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Surgical Science, Criticism and News

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## EDITORIAL

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### A MEDICAL DIRECTOR.

In the Report on Medical Education in Ontario, prepared by Mr. Justice Hodgins, after hearing much evidence and making extensive investigations, will be found on pages 64 and 73 what is said regarding the creation of a new office, and the duties that are to be assigned to it. The person who is to perform the duties set forth on the pages cited is to be called a Medical Director. Now, let us look into the duties that are to be relegated to him.

(1) *Fees*.—Mr. Justice Hodgins, on page 64, states thus: "I think it would be decidedly in the interest of the public if the Government would attach to the Department of Education a physician of experience to advise them and to direct attention to matters that will be urgent very shortly, as well as those which are now pressing."

This very definite statement follows upon a somewhat lengthy discussion of the question of medical, surgical and dental fees, beginning on page 62. Towards the conclusion of this discussion, and on page 64, last paragraph, will be found these words:

"But I am quite convinced that the appointment of a thoroughly competent man of experience and judgment would be of the greatest benefit to both the public and the profession, having regard to the considerations I have mentioned. This appointment should be made by the Provincial Government, after consultation with the College of Physicians and Surgeons and the Royal Dental College, respectively, and if possible with their concurrence. *The duties should involve the taking of evidence after due notice to the parties and the fixing of the fee.* It would be unwise to make this determination wholly final, but it should afford *prima facie* evidence of a reasonable fee in case it is

disputed, subject to the leave being obtained summarily from a judge or court, whose jurisdiction would be determined by the amount claimed in one case or fixed in the other, to litigate the question. If leave is so given, then the onus should be upon the party disputing to convince the judge at the trial that it was either too high or too low."

The performance of these duties would be a portion of the tasks assigned to the Medical Director, as is made clear by what is said on page 65, where the duties of the Medical Director are discussed: "There is as well the real need for someone who would be, in effect, a protection both to the public and the professions against excessive charges, and particularly that branch of that question to which I have alluded, the elimination or reduction of unnecessary and costly operations."

We gather from this that in the event of any difference of opinion between the medical attendant and the patient on the matter of the fees, the dispute would have to go before the Medical Director. His decision would not be "wholly final," but would be "prima facie evidence" that the amount fixed was a fair remuneration for the services. If the doctor thought that the award was too low, or the patient that it was too high, the case could be carried to such a court as would have jurisdiction according to the amount in dispute. In such a case, however, the burden of proof would rest upon the one appealing from the decision of the Medical Director, to show that the award was not fair or proper.

We have said on former occasions that an officer that might advise on the matter of fees, or a sort of taxing officer, could sometimes be of use, nevertheless we do not think that the gain would be equal to the cost and the annoyance. The whole matter of fees may be safely left to the good sense of the profession, on the one hand, and the adjustment of the courts on the other, if anyone feels that the charge is too high. Evils, as a rule, are rarely remedied by creating too much machinery. Then, again, physicians and surgeons would be unwilling to bow to the dictum of someone who, in many lines of work, would have much less experience than themselves. To give a concrete example: The one who is appointed Medical Director has been in general practice, and the one who claims a certain fee is an eye specialist of many years' experience. The latter could not accept the judgment of the former on the matter of what would be a proper fee for the services rendered, when that judgment from the one held by the attendant on the case. That the Medical Director is to be a medical man, is clearly set forth in the words already quoted, namely, "a physician of experience."

(2) *Hospitals*.—The next duty that is mentioned as coming within the purview of the Medical Director is "The relation of the military establishment in medical practice and education, and their proper rela-

tion to provincial hospitals." This subject, we believe, can only be handled during and after the war by the military authorities, through the Hospitals Commission or some other organization. It would seem quite impossible to hand over duties of such magnitude to any one person, and this especially so, seeing that the military is a federal matter, while the director would be an Ontario officer.

The conversion, after the war, of the military hospitals "into provincial institutions," must be work that would be undertaken and carried out by the joint action of the Provincial and Federal Governments. Some of the military hospitals might very properly be converted into civil hospitals where no such hospitals now exist; but these occasions will not be very numerous, and can be quite readily handled through the Department now intrusted with the care of the hospitals of the province. In all this we can see no need whatever for the appointment of a medical director.

(3) *Physical Therapy*.—Then, further, the report contends that he should "devote his time and strength to the initiation and development of this branch (physical therapy) of healing." To impose such a duty upon the medical director is to widen the range of his tasks beyond the capacity of any one person. We do not see how he could possibly overtake a work so extensive in addition to the many other duties he would be called upon to fulfill. But there appears to be no need for a medical director for this purpose, as the report on page 71, No. 1, of the Conclusions, anticipates the formation of an efficient department for the teaching of "physical therapy upon the grounds of the Toronto General Hospital, or near by, in which the latest methods of hydrotherapy, electrotherapy, X-ray, manotherapy, massage, and other forms of manipulative cure will be assembled and put into use *with an experienced staff*, and adequate modern equipment." The italics are ours, and are used to emphasize the fact that there will be competent persons in charge of the work doing away with the need for a director to direct those who are competent to direct the teaching and the treatment of patients. But there still remains the difficulty of finding some one who would be an expert on physical therapy, on fees, and on the conversion of military hospitals into ordinary hospitals after the war.

(4) *Advertising Remedies*.—Another duty that is set down as coming under the care of such an officer is that of "advertising of remedies and the prevalence of venereal diseases." Neither of these very important subjects demands the appointment of a medical director. Power to deal with the advertising of remedies should be relegated to the Medical Council with power to act if any fraudulent claims are set up for any preparation, and with power to examine into the composition of any such preparation, and expose it if it is without merit, or impotent to

accomplish what the advertisements claim for it; if it contains any drug that might be injurious to health, or of a habit-forming nature.

(5) *Veneral Diseases*.—Then with regard to “the prevalence of venereal diseases,” the Ontario Legislature has already dealt in a very effective way with this subject. The carrying out of the details of the Act and the formulating of regulations have been handed over to a very competent body, namely, the Provincial Board of Health. Here, again, we feel that the duties that would fall to the lot of the director can be better looked after by the board just named.

(6) *Medical Education*.—Another duty that is proposed for the medical director to take under his custody is “premedical and medical education, the preliminary and final examinations both of the universities and the colleges and their conduct.” This means the director must, in addition to his many other qualities, possess the widest possible knowledge of medical education, the construction of curricula, the allotment of the time to each subject, the methods of teaching, the conduction of examinations, and the collegiate training leading up to the medical course proper. This is work for the Medical Council, the universities, and the Minister of Education. It seems to be quite unnecessary to create a new office and then fill it with some one who could not likely possess the intimate knowledge of the bodies just mentioned.

(7) *Medical Councils*.—And the next duty that is proposed is that of trying to correlate “the Dominion Medical Council and its examinations in regard to licensing in each province, and the necessity for some rule of reciprocity between the provinces and outside the Dominion.” It must be noted here that the proper bodies to enter into such negotiations are the Dominion Medical and the various Provincial Medical Councils. They are the only bodies that should be entrusted with the making of regulations that should govern such important affairs. We are quite firmly of the opinion that it should not be left in the hands of any one person. If the medical director has no power to lay down rules and enforce them, then he becomes only an adviser, whose advice may or may not be accepted. If he has the power to lay down rules and enforce them, then he becomes, *ipso facto*, a medical dictator. We misjudge the medical profession very much if it would tolerate any such condition. The Medical Council, the universities, the hospitals, etc., would not consent to pass under a one-man rule.

(8) *Prosecutions*.—It is also suggested that his “consent should be required before prosecutions under the Medical Act are begun, and he should have the right independently to direct them where necessary.” Let us look fairly into this proposition. In the first place, the Medical Council is of the opinion that some member of the medical profession should be disciplined, or have his name removed from the register, but the

medical director thinks otherwise. There is a deadlock and nothing is done. The *hands* of those *elected* to represent the profession are tied by the *non-consent* of one who is *appointed* by the Government. Or, on the other hand, he may of his own accord think that some one should be prosecuted, and so directs the Medical Council to proceed. Suppose the Medical Council does not see eye to eye with him, there is an immediate conflict. The whole thing would fall to the ground unless he has power to go on with the action over the heads of the Council. This duality of authority does not look attractive to us, and we think it would end in confusion, obstruction, delays, and friction that would very seriously hamper the wheels of progress and good government. Here, again, we see no good reason for the appointment of a medical director.

(9) *Nurses*.—The report also intimates that he should take a hand in the education of nurses, the standardizing of their education, and interrelation of the various training schools. On page 43, it is stated that the nurses had advocated the formation of "a council of nurses." The report goes on to say: "This is a matter of detail which is, however, most important in view of the apparent necessity of inspection." The creation of such a council of nurses would establish a responsible body which could take charge of all matters concerning the training and education of nurses, the relationship of training schools to each other, the question of fees, etc., much better than could be done by any medical man. We believe that if any medical man attempted to direct the training and discipline of the nurses throughout the province, and to formulate rules governing the many training schools, he would soon realize that had he had an impossible problem on his hands.

(10) *Sloth and Inefficiency*.—There now comes a most momentous statement on page 65. It is as follows: "In addition to this, the profession requires to be protected against itself, against sloth and inefficiency in the conduct of its preparation, as well as in its practice, and against inability or unwillingness to receive or try new ideas or new methods."

This is a mighty big job to hand over to any one person. Why should the Medical Council and the universities bow to his judgment regarding the conduct of the preparation of any one for the practice of medicine? These bodies would have a right to say that "we think our plan is better than the one suggested," and here the matter would end, unless the medical director is also a medical dictator. Then, further, by what conceivable route could he proceed to stimulate members of the profession to diligence in study and to adopt the latest and best plans of treatment? It would seem to us that no man could exert any power over the profession in this way. The only stimulus of value lies within the practitioner himself, and that which surrounds him through competition, and the for-gathering in medical conventions, or the taking a period of post-graduate

study somewhere. But no director could say that any of these things must be done.

With regard to "the inability or unwillingness to receive or try new ideas or new methods" on the part of the medical profession, we most respectfully submit that there is no case. The mind of the medical profession all the world over is at white heat all the time in search for new methods of treatment. The research is an incessant one for the disease producing organisms, and for means of curing the morbid conditions they cause. The pathologist is ceaseless in his efforts to unearth the causes for the tissue changes found in diseased parts of the body. The medical profession would not occupy the proud position it does to-day, if it had not been ceaselessly discarding old ideas and adopting new ones. In the midst of this great activity, there must ever be a masterly conservatism to restrain the profession from running after untried remedies. It may be assumed that if anything really good comes to the knowledge of medical men it will soon come into use. There will be no need for a medical director to goad on the medical profession to make use of such new discoveries as contain any merit. There is, therefore, no need for a medical director to tell the doctors what they should read and how they should think and what they should use in practice.

(11) *Operations*.—One more duty that this officer would have to perform deals with "the elimination or reduction of unnecessary and costly operations." When one looks into what this leads to it certainly has a far-reaching meaning. It would be utterly impossible for the medical director to eliminate or reduce the number of operations after they have been performed. It would be equally impossible to decide whether they had been necessary or not. A surgeon removes an appendix and the little bit of human anatomy is thrown away. Some months later the patient objects to pay his bill and sets up the plea that the operation was not required; and appeals to the medical director for advice. The wound is perfectly healed and there is no specimen to be seen. The medical director is helpless. So all along the line of surgical practice.

To be of any use in the way suggested in the report, the medical director must needs see the cases before they are operated upon. This is manifestly impossible. There are too many requiring surgical treatment for this. Then they are scattered all over the province. Thus there would be an urgent case in Kingston, another in Goderich, a third in North Bay and fourth in St. Thomas, on the same day. There must be no delay in the interest of the patients. The medical director under these circumstances could do nothing towards the "elimination or reduction of unnecessary or costly operations." But grant that he could see some of the cases, the question would come to be a matter of opinion. An eminent and experienced surgeon is of the opinion that an operation should be per-

formed; and that, having full regard to the experience of the operator, the nature of the disease, and the social status of the patient, the fee should be \$1,000. What has the medical director to say about it? Will he undertake to dispute the diagnosis and the proposed line of treatment? If he agrees in these matters, will he assert that the fee is too large? This latter is entirely a matter between the patient and the surgeon.

The epitomized recommendation of Justice Hodgins regarding this topic will be found on page 73, as Conclusion No. 13.

We have endeavored to show that the creation of the proposed office could accomplish no good in any way, whereas it would be capable of giving rise to much confusion and friction; and, if the person who held the appointment was not possessed of extreme tact, much positive harm might be caused. In a matter of such moment our advice is that of Julius Cæsar, *festina lente*—hasten slowly. In the words of Cicero, the one who would be chosen as medical director would needs be *sapientissimus inter sapientes*, the wisest of the wise. But *lex neminem cogit ad impossibilia*, the law does not compel anyone to do impossibilities; and so the director could not, with the force of law at his command, do the impossible.

We conclude with the words of that great physician, Paracelsus: *Alterius non sit qui suus esse potest*—Let him own no master who is able to take care of himself.

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#### HON. DR. H. S. BELAND.

There are few stories of all the war more thrilling than that of Dr. H. S. Beland. He suffered much, bore it all bravely, and is now home among his own people in safety. On his arrival in New York on 4th August, he was met by a representative from his constituency in Quebec, the County of Beauce, one from the Government of Quebec, the former Mayor of St. Joseph de Beauce, a representative of the United States Government, and members of the diplomatic corps of Britain, France, and Belgium. He was accompanied by his daughter, Jeanette.

Dr. Beland was in Belgium at the time the war broke out, and at once began to render help to that struggling nation. He was made a prisoner in the early spring of 1915, when the German army captured Antwerp. General Paul Pau, who assisted the Belgian army in its retreat from Antwerp, said of Dr. Beland: "He is a brave and wonderful man, and his story is a wonderful story." As he told this story on board of the ship bringing him home, the cosmopolitan gathering was deeply moved.

During the three years that Dr. Beland was a prisoner, his daughter Jeanette lived near Cappelon in Belgium, and, owing to her youth, was allowed some liberty. She occupied her time in helping the unfortunate Belgians. She came to be known both to the Belgians and the Germans as

"the little Britisher." When her father was released she was sent to Holland under a German guard. Some Belgian women gave her a bouquet of flowers. On reaching Holland one of the German guard asked her for a flower; but she refused, saying, "I am going to give the entire lot to the first Canadian soldier I meet."

For three years Dr. Beland lived in a prison in the heart of Berlin, and surrounded by high walls. Some of the prisoners were soldiers, but most of them were diplomatic or political offenders. In a roll of 400 inmates there were 25 nationalities represented. Of the total number 50 were British from some part of the Empire. All the allied nations were represented, and there were German, Austrian, Bulgarian and Turkish occupants of cells. The governor of the prison was a very austere Prussian. As Dr. Beland learned the German language, the prison surgeon made use of him to look after the inmates. All the German officers were arrogant and confident.

From a washerwoman who came to the prison with the laundry, he learned a good deal about the food conditions in Berlin. This woman begged him to give her food from the packages sent to the prisoners rather than money. This request became continuously more urgent. One day an officer turned suddenly to Dr. Beland and asked him "When is the war going to end?" The reply was that "It will last for years unless Germany gives in. The allies will not."

When Dr. Beland left on 12th May he could learn of no special evidence on the part of the people to demand peace, much as they might desire it. They are very submissive, and, if they grumble, they do not do it aloud. There is a growing anxiety about food. About March the German people were very confident in their army. In March an officer said to him that they had conquered Great Russia, and it was now an even fight between Hindenburg and Haig, and that the former would soon defeat the latter and the war would be over. Later on, Dr. Beland asked the same officer how things were going, and with less arrogance he said: "We are fighting against the whole world."

On one occasion he saw Hindenburg, who in May was more popular than the Kaiser, and was regarded by the people as a sort of god. The Kaiser is very popular with the people, who do not regard him as belonging to the military set in the same sense as the Crown Prince, who, by the way, is not very well liked. "The people regard the war as their war and not the Kaiser's war." They all felt that they have been preparing for it for years, and that it is to make the Fatherland the most dominant country in the world.

Dr. Beland states that there is a complete absence of humanitarianism from the German thought. The murder of women and children, the bombing of hospitals, and such like acts, do not move the Hun women, who say "it is war." They are as nonchalant in such matters as the men.

About a year ago the governor of the prison informed him the government had passed an order for his release. Some time later the governor informed him that it had been canceled. Dr. Beland pressed him for an explanation, asking him what authority was higher than the government. Reluctantly, the governor admitted that "it was the military authority." Dr. Beland says that his joy on getting out of prison to see women and children and horses on the streets, was like coming back from the dead.

He makes a strong appeal to the friends of the prisoners to send them packages of food. Those who do not receive any food from home are being poorly fed. When rationing came into force in Germany Dr. Beland was no longer able to buy any food in Berlin, and wrote to the Canadian High Commissioner to arrange to have some sent to him. It was three months before his letter was delivered and any help came to him. In the meantime he had a very uncomfortable time of it. As an English prisoner said that the German allowance "was not enough to live on, and just too much to die on." Many of the prisoners took their own lives to end their misery.

During the last two months of his imprisonment, he was allowed to go twice a week to the parks, accompanied by an armed guard; but he was not permitted to speak to anyone. He does not know whether the Germans intended to be really cruel, or whether it is their unsympathetic nature, but the treatment he received was really very cruel. During the weeks that his wife was sick he was not permitted to see her, nor to attend her funeral. On his arrival in England the King received him at Buckingham Palace, and conversed with him for over half an hour.

English names have been removed from streets, restaurants and hotels. His diary was taken from him when he was released, as the military authorities said it must be destroyed. Dr. Beland was exchanged for the brother of Prince Von Buelow. He states that there is only one duty before everyone, that of winning the war. Humanity must be safe against the repetition of the tragedy it is now passing through. Dr. Beland intends going back to serve the Canadian at the Front, and speaks of the Canadian soldiers as real heroes. He said he did not wish to talk politics, but to talk war; and hoped he might be able to do something to make Canadians still more enthusiastic.

He tells of an instance when he cheered all by himself as he read in a German paper how brave the Canadians had been, and that the Germans admitted they were dangerous foes, and that there was no stopping them. When he reached Bramshott he told this to the Canadians, and they cheered as he had done in the Berlin prison. He was not allowed to see any other papers than those printed in Germany, and in the German language. His view is that the whole German nation, men and women, are

regardless of the suffering that has been inflicted on the defenceless. It is all war, and is all in order and justifiable.

#### THE VENEREAL DISEASE PROBLEM.

At the meeting of the Public Health Officers in Hamilton, Capt. H. W. Hill, M.D., M.H.O., of London, said, among other things, in his able address:—

“There are three great lines of public health work to-day, tuberculosis, venereal diseases and child welfare; each a great field, all overlapping somewhat, yet each having its own special feature. The other infectious diseases are relatively small matters, typhoid fever, measles and erysipelas, are all but things of the past in civilian circles. Owing to anti-typhoid inoculation, typhoid is practically a thing of the past in our armies. Diphtheria, scarlet fever, whooping cough and measles take their toll, but in a relatively small scale, and with the reorganized relation of the medical profession to the public they will lose weight rapidly. Tuberculosis we know how to handle, although we do not by any means live up to what we know. Child welfare we are anxious to do, and the public is anxious that we should do more than we have yet set out to do. Child welfare is largely a problem of which we know the solution. The venereal diseases, however, remain to be worked out, and it is up to the health officers of the war years to march carefully and plan wisely and to bear the heavy brunt of the first attack upon the problem. It is a difficult one, but rather, I think, because of its psychology than because of its administrative difficulties. Where shall I begin? Every M. H. O. has asked himself that question. Personally, I believe the answer is with the notorious women of the town. We have such known to be responsible for infection, and many will testify to that fact. They are suspects and, therefore, may be examined as such. If infected, the law is clear. It will take a little nerve and the support of your police magistrate, and the government must be ready to provide a place for treatment. The nerve I know you have. You would not be M. H. O.'s if you lacked it. Police magistrate support you will get. The police magistrates, as a whole, are with us. But, for the places of incarceration for the infected, we must look to the government to provide. As I see it, we are helpless without them.

“Public health work remains the closest second to the trenches that we can conceive of, while within public health the urgent point is that same child welfare, but can we have child welfare worthy of the name if we preserve the children through their earliest years to suffer syphilis, tuberculosis and the rest in later years. Why save the children if we do not make the world safe for these children to grow up in? We figure the kaiser and we figure syphilis the kaiser of disease. Which is the worst? If your boy falls before a German shell he has, at least, died a worthy

death, but if he falls to syphilis what consolation have you? The kaiser must die sometimes in the course of human events, but syphilis and gonorrhœa show no signs of old age yet. They are not paranoids, and I cannot see but that they form a group harder to deal with than Germany and Turkey. Our army has done a great service in their fields as well as in the other. It is for the civilian population, led by our own noble branch of the finest profession in the world, to win this victory as the professors of arms are winning now the other.'"

These wise words of Dr. Hill should find a place in the thought and action of the people of this country. We must have correct thinking in order that our actions be productive of good. We have the right idea now, and let us act accordingly.

Dr. Gordon Bates, of Toronto, followed Dr. Hill with a very able paper on the subject of venereal diseases, in which he emphasized the difficulties surrounding efforts at prevention. He contended that medical means alone would never stamp out these diseases. Something radical must be done to get rid of the prostitute. The majority of the cases in the army had been infected before entering the army, and it was true that the disease was contracted at almost every point in the country. This went to show that it was a national problem. The clandestine prostitute was the most dangerous, as it was much easier to reach and suppress prostitution in houses where a number were found.

It was, too, true that many young women supplemented their income by taking to the streets in the evening. Parks, boarding houses, motors, etc., were all places where persons became infected. One of the difficulties in the way of handling the problem lay in the fact that many women charged no fee, and the law in the past did not reach these, as the practice of prostitution was not commercialized.

Dr. Bates told of the supervision, prevention and treatment carried on in the army, carried out under an officer in charge of these diseases. Co-operation with the civil authorities tended to cut down the number of cases. Lectures and the distribution of literature to recruits are effective means employed in the army. Efforts are made to teach soldiers that absolute continence before marriage is the only preventive, and immorality is discouraged.

Outside of the army work is carried on through committees. The rousing of public opinion had done much good. The people were now becoming more alive to the dangers of these diseases than ever in the past. The result of investigation in the army went to prove that these diseases were much more common among the civil population than had been suspected.

While we are strongly in favour of any and every effort that would tend in any way to lessen the number of cases of venereal diseases, and

reduce the totality of prostitution, we are not yet convinced that prostitution is by any means common in Canada. After many years of careful observation and close study, we do not think that there is such a sad breakdown in the morals of the women of this country. It is only sadly true, however, that one woman who is the victim of gonorrhœa or syphilis may infect many persons. That many men are carriers of these infections must be admitted; but that anything like an equal number of women are carriers can be positively denied. Married women are known to suffer from both diseases, contracted from their husbands, their own lives before and after marriage having been perfectly moral. One clandestine prostitute may infect a score of men, and these in turn infect their present or future wives, who may give birth to a large number of premature dead foetuses, or to living but diseased children.

The question of prime importance is how best to stop the onward march of these diseases. Pus tubes, lost vision, ankylosed joints, ataxias, paresis, bone diseases, etc., etc., are the fruits of the sowing of the dragon's teeth. A long term of imprisonment should be imposed on any one who has these diseases and wilfully gives them to others. Education has done much good, but fear of the law must do what education cannot do. It is not lack of knowledge, however, that is always the cause, but not living up to the knowledge the people have.

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#### CHILD WELFARE.

As time goes on people begin to see things from new angles. In times past when a child died a common expression was "The Lord giveth and the Lord taketh away; blessed be the name of the Lord." This ignorant way of regarding death as a dispensation from providence led to fatalistic views such as that "what is right," and "his time had come." Now, however, a much healthier and saner view prevails, as expressed in the words, "what cannot be *prevented* must be endured."

In the natural world there are laws, and these laws are very fixed. If a man leaps from a building he will fall to the ground, obeying thereby the law of gravity. If he is submerged beneath water he will be drowned, as his lungs cannot extract the oxygen he requires from the water, as can the gills of a fish. If he cuts his hand and infects the wound with the tetanus bacillus, he will have lockjaw, and more than likely die. If a child is improperly fed in the hot weather, it runs a fair chance of dying of diarrhœa. We are not, then, flying in the face of Providence when we try to prevent the spread of tuberculosis. If it were the definitely fixed will of God that certain members of a family were to be wiped out by consumption, it would be wrong to try to save them.

We know that preventive medicine is proper. We know that it is a right and proper thing to prolong life and alleviate suffering. Nowhere

has better and more fruitful work been done than along the line of improving the lot of children, especially the baby. This is well illustrated by the vast difference in the mortality among children in the various countries and cities of the world, and even in the several cities of the same country, as the result of conditions that surround the children.

During the medical meeting in Hamilton, one of the sessions was given over to the question of "Child Welfare." Dr. Richard Bolt, of Cleveland, made an earnest plea for a more thorough training of the medical student on the topics that bore upon the care of the child. Dr. Grace L. Meigs, of the Children's Bureau of the U. S. Department of Labour, Washington, urged the great importance of the work, and stated that on 6th April of this year, a movement was inaugurated in the United States to save the lives of 100,000 babies before the year ended. She spoke of the efforts being put forth to stimulate an interest in nursing children. She suggested that in rural districts stations might be established where mothers could receive instruction.

Dr. Hastings, of Toronto, was glad to know that child welfare work was at last coming into its own, which he regarded as a nation's last line of defence. He was very severe in his criticism of society women who did not nurse their babies in order that they might be free to enjoy themselves. He also strongly advocated the pasteurization of milk as the means of avoiding much sickness among children. No chances should be taken, and even certified milk should be pasteurized.

Dr. George E. Smith, who has devoted much attention to the welfare work in Toronto, said that in districts of the city where this work had been pushed the mortality has fallen from 115 per 1,000 to 85. Others spoke along similar lines, and urged the good that would come from the spread of useful information on the care of the child, and also on the value of child life to the country. Dr. Helen MacMurchy paid attention to the health of the parents, especially on the matter of venereal diseases. She said that the high death-rate among children was a horror almost akin to that of war.

In the United States there is to be a national weighing and measuring of children up to 6 years of age. Those falling below that standard would be singled out for care. Some of the States propose engaging nurses for this work.

In Alberta, the Government is giving public assistance towards this baby-saving work. Already hospital districts have been marked out, and at least 100 districts had requested the location of some hospital accommodation. Another feature of Alberta's work is that of engaging a certain number of public health nurses, to be sent where need demanded their presence.

Mr. Hayes Fisher, president of the Local Government Board of Eng-

land, said a few weeks ago that it was becoming every day more apparent that we must look after the health of the people, and particularly the future generations. It was clear that the racial cradle must gain a victory over the racial coffin. It was also pointed out that in London, Liverpool and other large English cities that the birth-rate was almost twice as high as in Berlin, Hamburg and other large German cities. In 1917 the infant mortality in England and Wales was 97 per 1,000 live births, whereas in Germany it was 30 per cent. higher, or 126 per 1,000 live births. There was ample good territory to afford homes for the children when they grew up, and there need be no fears that the birth-rate would be too high.

The Bishop of Birmingham said that though there was a division among experts as to the influence of heredity, there was none as to environment. The working mother should not have to go to work when it was likely to injure her or her child. No married man should receive pay which did not enable him to keep in comparative comfort the wife who was bearing his children. He refused to ask people to have numbers of children under wretched conditions and to be brought up in bad environment. It was no doubt wrong to use some means of preventing birth, but it was also wrong to let loose upon a cruel world an innocent little soul whose life was to be a long death. Of what use was it to bring ten children into the world and to have six die within a few years of birth, and the other four grow up only semi-capable citizens? Parenthood was a sacred office, and the diseased, and especially those diseased by their own actions, should not be parents.

These weighty words should sink deeply into the minds of our public-spirited people and into none more than the minds of the medical men of the country.

Major Waldorf Astor, M.P., presiding at a mass meeting, said that all interested in public health owed a debt of gratitude to Lord Rhonda, who realized the need for the immediate creation of a Ministry of Health. He knew that the big thing necessary was the co-ordination of all health efforts, and he knew through experience that delays were due to departmental jealousy. The first essential step was to secure the amalgamation of all the experts in Government offices for the purpose of fighting against disease, instead of fighting against each other. They wanted a wise expenditure of the taxpayers' and ratepayers' money on child clinics and infant welfare.

The Child Welfare Act, which has just become law, makes some sweeping changes. It enables municipalities to receive pound for pound from the public treasury for any expenditures they make for the hospital treatment of children up to the age of five. It also assists municipalities in furnishing adequate lying-in accommodation, in providing help for mothers in cooking and mending, in supplying creches, day nurseries, and

convalescent homes, in assisting nursing and expectant mothers to secure proper nourishment when their own means would not do so, and the taking care of deserted wives or women who have illegitimate children, and the children of these two classes. Here one sees that the state has fully realized the value of human life from an economic aspect.

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#### CARE OF THE WOUNDED AND RED CROSS WORK.

Bishop Fallon, of London, Ont., bears testimony of the splendid way in which the wounded are cared for. He says that the arrangements for the prevention and cure of diseases, and the treatment of wounds adopted by the Medical Service of the Canadian Overseas Forces are beyond praise. From the field dressing stations, through the casualty clearing centres to the base hospitals, the system appears to be as thorough as medical skill and science could devise. The best surgical apparatus, competent medical men, and devoted nursing sisters, make the sad lot of the sick and wounded as tolerable as possible. There are almost no contagious diseases, and, in this respect, the Canadian army stands very high. Surgery and dentistry are of the most efficient kind, and the humblest private receives as much care as the highest officer. There is manifested everywhere a complete system of co-ordination.

Bishop Fallon further remarks about the Red Cross work in terms of much praise. Every effort is made by it to furnish the soldiers with comforts, to provide means for their recreation, to look up the whereabouts of the missing, to communicate with the friends of the wounded, and to send useful articles to those at the front. The vast sums contributed by the people are being most judiciously expended. All this will be most gratifying to the people. He also speaks in the highest terms of the devoted work of the chaplains.

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#### RUPTURE OF CESAREAN SCAR.

Two cases of spontaneous rupture of the cesarean scar are reported by J. L. DeCourcy, Cincinnati (*Journal A. M. A.*, March 23, 1918). He thinks the cases are of interest and of importance, though the accident is not as rare as has been sometimes thought, occurring, as it does, in about 3 per cent. of all cases. Both cases were fatal. The first case is interesting because of the early rupture and its occurrence at the end of the eighth month. The second case was interesting because of its long period, six years, since the patient's previous cesarean incision. In both of these cases the incisions were unusually long and the tear extended over the posterior surface of the fundus. Two facts impressed DeCourcy, from these experiences. One was the advisability of a comparatively short incision, and the other was that if a second incision is considered desirable, the operation should be performed not later than the end of the eighth month.

## ORIGINAL CONTRIBUTIONS

## ONTARIO MEDICAL ASSOCIATION.

By A. H. WRIGHT, B.A., M.D.

**I**N the summer of 1880 Dr. James E. Graham and I had a conversation in which one of use (I think he) suggested the advisability of establishing a Provincial Medical Association. We both set to work at once with this object in view. On October 7th Drs. Joseph Workman, C. W. Covernton, J. E. Graham, A. H. Wright, J. H. Burns and J. E. White met as an organizing committee in Dr. Graham's house. Dr. Covernton was elected chairman, and Dr. White secretary. Circular letters were sent to all local societies, and many prominent physicians, asking for opinions respecting the proposed organization. The labors of the secretary, Dr. White, for some months were beyond praise.

All the local societies and individual physicians endorsed the scheme with one exception. Sir James Grant, speaking for the Ottawa Medical Society, thought we should rather endeavor for a few years at least to throw all the life-blood possible into the Dominion Association. These views, coming from one we respected so highly, were considered worthy of careful consideration; but so far as could be learned there was a unanimous opinion, outside of Ottawa, that the establishment of such a society would not injure the Canadian Association.

At a meeting held in Toronto, February 21, 1881, Drs. Macdonald, Mullen, Rosebrugh, Mackelkan and Woolverton, from Hamilton, met the Toronto committee, and the two were combined to form the provisional committee for organization. The hearty co-operation of this strong combination from Hamilton gave much satisfaction to the Toronto men, and added greatly to the strength of the committee in the work of the organization. With deep regret I have to state that I am the sole survivor among the members of this original committee.

Since the first meeting in Toronto under the Presidency of Dr. C. W. Covernton, there have been what I might call three crises in the history of the Association. The first arose from dissatisfaction regarding the work of the secretary. It was generally recognized that his enthusiasm, energy and working ability contributed much towards the success of the Association in its earlier years. After a time it was thought that he was assuming too much, and attempting to "run the Association." Although it was generally conceded, even by his friends, that he displayed poor judgment, many disliked to see him humiliated, and urged him in a friendly way to resign. At a certain meeting he was dismissed in rather a cruel way by a vote which was almost unanimous.

At the same meeting several changes were made in the constitution,

one of which I always thought unfortunate. According to the original constitution the important committee on nominations was formed as follows: At the first meeting nine members were elected. I am not sure as to the exact number, but let us suppose it was nine. Each succeeding year three were dropped, and three were elected. This plan is the best I have known, and prevents largely the dangers which are apt to occur in any society through the work of small coteries at certain times.

The second crisis occurred shortly after the affiliation of the Ontario with the Canadian Medical Association. It unfortunately happened that a clause was introduced which afterwards created considerable trouble and dissatisfaction. According to it no Provincial Association could hold its meeting during the year when the Canadian Medical met in that province. The first trouble in connection therewith arose in 1910, when the Canadian Medical met in Toronto.

The Ontario Medical, under the presidency of Dr. Casgrain, having no knowledge of this objectionable clause, made all arrangements to hold its meeting that year at Niagara Falls. When the clause was pointed out to them the president and local committee at Niagara Falls refused to give up their meeting. As president of the Canadian for that year I made strong efforts to induce them to change their decision and postpone the meeting for one year. This was done with happy results. Two very successful meetings were held, one in Toronto in 1910, and the other in Niagara Falls in 1911. When the Provincial Association was prevented a second time from holding a meeting in 1913 there was a very strong feeling of resentment among the members. It was felt that the arrangement was materially injuring the Provincial Association, without helping in any degree the Dominion Society. I had hoped that something would be done in 1911 or 1912 to remove the grievance, but as nothing had been done, I gave notice of motion to have the Ontario withdraw its affiliation from the Canadian Association. At the meeting in London many members of the Dominion Association expressed strong disapproval and wished me to withdraw the notice of motion. I positively refused, but, at the same time, stated that I did not object to the affiliation in itself, but I did object to interference with our rights in Ontario to hold our meetings when we pleased. To avoid any mistake I put it in writing, intending to send it to the Ontario secretary, but instead of accepting my proposal in a friendly spirit, many of them continued their protest, while a few became actually offensive.

I felt very sorry to be misunderstood, especially by members of an Association which had honored me by making me president, but I felt certain that I was right, and they were wrong; and if the worst came to the worst, I was determined to stand by the Ontario Medical Association, because I loved it more than any other organization I was ever connected with.

I received a letter from Dr. Murray MacLaren, president-elect of the Canadian Association, in April, 1914, asking me to explain the situation. I replied: "I do not think that many (if any) want permanent separation, but rather a different sort of affiliation. The present arrangement is complex and unsatisfactory. The Ontario members, so far as I understand their opinion, would like to have absolute control of their provincial society. I have little idea as to what will be done at the next Ontario meeting, but I have every reason to hope that a friendly feeling will be shown towards the Dominion Association."

I found before the Ontario Medical meeting that many members of the Canadian were quite inclined to agree with me. The Canadian Medical Association Journal published an editorial in April, 1914, in which the writer referred to the fact "that each Provincial Association agreed to forgo the right of meeting in the year in which the larger Association met in the province." After stating that this made no sacrifice for Quebec and the smaller provinces, he says: "Ontario stands in a different category . . . and the suspension of a meeting is all the more hardly felt . . . At the meeting in July the abrogation of this rule might well be made a matter for consideration."

On the day preceding the meeting I was amazed to see certain remarkable statements appearing with flaming headlines in one of the daily newspapers of Toronto. The headlines in large letters were: "Doctors' Meeting May Be Stormy." "Local Clique Said to be Working for Split in Associations." "Ontario Medical Combination Promises to be the Liveliest on Record." Under these headlines were several remarkable statements, including the following: They, the clique, hope to bring about a break between the associations, and whether they succeed remains to be seen. If the meetings were held outside of Toronto an attempt to punish Dr. Macphail would be defeated by a large majority, but to-morrow's meeting may be packed with sympathizers of the clique. If they succeed, the outside members, with a large and influential section of the Toronto profession, will in all probability form a new Ontario Association in affiliation with the Canadian . . . The anti-Macphail crowd are interested in four Medical Journals, whose existence is threatened by the Journal edited by Dr. Macphail. They hope that the break between the two Medical Journals will cripple Dr. Macphail's Journal, and help their own. They are, however, not far-sighted. This was shown when they blackmailed Dr. Macallum in the Academy of Medicine.

These statements were interesting to me, inasmuch as I was "the clique" so far as this meeting was concerned. Beyond some general explanations, such as those given to Dr. MacLaren, I said absolutely nothing to anyone, expecting to attend that meeting until after the proceedings commenced. From the day that the Ontario Executive threatened to re-

pudiate affiliation because "they said the majority of the members knew nothing about the law regarding the affiliation, which had been rushed through at a small business session in the last few months of the Hamilton meeting in 1908, the majority, even of the small number present, not knowing what they were voting for," I had been feeling Ontario's pulse, and I knew in giving my notice of motion, that I was acting in accordance with the wishes of the vast majority of our members, especially outside of Toronto. As to the results at the meeting I never had doubts. According to an understanding between Dr. Wallace, of Hamilton, and myself, during the progress of the meeting, he moved, seconded by Dr. N. A. Powell, that the matter be left to a certain committee. I withdrew my motion and supported Dr. Wallace, whose resolution passed without a division.

I may say incidentally that there is no such thing as "an anti-Macphail crowd in Toronto. I do not believe Sir Andrew has a single enemy in the city. Personally, I look upon Andrew Macphail as one of my dearest friends, and the flavor of our friendship is very sweet to me.

And now let us consider the present crisis, which is very serious. One of the aims of this historical sketch is to show how deep is our indebtedness to the profession of Hamilton. In the organization of our Association many of us felt that we got more assistance in Hamilton than in Toronto. In that connection I have always felt that the late Dr. Mullen, who was a man with very high ideals, was a great tower of strength.

While preparing for this year's meeting it soon became evident that the local committee in Hamilton intended to take full control. Our officers in Toronto were sidetracked. The secretary, Dr. Clarkson, was treated with scant courtesy, and practically ignored. I fear that the treasurer, Dr. Elliott, was also treated without much ceremony. No local committee has the right to assume such an arrogant attitude. Serious trouble arose in the three Health Associations, the officers of which refused to give up the control of their scientific programmes. Friction became so pronounced that it looked at one time as if a break would occur, and these societies would withdraw and hold their meetings elsewhere. This would have meant a loss for the Hamilton meeting of 300 to 400 visitors. Fortunately the matter was arranged. The three Health Associations preserved their identity and held three meetings on three consecutive days, at the same time doing a certain amount of "joint work." In this connection one might ask why did not Dr. Clarkson also assert his rights? I do not know the answer, but he is not naturally aggressive; and, anyway, he could do but little, as the president supported his local committee. It seems ungracious to criticize the president, who by his conduct and ability as a presiding officer won golden opinions during the meeting. But he and the other members of the committee must accept their share of responsibility for the foolish actions of the local secretary, as they apparently

gave him a free hand, and, as far as outsiders can judge, supported him in every way. So far as the programme of the Ontario and Canadian Associations was concerned, it is doubtful if anyone outside of Hamilton approved of bringing so many outsiders—33 or 34 from the United States and only 13 or 14 from Canada. After all these Associations are Canadian, and physicians from Canada should read the majority of the papers. No medical association in the United States would think of asking Canadian physicians to read over 70 per cent. of the papers at any meeting. However, very few made any complaints, but many expressed the hope that such a thing would never happen again. The three Health Associations remained essentially Canadian, and their meetings were not less successful than the others.

One person who knows a good deal about the matter expressed the opinion that nothing unconstitutional had been done. I do not wish now to discuss the legal aspects, but I think Drs. Morton, Parry and Mullen exceeded their rights when they took control of everything. Three of the five societies held a similar opinion and refused to consent. What the Canadian Medical Association officials thought I do not know. However, apart from any consideration of the rights of the Dominion Association, it was bad policy for the Provincial body to antagonize three strong associations devoted to the interests of public health.

And now a few words as to publication, which I am writing on my own responsibility, and without the knowledge of any other member of the Association. If, therefore, there be any odium attached to the opinions expressed I must accept it all. The publication of the transactions in book form is of course not a new idea. It was often talked of in earlier years, and once tried with rather a dismal result. The custom universally observed heretofore in the Ontario Medical Association has been to divide the papers and addresses among the Ontario Medical Journals for publication. There are now five medical journals published in Ontario, and Drs. Morton, Parry and Mullen ignored four journals, and appointed the publishers of one journal, the Macmillan Company, "Official Reporters of the Convention."

I understand the Macmillans have agreed to publish the papers in a volume of over 300 pages, taking all the risks themselves. This looks generous, but very peculiar, because an experienced business firm understands quite well all the risks involved. "A volume of transactions" has little commercial value, and the sale of such a publication is not likely to cover expenses. A solid level-headed firm such as the Macmillans would scarcely take a risk of that kind without the prospect of compensation in some other direction. The air is full of rumors, which under ordinary circumstances one might assume to be incorrect; but unfortunately rumors which floated months ago about the doings of the energetic trio in Hamilton seemed to be absurd, but were actually true.

Let me ask this trio, when will the different associations get a report as to members, finances, and other details? I was informed more than two months after the meeting that no such report had been presented. Unfortunately, the local committee did collar the management of the financial details of all the societies of the meeting. How long will the committee remain in existence? Who is Dr. Routley, the new secretary? Is it true that he was part of the *bargain*, and the nominee of Macmillans? Why were the former secretary and treasurer frozen out? Is it true that a scheme has been concocted whereby an association Journal will be published with the trio in charge of the editorial department? I feel sorry and reluctant to ask if these men have taken advantage of their positions as temporary officers to do something which will benefit themselves, and give them practically the control of the Association. Two of them are personal friends of long standing. In their student days they always received a warm welcome in my house. Since then they have ever been held in the highest regard by my family, including myself. When I hear such charges made against them, I should like much to be able to say: No, these two—boys yesterday, men to-day—are clean and straight.

In conclusion, let me make my position clear. If certain members want an association journal, such an idea is perfectly legitimate and unobjectionable; but let there be no back door scheming. Let those in favor express their opinion, formulate their plan, give due notice of motion at one meeting, and let members vote on it at the next, and let every loyal members accept the mandate of the majority.

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#### VENEREAL DISEASE BUREAU CREATED.

The Legislature of New York has passed and the Governor has signed an Act and also an amendment to the Public Health Law which will give the State Department of Health far greater power to suppress venereal disease than it has had in the past.

The special Act provides for establishing a Bureau of Venereal Disease within the State Department of Health, and empowers the Department to "buy, manufacture and dispense . . . remedies for the treatment of venereal diseases, to examine specimens submitted to it, to make all necessary tests, to provide and distribute literature, and to use such other means as may seem desirable for the instruction of the public and the suppression and cure of venereal disease, and to take such further action as seems necessary to secure this end."

The second amendment gives the health authorities power to examine persons reasonably suspected of being infected with venereal disease, and furthermore provides that persons convicted of prostitution shall be examined, and if found infected shall be treated until it is decided by the health authorities that such persons are no longer a menace to public health.

## CURRENT MEDICAL LITERATURE

## THE WASSERMANN REACTION.

J. H. Larkin, I. J. Levy and J. A. Fordyce, New York (*Journal A. M. A.*, June 1, 1918), reply to the article by Drs. Symmers, Darlington and Bittman, in *The Journal A. M. A.*, Feb. 2, 1918, p. 279. According to Larkin and his collaborators, the test has fallen into disrepute with clinicians unacquainted with the laboratory side of syphilology for four reasons: "1. The discovery that the reaction was a nonspecific one. 2. The attempt to modify the reaction so as to make it available to the practitioner in his office. 3. The use of reinforced antigens and other changes in technic to render the reaction more sensitive. 4. The practice by some physicians of sending their blood specimens to commercial in preference to recognized hospital laboratories." The first factor was a disappointment. Nevertheless, while the authors could not explain why alcoholic extracts gave positive fixations with specific serums, the fact remained that such was the case, and to the serologist is left the problem to be settled at a future date. The application of the test is another matter. The second factor, the attempt to modify the reaction so as to make it available to the practitioner in his office, is a serious one. Makeshift methods are too quickly accepted, and the need of special training of the serologist has been too much overlooked. The use of reinforced antigens and other changes in technic to render the reaction more sensitive, has also been a stumbling block to physicians. In recent cases of florid syphilis the Wasserman reaction is, as a rule, strongly positive with all antigens, but the old and long treated cases require one or more synchronous test for their detection. The fourth factor, the practice of physicians of sending their blood specimens to commercial laboratories, few of which, according to the authors, deserve serious recognition, is met with in all laboratory work. The authors give their experience in the various forms of syphilis, and point out the value of the Wassermann reaction. Pathologic study is the one method for an accurate estimation of its value. Spirochetal demonstration would be the ideal method, but it is not so often possible. They summarize their paper in the following: "The term 'Wasserman reaction' includes several methods of serologic procedure. An accurate interpretation of each method is essential in arriving at a proper diagnosis. A positive reaction is the most constant symptom of syphilis. The value of the reaction in diagnosing undoubted syphilis is shown by the fact that: 1. The reaction is positive in practically 100 per cent. of the cases of florid syphilis. 2. In active tertiary syphilis of the skin and bones the reaction is positive in about 94 per cent. of the cases. 3. In

syphilis of the central nervous system, cognizance must be taken of the reaction in both blood and spinal fluid. The blood is positive in about 80 per cent. of the cases. 4. In a pathologic study, the Wasserman reaction (alcoholic antigen, warm fixation) was positive in 94 per cent. of the cases of syphilitic aortitis. As a means of corroborating syphilitic infection, the Wassermann test is at least 90 per cent. dependable, as shown in a series of positive reactions in which 90 per cent. could be accounted for by syphilitic changes in the aorta alone. The value of a negative reaction has been studied and its reliability confirmed by the negative reactions obtained in nonsyphilitic affections of the skin. In a series of necropsies in which it was demonstrated pathologically that the aorta was free from syphilitic disease, negative reactions were obtained in 91 per cent. The conclusions of Dr. Symmers and his co-workers are shown to be fallacious and a misrepresentation of facts owing to: 1. The apparent disregard of the different results obtained by various serologic methods and the employment of a questionable technic. 2. The careless survey of the pathologic material."

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#### THE MEDICAL PROFESSION AND THE WAR.

In his presidential address, Dr. A. D. Bevan, Chicago (*Journal A. M. A.*, June 15, 1918), after briefly noticing the organization and activities of the association, takes up the problems raised by the war, and the relation of the profession to the people and the government in the present crisis. The necessary number of officers for the army and navy will require at least 20 per cent. of the medical men of the country, and the association, through its county and state societies and general organization, must supply the need. The census of the medical men has been completed, and the honor roll of those who have come to the aid of their country has been published in *The Journal*. The Government has very wisely taken steps to prevent the disruption of our medical schools and to keep up the supply of physicians by following out the suggestions of Surgeon-General Gorgas. The medical professions of England, France, Belgium and Italy have been well nigh exhausted in this war, and the United States is looked to for a supply. A small medical department that existed before the war has formed the leaven to change the great body of physicians coming from civil life into efficient military surgeons and efficient hospital and ambulance units. Dr. Bevan here pays a deserved compliment to the work of Surgeon-Generals Gorgas and Braisted of the Army and Navy, and to the splendid work of Surgeon-General Blue in the Public Health Service. If we compare the mobilization of the United States for war with that of other countries under similar conditions, we find ample reasons for congratulations. In spite

of epidemics, unavoidable in the congregation of so vast a body of men, analysis of the facts shows an average mortality from disease less than that in ordinary civil life. Strikingly successful has been the handling of the venereal problem, and no such moral and clean army has ever been mobilized as is the American Army. None has been as free from intemperance. It is fortunate that our mobilization occurred at the time when it could obtain so much popular support from the general interest in reform in this line throughout the country. The problem is far from settled, and Dr. Bevan pleads for the united action of the organized medical profession to secure protection by law against the injury that drink has done and is still doing. Each individual member of the profession and each state and county society should take a part. The nurse problem is also mentioned, and he commends a movement by the Surgeon-General of the Army for the establishment of nurses' training schools at the cantonments. Other problems mentioned are the reconstruction and re-education of the wounded and disabled coming back from the war, and the creation and maintenance of industries for the production of the necessary drugs and chemicals, surgical instruments and other medical appliances. It is important that the profession should not lose sight of the health needs of the civil population. They should demand state and national organization for keeping up and developing strong health departments in every section. The war makes this matter not less but more important. In organizing the medical profession there is one fundamental and basic condition that must be met. The profession must not go into the war as simply efficient, but as 100 per cent. loyal to our national Government and its aims. If there are a few that are disloyal, they should be sought out and interned where they can do no harm, and every individual physician and every county or state medical society should take part in searching these out. Dr. Bevan believes that we owe it as a duty to ourselves and to the German medical profession to state clearly our feelings toward them. There is no question of the guilt of the Central Governments in this war, and their outrages and attempts on ourselves which have finally drawn us into the conflict are without the remotest shadow of excuse. We have not been a military nation, but have been forced to defend ourselves, and we have absolute confidence in the ultimate success of our cause.

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#### SICKNESS SURVEYS.

The first sickness survey conducted by the Metropolitan Life Insurance Company was made in Rochester, N.Y. The work was then extended and similar studies were conducted in North Carolina, Boston, Mass., and the Chelsea district of New York City. The company has

just issued a report on the Sickness Survey of Principal Cities of Pennsylvania and West Virginia, which is the Sixth Community Sickness Survey. The authors are Dr. Lee K. Frankel and Dr. Louis I. Dublin. A separate report is made on the sickness survey of Pittsburgh, Pa.

In the general report, the health status of 374,001 persons was obtained by the company's agents. The agents were asked to record only serious cases of sickness. They discovered 7,333 cases, making the sickness rate 19.6 per 1,000.

It was found that sickness was responsible for the loss of at least 2 per cent. of the effective working time of the wage-earners. This causes not only loss of wages, but frequently is a source of misery and destitution. Of the 7,333 persons reported ill, 6,908, or 94.2 per cent., were unable to work, and 5,384, or 73.4 per cent., had a physician in attendance, 25 per cent. of the sick were in bed at home, 8.2 per cent. were in hospitals, and 61 per cent. were ambulant cases, unable to work. Those sick, yet able to work, constituted 5.8 per cent.

Accidents and injuries were the chief cause of sickness in this survey, amounting to 602 cases, or 11.2 per cent. Then came "rheumatism," which amounted to 433 cases, or 8.0 per cent. "Rheumatism" probably refers to such diseases as neuritis, tuberculosis, gonorrhoeal and post-traumatic diseases of the joints, bones, and muscular system and function neuroses. Influenza caused 392 cases of sickness; pneumonia, 307 cases; diseases of the stomach, 183 cases; functional disorders of the nervous system, 181 cases; tuberculosis of the lungs, 180 cases; colds, coryza and rhinitis, 166 cases; bronchitis, 156 cases; normal childbirth, 125 cases. There were other causes of sickness, such as asthma, disease of the heart, tonsillitis, appendicitic, cerebral hemorrhage, apoplexy and paralysis.—*Medical Journal of Public Health.*

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#### HIGH GRADE DEFECTIVES AND THE STATE.

Dr. Josephine E. Young stated that, except when especially indicated, the following statistics have reference to conditions in the United States:

The total number of feeble-minded is approximately 300,000, or 0.5 per cent. More than 16,000 of these are found in Illinois, 6,000 in Chicago.

The number of individuals in institutions for the feeble-minded in 1910 was 20,731. There may be 30,000 at present. Of the entire feeble-minded population, about 5 per cent. have special institutional care. They are found also in reformatories, poor-houses, public schools and at large. Probably 25 to 30 per cent. of the reformatory, more than 50 per cent. of

the poor-house and one per cent. of the public school populations are feeble-minded.

Of the entire feeble-minded population, 4.5 per cent. are in institutions for the feeble-minded (Lincoln, Illinois); 1.0 per cent. are in reformatories (in Illinois, Pontiac, St. Chares, Geneva; 2.9 per cent. are in poor-houses; 40.0 per cent. are in public schools; 51.6 per cent. are unaccounted for.

Of the unaccounted for, a few are in State prisons or jails, but more of them are at home.

The Royal Commission of England gives the proportionate number of the three great groups of feeble-minded as:

Idiots (with an intelligence below three years), 5 per cent.; imbeciles (with an intelligence between 3 to 8 years), 20 per cent.; morons (with an intelligence between 8 and 12 years), 75 per cent.

The first two low grade groups are comparatively helpless and correspondingly harmless. The morons are a great danger to the community. Kuhlmann says that the institutions have about 60 per cent. of the harmless, low grade feeble-minded, and only 2 per cent. of the dangerous type who are chiefly in the public schools or unaccounted for. These supply material for the courts, where the males appear as murderers, incendiaries, thieves, and so forth, and the females as sex offenders. Of the 169 morons, out of a total group of 489 seen during 1917 and 1918 at the Orthogenic Clinic at Rush Medical College, 30 per cent. were mothers, to whom were born 45 illegitimate children. Out of the 20 per cent. so-called normals, who came to this clinic for examination, there were 12 attempted suicides, and a number of pregnant, unmarried females from 14 years of age upward. The State Training School for Girls at Geneva, Illinois, classifies 60 per cent. as normal, but a large proportion of these girls exhibit a tendency to pathological sex perversions that are unspeakably shocking. These moral degenerates, classed as normals, are among the most dangerous of all members of society. Among the 489 there were 44 feeble-minded families averaging 3.5 defective individuals per family, or 154.

Illinois provides for only 14 per cent. of its feeble-minded population. There are 2,245 patients at Lincoln, 936 of which have come from Cook County. Lincoln can accommodate very few more. There are 1,332 sub-normal children in special classes in the Chicago Public Schools.

The northern part of Illinois needs provisions for a large colony for the feeble-minded near enough to Chicago so that families may visit their children who are there.

The courts, psychologists, social workers and women's clubs are keenly alive to the situation. The Chicago Medical Society provides for

a special committee that has done notable work in procuring clean milk for babies, maintaining a permanent propaganda and investigation. It is equally important that it, or its neurological branch, appoint a permanent committee to push larger plans to meet the crying need of suitable care for the feeble-minded. It is also very essential that the medical departments of the universities create more ample means for research and for the instruction of students in this very important matter.—*Bulletin Chicago Medical Society.*

#### A PLEA FOR SICKNESS PREVENTION.

In its bulletin, published May, 1918, the National Industrial Conference Board presents a research report under the title of "Sickness Insurance and Sickness Prevention?"

In these days of conservation, it is high time the public was made to realize the extent to which sickness and physical disability sap the energies and impair the efficiency of the nation. It is time we answered the question, "If it costs a billion dollars to insure the health of the United States, why not prevent disease?"

Under the heading "How Far are Disease and Physical Defects Preventable?" the report states:

"The disease most frequent in the industrial population, other than 'occupational diseases,' are those of the degenerative type,' such as Bright's disease, *cancer*, apoplexy, cirrhosis of the liver, and arterial diseases. These are particularly frequent causes of disability and death after the age of 45 years, although they often exert a detrimental effect on the efficiency of workers at earlier ages. Predisposing factors which contribute to the occurrence of those diseases often exist in the very early periods of life. While opportunity for prevention of these diseases may be less promising than in the case of communicable diseases, there is undoubtedly a large field for successful preventive work of undertaken in time."

"Preventive work in the case of such communicable diseases as typhoid fever, tuberculosis, pneumonia and diphtheria have been brilliantly successful. That in less than a generation the mortality rate for tuberculosis per 100,000 population has fallen from over 200 to less than 150 and that for typhoid fever from 35.9 to 12.4, is a tribute to the efficiency of prevention, since in the main these results have been accomplished by preventive agencies. The results already attained with a comparatively modest expenditure in this field are an earnest of the possibilities of still greater progress in the future and of broad success in the field of non-communicable diseases as well, if there are attacked under a definite policy with a permanent and efficient organization and sufficient funds.

“The results already achieved in sickness prevention through local effort with limited funds established beyond a doubt the urgent need for a thorough-going investigation of its further possibilities under a definite national policy. Such an investigation should be undertaken at once. The withdrawal from production of hundreds of thousands of the most robust workers for military service has already increased the relative importance of the sickness burden as related to national efficiency, and it will be accentuated by further withdrawals as the war goes on.”

#### ANTIGONORRHOEAL VACCINATION.

We have on various occasions discussed the question of antigonorrhœal vaccination. It has been given a trial by numerous observers. For instance, Dr. Maublanc is unhesitatingly hostile to the method. “The vaccine,” he remarks, “often sets up violent reactions and in certain subjects, just as with the anti-typhoid vaccine, it is better abstained from.” It is true that according to this observer it is possessed of numerous advantages, especially that of calming the pain in orchitis. “In short, an auxiliary sometimes useful medication, which, however, must always yield precedence to local treatment.”

Similarly, in two cases, Dr. Blumenthal (*Presse Medicale Belge*) was obliged to suspend the use of the said vaccine because after each injection disquieting symptoms supervened, such as high fever, headache, nausea and rapid emaciation. The method for that matter did not appear to exert any influence on the urethral discharge.

Same conclusions on the part of Dr. Denis, who states that the injection is sometimes followed by sharp local pain and an actual recrudescence of the local symptoms, the running increasing in amount, the anterior urethra becoming congested and the constitutional symptoms assuming such a degree of acuity that the treatment had to be stopped.

According to Drs. Bannomour and Salle two methods only are worth retaining.

Nicolle and Balaisot's vaccine possesses an indisputable curative action, but it is very variable in its effects. Moreover, the injections are often badly borne. Subcutaneous they give rise to distressing persistent erythema, intragluteal they cause very severe pain, lasting upwards of half an hour.

With regard to the antigenococcal serum recommended by Drs. Pissavy and Chauvet it is suitable for certain cases of gonorrhœal rheumatism, especially those in which pain and phlegmonous tendencies predominate. In these cases it proves analgesic and curative. The treatment reduces to a minimum the duration of the disease and the sojourn of the patient in hospital. This enables us to obviate the grave sequelæ:

atrophy and ankylosis. According to all authors who have had occasion to observe the ultimate effects these are excellent. At most in severe cases does there remain slight functional impairment. Thanks to the antigonococcal serum we avoid the risk of early arthrotomy and ankylosis in good position will in future not be the guiding predominant idea in the surgeon's mind. No atrophy and consequently no deformity and no bony formations which are so often the consequence thereof.

Lastly, in a case reported by Dr. Fontanilles, of a man, age 32, the urethral discharge dated back twelve months and was still mattery, containing numerous gonococci; for two months past he had complained of pain in the right knee and, on the same side, of talalgia, pain in the shoulder and in the sternoclavicular articulation. The classical treatment not having yielded any result, they tried Nicolle's vaccine by intravenous injection. Three days later the joint trouble had disappeared.

It will be seen therefore that there is still great difference of opinion as to the curative value of vaccination and with respect to its indications. No doubt it is especially indicated in gonorrhœal rheumatism and perhaps also in certain diseases of the uterine adnexa. But even here it often falls short of our hopes, and this without any plausible explanation of the failure. On the other hand it is by no means rare for the injections to be badly borne, setting up severe local pain or destroying the constitutional symptoms. Moreover, unless the practitioner be in a position to keep his patients under close observation for a sufficient length of time he will find it advantageous to stick to the classical methods of treatment which have long since established their reputation and, properly handled, determine un hoped-for improvement and even prompt recovery. According to Professor Fournier the conditions of success for these substances are three in number:

1. To give them at the proper time, *i.e.*, neither too early nor too late.
2. To give them in suitable doses, *i.e.*, neither too much nor too little.
3. To persevere with them as long as is necessary (*Jaccoud Dictionary*: article on *Blenorrhagie*).

These prescriptions had their *raison d'être* when the practitioner only had at his disposal impure balsams uncertain in their action and often badly tolerated. Now that we have at our disposal products such as arheol, a well-defined chemical compound which is neither more nor less than the active principle of sandalwood oil, there is no need to hamper ourselves with these restrictions. We can, as is shown by the experience of innumerable practitioners, administer arheol at all stages of the disease, as well at the onset as when fully developed, in urethritis just as in gleet, and in the treatment of local accidents: prostatitis and epididymitis just as in constitutional complications (rheumatism) with the best possible results provided we give it in adequate doses and prolong its use as long as may be necessary.

## PERSONAL AND NEWS ITEMS

Capt. Paul Lee Cooke, M.D., died about the first of August in France on active duty with the United States Medical Reserve Corps. He was in his 43rd year, was a graduate of the University of Virginia in the class of 1898, and was born in that state on the farm granted by patent to his ancestors by Charles I. He had been in practice in Birmingham, Ala. His wife is the granddaughter of Charles Stewart of the United States Navy of 1812, and a first cousin of Charles Stewart Parnell, the Irish leader. Mrs. Roy Scott, 89 Howland Ave., Toronto, is a cousin of the late Dr. Cooke.

Half a million francs have been appropriated by the American Red Cross to complete the installation of four tuberculosis hospitals. One of these is for use by the National Railway Union, comprising four hundred thousand members, and another is for Serbian tubercular cases.

A very serious commotion occurred recently in the medical staff of the Water Street Roman Catholic Hospital, Ottawa. The trouble arose over the appointment of Dr. J. Lorenzo to a vacancy on the staff to which Dr. R. M. Nagle was entitled. One member resigned.

On August 6th the ambulance ship, the *Warilda*, was torpedoed and sunk, and 130 lives lost, including Mrs. Long, the founder of the Women's Army Auxiliary Corps. This vessel was clearly marked as carrying nothing but wounded soldiers and their attendants. A number of nurses perished. This was the first trip made by the vessel, on which there were no German wounded. This looks as if there had been some spy at work.

An urgent call to the American Red Cross to enroll 10,000 nurses a week for the next two months for immediate duty with the Army Nurse Corps, was issued on 4th August by Surgeon-General Gorgas. With the American armies overseas entering more and more into the fighting the Surgeon-General said the need for additional nurses becomes imperative.

While attending to the case of Lorne Melvin Jones, who was drowned at Wilcox Lake, Dr. Pentland, Richmond Hill, sustained a broken leg and was attended by Dr. Wesley, of Newmarket.

Her Royal Highness, Princess Mary, has commenced duties as a Red Cross nurse, and is serving as a probationer at the Hospital for Sick Children, Great Ormond Street, London. Dr. George R. Pirie, of Calgary, Alta., is the Medical Superintendent.

Mrs. E. McNab, widow of the late Dr. McNab, 1099 Bathurst Street, Toronto, was found dead in her room on the 9th August. She had lain down for a rest, and was poisoned by the escape of gas from a leaking tube.

Capt. (Dr.) G. W. Armstrong, who has held the position of adjutant at the Gerrard Street, Toronto, Base Hospital, has been appointed to

command the A. M. C. Training Depot at Niagara Camp. He was awarded the D.S.O. for bravery in action.

The first monthly report received by the Ontario License Board from the vendors in Hamilton and London shows that some of the doctors in both those cities issued more than 100 prescriptions for liquor during July. In Hamilton 19 doctors issued more than 50 prescriptions each, while 10 of the number issued more than 100. In London 12 doctors issued more than 50 prescriptions each, while four of these issued over 100.

More than 50,000 refugees from Turkey have been stricken with eruptive typhus in the Island of Mytilene, according to cablegram received by George Rusos, Greek Minister at Washington, and forwarded to the Relief Committee for Greeks in Asia Minor.

Major Howard B. Jeffs, M.C., son of Dr. Jeffs, formerly Medical Officer of Health for the old Town of North Toronto, has been given an appointment under the A.W.M.S. at Halifax in connection with embarkation work. Major Jeffs was wounded during the fighting at the Somme in September, 1916.

Lieut.-Col. E. B. Hardy, D.S.O., at present commanding officer of the Base Hospital on Gerrard Street, Toronto, has been mentioned as the officer to be picked for the command of the new concentration military hospital which is planned for North Rosedale. Lieut.-Col. Hardy went overseas with No. 2 Field Ambulance of the first contingent and was frequently mentioned in despatches for his good work.

Bishop Fallon, of London, Ontario, who has been at the front, speaks in the highest terms of the work of the surgeons and nurses, and all in connection with the Red Cross administration.

One method of German brutality is to make prisoners walk in a narrow sort of trench dug in the clay and kept wet to make it slippery. This is fenced on each side with barbed wire. The prisoners, almost naked and with bare feet, are made to walk to and fro in this for hours. If they slip, they go against the barbed wire, and if they do not walk fast enough a German prods them with his bayonet. The German mind has some inventive powers.

Hon. Dr. J. H. Cody, Minister of Education, speaking to the teachers and students of the Agricultural College, Guelph, a short time ago, said that the time had come for medical and dental inspection of the pupils in rural schools.

There was a distinct reduction in the number of cases of contagious and communicable diseases during July and August in the Province of Ontario.

During the month of July 1,074 children were born in Toronto. There were 450 marriages, and 489 deaths.

Through means of inoculating the typhus germ into Serbian prisoners and by contaminating the wells in Serbia with the germs, the disease spread so rapidly among the people that before it was checked 180,000 Serbians died from the effects. Of the 150 doctors and nurses sent with the English hospital, 75 succumbed from the disease.

In the maelstrom behind where the fierce fighting is now occurring, from Soissons to Rheims, there is a Canadian hospital doing its duty administering to French and American wounded. For some months it has been established out in the French lines, tending to the wants of our allies, and now those doctors and nurses from Canada are having their reward by taking part in what may be the greatest battle in history.

Dr. Hastings, M. H. O., for Toronto, proposes to take steps to find out the number of tubercular persons in the city, and to put forth efforts to arrest the spread of the disease.

Bishop Joseph M. Francis, of India, who has been a Red Cross worker at the American Front, speaks in the highest terms of the wonderful work accomplished by the surgeons.

King George V., during his recent visit to the front, gave voice to the following: "Of the hospitals and their efficiency, skill and devotion and the untiring efforts of the staff I cannot speak in too high praise."

It is with pardonable pride one refers to the fact that Canada by her contribution of \$12,000,000 in cash and \$15,000,000 in supplies has made a record in Red Cross aid. For per capita giving Canada stands in a class by herself.

Dr. G. H. Burnham, of Toronto, received word quite recently that his son, Staff-Major Sydney Smith Burnham, had been killed in action. He went overseas in 1915, and has been frequently mentioned in despatches. In October, 1917, he was awarded the D.S.O. He was a graduate of the University of Toronto.

Women doctors are in great demand in England. Municipal authorities in all parts of the country are advertising for women doctors to take over the work of men called for military duty. Manchester wants a woman health officer at \$2,000 a year, while Denbigh and Derby are seeking women doctors for municipal welfare work at a similar salary.

Figures compiled by the United States Bureau of Labor Statistics show an enormous increase in the death rate over the number of births in Germany since the beginning of the war. This has become most noticeable in the last few months. In Hamburg, in the last two weeks in December and the first two in January, the birth rate was 7.0, while the death rate was as great as 18.4, an excess of 163 per cent. In none of the

twelve German cities which were noted did the birth rate exceed the death rate.

What with the bombing of hospitals, the sinking of hospital ships, attacks on Red Cross stations, brutality to prisoners, murdering of defenceless people, the German nation has sunk to the level of the Negroid type of savagery. The teaching of the people has been bad, but the people have been apt pupils. The modern Hun is like his ancient Oriental, brutal ancestor.

By the will of the late James Douglas, of New York, Kingston General Hospital receives \$100,000, and the University of McGill, Montreal, \$50,000. Mr. Douglas was estimated to be worth \$20,000,000.

Transfer of Lieut.-Colonel W. T. Connell, formerly in Queen's Stationary Hospital at Cairo, Egypt, and now in command of Queen's Military Hospital in Kingston, to Queen's General Hospital in France, has been approved by the Militia Department at Ottawa. Several members of the staff will also be transferred to the overseas hospital, and Lieut.-Colonel F. Etherington will be released to take charge of the local hospital.

Capt. Dr. E. S. Wishart, of Toronto, after serving in the C.A.M.C. in Serbia, Egypt, Palestine and Saloniki, has been attached to Base Hospital No. 4 (University of Toronto), now located at Basingstoke, England.

A new Canadian Hospital, a gift of the Canadian people through the Red Cross, has been established near Paris, with a capacity of 500 beds. It is in charge of Col. G. E. Beauchamp, of Montreal.

Reports that may be accepted as reliable go to show that typhus fever, malaria and tetanus have become very prevalent in several parts of Germany.

The experience so far in the war is that one in every thirty is killed, one in every fifty die of wounds, and one in five hundred lose a leg. The health of the soldier is better than in civil life.

The United States Army regulations permit properly trained colored nurses to be used to wait on their own race abroad and in the U. S. Army at home.

Dr. Alexis Carrel has been decorated with the Legion of Honor of France. M. Mourie, Under-Secretary, said that his work merited the Nobel prize.

Dr. Abraham Jacobi, of New York, has accepted the presidency of the Friends of German Democracy, an organization which favors the destruction of Hohenzollern rule in Germany. The writing is appearing on the wall.

Former patients of the late Dr. Edward A. Trudeau have erected a statue to his memory at the Adirondack Cottage Sanatorium. The memorial address was delivered on 10th August by Dr. P. F. Sturgis.

In January, 1917, France had an army of 4,750,000. Of these, 3,000,000 were at the front.

There are about 30,000 feeble-minded persons in New York State. Dr. Walter B. James, president of the New York Academy of Medicine, has been appointed commissioner to report on the best way of handling the problem.

Dr. George F. Nicolai, formerly professor of Pathology, Berlin University, and who wrote a book denouncing Prussianism, was degraded and imprisoned. He escaped to Denmark in an airplane.

It is estimated that there are 143,000 doctors in the United States. About 95,000 are in active practice, and 23,000 are in the army and navy. It is said that when the U. S. Army is up to full strength about 50,000 doctors will be required.

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## OBITUARY

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### JOHN TAYLOR GILMOUR, M.D.

Dr. Gilmour died very suddenly while in his garden at 6 Ridout Street, Toronto, on 29th July. He was born at Newcastle, Ontario, in 1855. He was educated at Port Hope High School, and graduated in medicine from Trinity University as M.D. in 1878. For many years he was in general practice, during which time he took a keen interest in public affairs. He represented West York in the Ontario Legislature from 1886 to 1894. He was also a surgeon for the Canadian Pacific Railway for many years. He retired from the Legislature in 1894, when he was appointed Warden of the Central Prison. In 1913 he took charge of the Prison Farm at Guelph, and for the year prior to his death was the parol officer for Ontario. In 1904 he was president of the National Warden's Association, and in 1908 president of the American Prison Association. He was twice married, and is survived by his second wife, a daughter, and a son, Dr. C. H. Gilmour. The late Dr. Gilmour had a most charming manner, and was most loyal to his friends. Few men had a greater grasp of how to manage criminals.

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### JAMES MILTON COTTON, M.D.

Dr. J. M. Cotton died on Sunday morning, 11th August, very suddenly. He had not been complaining and had attended to his practice on Saturday as usual. About seven in the morning he was taken ill and death came in a very short time. Dr. Cotton graduated from the University of Toronto in 1881. He was born in Simcoe County in 1860, and was educated in the Toronto schools. After graduation he did post-graduate work

in Edinburgh and London, and secured the diplomas of L.R.C.S. Edin., and M.R.C.S. Eng. He was also M.D., C.M., of Victoria University. He practised for a number of years in Lambton; but about twenty years ago moved to Toronto. For many years he was a coroner for Toronto and York, and for the past fifteen years he was senior surgeon to Grace Hospital. He took considerable interest in the affairs of the Academy of Medicine, having been chairman of the surgical section in 1915-16, and also chairman of the Committee on the Workmen's Compensation Act. He was the Grand Medical Examiner of the Ancient Order of United Workmen. He was a member of the American Medical Association, of the Clinical Surgeons of America, and of the International Congress of Medicine and Surgery. He was also a member of the York Club, of the Canadian and Empire Clubs, and the Royal Canadian Yacht Club. From 1905 to 1910 he was attached to Company A of No. 7 Field Ambulance Corps. His wife died about six months ago. His son, Capt. Douglas Cotton, has charge of a trench mortar, while another son, St. Dean Cotton, is at home. His daughter, Mrs. R. W. Davies, lives in Toronto.

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#### JAMES PRITCHARD, M.D.

Dr. James Pritchard, of North Wakefield, Que., passed away on 3rd August, at his home. He had been in poor health all last winter, and required an assistant to look after his practice. He graduated in 1894. He is survived by his widow, a daughter of the late John Pratt, of Cobourg, two sons in khaki, and two younger sons, and a daughter. He was a gentleman of high character and enjoyed the esteem and acquaintanceship of a large circle of friends.

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#### W. G. HUTT, M.D.

Dr. W. G. Hutt, who carried on the practice of medicine for twenty years, died very suddenly at his home in Newmarket, on 18th August. He had arrived at his house after visiting a patient, just previous to his wife's return from church, and on her arrival he complained of pain in his chest. He asked Mrs. Hutt to bring him some medicine to relieve the pain. In the short time that Mrs. Hutt was out of the room looking for the medicine her husband expired. The late Dr. Hutt belonged to a Whitechurch Township family, and took up residence in Newmarket when he commenced to practice. He is survived by his widow.

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#### LIEUT. A. MURRAY CLARE, M.D.

The late Dr. Clare was killed in action a short time ago. When the war broke out he was studying medicine in Winnipeg. He enlisted, but later on returned and completed his medical studies, and graduated last

December. He joined the C.A.M.C. and later the R.A.M.C. He had won distinction for gallant conduct.

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CAPT. W. HALE, M.D., D.S.O.

Capt. Hale was accidentally killed at a Base Hospital in France. He was medical officer of the 42nd Battalion. He graduated a few years ago from Queen's, and gave up a good practice to join the army.

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W. E. BROWN, M.D.

Dr. Brown was in practice in Gananoque, Ont., and was one of the local military examiners. He went to France, where a gas bomb burst near him, causing a fatal illness. He was 24 years of age and a Queen's graduate.

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ROBERT E. FORBES, M.D.

Dr. Forbes died at Bonavista, Newfoundland, where he had practised for many years. At the time of his death he was in his sixty-sixth year. He was a graduate of McGill University. He was a man of splendid physique and well calculated for the strenuous life of a practitioner in the northern part of the Island. His death occurred on the 8th June.

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G. F. SLACK, M.D.

Dr. Slack died at Farnham, in the Eastern Townships, on 5th June. He was a graduate from McGill, and then went to London, where he obtained the M.R.C.S. Eng. He returned to Canada and has been in practise for thirty-five years. He enjoyed an extensive practice.

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CAPT. E. E. MEEK, M.D.

Dr. Meek went overseas with the 68th Battalion. He was a graduate of the University of Manitoba in 1901. For some time he practised in Regina. He was connected with No. 2 Canadian Field Hospital. His death occurred at Boulogne, France.

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## BOOK REVIEWS

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### THE MAYO CLINICS, ROCHESTER, MINN.

1917 Collected Papers of the Mayo Clinic, Rochester, Minn. Octavo of 866 pages, 31 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth \$6.50 net. The J. F. Hartz Company, Toronto, Canadian Agents.

These clinics are looked forward to with expectancy, and they always reveal the experience and reading of a group of earnest workers in gen-

eral medicine, surgery, and special branches of practice. This volume contains 866 pages, and covers a wide range of subjects. There are thirty-five contributors, giving 17 papers on the alimentary canal, 16 on unogenital organs, 7 on the ductless glands, 3 on the heart, 8 on the blood, 6 on the skin and venereal diseases, 13 on the head, trunk and extremities, 2 on technic, and 10 on general subjects. The work is very excellently illustrated, an important feature in all modern medical works. The paper is very superior in quality, and the binding is such that the book may be placed with the best and look well amidst its companions. We can recommend this new volume of a very fine series, as it will very amply repay a careful perusal. These volumes from the Mayo Clinic, or the Rochester Hospital, Minnesota, are rendering a genuine service to the medical profession. Practical works like this are worth very much more than those of a theoretical and academic character.

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#### TREATMENT OF WAR WOUNDS.

The Treatment of War Wounds. By W. W. Keen, M.D., LL.D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second Edition, Reset. 12mo, 276 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.00 net. The J. F. Hartz Company, Toronto.

Dr. W. W. Keen has given long and splendid service to the medical profession. For long years he taught surgery in Jefferson Medical College, and holds the rank of Major in the Medical Reserve Corps, U. S. Army. In this volume of 276 pages the author covers the ground of how to treat war wounds in a very satisfactory manner. The nature of war wounds, shock, transportation of wounded, fractures, Carrel-Dakin method, dichloramin-T., the Bipp treatment, tetanus, gangrene, wounds of chest, head, abdomen and joints, etc., are discussed with clearness. It is a most timely edition of a valuable book.

One looks forward to anything Dr. Keen may have to say on surgery with anticipation. The perusal of this volume will not disappoint.

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#### THE HOSPITAL AS A SOCIAL AGENT IN THE COMMUNITY.

The Hospital as a Social Agent in the Community. By Lucy C. Catlin, R.N., Director of Social Service Work and Executive Director of the Out-Patient Department of Youngstown Hospital, Ohio. 12mo. of 113 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$1.25 net. The J. F. Hartz Company, Limited, Sole Canadian Agents.

In this small volume there is discussed a number of interesting topics regarding hospitals. Among these subjects may be mentioned the social service of hospitals, out-patient departments, correlation with other social services, the hospital and the sick and injured at home, the hospital's relation to the community, the problem of the hospital child, the hospital

and public health work, etc. The work is intelligently written and will fulfill a very useful purpose. The hospitals are now playing a new part in the social life of the people. They are now distributors of valuable information, and this book shows how this may be done.

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### VENEREAL DISEASES.

The Seriousness of Venereal Diseases. By Sprague Carleton, M.D., F.A.C.S. Published by Paul B. Hoeber, 67-69 East 59th Street, New York. Price, 50 cents net.

This is a neat pocket volume, containing 26 plates, illustrating the ravages of syphilis, chancroid and gonorrhœa. The pictures were obtained from patients treated in the Metropolitan Hospital, Blackwell's Island, New York City. This little book and its illustrations are intended to show the great danger of these diseases, and especially if they are not promptly and properly treated. The book in the first instance was published "as a gift for the use of Base Hospital No. 48." At the end are to be found the instruction given to patients at the Genito-Urinary Clinics in New York. This is a very useful little book, and is particularly useful for the layity. Special prices will be quoted those desiring large numbers for distribution.

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### MEDICAL CLINICS OF NORTH AMERICA.

The Medical Clinics of North America, Volume 1, Number 6. (The Southern Number, May, 1918). Octavo of 224 pages, 35 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Published Bi-Monthly. Price per year: Paper, \$10.00; Cloth, \$14.00. J. F. Hartz, Toronto, Agents.

This very excellent number is from the teachers of the South—Clinicians from Memphis, New Orleans, Asheville, Norfolk, Birmingham, Columbia, Hot Springs, Charleston, Atlanta, and Charlotte, give their quota. The subjects are varied, interesting and well handled. This is a very superior number of one of the best periodicals on medical literature.

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### NAVAL HYGIENE.

By James Chambers Pryor, A.M., M.D., Medical Inspector, United States Navy; Master of Arts in Hygiene, Johns Hopkins University; Head of Department of Hygiene, U. S. Naval Medical School; Professor of Preventive Medicine, George Washington University. Published with approval of the Surgeon-General, U. S. Navy and by Permission of the Navy Department. With 153 illustrations. Philadelphia: P. Blakiston's Son & Company, 1012 Walnut St. Price, \$3.00 net.

The health of the soldier, the sailor, and the aviator has come to take a first place in the thought of all military and military medical men. Keep

these important units of the country's defence in good health is the watchword of the day. The book before us deals with the hygiene of the seamen and the flying men. It discusses the sanitary care of ships of all kinds. It deals with clothing, feeding, heating, etc. It takes up such topics as resuscitation of the apparently drowned, the nutritional diseases of the seafaring men, seasickness, the malingeringer, the disposal of the dead, disinfection, and many other interesting and timely matters. Even to one who is not going to sea or who may not be called upon to treat seamen this book will make very pleasant and profitable reading. We recommend it cordially.

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### INFANT FEEDING.

Principles and Practice of Infant Feeding. By Julius H. Hess, M.D., Major, M.R.C., U. S. Army, Active Service, Professor and Head of the Department of Pediatrics, University of Illinois College of Medicine; Chief of Pediatric Staff, Cook County Hospital; Attending Pediatrician to Cook County, Michael Reese and Englewood Hospitals, Chicago. Illustrated. Philadelphia: F. A. Davis Company, Publishers; English Depot: Stanley Phillips, London, 1918. Price, \$2.00 net.

This volume of 338 pages is a valuable and useful addition to the growing literature on diseases of children, and the care of children in health. Preventive medicine in Pediatrics is taking a very prominent place in the work of the practitioner. There is one section of the book devoted to general considerations. This is followed by a number of chapters on the nursing of babies. Then artificial feeding is taken up; and this is followed by sound advice on the nutritional disturbances in artificially fed infants. There is much useful information in an appendix on clothing, bathing, teething, the use of common remedies, etc., etc. The book is a very excellent one and is bound to have many interested and pleased readers. This is just the sort of book that is really needed.

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### THE ORTHOPEDIC TREATMENT OF GUNSHOT INJURIES.

The Orthopedic Treatment of Gunshot Injuries. By Leo Mayer, M.D., Instructor in Orthopedic Surgery, New York Postgraduate Medical School and Hospital, with an introduction by Col. E. G. Brackett, M.C. N.A., Director of Military Orthopedic Surgery. 12mo of 250 pages, with 184 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.50 net. The J. F. Hartz Co., Ltd., 24-26 Hayter Street.

This is a very excellent book on the field of work covered. It traverses a wider range of cases than what is usually understood by the term "orthopedic." The author is a competent teacher and writer, and these qualities add much to the value of the book. This book should be in the hands of everyone engaged in military surgery; and most doctors in civil practice would find it most useful.

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CORRECTION:—In reviewing "Equilibrium and Vertigo", the author's name was quoted as Jores instead of Jones.

## MISCELLANEOUS

## WAR VETERANS' RESOLUTIONS.

The following resolutions have been adopted by War Veterans:—

(1) "That whenever there is a disability arising from organic or nervous disorder, the Pension Commissioners should require that the applicant be notified that his pension will be decided on at such time, and give him an opportunity to appear before the board for a personal interview, and that hereafter in such cases if any doubt appears as to the pensionable disability of the applicant, the applicant should be given the benefit of the doubt and that the medical authorities shall cure such cases or the pension board shall pension."

(2) "That as far as possible the examining medical boards should be composed of a civilian physician or surgeon of wide experience, an overseas M.D. member with actual experience of war conditions and cases, and an experienced representative of the Canadian Army Medical Corps."

(3) "That it should be impressed by those in authority upon the examining medical boards before whom members appear for examination for the determination of disability that their relationship between them is that of doctor and patient; that every facility should be granted a member to give an account of the facts of his condition from his point of view; and that the pension forms now in use should be altered to make provision for a record of such statement being taken and forwarded to the commission for consideration; that such statement, after being read over to the member, as well as a statement as to the number of doctors who are present and made the examination, should be signed by him."

## DR. ELSIE INGLIS MEMORIAL.

The London Units of the Scottish Womens' Hospitals are appealing for a fund to establish a Chair of Medicine in the University of Belgrade, after the war, as a memorial to their late C.M.O., Dr. Elsie Inglis, and her work for Serbia.

It has long been felt that Serbian medical students should have facilities for studying at home instead of at foreign universities, and, since Vienna and Berlin were the schools of medicine most frequented by Serbians, the desirability for providing these facilities has become a vital necessity.

The Serbian Minister to Great Britain has intimated cordial approval of the idea of filling the proposed Chair of Medicine by an English-woman who will be to the Serbs, as Dr. Elsie Inglis was a living symbol of England's friendship.

## LOCAL MEDICALS HONORED.

For their admirable services rendered during the epidemic of typhus amongst the Chinese laborers at Wei-Hai-Wei, China, six Canadian medical officers, including two Toronto medicos, have been mentioned in official orders from Ottawa received at Toronto military headquarters recently. They are: Captains D. T. Fraser, M.C.; W. G. Shepherd, of Toronto, L. A. C. Panton, C. H. Bastin, J. H. Box, G. S. Cronk, P. E. Doyle, and J. C. McEwen.

The War Office representative has forwarded to the Army Council that they desired the Minister of Militia to express its warm thanks to the above-mentioned officers of the Canadian Army Medical Corps for their services during the epidemic of typhus among the Chinese laborers.

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 THE HORRIBLE RESULTS OF "KULTUR."

The ill-omened word "kultur" comes in for a savage analysis. Professor von Seyden, in the first frenzy of the war, said: "The Germans are the select people of the earth. They will accomplish their destiny, which is to rule the world and to guide all other nations for their common happiness."

The Bureau answers von Seyden by presenting a table of the worst forms of crimes committed in Germany and England during the ten years 1897-1907 as follows:—

	Germany.	England.
Murder . . . . .	350	97
Incest . . . . .	573	56
Rape . . . . .	9,381	216
Unnatural crimes . . . . .	841	290
Malicious and felonious wounding.	172,153	1,262
Malicious damage to property . . . . .	25,759	358
Arson . . . . .	610	278
	<hr/>	<hr/>
Total . . . . .	209,667	2,557

"People of America," the author of the Bureau's report says in conclusion, "you fathers and mothers, wives, sisters and sweethearts of the men you have sent to France, I ask you to study that table. Kultur should be known by its results, and, if 'benighted' England can show such a case against 'enlightened' Germany, is it not worth four years, or, if need be, forty years of war to keep your country and ours clear of the virus of kultur?"

## CANADA LEADS THE WAY.

The work of the Invalided Soldiers' Commission, established in the war, has served as a model for the Entente in dealing with returned men. Recently a party of American experts toured Canada to investigate our vocational education methods. Douglas C. McMurtie, Director of the American Red Cross Institute of New York, was in charge of the party. Mr. McMurtie said Canada had been selected, as it was the only Allied country which had from the outset recognized the task of vocational rehabilitation as a national obligation to its disabled soldiers. Inasmuch as the recent American legislation is based almost exactly on the Canadian system, the compliment is one of which Canada has reason to be proud.

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## BOTULISM IN THE ARMY.

A few cases of botulism have been discovered in the American army, but none has resulted fatally, and the Medical Corps has encountered no difficulty in checking the spread of the disease.

A greater number of cases have been found in the British forces, but the percentage is not much larger there and, while deeply interested in the character of this latest of war diseases, physicians, both British and American, profess a conviction that it will not become so prevalent as to become a menace. One of the victims in the American army has been an officer at headquarters. He recovered, only a slight drooping of the eyelids remaining some days after he was discharged, as a reminder of his illness.

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## MORE BOYS BORN IN WAR-TIME.

Vital statistics collected in several of the warring countries go to support the old theory that nature endeavors to make up for the sacrifice of men in war by increasing the male birth-rate. It is said that the proportion of male to female births in the United States was 5 per cent. greater during the latter half of 1917 than in the corresponding period in the years immediately preceding, and almost 11 per cent. greater than the average of 10 years ago. The proportion of males in British birth registration was about 6 per cent. higher preceding the war. The tendency is not so marked in Ontario, but even here 106 or 107 boys are being born to every 100 girls—a slight increase over pre-war figures. The phenomenon has been noticed in previous wars and it is attributed to pre-natal influences.

(NOTE.—It was shown by Professor Thompson that sheep, fed on poor pasture, gave birth to an increased number of males. In war-time women have many hardships, anxieties, deprivations. This would account for the extra male births, apart from any design on the part of any influence to make up the male losses due to the war. It is only a natural phenomenon.—Editor *Lancet*).

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### BIRTHS, MARRIAGES AND DEATHS IN ONTARIO FOR 1917.

Births in Ontario during 1917 fell to the lowest figures since the war broke out, and the same can be said of marriages. Deaths remain about the same.

The figures as compiled by the Registrar General's Department show:

	Number.	Decrease.
Births . . . . .	62,666	2,598
Marriages . . . . .	21,493	1,908
Deaths . . . . .	33,268	2,312

The decrease in the number of marriages is caused, it is claimed, by the number of young men who have gone overseas, and those who have been called to the colors.

The births show about 10,000 more male babies than female babies born in the province. The births in the province were pretty well evenly divided between rural municipalities and the cities and towns.

Of the number of deaths in the province over 13,000 were in cities, rural municipalities 17,000, and towns 2,400.

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### MEDICAL MEN AT WAR.

American medical men have always had the advantage of not being bound by tradition, and willing and able to study at any source with profit. Having no special preconceived standards of war surgery of our own, we are in a properly receptive mood quickly and easily to absorb the experiences gathered by our unfortunate colleagues, particularly the allied countries. American surgery of recent years has attained as high a standard as anywhere in the world, and in fact many European surgeons feel the same necessity of becoming familiar with American methods as we did of theirs years ago. That the American soldier will receive the best care obtainable as a result of foresight and the development of methods found most useful in this war is, I believe, an assured fact.

The co-operation of the medical profession in this country has, I think, been unsurpassed by any other branch. The sacrifices they have made have been proportionately greater than in other professions, because when a doctor ceases practising his work stops absolutely and cannot be carried on by associates, or firms, or corporations. The readiness of the profession to make these sacrifices has been very obvious in the case of men who had the most to lose. A very large proportion of the men who first were chosen to go to France were drawn from the ranks of the men well known in this country as surgeons in charge of important clinics and teachers in the medical schools. Quite a number of these men had already served abroad, chiefly with the Allies, before America's entry into the war, and their experience will now be an invaluable asset.—*Scribners.*

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#### HOW LONG THEY LIVE.

A sheep lives 10 years. A cat lives 15 years. A lion lives 20 years. A camel lives 40 years. A bear lives 20 years. A dog lives 14 years. A squirrel lives 8 years. A canary lives 6 years. A crow lives 6 years. An ox lives 25 years. A guinea pig lives 7 years. A horse lives 25 years. A swan lives 25 years. A whale lives 300 years. 9 tortoise lives 100 years. An elephant lives 400 years. A parrot lives 125 years.—From *Humane Pleader.*

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#### MEDICAL EXAMINATIONS, UNIVERSITY OF TORONTO.

The following have completed their examinations for the fifth year:

J. A. Alton, R. H. Baker, O. F. Banting (Clinical Oto-Laryngology), W. B. Barnes, G. A. Bentley, W. H. Cunningham, R. J. M. Fleming, L. R. Gamey, C. T. P. Garbutt, J. V. Hughes, H. O. Jones, W. R. Lane, G. J. Lunz, D. McCallum, J. T. McCosh, F. P. McNevin, A. W. Macpherson, L. C. Rymal, R. M. Tucker, A. W. Valens.

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#### REGULATIONS REGARDING BABIES' EYES.

The Ontario Board of Health has adapted regulations as follows:

Every physicians in attendance at the birth of a child shall instil into the eyes of the baby a few drops of a one per cent. solution of nitrate of silver or a 40 per cent. solution of argyrol.

If within two weeks one or both eyes become reddened, inflamed,

swollen or show any discharge, every attendant is required to make a report in writing to the Medical Officer of Health, with circumstances of the case. Upon receiving the report the Medical Officer of Health is required to place the child under the care of a qualified physician, if this has not been done.

When the parents are unable to defray the cost of such attention, the Medical Health Officer is required to provide the necessary treatment, the cost being charged to the municipality.

The local Boards of Health must notify the Provincial Board of Health of all such cases.

The nitrate of silver solution is supplied free to doctors by the Provincial Board of Health.

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#### DOMINION MEDICAL EXAMINATIONS.

Dr. R. W. Powell, registrar of the Medical Council of Canada, announces that the following candidates have successfully passed the examinations held in Toronto from June 18 to June 25. These names will now be enrolled in the Canada Medical Register with the qualification of L.M.C.C., which is accepted by all the provinces of Canada for license to practise medicine and surgery.

The successful candidates are: C. E. Benwell, R. P. Cromarty and A. B. Holmes, Toronto; L. Godin, A. T. Jacobs and D. C. Smelger, Montreal; C. Gooch, Barrie, and G. F. McFadden, Sudbury.

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#### NURSE'S HEROISM WINS RECOGNITION.

Upon recommendation from General Foch, Premier Clemenceau has decorated Miss Frazer, an English ambulance driver, with the Cross of the Legion of Honor and the War Cross. The citation reads:

“Charged with the transport of wounded men on Thursday night, under heavy bombardment, she received two serious wounds from a torpedo which destroyed her ambulance. She had the superb courage to reach the hospital, 200 feet away, afoot, to inform the doctor of the plight of the wounded men. She then fell unconscious. When transported to the hospital for an operation, she insisted that her wounds should not be treated before the doctors attended the injured men for whom she was responsible.”

## AN ENJOYABLE REUNION.

The Canadian Universities' Alumni Association, of Chicago, held a luncheon at the Sherman House on the 12th of June, at the time of the meeting of the American Medical Association. The following graduates were present and enjoyed the reunion: C. F. Neu, Indianapolis (Western, '94); William H. Marshall, Capt. M.R.C., Camp Grant (Trin. and Tor., '01); J. F. McConnell, Colorado Springs (Tor., '95); W. H. B. Aikins, Toronto (Tor., '81); D. E. McGillivray, Port Angelue (Trin., '99); Hugh A. Stevenson and W. J. Stevenson, London (Tor., '96); Charles MacLachlan, New Rockford, N. D. (Tor., '89); John R. Hopkins, Denver, Col. (Tor., '93); M. W. Pascoe, Taft, Cal. (Trin., '98). Chicago was represented by Hugh N. MacKechnie (Tor., '01); John Milton Moore (McG., '88); W. L. Copeland (McG., '72); Charles H. Long (McG., '88); Leonard St. John (McG., '72); J. K. McQuarrie (Tor., '95); Hugh A. Cuthbertson (Tor., '94); J. Fennell McKee (Tor., '94); James T. Campbell (Tor., '89); C. H. Hauch (Tor., '09); Norman Kerr (McG., '89); J. Aarch. Brown, Kankakee, Ill. (McG., '93); D. A. Myers, Lawton, Okla. (McG., '98); John Segsworth, Wilmette (Tor., '94).

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 THE PROVINCE AND THE WHITE PLAGUE.

Speaking at London Sir William Hearst explained in brief form what the Provincial Government was doing for the suppression of euberculosis. He showed that one-fifth of the cost of a new sanitarium was borne by the Province, and that \$3 a week was provided for the maintenance of each patient taking sanitarium treatment. In 1912 the amount expended under this head was \$60,768. Last year it reached \$135,785; the grant having been doubled within five years.

The Prime Minister mentioned with approval the incessant distribution of pamphlets on the care of consumptives and the treatment of the disease. This had been in charge, mainly, of the Women's Institutes and the Daughters of the Empire. He referred to the Health Exhibit, which is found at the Autumn Fairs, and which costs about \$7,000 annually to maintain.

In addition, the Government supplies free laboratory diagnosis at Toronto, Kingston and London, making some 2,000 examinations and reports annually. The Model Milk By-law has been adopted by many municipalities, and the municipal health officers are in close touch with the Provincial Department. Because of the continued encouragement of the provincial authorities there are now in Ontario over twenty hospitals for the treatment of tuberculosis and accommodation for 1,300 patients.

## SOLDIERS AND TUBERCULOSIS.

Tuberculosis among soldiers fighting in France is not nearly so common as many folk imagine. Of the men who have been returned to Canada, or who have gone to military hospitals before leaving Canada, those affected with tuberculosis numbered 3,737. Sir James Loughheed, Chairman of the Military Hospitals Commission, declares that only about 10 per cent. of this number have come from the fighting fronts. Many have been returned from England and the rest are soldiers who have shown indications of the disease in the course of their Canadian training. In many cases men were passed for military service without any sign of the infection being present. Camp life in damp, wintry weather provided unfavorable conditions for any who might have had a bad "family history." The damp climate of England was also unsatisfactory for such soldiers.

So far, of the 3,700 men received by the military hospitals, 1,500 have been returned to civil life with the disease cured or arrested. In the latter case by care and regular open air life the possibility of a complete cure is great. When one considers the prevalence of tuberculosis among civilians surely it is an extraordinary thing that of over 200,000 men on military service in France and on other fronts the tubercular casualties are less than 400. It is an additional proof of the soundness of the modern theory, that life in the open air in all weathers is the best protection against pulmonary troubles even when that life may include labor of the most vigorous and exhausting character.

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## MEDICAL PREPARATIONS

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### NATURE'S COMBINATIONS VS. SYNTHETICS.

Drugs derived from plants as nearly in their natural combinations as possible meet nutritional conditions of the germ-plasm, which is not the case with synthetics. It would be strange indeed if such were not the case, as the latter act upon the system as foreign bodies, depressing and paralyzing the functions or setting up irritation until thrown off or eliminated if absorbed. They may have their uses, but are not tonic to neuron-tissue nor molecular upbuilders, as are natural plant drugs. Sanmetto is one of the products from plant elements wrought in the wonderful laboratory of Nature, which are assimilable and nourish while they heal, as opposed to the artificial elements wrought in the chemical factories, whose

actions upon the human economy are those of foreign bodies, irritating and depressing until thrown off by the conservative and defensive forces of the body.

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#### A VERITABLE PROP.

After the subsidence of the acute symptoms of any serious febrile disease, an examination of the blood will almost always reveal a degree of anemia in direct proportion to the severity and duration of the primary disease. It is thus always desirable in such cases to adopt measures to revive, restore and reconstruct, and with this object in view one should begin at the foundation, i.e., the blood itself. To construct new red cells, and reconstruct those which have become dehemoglobinized by disease, nothing is more potent in effect than Pepto-Mangan (Gude). This standard preparation of organic iron and manganese supplies the vital fluid with the elements needed to reconstruct and restore its oxygen carrying capacity, by contributing the necessary hemoglobin. Pepto-Mangan is palatable, absorbable, and promptly assimilable. It encourages the appetite, without disturbing digestion or causing constipation.

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#### GONORRHOEA IN WOMEN.

The application of an aqueous solution of iodine in connection with the administration of sanmetto is recommended in the treatment of gonorrhoea in women on account of its ability to penetrate the subepithelial structures and deeper glands. It is also a stimulant, a counter-irritant, and an alterative. The aqueous solution (liquor iodi compositus) is used because of the pain caused by alcoholic tincture. The gonococci disappear early from the secretions, intrapelvic extension is far less frequent, and there is little pain. The entire course of treatment is comparatively short and causes but little trouble to either patient or physician. In acute and sub-acute cases, where vaginitis or vulvitis is present, the patient should be directed to use one teaspoonful of the solution to two quarts of warm water as a douche twice daily. In the chronic and mildly inflammatory cases the strength should be gradually raised from one to two teaspoonfuls, or until the patient begins to experience a burning or smarting sensation, indicating the limit of increase, the sanmetto to be administered in teaspoonful doses for times daily throughout the treatment.