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Original Articles

WOMAN.

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

Tradition says there was a scarcity of solid elements at the time of her creation, and from a translation taken from the old Sanskrit book, with the title of "The Surging of the Ocean of Time," the following is presented: "At the beginning of time,—Twashtri—the Vulcan of the Hindu mythology—created the world. But when he wished to create a woman he found that he had employed all his materials in the creation of man. There did not remain one element over. Then Twashtri, perplexed, fell into a profound meditation. He roused himself as follows: He took the roundness of the moon, the undulations of the serpent, the entwinings of climbing plants, the trembling of the grass, the slenderness of the rose vine, and the velvet of the flower, the lightness of the leaf and the glances of the fawn, the gayety of the sun's rays and tears of the mist, the inconstancy of the wind, and the timidity of the hare, the vanity of the peacock and the softness of the down on the throat of the swallow, the hardness of the diamond, the sweet flavor of honey and the cruelty of the tiger, the warmth of the fire, the chill of snow, the chatter of the jay and the cooing of the turtle-dove. He united all these and formed a woman. Then he made a present of her to man.

Eight days later the man came to Twashtri and said:

"My Lord, the creature you gave me poisons my existence. She chatters without rest, she takes all my time, she laments for nothing at all, and is always ill." And Twashtri received the woman again. But eight days later the man came again to the god and said: "My Lord, my life is very solitary since I returned this creature. I remember she danced before me, singing. I recall how she glanced at me from the corner of her eye, and she played with me, clung to me."

And Twashtri returned the woman to him. Three days only passed and Twashtri saw the man coming to him again.

"My Lord," said he, "I do not understand exactly how, but I am sure the woman causes me more annoyance than pleasure. I beg of you to relieve me of her." But Twashtri cried: "Go your way and do your best." And the man cried: "I can not live with her!" "Neither can you live without her!" replied Twashtri.

And the man was sorrowful, murmuring: "Woe is me! I can neither live with nor without her."

To these classical lines I add classical annotations and scholia by an introductory line as confirmatory of the last sentence in the above.

Nec tecum vivere possum nec sine te. From a scriptural source I add a few lines expressive of feminine trust, humiliation and loyalty, and so charming are the words that you, reader, can, with me, in our vision behold a Cleopatra or a Lucretia:

"If I please the king, and if I have found favor in his sight, and the thing seem right before the king, and I be pleasing to his eyes." Yes, one cannot picture this woman as a suffragist—a P———a husbandette—or was she "like the bird whose pinions quake, but cannot fly the gazing snake?"

In Marmion, canto vi, you will find: "O, woman! in our hours of ease, uncertain, coy, and hard to please, and variable as the shade by the light quivering aspen made—when pain and anguish wring the brow, a ministering angel thou!" Yes, truly as the scholar wrote: "*Tu quoties aegri frontem dolor improbus angit, fungeris angelico sola ministerio,*"—but listen how Marie Corelli dopes her sisters out, yet not as God has made them:

"Frizzled, padded, shameless creatures!
Dyed, with painted, powdered features!
Furbishing your faded faces,
Covering all hollow places,
Thin and scraggy, semi-bald,
'Lovely' woman, you are called."

It may be stated that a young M.D. should not let his virgin youth be captivated by such "store" goods, anyway. Some one has said: "A man loves two women in his life—the one he doesn't marry breaks his heart; the one he does marry breaks his pocket-book, and still he is not happy," and according to the *Atchison Globe*, "After a woman has been married to a man six months, she begins to feel a romantic interest in the man she didn't marry."

Yes, "one not learned save in gracious household ways," is the ideal of one's visions, and her question is put in these words: "I dare not say I take you; but I give me and my service, ever whilst I live, into your guiding power—for this is the man."

Our brother, Dr. Oliver Wendell Holmes, tells us: "If the good Lord will go on making splendid women He must not blame us for thinking too much of his earthly manifestations," and the retrospect is: "The hours I spent with thee, dear heart, are as a string of pearls to me." As regards marriage, it has been wisely defined as an obligation that "owes its institution to nature, its perfection to law, and its holiness to religion." Father Vaughan tells us the history of woman before the incarnation is a pitiful and painful proof that when she is not influenced by high ideals, instead of exercising her rightful influence of the destiny of man, she may incur man's bitterest contempt and scorn. With rare exceptions, woman under the Roman Empire kept slipping down lower and lower on the incline, till she is spoken of by the historian as "La divinite de la corruption." Seneca, too, speaks of woman as "a shameless animal," in whom men cannot see anything but the savage creature incapable of restraining its passion. We all know, in the time of Augustus, women became so degraded and debased that the very highest and noblest Roman families were dying out for want of heirs; while lower down the rounds of the social order, woman having lost her place in the family, self-inflicted extinction obtained far and wide, desolating whole provinces, and even Rome itself. "Thus were sapped the very foundations on which an empire rests her very life." As confirmation of Vaughan's words one can easily refer to the satires of Juvenal, who lived during the first century at Rome, and he tells us in Satire vi, 368: "Wealth like a leprosy the land has cursed, and all the sinews of her strength has burst!" Such are the conditions which exist in these our days, and he tells us: "Beneath the sun no daring so sublime as that of woman in the blaze of crime." Yes, if a Juvenal or Horace would arise he would notice the effects—the degenerating effects wherein "wealth accumulates and men decay."

If one in any sense were interested in the subject of womanly virtues and the corrupt tendencies of our age in which the so-called leaders of society and fashions are dethroning women in virtuous living, no better aids can be afforded than several ladies' journals whose pages are designed, apparently, to encourage thoughts and morals not conducive to the maintenance of the happy home life in which man is to be recognized as the husband and ruler; in fact, "He for God only, and she for God in him," as Milton writes, is

repugnant to the modern woman of the smart set, to her of the diamond-studded heel, and to her of the slitted skirts. Milton also writes: "Eve, half embracing, leaned on our first father; half her swelling breast, naked, met his under the flowing gold of her loose tresses hid," and "for contemplation he and valour formed, for softness she and sweet and attractive grace."

Kipling's words are none too consoling in these lines:

"Oh, the toil we lost and the spoil we lost,
And the Excellent things we planned,
Belong to the woman who didn't know why,
(And now we know that she never knew why)
And did not understand."

Was this want of understanding referable to the query: Bridge or Babies? or to those queries: Lives of misery, of barrenness, or babies? Unfaithful homes or babies? Unhappy homes or babies? Hospital wards or babies, or Asylums or babies, or Suffragettes or mothers, or Husbandette or wife, or Courtesan or wife, Murderess or mother, Hell or Heaven, a harlot or Cordelia?

Had Sir Sidney Smith in view the woman—that art alone makes—when he wrote these lines?

"His heart in me keeps him and me in one,
My heart in him his thoughts and senses guides;
He loves my heart, for once it was his own,
I cherish his because in me it bides:
My true love hath my heart and I have his."

Yes, "a woman's crown of glory should be her family, her throne—home; and her sceptre—affection," yet modern teachings as given at many girls' colleges, and by means of literature, so-called, of monthly and other widely spread journals for the so-called fashionable set, conduce more to sensuality and the development of the manly woman—the athletic woman, to whom no man of any intelligence wishes to give a home, his heart or his honored name. In two periodicals, found in many virtuous families—the names of which publications I need not name, as I am not a publisher's agent—one, who is interested in live stock, as is the farmer in the best bulls, stallions, rams and boars, the best milkers among cows, etc., can find the following description of a typical marketable woman in early years: Weight, 118; height, 61¾ (standing), 33½ sitting; girth of neck, 13½; of chest, 31½; of chest (full), 33½; of lower chest, 27½-29½; waist 23½; hips, 35½ (if not an athlete, 39 in. said Dr. Blanche Denny);

thigh, 21; calf (right) $13\frac{1}{2}$; calf (left) $13\frac{1}{2}$; of ankle, 8; of upper arm, $10\frac{3}{4}$; of forearm, $9\frac{1}{2}$; of wrist, 6; breadth of shoulders, 15 inches. These are the measurements of the ideal athletic girl who is prepared (?) for motherhood, or to be a suffragist hammer striker or the man-woman.

"Lest the generation fail" I present the following from a corset and waist journal: "Height, 5 ft. 5 inches; weight, 128 lbs. From tip to tip of each middle finger just five feet and five inches, the same as the height. The length of her hand should be one-tenth of her height; her foot one-seventh, and the diameter of her chest one-fifth. From her thighs to the ground she should measure just the same as from her thighs to the top of her head. The knees should come exactly midway between the thigh and the heel. The distance from the elbow to the middle finger should be the same as from the elbow to the middle of the chest.

"From the top of the head to the chin should be just the length of the foot, and the same distance to the armpits. A woman of this height should measure twenty-four inches round the waist, thirty-four inches about the bust, if measured under the arms, and forty-three if measured over them. The upper arm should measure thirteen inches and the wrist six inches. The calf of the leg should measure fourteen and one-half inches; thigh, twenty-five, and the ankle eight." If these measurements had been found in another journal, I would not have made this copy or given them to my fellow subscribers.

According to Dr. Blanche A. Denny the weight of the perfect woman should be 8 stone 3 pounds, her height 5 feet 5 inches. Her waist 29 inches, bust 34 inches, hips 39 inches. "After all we must not consider her as a breeding machine and an adjunct to a frying pan," but God's masterpiece, or as our Sir (Dr.) Thomas Browne tells us that "man is the whole world, and the breath of God; woman the rib and the crooked piece of man."

In brief, as Sidney Low in *The Standard* has it, and which we—you and I—will endorse: "And man knows that woman is not fiend nor saint, nor mixture of the two, but an average human being—'most remarkably like you,' 'not half mother-fiend, half Maenad, lest the generations fail, armed and engined,' fanged and poisoned, for the hunting of the male, 'with the morals of the hen coop, with the jungle's code of laws,' as described by Rudyard Kipling, after (some way after) Shaw:

Tis no doubt a graceful fancy,
But the Woman Time has made
Doesn't recognize the likeness
So ingeniously portrayed."

This presentation from abundant treasures of analecta and anthology affords many interpretations and many studies more or less directed to the great subject of motherhood—the true woman's crown of life and her divine mission from God himself.

Mother! is there in any language a sweeter word, or one that can more fully awaken our recollections of pleasant days? Yes, "the mother, in her office, holds the key of the soul, and she it is who stamps the coin of character and makes the being who would be savage, but for her gentle care, a Christian man; then crown her the queen of the world."

"As unto the bow the cord is
 So unto the man is woman;
 Though she bends him, she obeys him;
 Though she draws him, yet she follows;
 Useless each without the other."

—Longfellow.

ONE RESULT OF SUGGESTION.

By A. C. E.

"A fee of \$10,000 will gladly be paid to any physician who will guarantee to cure a young lady of hysterical attacks, it being understood that the money will not be paid until a year has passed and there has been no recurrence of the attacks in that time. No one but a duly qualified physician need apply. Box 298, Express."

Jerrold Cunningham had just returned to America after doing four years' graduate work in continental, English and Scotch hospitals, rich in neurological knowledge but very poor in financial equipment.

His neat brass door-plate on an up-town fashionable boarding house where he was *en pension*, and where he occupied a suite of apartments which would soon land him in the poor house if he had to wait long for practice, proclaimed to passers-by and the community the particular specialty to which he would confine himself.

He was glancing casually over the advertising columns of his morning *Express*, when the above advertisement caught his eye.

"Would it be professional to answer that advertisement?" was the first thought which flashed through his mind.

He pondered the thought pro and con.

"I feel that I am competent to cure this afflicted young lady and bring joy and happiness to a worried and anxious household, as the knowledge I acquired in the German hospitals where I witnessed hundreds of permanent cures of this functional neurosis will serve me well now; and then there is not a specialist in diseases of the nerves in this entire city. Surely this is a case for me."

Thus he mused, but professional ethics would not down.

"Well," he concluded, "there will be no harm in waiting a day or so, and in the meantime I'll think it over. There will be sure to be lots of applicants, quacks as well as others. There can't be any one here who knows the value of and how to employ suggestion in the treatment of these cases. I'll wait."

So Dr. Cunningham put on his hat, drew on his gloves and taking up his walking stick sallied out to pay a visit to a case of neurasthenia he was then treating in the General Hospital.

After attending to his professional duties to this case, he betook himself to the operating theatre of the hospital, where he found the leading surgeon of the city performing a delicate operation in brain surgery, a branch of surgical science then in its infancy, as suggestive treatment was in the sister department of medical therapeutics.

A large concourse of physicians and surgeons were there gathered to witness this operation and Dr. Cunningham took a place amongst them to watch the outcome of the proceedings.

He had a few friends amongst the faculty there gathered and after the operation was over asked for an introduction to the distinguished surgeon.

The elder man soon engaged him in conversation relative to certain diseases of the brain and saw quickly that his younger confrere was a distinct acquisition to their professional ranks.

"Cunningham," he said on parting, "come over and see me to-night after office hours. I have a case I would like to talk over with you."

"Thank you," returned Cunningham, "I shall be delighted."

That evening found Jerrold Cunningham comfortably ensconced in one of the surgeon's easy chairs puffing away at a very fine "imported."

"Well, how are you getting along on the nerves?" was the first sally from the surgeon.

"Nothing to boast of—you know, doctor, I have got to do a little waiting just like every other beginner."

"Yes, that's true," patronizingly replied the elder—"I had to go through the starvation process in this city about seven years

myself before I commenced to make a decent living; but never mind, it will come to you, my boy. We are hardly yet ripe for a specialist on diseases of the nerves here—the people are not yet educated to it, they still stick to the old family physician—but it is coming, and that, I think, shortly.”

A few seconds' pause, the smoke curling above their heads.

“Now, I have a young lady patient,” went on the surgeon, “a beautiful girl, twenty-two years of age, an only daughter of one of the oldest and wealthiest families in the city, who for the last three years has been simply ostracised from society, and, indeed, from her closest and dearest friends, through a common, yet what I consider a terrible, malady, although most physicians generally think and write lightly of the affliction. I will succinctly give you her history; and then, as you have but just returned from France, Germany and England, conversant with the latest ideas as regards the treatment of functional neuroses, you will no doubt be able to help me.”

“Very well, proceed,” and Dr. Cunningham settled farther down into the comfortable chair.

“Her father and I were chums at the university together and have been bosom friends all our lives. My eldest son and Isabel—I may as well tell you that her name is Isabel McKinley, the only daughter of the prominent wholesale merchant of that name—were engaged to be married, but on the eve of the marriage my son disgraced us by running away with a nurse who was attending on my wife with a very severe attack of typhoid fever. The shock was too much for Isabel's nerves, as, indeed, how else could it be? And she has been the subject of hysterical fits ever since, often several in a day, although this is not continuous from day to day. I have tried all the known remedies with her with no avail, and on my advice other physicians have been called in with like result. I am afraid now that McKinley has about lost all faith in me—and little wonder—and I am just about as distracted over the case as he is. Is there anything new for hysteria?”

“Yes, I think it probable that she can be cured entirely.”

“Doubtless you read in this morning's *Express*,” continued the surgeon, unheeding the younger man's remark, “an advertisement which McKinley had inserted contrary to my wishes and advice, in which a large reward was offered to any physician who could promise a permanent cure.”

“Yes, I did,” replied the young neurologist.

“Did you answer it?” queried the surgeon, watching his confrere out of the corner of one eye.

"No," hesitatingly—"I was doubtful of it being professional."

"That's right. Never promise to cure anything either for or not for reward. Treat your patient and claim a proper fee. That is the pith of honor in the practice of medicine and surgery. Do you think there is any possibility of a permanent cure?"

The specialist sat up and leaned forward, deep earnestness marked in his aspect. "I said a moment ago I thought it probable—I now say I am almost positively sure of it."

"What is it?"

"Suggestion."

"Suggestion—what's that? Oh, yes; I remember now—I think I have read of that in *The Lancet*—but is it successful?"

"Quite so. I have seen many cases cured in the French and German hospitals. It is used there quite extensively, although it has not been tried here in America yet."

"I will arrange a consultation at the McKinley residence in the morning and will send a messenger to you at what time to meet me."

At ten o'clock the following morning Dr. Cunningham was ushered into the library of the McKinley mansion to meet the father of the beautiful girl, so afflicted, and who was probably about to become his patient. The family physician was already there and came forward to introduce him to Mr. McKinley.

"I have a number of letters here—the case of our daughter, my doctor informs me, Dr. Cunningham, has already been explained to you—which give me hope. Several promise me permanent cure and ask for an opportunity to see the patient. Now, the doctor has informed me that you are a specialist in nervous diseases who has been trained in Europe, and who for the past four years have been abroad studying diseases of this character and others. Will you promise to cure my daughter? I would rather engage a physician on the recommendation of my old friend here, but, indeed, sir, I am almost distracted and have about lost control of my judgment in this matter."

"I cannot promise to cure your daughter, Mr. McKinley, because I haven't seen her yet, nor do I know for myself the nature of her malady or the cause of it, although your family physician here has put me in possession of a good many facts in the case."

The haughty millionaire was rather rebuffed at this answer, but withal rather pleased with the dignified manner of the young practitioner.

"Then there is no use continuing this interview," he said—

and turning to the surgeon and handing him a bundle of letters asked: "Which of these do you think we had better engage?"

"The young man is right, McKinley, you should have nothing to do with any of these who claim that they can cure Isabel. All that any honest man can do is to treat her and await results. Dr. Cunningham says that he has seen many of these patients permanently cured and I believe him. I pray that you will permit me to introduce him to the patient."

"Very well! You may have your way once more, but remember this will be the last time I will take your advice in the matter," and Mr. McKinley turned and walked out of the room.

"You must not mind him, Cunningham, for he is overburdened with grief at his daughter's condition. Come with me."

Dr. Cunningham had never seen a more beautiful girl, and trained observer as he was he immediately detected marks of great mental strain. He saw at once by the action of the grief muscle of Darwin that his fair patient was bordering on melancholia.

He advanced and extended his hand to acknowledge the introduction, when the patient promptly fell into a violent spasm to all appearances hysterical in character.

A few drops of restorative and the patient was herself again, and the specialist soon engaged her in an animated conversation upon various topics.

It was at length arranged that Isabel should be taken to a private ward in the General Hospital, completely isolated from all her friends, attended only by her nurse and Dr. Cunningham.

Two weeks passed and Dr. Cunningham was not able to report to Mr. McKinley that his patient had made much progress.

Another week passed and the parent began to be doubtful.

A fourth came and went, and the family physician came to see Dr. Cunningham.

"I am afraid you are going to fail," he said.

"Wait and see," was the self-satisfied reply.

"But McKinley is getting very impatient. He says it is the old story—talks of extortion and wasted money. What are you doing for her anyway?"

"Simply improving her general condition by tonics and diet."

"Bother! I've tried that time and again. It's no use. What's become of your suggestion?"

"All will be in readiness for that next week. Of course, I acknowledge if it fails she is done for and so am I—in this city. Have a little more patience and bolster up her parent. I am sure all will come right in the end."

Dr. Cunningham saw his patient two, three and sometimes four times a day. He was, indeed, vastly interested in both the patient and the case.

Isabel McKinley was very submissive and the nurse reported to the doctor that she thought she rather looked for his visits. At the same time she would watch his countenance for any tell-tale appearance thereon, but the calm exterior of the specialist betrayed nothing. His nerves had been well schooled. To him Isabel McKinley was apparently nothing more than any patient would be under similar circumstances.

The day for the application of the suggestive treatment at length arrived.

Dr. Cunningham sent word to Mr. McKinley that on the morrow he would accomplish a cure or return his patient to her home—and he a vanquished man.

Arriving at the hospital at 8 o'clock the following morning, he ordered the nurse to prepare the patient as for an anesthetic.

Her attacks had not been so frequent during the past week and the intervals between attacks had been lengthened.

“Miss McKinley,” addressing her, “I am going to put you to sleep and I do not wish you to resist the influence. I wish you to aid me all you can, in fact, I wish you to try to go to sleep yourself.”

A few deft practised passes over the temples and down the finely moulded arms to the finger tips—and the patient was in the hypnotic trance.

“Run, quick, nurse, and bring me a tongue depressor!”

When the nurse ran out of the room, he stooped down close to the ear of the beautiful girl and spoke therein in firm, earnest tones: “Isabel McKinley, you are cured. You will never have any more fits. There has come into your life a man who loves you and who is worthy of your love. Love him as he loves you. Your life will be forever happy.”

The nurse returned with the instrument.

“I was afraid,” breathed Dr. Cunningham, “her tongue would drop back, so I wanted to be in readiness for any emergency of that sort.”

Turning to the patient again: “Miss McKinley, you are cured! Awake!”

A few passes over her eyes and the patient began to come to and almost immediately sat up in the bed.

“Oh, Dr. Cunningham, I have had such a lovely sleep! I have not slept so peacefully in years.”

“You must be quiet now and rest,” was all he said.

The day passed—no attacks.

A second, a third, and the doctor was satisfied.

In two weeks Dr. Cunningham returned Isabel McKinley to her home and that home was once more a happy one.

Two years passed away. Dr. Cunningham sent his bill to Mr. McKinley in due and proper time for his services, and a check was promptly returned together with another for \$10,000 as a thank offering for the great blessing in returning to her home an afflicted child long a source of worry and anxiety to her parents. The cure remained complete; and the clever neurologist, now in the enjoyment of an ever-increasing practice, was often thrown into the society of Isabel McKinley, but, remembering her former experience, was chary of love-making.

The surgeon often joked Jerrold about Isabel and said he should marry her.

"I'll fix it," he said, but not quite in the way probably that he had forethought.

Jerrold fell sick of typhoid fever of a pronounced cerebral type; and the old surgeon was sent for to attend him. He impounded Isabel to nurse him; it was only fair, he said.

After two weeks' of delirium, Dr. Cunningham came to his senses, very weak 'tis true, and found Isabel bending over him.

"You here, Isabel—I mean Miss McKinley?"

"Yes. There has come into my life a man who loves me, and I love him as well as he loves me—but you must rest now—you must not get excited"—and she smiled sweetly down upon him and then placed her soft hand over his mouth and made him keep quiet.

She had divined it all through his delirium.

DENTAL PROPHYLAXIS IN CHILDREN.*

BY J. A. BOTHWELL, D.D.S.,
Surgeon to the Hospital for Sick Childrens.

Prophylaxis is the art of preserving from, or preventing, diseases. It is not a curative, but a preventive, process.

From a dental standpoint, Prophylaxis is considered an elementary operation, and is necessarily so because it is the first operation when patients place themselves under our care for treatment—the alleviation of pain only being excepted. It is important to make this a very thorough operation.

Caries or decay is the result of non-prophylactic measures. It is caused by the formation of gelatinous plaques on the surfaces of the teeth. These plaques protect the bacteria and enable them to dissolve out the lime salts between the enamel rods of the tooth and finally break down the enamel rods themselves, producing cavities.

The first requisite to prevention is a healthy, perfectly formed organ, one which has all the virtues of good articulation, ample blood supply and normal environment. Too little attention has been given to the early habits of mastication as well as the character of food which the children receive from the age when permanent molars begin to erupt. There can be no development without a proper and adequate blood supply. This cannot be had without proper exercise, and this exercise will not be had until the children are taught to thoroughly masticate good hard foods instead of the soft preparations usually offered them.

The immediate effect of such exercise is to increase the circulation in all the surrounding tissues, insuring a better growth, a more resisting organ, and a healthier action of the salivary and mucous glands. The ordinary diet contains a sufficient amount of calcium salts and other ingredients to form a perfect set of teeth if it could only be properly placed, but how can the child masticate its food if the deciduous teeth are defective. Not only are they unable to do so, but habits are being formed which cling to them long after the loss of the deciduous teeth. This constitutes a demand for more careful attention to children's teeth.

All investigations point to vitiated oral secretions as a prime

* Read before the Academy of Medicine, Toronto.

factor in dental caries—correct the secretions and preserve the teeth. When we are able to determine a normal saliva we will have made a big stride forward.

Frequently we find cases among children of certain ages with a vitiated saliva, where decay is rampant. This condition is easily detected by chalky milk-white spots on the enamel and may usually be remedied by a prescription supplemented by Prophylaxis.

Micro-organisms are to be constantly combated. Can the oral cavity be made sterile? Most certainly not, but we can reduce the numbers and activity of the micro-organisms by limiting their food. An intelligent appreciation of this fact will do much to establish the daily routine of careful mechanical removal of all traces of food with brush, dentifrice, floss, silk, etc.

Cleanly habits are part of the education of every individual and can be found best in early childhood. The mouth is the gateway through which all food must pass on its way to the body, and too much stress cannot be bestowed on this important subject of oral prophylaxis for the sake of the little ones. A little water used frequently for rinsing with a motion of the tongue on all surfaces of the teeth and gums, lingual, palatal, labial and buccal, goes a long way to assisting in this prevention, and this prevention should be our highest aim.

Salivary calculus and green stains, the latter of which is most common in children, when the mouth is open, will disgust the beholder, and frequently prevent the formation of a favorable opinion of the child who is so neglectful of his or her appearance. Nothing adds so much to personal appearance as a clean set of teeth. As an example to our patients, how necessary it is then for a dentist or medical man to present a clean set of teeth at all times.

Germicidal mouth washes are very much estimated because they are usually in the mouth such a short time, and so are practically useless. Their principal virtue is that they are an incentive to the patient to clean the mouth because of the pleasant taste.

From the earliest days down to the present time in the human race, men have searched for the spring of health, hoping thereby to find some source of eternal youth. Our patients come in the same manner, asking, "Doctor, what can I do to make and keep my teeth clean and preserve them from decay?" This question comes over and over again. We would write a prescription if such were possible, but there is no specific.

Sometimes a dentist does prescribe a wash and gives instructions with it. What is the result in a large majority of cases? The patient forgets the instructions and uses the wash, thinking he has a specific without labor, but in a short time he finds dire results. Every wash should be accompanied by careful instructions as to its use, which should be minutely followed. They are usually prescribed in cases of inflamed mucous membranes and gum tissues, where the inflammation does not recede even after the irritant has been removed. They should be used only for a short period, for in a few weeks they lose the desired effect on the tissues.

Tooth pastes and powders are valuable in the cleansing of the teeth and mouth, and particularly so if the saliva is inclined to be sticky or ropy. They should contain a reasonable amount of fine grit—preferably a grit soluble in the fluid of the mouth. A small amount should be placed upon the brush in the cleansing process. One should see to it that all particles of paste or powder are entirely eliminated from the mouth by thorough rinsing afterwards with pure water.

Tooth brushes should be of the proper size and shape, so that one may cleanse every surface of every tooth of both jaws. In the majority of mouths two brushes at least are necessary, a labial and a lingual brush. For children under seven or eight years of age, a small brush with one row of bristles, as the "Hutax" child's brush, is strongly recommended. For all over that age, I think there is none better than the medium-size Hutax brush for all labial surfaces and the lingual brush for lingual surfaces. I have used a great many different brushes and have yet to see one that can compare favorably with the Hutax. They are properly shaped, so that every surface of every tooth may be reached.

I saw an article on oral conditions read before this society in October, in which the writer suggested three ways of remedying evils he perceived in the use of a tooth brush for many mouths.

1. All tooth brushes should be boiled before and after use for five minutes.
2. Use a new tooth brush every day.
3. Rinse brush in trikresol 1 per cent. or stand in formalin 10 per cent.

In the first place the boiling of the brush is impracticable or would soon destroy it. Secondly, a new brush every day is too expensive for the average person, and thirdly, the soaking in solutions would destroy and soften the bristles to such an extent that they would not do their work any great length of time. However,

as we are immune to our own bacteria, we need not be alarmed, and if our brush is given a chance to dry between usages the bacteria do not get much chance to grow, as they need moisture, and the bristles, being dry, will be stiffer and better able to do their work. I strongly recommend the use of three or four brushes for each individual to be used consecutively, so that a dry brush is always ready for use. They will last longer if so used and so ultimately cost less. If only one brush is used, it should be stood on end in a good place to dry quickly, so it will be always ready to do its work. A soft, flabby bristle cannot do good work.

The teeth should be brushed from gums down over the crowns of the teeth, so that the bristles extend well in between the proximate surfaces. If this is done on the labial, buccal and lingual surfaces, together with the thorough rotary brushing of the occlusal or grinding surface, every surface of every tooth will be pretty thoroughly cleansed. This cannot be properly accomplished in less than from three to five minutes.

The teeth should always be brushed upon rising in the morning, so that the bacteria that have developed during the night may not be taken into the stomach with the breakfast. Brush after each meal. It is very important to brush the teeth before retiring, so that no particles of food will have a chance to lie around the teeth and ferment, thus giving the bacteria a good opportunity to set up caries.

The object of all this care is primarily to save the teeth; secondly, to prevent infection in the alimentary canal, and, thirdly, to prevent the spread of infectious diseases. We are told that 95 per cent. of all tuberculosis infections take place through diseased or ill-kept mouths. The same is true of almost all other contagious or infectious diseases.

Besides these diseases such conditions as enlarged glands, inflamed tonsils, septic catarrh of the stomach, indigestion, pernicious anemia, deafness and many other serious conditions are directly or indirectly traceable to insanitary mouths.

I have been requested also to say something about the examination of children's mouths, but can only lightly touch upon it here.

In the examination of children's mouths, or in fact, any mouth, it is well to have a routine to follow. In this connection the following order is good: Lips, cheeks, mucous membrane, gums, general condition of mouth, clean or unclean, abscesses, regular or irregular teeth, number of temporary teeth, number of permanent teeth, and, finally, cavities in temporary and permanent teeth. This becomes a habit with the dentist and he sees practically all at a glance.

Here we might note that in all children of six years and over we are almost sure to find permanent teeth, and these should have special care in examination, as they are likely to be on duty a long time. The tooth which is so often lost is the first permanent molar. It erupts at six years of age, immediately behind all of the temporary or milk teeth. It has prominent cusps, three in the occlusal surface next to the cheek and two on the occlusal surface next the tongue. It has a solid color as compared with the temporary teeth, which are somewhat of a dead white.

When one has several patients to examine, it is a good rule never to touch the body or face, and particularly the mucous membrane of the mouth, with the hands, lest infection be transferred from one patient to another. Physicians are not always, I fear, as particular about this matter as they ought to be. I have seen physicians on several occasions insert their fingers in the mouths of several children and never wash their hands during the whole examination.

To avoid this very bad practice, one can make a very fair examination with only a flat wooden tongue depressor, such as used in the hospitals. Usually in ward use, where more than one patient is examined, I use two mirrors, 10 per cent, formaldehyde, sterile water and tongue depressors. One mirror is kept in the formaldehyde while the other is being used in the examination of one child, about five or six minutes. The water is to wash off the formaldehyde before being used again. A tongue depressor is used only once and goes to the pus basin to be destroyed.

Any inflammation of the mucous membrane is quickly noticed. Green stains and other stains are easily recognized, and decay in the teeth is usually marked by a hole in the tooth or dark black area on the surface. In closing, I hope that this paper will give every man present a few real practical working points. I thank you for your kind attention.

THERAPEUTIC TIPS

CEREBRAL HEMORRHAGE.

F. X. Callaghan (*Medical Press and Circular*) says the routine treatment of cerebral hemorrhage is absolute rest, depletion of the circulation by vigorous purgation, and attempting to prevent complications, such as bed sores, cystitis, and aspiration pneumonia. In cases of marked compression, evidenced by prolonged and deep coma, slow pulse, irregular breathing, the intracranial tension should be lowered by venesection, lumbar puncture or decompression, with or without an attempt to remove the clot of blood.

OLIVE OIL IN DISEASES OF THE STOMACH.

Freeman (*American Medicine*) reviews the history of the treatment of diseases of the stomach with olive oil. This has been advocated at times for the past twenty years. Penzolt noticed that after drinking coffee with cream gastric acidity was lower than with coffee alone. Ewald and Boas in 1886 showed that when starch oil mixture was introduced into the empty stomach there was very little, if any, secretion of hydrochloric acid in the first half hour. In 1898, Strauss and Adler used liquid fats in patients afflicted with various conditions associated with gastric hyperacidity, with satisfactory results. About this time Pawlow and his associates showed that fats did not show any stimulating effects upon gastric secretion, but had an inhibiting influence on secretory processes excited by other foods. Bachmann, in 1900, claimed to reduce free hydrochloric acid 19 per cent. by butter and as much as 42 per cent. by cream. Then Cohnheim employed olive oil with good results in cases of hyperacidity, finding that it fulfilled four conditions: Relief of pain, reduction of friction, as a food, for the inhibition of acids. Moore and Ferguson, in 1909, demonstrated fats had a depressing action on the activity of the normal flow of gastric juice. Permanent cures have been reported from the oil treatment in cases of spastic stenosis, fissure and erosion of the pylorus, ulcer, and gastritis. Reports of results justify the use of fats,—olive oil, butter, cream, in cases of nervous dyspepsia and gastric hyperacidity from many causes. It is simple and harmless.

POST PARTUM AND HYSTERICAL RETENTION OF URINE.

Edwards (B. M. J.) states these cases are very generally relieved by the administration of an enema.

SWEATING FEET.

G. Norman Meachen (*Practitioner*) says to bathe the feet well every night, using a one per cent. solution of pot. permang. warm; then dry thoroughly. The following morning dust in this powder: Pot. permang., drachms, two; powdered alum, grains twenty; talcum powder, ounce one; precipitated zinc carbonate, zinc oxide, of each, half a drachm.

COLON BACILLUS INFECTION.

Kemp (*Bost. Med. and S. J.*) gives urotropin and sodium benzoate, of each, ten grains, every three hours, by the mouth. If coma is present, or vomiting, he gives it by the rectum. As to diet, he gives sour milk and later cereals, etc. No red meats. Calomel or blue mass for the bowels.

GONORRHEA.

Menzer (*Mün. Med. Wochen.*) uses injections of gonococcus vaccines in the treatment of acute gonorrhoea, together with hot sitz baths, and rest in bed for two or three weeks. He particularly emphasizes the importance of the latter.

PRURITUS VULVÆ.

R. A. Gibbons (B. M. J.) considers the treatment under three heads: internal remedies, external remedies, and operation. Under the first, regulation of diet, bromides and similar drugs. Externally he uses antipruritic lotions or ointments and soothing sitz baths, such as bran bath. He has found a five per cent. solution often serviceable; liquor potasse and solutions of either corrosive sublimate or subacetate of lead. Menthol, 5 to 20 grs. in solution rarely fails. Nitrate of silver, 40 grains to the ounce in long standing cases is valuable. Operative measures recommended are some form of cautery or division of nerves.

Reviews

Health and Medical Inspection of School Children. By WALTER S. CORNELL, M.D., Director of the Medical Inspection of Public Schools, Philadelphia; Lecturer on Child Hygiene, University of Pennsylvania; Director of Division of Medical Research, New Jersey Training School for the Feeble-Minded, etc. Illustrated with 200 Half-Tone and Line Engravings, many of them original. Philadelphia: F. A. Davis Company.

Medical inspection and medical supervision of school children has, within the past few years, attained to such prominence that any book of an authoritative nature will be made welcome by the medical profession, particularly those intimately associated in this laudable work. In a volume of 614 pages one would think that at the present time the last word had been written on the subject. The experience of the author has been such that he is qualified to record his observations and work in book form, and it will remain for some time to come the best authority in a general way on the subject of medical inspection of schools. We heartily recommend this book.

American Journal of Surgery.—Greater New York Number.

In June the *American Journal of Surgery* will issue a number composed of original contributions from men of recognized prominence in the medical profession residing in Greater New York. Among those to contribute are:—Herman J. Boldt, C. N. Dowd, Meddaugh Dunning, Wm. S. Gottheil, E. L. Keys, Jr., Howard Lilienthal, Chas. H. May, Willy Meyer, Robt. T. Morris, S. Lewis Pilcher, John O. Polak, James P. Tuttle, James P. Warbasse and others. Contributions from these well-known men should make this issue of particular interest and value.

An Introduction to Therapeutic Inoculation. By D. W. CARMALT JONES. Toronto: The Macmillan Company of Canada. \$1.25 net.

This is an excellent summary of the principles and practice of vaccine-therapy, based upon the large experience of the author

and that of other investigators, from whose work he has freely drawn. Its especial merit, however, is that the author dwells particularly upon his own methods and gives succinctly and without undue enthusiasm the results of a number of years' experience. If any criticism should be offered such an excellent monograph it would be that directions for the use of bacterial vaccines that should guide the general practitioner are perhaps not sufficiently detailed or explicit to meet his needs.

G. W. R.

Principles and Practice of Physical Diagnosis. By JOHN C. DACOSTA, JR., M.D., Assistant Professor of Clinical Medicine, Jefferson Medical College, Philadelphia. Second Edition, revised. Octavo of 557 pages, with 225 original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$3.50 net. Canadian Agents: J. F. Hartz Co., Toronto.

This Physical Diagnosis of DaCosta is a satisfactory work on the physical examination of the chest and abdomen, and it may be recommended to those who have a large library of these diagnostic methods, but who require a smaller book for quick reference and for the few recent additions to this science.

But while the separation of the physical and chemical methods of examining patients has the advantage of preventing the editing of a bulky volume, yet it seems hardly wise to exclude all mention of the technique of studying the nervous system,—a physical not a chemical examination.

So that while this book is excellent as regards its contents, yet it is not suitable as a text-book for the student, who requires to find his library of physical diagnosis in one, not in several volumes; nor is it suitable for the general practitioner, who I think can invest more satisfactorily in a more complete work.

G. W. H.

The Treatment of Fractures by Mobilization and Massage. By JAMES B. MENNELL, M.D., B.C., Cantab., etc. Late resident Medical Officer of St. Thomas' Home, etc. With introduction by Dr. J. Lucas-Championnière, Honorary Surgeon to Hotel Dieu, etc. Price, \$3.50 net. St. Martin's Street, London: Toronto: The Macmillan Co. of Canada.

This is a very exhaustive work of over 450 pages, profusely illustrated, on this, to most of us, new method of treating fractures. Gentle massage—"glucokinesis"—is recommended as pre-

liminary- and after-treatment, while by mobilization is meant gentle movement of the parts. Taking as an example, "a recent fracture of the surgical neck of the Humerus, the treatment is limited on the first day to free movements of the fingers and wrist, half movement at the elbow, and only such movement at the shoulder as is unavoidable during these manipulations. But in a week's time abduction, flexion and extension of the arms should reach 50 per cent. to 75 per cent., and a minute amount of rotation may be called for in suitable cases. . . . There is only one limit to the amount of this dose; it must cause no pain. . . . The use of splints is not to be altogether abandoned in the treatment of the majority of fractures. As soon as possible splints are discarded, though it is often necessary to leave them *in situ* for a short space."

The author has naturally had a very wide experience, and a careful study of his work will amply repay any practitioner.

T. B. R.

Minor and Emergency Surgery. By WALTER T. DANNREUTHER, M.D., Surgeon to St. Elizabeth's Hospital and to St. Bartholomew's Clinic, New York City. 12mo. volume of 226 pages, illustrated. Cloth, \$1.25 net. Philadelphia and London: W. B. Saunders Company. 1911. Canadian Agents: The J. F. Hartz Co., Toronto.

A useful little work, intended more particularly for the hospital interne.

T. B. R.

Principles of Anatomy. The abdomen proper. Described and illustrated by text and plates. By WM. CUTHBERT MORTON, M.A., M.D. (Edin.) Price \$12. New York: Rebman Company.

This work consists of a 175-page book and 27 plates, on 14 leaves each of 10 by 14 inches. Thirteen of these plates are front-and-back plates in which the abdominal organs have been outlined and a portion within the outline has been cut out.

The method of employing these plates is (1) by separate inspection from in front and from behind and the relations of the various structures seen. (2) By simultaneous inspection, by trans-illumination. (3) By correlating the front-and-back plates with each other, separately, and by combined inspection by means of cut-out leaves, and by simultaneous inspection by trans-illumination. In this manner each organ can be studied completely

as regards its surface anatomy, its relations, its blood and nervous supplies.

The object of the work is intended to "stimulate practical study, to be used before dissection for a preliminary survey, during dissection for comparison and contrast, after dissection for revision, and at all times for reference."

It is necessary to study the text and the plates in conjunction. "Certain changes have been made in treatment and in nomenclature." These changes only serve to make some of the more difficult parts easier of understanding.

The whole is most original and will certainly be a great aid to all in the study of the abdomen.

W. A. S.

Fourth Report—Wellcome Tropical Research Laboratories.
Toga Publishing Co., 35 West Thirty-third Street, New York City, and 101 Coristine Building, St. Nicholas Street, Montreal.

The Toga Publishing Company has been authorized, on behalf of the Department of Education of the Sudan Government, to issue the fourth report of the Wellcome Tropical Research Laboratories at the Gordon Memorial College, Khartoum.

It is almost impossible to exaggerate the importance of the work which is being accomplished by the distinguished group of scientific men associated with the Wellcome Tropical Research Laboratories, under the leadership of Dr. Andrew Balfour.

The thorough examination of the conditions of tropical life, as they present themselves in men, animals, plants and insects, is the task to which this great institution is devoted.

The Fourth Report of the Laboratories, which is now being issued, contains the facts, observations and discoveries brought to light during the last few years. Unlike the commentaries and digests which are so familiar a feature of the scientific press, these volumes contain the actual record, at first hand, of new contributions to the solution of problems of deep and world-wide import.

Their value is further enhanced by the superb manner in which the knowledge, so laboriously gained, has been presented and illustrated. The expansion of the work of the Laboratories and the amount of new material collected during the last few years have rendered it impossible to issue the Fourth Report in one volume, and the subject matter has, therefore, been divided into two parts. The first part, Volume A, of which a compli-

mentary review copy is being sent herewith for your acceptance, deals with the medical aspects of the work of research. Volume B, which relates to general science, is now in the press, and will be issued shortly. Volume A presents the results of the bacteriological examinations carried out at the Laboratories. Pathological and other specimens from a wide area, and illustrative of many forms of endemic disease, have been the subjects of investigation. Important papers have also been contributed on the work of the Sleeping Sickness and Kala-azar Commissions. The fallacies and puzzles met with in the course of blood examination in the tropics form the subject of an interesting and well-illustrated article. An extended research on fowl spirochaetosis has demonstrated the important rôle played by the "infected granule" in this disease. Other papers include records of work on trypanosomiasis, human spirochaetosis, kala-azar, forms of cutaneous leishmaniasis, veldt sore, diphtheria, human botryomycosis, veterinary diseases, etc. The interesting notes contained in the previous reports on sanitation in the Sudan are continued.

The two volumes of the Report, (A) and (B) together, contain 738 pages of letterpress and illustrations, many of the latter being in natural colors.

The price fixed for the Reports is as moderate as is consistent with the great cost of production, and any profit made will be devoted by the Sudan Department of Education to a special fund for future publications of the Laboratories.

In order to place the reader completely in touch with the latest phases of the whole subject, a third volume has been added as a supplement. It is entitled "A Second Review of Recent Advances in Tropical Medicine, etc."—a title which is amply fulfilled in the contents.

The last Reports were issued in 1908, and the announcement that a further instalment of the work was to be expected has aroused the keenest interest among students of tropical medicine and a very large demand is anticipated.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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No. 5

COMMENT FROM MONTH TO MONTH.

The Report of the Royal Commission on Vivisection appointed some years ago by the British Parliament, has recently been issued. It is some four years since the evidence was concluded before the Commission, which time it is understood was consumed by the business of agreement among the Commissioners, illness and even death in the case of two of the Commissioners contributing to the delay.

That the entire matter has been well gone into and that every phase of vivisection has been carefully considered, the evidence carefully and judicially sifted and the findings made commensurate with all the evidence taken, may well be understood, when it is known eighteen months were given over to the hearing and that 21,761 questions and answers engaged the attention of the Commissioners.

During these five and one half years medical science, however, was not standing still awaiting the verdict. Flexner was busily engaged upon spotted fever and infantile paralysis. The mortality from sleeping sickness was being cut into by Bruce. In India, Leishman was producing good results with antityphoid inoculation; and nearer home, Wood of the United States had made this protection compulsory in the army upon all under forty-five, unless they had previously suffered from typhoid fever. France, too, was marching abreast of the times in scientific attain-

ments, and had to its credit 401 cases of rabies in 1911 without one death, having previously recorded a similar history and achievement for 1910. Diphtheric antitoxin reduced the death rate in England in laryngeal diphtheria from 60 to 11.7 per cent. None of this confirmatory evidence had the Commission before it.

Originally composed of ten members, it is decidedly gratifying to the exponents of vivisection that the report is signed unanimously by the surviving eight, and that, therefore, there is no minority report.

Every opportunity was given the opponents of vivisection to produce evidence in support of their views and contentions, and they made a wholesale failure all along the line. Eighteen of these witnesses appeared to give evidence antagonistic to the cause, and some of them were examined at great length, one being under the limelight three whole days and a half.

One clause in the report is so convincing that it is here set forth *verbatim et literatim*: "We desire to state that the harrowing descriptions and illustrations of operations inflicted on animals, which are freely circulated by post, advertisement, or otherwise, are in many cases calculated to mislead the public, so far as they suggest that the animals in question were not under an anesthetic. To represent that animals subjected to experiments in this country are wantonly tortured would, in our opinion, be absolutely false."

The achievements of medical science through animal experimentation need only to be mentioned in a categorical way: diphtheria, rabies, malaria, yellow fever, Malta fever, plague, lock-jaw; the work of Lister; in the animal world, anthrax, rinderpest, Texas cattle fever, glanders, swine erysipelas, malignant jaundice in dogs, distemper in dogs.

But to the public apparently the great question is the one of pain to the animals experimented upon. With anesthetics complete insensibility to pain results. Morphine, chloral and like drugs, when used in heavy doses, produce a similar condition. Considering, then, that 95 per cent. of all experiments upon animals in Great Britain are inoculation experiments alone, and that these are done upon such animals as mice, rats and guinea-pigs, the question of pain does not appear to loom at all large, is in fact infinitesimal under the conditions. A great majority do not suffer any pain at all, although some inoculations do cause some pain.

The Commissioners have come to the conclusion and are unanimously agreed "That experiments upon animals, adequately

safeguarded by law faithfully administered, are morally justifiable, and should not be prohibited by legislation."

Surely then, the public, when it comes to humanity against mice, rats, guinea-pigs or even dogs, will say humanity overwhelmingly wins.

The role of raw foodstuffs, such as garden vegetables and fruits, is now having consideration in the dissemination of typhoid fever.

In a recent number of the United States Public Health Reports, R. H. Creel records some of his experiences in connection with raising radishes and lettuce on soil infected with the *Bacillus typhosus*.

His experiments go to show that plants will carry up with them in growing, upon the leaves and stems, micro-organisms which were in the soil subsequent to seeding.

It was found that the *Bacillus typhosus*, even where the leaves and stems were free from all apparent adhering particles of dirt, could be recovered from those selfsame leaves and stems; and that neither the natural rainfall nor tap water freed the infected plants from the germs.

Creel draws the conclusion, therefore, that the fertilization of garden soil by human excreta is productive of danger, in that such vegetables as radishes, celery and lettuce, may carry the infection direct to the alimentary tract of the human being.

This will mean additional activities for the health officer and his inspectors, or else it is good-bye to our luscious salads, the appetizing radish and the palatable celery stalk. We will require to know hereafter if these edibles are grown upon ground where night-soil figures as a fertilizing substance.

Hygiene of the mouth, or oral prophylaxis, is rapidly becoming a routine practice in the prevention of disease.

Pharmaceutical houses with keen business instincts are not slow in seizing hold of any new idea which can be turned to practical account; and there are already on the drug and medical markets numerous solutions, tablets and lozenges adapted to the conservation of health through the medium of the buccal cavity.

A British physician, William Hunter, has been especially prominent in this direction of preaching cleanliness of the mouth, and has exhibited a "sticktoitiveness" which is very commendable. Neglect of hygiene of the mouth, in his opinion, results in

numerous disorders, or at least helps to contribute to them, such as gingivitis, dental necrosis, stomatitis, deposition of tartar, supuration around decayed teeth, periostitis, alveolar abscess, osteomyelitis, maxillary abscess, tonsillitis, pharyngitis, otitis and glandular enlargements. An unclean mouth may also have considerable to do with anemia and gastric catarrh.

In mouth hygiene, the dental profession seem to be in advance of the medical profession and have blazed the way for the proper employment of the tooth brush and intelligent and right, up-and-down brushing.

As the night time, the sleeping hours, is known to be the favorable working hours of the little pests, the micro-organisms, the importance of the buccal toilet just prior to retiring cannot be too often nor too strongly emphasized.

Dominion Registration advances apace. The Legislature of the Province of Quebec has passed the necessary measure to ratify the Roddick Bill, or the Canada Medical Act, as amended at the last session of the Federal Parliament. Ontario has introduced into its Legislature the "enabling clause"; and within a short time the complete success in rounding out Dominion Registration will be accomplished. It is not expected Ontario will prove a stumbling block.

When all the provinces have ratified the Canada Medical Act, the Honourable, the Minister of Agriculture will undertake its administration.

An organization meeting will be summoned and convened for Ottawa, when the Dominion Medical Council will be organized.

The much desired end approacheth. Dominion Registration was first broached before the Canadian Medical Association, shortly after its organization at the time of confederation. As the Dominion increased by the acquisition or accession of new provinces and new territory the question took on a wider scope. It dragged along until Dr. Roddick took it up in real earnest about fifteen years ago, and in order to further it before the Canadian Parliament, sought election to the House of Commons.

The history of Dominion Registration since that time is familiar history. It lapsed for a time after the passing of the original bill in 1892, but took on a new lease of life at Winnipeg in 1909. Its resuscitation has made it a live question again since 1909.

Reward for his earnest efforts is soon to perch on the indefatigable and able shoulders of Dr. Roddick, who may be saluted as the Father of Dominion Registration.

The **Seventeenth International Congress of Medicine** to be held in London, England, August 6th to 12th (1912), has issued its preliminary programme. The subjects for discussion embrace Anatomy, Physiology, General Pathology and Pathological Anatomy, Chemical Pathology, Bacteriology and Immunity, Therapeutics, Medicine, Surgery, Orthopedics, Anesthetics, Obstetrics and Gynecology, Ophthalmology, Diseases of Children, Neuropathology, Psychiatry, Dermatology and Syphilography, Urology, Rhinology and Laryngology, Otolaryngology, Stomatology, Hygiene and Preventive Medicine, Forensic Medicine, Naval and Military Medicine, Tropical Medicine and Hygiene, Radiology.

A very comprehensive programme is embraced under these headings. Canadian practitioners going abroad this summer should remember to time their visit, so as to take in this important conference.

Ontario Medical Association—Toronto, May 21, 22 and 23. This meeting is to be far more clinical and practical than any yet held.

Draft Programme of Ontario Medical Association, to be held in Toronto on May 21, 22 and 25.

Tuesday, May 21.—

- 9.00. Symposium on Graves' disease.
- 9.00. Address in Medicine, by Dr. Alden Turner, London, Eng.
- 3.00. Meeting of Sections.
- 8.00. President's Address, by Dr. H. A. Bruce.
- 9.00. An illustrated lecture on Experimental Medicine, by Prof. Carell of the Rockefeller Institute.

Wednesday, May 22.—

- 9.00. Clinics at the University Buildings.
- 1.00. Luncheon in the Quadrangle.
- 2.00. Address in Surgery.
- 3.00. Meeting of Sections.
- 7.00. Dinner at McConkey's.

Thursday, May 23.—

- 9.00. Clinics at the various Hospitals.
- 2.00. Woodbine Races and Golf.

News Items

DR. S. H. MCCOY, of St. Catharines, has moved to Toronto.

DR. CLARKE, of Dunnville, Ontario, has moved to Toronto.

DR. OLIVER, of Merlin, Ontario, has moved to Toronto.

PROF. J. J. MACKENZIE, of the University of Toronto, has gone abroad.

DR. G. STIRLING RYERSON, Toronto, has returned from Atlantic City.

DR. J. W. DANIEL, St. John, N.B., has been called to a seat in the Senate.

HAMILTON had 100 deaths in February, four being from tuberculosis.

DURING the past year, St. John's, Newfoundland, became an entrance port for Syrians afflicted with trachoma.

DR. J. D. MCQUEEN, late Superintendent of the Winnipeg General Hospital, is doing graduate work in New York.

The present Lord Mayor of London is a physician, 81 years old. He is the first physician who has ever held this honor.

DR. ANDREW CROLL, Saskatoon, has obtained the qualification of F.R.C.S. (Edin.). He is at present in Germany pursuing studies in surgery and gynecology.

DR. GEO. H. FIELD, Cobourg, Ont., was married to Mary, daughter of Commander and Mrs. Gearing, Annapolis, Maryland, April 18th. Heartiest congratulations.

ST. MICHAEL'S HOSPITAL, Toronto, recently formally opened a fine new wing. This cost \$250,000. One of the features of the new wing is a roof-garden. The building is four stories in height.

WHEN in Vancouver, Dr. Wilfrid T. Grenfell was dined by the University Club, Dr. R. E. McKechnie, the President, occupying the chair.

DR. S. J. S. PIERCE, Pathologist to the Winnipeg General Hospital, is at present in London, after six months' graduate work in Freiburg, Germany.

DR. D. N. MACLENNAN has been appointed chief of the Eye, Ear, Nose and Throat Department of the Hospital for Sick Children, Toronto, in succession to Dr. Geoffrey Boyd, resigned.

DR. D. A. STEWART, of the Tuberculosis Sanatorium at Annette, Manitoba, is on his way to Rome as one of the representatives of the Dominion Government to the International Tuberculosis Conference.

The American Practitioner is the title of the amalgamated *New England Medical Monthly*, *The American Practitioner and News* and the *Annals of Medical Practice*. It is published monthly in New York, and Dr. John W. Wainwright is the Editor.

THE fifth annual meeting of the Canadian Military Medical Officers was held in Ottawa, February 28th and 29th. Amongst others who delivered addresses were the Minister of Militia, Sir James Grant, and Major J. T. Clark, Halifax.

DR. L. L. PALMER died recently at Grimsby, Ontario. The late Dr. Palmer was for many years a prominent specialist in eye, ear, nose and throat work, but about two years ago moved to Grimsby. He had also taken a leading part in military life.

DR. B. E. MCKENZIE announces that Dr. C. Stewart Wright, recent graduate of the Orthopedic Department, Carney Hospital, Clinical Assistant at Massachusetts General, and Children's Hospitals, Boston, is now associated in practice with him. Orthopedic surgery exclusively. 72 East Bloor Street, Toronto.

DR. JAMES D. THORBURN, Toronto, died at Guelph, Ontario, on the 26th of March, following an operation for appendicitis. The late Dr. Thorburn was a prominent specialist in nose and throat work, and has, since the death of his father, the late Dr. James Thorburn, been medical director of the Manufacturers Life Assurance Company. Dr. Thorburn was a very companionable man and was held in high esteem by his fellow practitioners in Toronto.

THE SMALLPOX SITUATION IN CANADA.—British Columbia, Fernie, Feb. 26-Mar. 2, 2 cases; Nelson, Dec. 24-30, 1; Victoria, Feb. 4-10, 1; Manitoba, Winnipeg, Jan. 14-20, 1; Ontario, Kingston, Dec. 19-23, 1; Ottawa, Dec. 10-Mar. 2, 69; Sarnia, Oct. 17-Dec. 31, 42; Toronto, Jan. 6-Feb. 10, 2; Windsor, Feb. 4-10, 2; Quebec, Montreal, Dec. 17, Mar. 2, 21; Quebec, Dec. 10-Mar. 2, 242. There were three deaths, one in Toronto and two in Quebec City.

DURING 1911 there arrived at the Port of Halifax 119 trans-Atlantic passenger steamers, bringing 47,209 passengers, 42,572 of which were for Canada and the balance, 4,637, for the United States. The number of immigrants admitted to the Government detention hospital for the year ending June 30th, 1911, for mental

and physical defects, was 353, of which number 179 were destined for the United States. The number of immigrants certified for trachoma decreased considerably over the previous fiscal year.

THE Æsculapian Society, Toronto, held its final meeting for the season 1911-1912 in the Albany Club, the evening of March 14th. Dr. Adam H. Wright, the President, was in the chair. President Falconer and Venerable Archdeacon Cody were the guests of the evening. The election of officers took place as follows:—President, Dr. Albert A. Macdonald; Vice-President, Dr. J. Milton Cotton; Secretary, Dr. George Elliott (re-elected); Treasurer, Dr. Edmund E. King (re-elected); Executive Committee, Drs. Walter McKeown, R. W. Bruce Smith, D. J. Gibb Wishart and Bruce L. Riordan.

CANADIAN PUBLIC HEALTH ASSOCIATION.—The second annual meeting of the Canadian Public Health Association will be held in Toronto some time during the month of September, 1912. The officers are:—President, Dr. C. A. Hodgetts, Ottawa; Vice-Presidents, Dr. M. M. Seymour, Regina, and Dr. E. B. Fisher, Fredericton; General Secretary, Major. Lorne Drum, Ottawa; Treasurer, Dr. G. D. Porter, Toronto; Executive Council, Dr. P. H. Bryce, Ottawa; Dr. F. Montizambert, Ottawa; Dr. J. D. Page, Quebec; Dr. Lachapelle, Montreal; Dr. Chas. Hastings, Toronto; T. Aird Murray, C.E., Toronto; Dr. Chas. Hastings, Toronto; Mackay, Saskatoon; Dr. Geo. T. Clark, C.E., Saskatoon; Dr. C. I. Fagan, Victoria, B.C.; Dr. G. E. Duncan, Vernon, B.C.; Col. Carleton Jones, M.R.C.S. (Eng.), Ottawa; Dr. Smith Walker, Halifax, N.S.; Dr. E. C. Stevens, Moncton, N.B.; Dr. G. G. Melvin, St. John, N.B.; Dr. H. G. Johnston, and Dr. Jas. Warburton, P.E.I.; Dr. T. H. Whitelaw, Calgary, Alta. The local Committee of Arrangements is composed of:—Dr. Chas. Hastings, Chairman; Mr. T. Aird Murray, C.E., Secretary; Dr. Duncan Anderson, Associate Secretary; Drs. G. D. Porter, Adam H. Wright, A. J. Harrington, J. W. S. McCullough, J. W. Coulter, J. A. Amyot, and Helen MacMurchy, with power to add to their numbers.

AMERICAN MEDICAL EDITORS' ASSOCIATION. The annual meeting of the society will be held at Atlantic City, New Jersey, on June 1st and 3rd, with headquarters at the Marlborough-Blenheim Hotel. Dr. Thomas L. Stedman, editor of the Medical Record, will preside and an attractive programme is being prepared. The annual banquet will be held on the evening of June 3rd. Every editor and those associated in medical journalistic work will find this meeting worth attending.

Correspondence

ONTARIO SOCIETY FOR THE REFORMATION OF INEBRIATES.

Toronto, Ont., March 12, 1912.

THE DOMINION MEDICAL MONTHLY, TORONTO, ONT.

Dear Sirs,—The present seems an opportune time for calling attention to the liberal manner in which the Imperial Government favors the reformation of inebriates,—an example which we in Canada might follow with profit.

King George the Fifth, when Prince of Wales, upon his return from his first visit to India, is reported to have said: "Wake up, England." When it comes to the knowledge of the Vice Regent in Canada that we have no public institutions here for the reformation of the unfortunate inebriate, it is quite conceivable that he might be impelled to say, with regard to this sad defect: "Wake up, Canada."

The Ontario Government has already made an enviable reputation in the domain of Prison Reform. Its methods of caring for destitute and delinquent children is not merely up-to-date, but actually leads the world, and the extraordinary success that has attended the experiment of exchanging cell-life for farm-life for first offenders is the wonder and admiration of all penologists who have visited the Prison Farm at Guelph. Steps are also being taken for the custodial care of feeble-minded women and girls.

Nothing has as yet been done, however, in the direction of furnishing reformatory treatment for inebriates.

In the year 1898 an Act was adopted in Great Britain called "The Inebriates Act of 1898." This act provides that when a Reformatory for Inebriates is established by a County or a group of Counties and certified to by the Government Inspector, it becomes a "Certified Reformatory" under the Act and the entire expense of maintenance is assumed by the Government.

This generosity on the part of the Government has accomplished what it was designed to accomplish, namely, it has promoted the establishment of Reformatories in the United Kingdom,—in England alone there being now ten "Certified Reformatories," whereas there were two only before the Act came into operation. Not only so, but two Governmental Reformatories have also been established—one for men and one for women—for the custodial care of in-

corrigible cases removed from the Certified Reformatories where they have failed to respond to reformatory treatment, and have not been amenable to discipline.

In 1890 a Prison Reform Commission was appointed by the Ontario Government, one of the instructions being to report upon the question of drunkenness in the Province. In the report of the Commission it is recommended that two reformatories be established in Ontario,—one in the eastern part of the Province and one in the west. In 1892 a Prison Reform Conference was held in Toronto, which was attended by certified delegates from thirty different organizations, including Provincial Church Courts, the Ontario Law Society, and the Ontario Medical Association. This Conference endorsed most heartily this recommendation with regard to the establishment of Reformatories for Inebriates.

In 1894 a deputation from the Ontario Medical Association waited upon Sir Oliver Mowatt, who was then the Premier of Ontario, urging him to act upon the recommendation of the Prison Reform Commission with respect to the establishment of one or two reformatories in the Province. The Premier in reply said, in effect, that he realized fully the great need of reformatory treatment for the unfortunate drunkard, but that his Government was not prepared to undertake the entire expense involved. In case, however, the initiative should be taken by voluntary effort,—by municipalities or by the benevolent public,—the Government could be relied upon, he affirmed, to give liberal aid thereto. When the Hon. Sir G. W. Ross was Premier, he gave a large deputation (headed by Medical Associations) practically the same answer, and, at his request, a bill was drafted, printed and approved of by him and his colleagues, in which Government aid was provided for—to promote the treatment of inebriates by municipalities or by the benevolent public. The bill was never presented to the House, however, and, unfortunately, as I think, this important matter has never been brought before the Whitney Government.

For a number of years the Inspector of Prisons and Charities for Ontario has been urging the Toronto city authorities to make more adequate provision for gaol prisoners. Grand Juries have also reported, from time to time, for several years, against the overcrowding in and the faulty construction of the Toronto Gaol. After this long delay, however, action has finally been taken in the premises by the City Council, and in the right direction. A farm of over 400 acres has been purchased, about 14 miles out Yonge Street, and will be fitted up as a Reformatory Farm Colony

for Inebriates,—with special arrangements for scientific medical treatment.

This action on the part of the city—though long delayed—is most gratifying, as such an institution, properly managed, should be the means of restoring to useful citizenship a good percentage of the more hopeful class of cases, and moreover, should serve as an object-lesson for other municipalities, and for the Government as well. The question arises, however: Should the entire cost of a Reformatory for Inebriates fall upon the ratepayers of the municipality where it is established? Or should not the Government, in this matter, follow the generous example of the Mother Country?

When Hon. John Sanfield McDonald took office as the First Premier of Ontario, there were but two Poor Houses or Houses of Industry in the entire Province. He passed an Act offering a substantial bonus to every County, or United Counties, in the Province, to encourage the establishment of such institutions, and with such good effect that now, if I mistake not, a Poor House is already established, or is being established, in every County or group of Counties in Ontario. May we not hope that the Whitney Government, following such a wise precedent, will, in like manner, pass an Act in the very near future, offering, like the Home Government, liberal inducements for the establishment of reformatory institutions for inebriates in the Province?

May we not hope that the present session of the Ontario Legislature will not be allowed to pass without introduction, by the Government, of an adequate measure whereby efficient provision shall be made with a view to the reformation of indigent and police court inebriates throughout the entire province. We are also desirous that a substantial increase be made to the small grant now made to the Ontario Society for the Reformation of Inebriates. If you find that you can favor these suggestions we will be much gratified.

On behalf of this Society,

Yours truly,

A. M. ROSEBRUGH. M.D., Medical Officer.

Member of Prison Reform Commission appointed by the
Ontario Government in 1890.

Publishers' Department

PHYSICIANS on the lookout for a field for practice can secure a short cut thereto by making their wants known to Dr. W. E. Hamill, medical broker, who conducts the Canadian Medical Exchange, at 75 Yonge St., Toronto. The doctor is in touch with practically every physician desiring to sell out, and in addition has many vacant fields without a doctor where the residents request one and where a practise of at least \$3,000 annually is assured. *Bona fide* buyers can get full particulars gratis of any offer by addressing him as above, or what is still better, call personally at his office if possible. A partial list of his offers will be found each month in our advertising columns, the complexion of which necessarily changes each issue. Both vendors and vendees should get in touch with 75 Yonge St. to speedily reach the goal desired.

NEVER cultivate a grouch, even if in one day you have been supplanted on a typhoid case by an unethical practitioner, written a death certificate, missed an obstet., and are called to court on a day taken up fully by engagements. What's the use?—*Medical Review of Reviews*.

MRS. MACKINNON'S MASSAGE INSTITUTION, 20 Walmer Road, Toronto. Telephone, College 7895. Mrs. Neil MacKinnon, for many years a specialist in all branches of massage, having received her training in the Old Country, has within the past few months opened an institution in this city at the above address. All forms of massage, including electrical, electric light, and needle spray baths, are administered in this institution under her personal supervision. The location of her institution is one of the best that could be desired, and there is a beautiful conservatory, with a southern exposure. There is a masseur in attendance for male patients. The rooms are large and sunny, the appointments being especially tasty and well adapted for carrying on such work. Physicians are invited to visit and inspect for themselves.

WHEN, ten days after the crisis of pneumonia, you find the lung unresolved and unresolving, maintain a cheerful expectancy. When, ten days after this, you find the lung in the same condition, look pleased and give an optimistic prognosis. When, ten days