

ml

666
48228
393

The Canada Lancet

A Monthly Journal of Medical and
Surgical Science, Criticism and News.

Vol. XLVI.

September, 1912—August, 1913.

JOHN FERGUSON, M.A., M.D., Tor., L.R.C.P., Edin.

AND

WM. EWART FERGUSON, M.B.

Editors.

PUBLISHED BY THE ONTARIO PUBLISHING COMPANY, LIMITED

15 Wellington Street East, Toronto.

LIST OF CONTRIBUTORS TO VOLUME XLVI.

- T. B. ARCHIBALD, B.A., M.B., Toronto.
W. B. KENDALL, M.D., Gravenhurst, Ont.
JOHN HUNTER, M.B., Toronto.
JAMES S. SPRAGUE, M.D., Perth, Ont.
A. J. MACKENZIE, B.A., M.B., Toronto.
A. H. PERFECT, M.B., Surgeon to Toronto Western Hospital.
S. M. HAY, M.D., C.M., Toronto.
TOM A. WILLIAMS, M.B., C.M., Edin. Washington, U.S.A.
JOHN R. MACKENZIE, M.D., Johns Hopkins Hospital.
SIR HECTOR C. CAMERON, F.R.F.P.S., LL.D.
ERNEST A. HALL, M.D., C. M. Vancouver, B.C.
DR. W. H. B. AITKINS, Toronto.
W. ARBUTHNOT LANE, M.S. London, England.
A. C. HENDRICK, M.A., B.A., Toronto.
G. S. STOPPORD-TAYLOR, M.D., M.R.C.S., Liverpool.
F. C. TRIBILCOCK, M.D., Toronto.
HON. MR. JUSTICE RIDDELL, P.H.D., LL.D., Toronto.
CHAS. F. PAINTER, M.D., Boston, Mass.
H. W. HILL, M.B., M.D., D.P.H., Minnesota, Minn.
WM. J. MAYO, M.D., Rochester, Minn.
HERBERT A. BRUCE, M.D., F.R.C.S., Toronto.
H. P. WATSON, M.D., F.R.C.S., Toronto.
JOHN FERGUSON, M.A., M.D., L.R.C.P.S., Toronto.
G. STERLING RYERSON, M.D.C.M., L.R.C.S.E., Toronto.
STEWART WRIGHT, M.B., Toronto.
SIR JAMES GRANT, M.D., K.C.M.G., Ottawa.
RICHARD LAKE, F.R.C.S., (Eng.) Greenwich.
RAMON GUIERAS, M.D., New York.
HUGH A. STEVENSON, M.D., C.M., London, Ont.
THOS. A. SLATTERTHWAITE, M.D., New York.
M. B. WHYTE, M.D., Toronto.
GEO. A. DICKINSON, M.O.H., Port Hope.
ROBT. E. WODEHOUSE, M.D.
LAWRENCE IRWELL, Buffalo, N.Y.
JOHN A. HUTCHINSON, M.D., Westmount, Que.
A. PRIMROSE, M.B., C.M., Toronto.
J. W. S. McCULLOUGH, M.D., Toronto.
J. E. HETT, M.D., Berlin, Ont.
FRASER HARRIS, M.B., C.M., Birmingham.

INDEX TO VOLUME XLVI.

A.

Abstinence, total, and longevity, 65.
 Acne rosacea, 532.
 Appendicitis, ice bag in, 77, and colitis, 129, pain signal, 210, then and now, J. C. King, 211; acute, 271; suppurative, 687; chronic, 691.
 Anemia, malarial, 78; spinal spinal cord in, 119; post malarial, 480, 798, pernicious, 837.
 Asylum methods, 83; inmates to work farms, 149.
 Arsenic in asthma, 533.
 Abdominal pain in women, 128; ptosis, 604.
 Adnexal infection, 523.
 Abdomen, transverse incisions of, 131; drainage of, 516.
 Arteries, rigidity, 917.
 Association, Swiss National, 151; Canadian Protective, 407; Dominion Medical, 650; Canadian, 788; Canadian Public Health, 794; Ontario Health Officers, 873, 949.
 Archibald, T. B., aneurism of tibial artery, 886.
 Address, opening, Sir Hector Cameron, 167.
 Aitkins, W. H. B., radium in gynaecological conditions, 191; radium in dermatology, 741.
 Arthritis, gonococcal, 205; treatment of infections, C. F. Painter, 332; acute, C. S. Wright, 566.
 Abscesses of middle palmar space, 212; of aural origin, 615.
 Artery, aneurism of tibial, 886.
 Act, re vaccination and inoculation, 228; marriage, 645; public health of Ontario, J. W. S. McCullough, 890.
 Autumnal ailments, 398.
 Academy of Medicine, 401, 719, 744.
 Alopecia areata, 409.
 Anesthesia, after effects, 509.
 Appendectomy, E. A. Hall, 895.
 Atropine in cardiac disease, 606.
 Anti-vivisectionists, 641.
 Anal fissure, 693.
 Antitoxin, M. B. Whyte, 753; by the mouth, 832.

B.

Book Reviews: Mayo Clinic, 54; Infant Feeding, 55; Surgical After Treatment, 55; Sexual Impotence, 56; International Clinic, 56; Hasheesh, 57; Nervous Diseases, Diagnosis, 57; Pharmacology and Therapeutics, 58; Infantile Paralysis, 59; Progressive

Medicine, 59; Diseases of Childhood, 144; Progressive Medicine, 145; Cancer Research, 146; Formulary and Index of Pharmacy, 145; Webster's New Dictionary, 223; Encyclopaedia of Medicine and Surgery, 224; X-Ray Diagnosis and Treatment, 225; Malformations and Diseases of Foetus, 226; International Clinics, 226; House Flies, 227; Blood of the Fathers, 227; Prevention of Tuberculosis, 228; Surgical Treatment, 308; Fractures and Dislocations, 309; Text-book of Obstetrics, 309; Practice of Gynaecology, 310; Diseases of Stomach, Intestines and Pancreas, 311; Clinical Medicine, 311; Dental Surgery, 312; Visiting List, 312, 313; New Jersey Vital Statistics, 313; Sir William Tennant Gardiner, 313; Himself, 314; Obstetrics, 384; Internal Secretions, 385; Food, 387; Illinois Charities Commission, 387; Prevention of Tuberculosis, 387; Sea-Fisheries of Canada, 383; Progressive Medicine, 388; Profitable Practice, 388; Napoleon's Illness and Death, 388; Histology, 468; Conjugal Happiness, 469; International Clinics, 469; Forest Conditions of Nova Scotia, 470; Principles and practice of Obstetrics, 569; Tuberculosis, 546; Psychoanalysis, 547; Medical Men and the Law, 548; Surgical Handicraft, 549; Endemic Goitre, 549; Throat, Nose and Ear, 550; Human Embryology, 550; Cardiac, Vascular Diseases, 551; Tabular Diagnosis, 628; Malingering and Feigned Sickness, 628; Electro-Therapeutics for Practitioners, 629; The Vicious Circle in Disease, 629; Diseases of the Ear, 630; Hypertrophy of the Prostate, 631; Glycosuria, 631; Chloride of Lime in Sanitation, 632; Organic and Functional Nervous Diseases, 632; Progressive Medicine, 633; Muscle Training in the Treatment of Infantile Paralysis, 633; American Association, Transactions of, 713; Keen's Surgery, 714; Appendicitis, 714; German-English Dictionary, 715; The Drug Bill, 715; The School Dentists' Society, 715; Cheyne and Burghard's Surgical Treatment, 784; General Pathology, 784; Alimentary Toxaemia 785; Diseases of Children, 786; Old Age, 787; Report of Phipp's Disease, 787; Operating Room and Patient, 788; Narcotic Drug Diseases, 859; Surgery of the Eye, 859; Fib-

- roids of the Uterus, 860; Diseases of the Heart, 862; Progressive Medicine, 862; Saskatchewan Medical Society, 862; History of Toronto General Hospital, 862; Smallwood's Biology, 947; Diseases of the Ear, 943; Nasal Accessory Sinuses, 943; Dental Surgery, 944; Headaches, 945; Electrocardiography, 945; Food and Feeding, 945; Price's Hygiene and Sanitation for Nurses, 946.
- Bacterial origin, treatments for, 160.
Blood pressure in renal disease, 357.
Bacillus coli, infection of urinary tract, 365.
Birth rate, 389.
Bovril, 397.
Burn, severe, H. B. Lee, 399; treatment, 532, 688.
Bladder, contracture of neck, 517.
Bradbury bill, 733.
Bone-plating, 845.
- C.
- Canadian Medical Association, 1; exchange office, 391, 883.
Commission, Ontario Medical, 879.
Catalogue, 796.
Calculus, 769.
Cacodylate of soda, 533.
Cancer, cure of, A. H. Perfect, 28; hints on prevention, 318; operation for, of rectum and rectosigmoid, 364; treatment of, 517; of esophagus, 623; skin-grafting in, 615; inoperable, 613; grafting, 614; paste, 691; J. E. Hett, 897.
Carcinoma operation, 127; uteri, 131; of gastrointestinal tract, 275; esophageal, 686.
Cross-eyed men, 157.
Capital punishment, 244.
Cell nutrition, 138, 240.
Cameron, Sir Hector, 161; address, 167.
Child Welfare Congress, 162.
Caesarian sections, 215.
Contagious diseases, for Sept., 237.
Cow's milk, 269.
Corpus luteum extract, 286.
Cellulitis, orbital, 288.
Co-operation, 321.
Carrier question, H. W. Hill, 347; disinfection, 761.
Connaught's, Duchess of, Illness, 405.
Craniotomies and leredo-syphilis, 447.
Compulsory treatment, 484.
Constipation, 513.
Cardiac arrhythmias, T. E. Slatterthwaite, 668.
Corns, 770.
- D.
- Diseases in Ontario, 71; contagious, 318; cost of infections, 327, 390; communicable, 473; glandular in children, 529; in Toronto's schools, 636; aspects of pituitary, 676; venereal, 691; contagious, 716, 950.
Dark blot on Toronto, 882.
Dermatosis, 915.
Death from disease, 149; low rate in infants, 235; violent in Toronto, 474; causes of in United States, 839.
Denver Chemical Co., 159.
Dominion Medical Act, 166; council, 238, 243; council, 879.
Dysmenorrhea, congestive, 239.
Doctors would not go, 242, 324; and Dr. Johnston, 553; how they should dress, 556; important to, 720; and automobile, 883.
Diet special, 291; in skin disease, 766.
Diabetes mellitus, I. P. Latz, 639, 683.
Diabetes, 605.
Disinfectant, fraud in sale of, 675.
Dust in lung disease, 761.
Dickinson, Geo. A., typhoid fever and diphtheria, 809.
- E.
- Editorial, 1, 81, 241, 321, 401, 481, 561, 641, 721, 801.
Eugenics, 880.
Education, medical in America, 120.
Epilepsy, surgery in, 206; with salt diet, 263.
Exzema, treatment of, 253.
Edema, treatment of, 266.
Etopic gestation, 286.
Event, a regrettable, 324.
Erysipelas of face, 534; in infants, 694.
Erythrocytes, physiology of, 601.
Eclampsia, 616.
- F.
- Fallopian tube, chorion-epithelioma, S. M. Hay, 32.
Fibroma, uterine, S. M. Hay, 35.
Fractures, upper extremity in children, 35; in children's elbow, 209; hints on, 209; collar's, 279; of the neck of the humerus, H. A. Stevenson, 666.
Families, small, a cause of crime, 236.
Feeble-minded, 241, 322; care of, 807.
Fever, scarlet, blood pressure in, 268, 328; scarlet, 528; treatment of hair after scarlet, 535.
Fund for medical research, 392.
Ferguson, John, septic peritonitis, 439.
Few people die of old age, 636.

Friedmann's treatment, 721; cure under the ban, 805.
Fly-fighting, 729.
Filter passers, 760.

G.

Gonorrhoea, tubal gestation, S. M. Hay, 33; abortive treatment by acute in male, 273; relating to pelvic disease, 285; affections, 800.
Germ's downfall, 66.
Graduates pass, 67; Western Medical, 790; Queen's University, 791; McGill, 868; Dalhousie, 871.
Gastro-enterostomy, 772.
Gall bladder mucosa, 125.
Graves' disease, 360; surgical treatment of, 843.
Goitre, exophthalmic, 130, 267.
Gynaecology, S. M. Hay, 32, 131, 213, 283, 523; abuse in practice of, 524, 616, 930.
Glyco-Thymoline, 640.
Gall stones, treatment, 264.
Girl, pallid school, 320.
Gastric resection, 457.
Gamble, professional, 559.
Grant, Sir James, events in medical science, 579.
Guiteras, Ramon, 652.
Glasgow, Lister, Ward and Museum, 715.

H.

Health Department, Federal, 2; officers' report, 67; new regulations, 71; Canadian Association, 85; advice from board, 148; association, 153; teach people to keep, 392, 407; how to attain eighty, 634; affairs in Saskatchewan, 730; Toronto's, 793; in Quebec, J. A. Hutchinson, 828; association, 865; co-operation in public, R. Wodehouse, 892.
Hospitals, brutal attack on, 4; research at Cambridge, 150; developments in Canada, 164; symposium, 289; modern, 290; work, 290; and the home, 291; and physician, 292; organization, 294; prophylaxis in children's, 295; county, 297; and corporations, 297; civic and military service, 301; for incurables, Toronto, 392; Toronto, 405; proposed new, 564; improvements, 635; New York skin and cancer, 638; Toronto General, 644; new General, 734; fund, 796; new General, 801; Whitby for Insane, 802; more for Toronto, 803; Toronto General, 808; Queen Mary, 869.
Hunter, John, extrauterine pregnancy, 16.
Haemorrhoids, 692.
Harris, F., endo-enzyme, 901.

Hysteria, treatment of, T. Williams, 88.
Hay, S. M., gynaecology, 32, 131, 213, 283; scrotal tumors, 344; septic peritonitis, 435, 523, 616, 930.
Hay fever, 952.
Heart disease, 834.
Hett, J. E., cancer, 897.
Hutchinson, Sir Jonathan, 881.
Hypophysis, posterior lobe of, 696.
Hyperidrosis, treatment of, 679.
Hygiene, Japanese, 61; Congress, 163; Congress on School, 718.
Heroines, true, 325.
Hypertrophy, prostatic, 124.
Hendrick, A. C., stomach dilation, 251.
Human life, value of, 148.
Hints, simple, 150.
Hall, Ernest A., ileo-sigmoidostomy, 179, appendectomy, 895.
Hutchinson, T. A., public health in Quebec, 829.
Hill, H. W., carrier question, 347.
Hemorrhoids, 363.
Holotheol, 479.
Historical medical exhibition, 479.
Heroin habit, 560.
Hunger strike of 1857, 796, 872.

I.

Insurance Act, 884.
Insurance, life and abstinence, 60.
Immigrants seeking employment, 731.
Impertinence, supreme, 885.
Insanity on increase, 157.
Insomnia, 766.
Ileo-sigmoidostomy, E. A. Hall, 179.
Iodine tincture disinfection, 363, 364.
Infancy, welfare of, 478.
Industries, 485.
Influenza, 531.
India, phosphorus legislation in, 797.
Irwell Laurence, medical education report of British Isles, 822.

J.

Jaundice, catarrhal, 508.
Juvenile precocity, 237.

K.

Kendall, W. B., diet in tuberculosis, 8.
Kidneys, heart digestive tract and respiration diseases of, A. J. MacKenzie, 26; resection, 454.
Kidney, movable, A. H. Perfect, 29; haemic affections of, 759, 770.
King Edward memorial fund, 475, 481.
King George pleased, 633.

L.

Licentiates, College Physicians and Surgeons, 68; Ontario Medical, 262.
Legacies, 871.
Liver, cirrhosis of, with ascites, 204.

- Lake pollution, 242.
 Lane, W. A., chronic intestinal stasis, 245.
 Lunacy due to drink increase, 391.
 Lee, A. B., a severe burn, 399.
 Labors, delivery in difficult, 526.
 Lake, Richard, aural vertigo, 585.
 Lead poisoning, new data on, 601.
 Lumbar puncture in headaches, 607.
 La grippe, sequelae, 720.
 L'anemia des enteritiques, 765.
 Lecithin, 836.
- M.**
- Medical inspection in Toronto, results of, 7; medical thoughts, Jas. Sprague, 20; suggestions, J. MacKenzie, 119; men and drug habits, 151; superintendent, 293; Council, 317; slander case, Mr. Justice Riddell, 330; army medical officers in olden times, 367; inspection of Toronto schools, 389; Congress, 404; profession in Britain, 406; 17th Congress, 470; two gatherings in Britain, 487; Dominion Council, 554; Dr. Hamill's medical exchange, 637; historical exhibition, 637; officers' association, 638; education, 645; Council, 651; Congress, 789; Western College, 797; education report of British Isles, T. Irwell, 822; Corps at Niagara camp, 868.
 Medicine, A. J. MacKenzie, 26, 119, 200, 263, 355, 446, 505, 601, 675, 757, 832, 915.
 Medico-legal Society jubilee meeting, 795.
 Myopathies, 758.
 MacKenzie, A. J., medicine, 26, 119, 200, 263, 355, 446, 505, 601, 675, 757, 832, 915.
 Mortality heavy in July, 31; infant, 152; less, 317; of Balkan war, 558.
 Mensuration, relation in epileptic seizures, S. M. Hay, 34.
 Miscellaneous and news items, 50, 146, 228, 315, 389, 470, 553, 633, 715, 788, 864, 947.
 Measles germ discovered, 146.
 Medicine, patent, 62; International Congress, 72; virtue of, 83, 87; International Congress, 318.
 Milk, boiled for infants, 63.
 Mosquito, getting rid of, 76.
 MacMurchy, Dr. Helen's work, 73.
 Mens sana in corpore sano, 732.
 MacKenzie, John, massacre of tonsil, 106.
 Myoma and sterility, 285; in uterine cervix, 285; roentgen ray treatment of, 287; cervical, 695.
 Mayo, W. J., surgery of the spleen, 368.
 Metchnikoff on tubercle immunization, 511.
 Morphine, 528; abuse of, 763.
 Meningitis, chronic, 603; epidemic, 833; influenzal, 839, 923.
 Muscular system, 757; of the heart, 758.
 McCullough, J. W., Health Association, 865, 890.
- N.**
- Negri, Adelchi, 60.
 Nerus, treatment of, 126.
 National Sanitarium fund, 405.
- O.**
- Opinions differ, 7.
 Obstetrics, and children's diseases, 35.
 O'Loughlin, surgeon, 70.
 Ointment for burns and ulcers, 126.
 Optometrists, seek legislation, 147.
 Ovaries, surgery of, 213; transplantation, 215.
 Overcrowding, disgraceful, 241.
 Ophthalmology, F. C. Trebilcock, 288; doctors of, 406.
 Out-patient work, 296, 297.
 Osler, Sir Wm., 792.
 Obituary, 51; J. W. Colver, Ambrose Lepper, 52; S. H. Pope, 52; David Robertson, 52; Roland Devlin, 53; D. Meagher, 53; C. E. Vaillancourt, 53; A. F. Mavity, 53; F. Branscombe, 54; Dr. Patterson, 54; W. J. Johnston, 54; D. M. Murray, 142; M. B. H. Dean, 142; W. H. MacDonald, 142; Hugh Stewart, 142; G. E. Marshall, 143; W. F. Barnes, 142; T. C. Ward, 143; Allan Cameron, 143; T. S. Dickie, 143; William Rear, 222; J. C. Howie, 222; Thomas Quirk, 222; J. P. McQuerny, 223; J. O. Poitras, 223; Alice McGillivray, 306; Wm. Hamlen, 306; Theoron Woolverton, 307; John T. Duncan, 307; J. T. Reid, 382; W. B. Quarry, 382; Wm. McLeod, 382; Wm. J. Roe, 382; J. J. Anderson, 382; Antoine Longpre, 382; E. H. Rouleau, 383; Sydney Wright, 383; R. H. Winter, 383; E. J. Jeffries, 383; H. G. Storey, 383; Peter MacLaren, 383; H. Hervieux, 465; Alexander McKelvey, 466; James Crozier, 466; W. J. Wagner, 466; J. H. O. Donnell, 467; J. T. J. Patten, 467; Elizabeth Mitchell, 467; E. P. Bowles, 467; Wolfred Nelson, 467; John A. McLaren, 468; W. R. Cann, 468; Wm. Beattie Nesbitt, 468; E. P. Bucke, 544; R. P. Robinson, 546; T. G. Calder, 545; H. B. Rosa, 545; E. E. Kitchen, 545; Jesse Wilson, 626; B. W. Ferrier, 626; F. W. Birkett, 627; T. A. McDougall, 627; E. E. Coke, 627; W. O. Eastwood, 627; Norman K. MacLeod, M.D., 709; Jas.

- Wallace, 709; E. A. Wilson, 709; J. S. Billings, 710; Egerton Hart, 713; James Barclay, 713; G. A. Pettigrew, 713; J. M. Woods, 782; John Brady, 782; John E. Lundy, 782; Robert Lawrence, 782; Lorne Campbell, 782; George Martin, 783; Rankine, 783; Roch M. Mignault, 783; A. T. Murray, 783; David F. Stone, 783; Marion Oliver, 783; Severin Lachapelle, 857; T. H. Stark, 857; Justus S. Williams, 858; E. A. Preston, 858; Amelia Yeomans, 858; S. C. Maclean, 858; J. G. Masson, 858; Jerrold Ball, 941; J. B. Neff, 942; J. Hutchinson, 942; H. J. Nash, 942; J. D. MacDonald, 942; M. A. Alcock, 942; Frederick Fenton, 943.
- Ontario Medical Council, 950.
- P.
- Pregnancy, extrauterine, John Hunter, M.B., 16; S. M. Hay, 213; pernicious vomiting in, 698, 926, 928.
- Perfect, A. H., surgery, 27, 124, 207, 271, 360, 450, 513, 610, 686, 766, 843, 921.
- Parasyphillis, 766.
- Pneumothorax, 681.
- Pare, Ambrose, daily routine of, 471.
- Pituitrin in labor, 36, 319; as oxytoxic, 525.
- Pyelitis in infancy, 270.
- Primrose, A., aneurism of tibial artery, 886.
- Personal and news items, 37, 133, 216, 302, 371, 458, 536, 618, 698, 773, 850, 937.
- Pills, are, 2266, 934, 69.
- Practitioners, irregular, competition of, 73.
- Practice in Canada, 86; license to, sixty years ago, Hon. Mr. Riddell, 735.
- Pertussis, 358.
- Palpitation, cardiac, 122.
- Papers read at 35th annual Congress, 930.
- Physicians do not advertise, 147.
- Profession in Britain, 326.
- Paroxysmal tachycardia, 200.
- Poliomyelitis, 203; surgical treatment of, 280, 609; cerebro-spinal fluid and blood in, 610.
- Psychoses, 214.
- Pay for reports, 243.
- Prizes offered, 234; alrarena, 319.
- Pneumonia convalescent, 240; serum treatment of, 505, 640.
- Paresis, intestinal, 271; conjugal, 511; early, 602.
- Prolapsus uteri, 287.
- Painter, C. F., treatment of infectious arthritis, 332.
- Purgation, subcutaneous, 359.
- Purgatives before operation, 362.
- Peritonitis, diffuse septic, H. A. Bruce, 418; general, B. P. Watson, 429; general septic, S. M. Hay, 435; John Ferguson, 439; oillevery, 515.
- Plague, the white, 474, 488.
- Phlacogen, 480.
- Pleurisy, interlobar, 508.
- Peritoneum, 521.
- Pellagra commission, 558.
- Physician, centenary of a great, 562.
- Paralysis, infantile, 565; progressive, 682.
- Pyorrhoea areolaris, 757.
- Pyelotomy, 771.
- Reputation counts, 799.
- Q.
- Quack medicines, in Australia, 560.
- R.
- Radium in cancer, A. H. Perfect, 27; in gynaecological conditions, W. H. B. Aitkins, 191; radium, London, 487; Report, G. S. Ryerson, 489; in malignant diseases, 507; in dermatology, W. H. B. Aitkins, 741.
- Reciprocity, medical, 68.
- Roddick, Dr. T. G., 81.
- Registration, Dominion, 947.
- Respiration, F. Harris, 901.
- Resolutions, two important, 82.
- Renal insufficiency, 205.
- Rectal hints, 207.
- Rowdyism among students, 243.
- Riddell, Mr. Justice, medical slander case 85 years ago, 330; license to practice 60 years ago, 735.
- Remains, discovery of ancient human, 477.
- Royal M. D., 477.
- Ryerson, S. S., Radium Institute report, 489.
- Rheumatism, gonorrhoeal, 532.
- Roche, Hon. Dr., 563.
- S.
- Sprague, James, medical thoughts, fancies and foibles, 20; sexual problems, 660.
- Salvarsan, 612, 689, 847.
- Surgery, A. H. Perfect, 27; prostatic, 30, 124, 207, 271, 360, 450; of bones and joints, 450, 513, 611; aspects of general, R. Guiteras, 652, 686; address in, 694, 766, 843; physiological, 848.
- Summer time, 799.
- Salpingitis, 617.
- Surgical sidelights, A. H. Perfect, 30.
- Sterilization of criminals, 64.
- Sanatorium benefit, 64.
- Sewage systems must improve in border towns, 146.

Saline infections, dangers of, 204.
 Stasis, chronic intestinal, W. A. Lane, 245.
 Stomach dilation of, A. C. Hendrick, 251; and gastropnoxis, 605.
 Stoppord Taylor, G. S., treatment of eczema, 253.
 Syphilis, dental stigmata of, 272; research in, 281; economic questions, 456, 457; Shakespeare's allusions to, 475; hygiene of, 519; of ear, 519; anti remedies, 520; eye, 520; nose and throat, 521; congenital, 527.
 Students at university reach total of, 3,825, 315.
 Sickness decreases, 793.
 Sanitaria, county, 315.
 Surgeon, 316; ode to, 472; dinner of house, 878.
 Sleeplessness, treatment of, 355, 678.
 Sarcoma, giant-cell, 361; cells and list, 453.
 Spleen, surgery of, W. J. Mayo, 368.
 Statistics, Toronto, for November, 391; Ontario, 403; vital, 555, 634, 717, 792.
 Stinson, case of Dr., 404.
 Sarcomatosis of skin, 455.
 Smallpox, 504, 645.
 Science, events in medical, Sir James Grant, 579.
 Sexual problems, James Sprague, 660.
 Stevenson, Hugh A., fracture of humerus neck, 666.
 Spinal analgesics, 769.
 Special rates, 772.
 Sea turtles, 798.

T.

Tuberculosis, observations relating to diet in, W. B. Kendall, M.D., 8; contagiousness of, 325; treatment of laryngeal, 329; in school children, 449; Nova Scotia and, 483; anti measure, 483; Friedmann's cure, 506, 561; of the larynx, 609; Friedmann's cure, 643; report on, 645; in urinary system, 763, 849; laryngeal, 920, 927.
 Tonsil, massacre of, John MacKenzie, 106.
 Trauma in mammary cancer, 689.
 Tumors of the testicle, 125; serotal, S. M. Hay, 344.
 Thyroid implantation, 210, 921.
 Trebilecock, F. C., ophthalmology, 288.
 Typhoid fever, 159, 244; epidemics, 408; declines, 557; and diphtheria, A. 408; declines, 557; and diphtheria, G. A. Dickinson, 809, 916.
 Tetanus, puerperal, 283.
 Thymus gland, surgery of, 363.
 Tachycardiac, 449.
 Therapeutics, 529.

Toxaemia, alimentary, 648.

U.

Ulcer, gastric or duodenal, perforation, 280; of stomach and duodenum, 356; varicose, skin grafts in, 692; fuchsoid in leg, 844, 916.
 Urethra, stricture of, 518.
 Urticaria, 529.
 Uraemia, 919.
 Urination frequent, 533.
 Urithrotomy, 846.
 University medical results, 864.

V.

Vested rights, 5.
 Vertigo, 841.
 Vaccination, compulsory, 6; aphorisms, 717; anti-typhoid, 835.
 Vaccine therapy, 837, 918.
 Viscerptosis, pathological changes, 125.
 Vaginitis, treatment of gonorrhoeal, 126.
 Visual defects in school children, 760.
 Valvulus, 131.
 Victorian Order of Nurses, 165.
 Vacines in puerperal sepsis, 283.
 Venereal prophylaxis treatments, 360.
 Viburnum Compound, Hayden's, 400.
 Visual organisms, 446.
 Vigor at seventy, 557.
 Vertigo, aural, Richard Lake, 585.

W.

Whiskey, medical men or, 78.
 Williams, Tom, treatment of hysteria, 88; psychic effect of accidents, 410.
 Waterways, pollution of, 164.
 World, the dangerous, 316.
 Wright, Dr. Adam, honored, 393.
 Watson, H. P., peritonitis, 429.
 Wright, C. Stewart, arthritis, 566.
 Wright, Dr. A. H., 642.
 Whyte, M. B., antitoxin in diphtheria, 753.
 Wodehouse, R. E., disposed of domestic sewage, 814; Co-operation in public health, 892.

X.

X-ray on malignant tumors, 124; on disease of hypochondrium, 512.

Y.

Young old men, 554.

The Canada Lancet

VOL. XLVI. TORONTO, SEPTEMBER, 1912 No. 1

EDITORIAL

THE CANADIAN MEDICAL ASSOCIATION.

The forty-fifth meeting of the Canadian Medical Association was held at Edmonton from 10th to 14th August. Reports show that the meeting was well attended and that the members and visitors enjoyed their sojourn in the City of Edmonton. The program furnished was a full one, and gave interest and information to all who took part in it.

The meeting assembled for business at 10.30 a.m. on Saturday, 10th August. The forenoon was occupied with routine work, such as taking the chair by the retiring president, an invocation by Rev. Archdeacon Gray, the installation of the president, Dr. Mackid, an address of welcome by the Lieutenant-Governor, and the Mayor, reports of Committee on Arrangements, reading the minutes, and election of members of Executive Council. In the afternoon there was an automobile ride round the city and a steamer trip on the Saskatchewan River.

Sunday marked a rather unique departure in the fact that there were some public health addresses in the various churches.

On Monday the real work of the Association began. The sections met for the reading and discussion of papers at 9 a.m. At one o'clock there was a luncheon in the High School. Following this there were the president's address, and an address on Surgery by Mr. Giles, of London, Eng. Later in the afternoon there were meetings of the sections, a garden party on Mrs. Braithwaite's lawn, and at 9 p.m. a smoker at the Corona Hotel.

On Tuesday, 13th, there were meetings of sections, an address on Medicine by Dr. A. D. Blackader, of Montreal, luncheon in the High School, meetings of sections again, a general meeting at which Mr. Sturm, of Chicago, gave an address on Hospital Construction and Maintenance, while in the evening Dr. J. G. Adami, of Montreal, gave an address on The Sins of the Father.

Wednesday, 14th, was passed in work of the sections, a general meeting, election of officers, general business, luncheon, a visit to the exhibition, and a trip to the Yellowhead Pass.

Dr. H. G. MacKid, of Calgary, met with hearty applause during the delivery of the presidential address.

The holding of the convention in Edmonton marked the fact that the East was awakening to the importance of Western Canada. He referred to the early agitation for the appointment of a Dominion health department and which now seemed likely to succeed. Coincident with this was the success of the idea of a Dominion medical council with one standard of examination. He mentioned the splendid work done by Dr. Roddick, of Montreal, in this regard. The scope of the Association's work, continued the president, had widened enormously in the past few years.

Sir James Grant proposed a vote of thanks, which was seconded by Dr. Daniels, St. John, and carried unanimously.

On motion of Dr. Powell, Ottawa, seconded by Dr. Wright, Edmonton, a resolution was passed unanimously calling attention to the need of a department of public health for the Dominion.

A resolution was carried on motion of Dr. Senator Daniels, of St. John, N.B., seconded by Dr. Lafferty, thanking Dr. Roddick for the work that he had done in connection with the passage of the Roddick Act.

The Executive Council of the Canadian Medical Association will consist of Drs. Whitland, Edmonton; Findlay, Montreal; Adami, Montreal; Halpenny, Winnipeg; Reeve, Toronto; McKechnie, Vancouver; Weld, Vancouver; Small, Ottawa; Kennedy, MacLeod; Daniels, St. John, N.B.; Madre, Halifax. Archibald, Montreal; Primrose, Toronto; Conroy, Charlottetown, and Young, Saskatoon.

Dr. Hugh McCallum, of London, Ont., was elected president of the Canadian Medical Association.

Among some of the distinguished persons in attendance may be mentioned Sir James Grant, of Ottawa; Senator Dr. Daniels, of St. John, N.B.; Mr. Giles, of London, Eng.; Mr. Sturm, of Chicago, a noted expert on hospital construction; Professor Broadus, of Alberta University; Dr. Adami, of Montreal; Dr. A. D. Blackader, of Montreal; Dr. G. E. Armstrong, of the same place, and Dr. Montizambert, of Ottawa, Dominion Medical Health Officer.

A FEDERAL HEALTH DEPARTMENT.

By persistent effort a reform is often secured that at one time seemed rather doubtful. This will no doubt be so in the case of a Federal

Department of Health. It is not necessary to argue in favor of such a move. The reasons have been advanced many times, and are familiar to all. The time for argument is over, and the time for acting has come.

The Canadian Medical Association has again affirmed its opinion in favor of a Department of Health for Canada. This is right and proper, but long before this Association took up the matter, there were individuals in the profession who were urging that this step should be taken by the Government; and the journals were urging it in advance of any action taken by the Canadian Medical Association. But with all interests united, the object will soon be attained. We learn from various press despatches that Hon. Dr. Roche, Secretary of State, is in favor of the creation of a separate department, under which all health subjects would come. With this condition of sympathy at Ottawa, the outlook is encouraging. Now is the time to press forward, and win. Every member of the profession can do something.

A Western paper, the *Calgary News Telegram*, speaks as follows:—

“Hon. Dr. Roche, Secretary of State, has declared strongly in favor of the creation of a Federal Department of Health, as has also the Canadian Medical Convention at Edmonton. There are few things more needed in this country. The war upon disease is surely a national matter; and is fully as important as the carrying of letters or the drilling of militia. We hope that it will be a long day before our ‘brave soldier boys’ are called upon to repel an invader; but the soldiers of science are summoned to face enemies every hour which have already penetrated the country and established themselves by our very hearthstones.

“The typhoid epidemic, now gripping the Capital, is evidence enough that such a Department of Health is sorely needed. Typhoid is a preventable disease. It is a filth disease; and all we need do is to keep our drinking water clean, and we will generally escape it. A typhoid epidemic is too recent an experience in this city for us to criticize Ottawa; but every city, which permits its citizens to be killed in this fashion, should be heartily ashamed of itself. When sanitary science is more advanced, we will call these epidemics ‘civic massacres,’ and somebody will suffer for them besides their victims.

“One colossal task before such a Dominion Department of Health will be the fighting of Tuberculosis. The White Plague is a national menace, and should be met by a National Defence. It is far too big a problem for either the municipal or provincial authorities to tackle alone; and the splendid efforts of private philanthropy amount to no more than spraying a conflagration with a soda siphon. They save a few cases; they teach a few families how to avoid contagion; but the terrible massacre goes on. We might as well leave quarantine arrange-

ments to the vigilance of coast towns as to leave the isolation and treatment of this universal plague to local enterprise.

“A Federal organization is needed for the war. Federal revenues are needed to supply the sinews of war. Federal uniformity of effort is needed to make certain that parts of the country will not be neglected, so turning them into ‘plague spots’ from which we will all be constantly re-infected. The White Plague is like the Black Plague—it must be driven right out of the country, and then kept out, if we are ever to establish immunity. We hope that Dr. Roche and the Medical Convention will continue to agitate until they get a Federal Department of Health, and a good, big, effective ‘vote’ for the war on Tuberculosis.”

The Mail and Empire, of Toronto, has also spoken in strong terms in support of the needed change in the management of health affairs.

A BRUTAL ATTACK ON HOSPITALS.

A short time ago the Press of Toronto was full of front-page reading matter condemning the work done in some of the Toronto hospitals, and more especially the General Hospital. These expressions were unjust in the extreme, and calculated to convey to the public a very wrong impression.

One speaker said that the General Hospital was a feeder for undertakers. It goes without saying that there is not a single member of the General Hospital staff who does not wish the recovery of his patients, and is well pleased when such is the case, rather than their death.

Another speaker, at the gathering of representatives of the Fraternal Societies, said that “there was not one chance in ten to escape the undertaker.” This would give a death rate of over 90 per cent. The fact is that the death rate is about 6 per cent. It must be borne in mind that many patients are brought into hospitals as a place where they may die. Their case is hopeless when they enter.

Take the Hospital for Incurables for example. It would not do to charge its high death rate to cruelty or lack of skill. It is the very business of the hospital to care for those who have the fatal sentence already passed upon them.

But this whole affair is serious. Members of the medical profession have been hiring themselves out to the various fraternal societies for a mere pittance to do the attendance on their members. This has made these organizations bold, and they think they have the medical profession in their hands. They now come along and demand that their members should receive special consideration.

In Britain a short time ago, the cheap rates at which doctors attend-

ed members of fraternal orders was taken as a basis of pay for doctors under the National Insurance Bill. But worse, the medical profession in Britain now is put very largely under the denomination of these societies in the carrying out of the terms of the Act.

In this country the same thing will repeat itself. These societies are taught now that for a dollar or so per member they can secure medical attendance for a year. This whole question of contract practice should be at once abandoned. It is impossible to mix a profession and a trade in the same person.

VESTED RIGHTS.

It is easy to create a vested right, but very hard to do away with it. This is the case with the osteopaths and the chiropractors, and all such like. When any of these have been in practice for some time they cry out, "We have been in practice and have not been violating any law, and now should be left alone."

When the Medical Bill was before the Ontario Legislature last session these arguments were advanced. The legal advisor of the Osteopaths took the position that they had been following their practice for some years and had not violated any law, and, therefore, had a vested right, and should not be disturbed.

The legal advisor for the Chiropractors said, "We wish to be left alone, we are asking for no legislation, and do not wish anyone to interfere with us." In a few years they will say what the Osteopaths said, namely, that we have now a vested right.

In Toronto, on a certain street, may be read the sign "Osteopathic Physician." This is branching out some. In few years he will claim a vested right in the title, and all the others will follow suit.

A short time ago, a chiropractor, writing to a newspaper, stated that paralysis, such as that following diphtheria, was caused by nerves being out of their places, and that by proper manipulation they were put back again and the diphtheritic paralysis then disappeared. But the sad part of it is that people with such views undertake to treat people.

The time has come when the universities, the medical council and the medical profession should unite in an effort to secure such an Act as will safeguard the people. Let him who wishes to practice medicine qualify.

COMPULSORY VACCINATION.

This subject will come up in the future for a good deal of heated discussion. No new Act looks towards a much more general application of vaccination than has been the practice in the past. Further, it is now under the boards of health and not under the boards of education. But there will be the ignorant agitator whose business it seems is to keep up strife and retard progress. To show that this is no imaginary view we quote the following editorial from a leading newspaper:—

“The new medical health regulations foreshadow a marked trend toward general vaccination. What is really known and professionally agreed upon about vaccination is that it generally entails a sore arm for a few days or weeks, rarely for a year or more, and in extremely rare cases it entails permanent injury or death. As to its prevention of smallpox leading medical authorities differ widely, and as neither side has any proof except uncertain statistics that show both ways their differences are intense, and even violent. One recognized school of medicine discards it entirely.

“Those who oppose vaccination deny the right of official authorities to intentionally afflict them with one disease on the uncertain hope of saving them from the uncertain danger of taking another. They say let those who seek safety in vaccination have their safety. It cannot be any affair of theirs if others refuse to risk such safety. The unvaccinated are no menace to the vaccinated if the operation gives immunity. If the vaccinated reply that their immunity is uncertain the argument cuts both ways. It would be well for the law to be administered with discretion until more is known as to the dangers and preventive effects of vaccination.”

Now, the medical scientist is not aware of these contradictory statistics. He is fully aware of the arguments and statistics of such men as Alfred Russell Wallace. But the educated medical man knows that his statistics were false and misleading. It would be quite false to state that there is no smallpox in the German Empire. There are in that great country of over 65,000,000, many foreigners who come from all over the world where vaccination is not practised, or is not compulsory. It is quite a different thing to say that there is no smallpox among the native Germans. Japan has a very strict vaccination law, yet many escape vaccination and there are many foreigners in that country. This accounts for the fact that there is a good deal of smallpox in Japan. Many are improperly vaccinated. These things do not militate against the wonderful preventive value of proper vaccination.

WHEN OPINIONS DIFFER.

Sir James Barr, before the British Medical Association, said that what was wanted was quality, not quantity, and did not encourage the rearing of large numbers of the unfit. It is much better to have one well-fed dog than two lean ones. One or two properly cared for children, sound in wind and limb, is much better than a large family that the parents cannot care for. And there are the children of the mental perverts.

In Australia and France there is a movement on foot to give a bounty for each child, and this without regard to the sort of parents, or whether the child is legitimate or not. This might have the very opposite tendency to that advocated by Sir James Barr.

The followers of Galton hold that by proper breeding methods much can be done to improve the race. No doubt this is so. But man is a free animal and can select his mate to suit his fancy. He cannot be mated as a breeder of horses would the parental mates. Education can do a good deal, however. The time is coming when there may be too many people in the world; but we need not worry yet awhile.

Dr. Forbes Winslow, of London, a high authority on insanity declares that insanity is on the increase; and, at the present rate of increase, in three centuries there will be more insane than sane people among civilized communities. On the other hand Dr. F. W. Mott, whose name carries weight, informs the medical world that insanity is not on the increase.

One thing remains clear. There was a time when man lived in caves, dug his roots with his fingers, killed his game with a club, and ate it raw. From such an ancestry we have a modern Europe and America. It may turn out in some way or other that man will be able to take care of himself in the future.

RESULT OF MEDICAL INSPECTION IN TORONTO.

Inspections, 3,190; readmissions, 1,226; special physical examinations, 806; defects on these, 1,402; parents notified, 913; complete physical examinations, 1,433; defects in these, 1,612; children examined, 2,239; defects, 3,014; carious teeth, 583; normal, 385; defective vision, 149; eye disease, 53; defective hearing, 20; ear disease, 8; defective nasal breathing, 261; enlarged tonsils, 566; enlarged glands, 209; pulmonary disease, 7; cardiac disease, 5; chorea, 4; orthopedic defects, 10; epilepsy, 4; malnutrition, 4; defective palate, 5; skin disease, 89; diphtheria, 5; scarlet fever, 4; measles, 24; chicken pox, 42; whooping cough, 28; mumps, 8.

ORIGINAL CONTRIBUTIONS

OBSERVATIONS RELATING TO DIET IN TUBERCULOSIS.

BY W. B. KENDALL, M.D., GRAVENHURST, ONT.

AT the International Congress on Tuberculosis held at Washington in 1908, there were some 300 papers presented, covering probably every phase in connection with this huge problem. Of these, only three dealt either directly or indirectly with diet in this disease. This will perhaps serve to illustrate what few authorities one has to consult on the question, and for this reason why one rather hesitates to approach so wide and important a subject at all.

While outdoor living and every other possible means known to increase the body defence must be made use of in treatment, the dietetic management of the tuberculous patient is one of paramount importance in endeavoring to sustain the normal body functions, not only in the production of energy and heat, but also in replacing tissue waste.

Great differences of opinion, as is always the case, exist in this as in all other lines of profession thought.

That there is a lack of uniformity in methods of dieting tuberculous patients, and this even among physicians who have had the widest experience was shown in a most striking way by the data collected and correlated by Professor Irving Fisher, from some 95 of the leading sanatoria of the world. It was interesting to personally note the multiplicity of opinions expressed regarding this, as well as other subjects, when discussing these topics with many of the medical directors of British and European sanatoria last year. At the King Edward VII. Sanitorium Dr. Noel Bardswell thinks it necessary that all food should be weighed before being served, while Dr. Marcus Patterson, of Frimley, is so solicitous for the welfare of his patients that he personally carves the meat and supervises the serving and progress of the meal. Many physicians still adhere closely to the idea of forced feeding, some advocate a non-flesh diet, depending on foods outside of meat for the necessary body requirements.

Again, we find some who have among other items of diet a preference for one particular kind of food in their dietary. Among these might be mentioned raw meat, beef juice, nuts, eggs, milk, buttermilk, and even malt extracts and liquors.

In normal persons I cannot help but believe that the average food intake as determined to a great extent by the appetite is quite sufficient

for the body wants. It is necessary, however, in treating the sick to have a standard dietary to guide us, or at least to which we can refer even if we do not slavishly follow it.

The body requirements are such that food must be taken in sufficient quantities to supply the necessary material for the repair of the tissues, as well as to give energy to meet the demands regarding the maintenance of body heat and the power required in connection with muscular activity or work. The principal nutritive materials contained in food are therefore the substances required to make up the body and to perpetrate functional activity. These are divided into proteins, fats, carbohydrates and ash or mineral matter.

Proteins form about 18 per cent. of the body weight and constitute the basis of nearly all of its tissues. This living tissue is constantly undergoing a change, being built up into new substances and breaking down again into less complex material. By estimating the final excretions we can determine to some extent the tissue change causing them. Almost all of the nitrogen from broken down tissue reappears in the urine, and can be estimated. The amount of nitrogen excreted is an indication of the amount of tissue change. It is necessary to have a knowledge of the protein ingested, the nitrogen excreted, and to have these balance so as to maintain nitrogenous equilibrium. Physiologists have fixed on different amounts as being the necessary number of grams of protein per day required for the average healthy man. Professor Chittenden₂ and others claim that the nitrogen balance may be maintained under ordinary conditions of life, and even that an actual gain in strength and physical vigor may take place, under a ration much below the protein required by some older standards.

We know that energy can be converted into heat, work, etc., without loss, so that in discussing a standard by which energy can be measured we speak of the amount of heat foodstuffs are capable of yielding on complete combustion, and that this may be taken as a measure of their values as sources of energy.

The energy requirements of the body are expressed in units of heat or calories, and these are produced mainly by fats and carbohydrates.

In considering the diet for a tuberculous patient, all the foregoing considerations must be recalled. Much will, of course, depend on the patient's physical condition, especially as regards the amount of toxemia present, and the effect this is having on the physiological digestive functions.

Given an early case of tuberculosis with no marked gastric derangement, and the patient will usually react quickly to treatment, appetite and digestion will improve, tissue tolerance to toxemia be produced, with

probable increase in weight established. In cases of this nature it is simply a matter of giving a well balanced diet of a sufficiently high caloric value to ensure of having a margin on which to gain weight. Unfortunately we have many cases more advanced in the disease, with gradually failing resistance, or perhaps with an extremely virulent type of infection in whom the matter of a sustaining diet is indeed a problem.

Each case must be dealt with on its merits, and it is wrong to prescribe average fixed amounts for all, much depending on patient's size, activity and state of digestion. In former times so called forced feeding was considered to be essential in the dietary of patients suffering from tuberculosis, and in fact this practice is still followed by many advisers to-day. It may possibly be that the fact of the marked tendency to loss of flesh has stimulated the desire to increase the food intake, hoping for a probable gain in weight. My experience has at least been sufficient to convince me that this principle of feeding tuberculosis patients is fallacious, and I am sure I am only voicing the opinions of many others, whose experience in following this specialty in practice has been much wider than my own. While no one can question the fact that excessive feeding is infinitely better than under feeding, why should it be necessary to make either mistake. There is no doubt that the normal organism, if called upon, can give more service than that required of it, and probably maintain these functions for a more or less considerable period of time if called upon to do so. But what is to be gained by pushing these physiological requirements to the extreme, even if same limit.

According to Atwater's tables a blacksmith can with health and comfort carry on his day's work on a diet the daily proportion of food elements of which are P. 176 gms., fat 71 gms., C. 666 gms., having a total fuel value of 4,117 calories.

Is it reasonable to expect that a patient with diseased tissues, can hope to cope with such excessive amounts and especially when he is of necessity compelled to lead a more or less sedentary life. While my hearers may feel that this is citing an extreme example, we learn that in a well known European sanatorium, a ration having a fuel value of 5,500 calories is prescribed of which 1,200 grms per day is the protein proportion.

But to cite instances at home I find patients constantly coming under my observation who have been advised to partake of a much more liberal diet than they are able to handle. Generous weight gaining seems to be the goal sought, and oftentimes I am sure the cost of such is not duly considered.

Starving tissues are fed not by the food ingested by the patient, but by the amount of nutrient material absorbed by the gastric and intestinal mucous membrane. To illustrate the discomfort, if not positive harm that is caused by too generous feeding, the following case may be cited: A male patient, after being in residence for a period of three weeks, received an urgent call to return to his family. Before leaving I was asked how it was that a satisfactory gain in weight had been made with but three regular meals a day, while on similar rest and under ideal surroundings, with the best of medical care at home he suffered from indigestion, having to take calomel quite frequently for what he termed biliousness. This patient averaged eight raw eggs a day, sometimes twelve, one pint of cream, three pints of milk, together with Cod Liver Oil, besides his regular meals.

I feel that an organism half starved should be fed generously, but not burdened, and that while a gain in weight up to or a little above the normal is desired, it should not be pushed much beyond this, and certainly not at the expense of the physical health.

Not only does surplus weight make a great daily demand upon digestion, assimilation and elimination, but the getting rid of the unassimilable food surplus is an unnecessary waste of energy.

At least 33 per cent. of our patients have impaired digestion. Most of them suffer from constipation and may have to be treated for intestinal indigestion with diarrhoea.

In my judgment rapid and large gains in weight are very apt to encourage a feeling of false security in a patient, as well as to oftentimes bolster up friends and relatives with a confidence in the patient's apparent well being or improvement not supported by the facts in the case. I have known this confidence to be responsible for many indiscretions on the part of patients, some partly from necessity, but many others through folly.

Not only is it thought necessary by many physicians to materially increase the quantity of food ingested, but in very many cases the principal addition is made in the form of protein. By reason of the increased amount of tissue waste to replace, it is probable that a tuberculous patient does need a larger protein intake.

It would hardly seem reasonable, however, to expect that a patient could handle an excess of this component part of food as well as a healthy individual.

It has been demonstrated by Professor Chittenden, that the ordinary standards for healthy individuals contain too high a proportion of protein, and these do not therefore need to be exceeded in order to produce the desired results in tuberculous patients, or in other words the ordinary standard is quite sufficient.

Protein forms one-sixth of total food value and requires a much greater expenditure of energy in its digestion and utilization than does any other food principle. It is therefore necessary to make use of fats and carbohydrates as economizers of protein, so that the latter may be utilized entirely to repair tissue waste. As the kidney is the chief outlet of nitrogenized waste, it is obvious why unnecessary demands should not be made of it. If this is done intestinal putrefaction occurs, thus exerting a harmful influence upon the functions and tissues of the body by bacterial toxins formed within the alimentary canal. These toxins have their effect upon the blood, and by lowering the resistance of the tissues prepare the soil in other parts, mainly the liver and kidney, for successful invasion. Bardswell and Chapman, found that "patients made much less satisfactory progress on the very large diets than on diets of considerably smaller nutritive value." They also observed that "any considerable increase in the protein in the diet produced a disproportionate excretion of nitrogen, an increase in the amount of imperfectly oxidized proteins in the urine, a decrease in the percentage of nitrogen absorbed, and an increase in the amount of aromatic sulphates excreted, indicating increased intestinal putrefaction." Most tuberculous invalids, or at least those with whom we have had to deal, are thoroughly impressed with the erroneous idea that they must eat large amounts, and that milk and eggs are most essential if not dietetic specifics in the treatment and possible cure of the disease.

The greatest surprise is expressed by many patients entering an institution when they find that this is not the case. Some feel annoyed to think that we are so penurious as not to supply these special items of diet *ad lib*, and often offer to buy them for themselves. Preconceptions of this kind die hard and form prejudices which are with difficulty overcome by those in sanatorium practice.

Not only is the quality and quantity of food important, but the manner of its ingestion requires careful regulation if the best results are to be obtained. Rest before and after meals should be insisted upon. Food should be eaten slowly and well masticated, by so doing we at once reduce the quantity of food ingested and at the same time maintain the normal intake of protein. We make it a rule in the Muskoka Free Hospital that patients shall take twenty-five minutes in which to partake of their meals. The dining-room is under the supervision of a nurse or steward, and a bell is rung when this time has elapsed. No patient is allowed to leave the table before this allotted time.

Contentment, congenial company and freedom from worry are also important factors in promoting digestion. It is often difficult to get patients to pay sufficient attention to details, and to realize their

importance. By the frequent regular use of the scales we get the patients interested, and can by this practical measure help prove to them the great importance of proper diet in treatment.

Dr. Lawrason Brown,⁷ of Saranac Lake, while giving a summary of the recent advances in the treatment of tuberculosis said regarding diet "Eat once for yourself, once for weight and then once for the bacteria." The scales, he said, were the best criteria of diet in a patient with no temperature or complications. The aim was to bring the patient slightly above his normal weight by gaining a pound per week. Then the diet was to be reduced to the lowest point of table comfort and not enough to cause any loss of weight. Milk should be dispensed with and then three meals given, with plenty of carbohydrates. Digestive disorders must be treated. "At the Toronto Free Hospital for Consumptives, some observations were recently made by Dr. W. J. Dobbie extending over four periods of six weeks each. These revealed the fact that the average gain per patient in six weeks increased from 2.9 pounds in the first period when there was no supervision of diet, to 3.8 pounds in the second period, when there was a more or less complete supervision of the general dieting. In the third and fourth periods, where there was in addition to a general supervision a careful consideration of individual needs, the average gain per patient for each period reached 4.46 pounds.

In reference to so called vegetarianism or the partaking of a flesh free diet, we have found by experiments that in healthy individuals normal nutrition and functions can be maintained without meat, and while we have no data of our own to substitute our views, we still feel convinced that tuberculous patients with good digestive functions should also do as well on such a diet. For cases farther advanced in the disease, with probable impaired appetites and digestion we would not advise such a procedure. The only advantages apparent in obtaining the protein required from a non-flesh source is the smaller cost, while against this we have disadvantages of greater bulk, the less appetizing nature of such a diet, together with the fact that absorption is slower and not so complete.

In conclusion I wish to state that we aim to direct our patients what to take and what to exclude, depending on the appetite to a great extent to secure sufficient amounts. Adhere closely to a well balanced varied diet, with food of the best quality, well cooked and given in proper proportions of food elements. Exclude fads, permit of no lunches between meals, no alcohol, eggs cooked, and at meals only, and give milk alone sparingly. See that meals are not too bulky and given at considerable intervals. Aim to keep patient slightly above normal weight and try not to greatly exceed this. Such general

advice should be checked by observations of total calories present, attention being given to individual patients special requirements.

It is surprising how few people, even those of ample means who appreciate the relative value of different kinds of food, and can purchase the same economically. The greater number are influenced in their buying by appearance, taste, or general attractiveness, rather than by the consideration of nutritive value. For example prepared breakfast food as compared with bulk cereals, the more expensive cuts of meat, such as steaks, tenderloins, etc., as compared with rump roasts. Others would regard skimmed milk and buttermilk as of little value. Pastry, fancy biscuits and cakes as compared with plain bread and butter. Eggs at 12c. per dozen would be economical food, at 18c. per dozen fairly so, but at 25c. over expensive. The greatest care must be exercised, therefore, in not recommending articles of diet beyond the patient's means when just as good results can be obtained from foods costing less money.

By referring to Rubner, we find that by his experiments one gram of protein is capable of yielding 4.1 calories, the same for a gram of carbohydrates and 9.3 calories for a gram of fat. By following this it is quite simple to formulate a suitable dietary.

THE WEEKLY ARRANGEMENT OF MEALS.

| | Breakfast | Dinner | Supper |
|-----------|---|---|---|
| Sunday | Porridge, fried eggs, toast, butter, milk and tea. | Soup, roast veal, potatoes mashed, corn, fig pie, custard, bread, biscuit and butter, milk and tea. | Baked salmon, cabbage salad, sliced bananas, ginger cake, bread and butter, milk and tea. |
| Monday | Porridge, liver and bacon, toast, butter, milk and tea. | Soup, roast beef or stew, boiled potatoes, bread, biscuit and butter, steamed pudding, lemon pie, milk and tea. | Baked fish, boiled potatoes, jelly, cake, bread and butter, milk and tea. |
| Tuesday | Porridge, fried ham or boiled eggs, toast, butter, milk and tea. | Vegetable soup, mutton or stew, mashed potatoes, stewed corn, mince pie, jelly, bread, biscuit butter and milk. | Cold beef or lamb, potatoe salad, stewed strawberries, ginger cake, bread and butter, milk. |
| Wednesday | Porridge, boiled eggs, bread, biscuit and butter, milk, tea and coffee. | Vegetable soup, lamb stew, boiled potatoes, carrots, bread, biscuit and butter, milk, corn fritters, apple pie. | Cold beef or ham, boiled potatoes, maple syrup, cake, bread and butter, milk and tea. |

| | Breakfast | Dinner | Supper |
|----------|--|--|--|
| Thursday | Porridge, lamb chops or boiled eggs, toast, biscuit and butter, milk and tea. | Roast veal or pork, dressing, potatoes, cabbage, Rice pudding, raisin pie, bread, biscuit and butter, milk. | Salmon or ham, figs, doughnuts, biscuit and butter, milk and tea. |
| Friday | Porridge, poached eggs, toast, biscuit, butter, milk and tea. | Tomato soup, fried fish or boiled beef, potatoes, wax beans, ginger pudding, pumpkin pie, bread, biscuit and butter, milk. | Potatoes, cabbage salad, prunes, cake, bread and butter, milk and tea. |
| Saturday | Porridge, fried white fish, pork chops, fried potatoes, toast, soda biscuit, butter, milk and tea. | Soup, roast beef or ham, mashed potatoes, stewed tomatoes, apple pie, ice cream, bread, soda biscuit and butter, milk. | Ham, plums, cake, bread and butter, milk and tea. |

The foregoing arrangement will give a fair idea of foods used in the Muskoka Free Hospital. In order that we might get an exact idea of the values of these foodstuffs we weighed everything eaten by twenty-five patients during a period of seven days. The patients were all men and of about an average physical condition as far as the disease was concerned. These amounts were carefully recorded together with all waste and food not used. Without going into details of the food values of each separate article, I will simply give the grams. per patient per day of the component parts together with the daily caloric value. These are as follows:—

| P. | F. | C.H. | Cals. |
|--------|--------|--------|----------|
| 106.88 | 124.95 | 337.53 | 3,280.77 |

The weights of patients were accurately observed, gains being made in each case. These gains ranged from 1.5 lbs. to 5.5 lbs., or an average gain of 3.15 lbs. during the week.

It may be of interest to give the changes in weight as shown in the last twelve hundred and twenty cases. These were taken from the annual reports of the National Sanitarium Association. Of twelve hundred and twenty patients ten hundred and seventy-one made gains follows:—

| Number of patients. | Time in residence. | Average gain. |
|---------------------|------------------------|---------------|
| 522..... | One month | 11.6 lbs. |
| 226..... | One to three months... | 9.55 lbs. |
| 323..... | Over three months..... | 14.4 lbs. |

| Number of patients. | Time in residence. | Average loss. |
|---------------------|------------------------|---------------|
| 68..... | One month | 5.0 lbs. |
| 22..... | One to three months... | 3.9 lbs. |
| 59..... | Over three months..... | 6.8 lbs. |

The results will of course depend to a great extent on the honesty and common sense displayed by the patient in the manner in which he follows his physician's directions.

CONCLUSIONS.

- (1) Forced feeding is not essential in the treatment of pulmonary tuberculosis.
- (2) Great gains in weight should not be sought, but an endeavor made to secure a gradual increase in the patient's weight up to a point slightly above normal.
- (3) A lower protein content is better tolerated than the amounts now usually given.
- (4) The partaking of meals should be under close supervision, with rest before and after meals enforced.
- (5) Constant attention must be given to the question of proper proportions of food elements.
- (6) Cheerful and contented patients are more likely to be hearty eaters, and to progress more favorably than those who worry.
- (7) Eggs and milk are not indispensable in the dietetic management of tuberculous patients.
- (8) Lunches should not be given between meals unless there is a special reason.
- (9) It is a hardship to advise patients to procure food the price of which is almost prohibitive when a diet of equal or greater nutritive value can be purchased for less money.

REFERENCES.

- (1) Fisher, Professor Irving: "Diet in Tuberculosis." Sixth International Congress on Tuberculosis, Volume one, part two.
- (2 and 5) Chittenden, Professor Russel H.: "The Nutrition of Man."
- (3) Atwater and Bryant, United States Department of Agriculture.
- (4) Roten-Kreuz Sanatorium.
- (6) Bardswell and Chapman: "Diets in Tuberculosis, London, 1908."
- (7) Brown, Lawrason: "Relative Value of Air, Food and Rest in the Treatment of Pulmonary Tuberculosis." Medical Society of the State of New York, April, 1912.
- (8) Dobbie, W. J.: "Hygienic, Dietetic and Medicinal Treatment of Tuberculosis." Canadian Practitioner and Review, March, 1911.
- (9) Rubner: "Diet in Health and Disease." Friedenwald and Ruhrah.

EXTRAUTERINE PREGNANCY.

JOHN HUNTER, M.B., TORONTO.

EXTRAUTERINE pregnancy, on account of the abnormal conditions under which the development of the fertilized ovum takes place, is a persistent menace to the life of the patient. It always imposes on the physician the most arduous responsibility incident to obstetric

practice. On the problems involved in diagnosis and in treatment his sins of omission may be equally culpable with those of commission. If he neglects the warning of certain symptoms and signs until a fatal hemorrhage occurs, or if he produces it by too great pressure when examining the pelvic cavity of the patient at her home, or in his office, when he has neither facilities nor help for an immediate operation, the tragedy is the same—sudden collapse and death.

The following case is reported for several reasons. Primarily to call the attention of the reader to the fact that he may meet an extra-uterine pregnancy when he least expects to. There are fortuitous circumstances that lend an interest to the case. It is unique in the experience of the writer, as being the only case met with in a practice extending over nearly two score years and including at least four or five thousand patients attended at some period between the commencement and termination of pregnancy. It will also be used as a basis for some remarks on post-operative treatment and on the question of the surgeon and physician's fees.

Patient age 26, English, healthy, well developed, married for years. Husband, healthy. Became pregnant soon after marriage and aborted at end of second month of gestation. Cause unknown. No history of any specific trouble. Though anxious to have a child, remained sterile for four years. Menstruation regular but somewhat painful the first day or two. The last period about middle of April, 1912. Since the second week in June she has felt, at intervals, sharp, lancinating pain over region of left ovary. These pains were followed by a slight hemorrhage from vagina which she interpreted as a menstrual discharge. While not disabled from work in her home, yet she felt that there was something wrong as the abdomen was becoming more tender and sensitive to pressure. Came to the office July 5th. An examination with the speculum revealed a hyperaemic condition of the vaginal walls and of the cervix. A cautious bi-manual examination elicited pain in the region of the left ovary, especially on any movement of the uterus. The history, signs and symptoms precluded any further examination, or any resource to treatment outside of a hospital. This was 8 p.m. on Friday. There was so little pain on Saturday and Sunday that the patient spent most of these days on the boats. She came into the hospital on Sunday evening in splendid form after the two days' "outing." Permission was obtained from the husband for any operation necessary, and preparation made for either vaginal or abdominal section. On Monday at 9 a.m. the writer administered ether and Dr. Spence, assisted by Dr. Clemens, made an examination. Dr. Spence furnished the following notes: "We found the right ovary normal in

size. The tube swollen rope-like and immovable. The left Fallopian tube was felt to be enlarged and in size and touch difficult to distinguish from the uterus. We confirmed our diagnosis by the aid of the sound. We decided that dilatation and curettment would probably be useless and might be dangerous, and therefore advised exploration by the abdominal route. We made the usual central incision. When the peritoneum was opened we were surprised to find blood come welling out of the abdominal cavity, also large and small dark blood clots in abundance. On introducing the hand I found a mass firmly adherent to the posterior, left pelvic wall. It was quite difficult to separate from its moorings. When the adhesions were broken up and the tube and ovary brought out of the wound the mass was found to be the outer three or four inches of the Fallopian tube. The tube was removed in the usual way. The right ovary and tube were found firmly attached to the posterior surface of the right pelvic wall. The adhesions were broken down and some small cysts of the ovary punctured. These parts were then returned. The toilet of the peritoneum consisted in removing the old clots and recent blood by repeated swabbing and by closing up the abdomen, layer by layer, without drainage. The external wound dressed with an alcoholic dressing. The patient made an uninterrupted recovery.

“On examining the specimen, the fallopian tube was found to be filled with an organized blood clot. There was no rupture of the tube, the wall being complete. Inside the Fallopian tube the clot was covered with a complete membrane like an ordinary cyst wall. It was easy to separate the clot, or mole, from its covering, and it was easy to separate the wall of the clot from the Fallopian tube. The clot extended close up to the ostium of the tube. This was the best specimen I ever saw of what Bland Sutton calls incomplete tubal abortion. The blood and clots in the abdomen were the results of hemorrhage into the abdominal cavity through the ostium of the tube and were caused by the efforts made by the muscular fibres of that organ to force its contents into the abdominal cavity in the same manner as early conceptions are forced from the uterus. These are always attended with hemorrhage and pain, and as the uterus is not always successful in its expulsion efforts, the hemorrhage continues. Exactly the same conditions and results may follow in tubal abortions unless recognized and treated.”

The history of this case shows how hazardous it would be to attempt the management of extrauterine pregnancy outside a hospital. However, the purport of the paper has been served in reporting the case and nothing further will be said in regard to the subject, but a few suggestions may be added in reference to post-operative treatment by the physician himself.

If a true history of our surgical cases were written would there not be abundant evidence to show that where untoward results followed operations these were chiefly due to inefficient and unscientific post-operative care on the part of the physician? One of the most culpable defects in all our standard text-books on surgery is the paucity of anything scientific or efficient in regard to the post-operative management of surgical cases. The authors are satisfied when they have rehearsed a few medieval traditions in reference to rest, diet, and the use of laxatives. A glance at the surgeon's chart shows how tenaciously these delusions are ascribed to rest, liquid diet, divided doses of calomel on second or third day followed by a saline, etc. Unless the surgeon has had a large experience as a physician before he limits his work to surgery the post-operative treatment of the patient—however well the wound itself may be cared for—is very apt to be defective. Rest means the adjustment of the patient's body so as to remove all strain. A few changes may make all the difference between agony and comfort. In regard to diet, for the surgeon to write, *e.g.*, liquid, soft, or full diet, may be to offer the veriest insult to the patient's taste, digestion and assimilative powers. How many patients could relish, digest and assimilate an egg, a piece of meat, or a slice of toast who are disgusted and nauseated at a plate of insipid broth? The patient's habits, tastes, digestive and assimilative capacity are far more rational guides than the antiquated dietetic formulæ of the surgical text-books and of the surgeons. In regard to the elimination work of the intestinal tract the physician must consider what took place when the abdomen was opened. There was a paresis affecting bands, or wider portions of the intestinal walls. Between these the bowel became a veritable culture tube in which the most noxious gases and irritant feces formed from decomposition. The physician's duty is to prevent or relieve these outward conditions. The safest and most effective method is not by the use of calomel, oil or salines, or by morphia to relieve the pain caused by the distention of the bowel, but by the early introduction of a rectal tube to allow the gases to escape and to wash out the rectum and colon by flushing these with soad suds or a saline solution. Should any pain or feeling of distention arise from the entrance of the fluid it should be allowed to escape at once. The bowel may be refilled several times, when physiologic peristalsis will be established and the contents of the whole intestinal tract eliminated to the safety and comfort of the patient. Calomel, salts, etc, act as irritants, set up morbid peristalsis, which not only empties the bowel, but exhausts the patient by the expulsion of a large amount of nutritious albuminous matter. The physician, on account

of longer acquaintance, should be in a better position than the surgeon to secure suitable psychic conditions for his patient.

When the attendance of the surgeon is ended he should state to the physician the amount of his fee, when the latter should make out a bill for exactly the same amount and both should be given the patient. Should the patient be unable to pay the same amount to both, the reduction should be shared equally. Any attendance by the physician before or after the operation should be made out in a separate bill.

MEDICAL THOUGHTS, FACTS, FANCIES AND FOIBLES.

BY JAMES S. SPRAGUE, M.D., PERTH, ONT.

IN an address by T. Clifford Albutt, M.D., Cantab., F.R.C.P., London, Regius Professor of Physic, University of Cambridge, we find a section thereof to which the title "The Higher Life" has been given and which is presented not only to encourage ethical rulings in morals and in medicine, but to illustrate that even the most learned are "poachers in obscure volumes" and are commentators whose erudition would be sterile without researches unless gaining "the gains of various men, ransacking the ages and spoiled the climes." To them the thread is their alone that binds their brilliant expressions—the thoughts of "other men, sleeping, but never dead, they renew in their majesty to meet their own."

Terrence, born 560 A. U. C., of whom Caesar said *puri sermonis amator*, whom Cicero well characterizes as "*Quicquid comes loquens, ac omnia dulcia dicens*," was a *plagarius* and accounted it a greater merit "*Graecas transferre quam proprias scribere*," tells us "*Nullum est jam dictum quod non est dictum prius*." Had the literary and even the medical world been conversant with *De Senectute* of Cicero, with Browne's *Religio Medici* and with other classical authorities to which it is needless to refer the Regius Professor of Medicine of Oxford, whom we claim most justly and as honorably as our own, and to whom our late king granted the K.C.M.G., would not have received the unjust censure he in no sense merited. However, it is wise to give authority to our words for each age has its own interpretations, even of the sayings of wiser men whose thoughts were as axioms and venerated, not ridiculed, making life more esteemed and of greater study, the misinterpretations of the ignorant being silenced and averted from evil. "He is the best judge of time who hath lived to see the sixteenth part," says *Religio*

Medici, and many wise sayings will bear repeating. Yet, "How many a thing which is cast to the ground when others pick it up becomes a gem! We grasp at all the wealth it was to them, and by reflected light its worth is found."

The "Higher Life" is presented, not that it has been "cast to the ground," but that its worth to which, indirectly, some several master minds, named and unnamed, have lent aid may be continued as worthy pabulum for thought, especially when associated with scholia and annotations of kindred interests and as classical even as the kindly and ethical address of our brother, the Regius Professor of Physic of Cambridge. My references for his address are *Scholae Academicæ* and *British Medical Journal*, September 21, 1902. The words of Dr. Albutt, and worthy of perpetual memory are:

"It was said before Chaucer that the physician was no ritualist. In this audience I am addressing men of many creeds and some, perhaps, who think they have none. At any rate, the physician learns to follow a true instinct in seeking the ideal, not in dreams, emotions or transcendencies, but in the actual, in the high choice and promise of the real. No delicacy, or remoteness, or fantasy can make a false idea into a true one. Yet Professor Lloyd Morgan has well said "the prime condition of progress is to believe more than can be demonstrated." In the rough and tumble of all callings, however, the high life gets obscured and we have to seek quiet moments when we can enter into that inner chamber of the mind wherein dwells that self by which we differ from all other individuals, for which we are responsible, and yet wherein, by this difference, are—even those whose hearts are warmest—alone. To this end, whether I could or would go to church or not, I have always "differentiated" my Sundays. If I stay away from a place of worship the greater my responsibility, the more my duty to the higher life. Whether your "studies be on the Bible" or with Shakespeare is for each of you to choose, or perhaps both; but for one day of the week be thankful to eschew idle books and newspapers, petty cares and business, and even professional usages which can be postponed, so that we may live one day in the presence of men greater and purer than ourselves. And what I say of one day in the week I say also of many minutes in every day; in that inner chamber store some sweet verse, some line of gentle wisdom or lofty thought which, to repeat a phrase with which I began, shall still make the habit of virtue and reason easy and pleasant to us. Then when the new song is sung we may find ourselves among those who could learn that song, for they were redeemed from the earth."

As confirmatory of these fraternal admonitions and encouragements I have hereunto attached scholia agreeable to a higher morality and

in a manner agreeable with the title, and in the act consoling myself that when my wife and grandchildren are at the "kirk" I could arrange this sermon for you to read, if not to hear. I find no encouragement in this effort as I turn the pages of *Religio Medici*—always on my desk when not being read—and the learned brother, its author, says many things which I am knowingly disobeying and those named by Albutt are not followed. Yes, Sir Thomas' words are: "It is better to sit down in modest ignorance and rest contented with the natural blessings of our own reasons than buy the uncertain knowledge of thy life with sweat and vexation which death gives every fool gratis, and is an accessory to our own gratification."

Lucretius asked this: *Tantum religio potuit suadere malorum?* Sermons countless in number and volumes elaborate are endeavoring to answer this query for the world's salvation. As I am making a "posie" out of other men's flowers, as Montaigne would say it, I weave into it—that is my text—a few clippings from *Literary Digest*, concerning reasons for church-going: "Because it seems to me that the church bears the same relation to right living that the flag bears to patriotism—it upholds an ideal." A lawyer (reader, I ask you to observe this one of a kindred profession) who says that perhaps he should not be expected to go to church at all replies that he also in church observance follows an "ideal." He writes, I go to church to worship God, and because I know that I can live a higher, a broader and a better life as the result. I am in action a busy man and my religion is rational rather than emotional. But I know that "ideals" are the lever which moves the world, that behind every ideal lies a religious inspiration and that churchgoing is the practical support of all religion. Another (probably not a lawyer) has three reasons. Because of what it stands for: (1) With all of its human imperfections the Christian Church stands for the best elements of life and the highest conception of God known to mankind. (2) Because of its offspring. Nearly all the institutions and agencies interested in the uplifting of humanity are the product, directly and indirectly, of the Christian Church. And most of the people who give their time, talents and money to the support of these beneficent institutions are members of, or results of the life and work of the Church. I want to have a part in this general uplift. (3) Because of its enemies. If a man is to be judged by his enemies, why not the church? The foes of the home, marriage and righteousness are also foes of the church. All forces which seek mankind's destruction seek the church's vilification.

It matters little, said Dr. H. C. Coe, of New York city, in an address before his medical friends, what is our faith or creed if we have learned the lesson of service, or when it is all over. Some one has defined dog-

matism as puppyism and in the words, I believe, of an eminent jurist, "to invariableness is one of the strongest proofs that can be offered to reason for the infallibility of a doctrine." In this respect how different is medicine! In theology the saying of Tertullian is somewhat confirmatory: *Certum est quid impossibile est*. Father Vaughan's words are: "Fill a man chock full of spirituality in his early days and in after years he will not forget his early impressions," and this is but a transformation, a metastasis of words for an old saying. Most truly is it that "to the physician more than to the priest, or minister, in this age the mind-weary and mind-distressed appeals" for it is equally evident "this is the age of reason in religion and in medicine." If "*Mdicus in omne aevo nobilis*" and the saying of Hippocrates equally true that the physician is a philosopher and god-like, it is well for us to consider our qualifications for the "great work," and if not prepared it is evident we are but weak links and unworthy of a seat among the worthy and altruistic workers. If, too, "it is an honor, a privilege and a joy to be a physician," that is, one whose profession is to prescribe remedies for diseases and who is consequently relied on as being skilled in the art of healing; legally a person who has received the degree of doctor of medicine from an incorporated institution, most frequently and most honorably from an endowed state university. This definition evidently silences the claim to "physician" by baseless cults that are a disgrace to this intelligent age and to medical progress, which, too, seek recognition and authority to place their mud gods within our temples.

But why this discussion, which Sagur says illuminates and dispute blinds; this removes prejudices, that rouses passions; and unfortunately from discussion to dispute is but a step. However, medicine sees man as he is, has pity and gives freely to the needy. Law sees man as a corrupted being, as its victim and its prey, even for its pelt.

The Church, with well assured stipends, regards man, and sees him in his penitent moods, when fearful of the grave, the prison's bars, or hangman's knot; it sees him at his best, as Law sees him at his "worst." Medicine, with hope of no promised reward on earth, yet, in Heaven, regards him as a brother, has pity and tells, as does the Church: "'tis only heaven that's given away, 'tis only God that's had for the asking," and that there is no good without God, i.e. as Seneca has it: *Nulla sine Deo mens bona est*. Law, Theology and Medicine—rightfully named as *the* professions, if united, we stand, if divided, we fall, and if divided and antagonistic, civilization will prove a failure, and the heavens will "peal their last thunders over the wastes of time," so let us believe that "a threefold cord is seldom broken." Religion, like Medicine with their crudities through the dark and middle ages,

preserved and still preserves learning. Hallam writes: Such is the complex reciprocation of good and evil in the dispensation of Providence, that we may assert, with only an apparent paradox, that had religion been more pure, it would have been less permanent, and that Christianity has been preserved by means of its corruptions." Superstition then was propagated by ignorance and is yet encouraged by it, and to the public press, when unawed by fear and unbribed, we owe our freedom from ecclesiastical bondage. "What can I do you for?" may say the barrister or the barrator, but the church and medicine will say "What can I do for you?" for we are believers in the Golden Rule, "when man to man the world o'er shall brothers be for all that." Especially so if of the *same creed* which the church teaches too frequently and which all men do not generally adopt.

I do not care what may be your particular religion, said Robert Louis Stevenson, but if it consists in torturing or tormenting others I will not say "drop it," for it may be all you have, but at least conceal it lest you injure worthier and better folk. Had we not better console ourselves with these few lines of Sewall: Why thus longing, thus forever sighing for the far-off, unattained and dim, while the beautiful all around thee lying offers up its own perpetual hymn? I know not, says an authority, what the doctor's Sunday religion may be, to what sect he may belong, or at what altar he may bow the knee; but this I do know, that oftenest, perhaps, the working week-day religion which lies deepest in his heart is an agnostic, creedless, humanitarian devotion to suffering humanity. The scales alone of mercy and not of justice are in his hands and his is the Divine commission to go "forth and heal." Nor is he limited to "the lost sheep of Israel." His name may not be the church books of some particular denomination, but his soul is too wide for such narrow bonds. In the words of one of the world's great men he says: "The world is my country, to do good is my religion." Bishop Whateley said of us: "*Ubi tres medici ibi duo athei.*" And of law there is a saying that "nowadays a religious lawyer is regarded with wonder and suspicion." With Roscommon

"I pity from my soul unhappy men
Compelled by want to prostitute their pens;
Who must, like lawyers, either starve or plead,
And follow right or wrong where guineas lead."

Our creed is one to which we have not sworn, yet we obey it. It is "*Divinum est opus sedare dolorem*" and "to have a tear for pity and a hand open as day for melting charity" and a belief in the words of Christ: "I am among you as he that serveth." I recall the words of the illustrious Winston: "I am under bonds to do it. When I offered

my professional services to this community there was an implied covenant on my part that, as far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir, and if I should lose a patient because of ignorance of the latest and best experience of others in the treatment of a given case a just God would hold me responsible for the loss, through inexcusable ignorance of a precious human life and punish me accordingly; and whenever I get my consent to be content with present professional attainments and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear." Yes, "one is our Master and all we are brethren," and "for their sakes I sanctify myself," for "no one but God and I know what is in my heart."

In our quiet moments ask the questions and give your candid replies: What am I? And what art thou? What are these moments we call Now? What is our consciousness? And who can sound his own existence? One mission is that we live to live, to learn, to teach and want—as Dr. Milligan tells us—"a church on earth to-day founded on Acts XV., Jesus Christ and Him crucified, with liberty in non-essentials and love in all things. We want an Evangelical Catholicism, with one spirit and diversity of manifestations."

However, in the meantime let us, each of us, make our "Credo" as Longfellow has it: "Live I, so live I; to my Lord heartily, to my prince faithfully, to my neighbor honestly; die I, so die I."

It has been said of Tertullian that every word he spake was a sentence, and every sentence of his was a sermon. Such being possible, it is my hope that in this anthology there may be found many texts and proper words—"Sermones proprii." (Hor. Lib. I. Sat. IV.)

LUNATICS IN ENGLAND AND WALES.

| Year | Population (at the Time of the Census). | Total Number of Lunatics, etc., (on January 1st). | Ratio (per 10,000) to Population. |
|------|---|---|-----------------------------------|
| 1851 | 17,927,609 | 16,456 | 9.18 |
| 1861 | 20,066,224 | 39,647 | 19.76 |
| 1871 | 22,712,266 | 56,755 | 24.99 |
| 1881 | 25,974,439 | 73,113 | 28.15 |
| 1891 | 29,002,525 | 86,795 | 29.92 |
| 1901 | 32,527,843 | 107,944 | 33.19 |
| 1911 | 36,075,269 | 133,157 | 36.91 |
| 1912 | 36,545,076 | 135,661 | 37.12 |

CURRENT MEDICAL LITERATURE

—
MEDICINE.Under the charge of A. J. MACKENZIE, B.A., M.B., Toronto.
—THE CORRELATION OF DISEASES OF THE KIDNEYS, HEART,
DIGESTIVE TRACT AND THE ORGANS OF RESPIRATION.

Dr. E. G. Epler, Fort Smith (*The Journal of the Arkansas Medical Society*, Little Rock, Ark., August, 1911). The writer has observed in the great clinics at home and abroad indifference as to the possibility of correlation of kidney diseases and the affections of the nose, throat, heart and lungs. The men in charge were too intent on operative treatment to pay attention to the condition of the stomach, the liver or the kidneys, or to bother with non-specific internal medication.

The several organs of the body are so intimately connected that no one may be altered by disease without the others becoming, to some degree, affected. Especially important are the effects of the diseases of the kidneys upon the heart, vascular system, lungs and other parts concerned in respiration; also the organs of digestion or vice versa.

To allow the most perfect elimination of effete and toxic matter, the vascular supply of the kidneys is large and peculiar.

Primary and all important kidney troubles may be masked and often escape notice.

Thus the signs and symptoms of chronic interstitial nephritis may be at times insignificant and may not be perceived until irreparable damage has been done.

Many causes are held to be effective in producing an interstitial nephritis, such as business troubles, worry, excitement, inactivity of the digestive organs and the accumulation of toxic matter in the system.

Impure air, hard work, red meats, condiments and tobacco are thought to be causative. Exposures to cold and wet, syphilis and alcoholism are also responsible for the development of interstitial nephritis. Senility predisposes to it. The obstruction in a sclerotic kidney will tax the heart to a greater extent and result in a congestion of the other organs.

Treatment of such a condition requires the just appreciation of both primary and secondary pathologic changes and their interrelations.

The author cites cases where a pleurisy due to interstitial nephritis was diagnosed as a double pneumonia, a case of indigestion in an old

lady which proved to have the same cause, quincy sore throat, muscular rheumatism and biliousness likewise were due to kidney trouble. Another case where a patient came to the author's office to have an "elongated uvula" removed. On examination author found an œdema of the soft palate, which was caused by an interstitial nephritis.

The correlation of renal diseases, pneumonic affections and heart failure is well appreciated by many practitioners.

The author suggests a laboratory examination of the urine to be made with almost all affections, however insignificant they may be.

SURGERY

UNDER THE CHARGE OF A. H. PERFECT, M.B., SURGEON TO THE
TORONTO WESTERN HOSPITAL.

RADIUM IN DEEP-SEATED CANCER.

Dominici and Cheron have furnished a report on the treatment of deep-seated cancers by radium to the French Association for the Advancement of Sciences (*Arch. d'électr. méd.*, July 10th, 1911). Most of it covers ground already familiar, such as the varieties of technique which are commonly practised, and the degrees in which radium-therapy may be combined with surgical procedure. On the general question as to the results which follow radium applications in deep-seated cancers, the authors state that "in favorable cases" the irradiation is capable of palliating a desperate situation, relieving intolerable pain, sterilizing infected neoplastic tissue, draining wounds which bleed and suppurate, and occasionally bringing about an entire regression from the clinical point of view. To these palliative effects are joined certain others resulting from the suppression of functional troubles which accompanies the diminution of tumors. These vary according to the nature and situation of the tumor, and may include a disappearance of oedema, when an ablation of a cancerous breast is followed by transcutaneous irradiations of the neoplastic retro-clavicular ganglions; improvement in deglutition, following upon the introduction of radiferous tubes in soft cancers of the mouth and tongue, or of radiferous sounds in cancers which cause a narrowing of the oesophagus; relief of pain and vomiting in gastric cancers by placing large radiferous

plates upon the stomachal region; regularization of defaecation and micturition by the introduction of radiferous tubes in rectum or bladder; ameliorations of the respiratory functions by the reduction of tumors of the mediastinum with irradiations of the surface, or by the introduction into the oesophagus of tubes giving rays filtered through $2\frac{1}{2}$ mm. of platinum. The authors admit that hard cancers of the tongue and of the inner surface of the cheek are *noli me tangere* so far as radium is concerned, but other cases in which apparently total regression has lasted for at least a year are numerous. These results have been obtained most notably in the case of tumors of the uterus, when it has been possible to use large doses of radium (20 eg.). Among the deep-seated cancers which have not recurred for more than two years after radium therapeutic treatment the authors are able to cite such conditions as scirrhus of the breast (atrophic); epithelioma of the breast, circumscribed or diffused, the clinical form of which made immediate relapse after surgical intervention appear probable; infiltrating glandular epithelioma of the superior maxillary, and lymphadenoma limited to an organ such as the parotid. The term "epithelioma" sometimes conveys a different meaning to the French and English intelligence. The authors define it as a tumor "proceeding from the multiplication of epithelial cells of the skin or the mucosa, or the noble cells of the various glands of the organism." The rarity of radium successes, in their opinion, is no measure of the curative value of radium in deep malignant tumors. It is due to the small amounts of radium at the general disposal, and to the fact that the cases so frequently reach the radium therapist only when they are in a desperate stage.—*B. M. J.*, Oct. 21.

THE CURE OF CANCER.

The latest and most hopeful work in this direction has been done by Wassermann, who started out with the idea of attacking cancer in mice by a substance which would be effective when injected through the circulation.

According to the classic work of Ehrlich on chemotherapy, remedies are of two kinds: organotropic, or those which affect the endogenous body-cells, and parasitotropic, those which attack the invading organism without affecting, or affecting only indirectly, the body-cells. To the latter class belongs salvarsan. In attacking cancer, Wassermann concluded that the remedy must be definitely organotropic, but only for a certain part of the organism, the newly former tumor-cells.

His experiments were based on observations that the metallic sub-

stances, sodium tellurid and selenid, in solutions of which living cancerous tissue was suspended, were deposited only in the cancerous epithelial cells and not in other portions of the tissue, which seemed to show that we have in selenium and tellurium, substances which have a specificity for cancer-cells. When Wassermann thereupon injected these metallic salts directly into mouse cancers, he noted a liquefaction of the tumor, which opened externally—a process which in some cases effected a complete cure.

In order to obtain more uniform results, these substances were next injected into the circulation, but without results; and he concluded that the salts did not reach the tumor. A search for some substance which, when mixed with them, would aid in a diffusion of these elements into the organs, resulted in the selection of eosin, and he now uses a loose combination of eosin and selenium.

In a mouse affected with cancer a softening of the tumor is noted after the third injection intravenously of this combination. With repeated injections, the softening continues until the tumor has become a fluctuating sac. With the fifth and sixth injections, the resorption continues until the mass entirely disappears within ten days. In large tumors a cure does not always follow; while the softening and liquefaction of the tumor proceed rapidly, the animals sicken and die. There is no question in Wassermann's mind that death is due to rapid absorption of the disorganized tumor. Small tumors, however, disappear regularly. Wasserman has observed the cured animals for many months, and in no instance has he noted a relapse.

Wassermann is very careful to insist on the fact that his discoveries should not be immediately applied to cancer in the human subject. This is obviously the only attitude to take, as mouse cancers are biologically different from human cancers, and some observers hold that they are not really cancers. However, whether or not Wasserman's discovery is ever applied to cancer in the human, it is of immense importance in demonstrating as a fact that a neoplasm may be made to undergo a specific destructive process by an agency introduced into the general circulation that is harmless to the normal body tissues.—*The American Journal of Surgery*.—March, 1912.

MOVABLE KIDNEY.

1. The kidney is not an abdominal organ.
2. The movable kidney produces in many cases great distress and the most diverse symptoms.

3. A movable kidney may exist without any other condition.
 4. Frequently a movable kidney co-exists with general abdominal ptosis and requires separate treatment.
 5. Movable kidney is often found with many other abnormal conditions of the system.
 6. The symptoms produced by the movable kidney can only be relieved by proper fixation.
 7. The proper fixation of a kidney will not relieve other independent abnormal conditions.
 8. The most careful differential diagnosis must be made in all cases.
- Many cases of loose kidney are due to a fall or a strain, especially in young women. Sometimes it seems due to severe labor. The symptoms gradually increase in severity, disturbances of digestion, flatulency, atony of the colon, etc., and as the kidney becomes looser, twisting occurs, nephritic colic develops. Such cases are promptly and permanently relieved by fixation.—Castens, in *Amer. Jour. Surg.*

SURGICAL SIDELIGHTS.

A pulsating tumor in the side may be an aneurism of the abdominal aorta although palpation fails to disclose its connection with the aorta.

Before performing esophagotomy for foreign body, make a final examination (radiographic or otherwise) to determine that the object has not slipped into the stomach.

Persistent dyspareunia, with no other ascertainable cause, may be found to lie in a chronic gonorrhoea of Skene's ducts.

Some apparently inoperable carcinomata of the cervix will yield remarkably to repeated cauterization with the actual cautery and zinc chloride.—*Amer. Jour. Surg.*

PROSTATIC SURGERY.

L. B. Wilson and B. F. McGrath, Rochester, Minn. (*Journal A. M. A.*, November 11), describe in detail the anatomy and physiology of the prostate gland and also its infections. They give the results of a study of 468 cases, seven of which were tuberculous. They question the probability of this being hereditary, though it may be the only organ of the body secondarily infected. The ordinary picture of acute prostatitis in the text-books, they say, is misleading, as it gives the symp-

toms of the severe parenchymatous form, whereas both the lighter forms, the catarrhal and the follicular, are much more frequent. Gonorrhœa is the most common cause of all the forms. As regards hypertrophy, all of their patients were over 50 years of age and the majority over 60. In more than half their cases there was definite evidence of prior chronic inflammation, thus agreeing with Albarran's views. The greater part of the bladder troubles of old people are due more to exacerbations of chronic prostatitis than to hypertrophy. They describe the stages as observed in hypertrophy in their cases without offering special suggestions as to its origin. Atrophy of the organ has multiple and quite different causes. As regards changes subsequent to castration, we must distinguish between those before and after puberty. In the former case there is an inhibition of growth not an atrophy. It is doubtful, they think, whether true atrophy ever results after castration in existing hypertrophy, though it can occur after operations. Associated with exhausting diseases it is found in connection with atrophy of all the body structures. Stricture is a common cause of mechanical atrophy of the organ, caused by the pressure of the stagnating urine. Senile atrophy is to be considered as prostatic atrophy in the narrower sense, since it can occur in advanced age without any cause as yet determined. The prostate may become apparently completely destroyed in suppurative conditions from gonorrhœa, tuberculosis, etc., but Frisch considers it incorrect to call this condition atrophy. Concretions are not so uncommon and are most numerous in the aged. They may set up no symptoms or may cause chronic inflammation and suppuration. In conclusion, the authors discuss the malignant growths in the prostate which occurred in seventy-nine of their cases. They think such growths are those most likely to escape observation, though usually one can be moderately certain by gross inspection. It has been their custom to make frozen sections and have them examined during the operations. Their object in this rather extensive study of the subject has been to stimulate interest on the part of physicians, many of whom seem to be almost or quite neglectful of its existence.

JULY MORTALITY WAS VERY HEAVY.

Incomplete figures from the Provincial Board of Health Office show a remarkable increase of mortality for July just passed over that of last year from communicable diseases. From undertakers' reports there were 1,524 deaths in July, and of these 182 were from communicable diseases, the number last year being 120.

GYNÆCOLOGY

UNDER THE CHARGE OF S. M. HAY, M.D., C.M., GYNAECOLOGIST TO THE
TORONTO WESTERN HOSPITAL.

CHORION-EPITHELIOMA OF FALLOPIAN TUBE.

Miles Phillips (*Journ. of Obst. and Gynaec. of Brit. Emp.*, December, 1911) reports an instructive instance of this disease, of which Risel collected 11 cases in 1905 (*Zeitschr. f. Geburts. u. Gynäk.*, vol. lvi). Phillips' patient was 28 years of age. She weaned her third child when it was 10 months old, and two months later the catamenia returned. She entered hospital at the end of five months on account of profuse, though regular, menstruation, with lumbar and abdominal pains, the latter occasionally acute. A tender mass could be defined on each side of the slightly enlarged uterus, the left being the larger. At the end of three weeks an acute attack of pain occurred and abdominal section was performed. The left Fallopian tube, converted into a cylindrical swelling $3\frac{1}{2}$ in. in length, was removed, blood issued from a minute opening on its posterior aspect near the uterus. A bleeding patch was noted on the peritoneum over the right side of the bladder; its significance was misunderstood at the time. The left ovary and the right appendages were normal. The left tube was healthy in its outer part, the ostium was patent. Its inner half was filled with a solid mass resembling organized clot; it proved to be a true chorion-epithelioma, and there were no chorionic villi nor fetal relics. The curette was applied to the uterus, but no decidual or chorion-epitheliomatous tissue could be found. Seven weeks later, as there was evidence of recurrence, a second operation was undertaken. The uterus, with the left ovary and the right appendages (perfectly healthy), were removed. A recurrent growth was excised from the left broad ligament, a nodule cut away from the wall of the bladder at the point where a bleeding patch had been noted at the first operation, and another dissected out of the vagina behind the neck of the bladder. A nodular mass, half the size of a fist, was found at the root of the mesentery; it could not be removed. It was apparently a collection of enlarged lymph glands. All the excised growths proved on microscopical examination to be chorion-epitheliomatous, but the uterus bore no such growths. Three years after the second operation the patient was in good health and free from any sign of recurrence. The clinical resemblance of the case to tubal abortion, when the first operation was performed, is remarkable, and the appearances of the tube

itself strengthened such a diagnosis. The microscope showed that the tumor was no fetal sac, but a highly malignant new growth. Thus care should be taken about structures resembling tubal sacs. The further history showed the necessity for speedy operation when the least indication of recurrence has appeared. Phillips reminds us that chorion-epithelioma of the tube has proved fatal in all but two cases. His own is probably the fourteenth on record.—*B. M. J.*, Jan. 27.

TUBAL GESTATION AND GONORRHOEA.

Ectopic pregnancy may or may not have been common in past days; it was certainly overlooked in a great many cases, yet undefined conditions which cause it now may have been absent then. Perhaps checks to impregnation must be taken into account. Anyhow, tubal gestation is very frequent now, as a glance into any treatise on gynaecology will show; still, its pathology, especially as to causation, is as yet not quite evident. Is it due to some change in woman's constitution which causes the "decidual reaction" in the tubal mucosa favoring implantation, noted by Clarence Webster? If so, does this change imply part of a degeneration which will ultimately extinguish the species, or is it a reversion to an older type, when the Fallopian tube was part of the uterine cornu?

Couvelaire, whose valuable *Etudes anatomiques sur les grossesses tubaires* was reviewed in the *Journal* of March 15th, 1902 (p. 661), rejected the theory that a previously pathological change in the tubal mucosaa is a necessary condition in tubal pregnancy. He disbelieved in Lawson Tait's "desquamative salpingitis," for he found that during the earlier stages of the implantation of the ovum there is no loss of epithelium, although later on it always degenerates. There are pathologists who still hold that the implantation is primary, and Couvelaire may be right, but now, as in 1902, the majority of observers feel almost certain that it is the result of a previous salpingitis. That disease, inflammation of the Fallopian tube, is usually of puerperal or gonorrhoeal origin. As puerperal infection is relatively acute, tending to destroy the mucosa and render tubal as well as uterine gestation impossible, it would not be surprising that the slower and more subtle invasion of the gonococcus should render the subject more liable to arrest of the ovum in a tube which is diseased, but not reduced to a sac full of pus.

Dr. Rabinowitz, writing on successive tubal pregnancies, including some in his own experience, has come to the conclusion that the most frequent cause of ectopic pregnancy is a previous salpingitis of gonorr-

hoeal origin. Ladinsky, a colleague of the writer at a Jewish hospital in New York, operated on about 150 cases of tubal pregnancy within sixteen years. Rabinowitz ascribes this "enormity of material" to the prevalence of gonorrhoea in immigrant women who join their husbands after the latter have sojourned in the West for several years. During this enforced celibacy they too frequently contract gonorrhoea.

Rabinowitz analyzes 147 cases of successive tubal pregnancy reported by competent observers, and finds several suggestive data in support of the gonorrhoeal theory. In 6.8 per cent. the patient had borne one or more children in the interval between the first and second ectopic pregnancy. As conception took place after a long period of relative sterility (a fact, by the way, already noted by Parry and the older observers), the mucosa of the generative tract had passed through sufficient time to regenerate; 5 per cent. conceived repeatedly during the interval between the two tubal pregnancies, but these intercalated uterine pregnancies all ended in miscarriage. According to Rabinowitz, this certainly noteworthy evidence implied that while the tubes were not sufficiently diseased to interfere with the passage of the ovum, the uterus had but partially returned to the normal state, and therefore conception did not go on to term. Lastly, 131, or 89.7 per cent., of the 147 cases passed through no uterine pregnancy between the first and second tubal gestations, thus proving conclusively, at least in the author's opinion, that the tubes were in a hopelessly pathological condition. The above clinical evidence is most suggestive, yet not absolutely convincing.—*British Med. Jour.*, Oct. 21st.

RELATION OF MENSTRUATION TO THE ONSET AND FREQUENCY OF EPILEPTIC SEIZURES.

In view of the popular idea that menstruation increases the frequency and severity of epileptic attacks, W. Alexander (*Med. Press*, Dec. 6, 1911, 600) has for twenty-three years kept the daily records of attacks observed at the epileptic homes at Maghull. His statistics show that the establishment of the monthly period has usually *no* definite relation to the frequency or severity of attack, and in the majority of female epileptics the seizures *do not* occur immediately before or after the menstrual period, nor is there usually any augmentation in their number or severity at these times. The statistics prove that menstruation has very little, if any, influence on the number of attacks, and if it has any influence that influence is directed rather toward the reduction of attacks than to their increase.—*Am. Jour. Obs. and Diseases of Women*, March, 1912.

UTERINE FIBROMATA.

S. J. Young (*Jour. Indiana State Med. Assn.*, 1911, iv. 505) says that the present status of opinion is that these tumors should be operated upon only when they produce symptoms. He believes that treatment should be based on potential pathology rather than on individual symptoms. Statistics teach that degenerations and complications are very common and widespread. From 12 to 15 per cent. of cases not operated on will probably die as a result of the tumors. Inasmuch as mortality from operation in favorable cases is very low, probably 1 to 3 per cent., we should make it a rule to advise operation unless contraindication exists, such as grave anemia, pelvic infection or pregnancy unless the tumor is liable to complicate delivery.

OBSTETRICS AND DISEASES OF CHILDREN

CERTAIN FRACTURES OF THE UPPER EXTREMITY
IN CHILDREN.

Haynes writes on this subject in the *Archives of Pediatrics*, May, 1911. The following is a summary of his paper:—*Clavicle*: The fractures are usually "greenstick," or, if complete, more apt to be transverse than in the adult. Retention of the shoulder during healing is best obtained by a padded figure-of-eight shoulder dressing and a broad sling passing beneath the elbow of the injured side, and tightly drawn over the sound shoulder. Adhesive plaster should not be employed. *Humerus*: Separation of the upper epiphysis.—The arm should be elevated in abduction until the shaft is brought into line with the upper fragment; the extremity is then fixed in this position of abduction by a plaster spica enveloping the chest and upper extremity as far as the wrist. Union takes place in three or four weeks. *Supracondyloid fractures*.—The commonest form is the "extension fracture," in which the line of fracture is oblique from above downward and forward; if the line of fracture runs from in front and above to downward and backward, the "flexion" variety results. In the "adduction" form the line of fracture is directed from the outside and above downward and inward. These fractures should be treated by moulds or splints embracing the shoulder and forearm with the elbow at the side. A weight should be suspended on the forearm close to the elbow, while the wrist is fixed by a narrow sling which keeps the forearm flexed at right angles to the arm. At night a weight and pulley should be employed. Where there is comminution of the lower fragment the author recommends that a plaster spica be applied embracing the chest and fixing the arm in the position of right-angled flexion to the arm. Before the plaster splint

is applied to the forearm two moleskin adhesive strips, 1 or 2 in. wide, are applied to the dorsal and ventral surfaces of the forearm, and reaching to the palm of the hand. While applying the splint to the forearm two narrow strips of thin board an inch wide are incorporated into the dorsal surface of the splint; these strips reach to the end of the fingers. When the plaster has set the ends of adhesive strips are attached to the ends of the wooden strips by strong rubber bands.—

PITUITRIN IN LABOR.

Josef Schiffmann (*Wien. klin. Woch.*, No. 43, 1911) gives the results of his experience of pituitrin as a means of exciting labor pains. The first case described was of a primipara 32 years of age. When seen the cervix admitted one finger, the head was fixed, and the membranes had ruptured. Two days later and again four days later a Colpeurynter was introduced, but no pains set in. On the fifth day the cervix was plugged without result. On the sixth day, since there were still no pains 0.7 c.cm. of pituitrin was injected subcutaneously. Strong pains began after fifteen minutes, and the child was delivered spontaneously an hour and a quarter afterwards. The next case was one of *ante-partum* haemorrhage with weak pains; 1 c.cm. of pituitrin was injected, and here also strong pains set in after fifteen minutes and the child was delivered after an hour, the placenta following immediately with little haemorrhage. In the third case also pituitrin caused the development of strong pains, although finally forceps were needed because of a secondary inertia after fourteen hours of strong pains. All these cases were of full-time pregnancies. A further series of fourteen cases is described, in which pituitrin was given for abortion. In three of them it had no effect in inducing the onset of pains so long as the cervix was closed, but after dilatation of the cervix pituitrin was effective in two out of three cases. In one case of weak pains the injection appeared to strengthen the pains. Out of seven cases in which abortion was already in progress and the cervical canal was patent, the injection was effective in four, ineffective in three, and it failed also in one case of severe haemorrhage with an undilated cervix. In some cases the author found repeated injections to be successful where a single one had failed. As a result of his experience he finds that pituitrin is exceedingly useful in full-time pregnancies as a means of inducing strong labor pains, especially where pains have already set in but have become weak or ceased. It is not suited for the induction of abortion. It may in some cases be useful in abortion after artificial dilatation of the cervix where introduction of the hand into the uterus is, for any reason, inadvisable.—*B. M. J.*, Feb. 10.

PERSONAL AND NEWS ITEMS

Ontario.

The deaths from consumption last year in the Province numbered 2,353, or 93 per 100,000 of the population. Thirty years ago the death rate from this disease was 123 per 100,000. There has been reduction during the past ten years.

The Welland County Hospital has decided to erect a new building for the care of consumptives, or make an addition for this purpose to the present hospital. Mr. B. Tucker, of Allanburg, has donated \$2,000, and the county and town will be asked to assist.

Infectious diseases in Toronto were as follows for July: Diphtheria, 65; scarlet fever, 65; measles, 4; tuberculosis, 48; whooping cough, 2; typhoid fever, 20. There were 917 births, the marriages 587, and the deaths totalled 552.

A rumor is current that H. G. Lackner, M.P.P., will shortly resign his seat in the Legislature to accept the shrievalty of Waterloo County.

Dr. R. W. Bell, the Ontario Health Inspector, has been making a visit to summer resorts, hotels, and boarding houses along the St. Lawrence River. He found a marked disregard of sanitary precautions in many of these, and has issued instructions that they must be cleaned up. His visit to the Muskoka district some time ago is bearing good fruit in preventing the pollution of the waters there.

A by-law has been passed by the City Council of Berlin forbidding the sale of quack medicines and other articles on city property. This action will prove the death-knell to fakers and patent medicine hawkers, who have attracted crowds on the civic square during the summer months for many years in this city.

Preparations are going steadily on for the Dickens Rainbow Bazar in aid of the Home for Incurable Children which is to be held in the Foresters' Hall, Toronto, on October 31st next. The Dickens Fellowship is endeavoring to raise \$2,000 to endow their cot in the Home for Incurable Children.

Following the example of physicians of other cities, and owing to the high cost of living, local medical men of Berlin and Waterloo have announced that fees for visits would be increased from \$1.50 to \$2.

At a meeting of the Board of Governors of the Western University it was decided on the recommendation of Prof. Hill, Director of the Institute of Public Health, to appoint to the staff of the institution Prof. Slack, of New York, as Professor of Chemistry, and Prof. Fiddler, of Hamilton, as Professor of Bacteriology and Pathology.

The City Council for Hamilton is having considerable trouble over the proposed Hospital for Sick Children. It appears that the plans call for an expenditure of \$40,000, and this has caused delay. Miss Lewis, who has collected \$12,500, has become annoyed at the many delays, and states that she may give the money to some other institution for the care of children.

Dr. A. C. Hendrick has returned from a three months' visit to the surgical clinics of Europe.

Dr. and Mrs. Velyien Henderson spent the summer with Professor and Mrs. Vander Smissen at their cottage on the Georgian Bay.

Major Charles A. Hodgetts, M.D., Secretary of the Commission of Conservation, has been made by His Majesty to be a Knight of Grace of the Order of St. John of Jerusalem.

Dr. A. T. Stanton, son of the late Thomas Stanton, who recently returned from the Malay Islands, where he was engaged in research work on tropical diseases in the interests of the British Medical Association, has been visiting in the vicinity of his old home at Newcastle.

Dr. Wm. Sloan, for fifteen years surgeon at the Central Prison, was presented with a Morris chair by his associates there. The occasion was his retirement from the position. The presentation was made by Dr. James Algie, successor to Dr. Sloan, and Mr. Isaac Webb, hospital and surgical assistant. Dr. J. T. Gilmour, Warden, in an address, briefly referred to Dr. Sloan's good work during his fifteen years there. Dr. Sloan will continue his private practice.

In the Toronto *Globe* the following appeared: "Imperfection is the condition of the material universe. Our school examiners found 385 normal children out of 2,239 examined, which suggests that 385 of the examinations were incomplete. If these cases were turned over to lung specialists, heart specialists, skin specialists, eye and ear specialists, gland specialists, and various other specialists, reasons would probably be found for classing them with the defective." Most people will be inclined to agree with the *Globe*.

Dr. Edith Beatty, Superintendent of Grace Hospital, Toronto, spent the month of August at Timmins, Ontario.

Dr. Hastings, M.H.O., Toronto, remains firm in his decision to compel fruit dealers to cover their fruit when offered for sale in the open.

The Hospital for Sick Children has secured a permit to erect a \$10,000 addition to its present buildings on College street.

Dr. R. W. Bell, medical inspector of the Provincial Board of Health, has returned from a tour of inspection at Honey Harbor and points at the southern end of the Georgian Bay. Sanitary arrangements were found to be none too good at a number of resorts. The channels were

polluted by sewage. Proprietors of the summer hotels found offending were instructed to have conditions improved before the season opened next year.

There were 55 fewer deaths recorded in Toronto in July, 1912, than in July of last year. The comparison is 461 to 516. Dr. Hastings states that when the difference in the population basis is considered, a very satisfactory decline in the death rate is indicated; this accounted for in part by the exceptionally hot weather in July, 1911. The decline in the death rate equals two and eight-tenths per thousand population. There were 27 deaths from tuberculosis last month, compared to 31 a year ago. The corresponding death rates per 100,000 population for the past four months as compared with the same period last year show 95 in 1912, against 118 in 1911.

Dr. Roberts, the Medical Health Officer, recently stated that the death rate in Hamilton from typhoid fever was ten in 10,000 for the year ending June 30. The death rate from consumption also showed a marked falling off, there being fewer deaths from it than in any year for the past sixteen. The death rate from all communicable diseases was 1.55 per thousand, as compared with 2.25 for the previous year. There were 61 cases of typhoid fever, of which 17 came from outside the city. Dr. Roberts said that not one case of typhoid fever in the past ten years can be traced to the water supply. There were 1,123 cases of communicable diseases as compared with 3,141 for the year previous.

Dr. D. J. Gibb Wishart, of Toronto, attended the International Otological Congress which convened in Boston on 12th August.

According to the statistics being compiled at the Parliament Buildings, the deaths last year from tuberculosis were fewer than for the past thirty years, with the exception of 1910, when there were 2,291 deaths. Deaths from consumption last year numbered 2,353, or 93 per 100,000 of the total. Deaths from all causes were 34,235, in which tuberculosis was the contributing cause of death in 6 per cent. of the total. Thirty years ago the deaths from consumption were 2,446, or 123 per 100,000, and about 10 per cent. of the total number of deaths for the year.

Dr. B. E. McKenzie spent an enjoyable and profitable summer abroad. He visited many noted orthopedic clinics.

Dr. Herbert Bruce has returned from trip to England.

Dr. R. J. Wilson, of Bloor street, Toronto, is again well and at work.

Dr. C. F. Moore has removed to 17 Isabella Street, Toronto, the residence formerly occupied by Dr. William Britton.

Dr. F. N. G. Starr returned from the Georgian Bay on 12th September.

Dr. William Britton will go West for the winter. He spent a lengthy holiday in Brantford.

Dr. J. N. E. Brown, so well known in Toronto in connection with his hospital work, has gone to Detroit to take charge of the General Hospital in that city. Dr. Brown's friends will wish him every success.

Mr. Dunn has offered to the people of Strathroy the residence of the late Mr. Manson, and a hospital board will be formed to manage the institution.

A site for the Detention Hospital in Toronto has not yet been definitely agreed upon.

The Canadian Public Health Association will meet in Toronto on 16th, 17th and 18th September. An excellent programme has been arranged.

A new wing has been opened in connection with the hospital in Owen Sound. It contains ten private wards, furnished by people in the town.

Dr. W. A. Kennedy, formerly House Surgeon in the General Hospital, Kingston, has been appointed Lecturer on Therapeutics at Queen's Medical College.

There were eight known cases of infantile paralysis in Niagara Falls on 16th August, and two deaths have been recoprted. All cases are under a mild quarantine pending the report of the Provincial health authorities from Toronto, who took charge of the situation.

Wellesley Hospital, Toronto, was opened on the 27th August by H.R.H. the Duke of Connaught. The hospital is for private patients and is open to any physician or surgeon in good standing.

W. T. B. Macdonald, of 469 Parliament Street, Toronto, had a very narrow escape from a serious accident on 27th August. His car was struck by a street car that had jumped the track. If the doctor's car had not struck a metal post it would have gone over the embankment into the Don River.

Dr. Geoffrey Boyd and family have returned from the Georgian Bay.

Dr. and Mrs. Colin Campbell have returned from a three months' trip abroad.

A careful investigation into the charges against the Toronto Asylum shows that there is no foundation for them. It is necessary to be firm with some of the patients. Discharged patients are sometimes disposed to make false complaints.

A filtration plant is urged for Kingston. Large cities are now finding the need for a pure water supply. In this case the Board of Health has taken action to compel the city council of Kingston to act, and will

report the matter to the Provincial Board if the council does not comply with the recommendation.

Dr. Bruce, who came to London from England last year to take charge of the Byron Sanitarium for Consumptives, has resigned his position as Medical Superintendent and will return to the old country.

Dr. R. H. Hopkin, corner Annette and Pacific, Toronto, has returned after a six weeks' trip to Southampton and Georgian Bay.

Dr. D. S. Hoig, one of Oshawa's oldest and best known physicians, coming in a motor car to visit his mother-in-law, was seriously hurt when he lost control of the automobile. He was unconscious for some time.

Dr. and Mrs. A. R. B. Williamson, of Kingston, announce the engagement of their sister, Florence Christina, to Dr. Ernest Herbert Young, assistant superintendent at Rockwood Hospital. The marriage will take place the second week in September.

A few days ago a new Nurses' Home, a gift in the will of the late Senator Fulford, was formally handed over to the General Hospital, of Brockville, by his son-in-law, Mr. A. C. Hardy. A maternity ward, erected and equipped by Mayor MacLean, another son-in-law of the deceased Senator, was also thrown open.

Dr. Roberts, of Hamilton, found that several patients with smallpox were not isolated, as their cases had been wrongly diagnosed as chicken pox.

Dr. Hastings, M.H.O., Toronto, paid a visit to the restaurants and candy booths on the Exhibition Grounds, and warned those where the premises were not clean.

The Hospital for Incurables in Toronto has a deficit of \$10,000. It is proposed that the city grant a substantial subsidy in aid of the institution. It might be well to increase the per diem grant for city poor patients.

Sir James Grant, M.D., of Ottawa, paid a visit to the west coast. He is now in his 81st year and in good health. He spoke on several occasions on the reduction in the death-rate from tuberculosis that is occurring in many countries.

Of recent months there have been a number of cases of infantile paralysis throughout the Niagara District. There were several fatal cases.

The Health Exhibit, which has been seen in so many parts of Ontario, was at the Exhibition. The Ontario Board of Health has done a good service to the province by this exhibit.

Dr. C. G. Sutherland, of South Porcupine, has been appointed medical superintendent of the Moose Jaw Hospital.

The Canadian Public Health Association will meet in Toronto September 16th, 17th and 18th.

Dr. D. J. Gibb Wishart, B.A., '82 (U.), M.D., C.M., of Toronto, has been appointed by the American Laryngological, Rhinological, and Otolological Society, Chairman of its Special Committee to investigate the teaching of Oto-Laryngology in the United States and Canada. Also Dr. Wishart has been given charge for the Province of Ontario of the Collective Investigation of Ozaena for the Fourth International Laryngo-Rhinological Congress, which meets in Copenhagen in August, 1915; and he has been appointed a Vice-President of Laryngology and Rhinology of the Seventeenth International Congress of Medicine, which meets in London in August, 1913.

Quebec.

A hospital to be entirely devoted to sick babies is being promoted in Montreal by several well-known doctors and public-spirited men. The hospital, which will have 200 beds, will admit only babies under two years of age. The death rate among infants in Montreal is the highest of any city on the continent, and a baby hospital is badly needed.

The Will of the late R. J. Wickeed, a well-known barrister, of Ottawa, retired, filed for probate here recently, leaves the entire estate of \$58,485 to McGill University. It is stipulated that the remains be cremated and deposited in a marble vase in the library of McGill University. His library of 2,000 volumes, scientific and hunting apparatus, furniture, etc., are to be distributed through the various rooms of the university.

Race suicide so often pointed to as a grave peril for France, is invisibly remote in French Canada. The Province of Quebec so abounds in large families that it is capable of supplying the deficiency of its mouth country. Indeed the late distinguished economist, Mr. Leroy Beaulieu, recently said: "Give us 10,000 French-Canadians and we will re-people France." In 1754 the last census under French regime, showed 55,000 French in Canada. This number has doubled every twenty-five years, says Eugene Rouillard, so that now they aggregate 3,300,000. Since the foundation of Quebec in 1608 there have been entered upon the parish registers, up to 1883, a total of 2,900,000 births, or 67.25 per one thousand population. French-Canadian families of eight and ten children are not uncommon. The average size of a family is five children.

Dr. D. A. Shirres, of Montreal, spent a few weeks with his family at the Algonquin, St. Andrews-by-the-Sea.

Dr. John Ibbotson, of Montreal, spent a pleasant holiday in New London, Conn., where his family was summering.

Dr. Herbert D. Hamilton, of Montreal, attended the International Otological Congress at Boston.

Goods valued at \$2,500, seized in police raids upon alleged cocaine dens in Montreal, were to-day identified by merchants from Victoriaville, Que., where a robber band, operating from a big automobile, recently made a series of spectacular hauls. Seven men and six women are under arrest.

During July no less than 805 children under five years of age died in Montreal. Of these, 716 were under one year of age. In July, 1911, there were 887 deaths of children under five years of age.

Dr. Maude Abbot of Montreal was the first Canadian woman to receive an honorary degree from a Canadian university for merit in scientific work. Dr. Abbott's first medical degree was received from Bishop's College. She is a graduate in arts of McGill. Her training includes years spent in medical work at the universities of Zurich and Vienna. She took the Edinburgh Triple Qualifications in 1897, and began medical practice in Montreal in 1896. She was appointed Assistant Curator of the Pathological Museum in 1899 and Curator in 1902. In 1911 she was given the status of lecturer and the degree of M.D.C.M. honoris causa. Dr. Abbott was born in the village of St. Andrews East, Quebec. Her grandfather, the rector of St. Andrews, was the uncle of the late Sir J. J. Abbott. Dr. Maude Abbott contributed a monograph to Dr. Osler's well-known "System of Medicine."

The Montreal Municipal Assistance Committee gave aid to persons suffering with tuberculosis, to the extent of \$5,172. There were 175 applications for assistance. There were 84 deaths.

On a visit to Eboulements, a village 75 miles below Quebec, an officer of the Provincial Health Department found eleven people walking at large with smallpox.

According to the new medical calendar issued by McGill University the medical course is now five years, instead of four as formerly. The change, it is believed, will give students a better and more complete course. Sessions run eight months, or from October 1st to May 1st.

Dr. W. T. Shirreff, of Ottawa, has reported that the typhoid fever epidemic is over, and that the water is now in a satisfactory condition.

Dr. Charles Noble, of Philadelphia, who was confined in the Asylum for the Insane at Verdun, was given his freedom by Judge Demers, who held that there was an irregularity in his commitment.

Dr. D. D. MacTaggart, the expert at the Montreal Morgue, and Professor of Anatomy at McGill, has been invited to attend the Inter-

national Congress of Medicine, which will take place at London in August of next year. Dr. MacTaggart has been asked to act as one of the council in the section of legal medicine, with Dr. Harvey Littlejohn, professor of medical jurisprudence at Edinburgh, and Dr. Glaister, professor of medical jurisprudence at Glasgow University.

Maritime Provinces.

Another prominent easterner, in the person of Dr. D. McLaughlin, has yielded to the lure of the West and decided to locate in Calgary. It was a great surprise to his many friends when it became known that the doctor had decided to give up his beautiful home in Charlottetown, where for many years he practised his profession and became widely known as one of the leading physicians of the province. In all civic matters, and especially in the matter of sanitation, the doctor took a very deep interest, and from his position on the aldermanic board and standing as a citizen did much to advance the physical and moral well being of the city. But family considerations prevailed and the doctor is now in the West. Dr. McLaughlin met with a good welcome in Calgary, where, no doubt, his talents and moral worth will be duly recognized and appreciated.

The Hotel Dieu at Chatham, N.B., has been completed.

A new hospital at Dartmouth, N.S., will be commenced at an early date. The cost will be about \$80,000.

An effort is to be made in Halifax by the Board of Health and the Victorian Order of Nurses to lessen the infant mortality of the city.

The hospital in St. John, N.B., has adopted regulations that permit each patient to be attended by the doctor of his or her choice. Formerly only members of the staff could attend.

The Legislature of New Brunswick has passed an act prohibiting expectorating on the sidewalks of cities and towns. The same act provides regulations for reporting contagious diseases, and the slaughter houses must be at least 300 yards from a road or dwelling.

The report of the Moncton hospital shows that 581 patients were admitted during the year, and that there had been 33 deaths.

The Board of Health for St. John, N.B., will proceed legally against those who do not keep their premises in a sanitary condition. This will apply to milk especially.

The Halifax Medical Association has been formed. Dr. Kirkpatrick has been made president, and Dr. McIntosh secretary.

The annual meeting of the Valley Medical Association was held at Digby, N.S. Dr. W. F. Read, of Digby, was elected president; vice-presidents, Drs. DeWitt, Morse, and Lovett; secretary-treasurer, Dr. Peters, of Annapolis. Much attention was paid to public health subjects.

Dr. W. W. Doherty, of Campbellton, N.B., was acquitted recently on a charge of murder. During an argument at the time of the Dominion elections, it was alleged that Dr. Doherty had run the point of his umbrella into the eye of the party he was with, causing the death of the person. Dr. Doherty was brought to trial and acquitted. His many friends were pleased with the vindication accorded the doctor.

Many Syrians affected with trachoma have found entrance into the country by way of St. John's, Newfoundland.

Western Provinces.

Mrs. Arthur Murphy, of Edmonton (Janey Cannuck), is urging more hospital accommodation for the Western cities and towns. She states that those living in the older provinces do not realize how urgent the need for more hospital accommodation is in the West.

Arrangements have been made by the St. John's Ambulance Association and the Victorian Order of Nurses to have a well equipped hospital on the exhibition grounds of Vancouver during the fair week.

In Kootenay Lake General Hospital, B.C., there has been serious trouble with the nurses. Eleven pupil nurses were dismissed and another resigned, leaving only six nurses in the institution.

No fewer than 104 children under the age of one year have died in the City of Vancouver during the first thirteen days of August.

The report of the General Hospital, Calgary, for the month of July, which has just been issued, shows an increase of about 50 per cent. in the number of patients admitted during July of this year, as compared with the same month in 1911. During 1912, 384 were admitted as against 252 in 1911. The number of patients remaining on August 1st, this year, was 182 as compared with 118 in 1911. The average length of each case to remain for treatment was 12 days, the same length as a year ago. The expenses for the month were \$7,777.

There was a serious epidemic of typhoid fever in Calgary recently, and Dr. A. S. Estey, M.H.O., had much difficulty in tracing the cause and controlling the disease. The water supply was really at fault. Dr. Estey was subjected to a good deal of harsh and numeritted criticism. The Health Board adopted a regulation that all doctors who did not report cases would be fined. The houses were also placarded.

After an inspection trip which has taken him all over the Province of Alberta, and through every hospital receiving a Government grant,

Dr. Laidlaw, of Edmonton, Provincial Health Officer, stated on Friday morning that Calgary has the best hospitals he has been in for some time, and that hospital patients in this city were much better off than those in other cities. In this respect, Dr. Laidlaw remarked particularly on the Holy Cross Hospital, stating that it was everything that could be desired and could not be improved on in any way.

Mayor Waugh, of Winnipeg, has taken issue with Dr. Simpson, chairman of the Provincial Board of Health for Manitoba, who has condemned Winnipeg's water supply. Mayor Waugh said that next year and before it was required fifteen million gallons additional supply would be available at Poplar Springs for an expenditure of \$1,250,000. A suitable supply from Winnipeg River would cost six times in rates what the present supply does.

Dr. A. S. Estey, Medical Health Officer of Calgary, tendered his resignation recently to the Mayor. His action comes as the climax to the general outcry on the part of the press and public against conditions obtaining for some time in the matter of public health.

Dr. Robert Mackenzie, who has charge of the hospital service on the Canadian Northern in British Columbia, has returned from an inspection of the hospitals on the Vancouver Island lines.

Calgary is having an epidemic of typhoid fever. The city has no filtration plant, and the river has, no doubt become infected.

Dr. Underhill, the Medical Health Officer for Vancouver City, has been urging the need for proper care over back yards and lanes. He declares that these are usually in a very bad condition.

Dr. Revell, of Edmonton, has been making an effort to induce the city and the Alberta Government to combine on the maintenance of a good laboratory.

H.R.H. the Duke of Connaught will open the new hospital at Kamloops, B.C., on 1st September.

The Vancouver General Hospital has had a rather stringent condition of its finances, which has been the cause for some complaints. It is fully believed that these will soon be overcome. A hospital doing such good work should be liberally supported.

The medical inspection of the school children in Victoria has shown the need of it. Out of 1,185 there were found 54 with defective vision, 111 had poor teeth, and 38 had difficulty in breathing.

Ashcroft, B.C., will have a hospital. A site has been secured and a considerable sum of money raised towards the building fund.

The sum of \$40,000 will be expended on a hospital for North Battlefield, Sask.

The hospital in New Westminster, B.C., will contain 300 beds.

The report of the General Hospital in Calgary shows that the work done this year has been double what it was last year.

In Alberni, B.C., there is to be a new hospital. The cost is estimated at about \$17,000. The government is giving \$10,000, and the people in the locality providing \$7,000.

Dr. Campbell Davidson is in charge of the construction hospital at Faulder, B.C.

The Misericordia Hospital in Edmonton is to be enlarged, as the demands for accommodation is constantly increasing. The Sisters of Misericordia have the work in hand.

A hospital is in contemplation at Wynyard, Sask., as lying between Yorkton and Saskatoon.

The local branch of the Daughters of the Empire have purchased a property in Orangeville for a hospital.

Dr. A. A. Weagant, of Ottawa; T. E. Kaisie, of Oshawa, and H. R. Casgrain, of Windsor, have been made members of the Ontario Board of Health.

A hospital building is to be erected in Peterborough, near the Nicholls Hospital, with accommodation for forty-five patients.

From Abroad.

Dr. Gorman Leguia Martinez has become Premier in the new Cabinet for Peru.

An interesting feature of the recent Eugenics Congress in London was a paper by Major Leonard Darwin, a son of Charles Darwin, the famous naturalist and author of "The Origin of Species." He discussed the bearing of eugenics on the destiny of nations.

An epidemic of infantile paralysis has developed at Buffalo, N.Y., and Los Angeles, Cal., according to reports received by the Public Health and Marine Hospital Service, there being 86 cases in Buffalo and 128 cases in Los Angeles. Investigations are being conducted by Dr. Frost, of the Public Health Service, Washington.

A curious occupation has sprung up in Paris. Several doctors have received a circular from a newly-formed agency, which offers to find patients for them. The fees are rather high. They vary from \$20 to \$100. On receipt of the fee the doctor is assured a list of 20 consumptives, 20 epileptics, 20 people suffering from cancer and so forth. He is then at liberty to call and offer his services. The agency's circular declares that the list of patients are compiled from absolutely certain sources and that the money will be returned if there are more than three mistakes in each list. This is rather a grim proviso.

The Lister memorial will take the form of a monument in Westminster Abbey and either the institution of a great prize in surgery, international in character and scope, or the foundation of fellowships in research at recognized scientific centres in England or abroad.

Tacked to a bill providing pensions for children until they are more than 15 years old is a clause providing for the payment of a bonus of \$25 for every child born in Australia, and the parentage will not be enquired into.

Dr. R. E. Doolittle has succeeded Dr. Harvey Wiley as chief pure food expert for the United States.

The habit drinking liquor impregnated with absinthe, or wormwood, is becoming alarmingly prevalent in France. The drink bill amounts annually to \$10,000,000, and the revenue from the sale to the municipalities amounts to \$5,000,000. It is responsible for much crime and poverty. It is held, however, that the habit has such a firm hold upon so many that it would be impossible to curtail the use of liquors containing absinthe. The hopes to improve matters by insisting on a pure supply of the drug.

Two bullets that William E. Slawson, of East St. Louis, fired into his brain while demented, instead of causing his death, had a beneficial effect, removing a blood clot that was causing insanity.

Sir James Barr, the president of the British Medical Association, in his annual address to that famous medical body was plainspoken in his denunciation of the doctrine of bringing into the world a lot of children regardless of the fitness of the parents. Sir James expressed regret that physicians had often joined forces with self-constituted moralists in denouncing the falling birth-rate and calling for quantity in the matter of children regardless of quality.

Dr. William Maule Smith read a paper at the meeting of the British Medical Association in which he advocated injections into the insane of substances obtained from a healthy brain, as a means of treating the insane. This treatment caused the delusions to disappear.

The local Government Board recently in Liverpool reported a case of bubonic plague. It was that of a seven-year-old boy. The child was supposed to be suffering from appendicitis, but an operation disclosed symptoms of the plague. Precautions were taken by the authorities to prevent the disease from spreading.

The Austrian State Radium Institution has now put aqueous solutions of radium emanation on the market for inhalation, drinking or baths. The price of the bottles of radium water, as it is called, varies from 6d for a small bottle containing ten thousand units, to 5s for a large bottle of three hundred thousand units. The bottles bear a stamp of the

date of issue, and as the strength of the emanation diminishes by 50 per cent. in four days immediate use is recommended.

Five hundred physicians, specialists in ear diseases, college professors and scientists attended the opening session of the ninth annual international congress of otologists in Boston on 12th August. Plans to advise means of the abolition of loud and unnecessary noise, particularly in large cities, is an important matter before the ear experts.

At a conference of city, state and federal health officers in Buffalo, at which reports showed 100 cases of infantile paralysis in the city, it was decided to establish a mild quarantine on all houses where the disease has developed. Seven deaths have occurred in the last four weeks. Dr. Frost, of the Public Health and Marine Hospital Service, is making a close study of the situation.

The medical college in connection with Trinity College, Dublin, a short time ago celebrated the anniversary of its two hundred years of existence and useful work. The function was attended by delegates from all over the world.

The successful candidates in the recent election for the Council of the Royal College of Surgeons, England, are: Sir Frederic Eve, Sir Anthony Bowlby, Mr. D'Arcy Power, and Sir B. G. A. Moynihan.

The 36,070,492 of a population in England and Wales shows an excess of females over males of 1,179,276. This is due mainly to males emigrating.

The recent Eugenic Congress emphasized the fact that quality is more important than quantity. A high birth-rate is not in itself an evidence of an upward tendency in national life.

Mr. E. Stanmore Bishop, of Manchester, who was a distinguished gynaecologist, died in his 65th year recently.

Recently there have been a number of cases of the plague about the city of San Juan, Porto Rico.

Tropical medicine is doing good work in many places, as seen by the results of the regulations of Dr. Gorgas in the canal zone, and the care given to sanitation in Gambia, Nigeria, the Gold Coast, and Sierra Leone by British medical men.

France is trying to increase the birth rate by remitting three months rent in tenements to the working classes, after the birth of a child. Dispensaries will be established for the care of babies.

A definite effort is being made to bring about a federation of the branches of the British Medical Association throughout Australia.

There will be a tuberculosis dispensary in Sydney, N.S.W., and the government will give £500 towards its maintenance.

Dr. Clock has found that a tablet of bacillus lactis bulgariens given after feeding, has been very beneficial in children with faulty digestion.

By a vigorous effort at co-operation among the charities in New York a splendid work is being done in the way of reducing infant mortality. The general infant mortality for the three hot months was 23.3 per 1,000. Among those fed from milk from the stations it was 15.4.

Dr. J. Maberly, of Cape Town, strongly advocates tincture taken internally as an antidote to carbolic acid poisoning. He reports some cases successfully treated in this way. A few doses usually effect a cure. He gives about half dram doses to a child.

The work of medical research and the study of tropical diseases have done much to aid colonization. Many places are being rendered sanitary and the death-rate very greatly reduced.

The recent meeting of the British Medical Association was unique in several respects. One was the remarkable address of the president, Sir James Barr, and the other was the stand taken against the National Insurance Act.

Professor W. S. Greenfield, who has held the chair of Pathology in the University of Edinburgh since 1881, has just resigned his position. He was a successful and distinguished teacher.

The fourth annual meeting of the American Society of Clinical Research will meet at the New York Academy of Medicine on 9th November.

The American Hospital Association will meet in the Hotel Ponchartrain, Detroit, on 24th September. Dr. J. N. E. Brown, of Toronto, is the secretary. This association has done work for better hospital management.

The Royal Society and the Royal College of Surgeons, of London, have appointed a committee to arrange for a memorial to the late Lord Lister. The hope has been expressed that the memorial may be on the lines of the Pasteur Institute in Paris, which commemorates the career of the physician who is most frequently compared to Lister. There should be a hearty response from all parts of the civilized world to any appeal made in the name of one of the world's greatest benefactors.

Mrs. Hosanna Malignan, a young Armenian woman, of Brockton, Mass., is reputed to be the youngest regularly licensed physician in the United States. She was graduated from the Boston University School of Medicine in 1911, with the degree of M.D., with honors, being the first woman student in the history of the university to be thus distinguished. The year before she had taken the degree of M.B. at the same institution. She is twenty-one years of age.

Dr. Gaston Odin, of Paris, has issued a statement that he has discovered the microbe of cancer, and has succeeded in cultivating it. He claims that he will soon be able to prepare a vaccine that will cure or greatly control the disease. The presence of the germ is a certain aid in diagnosis.

The American Medicine Gold Medal for 1912 has been awarded Dr. W. C. Gorgas for his splendid work in connection with sanitation of the Canal Zone.

Germany's increase of population has been caused chiefly by the excess of the birth rate over the death rate. Now comes an official announcement that there has been an unmistakable decline in the birth rate, which will, if it cannot be checked or counteracted, bring the population into a condition of equilibrium. In 1876 the rate was 42.6 per thousand; in 1890 it was 38.3; it fell to 33.2 in 1907, and to 30.7 in 1910.

Investigations carried on by the Harvard Medical School have shown that dust, old houses, insanitary conditions, and the bite of flies are the main causes for the spread of infantile paralysis.

Germany is notoriously the land of sanitarium. There are all sorts of institutions in that country for the cure of every sort of ill to which flesh is heir, and by every sort of method of treatment that the wit of man has been able to devise.

Arthur Trehern Norton, consulting surgeon to St. Mary's Hospital, died on 4th August at the age of 71. He held, at some time or other, many important surgical appointments.

According to the statistics gathered by a French deputy, concerning the prevalence of consumption in European armies, the rate of tubercular cases per thousand from 1903 to 1907 work out as follows: Italy 1.73, Bavaria 1.89, Germany 1.91, England 2.50, Russia 3.64, Austria 3.72, Belgium 4.60, Roumania 4.91, France 6.72, Spain 7.32.

OBITUARY

J. W. COLLVER.

The death occurred at his residence, Wellandport, 19th August, of Dr. J. W. Collver at the advanced age of 82 years. He had been in poor health for only six months. Dr. Collver had practised medicine at Wellandport for upwards of half a century, and was greatly respected and honored. He leaves a wife and five children. He was an adherent of the Presbyterian Church.

AMBROSE F. LEPPER.

Dr. Lepper, formerly of Toronto, but who has been for some time in hospital work at Bella Bella, B.C., under the auspices of the Methodist Church for the relief of Indians, died on 31st July. Dr. Lepper had intended a year ago to go to China as a medical missionary, but the unsettled condition of that country caused him to postpone his journey. He then accepted the position of assistant physician in the hospital located in the Salmon region. There was an epidemic of quinsy, and Dr. Lepper fell a victim to the disease. He was a young man of fine ability and sterling character.

S. H. POPE.

Dr. S. H. Pope, aged ninety, and for a half a century a practising physician in the district around Bothwell, was found lying dead on the roadway in front of a local resident 31st July. Dr. Pope, who was quite vigorous, was in the habit of coming into the town from his residence in West Bothwell, and walking about during the day. He was in as usual on the day of his death, and his son, noticing that he was not feeling well when he started home, asked a party to go after him and drive him home, but he found the doctor lying dead in the road. He leaves two daughters, Mrs. Geo. Moore, of Bothwell; Mrs. S. Mason, in California, and four sons, Frank, William, and Dr. George Pope, of Bothwell, and Dr. Roy Pope, of Niantic, Ill.

DAVID ROBERTSON.

Word has been received announcing the death, 9th August, of Dr. David Robertson, of Milton, Ont., at Nelson, B.C., where he was visiting his daughter, Mrs. Alfred Higginbotham. Dr. Robertson was 71 years of age, and was a native of the County of Halton. He received his earlier education at the Milton Public School, and graduated in medicine from McGill University. He practised his profession in Milton for over 30 years, and for several years he was Mayor of the town. He was elected to the Provincial Legislature in 1878, but was defeated several years later. In 1898 he was appointed Registrar of the County of Halton by the Government. He was an influential member of the Presbyterian Church, and his son, Dr. Edgar Robertson, is a medical missionary in China. He is survived by a widow, three daughters, Mrs. S. McCannell, of Milton; Mrs. Alfred Higginbotham, of Nelson, B.C.; Mrs. Dr. C. W. Field, of Kamloops, B.C.; and a son, Dr. Edgar Robertson, of China.

ROLAND DEVLIN.

Dr. Roland Devlin, of Montreal, met his death at the hands of a person who was insane, and was being deported. Sheppard had in his possession a revolver with which he shot dead Fred McKenna, of Hamilton, and mortally wounded Dr. Devlin. The shooting occurred in the Turkish Bath Hotel.

DANIEL MEAGHER.

Late on Saturday afternoon, 10th August, Dr. Daniel Meagher, of Montreal, who had been spending the week with relatives in Kingston, was found dead in the residence of Mr. Charles Brophy, of Wellington Street, with whom he had been staying. He arrived in Kingston last Wednesday to see his sister, Rev. Sister Mary, of the House of Providence. The doctor also visited the Brophy family at their summer house resort, Brophy's Point, Wolf Island. He returned to the city and went to the Brophy residence to spend the night alone. On Saturday afternoon Mr. Brophy called at the house and found Dr. Meagher dead on the stairway. Dr. A. E. Ross, the coroner, was called, and he pronounced death due to heart trouble. Dr. Meagher was about 68 years of age. He was formerly of Kingston, having graduated at Queen's Medical College in 1867. For many years he was a resident of Montreal. He was buried in St. Mary's Cemetery in Kingston.

C. E. VAILLANCOURT.

Dr. Vallancourt died on 7th June, at his home in S. Anselme, Que., in his 65th year. He was a well-known practitioner. He was at one time Mayor of the town, and was a member of Parliament for Dorchester County from 1892-6. He leaves his widow, five sons, and two daughters.

A. F. MAVITY.

Dr. Mavity was a graduate of Queen's, Kingston, where he practised for a number of years. For the past 18 years he has resided in Detroit.

F. R. BRANSCOMBE.

Dr. Branscombe was a native of Corn Hill, N.B., and had just completed his medical studies when he died a few days before the diplomas were conferred. He was studying in Burlington, Vermont, when his fatal illness overtook him. He was a most promising young man.

DR. PATTERSON.

Dr. Patterson was formerly connected with Thunder Bay Sanitarium at Port Arthur. He died very suddenly at Iron River, Wis.

W. J. JOHNSTON.

Dr. Johnston died at Merrickville. He graduated from Queen's in 1891.

BOOK REVIEWS

ST. MARY'S HOSPITAL (MAYO CLINIC), 1911.

Collected Papers by the Staff of St. Mary's Hospital (Mayo Clinic), for 1911. Octavo of 603 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Sole Canadian Agents The J. F. Hartz Co., Ltd., Toronto. Cloth, \$5.50 net.

This volume is an imposing one, both as to size and contents. There are twenty-three contributors to its papers, including the Mayo Brothers. The papers cover a wide range of surgical work, and classified under the headings of Alimentary Canal, Herina, Genito-Urinary, Ductless Glands, Thorax and Extremities, General Papers, and In Memoriam. Though much of the writing in this volume is from other hands than those of Drs. W. J. and Charles Mayo, yet the teaching is such as finds favor at Rochester, Minn. The surgeon may turn to these papers with a feeling of confidence that he will find sound operative methods and reliable views on surgical science. The two sections of the book to which most of the papers belong are the Alimentary Canal and Genito-Urinary diseases. The work is illustrated in a superb manner. Photography has now taken the place of much of the old style of drawing. The paper is of a specially heavy and highly finished quality. The binding is excellent. On the whole the contributors to this volume, and the publishers

are to be congratulated upon the results of their efforts to place in the hands of the medical profession much new and original work. We can only recommend the volume, feeling sure that it will not disappoint those who consult its pages.

INFANT FEEDING.

Infant Feeding. By Clifford G. Grulee, A.M., M.D., Assistant Professor of Pediatrics at Rush Medical College, Attending Pediatrician to Cook County Hospital. Octavo of 295 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Sole Canadian Agents The J. F. Hartz Co., Ltd., Toronto. Cloth, \$3.00 net.

In the preface of this volume the author states that he has endeavored "to bring our knowledge of the scientific processes which underlie infant feeding up to the present, and to put forth the practical application of these principles in such a way that they can be grasped by one or more familiar with the subject than the practising physician." Here are two distinct aims. The first is to give a book up-to-date, and the second is to write it in plain and concise form. We do not hesitate to state that the author has succeeded well in accomplishing these objects. We can, therefore, very heartily recommend the book. In the first place the subject of the "fundamental principles of infants' nutrition" is discussed. The next section is devoted to the "nourishment of the infant on the breast." This is followed by "artificial feeding." The last section of the book deals with "nutrition in other conditions." The book will prove most helpful to those who peruse its pages. The advice given under the various headings is well balanced and judicious. We like this book very much, and feel sure that others who read it will come to the same conclusion. The three words that describe this book are sound, brief, clear.

SURGICAL AFTER-TREATMENT.

Surgical After-Treatment. By L. R. G. Crandon, M.D., Assistant in Surgery at Harvard Medical School, and Albert Ehrenfried, M.D., Assistant in Anatomy at Harvard Medical School. Second edition, practically rewritten. Octavo of 831 pages, with 264 original illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Sole Canadian Agents, The J. F. Hartz Co., Ltd., Toronto. Cloth, \$6.00 net; half morocco, \$7.50 net.

This is "a manual of the conduct of surgical convalescence." It is intended to assist the surgeon in the management of his cases during the period that follows operation. Every surgeon will admit that this is a very important period in the care of his patients, and often a very difficult one. Every possible phase of the subject is fully and carefully con-

sidered. The work has undergone a thorough revision in this edition. The book now comes to hand as a complete guide to the surgeon and his assistant. There is no point that may arise that does not find a place in the book. Turn to the index and then to the proper page. From the information thus gained the bedside of the patient can be approached with greatly increased confidence. It is in the details of post-operative care that this work is specially useful, and it is on the proper carrying out of these that so much depends. The authors have a purpose in this book, and it is for the surgeon to carry that purpose into effect for the comfort of his patients and the hastening of a successful recovery. Our best word for the efforts of the publishers in producing so handsome a volume.

SEXUAL IMPOTENCE.

Sexual Impotence. By Victor G. Vecki, M.D., Consulting Genito-Urinary Surgeon to the Mount Zion Hospital, San Francisco. Fourth edition, enlarged. 12mo. of 394 pages. Philadelphia and London: W. B. Saunders Company, 1912. Sole Canadian Agents, The J. F. Hartz Co., Ltd., Toronto. Cloth, \$2.25 net.

This book has now reached its fourth edition, which speaks well for it, and shows that it has been a favorite with many. In this volume we have anatomy, physiology, etiology, forms of impotence, diagnosis, prognosis, prophylaxis, and treatment considered. Much that has been written upon this topic is neither useful nor decent. Not so with this book. The aim of the author is high. He keeps his work on sound scientific ground throughout, and produces a very valuable volume. The medical profession will welcome this new edition.

INTERNATIONAL CLINICS.

A quarterly of Illustrated Clinical Lectures and especially prepared original articles on treatment, medicine, surgery, neurology, paediatrics, obstetrics, gynaecology, orthopaedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners. Edited by Henry W. Cattell, M.D., Philadelphia. Vol. II. Twenty-second series, 1912. J. B. Lippincott Company, Philadelphia and London. Canadian Agent, Charles Roberts, 608 Lindsay Building, Montreal.

These volumes have been appearing for twenty-two years, and are steadily growing in favor as they are in merit. Able articles from the most experienced clinicians are placed at the disposal of the medical profession the most reliable information obtainable on the various branches of the healing art. The present volume maintains the high standard of those that have already appeared. In this volume there is a most timely symposium on anaesthesia. This merits special mention, as it deals with

the subject in general, and then with the various forms of anaesthesia, as that produced by ether, chloroform, nitrous oxide, and the various forms of local anaesthesia. This volume on other subjects will be found to contain interesting and useful matter. The publishers are sparing no pains to do their part well.

HASHEESH.

An Essay on Hasheesh, including observations and experiments by Victor Robinson, contributing editor, *Medical Review of Reviews*, Pharmaceutical Chemist, Columbia University, member of the American Chemical Society, author of "Pathfinders in Medicine." *Medical Review of Reviews*, 206 Broadway, New York, 1912. Price, 50 cents.

What Indian hemp, *cannabis sativa*, can do this little volume tells in charming language. The author has gone into his subject with energy and skill. What he has to say about Hasheesh cannot fail to interest every one who reads these pages. It is as charming as to read the pages of "Confessions of an Opium Eater." This little book is a genuine gem. Get it and read it.

THE DIAGNOSIS OF NERVOUS DISEASES.

By Purves Stewart, M.A., M.D., F.R.C.P., Physician to Out-patients at the Westminster Hospital; Joint Lecturer on Medicine, Westminster; Physician, West End Hospital for Nervous Diseases. Third edition, revised and enlarged, 477 pages, 224 illustrations, \$4.75. London: Edward Arnold. Toronto: D. T. McAinsh & Co.

This is the third edition of Dr. Stewart's book on "The Diagnosis of Nervous Diseases." It is but a short time since the first edition appeared, and in 1908, the second edition was issued. This edition has been thoroughly revised and considerably enlarged. The book deals with diagnosis only, and discusses groups of symptoms, rather than given diseases. It is for this reason that the author has chosen such headings as "Fit and Other Convulsive Phenomena," "Reflexes," "The Disorders of Sleep," "Paralyses of the Upper and Lower Neurones," "Abnormalities of Sensation," etc. This has the advantage of giving a coherent method in the teachings on diseases affecting the nervous system. When one turns to the chapter on "Fits," the scheme is laid down first of fits arising from the brain and those of cerebellar origin. The former are divided into two groups, the hysterical and the epileptiform. Under the hysterical we find hysteria major, catalepsy, hysteria minor, and post-epileptic hysterical attacks. The epileptiform group contains epilepsy, major and minor, toxic conditions, as asphyxia, uræmia, puerperal eclampsia, alcohol, lead, absinthe, etc., Jacksonian fits, infantile convulsions, Stokes-

Adams disease, etc. This method has the effect of bringing like conditions together, at least so far as the symptoms are concerned. We have examined this book with much care and feel that it should fill a distinct place among the many works on diagnosis. It has often appeared to us that a thorough knowledge of the semeiology of the nervous system is at the very foundation of a clear conception of all diagnosis. It is to be regretted that the medical profession does not give more attention to the study of nervous diseases. This may be due to the impression that it is a very difficult subject on the one hand and so useful as some others. This is a mistake. There is no subject in the whole range of medicine that will yield more fruits than the study of nervous diseases. This book of Dr. Stewart's goes far towards clearing away obscurity and making the study interesting. The book is got up in very attractive form.

PHARMACOLOGY AND THERAPEUTICS.

For Students and Practitioners of Medicine by Horatio C. Wood, Jr., M.D., Professor of Pharmacology and Therapeutics in the Medico-Chirurgical College; Physician to the Medico-Chirurgical College Hospital; Second Vice-Chairman of the Committee of Revision of the U. S. Pharmacopœia. Philadelphia and London: J. B. Lippincott Company.

In the preface the author states that "twenty years ago this department of medical knowledge has a jumble of isolated facts; to-day it is an orderly science." It is to set forth the knowledge that justifies this statement that the author has essayed to lay before the medical profession this excellent work. The first chapter deals with general topics, as definitions, weights, mode of administration, etc. The second chapter discusses drugs that act on the secretions. The third deals with those that influence the nervous system. Then we have chapters taking up drugs that act on the circulation, the alimentary canal, etc. There is a very interesting chapter on drugs that act on the causes of disease. Drugs that act in an extraneous manner, or in a mechanical or chemical way, are not overlooked. After a very careful examination of the contents of this book we are constrained to speak well of it. It will prove very helpful to all who possess a copy. There is much in it of a valuable character, and the arrangement is excellent. Many will be able to recall the splendid text-book on materia medica and therapeutics by Dr. H. C. Wood, Sr., a work which was a favorite with many a generation of students. Dr. Wood, Jr., has retained the same clear method of laying before his readers that which was so conspicuous in the work just referred to. We feel sure that there is a long future of usefulness before this work. No doubt future editions will be called for, and we wish every

success to the author and his work on therapeutics. The publishers have done their part well. The paper, typography and binding are such as would stand the criticism of the most exacting.

INFANTILE PARALYSIS.

The Treatment of Infantile Paralysis, by Okar Vulpius, M.D., Professor Extraordinary at the University of Heidelberg, translated by Alan H. Todd, M.B., B.S., B.Sc., Hous Surgeon, Guy's Hospital, late Resident Surgical Officer, Royal National Orthopaedic Hospital, with introduction by J. Jackson Clarke, M.B., F.R.C.S. London: Bailliere, Tindall and Company, 8 Henrietta Street, Covent Garden, 1912. Price, 10s. 6d. net.

This disease has attracted much attention of late years. The present volume lays before the reader a vast amount of material for thought, and brings the subject up to date in every way. From start to finish of the book there rings all the way through the practical note of one who has seen many cases and who has given much time and thought to treatment. The treatment best suited to each stage is set forth in the fullest manner. It is illustrated very fully and the cuts are of a most useful character. We wish to specially invite the attention of the medical profession to this work. Mr. Clarke, in his introduction, speaks of the wealth of clinical experience revealed by its pages, and states "the broad and scholarly spirit in which the author has conceived and performed his task renders the work almost as interesting to the physician as it is to the surgeon." The book is beautifully got up.

PROGRESSIVE MEDICINE.

A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by H. A. Hare, M.D., assisted by L. F. Appleman, M.D., Vol. II., June, 1912. Lea and Fibiger, Philadelphia and New York., 1912. Price, \$6 in paper per year.

This volume deals with hernia, surgery of the abdomen, gynaecology, diseases of the blood, diathetic and metabolic diseases, diseases of the spleen, thyroid gland, nutrition and the lymphatic system, and ophthalmology. The contributors are W. B. Coley, M.D., J. C. A. Gerster, M.D., John G. Glark, M.D., Alfred Stengel, M.D., and Edward Jackson. The contents of this volume are of the very best character and the illustrations are excellent. We can recommend this series as a unique success.

MISCELLANEOUS MEDICAL NEWS

LIFE INSURANCE AND TOTAL ABSTINENCE.

The report of the Scepter Life Association contains an instructive comparison between the mortality of its abstaining and non-abstaining policyholders. In 1911, in the general section, the mortality was 77.78 per cent. of the expected; that is, there were 105 out of 135 expected deaths. In the temperance section the mortality was only 51.11 per cent. of the expected deaths, or sixty-nine out of 135. For the last twenty-eight years the percentage of actual to expected deaths has been in the general section, 79.7; in the temperance section, 52.45. It is to be noted that both classes of policyholders are of the same social status, engaged in the same occupations and have both passed the same medical examination. It is possible that some of the non-abstainers may shorten their lives by giving way to drink, but they can only be a small proportion. The examining physicians are alert and would not pass any one of intemperate habits. Moreover, the proposer must make a declaration of sobriety. The conclusion is therefore drawn that total abstinence tends to longevity. As usual, in such reports, no attempt is made to exclude an important source of fallacy. Persons who adopt total abstinence are more careful in all their ways of life than the average citizen. They are more thrifty, pay more attention to hygiene, etc. These factors must play some part in their longevity, yet to abstinence from alcohol is given all the credit.—*Jour. A M. A.*

ADELCHI NEGRI, M.D.

Dr. Adelchi Negri, who died of phthisis on February 19 in Pavia, Italy, was born at Perugia, Italy, in 1876. He began the study of medicine in 1895 at the Royal University of Pavia, where, as a pupil of Golgi, he became particularly interested in general pathology. After his graduation in 1900, he continued as an assistant at the pathologic institute. Here during the brief years of his life he pursued a series of researches which have made his name famous.

Negri's early publications were concerned with hematologic and cytologic questions,—the origin of the blood platelets, the structure of the gland cells. In his work on the latter subject, he demonstrated in the cells of the pancreas and of the salivary glands a reticulation analogous to that discovered shortly before by Golgi in the ganglion cells. In 1903 he began his studies on rabies, and demonstrated in rabbits, dogs, men, swine, cattle and birds with this disease the constant presence in the

ganglion cells of small, rounded, vacuolated, granular bodies which he regarded as parasitic protozoa and the specific infective agent, and which have become universally known by his name. Though their etiologic character is not incontrovertibly proved, they are an invaluable aid in the rapid diagnosis of the disease in suspected animals.

In the course of his investigations into the etiology of rabies, Negri acquired extensive knowledge in the biology of the protozoa. In 1909 he completed a work on the process of division of the spores of *Sarcocystis muris*, and demonstrated their transmissibility to guinea pigs by the enteric route. Finally, he was the first to demonstrate that vaccine virus can pass through the porcelain filter.

Negri also made investigations in the field of hygiene. He studied an epidemic of dysentery in Lombardy due to Shiga-Kruse bacteria, and in the last three years of his life was particularly interested and concerned in practical measures for the eradication of malaria.

Thus his brief life was devoted to unremitting labor in the pursuit of science. He possessed a marvelous gift of observation, critical acumen, prudent reserve and sound judgment. His untimely death is a pathetic loss to science, for he was a student of rare promise as well as high accomplishment in the field of pathologic research.—*Boston Med. and Surg. Jour.*

JAPANESE RULES OF HYGIENE.

The Japanese Government has recently issued for free distribution to the people a code of rules for hygienic living. These rules are of particular interest for their peculiar amalgamation of persistent Oriental with Occidental ideas. Most of them are essentially the same as those of all civilized people; some are even in advance of Western practice; others could hardly be recommended for general guidance. The first eleven of these rules are as follows:

“First—Spend as much time out-of-doors as possible. Bask much in the sun and take plenty of exercise. Take care that your respiration is always deep and regular.

“Second—As regards meals, eat meat only once a day, and let the diet be eggs, cereals, vegetables, fruits and fresh cow’s milk. Take the last named as much as possible. Masticate your food carefully.

“Third—Take a hot bath every day and a steam bath once or twice a week if the heart is strong enough to bear it.

“Fourth—Put on roughly-woven underwear (cotton fabrics are preferable) and clothes; a comfortable collar, light hat of any material and well fitting boots.

“Fifth—Early to bed and early to rise.

“Sixth—Sleep in a very dark and very quiet room, with windows open. Let the minimum of sleeping hours be six to six and one-half hours, and the maximum seven and one-half hours. In case of women a rest of eight and one-half hours is advisable.

“Seventh—Take one day of absolute rest per week, on which you must refrain from ever reading and writing.

“Eighth—Try to avoid any outburst of passions and strong mental stimulations. Do not overtax your brain at the occurrence of inevitable incidents or of coming events. Do not say unpleasant things, nor listen, if possible, to disagreeable things.

“Ninth—Be married! Widows and widowers should be married with the least possible delay.

“Tenth—Be moderate in the consumption of even tea and coffee, not to say tobacco and alcoholic beverages.

“Eleventh—Avoid places that are too warm, especially steam-heated and badly ventilated rooms.”

The injunctions about food and sleep are especially to be noted, particularly that not to take too much of the latter. With regard to matrimony, however, and the use of tobacco, the rules are not so cordially to be commended. It is significant that the Japanese appreciate so well the hygienic effect of conduct and temperament.—*Boston Med. and Surg. Jour.*

THE SELECT COMMITTEE ON PATENT MEDICINES.

The composition of the Select Committee on Patent Medicines, as so far demerined, may now be outlined with a reasonable amount of accuracy. As stated elsewhere, the chairman will devolve upon Sir Henry Norman, an able and impartial man, concerning whose presence in that capacity the only criticism that is likely to be raised is the fact of his former connection with journalism. He was for some years on the staff of the *Pall Mall Gazette* and of the *Daily Chronicle*. Of the latter journal he was for some years assistant editor. The other members include Sir Philip Magnus, Unionist member of Parliament for the University of London; Mr. Bathurst, Dr. Chapple, two Irish members, Mr. J. T. Hayden and Dr. Arthur Lynch, and Mr. Hodge—a Labor representative. Dr. W. A. Chapple, a Liberal, was elected member for Stirlingshire in 1910. He has written a good deal on social and socio-medical topics. He was born in New Zealand, in which country he practised as a surgeon until 1906, after graduating in medicine at Dunedin University in 1899. The other medical member is Dr. Arthur Lynch, who has sat as National-

ist member for West Clare since 1909. He also was born in Australia, and has had a brilliant literary and journalistic career, in spite of which he still retains an interest in medicine in the special branch of diseases of the nervous system. It is largely owing to his exertions that the Committee has been appointed after generations—indeed, one may say, centuries—of agitation and protest.

The medical element of the Committee might be strengthened with advantage. It is a thousand pities that some independent outside medical authorities could not have been added to its ranks. However, we must hope that the medical witnesses will be forthcoming in sufficient strength to set forth fully all sides of the question. A few medical writers have dealt with the composition of the nostrums sold under the cloak of the patent medicine stamp, but few have written upon the wider socio-economic and legal aspects of the matter. A great mass of information has been collected in the report of the Australasian Commission, and it looks like a happy omen that the two medical members thus far appointed should both come from that quarter of the globe.—*Medical Press.*

BOILED MILK FOR INFANTS.

The changes produced in milk by the process of boiling and the effects of feeding infants and young animals with milk that has been so treated have long proved a favorite field for investigation by physiologists and clinicians alike. That infantile scurvy or scurvy rickets might result from the continuous use of boiled cow's milk in the diet of infants has been the main objection, so far, to the systematic employment of this substitute for human milk, but, after all, the number of cases of this disease has not been very great. The whole matter has been extensively studied by Dr. Janet E. Lane-Claypon, the results of whose researches have been presented to the Local Government Board in the form of a report (New Series, No. 63), upon all the available data in regard to the value of boiled milk as a food for infants. Dr. Lane-Claypon states that experimental and clinical researches show: 1. That there is apparently no serious loss of nutritive value produced by feeding an animal upon boiled milk derived from an animal of the same species. At the same time, it must be pointed out that the published evidence on this point is scanty. 2. That when an animal is fed upon the milk of another species, the milk from which has been found to be suitable for this purpose, such small differences as have been found in the nutritive values of raw and boiled milk have been in favor of boiled milk. 3. That the milk of the same species has a considerably higher nutritive value for that species

than the milk of any other species so far investigated. The evidence throughout the report emphasizes very forcibly the importance of breast-feeding for the young of all species, and shows the special importance of breast-feeding during the early weeks of life.—*Medical Press.*

SANATORIUM BENEFIT.

Mr. Hunt asked the Chancellor of the Exchequer whether, in view of the fact that there were about 300,000 people in the United Kingdom suffering from consumption every year, he could say how many consumptive people would have been provided with beds in Government sanatoriums at the end of three years after the National Insurance Act has come into operation.

Mr. Masterman said he had no reason to anticipate that within the period named by the hon. member beds would not have been provided in sanatoriums for all cases for which such treatment was found necessary. Other forms of treatment, either institutional or otherwise, would be provided for other cases according to their respective requirements. He should add that the Act did not contemplate the provision of sanatoriums by the Government, but by the county councils and other local bodies with the assistance of the grant which Parliament had made for the purpose under the conditions laid down in Section 64 of the Act. The grant would be sufficient to provide for all those who needed special sanatorium treatment. Arrangements were under consideration for giving from July 15th onwards to insured persons suffering from tuberculosis who were not treated in sanatoriums such special treatment in other institutions or otherwise as their cases severally required. No announcement, however, as to the precise character of these arrangements could usefully be made pending the consideration of the report of the Tuberculosis Committee, the issue of which was expected within the next few days.—*Brit. Med. Jour.*

STERILIZATION OF CRIMINALS.

The following press report from Albany on April 20 describes the enactment into law of the bill for the sterilization of criminals in New York State:

“The bill introduced by Assemblyman Bush, which aims to eliminate as much as possible the transmission of criminal and mentally deficient tendencies from parent to child has become a law through the signa-

ture of Governor Dix. It is the outcome of a movement on foot for several years with the strong support of physicians and criminologists, as well as members of the judiciary. In adopting such a law New York is following the example of New Jersey, Illinois and other States.

“The new law provides for the sterilization of certain classes of male criminals and defectives confined in State institutions and creates a Board to be known as the Board of Examiners of Feeble-Minded, Criminals and Other Defectives; the Board to be made up of one surgeon, one neurologist and one medical practitioner, each with ten years’ experience.

The Board is empowered, should there be any fear that a member of the class affected by the law would transmit to his offspring a tendency to crime, insanity or feeble-mindedness, or that his own mental or physical condition would be improved thereby, to appoint one of its members to perform the necessary operation.

“The criminals who come within the operation of the law are those who have been convicted of rape or of such a succession of offenses as the Board may decide to afford sufficient evidence of confirmed criminal tendencies. The Board also is required to examine into the mental and physical condition, the record and family history of all male feeble-minded, epileptic and other defective persons in the State institutions to determine whether they shall come within the operation of the law.

“While the Board thus created is made the judge of the habitual criminality of prisoners, provision is made for a judicial review of the findings of the Board before the necessary operation is performed, and no order of the Board can become effective until it has been filed for five days. Careful records are to be kept of the effect of the law’s application upon those who come within its provisions.”—*Boston Med. and Surg. Jour.*

TOTAL ABSTINENCE AND LONGEVITY.

The following striking figures are taken from the report of the United Kingdom Temperance and General Provident Institution for the year 1911. The Actuaries report that the mortality on the whole life policies has again been very favorable. The figures are as follows:

| | Expected. | | Actual. | |
|----------------------------|-----------|----------|---------|---------|
| | Claims. | Amount. | Claims. | Amount. |
| Temperance Section | 507 | £160,605 | 292 | £86,250 |
| General Section | 453 | 151,216 | 379 | 119,770 |

The foregoing figures refer only to whole life policies and the sums assured thereunder. They do not include bonuses. They are on the same basis as those which have been given in previous years, and are now continued so that comparison with the experience of previous years may be maintained. It seems desirable, however, to state that the mortality experience of all policies in the two sections and the amounts paid, including bonuses, were as follows:

| | Expected. | Actual. | to Expected. per cent. |
|---------------------|-----------|----------|---------------------------|
| Temperance Section— | | | |
| Claims | 476 | 376 | 50.4 |
| Amount | £283,746 | £156,870 | 55.3 |
| General Section— | | | |
| Claims | 541 | 431 | 79.7 |
| Amount | £234,579 | £204,483 | 87.2 |

The total claims and sums in both sections, together with those which have arisen under miscellaneous policies, were 63.7 per cent. of the number, and 70 per cent. of the amount, expected.—*Glasgow Medical Journal*.

Judge for April 27th sings triumphantly, if somewhat slangily, of the profession's victories over disease, to the following effect:

THE GERM'S DOWNFALL

Once the small but fierce bacillus
 Had a chance to thrive and fill us;
 He could work unseen and kill us,
 For his name was then unknown.
 From the arctic to th the tropic,
 With an ardor misanthropic,
 The bacilli microscopic,
 Ruled a domain all their own.

But to-day we do not fear 'em,
 For, with toxine, dope, and serum,
 Doctors quickly kill and clear 'em
 From our systems with their stuff.

Now when, full of diplococci,
 We are feeling bum and rocky,
 We soon brighten up, for Doc he
 Calls the dread bacilli's bluff.

BEWARE OF TYPHOID.

The Provincial Board of Health has issued a circular which has been posted up in summer resorts and watering places, as a means of assisting the fight against typhoid fever. Notice, warning cottagers and picnickers against the pollution of the water supply has been posted, with excerpts from the Medical Health Act, citing the penalties. When the presence of disease is suspected, the following may be used for the purification of water:

“A level teaspoonful of chloride of lime should be rubbed into a teacup of water. This solution should be diluted with three cupfuls of water and a teaspoonful of the whole quantity should be added to each two gallon pail of drinking water. This will give four or five parts of free chlorine to a million parts of water and will in ten minutes destroy all typhoid and colon bacilli or other dysentery-producing organisms in the water. Moreover, all traces of the chlorine will rapidly disappear.”

This method should be very valuable for miners, prospectors, campers, and those living in summer resorts, where the condition of the water might not be above suspicion.

 NINE GRADUATES PASS.

Nine Queen's medical graduates tried and were successful in passing the Saskatchewan Medical Council. All who wrote will be allowed to practice their profession in the Western province. The were: Drs. James Brown, H. Wallis, J. G. Young, A. C. Scott, all from the West; Dr. Adam Gibson, of this city; Drs. Hugh Young and W. G. Hamilton, of Renfrew; Dr. J. G. McGammon, of Gananoque, and Dr. J. Myers, Kingston.

 NEW HEALTH OFFICERS REPORT FOR DUTY.

The eight newly-appointed officers for the health districts into which the Province has been divided under the Public Health Act of last session reported to the Provincial Board of Health recently. They are here to receive instructions preparatory to commencing active work.

The doctors were taken to the Provincial Laboratory and Prof. Amyot went over the new Act with them, pointing out its essential features. Emphasis was laid upon the care which had to be exercised for protecting the public against contaminated water. Ottawa was held up as a conspicuous example of the necessity of this, and the provisions of

the Act against the pollution of streams and lakes will be rigidly enforced.

Other subjects discussed were bacteriology, sewage, epidemiology and general hygiene. The regulation under the new Act will also be gone over and those affecting communicable diseases explained fully.

The new officers are Dr. Clinton, Belleville; Dr. Bentley, Sarnia; Dr. P. J. Maloney, Cornwall; Dr. W. E. George, Haileybury; Dr. R. E. Woodhouse, Fort William; Dr. Thos. McNally, Owen Sound; Dr. D. A. McLenan, Waterdown.

MEDICAL RECIPROCITY.

Medical reciprocity throughout Canada is now assured as a result of all the Provinces having accepted by concurrent legislation the Canadian Medical Act. This Act was passed in 1911 after many years of agitation and the overcoming of much opposition. Briefly stated, the Act provides for a Dominion Medical Council and enables any physician certified by it to practice in any Province of the Dominion. Heretofore there have been separate Provincial Councils, and a doctor in Quebec, for instance, could not practice in Ontario without passing a separate examination.

The new Council is to be composed of three members residing in different Provinces to be appointed by the Dominion Government, two representing each Province, one from each university and medical school having an arrangement with a university for conferring degrees in medicine, and three representing the homoeopaths. The term of office will be for four years. The candidates for examination may elect to be examined in either English or French. The Hon. Dr. Roche, Secretary of State, has stated that he is desirous that there should be as little delay as possible in effecting organization of the National Council. This will give Canadians status under the Imperial Act.

LICENTIATES COLLEGE OF PHYSICIANS AND SURGEONS. ONTARIO.

The following-named candidates have passed the examination of the College of Physicians and Surgeons of Ontario:—

Charles Cleland Alexander, John Gordon Alexander, Joseph Camil Eugene Arseneau, Edwin Charles Axford, Harold Richmond Barker, Newton James Barton, William Russell Bateman, Frank Aubrey Benner, Harry Wordsworth Benson, Cecil Clinton Birchard, William Oscar Bonser, John Courtland Bradley, Louis Judah Breslin, Hubert Arthur Wood Brown, Frederick Thomas Bryans, Frederick Sypher Burke,

William Henry Butt, William Charles Campbell, William Richard Cann, George Wylie Dundas Carleton, William Ernest Caven, Neil Alexander Christie, Llewellyn Herbert Coates, Morley Garnet Cody, William Macpherson Cody, Robert Colvill, Stella Alice Cunningham, Robert Davies Defries, Leonard Lansdowne Derby, Reginald Winniett Digby, Roy Gladstone Douglas, Thomas Alexander Jamieson Duff, Allan Sloan Eagles; Donald Thomas Evans, Edgar George Evans, David Joseph Norman Ferrier, Carlos LeRoy Russell Fuller, John Alexander Gardiner, Howard Hilman Gordon, Charles Robert Graham, William Osborne Gliddon, John Edwin Hagmeier, Hector Clayton Hall, William Vernon Harcourt, Alfred Purvis Hart, Horace Hanly Harvie, Ethel Millicent Hayes, Clarence Wellesley Henders, Clarence Almanzer Howard, Fred Hutchinson, Lloyd Arnold Jones, William Andrew Kennedy, Malcolm Daniel Boyd Kinsella, William James Leach, Edgar John Leary, Joseph Horace Legault, Malcolm Thomas MacEachern, Lloyd Phyllyss MacHaffie, Ewen Archibald Mackenzie, Alfred Charles Martin, Elmer Walker Mitchell, Charles Joseph McCabe, John Sangster McCallum, Jas. Stuart McCullough, James Phipps McDermott, Ernest Augustus McDonald, Marshall McDonald, Edwin Henry McGavin, Frank E. Beachem McGilvery, Donald George Sinclair McKay, Robert Roy McClenahan, Archibald Harry McMurchy, Frederic Maurice McPhedran, George Alexander McQuibban, Geraldine Oakley, George Arthur O'Leary, Leo Harold O'Meara, Garfield Arthur Platt, Stuart MacDowall Polson, Albert Gower Poole, George Arthur Publow, James Frederick Rigg, Isabella May Roberts, Herve John Robertson, Arthur Roszell, Charles Scott Russell, Harold Lee Rowntree, Nathan Shacknove, Charles Wilfred Sinclair, Wilfred Davy Smith, Herman Frederick Sproule, Robert Stanley Stevens, Elizabeth Lilian Stewart, Robert Roy Stirrett, Ernest Black Struthers, Paul Joseph Sweeney, Frank Leslie Thompson, Howard Elsworth Thompson, William Robert Tutt, Merritt Carlton Vaughan, Ambert Hastie Veitch, James George White, Warren Edward Wilkins, John Bowers Widdis, Cleveland Roy Wilson, John Parr Wilson, Ernest William Zumsteen.

ATE 2266,934 PILLS.

A case that was tried in 1817 gives us some idea of the pill-taking proclivities of the time. An apothecary sued one Samuel Jessup for payment of a long-standing account. The bill extended to 55 closely-written columns, and showed that in 20 years he took 226,934 pills, beginning with the modest number of 29 per day, and advancing by easy

stages to a daily consumption of 78. During the same period he consumed 40,000 bottles of mixture, besides juleps, electuaries, and other infallible specifics. The apothecary won the day, but Jessup died soon afterwards, at the age of 65.

SURGEON O'LOUGHLIN.

A brave army officer did what was expected of him as the "Titanic" struck and sank; several millionaire business men and some marvellous women died deaths we are glad to acknowledge as glorious; and their pæans have been sung in countless newspapers, as was right, and every American, while sickened by the disaster, is proud of these fellow citizens.

But few notices have crept into print of Dr. William Francis Norman O'Loughlin, senior surgeon of the White Star line, for forty years a sailor physician, whose requiem must be sung mainly by those he helped and soothed, as with genuine terror they found disease or accident added to the other perils of the sea. As an officer of the ship he made no attempt to escape when the accident happened, but bent all his energies to helping others. It is said that he did not even don a life belt. It was a fitting end to an unselfish and self-sacrificing career, one marked at every step by charity, not only that expected of the doctor, but signalized by so liberal giving of money as to leave him usually straitened in his circumstances. He was a graduate of Trinity College and the Royal College of Surgeons of Ireland, a fine type of the practitioner, a scholar, and a gentleman. He owed his health early in manhood to the sea and yielded thereafter to its lure. In the absence of notoriety, which we know he would have hated, we physicians may say among ourselves how proud we are of him.—*New York Med. Jour.*

SYNOPSIS OF THE NEW REGULATIONS RE HEALTH.

Compulsory notification in all cases of tuberculosis within twelve hours of diagnosis.

Doctor must make weekly reports upon each case of tuberculosis to the Board of Health.

Each municipality must keep a map on which shall be marked each case of tuberculosis.

Province will provide free pamphlets on treatment of tuberculosis to each patient.

Patient may be ordered to be removed to a sanitarium or hospital,

kept there until the health officer considers removal safe. Expense of treatment to be borne by the municipality in cases of indigent patients.

Tubercular patient must notify health authorities of change of residence.

All buildings which have been occupied by tubercular patients must be disinfected after their removal at the expense of the municipality.

Bodies of those dying of communicable diseases cannot be moved by rail except when wound in a disinfecting sheet, and enclosed in sealed coffins. These coffins may not be re-opened and must bear the permit of the health officer.

Bodies of those dying of communicable diseases cannot be disinterred except on the order of the Attorney-General.

Measles are to be placarded.

The period of quarantine for scarlet fever is increased from five to six weeks.

Local medical health officers must keep maps of each municipality showing the location of each case of typhoid fever.

The Provincial Board of Health may appoint extra men to enforce the regulations governing smallpox.

Vessels coming from infected ports may be inspected.

Special medical inspectors may be appointed to board all such boats and trains, and order all passengers to be vaccinated before they disembark.

Vaccination is made compulsory. "Where the Medical Health Officer thinks there is danger," he can order anyone to be vaccinated.

Proclamation or advertisement of such decision by the health authorities is sufficient to render anyone who is not vaccinated in seven days liable to a penalty. Any member of a municipal council who does not comply is subject to a fine of \$25.

The air space for each individual in camps in unorganized districts is increased from 500 to 600 cubic feet.

No meat slaughtered in the municipal abattoirs can be sold without the stamp of the local inspector.

CONTAGIOUS DISEASES IN ONTARIO.

Last month there were 1,173 cases reported in the Province, of which 550 came from Ottawa. Details are given in the following statement:—

| Diseases. | 1912. | | 1911. | |
|---------------------------------|--------|---------|--------|---------|
| | Cases. | Deaths. | Cases. | Deaths. |
| Infantile paralysis | 2 | .. | 6 | 3 |
| Cerebro-spinal meningitis | 23 | 7 | 1 | 0 |
| Smallpox | 23 | 0 | 35 | 0 |
| Scarlet fever | 230 | 3 | 164 | 9 |
| Diphtheria | 123 | 8 | 176 | 20 |
| Measles | 106 | 3 | 129 | 10 |
| Whooping cough | 42 | 17 | 35 | 10 |
| Typhoid fever | 550 | 15 | 101 | 16 |
| Tuberculosis | 111 | 92 | 73 | 55 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| | 1,173 | 182 | 720 | 120 |

INTERNATIONAL CONGRESS OF MEDICINE (LONDON, 1913).

Preparations for the 17th International Congress of Medicine, which is to be held next year in London, England, are going forward rapidly. A circular has recently been issued by the honorary secretary, that all those intending to present papers at the Congress should notify him by February 28th, 1913, giving at the same time a short abstract of their paper. In this way a synopsis of the papers to be read will be prepared by official "reporters," and these will be translated into the various languages and published in the Medical Journals before the Congress meets. Those taking part in the Congress will thus come well prepared to participate in the discussions. We would urge upon Canadians the necessity of doing their fair share to make the Congress a success.

It is with pleasure we announce that Dr. T. G. Rodick, of Montreal, Emeritus Professor of Surgery, McGill University, has been appointed a vice-president of the Congress.

The Canadian National Committee, as at present constituted, is as follows: W. H. B. Aikins, Toronto; A. McPhedran, Toronto; G. E. Armstrong, Montreal; T. G. Roddick, Montreal; H. A. McCallum, London; H. G. McKid, Calgary; Jasper Halpenny, Winnipeg; C. K. Clarke, Dean of the Medical Faculty, University Toronto; J. C. Connell, Dean of the Medical Faculty, Queen's University; H. H. Chown, Dean of the Medical Faculty, Manitoba University; E. P. Lachapelle, Dean of the Medical Faculty, Laval University; F. J. Shepherd, Dean of the Medical Faculty McGill University, and representatives of the Canadian medical press: Geo. Elliott, "*Dominion Medical Monthly*"; John Fer-

guson, "*Canadian Lancet*"; A. Macphail, "*Canadian Medical Association Journal*"; Adam H. Wright, "*Canadian Practitioner and Review*"; W. A. Young, "*Canadian Journal of Medicine and Surgery*."

The honorary general secretary is Dr. W. P. Herringham, and any communications in regard to the reading of papers should be addressed to him at the Central Office of the Congress, 13 Hinde St., London W., England.

DR. HELEN MACMURCHY'S WORK.

Few public men realize the grete humanitarian work in which Dr. Helen MacMurchy of Toronto is engaged. For five or six years her voice has been that of one crying in the wilderness. Whether her reports to the Hon Mr. Hanna treat of infant mortality, of imbecile girls, or of backward children in our Public schools, they all breathe the same spirit—the sacredness of child-life, of child-health and of good morality.—From the *Kingston Standard*.

COMPETITION BY IRREGULAR MEDICAL PRACTITIONERS.

In this discussion, it is the intention to ignore the ethical and humanitarian features of quackery and to limit the consideration to economic factors. In so doing, we shall save time and trouble by looking facts in the face and by calling a spade a spade.

There can be no dispute but that, either absolutely or in proportion to the increased cost of living and of professional equipment, the medical profession is much less prosperous than it was a generation or two ago and that it is dangerously near the point at which medical practice will be seriously handicapped in its efficacy by want of equipment, opportunity for study, and such freedom from financial worry as is requisite to clear solution of professional problems. Or, as an alternative, medicine will come to be a respectable hobby for rich young men who will have no practical financial incentive and who will, in many cases, be mere diletantes. Thus, even the most business-like and apparently sordid consideration of the problem, is justified by an ultimate respect for the general welfare of the community.

That there exists an overthrow of the balance between demand for and supply of medical services, has been recognized for years. For a long time this was largely due to conditions for which the medical profession was more or less responsible. As the result of years of agitation, the maximum of medical colleges and of graduations has been passed and the very element of the profession which formerly opposed the interests of the profession as a whole, is now committed to a con-

servative policy of high standards, consolidation of weak institutions, and reasonable limitation of graduation and licensing requirements. It is safe to say that, if the present per capita requirements of medical service were equal to those of the past, and if there were no competition outside the ranks of the regular profession, conditions would gradually right themselves. Indeed, one could almost prophesy that, within ten or twenty years, communities unattractive to residents of the average social grade of the physician would be seriously handicapped by lack of conveniently available medical service within the financial abilities of their population.

There is no question but that the average per capita need of medical services is very much less than even a decade ago. There is less danger of traumatic factors, fewer births, less typhoid, tuberculosis and disease generally. The increasing density of population has developed a greater proportionate number of persons unable, or, at least, unwilling, to pay for medical services. Even if the medical profession were not violating the spirit of professional ethics in a scramble for this work, for the prestige connected with it, it would still be paid for at a lower proportionate rate. The diminution of need of medical services is especially marked in that part of the population which can pay. With the possible exception of obstetrics, this diminution in demand for physicians is a favorable development of civilization; it is due largely to the influence and efforts of the medical profession itself and no sound-minded physician would wish matters changed back to the former condition.

Well within the memory of middle-aged physicians, the problem of "free medicine," that is of the right of any citizen to engage in the business of treating patients, was still a live issue; and the word quack suggested either the wholesale application of a formula too inaccurate, self-analysis of symptoms; an Indian standing in the market place, a traveling showman or an ignorant and unscrupulous venereal specialist. Such forms quackery had very little influence on the regular practitioner, so far as competition was concerned. They preyed on the community, but on an insignificant financial scale and every quarter, half-dollar or dollar, thus taken from the profession, was put at compound interest for its benefit in the delayed results of neglect and exacerbation of disease.

The contrast between past and present quackery was impressed upon us recently. There was—and is—an institution that exploits its wares by almanacs, barns alongside of railroads, letters from grateful patients we have had the experience of a patient who would not employ a trained nurse or a masseur or masseuse working under the guidance of the phy-

and in newspapers, with portraits, and which sells bottles of medicines, good for what ails you. So far as the wholesale business of this institution is concerned, it remains on practically the same basis to-day. But, in the last few years, there has developed a large retail business amounting to the work of a modern hospital, with trained nurses, an excellent laboratory and a staff of well-educated physicians and surgeons. One of these men, in his special field, has done work which admits him to a regular national association of specialists and which commands the respect of everyone.

There are ignorant quacks, but there are equally ignorant ethical physicians and we must admit that quackery is now pretty nearly reduced to a method of getting patients, that the method of competition hurts the quack only in regard to his relations with the regular profession and that the competitive factor is now a genuine one.

We have referred so often to Christian Science that only a brief allusion is necessary. We may say, and with truth, that it can cure no real pathologic process, but it certainly relieves in numerous psychic states, and it has vastly diminished palliative medical attendance in comparatively mild, incurable affections and in comparatively trivial acute conditions.

Optometry competes to a large degree with ophthalmology, and surprisingly often with the endorsement of the general practitioner.

Osteopathy also competes, often in a most satisfactory manner, with the combination of trained massage and medical advice. Repeatedly, a patient is attended by a regular physician, who was willing to consult an osteopath. And we must confess that, for the most part, the practical result has been satisfactory; even that, in some cases, we have so earnestly desired the relief of the patient that we have connived at his departure from regular attendance.

We may well ridicule the peculiar system of physiology and pathology of the osteopaths, but we must admit that, especially with cripples and with elderly persons with muscular and skeletal weaknesses, thorough mechanic treatment is of the utmost benefit. The regular profession, as a rule, is not competent to administer such treatment or considers it "infra dig."

We are living in an intensely practical age. Whoever delivers the goods will get the business. Whoever emphasizes his business, by out and out, advertising, or by the mere claim of a special system, has an advantage over the man who unobtrusively follows the code of ethics, in a modest manner. The medical profession must do two things to regain its popular prestige: It must frankly acknowledge and adopt cer-

tain valuable ideas, including that of elaborate equipment, to be found in some phases of irregular practice; and it must cast off the last vestige of reverence for forms and customs in favor of practical utility. By this last statement, we do not mean that the individual practitioner should become a quack, but that the profession as a whole should put and keep before the laity its superiority over partially trained, one-sided charlatans. Also we mean that both in professional societies and literature, and in the every-day work of the practitioner, more attention must be paid to actual cure, and, cure being impossible, to actual though palliative relief.

There is one further point of vast importance: The world pays little heed to the redundant man who is out of a job. It respects the busy man. Largely through its own indifference, and largely, too, through unworthy methods of competition of a part of its members, the medical profession is at present too numerous for the work which it is called to do. It can regain its influence and control of practice, only by yielding to the inexorable law of supply and demand.—*Medical Times*, Sept. 2.

GETTING RID OF THE MOSQUITO.

A writer in an American paper reminds us that the time to kill the mosquito is before it is born, and this may best be accomplished by destroying its breeding places. To this end Dr. Herman E. Pearse gives the following advice to every householder:

“Remember that mosquitoes breed only in stagnant water or damp places.

“Drain or fill every little depression.

“Turn over every tub or pail that may contain water.

“Pick up all cans and bottles.

“Sprinkle a few drops of coal oil in all damp places.

“In buying screens for the house demand the Government standard of fourteen wires to the inch.

“See that the eavetroughs are not stopped up.”

The mosquitoes will not breed in running water, though any little depressions should not be left along the banks, and coal oil scattered on standing water will do much good. Mosquitoes seldom travel more than a few hundred yards from their breeding place.

The nocturnal habits of this little pest prevent its daylight pursuit, and if it gets into the house in spite of all preventive measures one can only hope to trap it in a black-lined box, where it will crawl for refuge from the glare of day. When a goodly number of mosquitoes are in the they may be killed by sulphur or formaldehyde.

MISER'S HOARD TO CHARITY.

Vienna's charitable institutions are to be increased by a new children's hospital, to be erected at a cost of 2,500,000 crowns, bequeathed for the purpose by Josef Spitzberger, who died recently at the age of 88 years. This fortune was accumulated by a life of hard work accompanied by the severest self-privation.

Spitzberger was for many years cashier in a large mill, and lived in the most saving manner. Every penny he could save or make he put in the bank. He made money on the Bourse. When his friends would remonstrate with him he would say, "You take pleasure in spending, but I take pleasure in saving." It is for a good purpose. He left his fortune to the Children's Hospital.

MEDICAL PREPARATIONS, ETC.

THE ICE BAG IN APPENDICITIS.

In a most interesting article by A. M. Fauntleroy, Surgeon of the United States Navy, *Medical Record*, Aug. 3, 1912, the fact is brought out, basing the same upon a large number of cases of appendicitis operated, that the ice bag is positively harmful in this condition. In 50% of the cases operated, where the ice bag was used, the condition seemed to indicate that there was a noticeable lack of effort on the part of nature to wall off, from the rest of the abdominal cavity, the appendix, which was frequently very much congested, gangrenous or perforated. He also observed that in the ice bag cases there was a surprisingly low white cell count when one took into consideration the condition found in the abdomen at the time of the operation. From 8,000 to 11,000 white cells was the rule in these ice bag cases when one would be justified in saying that the pathological condition warranted a constitutional reaction of from 20,000 to 30,000 leucocytes, or even higher.

On the other hand, in those cases in which the hot water bag or morphine had been used prior to operation (the ice bag not being used at all), the white count corresponded to what one would expect. Dr. Fauntleroy advances from his findings the logic that while the ice bag causes numbness, practically the same as in the condition of frost-bitten ear or toe, it also destroys hyperemia, leucocytosis and stasis in the part to which it is applied. That heat is the direct antithesis of cold in encouraging favorable physiological action in inflammatory processes, whether superficial or peritoneal, seems to be from his report most logically and conclusively proven.

In applying heat whether it be for peritoneal or inflammatory conditions of a more superficial character, the most rational method is to use that which is not only sanitary, but, for the comfort of the patient does not require frequent changes. In this respect, antiphlogistine, on account of its heat retentive properties, its cleanliness, and its ease of application, should appeal to the professional mind. That antiphlogistine has proven of great therapeutic value as a thermic agent is best indicated by its extensive professional employment and its many advantages over the hot water bottle and other methods of application of heat is readily discernible.

THE MALARIAL ANEMIC.

Whether or not the much maligned mosquito is the intermediate host of the plasmodium malariae, certain it is that the campaign waged for this insect's extermination has not entirely ridden the country of the blood infection for which it is responsible. In addition to the chills, fever and sweating characteristic of the acute forms of the disease, which require immediate antidotal treatment, the physician must recognize the serious injury to the blood itself, due to the invasion and actual destruction of the red cell by the paludal organism. After the subsidence of the acute symptoms, a distinct aglobular anemia is the result, and unless this is corrected, a reinfection is extremely likely. To prevent this and to avoid the development of a chronic malarial toxemia, a vigorous blood building campaign should be instituted just as soon as the febrile movement is controlled. For quick and efficient reconstruction of the partially disintegrated red corpuscles and to encourage the rapid formation of new and functionally active erythrocytes, Pepto-Mangan (Gude) is especially serviceable. Steady treatment with this potent hematinic, for a period of several weeks, is practically certain to restore hemic integrity and place the patient in a position to ward off fresh infection, or quickly throw it off if invasion occurs. When the physician believes that arsenic is needed in the after-treatment, this drug can be readily added to Pepto-Mangan (Gude) preferably in the form of Fowler's Solution.

A MEDICAL MAN ON WHISKY. CONCLUSIONS.

“There is no matter upon which there are so many vague and floating opinions as the one which begs the question as to what is the safest and best beverage for the average man to drink. What then

has the physician to say in the matter? Now, the answer of the eclectic physician, whose opinions are not trammelled by untamable views on teetotalism, would vary of course in each individual case, when he is dealing with patients above or below the average. In special cases, of course, he will enunciate special views, but we fancy that for ninety per cent. of average men he would recommend whisky as the safest, cheapest, and most permanently bearable of liquors—and for two very simple reasons, the first being that experience has taught that whisky, in the majority of cases, produces the least disagreeable consequences of all form of liquors—considering them from the negative side—and that a high standard of purity in the matter of alcoholic drink is more easily and more cheaply obtainable

These facts are commonplaces of both medicine and popular opinion. At the present time Scotch whisky is not only the drink of Scotland, but the standard drink of the British Isles. It has passed into popular favor from many causes, chiefly on its own intrinsic merits as a liquor, partly from its cheapness, and to some degree through the persistent advocacy of the medical profession.

If we except the dangerous practices of certain irresponsible and catchpenny firms which are attempting to flood the market with certain brands of new, unadulterated and immature spirit, bearing the title of Old Highland Whisky, Scotch Whisky has, on the whole, stood bravely and satisfactorily the test of scientific and popular criticism.

Now, when a man orders a bottle of wine, he takes good care to see that he is procuring a liquid which he knows to be good. He does not vaguely order a bottle of champagne, or a pint of claret, or a dozen of burgundy; but as far as whisky is concerned he is content, in 70 per cent. of cases, and in 99 per cent. when ordering in retail, to ask for a glass of whisky in much the same way as he would order a cup of tea or a glass of milk. This fact is taken advantage of by retailers, until they have found a ready market for certain liquors that are honored by the title of whisky, but which can only honestly be described as rank poison.

The fault and the remedy lie in the hand of the consumer. He must be told that raw and immature spirit is bad, and that no whisky ought to be consumed until it reaches a certain age.

Legislation has refused to act in the matter, despite the urgent appeals, not only of men of science, but of first-class distillers, the latter of whom recognize only too clearly that their own interests are at stake in the matter and that the hanging process cannot be far off if the irresponsible persons who flood the market with cheap and unpalatable spirit give the dog a bad name.

The public must realize that spirit, to be at all suitable for consumption, must mature for several years, and, realising that, they must also be told frankly that they must pay a percentage more than they do at present for the whisky they drink. Considering the extremely small increased cost of high-class Scotch whisky over vague, immature spirit bearing that name, there should be no hesitation in the matter. This is not a question of mere opinion, but one of corroborated fact.

The agitation of scientific men in regard to the whole liquor question must turn on this, as one of the vital points begging the question. If liquor is to be drunk at all, it must be good, unadulterated and mature; and, considering the fact that the majority of people cannot afford, or ought not to afford to proportion a large share of their income to their liquor bill, they are more likely to get purity and quality in dealing with whisky than with wine. The drink bill of this country is something over £180,000,000—an astounding and a criminal sum. A large proportion of that figure is spent on the consumption of inferior wine manufactured abroad.

There is another important point upon which it is necessary for the unprejudiced observer to warn a gullible public. Readers of the advertisements in many of the London and provincial newspapers may have noticed that certain firms are continually advertising what they call "All Malt" Whisky, and endeavoring to persuade the public that that commodity alone is the one that meets the wants both of science and of common sense. A recent leader in the *Edinburgh Medical Journal* emphasized the fact that an "all malt" whisky is contraindicated in nearly every case. The digestive powers of the average individual are not capable of assimilating such a spirit, and, despite the popular opinion, a blend of malt with grain in due proportions is the safest and best. The cry for "all malt" is from the lips of a few interested parties. Let, therefore, the public disregard this shibboleth, and remember that the main principle at stake is the one of age. It is on this question of age that the dishonest merchant cheats the public. Old matured spirit is expensive and is difficult to procure, hence the importance of buying only the brands of high-class, old-established and distilling firms who have a reputation to lose—some of these firms being of ancient standing, one in particular going back as far as the Jacobite rising of '45.

The present writer has no business concerns, logs to roll, or axes to grind in the matter. He views the matter primarily from the point of view of a man of science, and secondarily as a man attempting to reach to the common-sense point of view.

(Signed) A. STODERT WALKER, M.D.