

Dominion Medical Monthly

And Ontario Medical Journal

Vol. XLVI.

TORONTO, JANUARY, 1916

No. 1

Original Articles

THE MEDICAL COMMISSION *

IRREGULAR PRACTITIONERS.

BY ARTHUR JUKES JOHNSON, M.B., M.R.C.S., ENG.
Chief Coroner.

I HAVE been asked to speak as to my own personal experience with irregular practitioners.

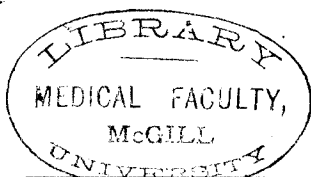
They are a menace to the public and to society generally, chiefly from two standpoints:

1. *Because of their undertaking to cure disease of which they know nothing and thereby prolonging suffering.*
2. *Because their ill-directed efforts are not always free from danger to life itself.*

There are a large number of persons in this Province who are more or less weak-minded. If they are admitted to an asylum many of them at times are so bright and clever that their friends will not believe that they are fit subjects for an asylum. Friends induce the relations of such people to try something new, something that it is supposed medical men do not know anything about, something that has some mystery about it.

The irregular practitioner, not understanding anything of insanity, looks upon these cases as any other person who did not understand mental conditions might, as being a mere nervous affection, and at once promises a cure. The patient is taken into a half hospital, half private house, where the irregular practi-

* This series of articles represent the views of different members of the profession, as laid before His Lordship Mr. Justice Hodgins, K.C., Medical Commissioner in the investigation that has been under way for the past two months or more, and we feel gratified to be in a position to give our readers throughout the Dominion the benefit of such interesting material.



tioner lives, and is treated there, chiefly by somewhat coarse methods of massage. As soon as another attack, accompanied by the more marked symptoms of insanity, occurs, this patient either escapes, or commits suicide, or gets into some other place of the same kind to repeat the same process.

A number of these cases have come under my notice. In some inquests have been held, in others a certificate of death has been secured from a regular practitioner, either through misrepresentation or by some other method equally disgraceful.

When an attempt is made to inquire into one of these cases the result generally seems to be that the coroner's jury are inclined to think that the deceased had already been treated in an asylum, and had not improved, and that the irregular practitioner had almost succeeded in doing something, which, however, he failed to accomplish, and that under any circumstances a broken-down, more or less decrepit, semi-insane person could easily be spared.

Two cases at present in hospital in the city of Toronto will illustrate the danger of treatment by irregular practitioners. One is the case of a gentleman who contracted a disease without his knowledge, which when properly treated can be cured absolutely. This man tells me that he has been under the hands of a large number of regular and irregular practitioners. That the suggestion of three years of constant treatment which the regular practitioner told him would be absolutely necessary for him to observe to enable him to be made perfectly well was too old-fashioned and slow. He therefore tried various irregular practitioners. They all promised him that he would walk again, quite well, in a short time, and be able to attend to his business. He grew steadily worse, and is now under the care of one of this committee. This poor man will probably never recover completely, but he will improve. It is too late now to accomplish more.

Another case is that of a young girl who for many weeks has been under the treatment of an irregular practitioner in the city of Toronto. She paid a large sum of money at regular intervals for this treatment. She has always been assured that she has nothing the matter with her but what could be made well, and she has now drifted into hospital a veritable wreck, with a form of disease that is absolutely incurable, as far as science knows.

The suggestion which has been made that the irregular practitioner should be allowed to put some of his forms of treatment

into execution in the Home for Incurables and other such institutions would, judging by the above cases, merely produce an amount of unnecessary suffering without any good result.

Where death has resulted from improper treatment, or gross ignorance of the disease from which a patient is suffering, we have had a number of cases.

In the case of *The King against Lewis* it was shown that a child of the accused had diphtheria, that the child was treated by a healer, who did not believe that the child had anything the matter with it that could not be removed by silent treatment. In this case it was shown that at the present day only a half of one per cent. of children who suffer from this condition die from it if properly treated.

Lewis was found guilty at the Assizes of manslaughter, because he did not supply his child with proper medical attendance, such attendance being one of those things that it was necessary for a parent to supply to his child when ill. The case went to the Court of Appeal, but the Chief Justice's ruling was sustained.

In a case which occurred in this city last January, a woman was said to have some condition which was described by the irregular practitioner who had attended her, when he was called as a witness, as arising from "an impingement on a nerve which passed out of the spinal column," and for which he gave her a large number of treatments for the purpose of getting the bones of her spine into "alignment." She died rather suddenly, and the neighbors reported the case to the police, and upon inquiry I thought an inquest had better be held. I, myself, examined this poor woman's body. There was nothing whatever the matter with her spine or spinal column. There was no impingement on any nerve. The bones of the spine were not out of alignment. The history of the case was of the simplest possible character. She had caught cold, had a pleurisy which had gone on to become purulent, one side of her chest being full of matter. This is a case which might have been saved, if the woman's chest had been tapped, or if the condition had been appreciated and any treatment which would lead to the absorption of the fluid had been adopted.

The man who treated this case was examined at the inquest. He described the condition he supposed the deceased to have suffered from. When asked as to what nerve it was that was impinged upon he said it was the first nerve, and on further cross-examination he did not know the name of the nerve; he

did not know its distribution; he did not know its function, whether it was a nerve of sensation or a nerve of motion. In fact he said that those "were not matters that his school took any note of."

It has been suggested that these irregular practitioners should be allowed to give evidence in our courts. This is hardly a question that can be discussed. If a man does not know the anatomy of the human body, if he is ignorant also of the physiology and normal action of the different organs in the body, of what value can his opinion be? If he does not know the function of the nerves in the body, the effect of certain conditions of the blood vessels, it is hardly possible to conceive how he could presume to give evidence. And yet these men are ready to give evidence.

In the Lewis case, above referred to, a gentleman while on oath declared that nothing could harm him; that if he was hit by a bullet shot at him, it would not hurt him; that he was immune; that he could drink carbolic acid, and that it would not affect him. This statement was too much even for the jury.

In an inquest that I held nearly twenty years ago, one of the first inquests that we had arising out of matters of this kind, one witness had the effrontery, upon oath, to declare to the jury that the deceased was not dead. Whatever explanation this statement might permit of, it is to say the least dangerous and misleading to the average jurymen.

If there is any form of treatment that is known to any irregular practitioner in which there is value or honesty, the medical profession are only too glad to welcome it, to try it, to discuss it, to understand it, and, if there is anything good in it, to adopt it.

From time to time in the world's history great discoveries have been made in medicine, and have been of great value to the public. Medicine is a progressive science, and where a suggestion is made of something that has recently been discovered there are always lots of men ready to take it up and put it to the test. This very work is being done here in the city of Toronto in the Research Department of the University of Toronto and the Toronto General Hospital, and is being carried out more or less in the ninety-six hospitals that are established throughout this Province. Research, however, differs in one marked particular from the so-called treatment adopted by irregular practitioners. Research is not undertaken for money. It is not undertaken because of something that may be learned

thereby that nobody else shall ever share in. It is undertaken for the sole purpose of the advancement of science, of alleviating distress, of lessening pain, of prolonging life, and where life cannot be prolonged past a certain point, of alleviating suffering which otherwise would be unbearable.

THE EDUCATED PHYSICIAN VERSUS THE IGNORANT MANIPULATOR.

BY GOLDWIN HOWLAND, M.B., TORONTO.

YOUR HONOR,—I desire to impress three very definite facts in regard to this subject, as follows:—

(1) The necessity of a full medical course for those who intend to practise medicine in any form and to be known as “doctors” by the community.

The study of the diseases of mankind has become enormously increased in the last twenty years, and the amount of knowledge collected from all over the world is becoming very vast indeed.

Originally there were only practitioners who practised all forms of the art of healing, but soon there arose the specialists in surgery, in eye and ear, nose and throat, obstetrics and gynecology.

To-day, in all the great centres, a new class of men have arisen, the medical specialists who practise alone the subjects of tuberculosis, or diseases of the lungs, or of the heart, or of the skin, or of the digestive tract, or of the kidney, or of nervous diseases.

Two causes have produced these divisions of medical work, namely, on the one hand, the public demand the most recent methods in the diagnosis and treatment of their diseases, or they will go abroad to find them; and, on the other hand, the volume of knowledge in each of these departments is so great that no man living could manage to acquire proficiency in all. In fact, it is well nigh impossible to remain up-to-date in any one single branch.

Now the point I desire to illustrate from this argument is this, namely, that a four or five year course in medical education produces a man who, compared with the medical and sur-

gical specialists, is largely an undeveloped physician; but it at least gives a man an excellent foundation and a general knowledge of disease that will enable him to successfully treat the public in their ordinary ailments and will enable him to acquire, with steady work, fuller knowledge with comparative ease.

But, your Honor, to suggest, as I understand it has been done, that a year or two-year course could fit a man to practise, is an absolute impossibility and would render the profession an absurdity and be a serious injury to the public, who rely on the ability of the man who is termed a *physician*.

(2) My second point that I desire to lay before you is the difference between the standard of the *medical practitioner* and the non-qualified individual who *professes* to treat diseases.

The medical man takes a five-year course and gets a splendid grounding on the subjects of the cause, the nature, the location and the treatment of disease.

By these methods the greatest of all arts, and that which requires the greatest skill, is acquired, namely, the ability to diagnose and tell what the patient is suffering from. A very large portion of the student's time is spent in this direction, and concerning the work of the physician in his own lifetime, the greatest and most important of his duties is again this diagnosis of disease.

It is impossible to lay too much stress on this particular feature, for this ability to determine the disease *distinguishes the educated physician from the quack and the non-professional "treater."*

When it comes to the treatment of the disease, the medical man must also be educated to realize the value of all forms and to apply them to their proper and best advantage.

But he is unable to himself practise the manifold forms of treatment, although he must be well educated to appreciate and to direct their application.

To meet this contingency there has arisen in our midst a class who devote their time entirely to *treatment*, and within this class I include all such divisions as the chiropractor, osteopath, the masseuse and the viavi operators, the optometrist, the hydropath, and many other similar non-professional men.

These individuals in most cases do most excellent work along their own lines, but they form the class of the "treater" in contra-distinction to the educated medical practitioner.

They all profess to diagnose disease, and in most cases ascribe it all to one source, which doubtless is a great saving

of mental worry to them, but is of course an absolute absurdity. When you have practised for many years and have seen case after case of people suffering from cancer of the brain or spinal cord, from bleeding into the brain, from syphilitic diseases of many types in the nervous system, from inherited and degenerative diseases, and from many other maladies, which examination after death have proved real and visible conditions, you will realize the utter disgust which an educated man must feel when he understands that these same sufferers have all been told that they had all the same disease, namely, a little kink in their spine.

This, sir, is the condition to-day; in short, an educated body of men, termed the medical profession, who advise and select all forms of treatment for the cases they diagnose, and on the other hand an ignorant or partially educated class who pretend to diagnose, but who are proficient only in one single branch of treatment.

Finally, there is the class of men, I may add, who are qualified practitioners and who prefer to practise only one form of treatment such as I have elucidated above. These are very few in number, but do excellent work.

On this ground I would urge, your Honor, that it is in the interests of the public that these two main divisions should be kept absolutely *separate*.

The regular practitioner, that is, the *individual who is able to diagnose as well as treat*, must take a full-time medical course, at as present prescribed.

The University must furnish him with every opportunity to become a high class practitioner and adept in the knowledge of all forms of treatment.

If he desires to practise any special forms of treatment, such as osteopathy, massage or electric therapeutics beyond the scope of the work, that should be taught in the University in order that the value of all physical methods may be understood, then he must take such course where it is elsewhere offered.

In regard to the question of the education and organization of the second class irregular practitioners, I desire to state my views apart from my position as a representative of the Academy of Medicine, and I do so because from my work as a nerve specialist I am constantly in touch with the work of these irregular practitioners.

I am of the opinion that there should be a school for the medical application of the physical sciences, similar in its con-

struction to the technical schools, which offer a parallel education in other trades.

The Board of such a school should include the president of the university, and the professors of anatomy and physiology of the university, and of representatives of the Medical Council, and of men from each of such classes of irregular practitioners as the Government should consider to be eligible.

The courses of training should be at least two years, and should consist, mainly, (1) of anatomical and physiological courses taken under the control of the university, and (2) of such series of courses in the study of massage, osteopathy, electro-therapeutics, X-rays, and other like methods as may be advised to the board by the representatives who compose its members.

Such courses should be followed by examination under the board, and should enable the successful competitors to arrive, not at the degree of doctor, but must lead only to a certificate of skill or ability in all such physical sciences or in such as they may elect to take.

The courses in anatomy and physiology would be imperative, while the courses in the second group could be selective.

As to the present irregular practitioners in the Province, I would suggest that they either proceed to the fuller degree of doctor by taking such work as is required by the university, or that they be required to pass the examinations of this board for the medical application of the physical sciences without any further delay.

Candidates failing to pass should be deemed irregular and legally be disqualified from practice.

As to the cases of such masseurs and other persons whose education or desires render it impossible for them to take such courses.

In these cases, and in order not to injure any in this class, I should suggest that they should be legally disqualified from advertising their profession, but should be allowed to obtain their work indirectly from qualified persons.

Finally, I should add that no degree from any foreign country or other province should be accepted without the unanimous consent of the board, this clause being inserted to prevent a majority of the board combining together against the objects of this institution.

Separate chartered institutions conducted by those sects appears to me unwise and certain to lead to disaster to the public.

Under these conditions those certificated "treaters" would be at the disposal of the medical profession and of the public, but under no condition would they be allowed to diagnose disease, or to term themselves physicians, because the latter term to the public means "ability to diagnose."

Concerning those at present in the practice of these various forms of treatment, they can of their own free will determine into what class they are prepared to enter, namely, the educated ranks of the medical profession or into the class of the certificated masseur or osteopath.

If into the former class, it will be necessary for them to complete the defects they possess, by taking such a number of years university work as is necessary to fit them to become skilled in the diagnosis of diseases; while if they elect to become "certificated" they should be under the onus of obtaining the certificate on examination, as above proposed.

Finally, all non-certificated practitioners should, I believe, be considered "under the law," and treated as dangerous to the public.

(3) The third point I desire to make is, that the public must be protected from the ignorant practitioner.

In the ancient days of the medical profession, it was thought and stated frequently that all disease came from the liver. To-day modern science has proved, and proved beyond all doubt, that the sources of disease are manifold, and that it requires the greatest care to discover the cause in any individual case. Hence we have such diseases as syphilis, due to a definite germ, with a great group of diseases produced by it; we have all the various forms of tumors; the types of worms and the growths they form in the body when they migrate; the infective diseases as typhoid, malaria, etc., the tuberculous group; we have the diseases following poisoning by lead, alcohol, arsenic, and we have many other groups with like definite causes, and definite results, worked out by scientists who have devoted their lives to this subject.

Against this you have new cults, claiming in the face of all this science that all disease is of local origin, in some spinal displacement. It is the old question—years ago of all disease coming from the liver, and now from the spine. And it is

simply the idea evolved from ignorance to enable the individual to escape the toil and work that is necessary to form a diagnosis.

To illustrate my contention that the public must be protected, let me illustrate by reference to some groups of nervous disease.

There is a large group of diseases, where the disease is transmitted from mother to son, and attacks the boys usually, but is transmitted by the girls, who usually escape themselves. These sufferers are usually incapacitated from work in a few years, and medical science has found no cure, nor do we expect to find one when the disease is in the "strain," so to speak.

These cases must be honestly told of their condition, and that no cure on earth is known. But I find in the hands of the ignorant practitioner that they are submitted to long courses of treatment at much expense, not because it is desired to cheat the patient, but because of ignorance as to the disease and its course.

Again, in the class of the degenerative diseases of age, there is no cure to be expected or known here, and again we find the same unfortunates spending their last earnings in order to take treatments that have never succeeded in curing any case.

Among the cases at the Hospital for Incurables, seventeen of the recently admitted cases had taken osteopathy or chiropractics, and a few years ago we had a skilled manipulator permanently in the hospital, and while he did give temporary relief to a few cases, yet not one was ever sufficiently relieved to leave the Home; that is, they were still incurable and incapable of active life in any form.

Perhaps it might be urged that relief is given, and this is true, but in this class of case there are other forms of physical treatment that are not costly and do the work with greater advantage. But the point is they are urged to take the treatment with the prospect of cure, which both physician and patient, with equal ignorance and hope, expect to see.

Again, in the large class of diseases due to infection, which some of the most ignorant of this class of practitioners do not believe in (a sign that points to mental lack of balance)—in this class lie the types of disease called meningitis.

Now in this group it is absolutely necessary to examine the fluid that circulates throughout the brain and spinal cord, and by a simple technique it is possible to obtain this.

In these three specimens I show you two are clear and one is clouded. They were obtained from hospital cases.

Of the two clear, one is a man in full health, and the other is from a patient who is suffering from general paresis, and is going on to the asylum.

The examination of these fluids is done by all students, and yet it demands a knowledge of all the sub-divisions of medicine—bacteriology, chemistry and microscopical work. Yet, as a result, we can foretell the fact that these cases will shortly become mentally incapable of making a will.

What can the irregular practitioner tell? He is hopelessly at sea to such a diagnosis, because it demands an education, and he is purely a "treater."

The third tube is from a meningitis case, and it is easy to see the difference, as the milky color shows the presence of pus.

Now this last may seem a simple deduction, but again it is necessary to examine the fluid by other means, because it is possible to determine still further the cause, and it is only in certain cases that we have so far managed to secure any cure.

In these cases a week taken in making a diagnosis may mean death; cure only comes in early treated cases.

That it is impossible with safety to the public to allow uneducated men to practise as physicians, is easily evident from such a case.

Finally, in regard to the nerve prostration cases, and the hysterics, which are the happy hunting grounds of all irregular practitioners, my experience goes to show that no one form of treatment is any better than the other. In these cases the masseur, the osteopath, the chiropractor, and the electrician, and all the others seem equally to succeed and equally to fail. It is customary with these patients to pass in turn from one method to the other, quoting success for the time, but in time again relapsing. Even as forms of treatment there is no surety that any of these will definitely cure.

I have purposely refrained from describing the errors I have observed in diagnosis in my acquaintance with these irregular practitioners; I realize that we all make mistakes at times; that the physician's local errors will naturally at times be detected by the skilled manipulator, just as the architect's mistakes are revealed by the carpenter; but this in no way lessens the fact that the irregular practitioner, apart from his experience in these smaller local conditions, is wholly unable

to diagnose the enormous number of diseases of the body of which their local conditions form only a fraction. I can truthfully say that I have never yet seen a single correct diagnosis made by my unlearned confreres; and apart from the serious errors that I could describe, but which I see no reason in detailing, I may add that I have yet to see one organic disease of the nervous system which they have cured.

It is unnecessary to prolong this argument, but let me recapitulate my remarks:

(1) The medical practitioner is a highly educated man, trained to diagnose the cause and nature of disease, and to deduce proper treatment, and in cases to carry it out.

The irregular practitioner is an uneducated man as regards the science of medicine, and is only a technical agent in the treatment of disease.

(2) These two classes must be kept separate, and while the medical profession must be kept up to its full standard, and in time this raised still higher; on the other hand these irregular practitioners must be controlled and limited entirely in their prerogatives to treatment, in no way whatever being allowed to assume any position or work where diagnosis is necessary.

(3) The man with a university education should only have the right to the degree of doctor, which to the public means having the ability to tell what is the matter with them.

(4) The non-educated practitioner should be certificated, and not degreed.

(5) No American degrees of any sort should be recognized. I must thank you, sir, for your attention.

DIAGNOSIS AND ITS IMPORTANCE.

BY J. H. ELLIOTT, M.D., TORONTO.

I desire simply to say a few words, your Lordship, with reference to the importance of preliminary training. Preliminary training in certain scientific lines is, I consider, absolutely essential in order that a man may be qualified to make an accurate diagnosis, which is most important from the point of view of the treatment, and also important from the point of view of the family in order that the physician may be able to give an opinion as to whether the disease is one that is incurable or otherwise.

I believe it has been stated before this Commission that some of the preliminary studies, such as chemistry and bacteriology, do not form any essential part of the preliminary training of the man who wishes to treat disease. There are certain diseases which we feel we can differentiate only by a bacteriological study. Take, for instance, the malignant disease which we know as diphtheria, and diseases less dangerous, such as, say, tonsillitis. Now tonsillitis, from which the patient may feel extremely ill, may apparently be much more severe than a case of diphtheria; yet diphtheria is a disease which may be the cause of a widespread epidemic, and which an unskilled and unqualified diagnostician may not consider it necessary to treat any further.

By a study of bacteriology, pathology, chemistry and other necessary subjects, the trained physician leaves our university able accurately to diagnose disease, and in a position to at once check an epidemic, which might otherwise spread from this one case.

Then we have the microscopic study of sputum in order that the qualified medical practitioner may be able to differentiate tuberculosis from other diseases. And not only is this important from the point of view of diagnosis, but also as a matter of precaution for the rest of the family. Tuberculosis, as we all know, is an infectious disease. It is particularly infectious for children, and it is only by careful examination, by methods which are learned by a long course of study and by a study of biological reactions which are taught every student in his four or five year course, that they are able to make a diagnosis, positive or otherwise, as to the absence or the presence of tuberculosis in the child.

We have an instance before us now. We understand that our own University Base Hospital has been sent to Egypt. If our men had not been qualified by thorough training here in regard to microscopic diagnosis and study of the blood and the parasites which are found in the blood, they would be at an absolute loss in that tropical district to make a correct diagnosis and differentiate between malaria and other tropical fevers. Whereas, with their training, they are able accurately to diagnose and institute proper treatment.

In olden days, before microscopic diagnosis had been developed, a chill and fever was presumably malaria, and the man was dosed with quinine. To-day, thanks to the use of the micro-

scope, we can tell whether that chill is due to malaria or due to an abscess of the liver; and we can institute, correspondingly, proper treatment.

Now a word as to the subject of chemistry. Although in an advanced case of Bright's disease a physician would venture a diagnosis without a chemical or microscopic examination of the urine, in the early stages of the disease no physician would venture to make an absolute diagnosis without a chemical analysis and study of the urine or a microscopic examination of the same.

Another disease where early diagnosis is essential is cancer of the stomach. By a chemical examination of the stomach contents we are able to make a correct diagnosis of this disease and to institute proper treatment, and frequently to save life, whereas if the diagnosis were left until it could be made by ordinary observation, without chemical study and analysis, the patient would probably be in a hopeless condition and his life could not then be saved.

These, your Lordship, are a few instances which occurred to me from amongst scores which might be brought forward, and which I lay specifically before you to give force to our statement that a preliminary education in the subjects of chemistry and bacteriology are absolutely essential to the man who is going to practise medicine, and who, in order to be able successfully to practise medicine, must, for the safety of the public, be in a position to make an accurate diagnosis and be able to differentiate between the various forms of disease.

PREVENTIVE MEDICINE.

By CHARLES J. HASTINGS, M.D., M.O.H., TORONTO.

I have limited my remarks, your Lordship, to the experiences we have had in the city of Toronto with regard to the significance and importance of preventive medicine. Inasmuch as I have not touched upon the important point of vital statistics, and as that was the concluding point regarding which you were questioning Dr. McCullough, I might say that vital statistics constitute the book-keeping of preventive medicine, the book-keeping of humanity.

We cannot possibly know just what progress we are making in the administration of public health or preventive medicine without accurate vital statistics. That is, if we have a statement or a certificate handed to us showing that a person has died from a disease, and that report is not based upon scientific knowledge and careful diagnosis, that party may have died of some incurable disease, and therefore we do not know just to what extent we are controlling that particular disease.

Our results, therefore, depend upon accurate diagnosis and upon our vital statistics, which show us just what headway we are making along certain lines. We may have a very low mortality from typhoid fever, diphtheria, or scarlet fever, and yet our general mortality for the city may be high. We can look over our vital statistics, and if they are accurately kept we can ascertain that the large mortality is due to deaths resulting from certain specific diseases.

So that your Lordship can quite readily understand the extreme importance of vital statistics, and the extreme importance also of death certificates being signed by those who have had that scientific knowledge and training which places them in a position to have made an accurate and careful diagnosis of the case they have reported upon. Without this scientific knowledge their statements and reports would be absolutely useless, and your Lordship will see that any reports they would send us in regard to any disease could not be recognized, knowing that the parties making them were not in a position to have made a proper diagnosis of the disease.

I think it is apparent to your Lordship and to us all that it is much more sane to prevent disease than to cure it, and when we realize fully, and get the public to realize, the fact that hundreds of thousands of dollars are spent annually for the cure of disease that should not have existed, then we shall recognize the extreme importance of scientific knowledge along these lines.

Probably the most valuable asset the Department of Public Health possesses is the full and hearty co-operation and endorsement of the medical profession. This co-operation would be useless without the scientific knowledge the regular physician possesses.

The science of preventive medicine is based on a full and complete knowledge of bacteriology, biology and diagnosis. We depend largely on early diagnosis of preventable diseases for

their early control, and inasmuch as the knowledge of bacteriology and biology is essential in many instances for this early diagnosis, the necessity for this scientific knowledge is obvious. The wonderful advances in the newer science of preventive medicine during the past decade is due, for the most part, to advances in the science of bacteriology and biology.

Previous to the discovery of the germ origin of disease, administrators of public health were, for the most part, groping in the dark. It was evident to them that certain diseases were transmitted from one person to another, but no one knew how. However, as the science of bacteriology advances our knowledge of the cause of the various diseases becomes fuller—as did our knowledge of the source and modes by which these diseases were transmitted from one person to another.

One need cite but a few instances of this to prove the correctness of the statement.

Our knowledge of the fact that typhoid fever is due to a specific germ, and that, in many instances, it is transmitted from one person to another either through our drinking water, our milk, or other foods—ofttimes through the medium of the house-fly—prompted us to obtain at once control of our water supply, complete control of our milk supply, and to enlighten the public in regard to the dangers of the house-fly, in consequence of which we have been able to reduce the mortality due to typhoid fever from 46.5 per 100,000 of population for the first ten months of 1910, to 1.4 for the first ten months of 1915. Again, the practical application of the scientific knowledge we possess as regards the course of diphtheria and scarlet fever and the manner in which they are transmitted has enabled us to reduce the mortality in the case of diphtheria from 41.8 per 100,000 in 1910, to 10.3 in 1915; and the scarlet fever from 24.7 per 100,000 in 1910, to 2.6 in 1915.

It was the knowledge obtained by scientific investigations in connection with tropical diseases by Sir Ronald Ross and Sir Patrick Manson, of England, and Laverand, of France, and Reed and his colleagues on this continent, that malarial fever and yellow fever were transmitted by two distinct species of mosquitoes, that enabled General Gorgas not only to make possible the construction of the Panama Canal, but also to enable Panama to vie with Palm Beach and other health resorts on this continent.

The mortality in the Panama district previous to this undertaking by General Gorgas was approximately 400 per 100,000.

It has now been reduced to one of the lowest on the continent, and is classed among the healthiest resorts on the continent of America.

It was the discovery of the tubercle bacilli as the cause of tuberculosis that has enabled the administrators of public health and the organizations in the campaign against this disease wonderfully to reduce the mortality during the past twenty-five years.

The application of scientific knowledge in the diagnosis of this disease has made it possible to recognize it at a stage in which from fifty to seventy-five per cent. of the cases can be cured.

Again, the pathological knowledge which has made possible the diagnosis of cancer in its earliest stages has enabled the profession, by prompt operative treatment, to rob this disease of much of its terrors.

The same may be said of the other degenerative diseases of middle life. The scientific knowledge which has for the most part revealed the cause of these conditions has made it possible in many cases to prevent, and in all cases to postpone, their development.

It must be apparent to your Lordship that the scientific knowledge necessary for the degree of "M.D.," or "M.B.," as conferred by our universities is the minimum knowledge that would be necessary to play any role in the accomplishing of the foregoing results, or in the field of preventive medicine.

This I would like specially to emphasize, inasmuch as preventive medicine is essentially the medicine of the future.

Reviews

International Clinics. Vol. IV. Twenty-fifth series. 1915. Philadelphia and London: J. B. Lippincott Company. Canadian office, Unity Building, Montreal.

This is the centenary volume of the *Clinics*. The first volume was published in 1891. During all these years *International Clinics* has taken a leading place in the current medical literature. Practically all the leading men in the United States and Canada, as well as many foreign contributors, have enriched its pages with their knowledge and experience. There have been over one thousand contributors, 3,043 articles and 5,212 illustrations. On the average each volume has been a book of over 300 pages. The usual number of good articles is contained in the present volume and the illustrations are, as usual, excellent.

Bacteriology for Nurses. By HARRY W. CAREY, M.D. Price \$1.00. Philadelphia: F. A. Davis Company.

In this book the student and practising nurse will find a compact and useful knowledge of the principles of bacteriology, compiled from the lecture notes used by the author in teaching the nurses at the Samaritan Hospital Training School, Troy, N.Y. The subject has been presented in clear and simple language. Numerous illustrations adorn the text.

W. B. Saunders Company, publishers, of Philadelphia and London, have just issued their 1916 eighty-four page illustrated catalogue. As great care has evidently been taken in its production as in the manufacture of their books. It is a descriptive catalogue in the truest sense, telling you just what you will find in their books and showing you by specimen-cuts the type of illustrations used. It is really an index to modern medical literature, describing some 300 titles, including 45 new books and new editions not in former issues. A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy—and you should have one.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

Medicine: Graham Chambers, R. J. Dwyer, Goldwin Howland, Geo. W. Ross, Wm. D. Young.

Surgery: Walter McKeown, Herbert A. Bruce, W. J. O. Malloch, Wallace A. Scott, George Ewart Wilson.

Obstetrics: Arthur C. Hendrick.

Pathology and Public Health: John A. Amyot, Chas. J. C. O. Hastings, O. R. Mabey, Geo. Nasmyth.

Dermatology: George Elliott.

Physiologic Therapeutics: J. Harvey Todd.

Psychiatry: Ernest Jones, W. C. Herrman.

Ophthalmology: D. N. Maclellan, W. H. Lowry.

Rhinology, Laryngology and Otolaryngology: Geoffrey Boyd, Gilbert Royce.

Gynecology: F. W. Marlow, W. B. Hendry.

Genito-Urinary Surgery: T. B. Richardson, W. Warner Jones.

Anesthetics: Samuel Johnston.

GEORGE ELLIOTT, MANAGING EDITOR.

Published on the 20th of each month for the succeeding month. Address all Communications and make all Cheques, Post Office Orders and Postal Notes payable to the Publisher, GEORGE ELLIOTT, 219 Spadina Road, Toronto, Canada.

Vol. XLVI.

TORONTO, JANUARY, 1916

No. 1

COMMENT FROM MONTH TO MONTH

Medical Examinations may prove a "deadhead" upon which the medical barque may be damaged or come to grief. The universities and the Medical Council should not be at loggerheads upon this very important question before the Ontario Medical Commission. Were they not requested by the Honorable Commissioner to get together, not to pull apart? *Verbum sapienti sat est!*

It is not right to see teachers in the medical department of the university arguing for the full control of all examinations, and the members of the Medical Council upholding the examination by the Council in addition to the examination by the university. The advocates of either scheme are in the main practitioners. As practitioners with the prime and noble purpose in view of protecting the public at the present time, they should be united and not divided; and it does not look well either before the public or the Commissioner for members of the profession to even appear antagonistic. University men, other than medical practitioners, may see fit to grab all for the university, but the university medical men should stand pat at the present time.

There should be no quarrel between the universities and the Medical Council. The members of the Council—and are they not all graduates?—are as proud of their universities, and as loyal to them, as any of their other graduates—in arts, in law, in medicine, or in science. They wish them well; prosperity, expansion, renown. Therefore it appears to be folly at the present time to interject the university control of all examinations, and especially so when the Commissioner wishes for clarity as to what the profession desires—not confusion, not antagonism.

But what about the student body? Are they to be given no say in the matter? And they are as much concerned as anybody in those same examinations. It would assuredly lighten their burdens to have but one examination. It is stated that a record is kept of the student's work. If such a record could be made the basis for a degree, then there should be no necessity for further examinations on the part of the university. That would lighten the student's burden. The university authorities, then, appear to hold the key to the medical examination question in their own hands. They can relieve the burden of the student. But, strange to say, instead of doing what they can do, they seek to cut out the examinations from another body over which they have not control. Nor should the universities, in the opinion of many, have the control over the profession of medicine in this Province. They have as much right to ask for control over the teaching profession, the law, or the clergy, pharmacy, dentistry, or civil engineering.

The medical profession in this Province, in the interests of the public, requires a representative body such as the Medical Council. If they are to be a properly constituted body, established in the interests of the public, then the university authorities, as well as the public, must be satisfied when the representatives of the people give them legal status. There can be no half-way measures. It must be full control over standards, examinations, license, discipline, etc.

Editorial Notes

THE FACTOR OF POVERTY IN SANITATION

The factor of poverty in sanitary problems was discussed in Washington November 26th by Surgeon-General William C. Gorgas, whose success in cleaning up Havana and the Panama Canal zone have brought him recognition as America's leading sanitarian. His audience was the Clinical Society of Surgeons, assembled in their twenty-fourth annual meeting. Dr. Gorgas said, in part:

"Such sanitary work as is necessary in the tropics is inexpensive, but measures directed against special diseases are not the greatest good that can be accomplished by sanitation.

"Before these great results that we can all now see are possible for the sanitarian, we shall have to alleviate more or less the poverty at present existing in all civilized communities. Poverty is the greatest of all breeders of disease and the stone-wall against which every sanitarian must finally impinge.

"During the last ten years of my sanitary work I have thought much on this subject. Of what practical measure could the modern sanitarian avail himself to alleviate the poverty of that class of our population which most needs sanitation? It is evident that this poverty is principally due to low wages; that low wages in modern communities are principally due to the fact that there are many more men competing for work than there are jobs to divide among these men. To alleviate this poverty two methods are possible, either a measure directed toward decreasing the number of men competing for jobs, or, on the other hand, measures directed toward increasing the number of jobs.

"The modern sanitarian can very easily decrease the number of men competing for jobs; if by next summer he should introduce infected *Stegomyia* mosquitoes at a dozen different places in the southern United States he could practically guarantee that when winter came we would have several million less persons competing for jobs in the United States than we have at present. This has been the method that man has been subject to for the last six or seven thousand years, but it does not appeal to me, nor, I believe, to yourselves. This method is at present being tried on a huge scale by means of the great war in Europe. I do not think that I risk much in predicting that when this war is over and we shall have eliminated three or four million of the most vigorous workers

in Europe wages will rise and for a long time no man will be unable anywhere in Europe to get a job at pretty fair wages.

“But I am sure that every sanitarian would much rather adopt measures looking toward the increase of jobs rather than, as we have done in the past, submit to measures that decrease the number of competitors for jobs.

“I recently heard one of the members of the Cabinet state that in the United States 55 per cent. of the arable land, for one reason or another, is being held out of use. Now suppose in the United States we could put into effect some measure that would force this 55 per cent. of our arable land into use. The effect at once would be to double the number of jobs. If the jobs were doubled in number wages would be doubly increased. The only way I can think of forcing this unused land into use is a tax on land values. I therefore urge for your consideration, as the most important sanitary measure that can be at present devised, a tax on land values.”

GENIUS NO FRIEND OF PROHIBITION

Is it not strange that wet England produced a Shakespeare, wet Germany a Schiller, a Bismarck; wet America a Jefferson, a Washington and a Lincoln, while prohibition Turkey never produced a single great man in all the centuries since Mohammed?

Its religion and civilization both rest upon prohibition. The beer-drinking Bulgars were more than a match for the dry Turks. There is to-day not a single example of superior manhood in the Turkish Empire. The prohibition Turks trail at the tail end of civilization. They are inferior in everything except bigotry, brutality and ignorance. Prohibition has utterly failed to elevate the standard of manhood and morality in the only country in the world where it is a success.

It is a matter of history that very few really great men were total abstainers. Men of character and ability, like Gladstone, Asquith and Salisbury; giants of intellect like Carlyle, Macaulay, Tennyson, Bismarck, Milton, Shakespeare, Luther, Bunyan, Wellington, Pitt, Socrates, Napoleon, Darwin, Dickens; and a host of others, were temperate, but not total abstainers.

Webster, Hawthorne and Clay were never total abstainers.

Washington and Jefferson owned distilleries, and Lincoln ran a tavern in Salem at one time during his career.—*Columbus Citizen.*

News Items

Dr. J. E. Hett has been returned Mayor of Berlin, Ont., by acclamation.

Dr. Leeming Carr, Hamilton, Ont., is to be the new chairman of the Board of Education of that city.

Dr. J. D. Macdonald, Huntsville, is to be Medical Officer of the 122nd Battalion being formed in Muskoka.

Dr. W. G. Cosbie, Toronto, who enlisted for overseas service, has been appointed Medical Officer for the 58th Battalion, now at Bramshott Camp, England.

Surgeon-General G. Carleton Jones, Director-General of the Canadian Army Medical Services, and now on active service, has been knighted by His Majesty King George IV.

Lieuts. C. E. Wilson, H. C. Sutton, H. B. Moyle, H. P. Rogers, A. W. Nixon and H. B. Staepoole, all of the Canadian Army Medical Corps, have been gazetted lieutenants in the Royal Army Medical Corps.

Major Dr. D. P. Kappeler of Hamilton, Ont., who went away as second in command of the Fifth Field Ambulance, has been promoted to the command of a field ambulance of his own. He gets the rank of lieutenant-colonel.

Dr. Geo. G. Nasmith, chief of the laboratories, Toronto, and who is on a furlough from France, where he was sanitary officer to the first Canadian Overseas Force, has been mentioned by Sir John French for distinguished services.

Dr. J. H. T. Halliday, Peterboro, Ont., fifty years a practising physician, was about Christmas time presented with a congratulatory address by his fellow-practitioners of Peterboro. Dr. Halliday has practised thirty-three years in that city, coming there from Grafton, Ont.

The following appointments have recently been made in the Canadian forces in London, England: Dr. James Donald, to be captain in the Medicals; M. MacAdam, appointed captain of the Army Service Corps; Dr. Norman Ferguson, appointed captain of the Medicals.

The Royal College of Surgeons has decided to add the Universities of Toronto, Queen's, at Kingston, and Dalhousie, in Nova Scotia, to the list of universities whose graduates in medicine and surgery may present themselves for examination for college fellowship without first becoming members.

Over 2,000 employees of Toronto hotels, restaurants and refreshment rooms are now required to be medically examined twice every year. This precaution is taken by Dr. C. J. O. Hastings, M.O.H., as a means of safeguarding the purity of the food given to people who eat in public dining rooms.

Dr. Frederick Etherington, in command of Queen's Stationary Hospital at Cairo, Egypt, has sent the following telegram to Dr. J. C. Connell, Kingston, Ont.: "Now 600 beds. Proposed conversion to general." This means that the hospital will become a general hospital of 1,000 beds, which will mean reinforcements.

Capt. James Moore, M.D., now home from London, where he has been connected with the Army Medical Corps, has been transferred to the 33rd Battalion, now at Quebec, to succeed the late Major A. V. Becher as Medical Officer. He will probably be given the rank of major. Capt. Moore expects to leave on Friday for Quebec.

Dr. James Roberts, Hamilton's Medical Health Officer, who has been at the Dardanelles many months in charge of a hospital, arrived home December 30th on a month's leave of absence. He said sanitary conditions at the Dardanelles were frightful. Every one of the 120 men in his unit suffered from fever and dysentery within a short time of their arrival at the Straits.

The Canadian Convalescent Hospital at Woodcote Park, Epsom, Surrey, England, has been placed under the command of Lieut.-Col. D. W. McPherson of 566 Bathurst Street, Toronto. The hospital contains 1,750 beds. Lieut.-Col. McPherson was in command of No. 2 Canadian Field Hospital in France with the 1st Canadian Division. He was given a farewell dinner in France and presented with a cut glass set mounted in silver by his fellow-officers.

Dr. Rowland B. Orr, Director of the Provincial Museum, Toronto, and Dr. A. Gagnon, Department of Public Works, Quebec, were the Canadian representatives at the nineteenth international Congress of Americanists, which took place at Washington, December 27-31, in affiliation with the section of anthropology of the second Pan-American Scientific Congress, and with the American Anthropological Association, the American Folklore Society, the American Historical Association, and the Archaeological Institute of America.

Two Toronto men have received promotions at the front. Dr. J. T. Clarke, who practised on Bloor street before enlisting, has been promoted to a lieutenant-colonelcy and is now in charge of No. 2 Canadian Stationary Hospital at Boulogne, France. He was formerly in command of No. 1 Canadian Stationary Hospital at Le Treport, France. Lieut. Arthur W. Ellis of 15 Spencer Avenue has received a commission. He is twenty years of age, and previous to enlisting was employed in the customs office. For some time he was connected with the Q. O. R.

The German Government has refused to liberate Hon. Dr. Beland, former Postmaster-General of Canada, who was captured at the fall of Antwerp. The German authorities are willing, however, to exchange the doctor for Lieut. Rintelen, now held under sentence of death in the London Tower for espionage. These advices were received in Montreal by Arthur Ecrement, former member of Parliament, from Premier Borden, who announced that Mr. A. Bonar Law, British Colonial Secretary, had requested the Vatican authorities to petition for Dr. Beland's release.

An all-specialist staff is being chosen by Lieut.-Col. Bruce and Lieut.-Col. H. B. Anderson for the returned soldiers' Convalescent Home, Toronto. The following doctors have agreed to give their services gratuitously: Col. H. J. Hamilton, Dr. A. E. Webster, Dr. Goldwin Howland, Dr. J. H. Elliott, Dr. Brefney O'Reilly, Dr. R. W. Mann, Dr. Harold Tovell, Dr. W. J. McCollum, Dr. D. J. Gibb Wishart, Dr. Colin Campbell, Dr. G. H. Burnham, Dr. Newbold Jones, Dr. J. A. Oille, Dr. Arthur Wright, Dr. Charles B. Shuttleworth, Dr. A. Moorehead and Dr. Charles Temple. Captain Rogers has been appointed house officer. The staff will be added to from time to time.

The following are appointed on the staff of the Canadian Eye and Ear Hospital at Folkestone: Officer commanding, Lieut.-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, Wolsley, Lindsay, Ottawa; Glass, London; Steele, Brockville; Bruce, Bowmanville; Whelan, Renfrew; McKee, Montreal; McLeod, Victoria; Donovan, Smith's Falls; West, Quebec; House-keeper, Miss Baldwin, Ottawa.

The Judicial Committee of the Privy Council has dismissed the petition of Mrs. Roillard for special leave to appeal against the judgment of the King's Bench, Quebec, in favor of the city of Montreal. Mr. Lafleur, K.C., who appeared for the widow, said the case raised for the first time before the courts of the Province the question of the responsibility of municipal corporations arising out of the enforcement of compulsory vaccination by-laws. The petitioner brought an action against the city of Montreal, claiming \$10,000 damages on the ground that she was obliged to cause her son to be vaccinated, that he was vaccinated by medical men employed by the city of Montreal with vaccine supplied by the city, and that owing to alleged negligence and bad quality of the vaccine used her son's health was so seriously and permanently impaired as to prevent him from earning his livelihood. The city denied negligence, and pleaded that the boy was vaccinated with care and skill and that the vaccine was the best in existence.

To ascertain, if possible, the attitude of the Ontario Government towards the future of Queen's University, Kingston, a deputation recently waited upon Premier Hearst and Hon. G. Howard Ferguson. Three years ago Queen's severed connection with the Presbyterian Church, and following this the Mining School agreed to affiliate with the University. The Ontario Government has been giving an annual grant of about \$70,000 to the Mining College and the medical branch of Queen's, and the deputation desired to know if this would be continued once the Mining School and medical branch are absorbed in Queen's University. It was pointed out that the Government's attitude on this phase would have a bearing on the proposed amalgamation. On account of war condi-