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EDITORIAL

THE MEDICAL COMMISSION.

The report of the Commissioner will soon be placed in the hands of the Ontario Government, and will be published. By this time, it is well known to the members of the medical profession of this Province what he general trend of things will be; and it behooves the profession to take stock of the signs of the times.

Several bodies have appeared before the Commissioners, and submitted their views. The position taken by the medical profession, as represented by the Ontario Medical Association, the Academy of Medicine, the Ontario Medical Council, and the Universities, is that there should be only one portal of entry into the profession, and that this standard should be a high one.

If anyone wishes, after securing his license to practice, to designate himself as an osteopath, or a chiropractor, or an optometrist, that is his own affair; but he should first be compelled to take the training and pass the examinations common to all.

To this position there can be no reply. It is absolutely sound. Not even the osteopath, nor the chiropractor could raise a successful objection to it. If these people wish to treat the sick or injured, they cannot come forward and state that they wish to be ignorant of disease. When anyone comes forward and tells us that there is no need for bacteriology, or chemistry, or diagnosis, is to convict himself as fit for an asylum, rather than for the care of the sick.

But the profession must be up and doing. "Nothing worth winning is won with ease, and the eagle of victory perches high." With this before every doctor he must make it a personal obligation upon himself to do his share in this fight for a high standard for all. He should see the member for his district and make this clear: "A common standard for all, and no privileges."

CARE OF THE FEEBLE-MINDED.

We are glad to be able to state that progress is being made in this very important matter. The committee has been pressing the claims of the feeble-minded upon the atttention of the Hon. W. G. Hanna, and, we feel, with a good deal of success.

That such a class of persons exists in the community, there is no doubt; nor can there be any doubt that these unfortunates are not responsible for their condition. In many instances the parents and guardians of these defectives are not in a position to properly care for them. It, therefore, becomes the duty of the state to do so.

But the money question, like Banquo's ghost, ever comes to the front. This must be faced. In the end it will be cheaper to isolate these defectives, than to leave at large, doing wrong and propagating their like.

GUARDING THE HEALTH OF THE SOLDIERS.

Dr. G. G. Nasmith, who has done such excellent service in the sanitation of the British Army in france, has been telling up of some of the conditions there. He informs us that the ditches on the roadsides, and the lowlands, are good breeding-places for the mosquito. He states that the wells are shallow and soon become exhausted. Much of the country is low and covered with surface water. This finds its way into the trenches, and causes much trouble to the engineers to effect drainage.

Typhus fever has almost disappeared, and the innoculation of the troops has decidedly restrained typhoid fever. The disease that gave most trouble was an epidemic of mumps. This occurred at Salisbury.

The chlorination of the water is an outstanding feature in the care of the health of the soldiers.

The bottle fly gave much annoyance to the men, and, perhaps, was an agent in the spread of disease. In dealing with the methods of preserving the health of the troops, Dr. Nasmith made the following statement:

"The men's health is controlled as follows: Every morning there is a sick parade, and the medical officer goes over the cases. He sorts out the men into minor sickness and threatening ones, the latter cases being sent back to the advance dressing station, which is usually from one to two miles back of the firing line. There a man is allowed to be around, and his case is diagnosed. At night, the ambulance takes him back to a larger hospital, usually situated in a chateau, school, nunnery, or even a field. The diagnosis is confirmed there, and the man may be kept

there or sent on to a casualty clearing station. These stations are always in a town because they have to be cleared by rail. A few cases are always allowed to remain around there. But if there is a battle on, the man is sent over to England as quickly as possible.

"The system works out so smoothly that it frequently happens that a man is wounded one morning in Belgium and the next morning he is resting quietly in a London hospital. The British medical service is simply wonderful.

"From a military standpoint, it is largely a question of applying common sense, of carrying out principles. As in any system, it means that every individual must do his share or you will get epidemics.

"Naturally, where there are groups of men together, the system is bound to fail at times. The greatest trouble is to guard against typhoid contagion. The British lay a great stress upon direct contact, and there is no doubt that early in the war there was much contagion in this way. In Flanders much of the water is badly contaminated, but it does not seem to be dangerous. We have had outbreaks of minor ailments, due to water, but no real epidemics of typhoid.

"All the farm buildings are built around a courtyard, in which is generally to be found a huge pit into which all refuse is thrown. Consequently you get hundreds of thousands of flies, and the people resent very much any attempts to clean up these pits. Sometimes they are treated with chloride of lime, and in one marked case an officer, who was billeted in one of these farm quarters, could not stand the stench any longer, so administered a good dose of chlorine. The next day the farmer told him he must not put any more of that stuff in the refuse pit, as it spoiled their water supply."

THE HOOKWORM DISEASES.

This disease is prevalent in the Southern States. For some time it has been known that thymol was almost a specific of uncinaria or ankylostoma. But this treatment does not prevent reinfection with the parasite. The Rockfeller Foundation has given this disease much consideration, and makes some valuable recommandations:

1. That everyone should wear good shoes or boots. It is known that the parasite often enters the body through the skin of the feet. By the wearing of boots this risk is obviated.

2. The parasite is found in the intestines, hence the name, ankylostoma duodenale. The parasites are found in the voided fæces. It is against this that the campaign must be waged. It is urged that a

proper pale system be introduced, so as to avoid the promiscuous dropping of fæcal matter. The contents of these pales can be properly disposed of by disinfection and burial.

This is one more conquest of science over a serious and spreading disease.

A REMARKABLE CASE OF INSOMNIA.

Hon. Justice Riddell contributes a paper to the *New York Medical Journal* for 1st January, on the experiences of Robert Gourlay, of old Upper Canada days. Robert Gourlay was a very active and energetic man, but withal highly erratic.

Mr. Gourlay's own account of his life and health, he tells us that in 1833 he had a period of six weeks of continuos sleeplessness. In 1837, following erysipelas in his leg, he had a period of insomnia extending over a period of five months, during which time he obtained no sleep. In 1839 he had another spell of insomnia, lasting seven months, and no sleep. Gourlay states that morphine or laudunum had no effect on him. Another wakeful period of five months in 1841, and Gourlay appears to have completely recovered his power of sleep.

Mr. Justice Riddell very properly remarks that Gourlay was in error, as no man can do without sleep for such long periods; and correctly that many who think they have not slept, did sleep soundly, as those nearby could testify.

Most medical men have met with persons who were quite positive about the small amound of sleep they enjoyed. In this belief, however, they were in error. One very noted educationist of this country was quite certain he had slept none, while he had had eight hours' perfect sleep. Some can do with about one-half the average for most people, as, for instance, Napoleon, Peter the Great, and Gladstone. The brain can stand much gradual reduction, but not total deprivation for long.

THE COST OF TUBERCULOSIS.

Dr. A. S. Knopf, in his paper on tuberculosis, in *The Medical Record* for 8th January, makes the following calculations for the United States:

"The 150,000 adults who die annually of tuberculosis have on the average been ill and incapacitated for work for at least two years, and figuring their cost to the commonwealth (either to municipality or in-

dividual family) at only $1,000 per year, would mean $300,000,000 uselessly spent in caring for people afflicted with a disease that might have been prevented or cured. If these 150,000 adults, a large number have been married and in many instances leave either widow or orphans depending upon public support. The annual maintenance of these widows and orphans must, of course, also run into the millions. We have thus an annual expenditure of well nigh $400,000,000. Yet this by no means represents all the actual loss to the community from tuberculosis. Our social economists tell us that between the ages of 16 and 45 every adult life with an average earning capacity represents an asset of $5,000 to the community. Now, as two-thirds of all deaths from tuberculosis in adults occur between these ages, we have an additional loss of $500,000,000. Thus, the actual direct and indirect loss caused by deaths from tuberculosis in the United States amounts annually to something like $900,000,000, and this amount we spend on a preventable and curable disease!

"We must also bear in mind the fact that we have at least eight times 150,000 tuberculosis adults, for it is well known that for every individual who dies of tuberculosis there are eight living with the disease, still up and about, and the majority of them with an opportunity of spreading infection. Besides these, there are 400,000 to 600,000 tuberculous children. By reason of lack of open-air schools, preventoria, sanatoria, special hospitals, and horticultural, agricultural, and industrial colonies, the vast majority of nearly 2,000,000 tuberculous individuals continue the chain of infection and keep up our fearful morbidity and mortality at an expense of $900,000,000 per annum.

"To carry out the program I suggest will not cost us $900,000,000 a year. If at first it should even approach this vast sum, within a very few years the expenditure as well as the morbidity and mortality from tuberculosis will be reduced to a minimum."

The twelfth part of this would represent Canada's bill. And yet so little done to prevent it!

GAS POISONING.

Professor Leonard Hill, the eminent physiologist, gave an address before the Medical Society of London on the poisonous gases used by the Germans. This address appears in the *British Medical Journal* for 4th December. The treatment of this subject by Professor Hill is both exhaustive and scholarly. He points out that some gases, such as nitrogen and hydrogen, cut off the supply of oxygen by diluting it below a

viable amount. Then such a gas as carbon monoxide combines with the hæmoglobin and prevents the corpuscles carrying oxygen to the tissues. Some gases, such as cyanogen, hydrogen sulphide, and hydrocyanic acid caused the paralyzing of the respiratory centre. The gases employed by the Germans, namely, chlorine and bromine, act as irritants on the mucous membranes of the eyes and of the respirotory passages.

The use of such gases is illegal according to the rules of warfare to which Germany had set her hand. Professor Hill, however, points out that Germany had secretly prepared this method of offence before the war began. There are records of German experiments that bromine and chlorine gas in the strength of 1 in 10,000 would put a man out of business. Sulphur dioxide, nitrogen peroxide, chlorine, phosgene, and bromine are all heavier than air and hover over the ground, and dilute slowly. Bromine and chlorine are capable of being greatly condensed into receptacles. The chlorine gas is coundensed under 90 lbs. pressure to the square inch, and is delivered in front of the trench through a pipe. The liquid spray assumes the form of a gas of a wellowy-greenish color.

Chlorine gas in the proportion of 1 in 10,000 is fatal, as no one could stand the intense irritation caused by it. There is a rapid exudate of a watery secretion, which is nature's effort to dilute the gas. Doses of 1 in 100,000 are distinctly irritating. Chlorine gas spends its energy on the lungs, and the albuminuria found in these cases is the effect of the intense and prolonged dyspnœa.

The vicim of gas poisoning is often deeply cyonosed, the temperature is usually subnormal, and he is conscious but restless. The effort of respiration is at times very desperate, and there may be a copious flow of frothy expectoration. This isusually followed by a severe bronchitis. The prolonged dyspnœa frequently gives rise to nephritis, with convulsions.

The bronchial mucosa is intensely congested. There is also an intense congestion and œdema of the pulmonary tissues. The lungs do not collapse on being cut, and are of a deep maroon red color, and an exude flows from the cut surface in abundance. Parts of the lungs become emphysematous.

In severe cases artificial respiration may be required from time to time to relieve the dyspnœa, which it does by forcing the mucous from the bronchial tubes. Emetics have also proven very useful. The inhalation of oxygen gas for the cyanosis is valuable. Atropine, with the view of lessening the flow of mucous, has been extolled, but experience does not bear out the claims made for it at first.

ORIGINAL CONTRIBUTIONS

WHAT THE IRREGULARS ARE ASKING, AND THE ATTITUDE OF THE PROFESSION.*

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WE shall confine our remarks to osteopathy, chiropractic, and optometry.

OSTEOPATHY.

The osteopaths want legal recognition as qualified practitioners of a recognized art of healing, and equal rights in regard to hospitals, sanitaria, vital certificates, insurance, etc. They have also asked the Government to authorize the establishment of a college and infirmary and of a Board or Council similar to the present Medical Council. They further request that regular osteopaths now practising should be entitled to continue to practise. There are about 100 of this class of drugless healers in Ontario—25 in Toronto.

Let us now see, if we can, what osteopathy is. If anyone ought to know, Dr. Still, the inventor, should. He says, osteopathy is simply this: "The law of human life is absolute, and I believe that God has placed the remedy for every disease within the material house in which the spirit of life dwells. I believe that the Maker of man has deposited in some part or throughout the whole system of the human body, drugs in abundance to cure all infirmities; that all the remedies necessary to health are compounded within the human body. So I hold that man should study and use only the drugs that are found in his own drug-store—that is, in his own body."

Osteopahy is then a science built on this principle: that man is a machine, needing, when diseased, an expert mechanical engineer, or osteopath.

R. B. Henderson, D.O., president of the Ontario Association of Osteopathy, submitted the following definition to the Royal Commissioner: "Osteopathy is that science of healing which emphasizes the diagnosis of disease by physical methods with a view to discovering not the symptoms, of which we take full cognizance, but the causes of disease in connection with misplacements of tissue, obstructions of the fluids, and interference with the forces of the organism. The treatment of diseases by scientific manipulation in connection with which the operating physician mechanically uses or applies the inherent resources of the organism to overcome disease and establish health."

* Read at the meeting of the Toronto Academy of Medicine, Jan. 4th, 1916.

He also informed his Lordship that from June, 1874, Dr. Still discarded drugs and gave his full attention to the practise of treating disease by manipulation.

No wonder that our confrères in the United States and the profession in Ontario regard osteopathy and massage as convertible terms. And does not this fact furnish a key to the possible solution of a dilemma in which some interested may find themselves placed?

Dr. B. D. Harrison, secretary, Michigan State Board, says: "Supreme courts have, where the question has been raised in unequivocal language, ruled that osteopathy is massage and involves the practise of medicine, and that osteopaths are masseurs. It is a matter beyond dispute and within the exact knowledge of every intelligent man, that osteopathy is a rank fraud, notwithstanding the fact that it has been successfully launched in the American public and has obtained a legal footing in a majority of the States."

Doubtless, Dr. Harrison had in mind Dr. Still's sublime dictum just quoted, and that as a new system of medicine, osteopathy had quite failed to justify itself. There must surely be something elusive as well as delusive about it, for Dr. Barklie, one of its adherents, informed the Royal Commissioner, "that practically every States of the Union regards or defines osteopathy differently." And the *Journal, American Medical Association,* of March 29, 1913, says: "We have therefore the situation of osteopathy being the 'practice of medicine' in fifteen States, while there are twenty-one States in which it is not."

Surely the Legislature of Ontario would not be justified in legalizing osteopathy, and thus encouraging the serious youth of the country, caught in the meshes of its sophistries, to spend years of valuable time in the vain effort to untie the Gordian knot, only to find out after all that when cut there was but massage—or manipulation! "Under the name of osteopathy it is attempted to elevate one of the oldest aids to treatment in use by the Greeks, Chinese, etc., to the rank of an exclusive system. Osteopathy is mechanotheraphy carried to an extreme."—*The Americana.*

Journal A. M. A., Dec. 4th, 1915, p. 2012: "A recent number of a periodical published in the interest of osteopaths contains a number of references to the death of a boy from diphtheria—the son of the editor, who is an osteopath. The latter says: 'I had never seen a case of diphtheria before, never even thought of looking at his throat. . . . Isn't it best,' he says, 'to be a physician first, and osteopath second?' He quotes another osteopath: 'Two days ago I talked to a 1915 graduate who has never seen a case of measles, scarlet fever, diphtheria, erysipelas, typhoid fever, or a single obstetrical case.'"

Journal A. M. A., Dec. 11, 1915, p. 2093: A football palyer in St. Louis recently received an injury to the cervical spine. After a careful examination in the City Hospital, it was determined that surgical interference was not indicated in that fragments of the vertebra were not then pressing on the cord. The surgeon in charge was replaced by an osteopath by an order from the Mayor to the Hospital Commissioner, says the *Journal Missouri State Medical Association*. For five days the patient had been resting quietly with a gradual lessening of the effects from the hemorrhage into the cord. Then the osteopath applied a jury-mast to the victim's head, which resulted in renewed shock, a scream, and a plea from the patient to remove the apparatus. The patient became cyanotic. The extension was removed on account of the patient's bad condition. Death followed about two hours later. . . . . Here it seems is another instance in which the delicate watch was given over for repairs not to a skilled watchmaker but to a blacksmith—who did not know enough not to interfere. The change of the patient from a condition of quiet restfulness, with its possible chance for recovery, to one of sudden pain, shock, and speedy death, was too promph to be interpreted otherwise than as due to the use of methods entirely unwarranted by the condition."

CHIROPRACTICS.

This method of drugless healing was founded by Palmer, in Davenport, Iowa, about 1900, ten years or so after the advent of osteopathy, and according to R. C. Barklie (before the Royal Commissioner), it has already swept America. It has official recognition in five States of the Union, and is said to have 100 colleges of one kind or another. "This science, like osteopathy, is distinctly mechanical" (Barklie), and it has 100 odd followers in Ontario. They request official recognition by the Government.

The two most basic facts of chiropractic ars:

1. That the physical cause of all so-called diseases is vertebral, subluxation and nerve impingement.

2. That the trained chiropractor, with his trained and intelligent hands only, by adjusting the vertebrae that are subluxated, will remove the cause.

The system of the chiropractor involves only the removal of the cause of the disease, diagnosis, therefore, becomes useless—save to know between contagious and non-contagious diseases—not to assist or guide him in his work.—Du Val.

D. D. Palmer, of Davenport, Iowa, who has developed chiropractic, which his father established, and has a college there, appeared as a special represenative of this ilk before the Royal Commissioner.

Q. You eliminate medicine, surgery and obstetrics?

A. Yes, your Lordship; physiology, pathology, bacteriology, not essential.

The chiropractic as a matter of fact does not need diagnosis, the patient's backbone tells its story. I presume by this time your Lordship has understood that chiropractic is a backbone adjustment, and confines itself to that; therefore, we become experts on that bone, specializing on that.

To this very frank and explicit statement of creed and practice may we not add that in the opinion of the profession the chiropractic and his backbone should be ruled out; and that it would be a tragic traversity to legalize in this country such a burlesque of medicine.

OPTOMETRY.

The optimetrists are seeking legislation giving them incorporation virtually as a profession, a distinctive name with a definite status, a college and board, power to deal with curriculum, examinations, certificates, to grant exemption certificates to those already in business, and to preclude the purchase of ready-to-wear spectacles, except at permanent places of business, and inflict penalties, etc.

It is claimed that optometry is not the practice of medicine, whereas it is an integral part of ophthalmology and belongs distinctly to physicotherapy. This attempt on the part of the more ambitious opticians is the less justifiable because they have already a charter of incorporation with wide powers; and because for years practical training in ophthalmic work, including refraction, has been compulsory in the curriculum of the medical colleges. The resolution, with preamble, adopted by the Section of Ophthalmology and Oto-laryngology of the Academy of Medicine gives succintly various points involved and expresses the attitude of that body in the premises, and doubtless of the profession at large:

1. Whereas in a large percentage of the cases of eyestrain, especially in adolescents, the use of medicine is required in order properly to gauge and correct any optical defects present, and none but practitioners of medicine have the right to use drugs to this end, and so-called optometrists can have no privileges in this regard not now held by opticians;

2. Whereas, moreover, in other States where similar legislation has been secured, it has proved injurious instead of beneficial to the public, amongst other reasons, by increasing the number of those seeking aid from the optician who really need the services of the physician and oculist.

3. Whereas, opticians, who have a legitimate sphere in a mechanical pursuit, are necessarily ignorant of the far-reaching effects of eyestrain

and of diseases of the eye and of the changes which the organ may reveal, indicating affections of the nervous, vascular and other systems and parts of the body.

4. And whereas under their present charter of incorporation opticians can adopt and utilize a variety of means to develop greater skill and usefulness in their calling and can exclude the unfit from their ranks, without further powers.

5. And whereas opticians have been and are tradesmen, and buy and sell and advertize like other merchants; and are not entitled to be recognized as a *profession* any more than the makers and vendors of artificial limbs, who follow a similar calling.

Therefore, resolved, That the members of the Section of Ophthalmology and Oto-Laryngology of the Academy of Medicine are strongly opposed to the proposed legislation sought by certain opticians as not being in the public interest, especially where power is granted to confer a license or certificate which may give even inferentially the right to use such terms as "Doctor of Optics," Doctor of Optometry, (D.O.) Ophthalmic Doctor, eyesight specialist, which quasi-degrees mislead and impose upon the public as they do not necessarily indicate any special skill and confer no professional privileges such as medical practitioners alone enjoy.

Attitude of the Medical Profession.

The profession stands confirmed in its unalterable decision that there should be but one standard of fitness for licentiates and but one portal to its ranks,—matriculation, a thorough training for at least five years, a common imprimatur,—and it will strongly oppose any measures which tend to degrade such standards and to give legal professional status to quasi-medicos of any sort. It was to this and that the Medical Act was passed "simply and solely" as Mr. H. S. Osler, K.C., has said, "to protect the public against incompetence."

The profession has been waiting for years for an authoritative and comprehensive definition of the practice of medicine,—on the whole patiently, but at times in a naturally restive mood because of added injustice due to delay,—and it will certainly repudiate any definition which reduces the well-recognized and legitimate scope of modern medicine.

Our attitude towards irregular practitioners was shewn years ago in the efforts of the Medical Council as trustee of the profession, to secure conviction in the courts against one and another trespasser. That it was thwarted in its repeated attempts in this behalf by a most narrow interpretation of the law, which sadly failed to reflect the usual breadth

and acumen of the judicial decisions of our higher courts, we are only too conscious. And the further failure of the judiciary to take the onus of setting a precedent stands in marked contrast to the philosophical and logical judgments of superior court judges in the United States, who boldly tackled the problem.

Mr. H. S. Osler, K.C., in presenting his brief for the College of Physicians and Surgeons of Ontario before the Royal Commissioner said "this (case*) is probably the most important and I may say, I think, the most unfortunate decision of our courts upon the subject. It is the judgment of the Divisional Court and under the practice the court of *last resort* in matters of this kind. In this case it was decided in the most unqualified way that the Ontario Medical Act was entirely confined to actual surgical operations and attempts to cure or alleviate disease by means of drugs or medicines: and left the door wide open for anybody, no matter how much or how little his education nor qualification was, to practise the art of healing by every imaginable means so long as he did not actually prescribe or use drugs." "This ridiculously inadequate definition—from which the majority of the court of appeal dissented—for many years stood as the decision of the courts; and owing to that decision the drugless healers were able to pour into this Province in large numbers."

It transpires that only by *legislation,*—resort to which has so far been refused to the medical council—can this anomalous and palpably unjust condition of things in force for a number of years be corrected.

While the faulty interpretation of the Medical Act by the courts, has for the nonce rendered it invalid, it does not at all condone the action of those interlopers who have taken advantage of it. They are really in the position of squatters as the plea already made in their case indicated, and if the legislature does its duty they cannot get title.

What is the moral of the present situation in Ontario? of the advent of hundreds of intruders who, without let or hindrance, stay in this it was thwarted in its repeated attempts in this behalf by a most narrow country year after year and glean what the ycan of the harvest in the domain of medicine here? We should bear in mind that the public is credulous and confiding, impressionable and imitative; and ready to catch at mere straws to be saved from a sea of ills; and, moreover, people are prone, and not always as a last resort, to worship at the shrines of false gods, if any hope of healing is held out. Besides not a few sick folk will try to get relief if not cure somehow and anywhere, if need be.

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* R. V. Stewart, 17 O.R., p. 4.

There can be no doubt too, that the general public is very lax: To many a doctor is a doctor and that is the end of it, especially if he has a license from the State to practise anything; and the temptation (with the irregulars) is to ignore their limits;"—and the people unwittingly take their chances.

That an Empiric who can "cure" one case in ten is assured of success,—if he advertize,—does not quite explain the situation: What is more to the point is, that massage which is the essence of osteopathy (despite protests), if rightly applied does relieve much discomfort and disability and people finding that out go where it is practised.

Is there no lesson for the profession in all this, may one not ask? Has not diagnosis too often been at faults? and the knowledge of *when* and *how* physical therapeusis *e.g.*, should be brought into play been lacking or not utilized? What about massage, electricity, the X-ray, etc.? Is practical instruction in these matters as much in evidence as it ought to be? What is the remedy? not osteopathy or chiropractic, nor, let me say, any mongrel institution (as has been suggested) which would tend to put a premium on such heresies: The universities and medical faculties and hospitals, already seized of the situation, can the foundation-stone of treatment, and will find more money and men, and give greater facilities to meet these ends; And as to time, which cannot be made or bought, why if it has to be let it be, a six years' course.

THE TROUBLES OF THE GENERAL PRACTITIONER—THEIR CAUSES, PREVENTION AND CURE.*

By Chas. R. Dickson, M.D.

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So much is involved in the findings of the commission appointed by the Government of the Province of Ontario, to enquire into the status of the practice of medicine in this Province, and any changes in the present legislation which may seem advisable, that its deliberations should be watched by all of us.

Personally I am much interested in the outcome, because my father, the late John Robinson Dickson, of Kingston, was one of the prime movers in the organization and foundation of the College of Physicians and Surgeons of Ontario. He had a great deal to do with the framing and passing of the Medical Act of that time and in consequence thereof, was unanimously elected the first president of the college in 1866.

* Read at the meeting of the Toronto Academy of Medicine, Jan. 4th, 1916.

He was a man of very progressive ideas, and if these ideas had prevailed to a greater extent in recent years we would now be hearing less about the irregulars, who are causing so much trouble at present.

Three visits to the sessions of the commission have convinced me that a stiff fight is ahead of our profession, if it is to secure the legal protection to which it is entitled as the custodian of the health and welfare of the public.

Hours instead of minutes could be devoted very profitably to consideration of the troubles of the general practitioner, but I shall confine my attention to three only.

First: others are now doing much of the work that the general practioner in the good old days considered his special province.

Second: the general practitioner does not occupy the high place which he formerly held in the estimation of the public. He has lost prestige.

Third: the general practitioner is not receiving the legal protection to which he is entitled.

A few causes for these troubles must suffice: first as to the limited field of work. In the front rank, must be placed the rapid growth of specialism. Formerly he had only the regional men to consider as eye, ear, nose and throat men now he is confronted with haematologists, serologists and imunologists. Then the hospitals are stealing his patients by advertising for them unblushingly in the public press unchallenged by the profession but he must not advertize for that would be unprofessional "for him." These are legitimate sources of leakage. He still had the fevers and some chronic cases left but alas the irresponsible unqualified irregulars have stolen a lot of these.

When has caused his second trouble, loss of prestige? In the good old days, the family doctor did almost all of the reading and thinking about health matters for his patients. They rarely got beyond the almanac, some rather harmless home manuels on health, family adviser, etc. Now all this is changed. His patients do a lot of reading and thinking for themselves, and his opinion is not so frequently sought nor so highly valued as formerly: also sometimes his patients do a little experimenting on their own account and try an irregular, for a change, and should that irregular cure one of his old chronics, as he sometimes will, medical stocks drop a point or two.

The cause of No. 3, lack of legal protection, is that the public will not back the proper enforcement of the law. The public has had to swallow so many drugs in the past that, that, it thinks the practice of medicine means always the administering of drugs that treating sickness by any other means is not practising medicine. More over public opinion

believes that the medical profession is a close corporation; or in other words a trust. Now it is more popular to "bust the trusts" than to encourage and help them, and public opinion says "persecution" when the C. P. S. O. says "prosecution." Law is public opinion garbed in ancient costume, so that its friends will not recognize it and treat it with disrespect.

The prevention and cure of these troubles is a comparatively easy matter. Let the general practitioner wake up. He must find out what makes success. He must take a leaf out of the other fellow's book. He can get even with the specialists by becoming a specialist himself in preventive medicine. Many of his patients are now drilled into consulting the dentist at regular intervals, in order that their teeth be preserved from destruction. Why should not every one of his patients consult him at fixed regular intervals say yearly, half yearly, or better still every three months, entirely irrespective of how they happened to feel at the time, and entirely irrespective of how of the ordinary consultation visits, for the thorough examination of the body and its functions. In this way many diseases could be recognized that otherwise might escape notice until much valuable time had been lost and other diseases could be prevented. He could decide which cases to refer to other specialists, which to refer to the hospitals and which to keep for himself. Then let him probe into the reasons for the success of the irregulars, who use no drugs. It is a very poor handful of chaff that has does not contain at least one grain of wheat, and, instead of throwing away the whole handful, wheat and all, let him pick out that grain and use it. He will find it profitable and strictly ethical, too. He may even come to believe that the irregulars have not a monopoly on the chaff business. For instance one cult of irregulars says mind is everything matter is nothing: does not the regular school work very largely on the principal that mind is nothing and matter everything? The truth is that mind has much greater influence upon matter than some of us give it credit for. Again other cults of irregulars claim that a bone is out of place or a nerve being pressed upon and that these are the causes of all diseases which is a lot of chaff on their part. But some of these individuals know a lot about the sympathetic nervous system and about the benefits of deep massage and manipulating joints thereby promoting absorbtion, stimulating elimination and metabolism and relieving pain. Massage, vibration, various forms of electrical energy, and light will do these things and more in a better and safer manner. If more attention had been paid to the use of physchology, massage, electrical and light energies, vibration, and other physical therapeutic agents, and more study had been devoted to the anatomy

and physiology of the sympathetic nervous system in the past twenty-five years, we would not now be bothered about Christian Scientists, Osteopaths, Chiropractors, Manotherapists, drugless physicians, and others who are now asking for everything worth while. The Manotherapists have indeed already obtained their charter to teach and grant diplomas, consequently have no bones to pick with the regular profession; with whom they say they desire to work in harmony and co-operation.

The fault lies with our universities; they have paid practically no attention to the subjects alluded to, in spite of the advances which have been made in these subjects in recent years. No special privileges should be accorded to any of these institutions. Instead of limiting the powers of the C. P. & S. increased powers should be granted it. A sane definition of "medicine" and of "practising" should be devised, invented or imported, that no lawyer could twist and misconstrue to suit his whim. It should rest with the C. P. & S. who to say should be permitted to so make people well or keep them well or prevent them from getting sick, and every possible assistance should be accorded by the courts to prosecute all offenders.

Medical men throughout Ontario should unite for their own welfare as well as that of the public. At least one influential practitioner in each constituency should be fully provided with arguments from the medical standpoint. He should interview the representative of his constituency for the Provincial Legislature and place the arguments fully before him. For it is the votes of these representatives that will decide whether the practitioner is to have fewer troubles or more. If the irregulars succeed in obtaining any concessions from the Ontario Legislature similar concessions will be sought for throughout Canada.

192 Bloor St. W.

MEDICAL PRACTICE AS A PUBLIC SERVICE.*

By John Ferguson, M.A., M.D.

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IT may be laid down as an axiom that all law is for the welfare of the public. The statement made in the twelve tables of the Roman law, salus populi suprema lex est, is as true to-day as at any time in the past. Coke tells us that "Reason is the life of the law; nay, the common law itself is nothing else but reason," and Burke is authority for the

* Read at the Toronto Academy of Medicine, January 4th, 1916.

say "Law is beneficence acting by rule." The aim of law should be to interfere with liberty of the individual only when the safety, peace, prosperity and welfare of the people demand such interference with freedom of action.

Too much has been made of the argument about the Liberty of the Individual. Our liberties are curtailed on almost every side. It is the law that maketh us free. Members of the medical, legal and theological professions have their actions limited and guided by rules that are the evolution of much experience. The citizen in his daily dealings is surrounded by a multitude of restraints. We all enjoy the greatest measure of freedom in the pursuit of our calling, in the earning of a livelihood, in the up-building of the country, and in the advancement of the public weal, so long as we perform our acts so as not to wrong others. When the boundary line of the rights of others are approached, we find the strictest limitations set for our own actions. This is the essence and sine qua non of all civilized and Christian life.

Taking the great Roman aphorism, *salus populi suprema lex est*, as our guide, it becomes self evident that the first and wegihtiest of all obligations resting upon legislators is to frame all our laws with this end in view. The *salus populi* must be supreme. It is for this reason that we have laws dealing with the adulteration of food, governing the sale of dangerous drugs, preventing the performance of certain operations, regulating the commitment of the insane, the inspection of ocean bound vessels, and so on. In no walk of modern life is the truth of *salus populi* more in evidence than in the demand for a high standard, both of education and ethics, in the medical profession.

Any law that would permit one to undertake the grave responsibilities of diagnosing disease, prescribing for human ailments, or treating diverse injuries, without first compelling such person to become as efficient as modern methods can make him, would be a crime committed by such legislation upon the people. Such a law would be the very antithesis of *salus populi suprema lex*. It would be the very opposite of the view enunciated by Coke that "Reason is the life of the law." If one considers the evolution of such laws as govern the control of the insane and their property rights, the care of patients in our hospitals, the licensing of persons to practise medicine, it will at once become apparent that the guiding principle has been the safety and protection of the people.

All history has proven that people have to be protected from themselves. In many affairs of life they are not capable of judging what is for their own good. The practice of medicine is one of these. It is one of the most complicated of modern studies, involving as it does a know-

ledge of a number of sciences, such as chemistry, physiology, anatomy, bacteriology, pathology, therapeutics, and the keenest training of the nurses to recognize disease, and of the intellect to apply the proper remedy. Ordinarily the people are not competent to choose between the one who possesses such knowledge and the one who does not, if each is granted the right to call himself "doctor."

It is only when we regard medical practice as a public service that we get the true conception of the position of the medical profession. It may be true that many enter the profession because it holds out to them the opportunity for social position and a reasonable prospect of a sufficient income; but the law should take that other view that in licensing one to practise medicine, he is sent forth to render to the public a very important service, and that social standing and income are incidental and subordinate to that of service. Before either come to him, he should be competent to render a proper service to those who seek his advice. The sacred and inalienable rights of the people demand that every one who is permitted to treat disease must first have been taught the most recent views regarding disease. The lofty idea of life and health far over shadows all other considerations.

We know that there is a deadly poison in the belladonna plant, and yet a certain cult which now practises medicine says that the poison is in the plant only because we think it is there. The same cult tells us that disease is only a delusion of mortal mind. We know that there is a science of bacteriology, and that many of these organisms are the causes of much of the sickness of the world. Nevertheless, in the face of this definite and positive knowledge, a certain cult, with the boldness of autolycus and the ignorance of laliban, declares that bacteriology is a myth, and that this branch of medical science has no place in what one should know in order that he may skilfully treat disease. To permit people obsessed with such opinions to treat disease is less rational, from the public standpoint, than would be the throwing open of the doors of our asylums and letting the insane loose upon the community. Surely if the community have a right to protection from one form of madness, it has a greater right to protection from this other and more dangerous form of mental aberration, coupled with mercenary motives and cupidity. From the standpoint of the people, the one who undertakes to treat disease, as far as possible, should be so trained as to make no slip of word or knife. The spoken word of advice may be as fatal, in its effects, as the false cut. To say that a certain illness is not diphtheria, when such is the case, may mean the death of some one, or even many.

One of the normal effects of all law is to create responsibilities.

Transportation companies are compelled to observe certain conditions for the *salus populi*, the safety of the people. A municipality is held responsible for accidents caused by defective roadways. The individual is quickly brought to book if he violates the rights of his neighbor. The legislature, however, owes no responsibility for the disasters and deaths that may follow in the footsteps of those who are allowed to practise medicine, without first having taken a full course of study in the healing art. This is surely a wilful breaking of the great commandment to do unto others as you would have others do unto you.

It is difficult to imagine anything more absurd, indeed more morally wrong, than to tolerate those who do not know, or worse, do not believe in contagion, treating disease. Just think of a Christian Scientist treating a case of acute mania, or an osteopath trying to cure dementia præcox by massaging the head, or a chiropractor claiming to remedy pelvic disease by manipulating the vertebra prominens! This is not mythology but actual fact. It is no part of the legislature's duty to decide under what name any one shall practice; but it is its duty to enact that he must be fully trained in everything that makes up a modern medical education. At great expense many individuals and the Legislature of this Province have built colleges and hospitals ,and are giving large sums annually to maintain these. It would be a *reductio ad absurdum* to permit untrained persons to put out their signs and treat disease.

The people have their rights; and the greatest of these rights is that of protection from the unskilled beater, by whatever name. Fine colleges and hospitals now exist. The people should be protected from the chance of falling into the hands of any one who has not acquired the scientific and practical training these institutions can afford. The public also are entitled to demand that no new institutions be established with the view of furnishing short cuts to some form of medical practice. The selfishness of man must be restrained; and all down the pages of history he has preyed upon the sufferings of his fellow man. Against this sort of parasitism the people must be safeguarded. This is the duty of the Legislature, as Wordsworth says, "Stern duty, daughter of the voice of God." The individual should be free to go where he pleases for his medical attendance; but no matter to whom he applies, the law should guarantee an average standard of efficiency. On the other hand there should be no hesitancy on the part of the law in the curtailing the liberty of those who would attempt to palm off some imposture as medical science. In order that "law be," as Burke said, "beneficence acting by rule," the law must be good; and no law is good that is not founded on "reason," according to Coke, and has for its final aim

the safety of the people, as laid down in the twelve Roman tables.

Richard Hookes in his splendid way tells us: "Of law there can be no less acknowledged, than that her seat is in the bosom of God, her voice the harmony of the world; all things in heaven and earth do her homage, the very least as feeling her care, and the greatest as not exempted from her power." This is the conception of the law that should govern the relations between the people and the doctors. It should embody the justice of the Hebraic code, it should firmly place in the background blatant ignorance, it should regard disease as life destroying and the physician as life saving, and it should hold that in this struggle for life the sick person is entitled to the best that science can give. The legislator who does not go this far is guilty before the people.

THE DANGERS OF SACCHARINE.

While it is fortunate that we have such an acceptable substitute, from a gastronomic point of view at least, for sugar as saccharine, still we must not close our eyes to its dangers. Certainly it should not be placed in the hands of a diabetic who will have to use it over long periods of time, perhaps the rest of his life, without some reservations or qualifications. It should be remembered that while sugar is a food saccharine is only a chemical substance which happens to have for one of its properties an extremely sweet taste. Derived as it is from coal-tar, it would be surprising indeed if it did not possess somewhere some drawback or undesirable quality, for all the members of this family seem to have one pet failing or another. Saccharine has been accused of being instrumental in causing certain forms of cancer, the so-called pitch or tar cancer. Of course, nearly everything in the earth, sea, and sky has been accused at one time or another of producing cancer, but the evidence against saccharine of being at least a predisposing cause of certain forms of epithelioma is sufficiently weighty to make us avoid taking risk of using it except through compulsion. Be it innocent or guilty in the cancer matter, at least we know that it is a chronic irritant to the gastrointestinal tract, particularly to the stomach; that much has been demonstrated beyond cavil by the Department of Agriculture in 1911 and published as Report No. 94. Taken internally over long periods or in excessive doses it causes various digestive disturbances, prominent among which are hyper-chlorhydria and nausea. In fact any dose over five grains may be considered unsafe. We are certainly not justified then in the somewhat complacent attitude assumed by some members of the profession toward this drug, but should issue it to diabetics with the same caution and admonitions with which we would accompany the giving of any other powerful medicine.—*Medical Record.*

CURRENT MEDICAL LITERATURE

ANTITYPHOID VACCINATION IN NORTH AFRICA.

The bacteriologists of the Algerian Pasteur Institute have been actively employed during the last sixteen months in preparing antityphoid and antiparatyphoid vaccines for the French North African army, using Vincent's method of preparation, and also finally heating the vaccine to 58 deg. C. for an hour. In Algiers, what is commonly known as typhoid fever has been very carefully studied by Roussel. In two and a half years between 1911 and 1913 he made 303 positive cultivations from the blood of typhoid patients. The microbe grown was the *Bacillus typhosus* in 227 cases, *B. paratyphosus* A or B in 72, the A variety being more often met with than the B; in the remaining four cases Roussel found two new intermediate types of paratyphoid bacillus which he terms C (three cases) and D (one case). The vaccine employed was designed to protect against the first three of these. Each cubic centimetre contained 400 million typhoid bacilli, and 200 million paratyphoid A and C combined. Four inoculations were made, containing respectively ½, 1, 1½, and 2½ c.cm. of the vaccine, in each case. Over 100,000 soldiers were treated in 1914-1915; it was noted that the local and general reactions were no more severe wth the mixed vaccine than they had been up to October, 1914, when a simple antityphoid vaccine was in use. The results of the employment of the mixed vaccine are described as most satisfactory throughout the North African army. In Algiers itself both typhoid and paratyphoid A and B fevers are endemic among the unprotected civil population; several hundred cases are treated yearly in hospital. But no case has occurred among the fully inoculated soldiers of the garrison of Algiers; nine have been recorded among the few non-inoculated soldiers, and five among those who were in process of being inoculated.—*British Medical Journal.*

PHENOLPHTHALEIN.

Dr. J. C. McWalter, of Dublin, communicates to the *Lancet* for November 20, 1915, his conclusions as to the value of phenolphthalein as a laxative, after having exhibited it over 1,000 times. Among other things, he states: It is singularly painless as a rule. This is its chief advantage. Further, it does not seem to lose its effect, at least, until it has been persisted in for a considerable time. Some observers state that it occasionally becomes absorbed, acting on the kidneys and causing

backache, but Doctor McWalter has not observed this in small doses. Its action is very much like that of cascara sagrada, but probably more active and less griping. It seems almost an ideal laxative in pregnancy. It should not be given in tablet form unless mixed with chocolate, but it may be given in powder or in cachets.

Phenolphthalein is particularly useful in intestinal toxemia, because obviously what is required is a mild antiseptic, capable of being taken for a considerable period without toxic or cumulative results, and yet free from those irritating effects on the mucous membrane of the intestine which render most purgatives harmful in such cases. In chronic muco-membranous colitis the use of intestinal antiseptics is generally disappointing, but phenolphthalein will be found, in doses of half a grain thrice daily, eminently satisfactory in preventing enterospasm, easing pain, checking the excessive secretion of mucus, ameliorating the neurasthenia, and generally improving the patient's condition. Like all drugs of its kind, phenolphthalein has become much dearer since the war, but the dose being small, the actual cost is negligible.

CONTROL OF DIPHTHERIA CARRIERS.

Long clinical experience showed William Ewart (*British Medical Journal,* December 11, 1915) the curative value of a coating of oil applied to the nasopharyngeal mucous membrane in diphtheria, influenza, pertussis, tonsillitis, etc. For this purpose jasmine oil was found to be the most satisfactory, since it is free from irritating properties. With the patient reclining and head thrown far back, half a medicine dropper full of the oil should be introduced into the nostrils drop by drop. The position should be retained for a minute after completing the instillation, after which the head should be rotated first to one, then to the other full lateral position. As the head is then raised, the oil slowly runs down the back of the nasopharynx and it may either be swallowed, or may be allowed to spread over into the larynx and trachea. The treatment should be frequently repeated. The local inflammatory condition is promptly relieved and cure of the infection accomplished. It has proved serviceable in ridding diphtheria or influenza carriers of organisms.—*N. Y. Med. Jour.*

GLYCOSURIA IN CHRONIC INTESTINAL STASIS.

Alfred C. Jordan (Reprint from the *Proceedings of the Royal Society of Medicine,* 1915, vol. viii., Electro-Therapeutical Section)

draws attention to the connection between glycosuria and chronic intestinal stasis and the changes in the pancreas which occur as the result of the chronic intestinal stasis, causing it to become nobular, a condition of chronic pancreatitis which yields to successful treatment of the stasis. In glycosuria we have usually to deal with the subjects of chronic intestinal stasis, and it is frequently associated wit hlong-standing gastro-intestinal disorders, and occurs in the subjects of rheumatoid arthritis and of Graves's disease, etc. Notes of two cases are given. The first, an officer aged 22, had an attack of appendicitis four months previously, and an abscess in the right iliac fossa was opened, and a pint of pus let out, with a small leaden shot, thought to have been swallowed with some game. A fortnight later phlebitis of the left leg and thrombosis of the femoral vein developed, but he eventually made a good recovery. Ten days prior to examination he became constipated and suffered from flaturence, and the bismuth meal showed extreme delay in the lower end of the ileum, the last coils of which were enormously dilated, and subsequently great retardation in its passage through the large intestine, practically the whole of the bismuth being in the transverse colon after ninety-eight hours. Prior to operation a large percentage of sugar was found in the urine, and the patient died soon after in diabetic coma without the operation having been performed. The second case was that of a woman, aged 47, who at the age of 30 had had Graves's disease, which yielded to treatment by rest, diet, and aperients. Beyond being the subject of chronic rheumatism, she remained in fairly good health till five months before coming under observation, when she complained of thirst, loss of appetite, occasional nausea, and wasting. She became constipated, and the urine was found to contain a large percentage of sugar. Six hours after a bismuth meal half was still in the stomach and half in the lower ileum, the terminal coil of which was tortuous, hypertrophied, and felt like a thick cord, and was firmly tied down in the right iliac fasso. At the end of twenty-three hours the lower ileal coils were still well filled, indicating extreme ileal stasis, and the ileal kink was present. At the end of thirty hours all the bismuth was in the large intestine, but after forty-seven hours none had advanced beyond the middle of the transverse colon, only a little having entered the descending colon, thus pointing to an extreme degree of stasis. This patient died a few days later in diabetic coma, no operation having been possible. On several occasions in other patients slight or transitory glycosuria has been present in the subjects of stasis, and the above two cases point to the very definite relation which exists between diabetes mellitus and chronic intestinal stasis.—*British Medical Journal.*

GUNSHOT WOUNDS OF THE ABDOMEN.

Dr. E. P. Frantske, writing in the *Ronosky Vratch,* says: In the First Warsaw Red Cross Hospital were admitted 5,200 wounded, and only fifty-nine had suffered penetrating wounds of the abdomen. The small percentage is remarkable, yet, as the author points out, this probably does not represent the exact ratio, since many cases of abdominal injuries prove fatal on the battlefield, while many others are treated in the field hospitals. Of the fifty-nine abdominal wounds observed by the author, thirty-one were subjected to operation, with laparotomy in eighteen cases. Most of the injured already suffered from a well-developed peritonitis, eight having died a few hours after admission. Of the total number, twenty-six, or about forty-four per cent, died, all from peritonitis, with the exception of one. Most of the fatal cases resulted from injury to the small intestines, next the bladder, liver, kidneys, and finally the colon. It was observed that an operation performed during the acute stage of peritonitis almost invariably proved fatal, and that waiting until the acute symptoms subsided was better surgery. The expectant treatment consisted of absolute rest, strict died, administration of morphine or opium, ice or hot compresses to the abdomen, and saline infusions. In generalized peritonitis hot air proved more efficacious than any other form of heat. The author argues against conveying those injured in the abdomen to distant hospitals, as it increases shock and occasions delay.—*N. Y. Med. Jour.*

TYPHOID FEVER IN CHILDREN.

K. G. Percy (*Boston Med. and Surg. Jour.*) analyzes 308 cases of typhoid fever which have been treated in the Children's Hospital of Boston since 1913. This series embraces children from infancy through the twelfth year. The author comes to the following conclusions: Typhoid is a relatively common disease in childhood and far more prevalent in infancy than formerly supposed. Symptomatically it is ushered in very much as in adults, with headaches, fever, malaise, and abdominal pain as the most frequent symptoms. In this series and in a large collected series from the literature, the spleen is enlarged in 71 per cent. of all cases, rose spoots are seen in 61 per cent., positive Widals are seen relatively early in 88.2 per cent., white blood count is below 10,000 in 73 per cent. The fever lasts an average of twenty-five days. Relapses occur in 11.8 per cent., intestinal hemorrhages in 4.2 per cent., perforation of intestines in 1.2 per cent., complications in 10.6 per cent., and the mortality is 5.3 per cent. Therapeutically, a diet, bland, high

caloric, and suited to the individual need of each patient, is most important. Hydrotherapy seems to have a vital place in the treatment of the febrile and delirious stage of the disease. Enemata are essential in a high percentage of cases. Stimulants and other symptomatic drugs are to be used as need arises, for typhoid is a disease, cured not by medicine, but by good nursing, and keen, sensible therapy.—*Medical Record.*

DRUG AND ALCOHOL ADDICTION.

Sir William Collins delivered the sixth Norman Kerr Memorial Lecture before the Society for the Study of Inebriety on October 12th, Dr. Mary Scharlieb presiding. The subject which, as the lecturer said, had been dictated to him, was "The ethics and law of drug and alcohol addiction." In dealing first with the nature of addiction to noxious agents, he said that the pathology of inebriety, which in its confirmed form was indistinguishable from moral insanity, had been too materialistic in accentuating the physical aspect of its causation with its implied irresponsibility. When dealing with agencies which abrogated consciousness and subordinated conscience to appetite, we had passed outside the range of histology, physiological physics, and even of biochemistry. He believed that alcohol and drug addiction ought to be regarded as examples of the surrender of self-control in favor of self-indulgence, of the voluntary preference for the lower in the presence of the higher alternative of volition, exercised in obedience to appetite rather than to the higher command of conscience. Those who, on the other hand, were committed to the physical causation of inebriety, and to determinist philosophy, must, it seemed to him, flounder in the quicksands of responsibility and irresponsibility, and would "continue to search in vain for something out of a bottle, or, maybe, a hypodermic injection, wherewith to redeem the sot and rehabilitate the will." In discussing the part legislation might play, and more particularly the spirit in which Governmental intervention should be undertaken, Sir William referred to the principles of the law of equal liberties as enunciated by Spencer and Mill. Their doctrines, he said, might sound somewhat out of date in the ears of the social reformers of to-day, and eugenists and sociologists now presented a new principle wherewith to inspire legislation—namely, that the social instincts were to be conceded preference over individual instincts, and that where there was conflict between social action and self-regarding action the law was to step in and forbid that which was inimical to the cohesion of society. This read like a resuscitation of Rousseau's *Contrat Social,* and with easy descent would lead to

the odious dictum that minorities, and a *fortiori* individuals, had few or no rights at all. A safer path would be to follow the line indicated by Mill in the fifth chapter of his *Essay on Liberty,* in which he enumerated the principles that had been adopted as the basis of the pharmacy and poisons Acts, and justified the State in imposing restrictions on drink dealers, although, apart from the justification arising out of the interest of these dealers in promoting intemperance, such restrictions would be infringements of legitimate liberty. The kernel of the whole matter was in the restraint of liberty to secure a larger and truer liberty; the limitation of self-will in the interests of free-will and self-control; the repression of self in the cultivation of self-hood—principles which needed to be safe-guarded alike against undue application and undue neglect. Finally, the lecturer passed in review recent legislative action, urged certain radical reforms in the pharmacy and poisons laws, and suggested also that it would be salutary if medical men would think, not once or twice, but many times, before prescribing potent drugs of addiction for internal exhibition if, as often happened, simpler and non-abusable remedies would meet the case. He referred to the prohibition of vodka in Russia and absinthe in France, and expressed himself convinced that little progress towards individual and national sobriety would ever be effeited unless our statesmen took their courage in both hands, and either by heavy duties or penal restrictions, confined to medical and legitimate purposes all drugs of addiction, of which alcoholic beverages containing more than a moderate proportion of spirit were most widely resorted to and most pernicious in their total effects.—*Brit. Med. Jour.*

ANESTHESIA.

In a study based on special observations by himself and his assistants, A. D. Bevan, Chicago (*Journal A. M. A.*, Oct. 23, 1915), analyzes the many existing methods of anesthesia as regards safety, comfort to the patient, efficiency, control by the operator, simplicity, after-effects, complications, and the effect on immunity to pathogenic organisms. The first anesthetic taken up is chloroform by inhalation, open drop method. This, while agreeable, is the most dangerous of all inhalation anesthetics. It is also the most efficient, affording the most profound and complete anesthesia. It can be stopped on the signs of danger, but the drug inhaled in the system cannot be rapidly eliminated, and the margin between the toxic and anesthetic dose is too narrow for safety. In simplicity and general adaptability it is all that could be desired, but the after-effects, now generally recognized as late chloroform poisoning, are

usually fatal when they occur. The complication of vomiting occurs in about one-third of the cases and immunity is reduced. Ether by inhalation, open drop method, is the safest agent for prolonged anesthesia but is not an agreeable one to take, though very efficient. The margin between the anesthetic dose and the toxic one is wide. It should be to-day the standard anestic in the surgical oxid gas for it has some of the disadvantages of chloroform. Nitrous oxid gas for short anesthesias is the safest agent known. In prolonged anesthesias it is more dangerous than ether, especially in nonexpert hands. It is agreeable, but not efficient, and can be readily stopped at danger signals and is more rapidly eliminated than any other anesthetic. It requires complicated apparatus and is not so widely adaptable. The after-effects and complications are very slight and it has but little influence on immunity. Scopolamin and morphin used for anesthesia is a very dangerous anesthetic which has been exploited as the "twilight sleep." It is not efficient, and when once injected is beyond the control of the physician. It not infrequently produces delirium and it reduces immunity to pus organisms. Spinal anesthesia is very dangerous, not comfortable, efficient or simple, and when once injected is beyond control. Complications may be severe. By "blocking" is meant the attempt to anesthetize the field of operation by infiltrating the nerve supply. With good technic it is fairly safe, but is not comfortable or remarkably efficient. As the dose is never toxic, the lack of control is not a serious objection. It is not simple and requires special skill in training and has but a limited field. Local infiltration anesthesia is very safe when the proper agents are employed and the technic is aseptic. Novocain seems to be the best agent with the proper amount of epinephrin added. This should not be used, however, in too great concentration, and is not more painful than the ordinary hypodermic injection. Intravenous anesthesia with ether is condemned as a dangerous method, and should be rejected. Local intravenous anesthesia with cocain has no special advantages. Intrarectal anesthesia is also considered unsafe by Bevan, as is also the intratracheal method. Intrapharyngeal anesthesia is an old method reintroduced. It is about as safe as drop ether but not qute so efficient. Mixtures and sequences with complicated apparatus are not recommended nor are the ether warming machines. Bevan does not agree entirely with Crile as to the merits of the latter's anociassociation method and quotes other experimenters who have disagreed with him.

A VARNISH FOR WOUNDS.

A writer in the *Prescriber* for April, 1915, makes favorable mention of the following combination as a dressing for wounds:

℞ Mastic ..... ʒv (20 grams)
Resin ..... ʒiiss (10 grams)
Turpentine ..... gr. cv (7 grams)
Benzol (pure) ..... ʒii (50 grams)

The varnish is first painted over the affected area and, in a few minutes, after the benzol has in part evaporated, a plain bandage is applied. Bandage is preferable to adhesive plaster, the latter having a tendency to loosen from the varnish.

A similar preparation, analogous to a well known German proprietary hand disinfectant and wound dressing, may be made after the following formula:

℞ Mastic ..... ʒx (40 grams)
Benzol ..... ʒiiss (60 grams)
Castor oil ..... gtt. xx.
—*N. Y. Med. Journal.*

TREATMENT OF ANAL ULCERATIONS.

A. Mathieu, in *Bulletins et mémoires de la Société medicale des hôpitaux de Paris* for June 3, 1915, refers to the difficulty of securing permanent results in the treatment of anal ulcerations—especially if varicose dilatation of the veins coexists—owing to the irritation to which the passage of feces subjects the parts. Topical remedies are hard to keep in place or are but slightly effective. Recently the author has resorted with success to the use of a small cylinder consisting of a narrow, round stick of wood around which a band of gauze is wound, the whole being about five cm. long and the gauze projecting beyond the wood by three or four mm. The gauge is tied on at one extremity with strong thread and then covered with a thick layer of medicated ointment. The device is inserted into the anal canal with the patient in the knee chest posture. The stick of wood is then withdrawn, leaving the gauze suppository, with the ointment in place. The following ointment has the proper consistence:

℞ Bismuthi subgallatis ..... ʒi (4 grams)
Zinci oxidi ..... ʒiss (6 grams)
Adipis lanæ hydrosi ..... ʒiiss (10 grams)
Petrolati albi ..... ʒvi (25 grams)
M. et fac unguentum.

A gauze suppository should be inserted at first daily, then every two or three days. Excellent results were obtained in erosive inflammation of the anal canal accompanying hemorrhoids or following attacks of dysenteriform colitis, as well as in cases of uncomplicated hemorrhoids.—*N. Y. Med. Jour.*

THE STROGANOFF TREATMENT OF ECLAMPSIA.

N. P. Costa, in *Semana Medica* for September 2, 1915, explains that this treatment consists in acting directly on the sensory centres by morphine and on the convulsive centres with chloral. Morphine 0.015 gram is given at once and a similar dose one hour later. Two hours later two grams of chloral are given, either by mouth or by rectum, repeated in four hours, and again in six hours. The patient is kept in darkness and silence, and if any examination or even catheterization is necessary, it is done under chloroform. Labor is hastened, but not forced, while careful watch is kept on heart and respiration. Costa reports forty cases of eclampsia in which this method was used, either alone or combined with venesection. The maternal mortality was 25 per cent., while the fetal loss was 40 per cent. He concludes that this method exercises a real controlling action on the convulsions which are the cause of death and allows of the employment of slow methods of delivery and avoidance of traumatism of the maternal tissues. Its efficacy and simplicity make it the method of choice.—*N. Y. Med. Jour.*

PERSONAL AND NEWS ITEMS

Dr. Theodor Picado has treated leprosy with this compound: Charlmoogra oil 60, Camphorated oil 60, and Resorcin 4. These are mixed and dissolved by heat over a water bath and then filtered. The injections are given once a week beginning with 1 c.c. and increasing to the point of tolerance. When the treatment causes fever and heart disturbance, smaller doses more frequently repeated should be given.

Dr. R. A. Witthous died at his home in New York at the age of 64. He had held the position of Professor of Chemistry in the medical department of the University of New York for many years.

Dr. Isaac, O.H., died at Easton, Pa., 1st January at the age of 69. He was a well-known author on Neurology.

The American College of Surgeons is now able to announce that it has received an endowment fund of $500,000 secured from its Fellows. The principal sum is to be held in perpetuity and the interest only to be used to promote the welfare of the college.

The National Committee for the Prevention of Blindness in the United States is doing excellent work. It has now issued six brochures on various causes of blindness. No six is on Trachoma and contains much valuable information. It is well illustrated.

Dr. James Clarke White, senior editor of the *Boston Medical and Surgical Journal,* died on 6th January. He was born in Maine in 1833. He graduated in 1853, and went to Europe where he took up skin diseases as a specialty; and was the first in the United States to devote his whole time to this field of practice.

During the month of October there in Austria-Hungary 1,289 cases of Asiatic cholera with 862 deaths. In six weeks there were 2,923 cases of smallpox, and during two weeks there were 204 cases of typhus fever.

The military hospitals in France have a capacity of 500,000, and cost $250,000 a day. The Red Cross Societies have expended $16,000,000.

The new law in the United States governing the sale of proprietary medicines came into operation on the 1st January. By it all these preparations must show their composition on the wrappers or furnish a copy to the Health Department.

The late Dr. Louis A. Duhring bequeathed his estate of over one million dollars to the university in which he held the Chair of Dermatology for many years. The university used the money for the erection of a new wing to the library.

Nijinski, the noted Russian dancer, is a prisoner in Austria, and Dr. Barany, the eminent Vienna aurist, is a prisoner in Russia. Burian, the Austrian Premier, has offered an exchange.

Dr. George Thomas Jackson, who lectured on dermatology for many years in the College of Physicians and Surgeons, New York, died in New York of pneumonia at the age of 63.

Dr. David William Cheever died in Boston at the age of 84. He was one of the early surgeons to the Boston City Hospital.

Cancer deaths in the registration area in the United States has increased from 70 per 100,000 in 1914, to 79 in 1914.

Recently the University of Bologna, in Italy, erected a bronze monument of Eustachius, the noted anatomist, who taught in the University and died in 1574.

Dr. Henry Jellett, master of the Rotunda Hospital, Dublin, and who has been in France for some time with Munro Ambulance Corps, has had the Croix de Guerre conferred upon him.

Sir David Bruce, surgeon-general in the British Army, has been awarded the Leenwenhoeck gold medal for the year 1915 by the Royal Dutch Academy of Medicine. He did excellent work in Africa in the study of tropical diseases.

The Radium Hospital in New York was formally opened on 1st

December, 1915. It has a good staff of surgeons, who are specialists in different branches.

The Department of Health of the city of New York has been distributing diphtheria antitoxin free of charge to the public.

The sons of the late Mr. and Mrs. Meyer Guggenheim, of New York, have donated an addition to Mount Sinai Hospital that is estimated to cost $500,000.

Dr. A. A. Smith, of New York, who held for many years positions on several hospitals, died on 13th December, 1915. He was 68 years of age.

The many friends of Lt.-Col. Dr. George Nasmith, who did such excellent work in the sanitation of the British camps in France, will be pleased to learn that he has been made a C.M.G.

Col. Dr. A. T. Shillington, of Ottawa, who has been in charge of No. 2 Hospital in France, has been appointed assistant director of medical service at the Canadian camp.

Dr. E. Ryan, of Kingston, Superintendent of the Rockwood Asylum, has been appointed in charge of the section of nervous diseases in the Ontario Military Hospital now being established in England.

Dr. J. T. L. Halliday, who has completed 50 years as a medical practitioner, was presented with a congratulatory address by the Peterboro Medical Society. Dr. Halliday has practised in that city for 33 years.

Dr. J. Standish, of Palmerston, who is seventy-five years of age, has offered his services to care for soldiers who may enlist in that centre.

Major (Dr.) E. B. Hardy, formerly residing at the corner of Euclid Avenue and Bloor Street, who went with the first contingent, has been promoted to the rank of Lieut.-Col., now in command of No. 2 Field Ambulance. He succeeds Dr. McPherson, who has been appointed to look after the convalescent hospital in Surrey, Eng.

Dr. Daniel Phelan, who has just retired from the surgeonship of the Provincial Penitentiary at Portsmouth, Ontario, after nineteen years of service, was presented by the staff with a cabinet of silver.

The Ontario Government has granted $2,500 to the Seamen's Hospital, Greenwich, at the request of Lord Davenport, presented by the Canadian committee, in the person of General Lessard and Mr. John Aird of the Bank of Commerce.

Lt.-Col. George Acheson, Capt. A. H. Rolph and Capt. D. A. McLenghan have been appointed a medical board to deal with sick soldiers returning from the front, and those who become sick during their training. They will meet at Exhibition camp.

Major Dr. H. Elliott, of Cobourg, has been transferred from No. 2 Stationary to No. 2 Canadian General Hospital.

Capt. Dr. Burson continues to act as medical adviser for the school of instruction.

Dr. (Lieut.) C. S. Wright, of Toronto, has been awarded the Cross of the Legion of Honor of France for his splendid services as a member of the Scottish Wireless Corps. He is a graduate of Toronto University and has lectured at Cambridge University. He was a member of the Scott Antarctic expedition.

W. B. Saunders have just issued a beautiful illustrated catalogue of their medical books. Anyone who desires a copy should send for one

Lord Armistead, who represented Dundee in the House of Commons for many years, bequeathed $50,000 to the Dresden Royal Infirmary, and $25,000 to University College, Dundee.

Governor Whitman, of the State of New York, has approved of aid to the State hospitals to the amount of $1,042,493. This is to be expended on buildings and permanent betterment.

Extensive works have been established near Edinburgh for the preparation of sphagnum mass as a surgical dressing to take the place of absorbent cotton. It is cleaimed that it gives much better results than the cotton.

Dr. J. B. McIntyre, M.P.P., of Alvinston, has been appointed medical officer of the 149th Battalion, of Lambton county.

Dr. H. H. Burnham, now Major, son of Drr. G. H. Burnham, of Toronto, has been mentioned for distinguished conduct.

Dr. W. Oldright, of Toronto, has been visiting his daughter in Chicago for some time.

Dr. M. D. Sharpe, of Brampton, who was in Serbia for some time, has returned home, and gives a graphic account of the distress and silckness among the Serbians.

Hon. Dr. T. S. Sproule, member of the Federal House for many years, has been elevated to the Senate. Dr. Sproule is a good type of public man, clean, honest, kindly, and with an ideal. He is now in his 73rd year.

Dr. W. F. Adams, a graduate in medicine of Toronto University, and Victoria, in divinity, has been a missionary at Yachon, China, for some time, and is in charge of a large hospital.

Dr. G. C. Heyd, formerly of Toronto, but now in New York, has been appointed professor of surgical anatomy in the Post-Graduate Medical School.

The hospital established by British people in aid of Russia has been located in Dmitre Palace, in Petrograd. A staff of doctors, nurses and

orderlies have gone in charge of the hospital. This is a very practical way of giving help.

The Indian Medical Service has established a hospital at Brighton for wounded Indian soldiers. It has accommodation for 2,000 patients. In order to comply with the customs of the Hindu and Mohammedan religion, the hospital will have its own slaughter house for the preparation of the meats for the hospital.

Dr. Noble, of Sydney, has been appointed provost marshall of the Island of Cape Breton, in recognition of his military services since the war began. He receives the rank of captain.

Dr. Douglas L. Ewan, of St. Thomas, has been appointed an associate coroner for Engin county.

The hospital at Cochrane is to be known as "The Lady Minto Hospital at Cochrane."

Dr. Charles Dunfield has been appointed Medical Officer of Health at Parry Sound.

The new wing of St. Joseph's Hospital, Port Arthur, was opened recently. It is a five-storey building, and cost $160,000.

The British Red Cross is spending $20,000 a day. In one month last summer 500,000 wounded passed through one French depot. In France there is great need of supplies, as 900 hospitals there are supported by the French Red Cross.

At the annual meeting of the College of Physicians and Surgeons of Quebec, Dr. Simard was elected president. The College voted $1,000 to the Laval Military Hospital.

The Dental Association of the Province of Quebec has donated $250 to the British Red Cross, the Canadian Red Cross, the France-American Committee, and the Laval Military Hospital.

The sanatorium at Ste. Agathe has been placed at the disposal of the Government for the treatment of soldiers suffering from tuberculosis.

The report to hand goes to show that the St. John's Ambulance Association of British Columbia is doing excellent work. Dr. W. J. Brydone-Jack, of Vancouver, was re-elected president.

The Senate of Queen's University has recommended medical students to complete their course as the best way of rendering valuable service to the country. Warm praise was accorded those who had enlisted.

Five Toronto University medical students arrived recently from the front to finish their medical course, when they will be given commis-

sions and return to the C.A.M.C. if still needed. They came on the Scandinavian. One of them, Sergt. Bert Dalton, is a Toronto man. The others are: Sergt. F. Sykes, Woodstock; Sergt. J. H. Howell, Welland; Sergt. A. Hagerman, Calgary, and Sergt. P. R. Shaw, whose home is at Buffalo, N.Y., but whose friends say he is not "too proud to fight."

According to letters received from the University of Toronto Base Hospital No. 4, the health of all is excellent. The weather is very cold and they have to eat with gloves on. In the month following the landing 4,000 cases were treated. At one time there were 1,335 patients, though the bed accommodation is only 1,040. Many patients were sent to the ships in the harbor.

Lieut.-Col. Dr. George G. Nasmith, upon whom a C.M.G. has been conferred, is a Toronto man and was director of the laboratories of the City Health Department. Immediately after the outbreak of war he went to Valcartier at the special request of the Minister of Militia to supervise the sanitary and water equipment of the camp. He detected the nature of the gases used by the Germans and suggested a remedy which has been adopted for general use. He was on leave of absence, but has returned to the front.

Chancellor Dr. John Douglas, of Queen's University, has increased his donation from $100,000 to $150,000 for the Library Building.

London has been divided into medical districts, with a chief surgeon over each for prompt attendance in the event of a Zeppilin raid. Arrangements have been made for the rapid removal of the injured.

Lieut.-Col. J. C. Connell has completed a list of officers, nursing sisters, non-coms., and rank and file, 154 in all, whom he recommended as reinforcements for Queen's University Hospital at Cario, Egypt. The list has been sent to Ottawa, and will be officially announced in a few days. Lieut.-Col. Connell intends to arrange for a farewell to the reinforcements.

The annual meeting of the Victorian Order of Nurses for Toronto was held on 18th January. H.R.H. the Duchess of Connaught was present. Mr. Gage presented the report, which showed that the city had granted $1,500, that Mrs. W. A. H. Kerr had given $600 to be used in the payment of two nurses, known as the Wilkie nurses, and Mrs. Arthurs had sent a cheque for $400 from the Maple Leaf Fair. The cases nursed during the year numbered 2,708. Of fthese 1,110 were obstetrical, and 1,378 infants. The amount received in fees was $5,108. The total receipts were $14,118, and the disbursements $12,791. The debit balance of the previous year of $3,362 leaves an overdraft of $2,035.

OBITUARY

ANTHONY FREELAND.

Dr. Freeland died at his home in Ottawa last November, in his sixtieth year. He was educated at the Ottawa Collegiate Institute and Queen's University when he obtained his M.D. in 1889. The following year he located in Ottawa. Fourteen years ago he was appointed collector of inland revenue at Ottawa.

S. A. ST. ARMOUR.

Dr. St. Armour died suddenly in Chicago. He was a native of Cheboygan, Ontario. He had practised in Chicago for eighteen years. He was in his 53rd year.

E. PARKE EDWARDS.

Dr. Edwards was born in Strathroy forty-two years ago. For many years he had carried on a large practice in Highland Park, Detroit. He died on 11th January after an illness of only a few hours.

HORATIO L. FOSTER.

Dr. Foster, who died in Reed City, Michigan, was born in Waterford, Ontario, in 1857.

JOHN BRANDON.

Dr. Brandon died in Calgary last October in his 75th year of age. He was born in Ireland, and graduated from McGill in 1866. He practised for many years in Ancaster, and for a few years lived in Hamilton. He saw service in the Fenian Raid of 1866.

LOUIS DUHAMEL.

Dr. Duhamel, who gave up practice some years ago and became registrar of Wright County, Ontario, died last October.

JAMES EDWIN ROBERTSON.

Hon. Dr. Robertson died at his home in Montague, Prince Edward Island, a short time ago, in his 76th year of age. He was born in Prince Edward Island in 1840; and graduated from McGill in 1865. He was a member of the Provincial Parliament in 1870, of the House of Commons in 1882, and was made a Senator in 1912.

HOMER CROWE.

Dr. Crowe, of Belmont, Nova Scotia, died there in his 76th year. He had been in poor health for some time.

WILLIAM McKAY.

Hon. Dr. McKay died last November at Reserve Mines, Nova Scotia. Dr. McKay was born in Scotland and studied medicine in Bellevue Hospital Medical School, where hegraduated in 1873. He followed his profession at Glace Bay, and at the Larway, Emery and Reserve Collories. He introduced the quarantining of diphtheria in Cape Breton. In 1888 he took an active part in framing the Health Act of Nova Scotia. He sat in the Legislature on several occasions, and in 1912 was made a Senator.

J. G. MORGAN.

Dr. Morgan died at Haileybury on 22nd January. He was a son of the late George Morgan, of Agincourt, Ontario. The funeral took place from the home of his brother, Glen T. Morgan, of Scarboro'.

BOOK REVIEWS

DORLAND'S MEDICAL DICTIONARY.

American Illustrated Medical Dictionary (Dorland). A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with new and elaborate tables. Eighth revised edition. Edited by W. A. Newman Dorland, M.D. Large octavo of 1135 pages, with 331 illustrations, 119 in colors. Containing over 1,500 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company, 1915. Flexible leather, $4.50 net; thumb index, $5.00 net. Eighth edition. Toronto: J. F. Hartz Company.

There are a number of excellent medical dictionaries on the market, and of medium size and at moderate cost. This one, by Dr. Dorland, takes a first place. It is among the very best. The definitions are clear, comprehensive and accurate. The derivations are trustworthy and in accordance with the views of good linguists, especially Latin and Greek. The illustrations are numerous and most helpful, and 119 of them are beautifully colored. The tabular matter is very valuable and well arranged. Among these might be mentioned the tables of the muscles, veins, arteries, nerves, poisons, tests, signs, bacilli, etc., etc. The paper is of fine quality, and the binding is done in attractive limp red leather.

In a word, we would sum up all the features of this dictionary by saying—excellent!

PRACTICAL CYSTOSCOPY.

Practical Cystoscopy and the Diagnosis of Surgical Diseases of the Kidneys and Urinary Bladder. By Paul M. Pilcher, M.D., Consulting Surgeon to the Eastern Long Island Hospital. Second edition, thoroughly revised and enlarged. Octavo of 504 pages, with 299 illustrations, 29 in colors. Philadelphia and London: W. B. Sounders Company, 1915. Cloth, $6.00 net; half morocco, $7.50. Toronto: J. F. Hartz Company.

The merest cursory examination of such a volume as this reveals to what an extent the special branches of medicine and surgery are growing. There is probably no special department of surgery of more importance than cystoscopy. As an aid to a correct diagnosis it is invaluable; and without a correct diagnosis surgical treatment must be very uncertain and haphazard. This volume, by Dr. Paul M. Pilcher, is a thoroughly reliable guide in the making of examinations of the bladder and ureters; and this is most important in deciding what should be done. The book is got up by the publishers in a most praiseworthy form, and the illustrations are superior in character. The text is trustworthy in every way. The work deserves a large circulation.

HOWELL'S TEXT-BOOK OF PHYSIOLOGY.

A Text-Book of Physiology: For Medical Students and Physicians. By William H. Howell, Ph.D., M.D., Professor of Physiology, Johns Hopkins University, Baltimore. Sixth edition, thoroughly revised. Octavo of 1043 pages, 305 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $4.00 net; half morocco, $5.50 net. Toronto, J. F. Hartz Company.

In Professor Howell's book the latest views on physiology find a place. Well may this subject be called the institutes of medicine. Our advice is that every practitioner should keep himself posted on physiology by the perusal of such a volume as this one from the pen of Professor Howell. In this book of 1,000 pages the story of physiology is well and truly told. The author has long been an ardent student of this department of medical science, and has enjoyed rare opportunities for original investigation, which have been made use of to the fullest limit. The text is replete with information that can be relied upon as fully sifted, the illustrations are all that the most exacting could desire, and the mechanical make-up of the book meets any criticism. This work should be read by every doctor.

POST-MORTEM EXAMINATIONS.

Post-Mortem Examinations. By William S. Wadsworth, M.D., Coroner's Physician of Philadelphia. Octavo volume of 598 pages, with 304 original illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $6.00 net; half morocco, $7.50 net. Toronto: J. F. Hartz Company.

This book makes its bow before the profession for the first time. We predict for it a good reception. It will prove a valuable aid to all who are called upon to make post-mortem examinations. The methods of conducting post-mortems are fully set forth. The author pays special attention to the appearance which the various organs present under death from different causes. The best methods of taking specimens are given in detail. The author and publisher are entitled to much praise for their efforts in giving pathologists such an excellent work.

THE MURPHY CLINICS.

The recent number of these clinics has been received and is a most valuable contribution to surgical literature. The articles are all of a very high order of merit. We can recommend these clinics to the medical profession.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to Students and Practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cottell, A.M., M.D., Philadelphia. Vol. IV, twenty-fifth series, 1915. Philadelphia and London: J. B. Lippincott Company. Canada: Charles Roberts, Montreal. Price, $2.25 per volume.

This volume contains two articles on the chievement of the publicatios of the hundredth volume. There are twelve articles on Diagnosis and Treatment, one on Pædiatrics, one on Neurology, one on Obstetrics, one on Gynaecology, three on Surgery, and the Alvarenga Prize Essay on the Surgery of the Pancreas. The contributors to this volume are J. W. Ballantyne, Th. Brinck, T. R. Brown, J. T. Case, H. W. Cattell, G. W. Crile, W. H. Deaderick, C. C. Douglas, Julius Grinker, D. B. Hart, W. H. Hoskin, A. F. Hertz, Otto Lerch, C. H. Mayo, Sir W. Osler, N. B. Potter, T. F. Reilly, P. G. S. Kellera, J. E. Sweet, and J. J. Walsh. The volume is well illustrated and all the articles are of a high standard of excellence. The present volume makes a splendid termination of the first one hundred volumes, and finishes the first quarter of a century in a manner that the publishers may all feel proud of. It is a most creditable series.

THE AMERICAN UROLOGICAL ASSOCIATION.

Transactions of the American Urological Association. Fourtieth Annual Meeting at Baltimore, Maryland, April 13, 14 and 15, 1915. Published under the Committee of Hugh Cabot, R. F. O'Neil and G. G. Smith. Printed for the Association at the Riverdale Press, Brookline, Mass., 1915.

On one who is paying any special attention to the treatment of diseases of the genito-urinary organs can afford to be without the reports of this association. The papers and discussions cover almost every aspect of the diseases of these organs, and from the ablast specialists of the day. We can recommend this volume as of unusual merit. It is well illustrated, and the press work is first class. The paper is good. The binding is strong, and there are nearly 500 pages.

BACTERIOLOGY.

An Introduction to Bacteriology for Nurses. By Harry W. Carey, A.B., M.D., Former Assistant Bacteriologist, Bender Hygiene Laboratory, Albany, N.Y., Associate in Medicine, Samaritan Hospital, and City Bacteriologist, Troy, N.Y. Philadelphia: F. A. Davis Company, Publishers. English Depot, Stanley Phillips, London, 1915. Price, $1.00 net.

This is a first class book for the nurse. It covers the subject of Bacteriology in a condensed and accurate manner. The illustrations are clear and numerous, and aid the text greatly. Disinfection and immunity are touched upon sufficiently for the nurse. Hospitals would do well to place this book in the hands of the nurses in training.

BOARD OF HEALTH.

Thirty-eighth Annual Report of the Board of Health of the State of New Jersey, 1914, and Report of the Bureau of Vital Statistics. Paterson, N.J.: News Printing Company, State Printers, 1915.

As usual this report is full of useful information on many topics of interest in Sanitary Science and Preventive Medicine. This report should find a place in every public library, and should be in the hands of those who have to do with matters of public health.

MISCELLANEOUS

ACADEMY OF MEDICINE, TORONTO.

The stated meeting of the Academy of Medicine, Toronto, was held in the Mining Building of the University of Toronto on January 4th at 8.30 o'clock. The President, Dr. W. H. B. Aikins was in the chair.

Dr. H. B. Anderson addressed the academy upon the "Evolution of Medical Law in Ontario." In the early days the practice of medicine was confined altogether to the military surgeons in Upper Canada. The Act of 1915 followed the Act of 1806 which had not been satisfactory with exception that there was nothing to prevent any woman practising midwifery, this being due to the scarcity of qualified practitioners in many parts of the Province. In 1818 an Act was passed providing for an examining board of five men, three forming a quorum, who were to hold examinations in York twice yearly for men wishing to qualify. The first meeting was ninety-seven years ago to-day, 1819. Dr. Anderson presented the minutes of this board from 1819 to 1865. In 1839 an Act was passed constituting the College of Physicians and Surgeons of Upper Canada. This was found to trespass upon the privileges of the College of Physicians and Surgeons of London, England, and after considerable discussion the college was discontinued, and the qualifying of practitioners reverted to the medical board of Upper Canada. In 1859 a board of Homeopathic Physicians was formed, licensing their practitioners. In 1861 a similar act enabled the Eclectics to practice under an Eclectic Board. In 1865 the Legislature enacted the Medical Act of 1865, creating the body afterwards known as the College of Physicains and Surgeons of Ontario. Following Confederation in 1867 an effort was made to bring the various boards and the universities together—accomplished by the organization of the present college.

Mr. H. S. Osler in speaking on the subject "The Status of Medicine in Ontario from a Legal Point of View," referred to the present sitting of the Royal Commission appointed by the Ontario Legislature at its last session. Mr. Osler pointed out that with progress of civilization and of science there was a tendency in all communities to limit the practice of medicine to educated and properly qualified men, the necessary qualifications increasing with the increase in the degree of civilization. This tends to the monopolization of the science but also tends to limit the privileges to those who may safely practice. In Ontario there has arisen an argument that it may be quite safe to entrust to those not fully qualified to practice all branches, especially the administration of drugs, the use of certain drugless means of therapeutics, and this argument placed before the courts of legal gentlemen has resulted in the courts allowing unqualified men to practice certain drugless methods of therapy and exact fees therefor. We should be able to look forward to the point that all who wish to practice medicine in any form should pass a uniform standard. Should any "cult" or "pathy" *e.g.*, the Chiropractors ask recognition it might be advisable to accept them as practitioners if they pass all examinations now or hence forth required with

the exception perhaps of that of therapeutics. Should the test of fitness for practice be confined as now to a board made up of practising physicians or may it be safely left to the universities in Ontario which have authority to grant degrees in medicine.

No doubt there is much to be said in favor of leaving it in the hands of a board of practising physicians, even though the university men hold they are equally able to tell whether a man is fit to practice. They will argue that the student does himself greater justice in the hands of his faculty then when appearing before a board of strangers. If it is a possibility that a teacher will allow a deficient man to pass, this is a strong argument against the examination for qualification by teaching bodies alone.

Dr. G. S. Cameron, Peterboro, presented a paper on the subject "County Organizations."

"Certain conditions have arisen during the past couple of years which to our mind are compelling medical men to consider more seriously their relationship to the various agencies at work in the social, commercial and political development of the Province. The first of these was the Workmen's Compensation Act, an Act that was no doubt an important advance in the treatment of the working man when he was injured but an Act that was absolutely unworkable unless it had the support and co-operation of the medical profession, and yet w efind no provision whatsoever made for the safe-guarding of the interests of the medical man.

The second important question was that of the present medical commission authorized by the Provincial Government with a view of enquiring into many questions having a bearing upon the practice of medicine in this Province. This to our mind will be an epoch marking event in the history of medicine in Ontario, yet I am speaking well within the fact when I state that outside of the teaching bodies, the College of Physicians and Surgeons and perhaps the Academy of Medicine, it is practically impossible to present the united view of the great body of the profession before this court.

A third condition which confronts us is the War. A great many of us may not to-day see that it has any particular bearing upon the medical profession, but undoubtedly before very long important questions will arise in the solving of which we must have a voice.

We think, therefore, in view of our unpreparedness in the past that it behooves us to put our house in order as early as possible so as to deal with these questions as they may arise. We have in the Province of Ontario at the present time two organizations: one, the Ontario College of Physicians and Surgeons and the other the Ontario Medical

Association. The College of Physicians and Surgeons is, as you know, the legally constituted governing body of the profession and has more particularly to deal with the educational standard of its members and the professional conduct of those enjoying its license.

The Ontario Medical Association is a voluntary organization that has existed in the Province for thirty-five years. It has had the support of the best men of our profession and often times at considerable sacrifice to themselves for they did its work willingly and cheerfully so that the lamp might be kept burning. We believe, however, that these same men would agree with us that the time has come when the association must take a deeper and more far-reaching interest in the rank and file of the profession and the questions that immediately effect them if it is going to survive as real force in our medical life.

First—Less than twenty per cent. of the three thousand medical men in the Province are members of the association. Secondly—The association is only of value to those who attend its meetings and, to those, for the three or four days of the annual session. Thirdly—There is no permanent means through which any question may be submitted to the individual members throughout the country. Fourthly—We have no medical publication that speaks the mind of the members of the association. These are some of the defects of our present organization. The question naturally arises how are these to be remedied. We believe that the organization of the county societies will go a very long way towards a glorified Provincial Association.

We believe the next step would be the employment of a paid secretary, with an office in Toronto, who would devote his whole time to the welfare of the profession and whose duty it would be to communicate by means of literature and letters with the county associations all questions that would have a bearing on the position of the medical men.

We believe that when the Provincial Association can be of real service three hundred and sixty-five days in the year to the county associations and through them to their individual members, there will be no question about membership or fees—rather men will consider it a duty and a privilege to belong to an organization that is seeking to place its own members in possession of the very best conditions under which to practice their profession."

Dr. Edmund E. King speaking of the institutions of the irregulars referred to a recent visit to a number of their institutions. Posing as a man who for some twenty years had been intimately connected with the drug trade he was assured that this would allow him six months off his course—the reason of this when studying a so-called drugless

therapy is not readily seen. Dr. King when demonstrated the method of treatment as seen in one college where a claim was made of cure of 85 per cent. of cases of epilepsy by proper adjustment. Cancer and sarcoma were cured in four or five adjustments, and typhoid was often said to be treated successfully in one adjustment. This school had no microscopes, no hospital, no dissecting room, though a live clinic. Davenport College with 200 students were housed in an old church. Two schools required common school education, the Davenport College none. Reference was made to the requirements and equipment of a number of other colleges. "It is sufficient to say that the three schools (Davenport, Universal and Palmer) are uniform on the following points: None has a library, a hospital, a laboratory that is worthy of the name, postmortems or capable teachers." (*J.A.M.A.*, Dec. 25, 1915, p. 2229.)

Dr. R. A. Reeve speaking of "What the Irregulars are asking and the Attitude of the Profession," confined his remarks to the Osteopaths, Chiropractors and Optometrists.

The Osteopaths ask in Ontario that they should have legal recognition and that their education and course of instruction should be controlled by themselves. An Osteopath is only a human engineer.

Chiropractic: Expression of cure of D. D. Palmer of Davenport, Iowa.—"The Ciropractic as a matter of fact does not need diagnosis, the patient's backbone tells its story." . . .Chiropractic is a backbone adjustment, and confines itself to that; therefore we become experts on that bone, specializing on that."

The attitude of the profession—shall it not be that of patient waiting until we get in Ontario a definition of the practice of medicine? In the eye of the public a doctor is a doctor and the title of doctor of optometry or of anything else, allowed by law will be very misleading and such titles should only be granted on basis of equal education for all. The ability to make diagnosis must be insisted upon as a basis of all medical qualification.

Dr. A. H. Wright spoke regarding medical fees. "It is generally considered, so far as I know, that the fees of such specialists as those of the eye, ear, etc., are reasonable and fair. After Lister revolutionized surgery—over forty years ago—one of the most important results was the brilliant work done in abdominal surgery. In connection therewith fees increased enormously. A considerable amount of commercialism developed chiefly in the United States, and to a certain extent in Canada. The operator sometimes investigated his patient's bank account to find out how much "he could stand."

A tariff should be elastic. It happens, however, that no tariff will

make a crooked man straight. It might be well to follow the customs of the past and make tariffs to a large extent local. A tariff framed for Toronto would not be suitable for Georgetown, Orillia or Whitby.

Hundreds of doctors in Toronto may be performing generous acts from year to year, and we hear little or nothing about them, but if two or three send unduly large bills the reports thereof spread through the city like a red hot prairie fire.

Very few doctors become wealthy. The majority are poor or making a bare living, and leave practically nothing for their families when they die. Excessive charges are very rare, and the average fees for the whole Province are low, too low I think."

Dr. John Ferguson in his paper on "Medical Practice as a Public Service," said, "Taking the great Roman aphorism, Salus Populi Suprema lex est, as our guide, it becomes self evident that the first and weightiest of all obligations resting upon legislators is to frame all our laws with this end in view. The Salus Populi must be supreme. It is for this reason that we have laws dealing with the adulteration of food, governing the sale of dangerous drugs, preventing the performing of certain operations, regulating the commitment of the insane, the inspection of ocean bound vessels, and so on.

Any law that would permit one to undertake the grave responsibilities of diagnosing disease, prescribing for human ailments, or treating diverse injuries, without first compelling such person to become as efficient as modern methods can make him, would be a crime committed by such legislation upon the people.

All history has proven that people have to be protected from themselves. In many affairs of life they are not capable of judging what is for their own good. The practice of medicine is one of these. It is one of the most complicated of modern studies, involving as it does a knowledge of a number of sciences, such as chemistry, physiology, anatomy, bacteriology, pathology, therapeutics, and the keenest training of the senses to recognize disease, and of the intellect to apply the proper remedy. Ordinarily the people are not competent to choose between the one who possesses such knowledge and the one who does not, if each is granted the right to call himself "doctor."

It is only when we regard medical practice as a public service that we get the true conception of the position of the medical profession. It may be true that many enter the profession because it holds out to them the opportunity for social position and a reasonable prospect of a sufficient income; but the law should take that other view that in licensing one to practise medicine, he is sent forth to render to the public a very

important service, and that social standing and income are incidental and subordinate to that of service. Before either come to him, he should be competent to render a proper service to those who seek his advice. The sacred and inalienable rights of the people demand that every one who is permitted to treat disease must first have been taught the most recent view regarding disease. The lofty idea of life and health far over shadows all other considerations."

In his paper "The Troubles of the General Practitioner, Their Causes, Prevention and Cure," Dr. C. R. Dickson pointed out first—the general practitioner is not doing as much work as formerly, much of his work is being done by specialists and by the hospitals. Second—He has for some reason not the confidence of the public as formerly, perhaps due to the presence of so many specialists who are consulted directly by the patient. Third—He has not the legal protection he should have. Many irregulars are at work.

The cure for all this is, first—Let the general practitioner be a specialist himself, especially in preventive medicine. Let his patients come at regular intervals as do the patients of the dentist. Second—As to the irregulars, it is a fact that many reputable physicians in Toronto refer patients to the irregulars. This should not be. We should pay more attention to psychology in connection with the physiology of the nervous system, should recognize that mind has some influence over matter, and our universities should have departments to teach manual therapy and non medicinal therapeutics. As the general practitioner takes up more of these methods applying them where indicated, as well as medicines, he will gradually get back his former hold on the families as in past years.

We must not give up to the universities any of the privileges now held by the College of Physicians and Surgeons of Ontario.

BRITISH CASUALTIES 528,227.

Replying to a written question by P. A. Molteno, member of the House of Commons, Premier Asquith gave the total British casualties up to Dec. 9 as 528,227.

In the month from November 9 to December 9 the British losses decreased greatly as compared with those of previous months. In that period 17,997 were reported as killed, wounded, or missing. Premier Asquith said that the losses were distributed as follows:—

Flanders and France.

	Killed.	Wounded.	Missing.
Officers	4,829	9,943	1,699
Men	77,473	241,359	52,685
Totals	82,302	251,302	54,384

Dardanelles.

	Killed.	Wounded.	Missing.
Officers	1,667	3,028	350
Men	24,535	72,781	12,194
Totals	26,202	75,809	12,544

Other Theatres of War.

	Killed.	Wounded.	Missing.
Officers	871	694	100
Men	10,548	10,953	2,518
Totals .. .	11,419	11,647	2,618

On December 2the Premier gave the losses up to November 9 as 510,230. The totals of killed include those who died from wounds and other causes.

The total casualties in the various theatres were as follows:—Flanders and France, 378,988; Dardanelles, 114,555; other theatres, 25,684.

A detailed summary shows: Killed, 119,923; wounded, 338,758; missing, 69,546.

There was a discrepancy in the Premier's figures and those given by Under Secretary of War Tennant with references to the Dardanelles casualties. Tennant said that up to December 11 the losses at the Dardanelles totaled 112,921. Asquith gives them as 114,555 up to December 9.

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780 PUPILS DISEASED.

The activity of the school inspection department for December is outlined in the monthly report submitted to the trustees to-day. There were 781 pupils found with disease in the class rooms; 202 were excluded for exposure of contagious disease; 267 for actual disease and 31 who were suspected of having contagious disease.

The following summaries also appeared in the school doctors' report: Consultation with parents, 34; cultures taken, 26; home visits, 320; school visits, 908; children specially examined for tuberculosis, 49.

The school nurses' report shows: Inspection in class room, 75,015; suspect exclusions, 92; school visits, 1,548; home visits, 3,340; dispensary visits, 30; dental clinic visits, 2; miscellaneous visits, 35; children having adenoids only removed, 7; tonsils removed, 101; glasses fitted, 42; glasses refitted, 18; teeth completed at family dentist, 278; teeth completed at Municipal Clinic, 150; consultations with parents at school, 189.

The dental surgeons report: Number of children who received complete dental treatment, 521; additional children relieved of toothache only, 96; total number of operations, 4,326.

EYE AND EAR HOSPITAL, FOLKESTONE.

The following are appointed on the staff of the Canadian Eye and Ear Hospital at Folkestone:

Officers Commanding, Lt.-Col. Courtenay, Ottawa; second in command, Major Goldsmith, Toronto; adjutant, Capt. Bell, Winnipeg; Major Laviolette, Montreal; Captain Courtenay, Ottawa; Captain Taylor, Port Arthur; Captain Harrison, Hamilton; Captain Hunter, Consultant, Winnipeg.

Attached for duty—Colonel Casgrain, Windsor; Colonel McKee, Montreal; Assistant Matron Grand, Ottawa; Nursing Sisters Gallagher, Wolseley, Lindsay, Ottawa; Glass, London; Steele, Brockville; Bruce, Bowmanville; Whelan, Renfrew; McKee, Montreal; McLeod, Victoria; Donovan, Smith Falls; West, Quebec; Housekeeper, Miss Baldwin, Ottawa.

CUPID HAVING EASY TIME.

Toronto has had fewer marriages in the last year than there were in 1913, a non war year and in this respect it differs very materially from conditions as found in England. There a great increase in marriages has been apparent owing to the war. As a matter of fact for the first 11 months of this year there were 864 less marriages in Toronto as compared with the same period of 1913.

The births in Toronto for the first eleven months of this year also show a decline of 675 as compared with the same period of 1913. It has been said that when a country is engaged in war the male births are considerably in excess of the female births. In England in the first quarter of this year to every 1,000 female births there were 1,032 male births while for this last quarter it has jumped to 1,055. In Toronto during 1913 the male births were 51.42 of the total or 514.2 in every

1,000 births while in 1915 the total was 54.32 per cent. or 543.2 of every 1,000 births. This shows an increase of 39 male births in every 1,000 male and female births recorded in Toronto during the past four months as compared with the corresponding period of 1913.

MEDICAL PREPARATIONS

PHYLACOGEN IN PNEUUMONIA.

Perhaps no disease has baffled medical treatment to a greater extent than has lobar pneumonia. It must be conceded that as yet there is no true specific for the disease. The mortality from this type of pneumonia is high as compared with that of most other infectious diseases. In view of these facts, any agent that nearly approaches the specific in lobar pneumonia should be welcomed by the medical profession. Pneumonia Phylacogen is believed to merit that distinction.

In the use of pneumonia phylacogen, as in that of the various other phylacogens, observance of certain details of administration may have an important bearing on the results. The product may be administered either subcutaneously or intravenously. The first dose should invariably be given subcutaneously. Injections should be made slowly —as slowly as possible, in fact. When injections are made hypodermatically the needle should not be allowed to enter the superficial fascia or muscular tissue. Certain patients, it has been found, do not absorb phylacogen, when subcutaneously administered, with sufficient rapidity to produce the desired effect. Such cases will usually respond promptly to small doses given intravenously.

Large initial doses should be avoided. One Cc. will usually be suitable for the initial subcutaneous dose, and for debilitated persons it is well not to exceed ½ Cc. The increase in dose should be gradual —usually ½ to 1 Cc. per diem, depending upon the effect of the previous dose upon temporature and pulserate, and only when these have again become normal should another injection be made.

The initial intravenous dose, which should always be preceded by one or more doses subcutaneously, should not be more than ⅛ to ¼ Cc. (say 2 to 4 minims). Subsequently the dose may be increased by ⅛ to ½ Cc. each day, according to the general indications, avoiding if possible the production of a marked constitutional reaction.

Pneumonia Phylacogen, which is supplied in 10-Cc. rubber-stoppered glass vials, is preserved with an antiseptic, and, with ordinary care, will not deteriorate as a consequence of exposure due to opening the vial. None of the material need therefore be wasted.