R. H. Fisher, M.B., London, Ont.; C. J. Garofalo, M.B., Syracuse, N.Y.; F. R. Goodfellow, Godfrey, Ont.; E. J. Gordon, M.B., Highgate, Ont.; C. M. Hall, Kenmore, Ont.; S. A. Hoyes, Port of Spain, Trinidad, B.W.I.; A. C. Kane, M.B., Watertown, N.Y.; D. L. Kennedy, M.B., Portsmouth; H. B. Kenner, B.A., Stratford; B. A. Lawler, Kingston; S. Levine, Kingston; T. R. Little, M.B., Kingston; S. S. Lamb, M.B., Maynooth; H. W. Martin, M.B., Hamilton; J. G. MacLeod, Dunvegan, Ont.; Finlay McLennan, Moose Creek, Ont.; L. J. Palmer, Watertown, N.Y.; R. J. Perkins, Brockville; H. F. Preston, M.B., Napanee; L. E. Sauriel, Lancaster, Ont.; A. B. Simes, M.B., Abernethy, Sask.; J. S. Stewart, M.B., Hamilton; J. P. Sweeney, M.B., Charlottetown, P.E.I.; A. W. Trefery, B.A., M.B., Montreal; James Wallace, M.A., B.D., Renfrew; C. T. Walbridge, M.B., Picton; K. F. G. Ward, M.B., Foxboro, Ont.; H. W. Whytock, M.B., Madoc, Ont.; S. A. Wilkinson, M.B. Chappleau, Ont.; J. V. Williams, M.B., Kingston; P. T. H. Wythe, Hamilton.

The prize list is as follows:

Faculty Prize (\$25.00), for the highest marks on the examinations of the first year—W. Roy Waddell, Edwards.

The Boak Scholarship (\$25.00), for the highest marks on examinations in anatomy of the second year—J. McClure Givens, Kingston.

The New York Alumni Association Scholarship (\$50.00), for the highest marks in Physiology and histology of the second year (open also to arts students in honor animal biology)—Arnold R. Richards, Hyndford.

The N. F. Dupuis Scholarship (\$60.00), for the highest marks in chemistry of the second year—John H. Orr, Kingston, (with the honor of the New York Alumni Association Scholarship).

The Dean Fowler Scholarship (\$50.00), for the highest marks on the examinations of the third year—Stuart A. Wallace, Kemptville.

Faculty Prize (\$25.00), for the highest marks on the examinations of the fourth year—Calvert M. Carruthers, Sarnia.

Medal in Medicine—G. Harold Ettinger, B.A., Kingston.

Medal in Surgery—James Wallace, M.A., Renfrew (with honor of the Medal in Medicine).

NEED OF NURSES

Various methods of looking after the health of people living in rural communities were discussed at the meeting of the Ontario Health Officers' Association at Convocation Hall. Delegates from many provinces were present and gave their views. It was the general opinion of the meeting that nurses should be placed in all rural districts under the supervision of the district medical officer of health. It is hoped that in time the villagers would come to realize the importance of having some person with a knowledge of medicine always with them and in time become sufficiently interested to study the science themselves.

In this way each rural community would have its own nurses to look after children and the mother during anxious times. A fully trained government nurse would remain in the district to supervise the work carried out, and it is believed that much improvement would be shortly noted in the health of our farmers and their children if this plan were adopted.

ONTARIO MEDICAL ASSOCIATION

REPORT OF THE EXECUTIVE.

Mr. President and Members :

On behalf of the Executive Committee of the Ontario Medical Association for the year 1919-20, we beg to submit the following report :

Your Committee has met at intervals throughout the year, conducting and authorizing the following business to be done. The Province subdivided into ten Counsellor Districts, as authorized by the last general meeting of the Association, with Drs. Edgar Brandon, of North Bay, George S. Burt, of Owen Sound, and Fenton Argue, of Ottawa, being appointed respectively counsellors of the three new districts in addition to the seven counsellors elected at the last Annual Meeting.

The annual meeting for 1920 early determined upon by the Executive, with due publicity being given on our stationery and by other means throughout the year.

In addition to the various standing committees appointed, special committees, as authorized by our last Annual Meeting, were selected to deal with the Returned Soldier Problem, the Nursing Problem, Venereal Disease Problem, Mental Hygiene and the Liquor Problem.

The Programme Committee was appointed in the autumn of 1919, giving ample time for the members to prepare for the programme for this year.

The Committee on Education was authorized to proceed with the production of the Post Graduate Schedule, working in conjunction with the various medical faculties of the universities, county and local societies and the profession at large. The Post Graduate Schedule which has subsequently been distributed throughout the Province, is the result of their efforts.

Application forms for affiliation with the Ontario Medical Association were sent out to all county and local societies, a goodly number having conformed with our request.

By circularization of the profession, some sixty new members have been added to our Association. Members of the Association were duly advised regarding the collection of the annual fee, the report of the Treasurer will doubtless show the advantage of this action.

Your Executive had under consideration throughout the year a discussion of ways and means of increasing the funds of the Association for financing the central office of the Association, with the result that special guarantee subscription forms have been distributed to the various counsellors, while the various county societies have been circularized with reference to the matter, by the President.

The transactions of the last Annual Business Session of the Committee on General Purposes of the Association, were printed in book form and distributed to the members for their information.

The Constitution and Bylaws of the Association were referred to the Committee on Legislation and Bylaws for revision, the report of this Committee being available at this time.

Your Executive unanimously approved a proposal that the Canadian Medical Monthly, published by the Macmillans in Canada, become the official organ of the Ontario Medical Association, under terms and conditions which are to be set forth at the meeting of the Committee on General Purposes on Tuesday, May 25th.

Preliminary programmes were sent to all members in good standing in the Association, according to our records.

In summarizing, your Executive desires to state that it has endeavoured throughout the year to keep the interests of the profession in general and the Association in particular at heart, and has tried to the best of its ability to transact all business coming under its regime, efficiently and promptly.

County societies have utilized the services of the central office in obtaining speakers for county society meetings prior to the distribution of the Post Graduate Schedule.

There has been a marked improvement in the manner in which correspondence from your Association has been dealt with by local societies and individual members although there is still much for improvement regarding the manner in which the profession at large replies to correspondence issued from the central office.

Again we would urge upon all local units comprising the Association to more thoroughly organize their ranks, with a view to solidifying the profession in this Province, and we would particularly request that county or local society members who have not joined our Association be advised to do so by their local unit.

Many problems, such as the Medical Bill, Venereal Legislation, the Returned Soldier Problem, etc., etc., are still in abeyance in the Province, and each succeeding year makes it more imperative than the medical profession in Ontario should actively co-operate as a body in order that the profession may fulfill its proper function in the solving of the social conditions about us.

In conclusion, your Executive desires to thank the various committees and members of the Association who have so actively co-operated with us.

throughout the year in conducting the work of the Association and it is hoped that the incoming Executive may receive the same hearty support which has been extended throughout the past year.

All of which is respectfully submitted.

T. C. ROUTLEY.

REPORT OF THE COMMITTEE ON LEGISLATION AND BY-LAWS OF THE
ONTARIO MEDICAL ASSOCIATION.

Mr. President:

The Committee on Legislation and By-laws has given very careful consideration to a number of matters that appeared to it to be of much importance both to the people and the medical profession of this Province, and beg to lay before you the results of its deliberations. It is only by arriving at a clear conception of what is the best course to pursue and then pressing forward this conclusion, that any real progress can be made. A united profession seeking the welfare of the public should prove irresistible.

THE CARE OF THE MENTALLY DEFECTIVE AND THE FEEBLE MINDED.

During 1919, Hon. Mr. Justice Frank E. Hodgins submitted his report on this subject. His report is a very elaborate one containing 236 pages. The questions discussed in the report are (1) Why the Feeble Minded are a State Problem; (2) Danger of Exaggeration; (3) Prevention—its hopefulness; (4) Need for Change of Attitude and Early Diagnosis; (5) Need for Information and Scientific Treatment; (6) Delinquency—Statistics from Gaols, etc.; (7) Supervision; (8) Definition and Discussion of Feeble-Mindedness; (9) Feeble-Mindedness and the Law; (10) Formulating a Scheme; (11) Classes Needing Attention; (12) Institutions Needed; (13) Important Results of Industrial Training; (14) Building and Colonies and their Equipment; (15) Schools; (16) Juvenile Courts; (17) Distribution of Cost as Between Government and Municipality; (18) Degenerate Settlements; (19) Marriage; (20) Immigration and (21) Legislation.

The lengthy examination of these topics is followed by much valuable matter under the captions of Conclusions, Recommendations, Urgent Matters and a number of Appendices bearing upon the subjects under investigation.

It is fitting that the medical profession of this Province should express itself in terms of unqualified approval of the very exhaustive and

lucid report of the learned Commissioner. It is replete with information, and throughout bears an impress of and earnest desire to discover the whole truth regarding the feeble-minded and to lay sound plans for the handling of this class. The report should be carefully considered by every member of the profession in this Province, in order that intelligent co-operation may be rendered the legislation in its efforts to formulate proper laws relating to this question, and to have clear views as to how aid may be best given for the care of the feeble-minded.

His Lordship, under the heading of "Legislation", takes up the matter of the definition of this class of the community and remarks this: "I am much in favour of adopting as a comprehensive term the word 'Mental Defective' and dividing those whom it includes into classes as described in the English Act, and then making the same general law as to the power of commitment, detention, parole and discharge applicable to each class." (Page 118.)

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The classes described in the English Act are given as follows in the definition of mental defectives:

"(a) Idiots, that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers; (b) Imbeciles, that is to say, persons in whose case there exists from birth or from an early age, mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so. (c) Feeble-minded persons, that is to say, persons in whose case there exists from birth or from early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or in the case of children, that they, by reason of such defectiveness, appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools. (d) Moral imbeciles, that is to say, persons, who, from an early age, display some permanent mental defect, coupled with strong vicious or criminal propensities, on which punishment has had little or no deterrent effect." (See page 118.)

The learned Commissioner (page 123) quotes Dr. Tredgold to the effect that of every 100 mental defectives there will be 6 idiots, 18 imbeciles and 76 feeble-minded. This shows what a chance there is for properly directed efforts, as the latter class can be benefited very much by proper care and training. He then goes on to state that no single fact is so well established now as that most of the feeble-minded can be trained and made proficient in industrial work and manual labour. They can be made happy, healthy, and in many cases almost, if not altogether, self-

supporting. They need special or institutional training and must have supervision always. But, if allowed, as children, to run wild and untrained they develop vicious qualities and degenerate into criminals."

This position is bound to commend itself to the medical profession. The Commissioner very properly expresses the opinion that the numbers of feeble-minded are not so great as to entail a cost that would be heavy enough to be in any way deterrent. While this is true, these persons are "the greatest hindrance to progress and efficiency in the social, educational and industrial world." (Page 123.)

Three quotations (pages 124 and 125) of the Commissioner set out the case very clearly and call for special notice, and should be followed up by speedy and effective action. These quotations are:

"The feeble-minded delinquent can be helped, if discovered young enough, properly trained and allowed liberty only on proof of good behaviour, and then under adequate supervision. This, as experience demonstrates, has resulted in a large measure in saving him from degenerating and lapsing into crime."

"When mentally defective children get beyond the school age, which is the formative stage, they must, if they have not been properly directed, trained, supervised or dealt with, be looked upon from a totally different point of view, that is, as social problems. By that time their place, either as comparatively innocuous members of society, or, as a rule, habitual criminals, or anti-social factors, has become fixed."

"The want of any machinery for ascertaining who are the feeble-minded, and particularly for classifying them with a view to their proper supervision and destination afterwards, whether in or out of school, is apparent, and the absence of the auxiliary or special classes both in the urban and rural school sections, accentuates this lack and renders intelligent dealing with the mentally defective most difficult."

The Commissioner gives a number of recommendations. These may be summarized as follows:

- (1) A plan of registration covering the Province, by which the mentally defective will be identified and classified.
- (2) The formation of a Board or Committee with a Secretary, to formulate a scheme of survey and registration, and to arrange for competent persons to make diagnosis of the cases.
- (3) The erection of a properly equipped Psychopathic Hospital in Toronto, and others later on in suitable centres.
- (4) The enlargement of the scheme of Juvenile Courts so that they may be opened in various centres in the Province, and to be provided with experts.

(5) The opening of a parent institution in Northern Ontario to which the colony system can be applied, and the extension of the colony system in connection with the Orillia Institution.

(6) Arrangements for the proper segregation of feeble-minded women of child-bearing age.

(7) The amending of the Federal and Provincial laws so as to give the Juvenile Courts power to deal with cases up to 21 years of age, and to deal with cases coming before these Courts in an unhampered way.

(8) The compulsory establishment by Board of Education and School Trustees of special classes for the training of mental defectives as part of the Provincial system of education.

(9) The recognition of skilled medical advice in regard to mental defectives, and the establishment of clinics available for the Courts of Justice.

(10) The establishment of suitable mental clinics under competent medical men in places where hospitals exist—the Province granting proper financial aid.

(11) The prompt dealing with settlements where there are a number of cases, and the segregation of feeble-minded women.

(12) The granting to the Lieutenant-Governor-in-Council greater powers to act, and to enable the Government to force municipalities to act.

(13) That the Dominion be urged to pass stringent regulations regarding immigration so as to prevent defectives entering the country, and to deport those likely to cause trouble or commit crime.

(14) The Dominion and Provincial Governments should introduce legislation that would prevent the marriage of mental defectives.

(15) The adoption of suitable definitions of the various types as set forth in the English law.

(16) Provision for the licensing of a limited number of private homes for mental defectives where they might be cared for and inspected.

(17) Arrangements should be made so that hospitals, orphanages and private homes might admit idiots and imbeciles.

(18) Provision for the periodical inspection of all places of reception of the feeble-minded.

(19) The education of more medical students in the subjects of psychopathy is a pressing need.

(20) Special attention should be given to the question of how far mental deficiency and feeble-mindedness might afford a defence in criminal trials.

The appendices are very important and cover a wide range of topics which cannot however be taken up at present.

The Ontario Medical Association desires to express its approval of the various suggestions and recommendations so clearly stated by Mr. Justice Hodgins in his very admirable report on the subject of the Feeble-Minded.

MEDICAL EDUCATION IN ONTARIO.

At the meeting of the Ontario Medical Association last year, the Committee on Legislation submitted an exhaustive report on Mr. Justice Hodgins's Report on Medical Education. The findings of the Committee were adopted and copies sent to members of the Government and Ontario Legislature. The election held last Fall effected very many changes in the representation in the Provincial Parliament and brought a new Government into office. The Committee on Legislation of this year feels that it would be right and proper for the Ontario Medical Association to assert again its adherence to the views set out in its report of a year ago and to have copies of the same placed in the hands of the members of the present Government.

No reason was advanced why the late Government of Sir William Hearst did not introduce a bill founded upon the report of Mr. Justice Hodgins on Medical Education and the information placed before it by various bodies and persons. The status of medical practice is in a very chaotic and unsatisfactory condition. The judicial decision that a person does not practice medicine who does not give drugs, opened wide the door for a flood of unqualified persons to engage in practice under various names, such as Osteopath, Chiropractor, Mano-Therapist and Drugless Healer. In the interest of and for the safety of the people this should be remedied with the least possible delay, as the longer the present condition of the law in relation to medical practice continues, the more confusing and serious will that condition become.

The Ontario Medical Association has no hesitation in affirming the incontrovertible position that all who wish to practice the healing art in any way and under any name should first secure the license granted by the College of Physicians and Surgeons of this Province. This would work no hardship on any practitioner who desires to be honest towards his patients and would redound to the benefit of the people. It was to maintain a high standard of efficiency and education in the medical profession that led to the formation of the said college and its record for fifty-four years has amply proven the wisdom of what was then done.

The Ontario Medical Association urges upon the Government the great need that exists for the adoption of such legislation as will completely remedy the evil effects of the judicial decision to which reference has been made, and to reinest the Ontario College of Physicians and Surgeons with full power to say who shall practise medicine under any name or in the form of any specialty, and what their qualifications shall be. There is positively no ground for such subdivisions as Osteopathy, Chiropracty and other cults. The only true medical practice must be founded on scientific research along the branches of investigation that reveals the nature of diseases and the best methods for their prevention and cure.

The high standard of medical education herein outlined maintained by the College of Physicians and Surgeons of Ontario, upheld by Mr. Justice Hodgins in his Report on Medical Education, and endorsed a year ago by this Association, embodied in proper legislation, would be a fitting culmination to the vast sums that have been expended upon our public schools, collegiate institutes, medical colleges, universities and hospitals. After all this effort to raise the educational standards of the Province to be the pride of the British Empire, it would be a cause for profound regret if in any way the standard of medical education should in any particular be lowered.

OPTOMETRY.

In the report on Legislation that was adopted by this Association, the opinion was expressed that the status of the optician, who had been with us for a long time, might be improved, but that it would be unwise to grant legal recognition to Optometry. This is still the opinion of the medical profession of Ontario.

The late Legislature, under the premiership of Sir William Hearst, passed an Act giving legal standing to Optometry, and creating a Board to look after the interests of those who might wish to study Optometry.

VACCINATION.

A passing remark or two on this topic may not be out of place. During the fall of 1919 and the early part of 1920, there were a number of local epidemics of smallpox, Toronto furnishing about three thousand cases. An attempt was made to enforce vaccination throughout the Toronto schools.

This called into existence a few noisy citizens, entirely ignorant of the merits of vaccination. In this noisy group were found two members of the medical profession. For these, no words of condemnation can be too severe. It is most gratifying to learn that the present

Government turned a deaf ear to the arguments of the anti-vaccinationists who sought to have the Vaccination Act repealed. When the Hon. Mr. Drury said for himself and his colleagues that he regarded the views of those opposing vaccination as without merit, he was occupying high and unassailable ground. It is not only hoped but fully expected, that this same clear thinking will dominate the actions of the Government when the time comes to formulate the law that shall guide Medical Education and practice in this Province.

While it is a good thing to grant to each person the fullest measure of liberty, when it comes to be a question of endangering public health, this Association feels that too much has been conceded to the conscientious objector.

LEGISLATION REGARDING ALCOHOL.

Your Committee feels that there are several features in the Ontario Temperance Act that call for amendment.

In the first place it is a very objectionable requirement that calls upon the doctor to set forth the nature of the patient's disease. This should be confidential. It ought to meet every demand if the physician was obligated to state that the liquor ordered was solely for medicinal purposes.

In the second place the medical profession should not be made the keepers of the liquor supplies of the Province. The vast amount stored in the buildings of the vendors can only leave these buildings on the orders of the medical practitioners. The responsibility is on the law makers to find some other way.

In the third place, alcohol in its various forms of wines, malt liquors and spirits, is admitted by the medical profession to be a drug and to have its place in every known pharmacopœia. This being the case, these forms of alcohol should be at the disposal of the medical practitioner regardless of the frequency with which he may order them. No law interferes with the number of times any other drug is ordered, provided it is not ordered for criminal purposes or to supply a narcomaniac.

Then again, according to the Act, alcohol in all its forms, is regarded as a medicine, and is placed under the direction of the medical profession in the matter of its sale. This being the case, arrangements should be made to bring it reasonably within the reach of all.

Two vendors in Toronto, one in Hamilton, one in Windsor, one in London, one in Kingston, and one in Ottawa, fall far short of adequate accommodation for the people. The distance between these vendors is altogether too great, and most serious consequences may

arise from such an arrangement. The closing of the liquor stores on Saturday afternoons, Sundays and all holidays is not in keeping with the meaning of the Act that alcohol of every kind is kept and sold as a medicine.

But a further point to which your Committee desires to draw attention, and on which it lays great stress, is that the medical profession must resist any outside body interfering in the matter of treating patients. The quotation, by the License Commissioners, of the opinion of a certain doctor that fifty prescriptions a month should suffice, must be resented. That a few doctors may have issued orders for liquor too freely is of a thousand times less importance than that the entire profession should be placed under the control of a small body of laymen. Such a state cannot be endured for long.

But there is another grievance. The law states that the only way to procure liquor is to first procure a doctor's order. This has the effect of sending the people to the doctors. Very many claimants cannot have their requests granted, and thus the time of the doctors is wasted hearing these people, and the doctors have the unpleasant duty of refusing, and the applicants are offended. Such events have happened in this great province hundreds of thousands of times. The doctor's only return for this waste of time is annoyance and the feeling that he has offended many.

It would be well if the Commissioners directed some attention to those who obtain several prescriptions from one doctor and then go to another for several more. These rounders should be kept under close watch.

It may be said by many that it is easier to condemn than it is to recommend. Well, there are remedies. One of these is for the medical profession to refuse to write orders to be filled up by any of the vendors, holding that prescriptions for drugs should go to a druggist. Another remedy is for the profession to demand the right to issue as many orders as each doctor may see fit, provided he is able to show that his orders are solely for medicinal purposes. A third remedy would be for the Government to discontinue the present system of orders by doctors and substitute therefor licenses to purchasers for a limited amount from time to time, holding the purchasers strictly accountable for the use to which the liquor may be put.

In a circular letter dated 22nd December, 1919, sent out by the Board of License Commissioners, it stated in one paragraph that "prescriptions authorized thereunder may be filled;" accordingly the Board feels warranted under said paragraph in directing managers of dis-

pensaries not to honour prescriptions from doctors who, in the Board's belief, make a practice of giving prescriptions in evasion of the Act and in excess of the standard set by the profession at large. The Board has so far, however, withheld action where the number of such prescriptions was not in excess of one hundred monthly. While the medical profession has every sympathy with the Commissioners in their effort to administer this Act, it must be borne in mind that liquor is for medicinal purposes, and there must be no arbitrary refusal to honour prescriptions, as the practices of medical men may vary greatly as to number and grade of patients, poor people requiring prescriptions while the rich may not. Then it should be noted that the profession at large has never fixed upon any monthly number. When a doctor has been in practice many years he will have many aged patients and chronic cases to care for. This may necessitate the issuing of a large number of prescriptions. The medical profession demands freedom in this matter.

Your Committee would further recommend that so long as the present system continues in operation, the medical profession should be adequately represented on the Board of License Commissioners. The sale of liquor in Toronto is for medicinal purposes only and can only be sold under a doctor's order; it is therefore necessary that the medical profession should have some say in the administration of the Act. It now must shoulder all the responsibility and has no protection. There should be someone on the Board of Commissioners who has a complete knowledge of the doctors' side of the case.

The medical profession cannot too strongly condemn legislation that lays the responsibility on it of furnishing people with liquor orders and at the same time permits the sending of detectives to doctors' offices with the intent of securing evidence whereby they might be brought into court and perhaps fined. This Association strongly presses upon opinion that any doctor who may be considered to have given prescriptions for liquor improperly or too frequently, should be summoned before the Commissioners and given the opportunity of explaining why he so acted. Such a reasonable course would have avoided much litigation and injury to the medical profession as a whole.

LEGAL RECOGNITION OF THE ONTARIO MEDICAL ASSOCIATION.

For forty years this Association has been carrying on in a voluntary and altruistic manner a splendid effort to raise the educational and ethical standard of its members. In all this work it has not appealed for outside aid, but the time has come when it seems right and proper that the Government of this great and rich province should assist the medical

profession in its effort for the good of its members and the general public.

During all the years that the Association has been in existence it has brought men of great distinction from far away places to give addresses on vitally important medical, surgical and special subjects. The parties giving these addresses have done so at their own expense. This should not be so, and yet, the Association, from its very limited income, could not undertake any outlay for such addresses and lectures, and, consequently, has had to rely upon the generosity of these talented visitors.

There is another way in which the command of some funds would prove of the utmost value. The addresses just referred to should have been widely distributed and read. But to publish them and send copies to the members of the medical profession throughout the province would have imposed a task upon the funds of the Association far beyond what they could stand. Thus it happened that the educative value of these addresses was very largely lost.

But the chief reason why the Government should make a monetary grant to the Association is to be found in the fact that it is proposed to establish Post-Graduate lectures. By this scheme specialists on certain subjects would visit various parts of the province and deliver lectures to the practitioners in these districts. Some way should be found whereby the expenses of these lecturers would be defrayed. The boon that these lectures would be to the public and the profession must at once be admitted to be very great. Money is freely spent, and properly, on persons who travel through the province giving instructions on the care of cattle and the growing of crops. The same should be done in aid of the distribution of knowledge aiming at the prevention and cure of disease. This sort of work would be entirely different from, but supplementary to, that done by the Health Association.

The Ontario Medical Association has now behind it a long and glorious record and would certainly live up to this record in the use of such funds as the Government might be pleased to trust in its hands. Expended in the way just mentioned, the money would yield the Scriptural hundredfold.

THE VENEREAL DISEASE ACT.

There is one feature of this Act to which attention is directed, namely, the method of making the medical reports upon venereal diseases. The following is the form on which the medical practitioner, who sees a case of syphilis, gonorrhoea or chancroids, must make his report to the Medical Officer of Health:

Report or Certificate of a Legally Qualified Medical Practitioner.

"I, the undersigned, a legally qualified medical practitioner, hereby certify that on the day of19...., at, I examined and found.....suffering from Venereal Disease in the form of

The examination comprised the following procedure, viz.:

(Signed)

.....

Date M. D.

In making the report or giving the certificate, the following regulations are enjoined upon the medical practitioner to follow:

REGULATIONS RESPECTING VENEREAL DISEASES. METHODS OF EXAMINATION.

"The examination of any person with a view to ascertaining whether or not such person is infected with venereal disease shall be as follows:

(a) In the case of suspected gonorrhoea, the examination shall include a physical examination of the person with a microscopical examination of the urethral and prostatic discharges in the male, and of the urethral, bartholinic, vaginal and uterine discharges in the female.

(b) In the case of suspected syphilis, the examination shall include a physical examination of the person and an examination of the blood, by means of what is known as the Bordet-Wassermann test, and a complete spinal fluid examination if such is deemed advisable by the Medical Officer of Health.

(c) In the case of chancre or chancroid, the examination shall correspond to that detailed under (b), with the addition of the dark field microscopical examination, india ink preparation, or one of the recognized stains for spirochaete pallida. In all cases the report of the examination shall include full details of the methods of examination carried out."

It will be seen at once that no amount of clinical or practical experience in the diagnosis of these diseases is of any value. There must be a microscopical examination and a blood test. This is carrying this aspect of diagnosis too far. One cannot make an examination of discharges when there are none, or of sores when such do not exist. There is an early stage of suspected syphilis when the Wassermann test must be negative.

Let an actual case illustrate how the present method works out: A young man was known to the police to have been where he might have contracted a venereal disease and was notified to furnish a medical certificate. He called upon a doctor of many years' experience on the tenth day after the exposure. After a careful examination the physician seeing the young man gave him a certificate. There was not the slightest inflammation, swelling, redness, tenderness, discharge or any fissure, abrasion or ulcer. In other words, there was no ground whatever for thinking that the young man was infected. The evidence was positive that there was neither gonorrhoea nor chancroids. It was too soon to rule out syphilis. Two or three days later the doctor was summoned to the police court to give evidence in the matter and was abused because he had not made a microscopical examination and a blood test. It should be noted that there was neither discharge nor sore to yield the material for a microscopical examination, and it was too soon for a Wassermann test. The young man was ordered to go to a hospital for investigation.

This is too autocratic and will defeat the usefulness of the Act. All over the province there are capable and careful practitioners, but unless they make a microscopical examination or do a blood test, their certificate that certain persons have or have not some of the venereal diseases would not be accepted.

It would seem as if the Act unduly favored the interests of a few so-called venereal disease specialists and bacteriologists. The vast majority of the medical profession should not allow themselves to perform the humble clerical duty of stating that they had seen a case, but could go no further and state what particular form of disease, or that the suspected person was free from disease.

It is the duty of the Ontario Medical Association to use its great influence to see that the certificate of any legally qualified practitioner shall be accepted for these diseases as it is in other medical matters. If a legally qualified practitioner pledges his word that a certain person has or has not any form of venereal disease, whether he did or did not use a microscope or try the blood, his word must be accepted. This is the rule in all other contagious diseases. A doctor is not compelled to make a microscopical examination of the sputum in order to be in a position to legally report a case of tuberculosis. So with typhoid fever; the clinical evidence suffices.

THE WORKMEN'S COMPENSATION ACT.

The only feature in regard to this Act to which your Committee feels it should give attention is that of the fees paid to the medical profession for the services it is called upon to render under said Act.

The scale of \$2 per visit and \$1.50 for office services is wholly inadequate. With the prevailing cost of living and dressings these fees should be doubled, and would then be well within the minimum limit.

Two or three concrete examples will show how the Act works out. A practitioner of much experience is sent for to see a man whose foot has been crushed by a heavy weight. He made a very careful examination and ordered proper treatment. He sent in his bill for \$5, and was awarded \$2. Just think of this for a moment. There was all the risk of overlooking some displacement or fracture, with its evil results to both patient and practitioner.

Another case is that of a young man whose elbow was lacerated by a machine. His wounds were carefully cleansed and suitable dressings applied. This was done three times. The practitioner rendered his bill for \$6 and was awarded \$4.80; at the rate of \$1.50 for each dressing and 30 cents on account of the high cost of living. This was an insult.

It is time that the medical profession asserted itself in this matter and took the stand that it is not going to assume the great responsibility that these accident cases carry with them for any such fees. The minimum already mentioned of \$2 for office consultations and \$4 for visits should prevail. This association should take steps to have this matter laid before the Board administering the Workmen's Compensation Act.

During the past year your Committee has undertaken complete revision of the Constitution and By-laws, taking into consideration the various amendments which have been made since these were last printed by the Association, and others which seem necessary at the present time.

This complete revision is herewith appended and your Committee would recommend that when the same is accepted by the Association with such changes as may seem necessary to them, that a sufficient number of copies should be printed and thereby made available for all members of the Association.

All of which is respectfully submitted.

JOHN FERGUSON.

MEDICAL PREPARATIONS

CASCARA IN CONSTIPATION

Cascara sagrada is unique. There is a distinct advantage in using it in the treatment of chronic constipation. For example, it stimulates the muscular structure of the intestine, thus promoting normal peristalsis.

It activates the intestinal follicles, thus augmenting glandular secretion. Moreover, this stimulating effect is mild, not excessive. It approximates the work of Nature, and is therefore not harmful or retroactive.

To state the case in another way, cascara unloads the bowel in a normal manner and not by exciting violent or painful peristaltic movements and tenesmus, which not infrequently attend the use of the conventional purgative.

No other drug replaces cascara sagrada, which alone can be given for long periods without detrimental effect. In fact, success in its use depends upon its continued administration, in gradually ascending doses, until a natural daily action has become the fixed habit.

The original bitter fluid extract, introduced by Parke, Davis & Co. in 1877, is the preferred preparation in most cases, because of its well-known bitter-tonic effect. It is given in doses of 5 to 30 drops, according to the condition to be met, and this dose may be continued for several weeks in chronic cases. In more obstinate cases the initial dose should be increased gradually until the desired result is attained. At this point a progressive tapering-off system of dosage is adopted, rather than an abrupt cessation of the treatment.

For patients who cannot or will not take the bitter medicine, Cascara Evacuant is recommended. This is a palatable extract from which the bitter principle of the drug has been removed. It is well to remember, however, that the bitter fluid extract can be taken in gelatin capsules which are supplied to the patient with a medicine dropper. The prescribed dose is dropped into the capsule, which is then closed and swallowed with no suggestion of its contents.

A DANGER AND A REMEDY.

Quiet thinking by the citizens of Canada was never more needed than at the present time. It is a time of unrest in the world's history, when people who do not do their own thinking are easily influenced and led astray.

Woodrow Wilson, president of the United States, once said: "A Western Senator is more useful than his Eastern colleague, because sometimes he chews Virginia leaf". The President is right. Men who chew are more likely to have opinions of their own and to think things out for themselves.