

**Pages Missing**

# The Canada Lancet

VOL. LIII. TORONTO, NOVEMBER, 1919

No. 3

---

## EDITORIAL

---

### VACCINATION.

This term in years gone by meant an operation to produce immunity against smallpox. It has now come to have a much wider meaning, and we now speak of vaccination against typhoid fever, against tetanus, pneumonia, and other diseases. The term vaccination is derived from vacca, a calf, as the matter employed is obtained from this animal. The term has now become general.

Take the case of typhoid fever. There were about 500,000 Canadians serving in the army, for a period varying from one to five years. The number of cases of typhoid fever was about 300, and only a few deaths. In the South African war, the British army was approximately about 500,000 for a period ranging from one to two years. The deaths from typhoid fever were over 20,000. In the recent war the Canadians were "vaccinated" against typhoid fever, while in the South African war of 20 years ago, there was no such protection furnished the troops. Such a case defeats all arguments against this form of preventive treatment.

During the recent war tetanus was almost unknown, whereas in former wars, it was a severe scourge. This again was due to the use of the antitetanic serum.

Coming to the immediate question of vaccination against smallpox, the case is of the strongest possible kind. There is no use referring to the names of a few who call themselves "doctor," some of whom are not, and others are blinded by prejudices and will not listen to reason, and a few may be governed by mercenary motives of catering to the anti-vaccinationists for their clientele. In a circular letter, sent around the city to stir up the people to attend a meeting called to oppose vaccination, some very remarkable statements appear.

One of these statements is as follows, from Dr. Melville C. Keith, of Belleville, Ohio, writing in 1908:

"Two years ago we were in a place where in and around the country we were called to about four hundred cases (of smallpox), and not one



of them died. All who had been vaccinated had the disease just as bad or worse than those who had not received this poison and filthy matter into their systems. The ones who had never been vaccinated did better than those who had been."

This statement is of no value, as it establishes nothing. In the first place it says nothing as to the nature of the epidemic. Some epidemics are very mild, and need not be greatly feared; but some other epidemics are very severe, with a very high death rate, and serious scarring and mutilation of those who recover. Then in the second place, the statement says nothing about the efficiency of the vaccination in those who had undergone the operation. We have known many vaccinate themselves in such a way as not to have it "take." Some doctors of "irregular" schools give a dose of "vaccine" by the mouth. We have known such statements made on various subjects, but when examined by competent persons they were found to be incorrect. The statement that "the ones who had never been vaccinated did better than those who had been," is so contrary to all reliable experience that one cannot accept it without a thorough sifting of all the facts.

Then there is another error that obsesses the minds of many—even some doctors—namely, that vaccination prevents the contraction of the disease. While it does do this, there are instances of persons who have been well vaccinated having had an attack of smallpox; but such has happened to a few who have had the disease itself. The records of the Italian Army proves that when vaccination has been properly performed it protects as well as the disease.

Many years ago when in London, England, there was a sharp outbreak of smallpox, and the cases ranged all the way from the discrete to the severe confluent types. The only protection the doctors, nurses, and attendants had was what they had from vaccination and they did not contract the disease. This should satisfy any one.

During the Franco-Prussian war of 1870, there were about 1,000,000 men engaged on each side, and the armies were in constant touch with each other, and covering the same ground. The Prussian army had been thoroughly vaccinated, while the French army had not. The former lost only a few hundreds by smallpox, while the latter lost about 23,000 from this disease. These 23,000, thrown into the battles of Metz, Gravelotte, or Sedan, might have saved the day for France, and won the war for her.

The circular letter we here referred to has a few other quotations, such as from Dr. Chas. Creighton: "In my opinion vaccination affords no protection against smallpox"; from Dr. G. Cardwent, that "vaccin-



ation should not be practised"; and from Dr. R. H. Bakewell, thus: "I have very little faith in vaccination even as modifying the disease. Personally I contracted smallpox less than six months after a most severe re-vaccination." We have seen testimonials for the meanest sort of patent medicines from persons claimed to be doctors. The foregoing statements are easily answered as merely expressions of opinion, or the ordinary fact that a vaccinated person may contract smallpox.

But apart from the power of efficient vaccination as a preventive of smallpox, there is the fact that should the disease be contracted it is greatly modified. Many years ago we had some cases of smallpox in Toronto, and a number of doctors came into contact with these cases. The only one who fell a victim to the disease was Dr. Little, who did not believe in vaccination. He had a severe and confluent attack and died.

The following quotation from the circular letter is positively criminal:

"Every man who has been in the army knows that, while every man was a picked man, physically when he joined the forces, after the vaccinations for smallpox and typhoid there was a great deal of sickness ranging all the way from a low fever for a day or two to rheumatism, and influenza, to tuberculosis and meningitis."

The meanest of all lies is a half truth, or an inuendo. The vaccinations against typhoid fever and smallpox did not cause low fever, rheumatism, influenza, tuberculosis, or meningitis. To circulate such a statement with the object of frightening people so that they may not avail themselves of protection against one of the most loathsome of diseases, is really a crime against humanity. There ought to be some way of imposing fitting punishment. Among the multi millions who have been vaccinated no such results have been met with. There is absolutely nothing in vaccination to cause rheumatism, influenza, tuberculosis, and meningitis. The man brands himself as a fool or knave who claims that it could do so.

Vaccinia in the cow or calf and smallpox in man are the same disease. So that when a person is vaccinated he has a form of smallpox, such as is common to cattle. This is a mild disease compared with the average smallpox cases, and, yet, being the same disease, gives protection, as a mild attack of scarlet fever yields immunity as well as a severe attack. Vaccination does, therefore, prevent.

If a person who is bitten by a rabid dog is promptly and properly treated with a preparation from the rabid animal, he will escape the horrid disease; whereas if he is not treated he will most assuredly contract the disease, and almost without fail will die. The antitoxine for



diphtheria has proven its curative power far beyond any question, and, yet, not long ago we met a doctor who did not believe in it. He either did not read or he was incapable of understanding the logic of facts.

But let us drive this home. During the time of the Franco-Prussian war the death-rate among those who contracted the disease was, for those who were revaccinated, 5 per cent.; for those only once vaccinated, 14 per cent.; and for the unvaccinated 45 per cent. Now, these figures are facts, and not mere opinions of some one who "thinks" that vaccination does not protect.

Mr. Alfred Russell Wallace opposed vaccination. He was a scientist of some repute, but scientists do not follow him in his speculations on astronomy, or biology, and his claim to have preceded Darwin in the theory of selection has been exploded. He based his objection to vaccination on some German statistics that have been shown to be as false as falsehood itself. The Lyon experiments, which went to prove that vaccination was not a protection, have also been upset, and thrown into the discard basket.

Coming to Canada for an object lesson. In 1885 there was an epidemic of severe type in Montreal, and in a few weeks there were about 4,000 deaths, with the proportionate amount of sickness, suffering, disfigurement, and loss of time among those who contracted the disease, and recovered. It became necessary to resort to compulsory vaccination, and the disease was soon brought under control. There were no deaths from the vaccination.

Dr. J. W. S. McCullough, the esteemed and capable chief officer of health for Ontario, recently stated as follows:

"Six hundred and fifty thousand vaccinations were performed in the Canadian army without a single untoward result. This Ontario Board of Public Health alone spent \$1,250,000 on anti-typhoid vaccine for use among the soldiers."

"The ignorance of the people who are opposing vaccination is too colossal for me to afford time for argument with them. If the matter comes before the Provincial Government and the Minister asks me for a report, I will then give the arguments in favor of vaccination."

It was stated at the anti-vaccinationist meeting in Massey Hall that the decline in the frequency and severity of smallpox is due to improved sanitation. Lewis and Balfour in their great work on preventive medicine show clearly that this is not the cause. These same authors point out that in one epidemic among 53,891 vaccinated persons there were only 953 cases of smallpox, where among 5,712 unvaccinated persons there



were 2,643 cases,—and that the death rate among the latter was thirteen times greater than among the former. Before the days of vaccination smallpox caused in England about 18 per cent. of all the deaths. It was then a children's disease, and swept them off the earth.

But we would solemnly advise the people to listen to Professor W. M. Welch, the well known authority of America, and Sir W. Osler, of world fame, rather than to the speakers at the Massey Hall meeting. Welch found in 5,000 cases that the death rate was as follows: With good marks of vaccination, 8 per cent.; with fair marks, 14 per cent., with poor marks, 27 per cent., and unvaccinated, 58 per cent.

One sentence from Osler's practice of medicine will suffice, as it closes the case and leaves nothing further to be said:

“Sanitation can not account for the diminution in smallpox and for the low rate of mortality. Isolation is a useful auxilliary, but it is no substitute. Vaccination is not claimed to be an invariable and permanent preventive of smallpox, but in an immense majority of cases successful inoculation renders the person for many years insusceptible. Communities in which vaccination and revaccination are thoroughly and systematically carried out are those in which smallpox has the fewest victims.”

A speaker at anti-vaccination meeting made the statement that vaccination was a cause of tuberculosis and syphilis. Now, this is quite false, as the calves are tested and proven to be free from tuberculosis, and cattle animals never have syphilis. It is clear, therefore, that these wild statements about vaccine carrying tuberculosis and syphilis completely fall to the ground. But when people make such unfounded assertions upon a public some people are certain to be influenced thereby to their hurt. It is remarkable how even highly educated persons may take a wrong view of this subject. A former premier of Ontario once wrote me that I had made out a very good case in favor of vaccination, but that he still was a doubter.

Then one hears of persons, especially children, dying because of vaccination. Ample proof exists that vaccination does not cause death. It must be remembered that when so many children are being vaccinated there will be some deaths of an acute nature, as in times when no vaccinations are being done. Such diseases as pneumonia, nephritis, meningitis, anteriopoliomyelitis, purpura haemorrhagica, may attack a vaccinated as well as an unvaccinated child. Such deaths are in no way the result of the vaccination. But the trouble is that people will not reason logically.



## ORIGINAL CONTRIBUTIONS

PRESIDENT'S ADDRESS, ACADEMY OF MEDICINE, 1919.

BY EDMUND E. KING, M.D.

I DESIRE to express my keen appreciation of the honor done me in electing me President of the Academy of Medicine of Toronto for the present year. To follow in the footsteps of such distinguished men as our past presidents is no small undertaking, and I approach it with a considerable amount of trepidation. However, with the aid of the Fellows and their co-operation in all our undertakings, I hope we will pass through this, a very trying year, as successfully as we have come through the past. The war is over, as far as the fighting is concerned, the settlements are being signed, but as to the future we are very unsettled. Affairs are in a state of chaos, and will remain so for the space of two or three years at any rate. The general unrest reflects itself in our profession, but, I am very pleased to say, in a lesser degree than in most walks of life.

The one hundred and fifty Fellows of the Academy of Medicine who went overseas, and the many who served full time at home, are all deserving of the highest degree of appreciation that we, their co-Fellows and members of the profession in general can give them. The seven who made the supreme sacrifice died in the cause which was worthy of the best, and their memory will linger long with those of us who came into touch with them, and longer with those who knew them intimately. The medical profession, as a whole, has every right and reason to be most justly proud of the work done by their confreres in this great conflict. They were selected for posts of highest honor, and heavy responsibilities were placed upon them, and they came through, having always attained their objective, and having received the greatest praise from those in high command. But let me digress so far as to say that, because a man's name has not been brought to the public eye by those in command does not in any way indicate that his deeds have not been equally heroic with those whose names are on every tongue, for, in the stress of war, often the noblest deeds are those done with the least ostentation, and the least thought of forthcoming honors. In all branches of the service there are more heroes whose deeds are unsung than those that are recognized.

Of the fifteen hundred officers who served in the C.A.M.C. during the war, a great number were young men of little or no experience, some of whom had been in practice a very short time, many were recent graduates, and others had not graduated. The services of these men were



great beyond our expectations. The fact that they accomplished such wonderful work is a great compliment to them, both as medical students, and as men possessed of the highest patriotic feeling. Another aspect of the situation, however, develops now that the war is over, and that is the establishment of these men in civil life. Many of them have been seriously handicapped by the services in which they were engaged overseas. Dozens, even hundreds, of them, have been kept in clerical positions, in which the professional side of their life was only distinguishable by their title. Others, who did active medical work, were confined to highly specialized branches, and had no intercourse with other departments. The war was paramount, and the individual and his future were of little concern. For men whose medical outlook had been stabilized by several years' practice, the war meant a comparatively slight loss, as compared with that experienced by men fresh from the universities.

There are two parties which are principally concerned in the absorption of these younger men into civil practice, firstly, the public, and secondly, the men themselves. The public are to be served by returned men, who are out of touch with advances in medicine made during their absence. As to the men, many of them have been away from civil life for five years, and, during that time, have never encountered such branches of medicine as diseases of children, diseases of women, and contagious diseases. It is very difficult for them to begin practice, backed as they are by two or more years of chaotic existence in the army, and out of touch with hospital work and reading. Like all other returned men, it is extremely difficult for them to settle down immediately to civil life. In order to attempt to cope with this situation, a resolution was introduced at the last meeting of the Medical Council, which requested the Government to give material aid to three classes of medical men, namely, those direct from college, those beginning practice, and those who had not practised for more than a year. Up to the present the Government has not had time to receive the deputation from the College of Physicians and Surgeons, Ontario, who are authorized to present the resolution, but a committee is now sitting in Ottawa to hear evidence in regard to re-establishment. I shall appreciate very much the assistance of the Academy if they can see their way clear to endorse the resolution which I herewith present.

#### THE ONTARIO TEMPERANCE ACT.

While you were away the Government of this Province passed a war measure in the form of the Ontario Temperance Act. The Act was to hold until one year after the cessation of hostilities, so that now the time has come when the question of its permanency is to be decided. In com-



menting on this measure, I shall dispense with the political side of the question. In my opinion it is not a party matter, for on both sides of the House it has its opponents as well as its supporters.

Let us consider the O.T.A. and the Medical Profession. In so doing, I shall leave out of consideration the time-worn discussion as to the efficiency of alcohol in the treatment of disease, and half simply consider the relation of our Profession to the enforcing of the Act. What we resent most about the whole situation is the fact that we have been made the official Barkeepers of the Province. This is neither fair to us nor just to the cause. It is most certainly true that the Doctor must have the right to prescribe for his patients whatever is necessary for heir treatment, and he must be the judge of what is necessary. In cases in which the Doctor honestly considers alcohol a remedy for the disease in question, he is permitted by the law to prescribe it. So far the condition is as it should be. But, when a well man, who has used alcohol all his life, wishes to procure it, he too must appeal to a Doctor, and the latter, if fulfilling the law, must refuse. This attaches an indignity to the Profession which few of us fail to resent.

Then, too, the form for an order of alcohol requires a statement of the ailment for which it is prescribed. This demands a breach of professional confidence, and, undoubtedly, leads to some rather evasive answers. One may cite cases, of cancer, for instance, in which, if the information were made public, it would be prejudicial to the interests of the patient. Altogether it is a most iniquitous condition.

The prescribing of alcohol is largely a personal matter. The use of it before the Act came into force was entirely at the discretion of the individual. The cases that require alcohol are comparatively few, a very small proportion of the total of any practice, so we are brought face to face with a condition in which the personal equation is largely uppermost. Take the number of doctors in practice in Toronto, and see how this works out. I have here a letter from the License Board showing the reports of two Toronto Dispensaries during the month of August, 1919, and giving the following as a representative list:

10 prescriptions and under.....	1,015	Doctors.
11 to 25 prescriptions.....	181	"
26 to 50 " .....	92	"
51 to 100 " .....	41	"
101 to 150 " .....	51	"
150 to 200 " .....	21	"
over 200 " .....	9	"

---

1,410



To quote also from the statement of the Board made July 22, 1919: "Indeed, the laxity that arose through misinterpretation or otherwise of a physician's rights of prescription under the Act reached such a pitch that the Ontario Medical Council felt obliged to cancel the status of five physicians who had been convicted in Police Court for violation of the Act, and to suspend two others. It is but fair to say, however, that the physicians who had offended by giving evasive prescriptions in large numbers are a small minority of the profession."

It must be admitted, however, that among the unscrupulous the law formed a splendid loop-hole for pecuniary advancement. This was strikingly evident during the recent Epidemic of Influenza. Men with exceedingly small practices, and some with apparently none at all, suddenly developed a practice which required from 200 to 1,200 prescriptions a week. I think I may safely say that no doctor in Ontario is justified in prescribing alcohol in such quantities. This prescribing has, in many cases, been most remunerative. One practitioner told me that he had written few prescriptions, and those only to his own patients, but actual count showed that he had issued 3,900 in five months. He charged regularly not less than \$1.00, and generally \$2.00, for each prescription. Such men have brought odium on Medical men. Surely we, as a Profession, cannot stand idly by and countenance such flagrant actions.

What is to be the outcome? If the Temperance Act stands we must try to find some measure to cope with the situation. In order to protect the Medical Profession as a whole, we must demand adequate punishment for offenders, and we must also aim at gaining legislation which will prevent such glaring transgressions as have been reported. The License Board and the Government both say that the Doctor is the person qualified to prescribe liquor, and therefore all alcoholic beverages must be procured from a licensed regular physician. If the Doctor follows the law, further legislation of the matter is unnecessary, but for the above-mentioned unscrupulous, laws must be made to protect the Profession. Firstly, there should be some limit placed on the number of prescriptions one man may issue. Because of the varying sizes of practices, this number cannot be absolute, but must be relative to the size of the man's practice. Surely it might be possible to devise a method whereby a physician would be obliged to prove that he prescribed only to his own patients. There are certain difficulties about this means, but it should do away with a great deal of promiscuous prescribing. So much for prevention. For those who transgress there must be punishment. The Legislature, at its last session, passed an amendment to the Medical Act, whereby a member may be suspended from practice for a limited period. This is a great improvement on the only method previ-



ously existing, which required the removal of the name from the Registrar. This was a very serious penalty, and the restoration of the name was tedious and expensive.

This is merely a suggested solution of a problem which is by no means a simple one. If the onus of the enforcing of the Act remains in our hands, we must do what is in our power to carry out the law to the best of our ability.

#### THE WORKMEN'S COMPENSATION BOARD.

The Workmen's Compensation Board came into existence in 1914, and by its provisions both laborer and employer are taken over by the Board in reference to the administration of the after treatment of injuries. There are three interested parties concerned in the smooth working of the Board, namely, the Employer, the Employed, and the Doctor. Each has an important relation to the others. As a result of the existence of the Board, the Employer was freed from threatened litigation as a result of an accident, the Employed was ensured 55 per cent. of his wages during temporary disablement, and, if totally disabled, a pension during life; he also had his Doctor bill paid for a limited period of thirty days, which time has now been extended to cover the whole period of disablement; the Doctor was paid at the discretion and direction of the Board for thirty days, which time has now been amended, by a schedule interpreted by the Board, to the full period of disablement. The Board is by no means broad in its interpretation of this schedule, and it criticizes the amount of attendance a given case should receive. This is the part which seriously concerns us. The Board pays for medical services at a fixed rate, and this rate is decided in some arbitrary way. In certain cases, attendance is estimated at the amputation rate, and a cheque is sent accordingly. Very often, from the ruling of the Board, it is much more remunerative to amputate than to spend time and attention in an effort to save the wounded member. I am pleased, however, to be able to say, that, in the majority of instances, such a view is not taken by the Doctor, but he applies every device of surgery in order to avoid amputation. Such reconstructive surgery is, of course, of the greatest value to all concerned, firstly, for the man himself, who will have the injured member restored to what is as nearly normal as possible, and secondly for his Employer and the Board, for, if as much as possible is saved of the injured member, the amount which has to be paid as permanent disablement is at a minimum. It is unnecessary for me, in addressing medical men, to elaborate on the fact that this reconstructive surgery requires time, energy, and skill, in order to obtain the greater result. It may be a source of amazement to some to know that the Chief



Medical Officer of the Board is a layman. I was told by the Chairman of the Board, when his attention was drawn to this very anomalous condition, that, from his knowledge and experience, he very much preferred the opinion of this layman to that of any medical man of his acquaintance. As long as such an opinion is maintained it will be very difficult for us to gain sane legislation. One influential member of the Board should be an experienced surgeon, who would be the judge in cases where compensation for maiming was demanded. Why it is that lawyers compose the majority of most commissions is not quite clear, unless it be that there are more members of this than of any other class for whom the Government must find lucrative positions. The advice of Medical men has been most systematically disregarded by the Board. In consultations between Employer, Employed and the Board, not once has any Medical man been present officially. True, when the schedule was being discussed, at the Council's suggestion, a Committee did meet the Board, but nothing of any material value was changed from the draft schedule submitted for consideration. The Board gathered together schedules from various States in the Union, and drafted one from these. This was sent to the Council, who, on motion, said that in most part it was acceptable. It is not the schedule that is most at fault, but the interpretation placed upon it by the Board.

Another aspect of the situation which renders the doctor helpless is the treatment afforded by the Board to communications. Letters from doctors are treated with silent indifference, not being granted so much as an answer,—a courtesy which is tendered by any business firm. If a reply is deigned, it is couched in such terms that one at once recognizes that one is being dealt with by autocratic body, which is, so far as the Medical man is concerned, without appeal. A Board or Commission entrusted with the carrying into effect of a special law, should make an effort to avoid an independent and autocratic attitude. It should realize its position as a public servant, and should always be ready to give ear to difficulties experienced by the public which it could remedy. It may be argued that too much time would be taken up if appeals were made in person. This is not an answer. The subject matter for such appearance would always be known beforehand, and if the importance of the subject were not sufficient, a courteous letter would explain why such an appearance seemed unnecessary. Such a system has been carried out successfully in one of the hospitals of the city for some time past.

There is another feature of the attitude of the Board in which again it has shown itself to be working against the interests of Medical men. I refer to the use they make of Hospitals. These institutions in their Out Departments are encouraged to do dressings for injured workmen at



what might be properly termed a contract price, that is, a rate much lower than that which is paid to the doctor. This leads to an unsatisfactory state of affairs because the hospital has no control over the injured man. Very often, only routine dressings are done, and these by a nurse. This is by no means conducive to good surgery. First aids and first dressings may often have to be done at Hospital clinics, but there should be a rule that requires a staff man to see the case so that it may go under compensation by the Board. The case should be in the care of a member of the staff who would send his bill for services rendered, and thus be held responsible for the outcome of the case. A reasonable course for a workman to take is to place himself under the personal care of his family doctor, or the doctor nominated by his employer. One of the clauses of the Act states that the employer shall secure medical attention for the injured workman, and, in the event of his failure to do so, the workman may secure a doctor. This alternative is seldom presented to an injured man, but, instead, the employer sends him to a hospital and considers that his duty is done. From these considerations, it will appear evident, that the Board or Employer, in making use of the hospitals, are often depriving the workman of the best medical opportunities, and are also depriving the practitioner of many cases to which he is justly entitled.

Quite recently a meeting of the different Industrial Boards of America was held in Toronto. Addresses on the subject of the Surgical attention of the injured men were of a very high order, and all maintained the principles enumerated above. Dr. F. H. Thompson, Medical Director of Oregon State Industrial Commission, read a most interesting paper entitled, "How Can Medical Service be Improved?" He pointed out that the paramount duty of every Compensation Board that had medical first aid provision, is the securing of competent and efficient service to injured workmen, but he deprecated the fact that the medical man was paid the least possible amount for his services. He suggested the inauguration of a standard fee bill for certain zones, the zones to include one or more States. The fee scale was to be the minimum scale that would be charged to a workman in his community, and was to be chosen by representatives from the State Medical Society and the Board. He also recommended a complete original report of cases, with clear "follow-up" reports from every surgeon, while he suggested that no open bone work, such as grafting, wiring, pegging, etc., should be done unless first taken up with, and authorized by the Board. He pointed out that much benefit would result from frequent conferences between medical men in adjacent communities engaged in compensation work. In conclusion he strongly criticized the hospital contract system, and recom-



mended its abolition, for, he declared, it too frequently renders poor service, overcharges the workman, and is not morally right, as every man should have the privilege of being treated by a physician of his own choosing.

What I have said is not a plea for money, but a just demand for better treatment of the Medical Profession by the Board. There has been a rumor, somewhat accentuated by a letter sent out by the Board, that they propose to do some selective work on "Who's Who and Why" in the Profession. Well, until such action is taken, nothing can be done, but the time is ripe for us to ask for better treatment, and to use every legitimate course in our power to get it.

#### A JUDGE'S UNCALLED-FOR SLUR UPON THE MEDICAL PROFESSION.

It is exceedingly humiliating to read in the daily papers a paragraph like the following:

#### DOCTOR WILL SWEAR TO ANYTHING, SAYS JUDGE.

Mr. Justice Logie evidently has little or no opinion of testimony given by the medical profession. In a case before him yesterday he declared: "You can get a doctor to swear to anything."

The matter came before the judge in an action for an order declaring Andrew Howell, aged 74, incapable of managing his affairs. There were "reams" of affidavits filed in connection with the matter. Mr. Howell lives in Tyendinaga township, Hastings county. Dr. C. K. Clarke will examine him and report to the court. In the meantime the matter stands. Mr. Howell has \$11,662 in the bank, and owns a farm.

There are some inuendoes, intentional or otherwise, in this paragraph, which may be resented, but that is a purely personal matter, and I shall not enlarge upon it.

The sweeping remark is absolutely untrue, but by making use of different punctuation a modicum of truth is let into the matter. The judge on the bench has an opportunity to say and to do things which in any other sphere would be at once forcibly resented. Probably in some cases it would be as well to follow the advice given to a man by his wife, who had been kicked severely by a mule, and that was: "Don't worry, just compute it to its ignorance." We respect the Bench because of the many brilliant and great that have occupied the seats of the mighty, and one should overlook remarks from men who have been politically foisted into such dazzling company. The great lights bewilder and



confuse, but let us hope that association will mellow the desire to appear smart at the expense of those who can neither defend themselves before the same audience nor demand a restoration.

#### THE MEDICAL COMMISSION.

There appears to be a habit, over-developed of late, of shelving matters that are a source of dispute, by the appointment of a commission, until one becomes weary of the very name. It seems to be a very satisfactory way of getting rid of troublesome questions, but the end results are unsatisfactory. Problems in medical matters which were recently presented to the Government were put in the hands of a Commission, and certainly the report issued by the Commissioner was most comprehensive. However, as yet, the result is nil.

I should like to express my very great admiration for the work done by the Commissioner in compiling this report. The work shows a keen interest in the subject, and gives evidence of extensive detailed work. If a greater number of the profession would take time to read this report from cover to cover. I feel convinced that a strong feeling for reform in medical matters would be noticeable. It will be a crying shame if such an excellent report is not dealt with. An attempt was made to bring in a bill based on the Commissioner's report, but the opposition to the bill by members of the Legislature was so strong that public interest had to be sacrificed on the altar of votes. If the Members of Parliament who are baulking the bill under pressure of some of their constituents, would read the report carefully, I feel confident that they would come to the conclusion that it must be sustained.

One of the most important matters dealt with in the above-mentioned report, is that of cults in medical matters. At the present time there is no other Province so overrun with quacks who may practise any cult without fear of prosecution as Ontario. At present the Government makes certain distinctions between these "irregulars" and fully qualified physicians, as the former are not allowed to give liquor prescriptions or sign certificates of death. This is as it should be, but in the question of further legislation on medical matters, we must take a very definite stand. Either we must insist on the Government listening to us, and being advised by us on this matter, or we must sit back and say: "Do just as you please; wipe out all medical restrictions, and allow every Tom, Dick and Harry, to practise whatever he chooses." The plea we make is for standardization of education. It is of no consequence to us how many cults there may be, nor how widely they are practised, if only all are on an equal footing. We demand that every practitioner, no matter what specialty his may be, should be equipped with proper matriculation,



proper supervision of studies, proper time spent on his particular subject, a proper examination to qualify him, and then he may practise whatever cult he pleases. We also ask that they be citizens of this country, amenable to our laws, and that they carry certificates recognized by the law of the land. However, if we expect to gain legislation in this matter, we must make a strong stand behind the Commissioner, for it is obvious that the "irregulars" will make a bitter fight to preserve their present privileges.

And this brings me to a most important point with regard to the doctor. There is probably no member of the community who does more to protect the public interest and to safeguard the public health, than its physician, yet he cannot get the support of the powers that be because he is unable to produce a sufficient number of votes. I sincerely believe this to be due to the lack of interest shown by the profession in public matters, for, call a meeting of any medical society, the Academy not excluded, and the attendance is so small that the meeting goes by default. We must get away from the idea that the dignity of the medical profession is lowered by its appearing before the public eye in order to attain results by legislation. In a former part of this paper I have given a striking instance of the effect of medical legislation by a layman, and we medical men, as a body, must try to grasp the situation, and realize that we are the only body who are qualified to demand adequate medical legislation.

#### CANADIAN PROTECTIVE ASSOCIATION.

It is the duty of the doctor to carry protective insurance against sickness and accident. No class of the community is so open to unjust attacks of unscrupulous people as the medical profession. Claims are entered against us for supposed maltreatment and for blackmail, and the expense incurred thereby is often enormous. Where a doctor has no protective association he must defend himself, right or wrong, and gain much unpleasant notoriety because the lawyer realizes that he is dealing with an individual, and he proceeds roughshod to frighten the doctor into a settlement. This same lawyer will, however, be far more cautious if he knows that behind the doctor stands an association ready to defend his case, in court if necessary.

Such an association now exists in the form of the Canadian Medical and Protective Association, which was founded in 1901, and incorporated in 1913 for the following purposes:

"(a) To support, maintain and protect the honor, character and interest of its members;

"(b) To encourage honorable practice of the medical profession;



“(c) To give advice and assistance to, and defend and assist in defence of, members of the Association in cases where proceedings of any kind are unjustly brought against them;

“(d) To promote and support all measures likely to improve the practice of medicine.”

This Association has been of the greatest value to the doctor in cases in which proceedings are threatened. It will not, however, defend any case, which, after investigation by their solicitor is found to be justified, but they will then advise the proper course to follow in order to reach an honorable settlement.

I feel that it is incumbent upon the Fellows of the Academy to support the Association in every way possible. The annual fee is so small, for the protection given, that every Fellow should become a member.

#### THE PATENTING OF MEDICAL AGENTS.

The patenting of products used in the treatment of disease, which are thus made a source of financial gain to the profiteer, is entirely wrong. I am informed, through unconfirmed information from Ottawa, that the patenting of these products is not allowed in France, and such is the proper position for us to take. When the war made alien patents null, licenses to manufacture certain much needed products were issued to two separate Canadian companies, one in Toronto, the other in Montreal, and they took over the manufacture of the arsenobenzol preparations. Their principal objects were: firstly, commercial gain; and secondly, the rendering available of those products which the war had cut off. I shall not discuss the personnel of these companies, but I have in my possession a list of their stockholders, and I know the source of any and all blocking which was encountered by the Provincial Board of Health in its attempts to secure the rights of manufacture of these drugs. All efforts in this direction were unavailing until last June, when, after a most bitter and acrimonious fight by the united efforts of all Provincial Governments, the Board of Health of Ontario was granted a limited license for their manufacture. When, however, this license was actually issued it was found to be of an extremely limited character, and prevented the Board from selling to individual members of the profession. (I have recently been apprised of the fact that the Board of Health does not intend to accept this limited license.) The original license also gave the aforementioned companies the right to prevent the importation of drugs of a similar composition. This was a real hardship to those suffering from syphilis, since it kept the French, English and Italian products off the market. I do not wish to criticize the Canadian preparation, but it



did not systematically agree with many individuals, and similar products should have been available. When this matter was drawn to the attention of the Government, the President of the Council admitted that it was a new point of view to him, and one that should not be allowed to stand, and he gave his word that it would be corrected at once. This has been done only in part, and while individuals have imported these products, it is still against the law for the French firm to sell its products in Canada. This is a most serious condition of affairs, and must be rectified. But great bodies generally move slowly, and in this matter the Dominion Government has proved itself no exception to the rule. Probably another Commission will be appointed!

I do not wish to do more than to draw your attention to the ability of the Provincial Board to manufacture these products, and I would confirm this by the statement that, of all immunizing agents used in France, the antititanic serum made at the Connaught Laboratories was most in demand; and of all specific treatments it was the most successful. One is chemical, the other serologic, true, but they are both the result of careful laboratory work, and the workers in both department are of the highest standard of efficiency.

The license issued to the Ontario Provincial Board has too many restrictions. It will allow this province to sell to other provinces of the Dominion for use in public charities, but it will not allow sale to the general practitioner, although as a taxpayer he is entitled to all the benefits which may accrue. The whole matter may be summed up in this, that certain interests, having got their feet into the public trough, exercise their pull and push for personal gain, as against the public benefit. Surely the Government is sufficiently strong to-day so that public interest is paramount; monopoly must cease in the manufacture of articles absolutely necessary for the treatment of disease. I am not concerned in the cost alone, but in the fact that we are handicapped by our inability to secure everything in the way of treatment that our confreres in the allied countries may have.

#### MEDICAL OFFICERS OF HEALTH.

The city of Toronto possesses, in the person of the Medical Health Officer, an official of whom any community may be justly proud. He is fearless in his fight for preventative measures to guard the health of the community, and he deserves the support of the profession in his endeavors. At times there seems to be a degree of overzeal, but when the question is regarded from the broadest point of view, namely, that of the public interests, we must admit that he is usually right. He is a good



listener, accessible to the profession, and amenable to argument. The reappearance of the *Health Bulletin* is certainly appreciated, and its suppression during the past two or three years was undoubtedly false economy.

#### THE NURSING QUESTION OR THE QUESTION OF NURSES.

There is at present no question that holds more interest for the profession or the public than the stand taken and the ultimatum delivered by the members of the Central Nurses' Registry, the membership of which is about 600. This document was sent to the different hospitals in June, and it is to be effective on January 1st, 1920, thus giving about six months to re-arrange matters to meet this new condition. I am unable to ascertain what proportion of the members agree with the ultimatum; but, as it stands to-day, the whole body of nurses would seem to be behind it. The fact that this demand requires rectification of hospital conditions rather than those in private homes, makes one suspicious of its origin for, as a general rule, "private" work is much more arduous than work in an institution. It is probable that this movement, like many others of the present time, has been instigated by a few ultra-radicals, and does not represent a universal opinion.

The seriousness of the situation is evident when we consider special nursing in hospitals. According to the new demands there will have to be three nurses on certain cases, instead of two, increasing the cost by one-third. This will put a very great hardship on 75 to 80 per cent. of the sick of the community, who go to the hospital for their treatment. If the hospitals expect to fill their private wards under these changed conditions they should come forward at once and state just what help they are prepared to give toward the settlement of this question.

At the present time I feel that hospital treatment for patients is most inadequate. The rates charged are sufficient, I think, to cover a fair amount of trained nursing. But, judging from the fact that a private ward patient, if very ill, must have two special nurses, it is obvious that the nursing provided by the hospital is far from adequate. The cause of this inefficiency, to my mind, lies in the kind of training tendered to nurses. At the beginning of their course they are put at menial work, and are used as money makers for the institution. Then they are put to nursing before they understand what is required of them. If the training of nurses was conducted in a student-like manner, and they were instructed on lines which they would have to follow in their later professional career, they would still be kept quite busily engaged during their three years of training. Also they should be more deeply impressed with the intangible requirements of a nurse. That is to say, they would



have a keen sense of loyalty to their school and their patient, they should remember that they occupy a most important link between the patient and the profession, and they should realize that their sole duty is to aid in the patient's recovery and so to attend to duty as to relieve the doctor of all worry during his absence. It is our duty to interest ourselves in the training of nurses, for it is only in the manner in which the raw material is used that the finished article appears.

The Commissioner in his report deplures the nursing situation at the present time. The New York Academy of Medicine, in an investigation, points out that the proportion of seriously ill who are treated at home is 85 per cent. One reason for this lies in the fact that patients find that a nurse requires too much attention in the home. Then, too, we find that nurses are extremely independent, and will only take certain types of cases. This narrows her point of view, and shows that her training has not been sufficiently broad. We admit, most certainly, that nurses may specialise, but there is a very real need for the old-fashioned general nurse in a great many instances. The Commissioner believes, as does Sir Arthur Newsholme, that much of our nursing could be done by a semi-trained nurse, a woman who would go into a household and look after the patient and the family. Such a demand would never be made of a trained nurse, but the need is great, and certainly a nursing bureau for this class of nurses is greatly needed. There is such a bureau in Toronto, where one may secure fully trained, semi-trained nurses, obstetrical helpers, etc., at very reasonable fees. It is working under a charter of the Ontario Government, and may teach nursing in all its branches. It has not, as yet, opened its training school, but a scheme is on foot whereby the Red Cross and St. John's Ambulance Corps may absorb such an institution, and begin a Dominion-wide movement to better nursing facilities. This will be the means of solving the question of finance, as these two bodies are well supplied with funds and have working machinery scattered over the country, whereby the finished product could be placed and utilized. There is another institution that has done excellent work among the poor and middle classes, namely, the Victorian Order of Nurses. These noble women have gone abroad in the land, and silently aided thousands of sick and needy, with very little laudation or splurge. We must not multiply these organizations too much, but rather aid in finding some scheme of amalgamation, and thus avoid the duplication of overhead expense. We must aim at concentrating the teaching, and thus increasing the quality. But the matter of utmost importance at the present moment is: "What are we to do with the ultimatum?"



## CURRENT MEDICAL LITERATURE

## IN PEACE AS IN WAR.

The Red Cross nurse has been the ministering angel to the wounded and sick in time of war. But why should the good offices of the profession of nursing be limited to the aid of humanity *after* disaster or illness occurs? Isn't it an equally important thing to *prevent* killing and maiming of men and wastage from disease?

By treaties and the establishment of general international relations on new lines, the governments of the world are seeking to prevent the deliberate destruction and crippling of human beings by removing the possibility of war. The spirit of the day is to make the world better and safer for mankind. And if war can be rendered impossible, or a remote possibility, why cannot some agency perform the complimentary service of preventing or minimizing the ills that afflict humanity in its normal, every-day life?

The answer to the question last stated is that it can be done; and the new Red Cross idea is to apply the lessons of war to the every-day life of the people, to the end that the scourges of disease shall not, in the future, reap the harvest of lives and cause the terror and suffering that they have in the past. The prevention of war is being sought through the removal of the causes of war; and the peace-time fight which the Red Cross already has started against disease is directed to the removal of the cause of disease. The one is no more idealistic—no more impossible of accomplishment than the other.

Looking ahead, the American Red Cross Department of Nursing prepared to inaugurate its campaign to improve the health conditions of the country even before the war work drew to a close. Now its tremendous energies are concentrated on a program of peace-time service that would have been considered stupendous a few years back, when the force which events have turned into new channels had not been mobilized. As a result thousands and thousands of Americans already have better knowledge than they ever before had regarding the primary rules of health. The nurse of experience has found a fresh mission—to tell the people *how* to be healthier through right eating, right sleeping and right living generally. The rural communities are being organized for health, with the Red Cross community nurse as important a functionary in the new order of things as the town marshal or the selectman.

If you, Mr. Man and Mrs. Woman, think this campaign for health—this great systematic fight against *preventable* disease, is worth while, you can prove your interest by enrolling again under the Red Cross



banner November 2-11. Without such support as the American people gave to their Red Cross in the time of crisis in the world war the mighty energies necessary to the new task could be effectively directed. With the continued backing of an organization such as already exists, effectiveness is assured—the past has proved that.—Red Cross Bulletin.

### PSYCHOTHERAPY AND TUBERCULOSIS.

In observing tuberculosis suspects referred to the neurological clinic Jelliffe and Evans were strongly impressed by the marked notionalism and unreasonableness of many of these patients and their pronounced infantile reactions. They therefore subjected several to psychoanalysis which they report in detail. In every case they uncovered strong resistances buried in the unconscious life, which they believe play no small part in hindering the recovery of tuberculosis patients from their disease. If these resistances are brought to light and removed therapy is thereby greatly aided.

The morale of the tuberculosis patients is noticeably different from that of the average medical or surgical patient. They are whimsical, irresponsible, selfish, irritable and inclined to be irregular in their habits, etc. Although psychotherapy is given such an important place in several sanatoria, the physicians in charge do not know or recognize the unconscious conflict exhausting the patient's energy; and they approach the subject from an entirely different view, some working with suggestion, other with more physical means. The depressing effect of inhibited emotions upon physiological activity has been well established, and it should be the duty of the physician to improve metabolic changes through psychical control as through physical. In a psychoanalysis patients are able to see that these emotional disturbances result in a weak attitude toward life, desiring always their own gratification and unable to sacrifice the infantile wish. Psychoanalysis cannot change the physical results which are produced by the tuberculosis process, but it can greatly improve the functional activities and the physiological processes by relieving the patient of the great drain on his nerve energy through making known to him the unconscious conflict between the heretofore unknown infantile wishes and the demands of conscious life.—American Review of Tuberculosis, September, 1919, Vol. III, No. 7.

### THE INHERITANCE OF ACQUIRED CHARACTERS.

There is something almost dismal in the currently popular theories of heredity, so far as they apply to the human race. If we complacently accept the mendelian doctrine, the outcome of all matings and consequently the hope for the future seems to depend on the almost inflexible



mathematical distribution of unit traits through the fortuitous unions that occur. Education, under this doctrine, cannot create capacity; it can merely enable an individual to utilize more fully his inherent potentialities. Training does nothing more than give an opportunity to latent capacities. Hundreds of experiments have demonstrated that acquired characters cannot be transmitted. Neither accidental mutilations nor intentional operative alterations in the organism become transmitted to the offspring. The children of parents with amputated limbs continue to be normal in respect to these appendages.

Fischer has recently urged the reacceptance of the theory of inheritance of acquired characters, interpreting the latter in the lamarckian sense. He submits that mutilations are not acquired in the true functional sense—they are inflicted. Truly acquired characters are those developed in a functional way through the effort or performance of the individual concerned. In urging this point of view, Redfield has pointed to the records of horse breeding, one of the fertile fields for the accurate study of heredity. It is claimed that training, that is, functional activity, is indispensable to secure acceptable inheritance. Speaking of race-horses, Fischer says that "the winners of a new generation are the progeny of hard working parents, the losers the sons and daughters of the retired best families." In the domain of dairy cattle the functional character of milk production seems to be enhanced with each successive calf in the record families. Early born calves are far less likely to be great producers than are the later offspring of the same cows. The youngest daughters of the oldest cows are shown by experience to tend to be superior.

The corollary to this contention that performance is not without influence in heredity has been sought by Fischer in the pages of human history. Insisting that, other things being equal, a father or mother of maturer years is more definitely possessed of acquired mental character than a younger one, Fischer maintains the thesis that the offspring of older parents have exemplified in a striking way the inheritance of the acquired characters. According to his statistics, if the probability of being eminent when born of a father between 35 and 40 is taken as unity, the probability if born at 25 is less than one-fifth as great. Ascending the age scale, the probability at from 50 to 55 is five times that at from 35 to 40, and over 60 it is ten times that.

Statistics on human heredity are notably difficult of analysis. The study of the inheritance of character, such as mental traits or degrees of eminence, which cannot be measured in customary ways, is beset with many entanglements. But since the current rock-bound conceptions of inheritance and its limitations fail to satisfy the searcher for "new hopes,"



every attempt to find a more flexible possibility of human betterment than the current eugenics theories afford will find some hearing.—Journal A. M. A., Sept. 13. 1919.

---

### FACTS ABOUT CANCER

Cancer is unquestionably increasing throughout the world.

At the beginning cancer is usually painless and difficult to detect.

At its first small growth it can be safely and easily removed by a competent surgeon.

Cancer is not a constitutional, or "blood" disease.

Cancer is not contagious.

Cancer is, practically speaking, not hereditary.

Every lump in the breast should be examined by a competent doctor.

Persistent abnormal discharge or bleeding is suspicious.

Sores, cracks, lacerations, lumps, and ulcers which do not heal, and warts, moles, or birthmarks which change in size, color, or appearance, may turn into cancer unless treated and cured.

Probably sixty per cent. of cancers of the rectum are first regarded as piles. Insist on a thorough medical examination.

Continued irritation in some form is the usual cause of cancer. It rarely results from a sudden injury.

A doctor who treats a suspicious symptom without making a thorough examination does not know his business.

---

### FOURTEEN POINTS ABOUT CANCER.

1. During the Great War the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in that country. Cancer is now killing one out of every ten persons over forty years of age.

2. Many of these deaths are preventable, since cancer is frequently curable, if recognized and properly treated in its early stages.

3. Cancer begins as a small local growth which can often be entirely removed by competent surgical treatment, or, in certain external forms, by using radium, x-ray or other methods.

4. Cancer is not a constitutional or "blood" disease; there should be no thought of disgrace or of "hereditary taint" about it.

5. Cancer is not a communicable disease. It is not possible to "catch" cancer from one who has it.

6. Cancer is not inherited. It is not certain even that a tendency to the disease is inherited. Cancer is so frequent that simply by the law of chance there may be many cases in some families, and this gives rise to much needless worry about inheriting the disease.



7. The beginning of cancer is usually painless; for this reason its insidious onset is frequently overlooked, and is too easily neglected. Other danger signals must be recognized and competent medical advice obtained at once.

8. Every persisting lump in the breast is a warning sign. All such lumps are by no means cancer, but even innocent tumors of the breast may turn into cancer if neglected.

9. In women continued unusual discharge or bleeding requires the immediate advice of a competent doctor. The normal change of life is not accompanied by increased flowing which is always suspicious. The return of flowing after it has once stopped should also be considered suspicious. Do not expect the doctor to tell you what the matter is without making a careful physical examination.

10. Any sore that does not heal, particularly about the mouth, lips or tongue, is a danger signal. Picking and irritating such sores, cracks, ulcerations, etc., or treating these skin conditions by home remedies, pastes, poultices, caustics, etc., is playing with fire. Warty growths, moles, or other birthmarks, especially those subject to constant irritation, should be attended to immediately if they change in color or appearance, or start to grow. Avoidance of chronic irritation and removal of just such seemingly insignificant danger spots may prevent cancer.

11. Persistent indigestion in middle life, with loss of weight and change of color, or with pain, vomiting, or diarrhoea, call for thorough and competent medical advice as to the possibility of internal cancer.

12. Radium is a useful and promising means of treatment for some kinds of cancer, in the hands of the few skilful surgeons and hospitals possessing sufficient quantity of this rare and very expensive substance; it must not be thought of as a cure-all for every form of cancer. No medicine will cure cancer. Doctors and institutes which advertise "cures without the knife" play upon the patient's fear of operation in a way that leads too often to the loss of precious time, and fatal delay in seeking competent treatment. Go first to your family physician.

13. Open warfare by open discussion will mean the prevention of many needless deaths from cancer. The common belief that cancer is a hopeless malady is partly due to the fact that cases of successful treatment are frequently concealed by the patient and his family, while cases of failure (to often resulting from delay) are apt to become common knowledge.

14. The American Society for the Control of Cancer is a league enlisting the principal agencies and individuals in the United States and Canada who are striving to make headway against this formidable dis-



ease by a campaign of public education to make wider use of present knowledge in its prevention and cure, Annual dues are \$5.00. Larger contributions are solicited. If the cause appeals to you, you can help by Joining the League.

---

#### TO FIGHT DISEASE INVASION.

The foreign commissions, and other organizations of the American Red Cross, are to be utilized to aid the United States Public Health Service in preventing the introduction into the United States of epidemic disease. Close co-operation between the Red Cross, which is frequently called upon to combat contagious diseases in foreign fields, and the Public Health Service will result in more rigorous examination at American ports of immigrants hailing from epidemic zones abroad.

Col. Robert E. Olds, American Red Cross Commissioner for Europe, has forwarded from Paris to American Red Cross Commissions in various European and Asiatic countries of the following instructions:

“We are requested by the United States Government to make our entire organization available for the vital service of procuring and forwarding promptly, from time to time, full information concerning the presence of cholera, typhus fever, plague and other grave communicable diseases wherever we may operate.

“The purpose is to enable the Public Health Service to take such measures as may be deemed appropriate to prevent the spread of such diseases to the United States. We are also asked to forward, in some way, all information available to Red Cross agents as to probable emigration from ports or areas coming under their observation.

“Explicit instructions should be sent out to personnel by all heads of commissions and units. All information should be telegraphed to me immediately on receipt. It is important that this service be rendered with the utmost promptness and efficiency.”—Red Cross Bulletin.

---

#### TREATMENT OF PITYRIASIS VERSICOLOR.

The treatment of versicolor is exceedingly simple, but unless the patient appreciates the necessity of exterminating all sources of propagation the fungus may cause trouble for a lifetime. The affected parts are to be thoroughly washed with soft soap and warm water, so as to remove any greasiness of the surface. The skin is then dried and sponged over with vinegar and whilst still wet with the acid, the following lotion should be applied: Hyposulphite of soda, 6 drachms; glycerine, 1½ drachms; water, to 6 ounces. This should be applied daily for a week, when all trace of the disease will have vanished. For the acid sponging and the



lotion, Iodex can be substituted with advantage, the preparation being thoroughly massaged into the parts, morning and night.

Tinea Versicolor has a marked tendency to return, and, as stated before, may persist on and off for the whole of one's natural life. This is simply due to the fact that some focus of infection has been left undisturbed. The treatment of the patient's underclothing is just as important as that of his skin. The articles must be thoroughly boiled when sent to the laundry; otherwise spores may survive, and be the starting point of a fresh outbreak of the disease.

### COMMUNICABLE DISEASES FOR SEPTEMBER IN ONTARIO.

Diseases	September—1919.		September—1918.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox .....	48	1	6	..
Scarlet Fever .....	187	4	187	3
Diphtheria .....	291	36	351	52
Measles .....	51	1	188	4
Whooping Cough .....	141	9	72	31
Typhoid Fever .....	101	31	111	31
Tuberculosis .....	105	93	259	181
Infantile Paralysis .....	9	....	2	....
Cerebro-Spinal Meningitis..	6	5	6	4
Influenza .....	....	10	.....	....
Acute Primary Pneumonia	....	79	.....	....
	939	269	1,182	306

NOTE.—The last two diseases were not reported in 1918.

### VENERAL DISEASES.

Veneral diseases reported by medical officers of health for September, 1919:

	September, 1919.	September, 1918.
Syphilis .....	115	114
Gonorrhoea .....	151	246
Chancroid .....	7	7
	273	367

NOTE.—Three death from syphilis.



## VARICOSE VEINS.

F. W. Kappleman, Milwaukee (*Journal A. M. A.*, April 26, 1919), describes the method of treating varicose veins by injection of hot sodium chlorid into their lumen. He says he realizes the responsibility of introducing a new surgical method and mentions the discouragements he received on describing the methods to others. The object is to obliterate the lumen of the vessel in situ by destroying the intima and causing complete atresia of the vein. Of the problems to be solved, the more important were: (1) the minimum temperature at which the sodium chlorid solution (3 per cent.) could give the proper results; (2) how to keep the blood out of the vessels during its introduction, and (3) how to prevent embolism. Each of these problems has been met successfully from the first, except the temperature, and this had to be tried on the patient. He therefore used the solution at the boiling point in his first operation. The result was not ideal because there was extensive sloughing of the surrounding tissues, but no ill effects otherwise. This showed that he could introduce solutions hot enough to produce the desired result. In the next two cases a temperature of 185 degrees was used, which was still too hot, a small amount of sloughing occurred at one point. Since then he has employed it at 160 with perfect results. He describes his technic, in full, with all precautions used, the detailing of which does not lend itself readily to brief abstracting. The advantages claimed for it are as follows: "1. The operation requires only a few minutes; hence a short anesthesia. 2. It is less tedious. 3. It is as easily accomplished in the presence of a large amount of panniculus adiposus as in its absence. 4. It involves a minimum amount of cutting. 5. It is cosmetically ideal. 6. The nerves are left intact; there is no dead sensation. 7. The lymphatics are preserved, 8. There is absolutely no pain after the operation. 9. The length of stay in the hospital is reduced to a few days."

## ABDOMINAL SURGERY.

Special points in abdominal surgery deduced from experience in the late war are brought out by G. W. Crile, Cleveland, (*Journal A. M. A.*, Aug. 16, 1919). It was found that wounded soldiers, if not in impaired health from exhaustion or exposure or suffering from shock or hemorrhage, showed a remarkable resistance to infection as compared with the average civilian patient. The time between the receipt of injury and reaching the hospital was a vital factor. After ten hours had elapsed, the prognosis became progressively worse, until the twentieth hour, when the advanced condition was such as to render operation inad-



visible. Lesions of the hollow viscera were far more grave than those of the liver or spleen. Injuries of the later organs did not generally require surgical intervention except to control hemorrhage. Badly shattered splens were best excised. Lesions of the large intestine were more dangerous than those of the small, where leakage was sometimes surprisingly controlled by contraction of the muscular coat. Stomach lesions are comparable to those just mentioned. Combined lesions of the thoracic and abdominal viscera were grave. The thoracic approach for surgery is better than the abdominal region. Internal hemorrhage was indicated by a mounting leukocytosis and lessening temperature. The best treatment for hemorrhage and shock is heat and rest, fluids, morphin and transfusion. The Interallied Surgical Congress recommends for such cases nitrous oxid-oxygen anesthesia combined with local anesthesia. Dr. Taylor, head of the British Anesthetic Service, reports a mortality reduced from 50 to 29 per cent. by such treatment of abdominal wounds, using infiltration of the abdominal wall with eucaïn or procain for local effects. In the Lakeside Unit Hospital somewhat better results were obtained by transfusion before and after operation in serious abdominal lesions. The general experience was that during winter months bronchopneumonia was a more serious cause of mortality than peritonitis. Retroperitoneal wounds resulted in a higher mortality than intraperitoneal, as in civil surgery. "Military experience also emphasized the essential points in the treatment of abdominal infection established by civilian experience, namely: (1) nitrous oxid-oxygen as anesthetic of choice; (2) anesthetized incision; (3) accurate, clean-cut operation to diminish both infection and shock; (4) adequate drainage; (5) Fowler's position; (6) vast hot packs over the entire abdomen, spreading well down over the sides; (7) 5 per cent. sodium bicarbonate, with 5 per cent. glucose by rectal tap, contained as long as it is tolerated; (8) primary lavage of the stomach, repeated only if indicated; (9) from 2,500 to 3,000 c.c. of physiologic sodium chlorid solution administered subcutaneously every twenty-four hours until period of danger is past; (10) in grave, acute peritonitis, morphin given hypodermically until the respiratory rate is reduced from 10 to 14 per minute and held to this rate until danger is past." The treatment of the exhausted and infected soldier would also apply to similar conditions in the civilian. Assuming equally good technic with both, a slow surgeon has a higher mortality than a rapid one. Sutures are easily tied too tight. Drainage is not called for in operations on the small intestine, but may be used on those of the large intestine, but never in contact with the line of suture. Retroperitoneal infected wounds should be treated by the Carrel method. The abdominal wall may be divided with impunity in any



direction, and, in great emergencies, a temporizing fistula may be made by marsupializing a hopelessly damaged coil. While not every perforating abdominal wound contains perforated viscera, every one should be opened. He has seen patients with widely torn abdomens and cold intestines covered with mud get well under the described treatment.

---

#### IS A CHILD'S LIFE WORTH SIX DOLLARS?

How much does it cost to prevent deaths from diphtheria? The *Ohio Public Health Journal* for February gives the experience of the City of Salem, Ohio, for twenty years. During the ten years from 1890 to 1899 this town of about 10,000 inhabitants had 162 cases of diphtheria, with forty-eight deaths, or 30 per cent. In 1900 the city health authorities began furnishing free antitoxin for all cases of diphtheria. In the ten years from 1900 to 1909 there were 126 cases, with only one death—a case in which antitoxin was not administered until the third day. Had the percentage of fatalities been as high during the second decade as during the first, Salem would have had thirty-seven deaths from diphtheria in that time. The free antitoxin furnished for the ten years cost the city approximately \$220, or an average of \$6 per life. Any community desiring to know how much it would cost to save a child's life from diphtheria can ascertain this by multiplying the annual number of diphtheria cases by the cost of 5,000 units of antitoxin, and dividing the result by the number of deaths from diphtheria each year.—*Jour. A. M. A.*, April 5, 1919.

---

#### VOMITING OF PREGNANCY.

In a rather elaborate paper, F. W. Lynch, *San Francisco Journal A. M. A.*, Aug. 16, 1919), considers the severe vomiting of pregnancy, which, as Mathews Duncan has pointed out, must be distinguished from mere vomiting in pregnancy or the ordinary morning sickness. It is difficult to estimate the frequency of either of these. Both seem to be more frequent in America, France, England and Russia than in Germany; but Lynch rather discredits the truth of the observation. Little is known of the etiology of the condition, and the pathologic picture varies within wide limits, but the liver, he says, is the seat of the most marked degenerative changes. Lynch reviews some of the more important literature of the subject, more especially the work of Williams and Folin, in this country. His own observations, made soon after those of Williams, have convinced him of the general truth that the more serious vomitings are characterized by an increase of urinary ammonia; but because of the many factors influencing the coefficient, it is better to state



the ammonia nitrogen in terms of absolute amount, since without this control the ammonia coefficient may occasionally be misleading. He gives a chart that shows how the ammonia coefficient occasionally fails to show the true facts. He has, personally, never seen a patient apparently clinically in danger of life with normal urinary ammonia. He has had a study of the normal acidity of the blood in pregnancy made by his assistant. The amount of acidity is not exceeded in the vomiting cases. The simple nausea and vomiting in earlier pregnancy largely correspond to the clinical picture of the so-called gastric neuroses of the acidity type, but the subacidity type is not uncommon, and is often seen in the most troublesome cases. The treatment demands rigid attention to details, and Lynch says he cannot urge too strongly a careful study of the gastric secretion and titration of all vomitus. Any condition mentioned in the textbook as a casual factor must be carefully attended to. Attention must be given to diet, excretions, etc. Lynch goes into some of these essentials with considerable minuteness. What constitutes a safe limit of urinary ammonia cannot be said. It seems rational to treat the acidosis rather than the actual vomiting when the ammonia runs very high, and to induce abortion in the presence of unfavorable symptoms. Hospital interns should be taught the method of ammonia determination. The method of abortion is important, and Lynch cautions strictly against the use of chloroform and declares ether to be objectionable. Local anesthesia suffices for nearly all necessary procedures, and it may be augmented by nitrous oxid-oxygen, in analgesic doses only, keeping the patient in the twilight stage. Everything possible should be done to avoid catheterization. As long as the medical profession and laity alike expect vomiting in pregnant women, we must expect to give treatment in serious cases.

---

#### TREATMENT OF BURNS.

T. Sollman, Cleveland, (*Journal A. M. A.*, April 5, 1919), states that dichloramin-T has the real advantage of furnishing a continuous supply of the antiseptic agent and securing a continuous action over long periods of time. The solutions must be prepared with some care and must be fairly fresh, or else tested for the presence of available chlorin. It also causes considerable smarting and burning, which, however, disappears promptly and can generally be tolerated. It is liable to irritate the skin. Certain physical limitations are more serious in connection with burns. The large open surfaces require protection against irritation and access of air, and this the dichloramin-T-chloreosane fails to furnish. On the contrary, the solutions are absorbed by the dressings, causing pain and



injury when removed. These drawbacks are especially conspicuous in treating painful and slowly healing mustard-gas burns, which have to be protected in the ulcerated stage by thick petroleum dressings, especially at night. These protect the bacteria as well as the tissues, and delay healing. It was attempted to better matters, either by alternating the antiseptic and protective dressings, or by applying a petroleum dressing to the wound after painting it with dichloramin-T-chlorcosane solution (generally 2 per cent. strength). It was known, of course, that dichloramin-T is gradually destroyed by ordinary petroleum, but it was hoped that this would be slow enough for some of the antiseptic to last from one dressing to another. This exception was not realized, and a more detailed study resulted in the working out of a special petroleum medium that is sufficiently compatible with dichloramin-T for surgical purposes. "Attention may be called to the fact that liquid and semi-liquid mixtures of petroleum with active drug are not subject to the same limitations as is the incorporation of these drugs into solid paraffin. Solid paraffin prevents adequate contact of the mass of the antiseptic with the wound. On the other hand, the layers of liquid and semi-liquid mediums in contact with the wounds are continuously changed, so that good contact is secured." He describes experiments to determine the rate of the destruction of dichloramin-T in various solvents, and finds that an ointment of three parts surgical paraffin, and seven parts liquid petroleum has relatively little destructive action on dichloramin-T, and can be used as a protective on burns treated with dichloramin-T-chlorcosane solution, and even as a basis for a dichloramin-T ointment. Ordinary petroleum, whatever its color, is very destructive of dichloramin-T and cannot be used with it. Liquid petroleum can be used in emergencies as a vehicle for it, though it is inferior. Solutions of dichloramin-T in carbon tetrachlorid are very stable, while those in kerosene or in olive oil deteriorate very fast.

---

### THE SOUND BODY.

Next to good morals and strengthening the life of God in the soul of man, good health is life's chief consideration. Those forms of capital named gold, bonds, and land, bring in four per cent. interest. But good health is an investment that brings forth a hundredfold. Health lends a delicious flavor to the simplest food; health makes work a joy; health turns exercise into ecstasy; health makes the cup of life to brim with happiness. Given two men of equal gifts and education, and the question of superiority in health. Ideas and ambitions are bullets and balls, but a vigorous body is the gun that sends the weapons home. For that



reason the care of the body and the maintenance of health should be studied as a fine art. It is a disgrace to an engineer to burn out the boiler of his locomotive, or wreck and ruin the delicate parts of the splendid passenger engine. And every young man ought to consider it a personal disgrace to wake in the morning and find a fur on his tongue or a black ring under his eyes.

A great tenor once showed me his mirrors for examining the vocal chords. The first thing he does after waking is to see whether the vocal chords have the fine pink hue that indicates perfect health: a red and inflamed vein means that something is wrong, and his whole art is so to carry on the functions of digestion, exercise, work, sleep, and play as to keep his body at the point of absolute perfection. The time was when men talked about dispising the body. People wanted the moral teacher to have the student's pallor and to show those signs of exhaustion that betokened the midnight oil. We have finally discovered that sickliness is not saintliness. Holiness is wholeness, or healthiness—to use the Hebrew expression. God made the body to be a fearful and wonderful instrument, and a man who injures his body and by carelessness and sin appears on the street with a bad cold or indigestion or shows signs of gluttony, ought to be as humiliated as if he had been caught stealing, forging, or telling lies. Sickness that comes from disobedience to the laws of God represent a form of personal degradation.

Good health is an investment that brings large returns in usefulness. This is pre-eminently true of men who are leaders in politics. The American Congress is controlled by men from fifty to seventy years of age. Most of these leaders have their control through experience and past friendships, handled and invested by perfect health. They have known in the past every man worth knowing. The political measures of to-day have their roots in yesterday's events and political battles. And of these battles the leaders can say: "All of these events I knew, and in most of them I had a part." Mr. Gladstone outlived his competitors, and this itself was a great thing. After a dinner in a country house in England, James Lowell commented upon the exuberant happiness and brilliancy of Mr. Gladstone and the moodiness of Tennyson. He concluded that the difference was one of good health. Tennyson had spent every night smoking clay pipes as fast as he emptied it; neglected exercise, overate, and the result was the moody Lord Tennyson. Gladstone gave two hours every day to muscular exercise, spent eight hours in bed, gave two hours every day to eating, at the first sign of cold went to bed and slept unceasingly until he was again in perfect condition. Gladstone banked on his body. He had a man rub that body, pound it and oil it one or two hours every day. No engineer polished his locomotive, no boy rubbing



the coat of his favorite horse, ever gave a thousandth part of the attention that Mr. Gladstone gave his body. He counted health his greatest asset.

Good health brings large returns also in wealth and honors, Business is a seed; it begins at nothing. Commercial success is a spring that widens slowly into the river. History shows that the great financiers have generally begun their real career about fifty. By this time the man understands the facts and has the field before him. But only about one health unimpaired. Happy is the banker, or manufacturer, or merchant, who can at fifty do two days' work in one under stress. When Cecil Rhodes was dying he told a friend that he had just laid the foundation for his career. He had collected his raw material; and was ready to build the structure. He wanted to construct a railroad from Good Hope to Cairo, and build a South African Empire. He had the ground cleared and the materials ready. But, unfortunately, one little episode interfered—he died. He had wasted his nervous capital between twenty and thirty, and when the great opportunity arrived, nature punished him. Exercise and sleep would have kept him in perfect health, to seventy. But he worked on four hours' sleep, denied himself all exercise, and lost the great opportunity. Health is capital for the business man.

Good health is an interest-bearing investment for the scholar. Good health has its religious relations. Good health is a pre-requisite for marriage, for boy and girl alike. Therefore get wisdom and get gold; but above all, and first of all, get health. "Whom the gods love—die old." Whom the gods hate die young, often through ignorance or folly or the want of a little common sense. When the minister at a funeral speaks of a "mysterious providence," the doctor, sitting with the family, thinks of the rich gravies and want of perspiration through exercise. When the preacher has worn out the Ten Commandments as subjects for sermons, there will be one text for him to preach on for a thousand years in the hope of uplifting the race by proper heredity, and it will be this text, "Take heed unto thy doby."—*N. D. Hillis, in Canadian Medical Bulletin.*

---

#### OUR DUTY LIES BEFORE US.

Notwithstanding occasional discouraging though temporary failures, sanitary science has been able to relegate the communicable diseases, one by one, to the class described as "preventable." The degree to which they are preventable depends upon knowledge of the infective agent, ability to control channels of communication from sick to susceptible and facility for reducing the number of susceptibles through artificial immunization.



Regarding the preventability of two diseases, typhoid fever and diphtheria, there is no argument. We know the organisms; can, in large measure, control channels of communication; and have at hand materials and facilities for producing immunity. Nevertheless, in this State these two diseases have been able to reap a harvest of 2,300 human lives in a single year.

It is high time that health officials awoke to the fact that the burden of responsibility rests upon them. An epidemic of typhoid or diphtheria in any community not only reflects discredit upon the community but the menace to life and health extends beyond its own borders.

Typhoid fever offers a concrete illustration. While, for two consecutive years, the annual death rates for the State have been lower than in previous years, at least half of the deaths that occurred could have been prevented if there had been a will to prevent them. In each year an extensive local water-borne epidemic occurred; in each instance the municipality had been forewarned of the danger. To-day other municipalities are continuing to use unsafe water supplies in spite of warning. Other extensive outbreaks resulted from the use of infected milk; the danger would have been obviated by pasteurization. Numerous contact cases occurred because exposed persons were ignorant of the value of inoculation against typhoid. Obscure sources of infection have continued to operate for want of well-directed effort to discover and eliminate them.

We who accept office as guardians of public health thereby obligate ourselves to insure to our constituency protection in keeping with modern practice. Health officials are often unappreciated and poorly paid. When we have done our full duty with insight and determination, we can hope for appreciation and demand compensation. We have not fulfilled the purpose for which we were chosen while preventable diseases are unprevented.—*Health News*.

---

#### THE CLEAN AGE.

Americans to-day are living in what promises to be the "clean age" of world development and are very probably standing on the threshold of a longer expectancy of life in which diseases of filth, such as typhoid fever, smallpox, typhus, and plague, will be controlled and perhaps eradicated.

The end for typhoid fever already is near. Modern sanitation, sewerage, vaccination, and a safe water supply have already reduced the ravages of a disease that would be unknown but for human filth. In the case of smallpox the almost universal vaccination and isolation of the few cases developing have made this disease less to be feared than ever



before. Old World scourges like typhus and plague are stopped at the American gateways by delousing immigrants and by preventing plague-infected rats gaining a foothold on the American shores. Overseas effective measures are being adopted to prevent the spread of these diseases by teaching cleanliness in communities where the scourge now thrives.

More strongly entrenched than typhoid fever and smallpox combined, claiming more innocent victims every year and leaving a trail of wrecked humanity in its wake stand syphilis and gonorrhoea, typical preventable diseases. These, too, are going to be controlled in the "clean age" in which we live, for the United States Public Health Service and State boards of health throughout the Nation are concentrating their efforts and have pooled their resources with this end in view. Most satisfactory progress already has been made with the establishment of free clinics for the treatment of venereal diseases in the larger cities and the closing of restricted districts, making it difficult for the professional prostitute to spread the diseases. During the fiscal year, which began July 1, the Public Health Service hopes to extend this part of the campaign in co-operation with the States, so that clinics will be established in every city in the United States with a population of 10,000 and over, and so that adequate facilities for treatment will be provided in the rural communities.

The very backbone of the fight to control these two scourges is education. The greatest handicap encountered has been the reluctance of the general public to recognize the existence of diseases that are gnawing away at its very vitals; an inclination to regard syphilis and gonorrhoea as diseases of crime rather than of unclean living.

The World War brought home to us with telling force the necessity for clean living when the draft revealed the high prevalence of venereal diseases among men taken into the army from civil life. This lesson of the war is to-day among the most important reconstruction problems of peace.

We can not longer protect syphilis and gonorrhoea by refusing to recognize their existence. We must realize what physicians have long known—that every day we walk with these diseases; brush elbows with them and run the risk of having them invade our homes. We must learn to live clean, in clean communities in which filth diseases can not thrive. We must teach our young people the lesson of social hygiene. We must throw the weight of our influence against any interest that seeks to set up again the disease-breeding restricted district.

More than any other health movement in history the campaign for the eradication of venereal diseases needs the support of every citizen. Let's do our share.



## PERSONAL AND NEWS ITEMS

There was recently a typical case of the sleeping sickness in New York. The man was in a comatose condition, moving eyes that saw nothing, and of a dull yellowish countenance.

Col. R. A. Bowie, of Brockville, a well-known surgeon, has returned after five years with the Canadian Army Medical Corps. He made a fine record for service during the war. He was surgeon for the Grand Trunk Railway, and to the 41st Battalion.

We regret to note that Mr. J. K. Wilson, son of Dr. W. J. Wilson, recently met with his death as the result of an accident.

Dr. F. S. Tolmie, who has accepted the portfolio of Minister of Agriculture in the Federal Cabinet, was reelected for Victoria, B.C.

It was with deep regret that the medical profession of this country learned that Sir William Osler had been ill. At the moment of writing he was reported as somewhat better. The Canadian profession wishes for him a speedy and complete recovery.

Dr. Edgar C. Pugh, Captain in the C.A.M.C., has returned from his overseas services, and is located at 246 Danforth avenue, Toronto. He is going to devote his attention to diseases of women and children.

Dr. W. E. Waugh, of London, was quite ill a short time ago, but was reported as improving. He was for many years registrar of the Medical College in connection with the Western University.

The Kitchener-Waterloo Hospital Board organized for the ensuing year with the following officers: President, Ed. C. Kabel; Vice-President, Geo. D. Diebel; Secretary-Treasurer, A. A. Eby. Committee Chairman—Finance, Chas. Ruby; House, J. H. Baetz; Property, A. R. Kaufman. A canvas is being made among financial and manufacturing institutions of the Twin City to raise \$100,000 for extension next year.

Captain Dr. A. A. Martin, St. Thomas, is home after serving five years with the Royal Army Medical Corps. Dr. Martin is a graduate of McGill University and was practicing his profession when he was declared. He at once went to England and joined the R. A. M. C. He was sent to Mesopotamia with General Maude's army, which captured Bagdad. Capt. Martin was in charge of hospital boats plying on the Tigris River between the scene of operations and the base hospital in Bagdad, also an ambulance near the front. The first white man to enter the city of Bagdad after the capture by the British was under the care of Dr. Martin. Capt. Martin was on leave at Bermuda when the trouble broke out with the Afghans and he was ordered up in that district and was in



charge of an ambulance train and was stationed there for ten months when he left.

On their way home during the night of November 4, the car of Dr. H. Carveth was struck and greatly damaged. Dr. Carveth, of 178 Huron street, Toronto, and Mrs. Carveth, were injured. The doctor sustained some severe bruises on his arm and shoulder. Mrs Carveth was cut about the head by the broken glass. We are glad to state that the doctor is out again, and that Mrs. Carveth is steadily improving.

According to the will of the late Margaret Olivia Sage, wife of the late Russell Sage, bequests are made to about fifty charities, museums, libraries, colleges, and universities, in sums ranging from \$100,000 to \$1,000,000.

Five deaths occurred a short time ago in Detroit from the Botulus germ. These people had eaten olives, which contained the poison. It is rare for this poison to be found in vegetables, as it is best known as the sausage poison. It makes its presence manifest in from 24 to 30 hours after eating the affected food.

Colonel Wallace Scott, C.M.G., F.R.C.S., is again in residence at his home, 627 Sherbourne street. Dr. Scott went overseas with the first contingent, saw service with the 2nd Canadian Field Ambulance, 2nd Canadian General Hospital, and 2nd Canadian Casualty Clearing Station. He was also with No. 13 British General Hospital at Boulogne. He left France in 1915 to open No. 11 Canadian General Hospital at Shorncliffe, where he was assistant director of medical services. Forty-seven thousand wounded Canadians passed through No. 11 General Hospital from the commencement of the war.

Dr. A. J. MacKenzie has resumed his practice in Toronto, after five years of active military service, much of the time being spent in France.

The American Society for the Prevention of Cancer has issued an excellent brochure on "What We Know About Cancer." A copy will be sent to any one making the request for it, by addressing the same to Dr. Curtis E. Lakeman, 25 west 45th street, New York.

A situation which was full of unpleasant possibilities was relieved when the soldiers left the hospital at Whitby. This hospital was originally an asylum for the insane, but at its completion was taken over by the military authorities. In a growing country that was a serious loss, for it meant a great crowding in the other hospitals for the insane.

There has been opened at the Orthopedic Military Hospital a comfortable home for the soldiers. There is a spacious lounge room, an excellent kitchen. The home was opened recently by the Duke of Devonshire.



Professor George C. Whipple, of Harvard University, has been appointed director of the Division of Sanitation, in the Bureau of Hygiene, of the League of Red Cross Societies. He will at once take up the task of organizing this new and important work, which is designed to become a sort of international health department and general clearing house for the exchange of information on public health activities in all parts of the world. He will, however, continue his work at Harvard, where he is secretary of the School of Public Health and professor of sanitary engineering, until February.

A Roman Catholic hospital will be erected, it is announced, in Brantford. A site had been chosen, but before purchase negotiations were open the property changed hands. However, the church authorities here have not given up hope, and the search for a site will be continued.

Seventeen cases of "sleeping sickness," including several fatal ones, were reported to the Winnipeg health officer up to 20th November. The total number of deaths have been four. All victims are adults. According to city health authorities all these cases have been coming on for several days and in no case has it been contagion that has caused the trouble.

Dr. Roberts, M. O. H. for Hamilton, advised the Board of Health to appoint an assistant to him whose duty it would be to be in the Health Office at nights. He said such an official could give out anti-toxin in cases of diphtheria that developed at night, and attend to other emergency matters. The board thought so well of the suggestion that it asked Dr. Roberts to proceed with his plans to put such an official on duty.

Dr. R. R. McClenahan, formerly of Hamilton, has commenced his work in connection with the Provincial Board of Health to take charge of the campaign against venereal diseases in Ontario. While the appointment was made some weeks ago, Dr. McClenahan has just commenced his duties. His first duty will be to get his work organized, and then efforts will be made to treat prisoners in the jails and reformatories who are suffering from these diseases.

Dr. George E. Armstrong, of Montreal, has been elected president of the American College of Surgeons. The election to this office is considered the highest honor in the profession. Dr. Armstrong is professor of surgery in McGill University, Montreal.

The official declaration of William Richardson, Returning Officer for Brockville riding, gives Dr. Donald McAlpine, Liberal candidate, a majority of 1,115.



Two British surgeons, a Canadian and a Frenchman, have been admitted to honorary membership in the American College of Surgeons at the session of the organization's ninth annual clinical congress. At the same time 500 surgeons, from virtually every state in the union, were admitted to fellowship, as well as thirty-two Canadians. The honorary membership were conferred on Major Generals Sir Robert Jones of the British army, Mr. Irving H. Cameron of the University of Toronto and Professor Theodore Tuffire of Paris.

---

## OBITUARY

---

### LT.-COL. ROBERT WILSON, M.D.

Prominent as a physician and X-ray specialist, the sudden death of Lieut.-Col. Robert Wilson at St. Andrew's Hospital, on 2nd November, came as a loss to the eastern medical profession.

In the past year, during his office as director of physiotherapy at Hart House, the late officer contracted an internal growth. He was operated in a few days prior to his death. Though surgically successful, the operation was too heavy a tax upon the heart, and Col. Wilson died on Saturday.

After taking his degree at McGill, the late doctor practised many years in Montreal before going overseas as a captain in 1914. While in France he was given charge of the X-ray work in Canadian hospitals, and also in England with the C. A. M. C.

Col. Wilson is survived by his wife and a brother, Dr. Albert Wilson, of Montreal. The funeral service was conducted at Dr. W. R. Walter's residence, 1502 Danforth avenue (a cousin of Mrs. Wilson), prior to the body being shipped to Montreal for burial.

---

### ROBERT ADDISON STEVENSON, M.D.

After a long and painful illness Dr. Robert Addison Stevenson, of Toronto, passed away on 12th November. He came of United Empire Loyalist stock. His name, Robert Addison, was derived from the Rev. Robert Addison, the first missionary in Upper Canada and first rector of the ancient church of St. Mark's, Niagara-on-the-Lake, who was his great-grandfather. His mother was a granddaughter of Col. John Butler of the famous Butler's Rangers. He was born in St. Catharines on December 20, 1845. His father was county judge of Haldimand. His first school was a private academy under the charge of the Rev. Dr. Hill.



He passed to Upper Canada College and the University of Toronto. He took his medical course in McGill, and commenced practice at Strathroy, but later on took a post-graduate course at St. Thomas' Hospital, London, and obtained the degree of M.R.S.C., England. He then returned and resumed his practice in Strathroy, coming in contact with Sir George W. Ross, whose family physician he remained till Sir George passed away.

About thirty years ago he removed to Toronto where he soon obtained a foremost position in the medical world. He was for many years chairman of the staff of Grace Hospital and head of its medical service. His wife, a daughter of the late Agnew P. Farrel, of Haldimand, predeceased him many years ago. His only child is the wife of Brigadier-General Cartwright, C.B., C.M.G., now Chief Engineer, Aldershot, England.

---

#### CHARLES S. ELLIOTT, M.D.

There passed away, on 24th October, in his 80th year, at the residence of his son-in-law, Mr. E. W. Trent, 511 Huron street, Toronto, in the person of Dr. Charles S. Elliott, a medical practitioner of the old school.

Charles S. Elliot was born in St. Mary's, county of Guysborough, in the Province of Nova Scotia. Dr. Elliot was educated at Halifax, N.S., and studied under the late Dr. D. McNeil Parker at the "Halifax Visiting Dispensary," and in the year 1856 entered Harvard University, Cambridge, Mass., from which he graduated in 1860 with the degree of M.D.

He practised in Halifax and North Sydney, Cape Breton, for four years, coming to Toronto in 1864, and commenced practise in Bay street, opposite Melinda; after remaining a year, he settled in Orillia, then a very small place, where he continued in the active practise of his profession for 23 years.

In 1888 Dr. Elliot returned to Toronto, where he made the treatment of nervous and mild mental diseases a specialty.

Dr. Elliott was a member of the College of Physicians and Surgeons of Ontario since 1868, and a member of the Board of Examiners 1886 to 1889. He was director of the Y.M.C.A. and a member of the Upper Canada Bible Society; a member of the Evangelical Church of England, and President of the Toronto Harvard University Club.

He was a Mason of high rank, being Past Master of the Orillia Lodge; Past Z., King Solomon Chapter, Royal Arch Masons; Past Commander of the Knights Templar, Mount Calvary Encampment; Past Grand Officer in the Grand Lodge of Canada.



Dr. Elliot is survived by four sons and three daughters: H. C. S. Elliott, M.D., O.B.E., Lieut.-Col. C.A.M.C.; S. B. Elliot, M.D., of Virginia, U.S.A.; Mr. F. E. Elliot, Halifax, N.S.; Capt. F. D. Elliot, Toronto; Mrs. E. W. Trent, Toronto; Miss F. C. Elliot, Evanston, Ill., U.S.A.; Mrs. A. H. Powell, wife of the Rev. A. H. Powell, Guelph, Ont.

---

CHARLES E. TREBLE, M.D.

Tragic in its suddenness was the death of Dr. Charles E. Treble, a prominent member of the medical profession in Toronto, which occurred at Grace Hospital in the early part of November. For some time Dr. Treble had not been feeling well, and had complained of slight pains in the region of his heart, but his demise was most unexpected. He was stricken while about his customary duties in the X-Ray room, of which he had charge, and expired almost instantly. The only person present at the time was a nurse, who conveyed the sad news to Dr. W. H. Harris, chairman of the hospital, and to other officials.

Dr. Treble was about forty years of age. He was a graduate of Trinity University and of Toronto University and had won front rank in his profession, being regarded as one of the foremost X-Ray specialists in the city. In addition to his duties at Grace Hospital, he was X-Ray specialist at Wellesley Hospital. He had been connected with the former for about ten years. He was an M.R.C.S. and L.R.C.P. of London, Eng., and had devoted much time to post-graduate work in England.

The late Dr. Treble resided at 229 Russell Hill Road and is survived by his widow and four children. He was a son of the late J. M. Treble. One sister is the wife of Rev. Mr. Terryberry, of East Toronto, while another is Mrs. (Rev.) Louis Barber, of London, Ont.

In speaking of Dr. Treble's death, Dr. Harris, of Grace Hospital, declared that he held the highest esteem of the medical profession and citizens generally and that his would be a severe loss to the community.

---

MAURICE J. VIGNEUX, M.D.

Dr. M. J. Vigneux, of Nelson, B.C., was accidentally drowned in the lake at Connaught Park on 22nd August. He had returned from overseas, where he had served in France for 18 months. At the time of his death he had charge of the interment camp at Fernie.

---

ROBERT SLOAN, M.D.

Dr. R. Sloan went to China in 1869—since 1877 he practised in Shanghai. He died in the latter part of August.

---



## BOOK REVIEWS

## OPERATIVE GYNAECOLOGY.

An atlas of operative gynaecology. By Burton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania. 164 plates; 46 figures. Philadelphia and London: J. B. Lippincott Company. Canada, Charles Roberts, 201 Unity Building, Montreal. Price in cloth, \$7.00.

In the preface we are told that the illustrations have been made after repeated observations of the operations as they were being performed. Certainly great praise is due Mrs. Chase for the splendid manner in which she has performed her part of the work. The author also states that the chief aim of the work is to be found in the illustrations, and that the text is subordinate to them. While this is true, it must not be assumed that this text is an unimportant feature of the book. Such would be a most erroneous notion. The text, though condensed, is most useful and clear, and can be to much advantage by those who wish guidance in this class of surgical work. The text and the illustrations are limited wholly to gynaecological subjects. The book deals with the operating room and all necessary appliances and instruments. Following this, the author discusses the closure of abdominal wounds, perineorrhaphy, repair of the vaginal walls, injuries to the cervix, fistulae, operations for versions, dilatation of servix, enlarging the vaginal canal and orifice, and operation for anus vestibularis. There are excellent sections on the vulva, salpingectomy, oöphorectomy, myomectomy, hysterectomy, caesarean section, pubiotomy, surgery of the maunnary gland, and the after treatment of abdominal section. The paper is ideal for this sort of book. The typography is very clear. The perspective and colouring in the illustrations are charmingly perfect.

We can speak in very high terms of this superb work of plates and text. We feel confident the volume will find many readers and as many friends.

## PHARMACOLOGY.

Experimental Pharmacology. By Hugh McGuigan, Ph.D., M.D., Professor of Pharmacology in the University of Illinois College of Medicine, Chicago, Illinois. Illustrated with 56 engravings and 7 colored plates. Lea and Febiger, Philadelphia and New York, 1919. Price, \$2.75.

The subject of experimental pharmacology is well handled throughout the volume. The author contends that laboratory work in pharmacology is valuable because it gives first hand information, it illustrates pharmacologic investigations and the methods of procuring records, and it develops methods of research. The volume covers a wide range of topics, such as modes of administering drugs, experimental phar-



macology, pharmacology of the digestive tract, antiseptics and disinfectants, pharmacology of the cranial nerves, pharmacology of circulatory organs, anaesthesia, paralysis of motor nerve endings, pharmacology of sensory nerve endings, pharmacology of the eye, antagonism, antipyretics, pharmacology of the kidneys, action of drugs on the sweat glands, on the mammary glands, and the muscles, pharmacology of the lymphatics, pharmacology of the blood, and some other chapters. The book is very well written, and contains timely information. We can recommend this work most cordially, and feel it will give entire satisfaction.

---

### HYGIENE AND SANITATION.

A Manual of Hygiene and Sanitation. By Seneca Egbert, A.M., M.D., Professor of Hygiene, University of Pennsylvania. Formerly Professor of Hygiene, and Dean of the Medico-Chirurgical College; sometime Major, Medical Corps, U. S. army; member of the American Medical Association, American Public Health Association, etc. Seventh edition, enlarged and thoroughly revised. Illustrated with 160 engravings and 5 plates. Lea and Febiger, Philadelphia and New York, 1919. Price, \$3.00.

This work now needs no commendations from the reviewer. Long ago it made a place for itself which it has maintained during many years. It is one of the most readable and explicit of all the works on the subject of hygiene, and can be recommended to all who wish a good book on this subject. It covers all the salient features of sanitary science and preventive medicine. The illustrations are numerous and well selected, and convey a very clear impression of the topic under discussion. The text is well arranged, and carefully condensed, so as to avoid prolixity on one hand or obscurity on the other. The appearance of the book is very compact and neat. It is well bound, and the paper and press work are all that one could wish. The author has spared no pains on this work to keep it abreast of the latest and best teachings, and is entitled to his full share of praise.

---

### PROGRESSIVE MEDICINE.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D., and L. F. Appleman, M.D., September, 1919. Lea and Febiger, Philadelphia and New York. Price, \$6 per annum.

This excellent number contains articles on Diseases of the Thorax by William Ewart, Dermatology and Syphilis by W. S. Gottheil, Obstacles by E. P. Davis, and Diseases of the Nervous System by W. G. Spiller. Progressive Medicine is a very ably conducted publication, and makes a very valuable addition to any library. No active practitioner should be without it.



## MISCELLANEOUS

## WOMEN'S COLLEGE HOSPITAL.

The regular monthly meeting of the Board of Directors of The Women's College Hospital was held in the hospital at 125 Rusholme Road. Mrs. A. O. Rutherford was appointed president for the ensuing year; Miss Lowry, secretary, and Miss S. Warner, treasurer.

Mrs. F. H. Torrington was chosen as chairman of the Finance Committee, Miss Anderson as chairman of the House Committee, and Dr. Nevitt as chairman of the Building and Property Committee. Mrs. A. O. Rutherford is again to head the Training School Committee, and Mrs. W. T. Sinclair was asked to act as chairman of the Publicity Committee. The appointment of the heads of services was confirmed and Dr. Elizabeth Stewart, who has been taking post-graduate work in New York under an X-ray expert is to take charge of that department in the hospital. This has been made possible by the generosity of Mr. Wm. Davies.

## TYPHOID MARY.

Mrs. Mary Mallon, known the world over as "Typhoid Mary," wiped the tears from her eyes the other day as she sat in the pretty little room of her cottage on North Brother Island, says Gene La Motte, in the New York Mail.

She was dressed in the blue and white of the nurse's uniform. Her brown hair was combed straight back from the kindly, motherly face, and her lips were pursed. She stared across the waters that separate this island of the New York Health Department from the New York shore, and shook her head negatively when asked for an interview.

"Why," she said, "there's nothing to say, and if there was, what good would it do to say it? Besides, I'm tired of having the whole world talk about me and call me a name they have no right to. My name is Mary Mallon, not "Typhoid Mary," as I've been heralded from one end of the globe to the other. Doctors say I carry typhoid. They've put me here. My life is ruined. There's nothing to do but wait to die; so what's the use of talking of it?"

"Don't you believe what the doctors say?" she was asked.

"It does no good whether I do or not. It makes no difference what I believe. Mary Mallon's here, kept here by the city—has been for years; will be until she dies, I suppose; but still there's typhoid fever over there; there's none of it here. Why not?"



The words of the director of hospitals of the New York Health Department were used in reply. Mary was reminded that on the island she does no cooking, and comes in contact with no food but that she consumes herself.

The lips shut a little tighter and the tears fell a little faster. "Well, it makes no difference what I think, as I told you. They have said I spread a disease that I've never had. I've never been a full day in bed in my life, and I'm forty-five years old. The only time I was ever sick was when they tried to treat me with a serum for the germ they say I carry. One by one my family have died. I've no one left now, no friends to care, so that's all."

For nearly twenty years Mrs. Mallon has been followed by a wake of the fearful typhoid. That is what medical records proved and show to-day. What they do not show is the haunting realization that this perfectly innocent woman may have down her heart that it is true.

From the time the health authorities first traced the disease this woman, who earned her living by cooking, has been in the public eye. From China, Russia, Australia and every corner of the earth she has received letters either of sympathy or curiosity.

"I used to earn as high as \$75 a month cooking, and to-day I could be earning twice that or more," she went on. "For the first time since they brought me by force to the department I'm earning something. I am doing laboratory work, but I am too old now to take up a new line."

If Mary Mallon's words are to be believed, she is wronged. She does not think the doctors know any more about "why" she should be kept there than she does.

She has a right to go to New York any day she asks for the permit. She may go alone—she has gone many times, and each time she has returned by the little boat that runs across the Hell Gate Channel. But she wants her freedom. She feels her life is ruined. Any day she could lose herself in the great city. She doesn't do it.

As laboratory assistant she is now earning nearly as much as she did formerly while cooking in the homes of well-to-do people. But money isn't everything; it means but little to Mary compared with her liberty, and Mary Mallon is a prisoner legally, though she never harmed a person willingly in her life.

---

#### TABLET IN MEMORY OF LT.-COL. JOHN McCRAE.

A tablet to the memory of the late Lieut.-Col. Dr. John McCrae, author of "In Flanders Fields," who died in France during the war, was unveiled on 12th November at the Guelph Collegiate Institute,



where the deceased received his training before going to the university. It was done with appropriate ceremony in the presence of the parents, a few friends, the staff and pupils of the institution. The tablet bears the inscription: "In memory of Lieut.-Col. John McCrae, M.D., born at Guelph, Nov. 30, 1872, a pupil of this school 1883-8, honor graduate of Toronto University, member of the Royal College of Physicians of London, member of the Cadet Corps of this school, lieutenant of artillery South Africa, 1900; major of the 16th Battery, C.S.A., Guelph; surgeon First Brigade Field Artillery, C.E.F., 1914-15; in charge of Medical Division No. 3, Canadian General Hospital, 1915-18. Died on active service in France, January 28, 1918."

Remain the well wrought deed in honor done,  
The dole for Christ's dear sake, the words that fall  
In kindness upon some outcast one;  
They received no little, now they are my all.

Suitable addresses were delivered by Hon. Hugh Guthrie, M.P., Solicitor-General, Principal Davison, Wm. Tytler, P.S.I., Mr. N. J. B. Leadley, J. W. Charlesworth, Lt.-Col. F. Coghlan, Col. W. Harlan, Mrs. C. R. Crowe. All had been friends of the doctor-soldier-poet and bore testimony to his splendid virtues.

---

#### BOYLSTON MEDICAL PRIZES.

These prizes, which are *open to public competition*, are offered for the best dissertation on questions in medical science proposed by the Boylston Medical Committee.

At the annual meeting held in Boston in 1916 a prize of three hundred dollars was awarded to an essay entitled "Studies of the Streptococcus of Smith," by Wilson G. Smillie, M.D., of Cambridge, Mass.

For 1919 there is offered a prize of three hundred dollars and the Boylston Prize Medal, for the best dissertation on the results of original research in medicine, the subject to be chosen by the writer. The Boylston Prize Medal will be added to the money prize only in case the winning essay shows special originality in the investigations detailed.

Dissertations entered for this prize must be in the hands of the Secretary, H. C. Ernest, M.D., Harvard Medical School, Boston, Mass., on or before December 31, 1919.

In awarding these prizes, preference will be given to dissertations which exhibit original work, but if no dissertation is considered worthy of a prize, the award may be withheld.



Each dissertation must bear, in place of the author's name, some sentence or device, and must be accompanied by a sealed packet, bearing the same sentence or device, and containing the author's name and residence within.

*Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.*

Dissertations must be printed or typewritten, and their pages must be bound in book form.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within *one year* after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1. That the Board does not consider itself as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
2. That, in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

The Boylston Medical Committee is appointed by the President and Fellows of Harvard College, and consists of the following physicians: William F. Whitney, M.D., Chairman; Harold C. Ernst, M.D., Secretary; William T. Porter, M.D., Edward H. Nichols, M.D., Reid Hunt, M.D., Henry A. Christian, M.D., John Warren, M.D.

The address of the Secretary of the Boylston Medical Committee is Harold C. Ernst, M.D., Harvard Medical School, Boston, Mass.

---

## MEDICAL PREPARATIONS

---

### EARLY ADMINISTRATION IMPORTANT.

Pneumonia Phylacogen was successfully employed last winter in many influenza cases. Early administration of this product, in most instances, resulted in marked improvement, cutting short the influenzal attack and preventing pneumonia.

A number of physicians in one large city employed Pneumonia Phylacogen as a routine measure in all cases of influenza with excellent results. One mil (Cc.) was administered subcutaneously on the first day, two mils on the second day, and three mils on the third day, the



# The Demand

for whole cereal foods finds  
complete fulfillment in

# Grape-Nuts

A healthful food because it is natural—nothing of good-nourishment value is left out of its composition,—and Twenty hours baking makes its health-building qualities easy of digestion and readily assimilable.

At home, with your own family; or as a matter of recommendation in practice,—

*Think of Grape-Nuts "There's a Reason"*

Samples of **Grape-Nuts**, **Instant Postum** and **Post Toasties** for personal and clinical examination, will be sent on request to any physician who has not received them.

Canadian Postum Cereal Co., Limited  
Windsor, Ontario