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## Original Contributions.

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### ADDRESS IN OBSTETRICS.\*

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#### THE TEACHING OF OBSTETRICS.

MAY I be permitted, before entering on the subject proper of this address, to make a brief reference to the addresses delivered by my predecessors? They are few in number, and appear to have been given only on exceptional occasions.

That this should be one of those special occasions has been wisely determined by the Council of the Association, and they have placed on me the responsibility of endeavoring to make some adequate use of the opportunities which such an occasion affords.

The first, and in some respects one of the most interesting of these addresses was given at the thirty-first annual meeting of the Association, held at Bristol in 1863, by Dr. J. G. Swayne, Physician-Accoucheur to the Bristol General Hospital, and Lecturer on Midwifery at the Bristol Medical School. It is recorded in Vol. II. of the *British Medical Journal* of that year, p. 178, and it will be noticed that of the many subjects discussed in this address, the obstetric use of chloroform, version of cases of obstructed labor, the treatment of placenta praevia, Caesarean section, blood-letting and chloroform in puerperal convulsions, the nature of thrombosis and of phlegmasia dolens, and the operation of ovariotomy, almost all are still matters under discussion.

As regards the obstetric use of chloroform, he says that although

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it had been used for over fifteen years, obstetric authors were not agreed as to the extent or the frequency with which it should be administered, and in reading his arguments for and against the use of chloroform we can see that medical men at that time had not learnt how to administer it in such a way as would ensure to the patient the needful relief from suffering, while interfering as little as possible with the normal action of the uterus. He concludes by saying that in normal labor especially he would not administer chloroform, but would rather let well alone than interfere with the course of Nature. Apparently very many practitioners of to-day agree with his views, and not having been taught the proper method of administration, they allow many a patient to suffer severely during labor without affording the relief that chloroform can give.

Many of us will agree with him in his conclusions as to the treatment of placenta praevia, namely, that the method of version and extraction by the feet must after all be our main resort, being that most often suitable and, be it added, successful. The cases which are exceptional and require other methods are those in which the difficulty of dilatation of the cervix is considerable.

Of the other subjects he discusses, that of the operation of ovariectomy (then still in its infancy) must interest us particularly. Here are seen some of the pioneers of this operation: Spencer Wells, Baker Brown, Tyler Smith, and Clay, with the results involving a mortality in selected cases of from 50 to 30 per cent. Dr. Tyler Smith, then President of the Obstetrical Society of London, whose papers will be found in the third volume of the *Transactions* of that Society, is quoted as having had seven recoveries out of twelve cases, and that "one of the most remarkable features in these cases was, that in two of them the pedicle was tied with a silk ligature, the pedicle and ligature being cut as short as possible, and dropped into the abdomen without producing any bad results."

The address in 1884 was given by Dr. G. H. Kidd, of Dublin, at the meeting at Belfast. It is recorded in the *British Medical Journal*, Vol. II., p. 217, of that year. The subject was Puerperal Fever, treated chiefly from the clinical point of view. While rightly exposing the fallacy of the theory of scarlet fever as a cause of puerperal fever, he refused to admit the general septicæmic theory, because it did not include groups of cases which he supposed due to a specific epidemic disease. The twenty-two years which have elapsed since that date have brought evidence which convinces all who study the matter under favorable conditions that the cases commonly grouped under the head of "puerperal fever" are in the main cases of septicæmia arising as the result of infection introduced from without in connection with the process of

labor and the lying-in, and that this septicaemia is to be prevented by the prevention of this infection. In addition to this, the principal group, there remains a small fraction of cases in which the infection, although introduced from without originally, has remained almost dormant within the body until labor has provided the opportunity for its extension. The theory of a specific epidemic disease has vanished.

The next address was delivered in 1893 at Newcastle-on-Tyne by our revered colleague, Dr. Cullingworth, who is occupying his leisure from active hospital work by editing the *Journal of Obstetrics and Gynaecology of the British Empire*. His address will be found in the second volume of the *British Medical Journal* for 1895, p. 353. The subject was Pelvic Peritonitis in the Female, and the Pathological Importance of the Fallopian Tubes in connection therewith. The address remains as a landmark in our knowledge of the pathology of salpingitis; it led to the general appreciation by British gynaecologists of the true pathology of perimetritis, as well as to advances in abdominal surgery in the treatment of these cases.

In 1900 an address was given at Ipswich, where I had the honor to be President of the Obstetric Section, by our friend, Dr. W. J. Smyly, of Dublin, whose work at the Rotunda Hospital is well known to you all, and who has since received the well-deserved honor of knighthood. His address will be found in the *British Medical Journal*, vol. ii., p. 377, of that year. The subject was Maternal Mortality in Childbed. Its chief importance as a landmark is in its indication of the simplification of antiseptic measures for the protection of parturient women, as for instance the abolition of the douche as a routine practice, and in its insistence on the substitution as far as possible of external or abdominal for internal or vaginal examinations during labor. Dr. Smyly does full justice to the pioneers in the fight with puerperal fever, but, like Dr. Kidd, and indeed other writers until quite recently, he does not mention the astounding evidence collected by Oliver Wendell Holmes—whose essay on the contagiousness of puerperal fever was placed in my hands by a non-medical friend in my first year as a medical student, and has ever since remained in my memory. The profession is indebted to Dr. Cullingworth for having reminded them of the great service which Oliver Wendell Holmes rendered, though with so little immediate fruit.

At the meeting at Manchester in 1902, Professor Sir William Japp Sinclair discussed Carcinoma in Women, chiefly in its clinical aspects. This is reported in the *British Medical Journal*, vol. ii., p. 321, of that year. In this address he expressed his firm conviction that the secret of cancer will be discovered (if ever it is) by the study of cancer of the uterus, although his reasons for this view are not very clear. He is less pessimistic with regard to the results

of vaginal hysterectomy than many operators, and was not at that time in favor of abdominal hysterectomy in these cases.

Such an address as I am requested to give on this occasion should, if possible, deal with some point of general importance and interest, rather than of personal investigation or experience, and I can imagine none at the present time so important to the present and future members of the Association as the efforts which are being made to improve the teaching and training of our medical students in practical obstetrics. The faults of our methods of teaching are obvious to every thoughtful person. The difficulty in adequately removing the deficiencies is undoubtedly very great.

May we first consider some of the most obvious imperfections? These are for the most part due to the difficulty of providing practical clinical teaching. There is no large maternity hospital in London capable of accommodating the students of the various medical schools, for the four lying-in hospitals are primarily charities for the relief of poor women, and training schools for monthly nurses and midwives.

Queen Charlotte's is the only lying-in hospital which admits medical students or qualified practitioners to its practice. The students, however, who take the month's course obtain clinical teaching and experience of a kind not to be easily obtained elsewhere, but unless the hospital is prepared to give up its principal work—the training of midwives and monthly nurses—in favor of the medical students, its 70 beds, accommodating 1,600 in-patients in the year, can only provide the necessary experience for a small number of the students of London. At the present time the practice is attended chiefly by qualified men, who, having found out their lack of experience, are glad to make use of the opportunities for instruction to be obtained there.

The other three lying-in hospitals provide between them 100 beds, but they do not at present admit medical students. So far as teaching is concerned their work is limited to the training of midwives and monthly nurses. The number of women from all parts of the country seeking to be trained as midwives is continually increasing, and to meet their requirements the capacity of these lying-in hospitals is fully taxed.

All the medical schools and lying-in hospitals have an external maternity department, and in this department the students, under more or less organized supervision, attend poor women in their own homes. Even in the best organized of these maternities the supervision and instruction of the students are very inadequate, for the resident medical officer in charge of them is without that constant guidance and close personal contact with his chief which fall to his lot when working in the wards of a hospital. It is impossible for it to be otherwise, and it speaks well for the general standard of practical common sense that so few calamities occur.

When attended by students who have had the necessary preliminary clinical teaching, these extern maternities provide the most important and valuable training that any medical student can obtain, for, as in private practice, he is then placed almost entirely on his own resources. At any time he may have to deal with one of the sudden emergencies of midwifery, and so he begins to acquire that feeling of personal responsibility for the direction and management of the case which it is so difficult to arouse in the student while at work within the hospital, where every important detail is supervised by the responsible officers. Thus invaluable training is at hand for every student in the maternity districts, and their responsibilities in degree and in value are not exceeded by those of any house-surgeon or house-physician, offices which can only be held by a small minority of the best students.

Another fact which has delayed the provision of adequate teaching in obstetrics, not only in England, but probably in other countries, is the old ingrained idea that the process of labor is a simple function of Nature, requiring for the most part a competent nurse only, and that the practitioners of obstetrics, although recognized in theory as of equal standing, are to be looked down upon in comparison with their colleagues in the other great branches of medicine and surgery. As the result of this, both in teaching and in examinations, the study of obstetrics has been relegated to a position totally unworthy of its immense importance to the practitioner and to the national welfare.

As Dr. Dakin pointed out in his excellent inaugural address before the Obstetrical Society of London last year, if only the scourge of puerperal septicaemia can be removed childbed will be robbed of one of its principal terrors, and this long-desired consummation will be nearer its accomplishment when our students are taught practically in the lying-in wards the application to midwifery of the general principles of antiseptis.

As shown in the report of a Committee of the General Medical Council, just published, it is still common in many places for students to be permitted, or even encouraged to attend their maternity cases before they have had any adequate instruction in those general principles of medicine and surgery upon which the whole practice of obstetrics is based.

Another defect in the teaching is due to the fact that the lecturers frequently have had little experience in the practice of obstetrics. It is considered essential for the lecturer on medicine, surgery, or, indeed, any other special subject, to be a man of wide clinical experience, and to be in charge of wards devoted to the care of patients suffering from those particular diseases upon which it is his duty to lecture.

In obstetrics it is otherwise; the lecturer presides over no obstetric clinic and has often had but little experience. He is an

obstetrician in name, not in practice. He probably does not attend twenty cases in a year. His obstetric practice is limited to the few special cases to which he may be called in consultation, and his teaching is necessarily of the book, not controlled by that wide personal experience only to be acquired by the constant observation of large numbers of cases such as falls to the surgeon, the physician, or to himself as a gynaccologist in the course of their daily work. They, however, aim at and attain a high standard of theoretical teaching, and all credit is due to the men who, under these very imperfect conditions, have done such admirable work as teachers and investigators.

In many of the provincial schools the lecturer is a successful general practitioner, to whom the fates have given a large obstetric experience, but whose scientific training for this work and whose experience as a teacher may have been quite inadequate.

It is essential to have a scheme which shall place the teaching of obstetrics upon the same basis as the teaching of medicine and surgery. To advise such a scheme is not difficult, but to render it practicable within a reasonable time must be a matter of considerable expense and difficulty.

It is in the first place essential that the clinical teaching be given in hospitals provided for the purpose, where a sufficient and continuous series of patients can be admitted, and they should have a large extern department where the advanced students can attend patients at their own homes. Living-in wards in a general hospital would be equally valuable if there were a sufficiently large number of beds to ensure a regular series of patients in sufficient numbers. A small ward with a few beds is quite inadequate for routine teaching, although of great value for the admission of special cases. A large number of cases is less of a necessity than a continuous series, and I am convinced that it is of the greatest advantage to teachers and pupils that medical students be taught their duties at the same time and place as monthly nurses and midwives. If taught separately, the average student learns little of the many things every nurse knows well, and the nurse of a few months' training thinks she knows a great deal more than the doctor, and does not realize the wide gulf that separates her knowledge and practice from that of the properly-trained doctor.

Both student and nurse will in the wards have been taught together how to carry out their respective duties in the best manner with all the appliances and assistance which can be provided there, and in passing from the wards to the out-patient department they will learn how to carry out those principles in the simplest manner, and often enough with little to assist their wits and their fingers in dealing with the lesser emergencies which they will meet with.

Every clinical teacher of obstetrics should be a practitioner of obstetrics, having charge of the obstetric wards and extern maternity department, whose office as professor or lecturer would necessarily terminate with the cessation of his clinical duties. This arrangement would usually lead to the devolution of the greater part of the obstetric teaching to the younger members of the medical staff, with great advantage to them, as well as to the students. They would have more time for visiting and clinical teaching in the labor and lying-in wards, and to devote to the pathological work of their department, which the older physician busy in practice may find it difficult to do.

Owing to the great difficulty that there is in providing the necessary funds for the maintenance and development of the existing hospitals, supported as they are by the voluntary contributions of a comparatively small proportion of the community, it seems hardly possible to expect that adequate accommodation can be provided in this manner in the near future, whether by the extension of the lying-in hospitals or provision of suitable wards in the general hospitals or by the foundation of new hospitals. All these are urgently needed, and will require the expenditure of large sums of money. When we look at the splendid provision made for patients in the great public asylums and fever hospitals we shall be pardoned if we are inclined to look forward to a time when the great hospitals of the country shall be relieved from the eternal difficulty of finding the money necessary to pay for their daily maintenance, and when we shall see them equipped in an equally suitable, though perhaps less expensive, manner, by funds provided by the State, administered by the existing Board of Managers, under the general supervision of a responsible Central Hospital Board or Commission.

The practice of obstetrics consists of the practical application of the ordinary principles of surgery and medicine to special organs and to special conditions, and yet, as stated in the report of the Midwifery training Committee of the General Medical Council, already alluded to, in twenty-three out of thirty-seven medical schools students are allowed to attend midwifery practice before they have received even an elementary training in the principles of medicine and surgery. All obstetric physicians who have to teach know well that it is impossible to instruct such students with any enthusiasm, however willing the students may be to learn.

The action of the General Medical Council in appointing this Committee is a very important step in the right direction. The recommendations are in the main excellent, and are now being considered by the various teaching bodies. They are—that every student be required to have conducted no less than 20 cases of labor, subject to the following conditions:

*a.* Before the student is allowed to conduct the above mentioned 20 cases of labor he should be required to have held the office of clinical medical clerk and of surgical dresser; to have attended a course of lectures in medicine, surgery, and midwifery; to have during one month given undivided attendance upon the indoor practice of a lying-in hospital or the lying-in wards of a general hospital; and to have therein attended cases of labor under the direct supervision of a medical officer of the hospital. He should further be required to produce a certificate from the authorities of the hospital showing that he is competent to undertake the conduct of ordinary cases.

*b.* No certificate that the student has conducted the above-mentioned 20 cases of labor should be accepted unless it is given by a member of the staff of a lying-in hospital or of the maternity charity of a general hospital.

These recommendations, when they can be rendered practicable and can be enforced, will meet some of the most important deficiencies suggested in this address. They will ensure that the student has had a considerable part of his training in medicine and surgery and elementary obstetrics before the required twenty cases of labor are commenced; and that he will have had the same practical demonstrations and clinical instruction in the wards of the lying-in hospitals or in the lying-in wards of the general hospital as he receives in his surgical and medical training.

The changes indicated in paragraph *b* may be thought to inflict some hardship upon individual students, for at the present time the requisite certificate of attendance upon twenty cases of labor may be given by any registered practitioner. But it must be remembered that under the existing regulations the certificate affords no evidence that the student has received any instruction whatever, and there is reason to believe that such indeed is sometimes the case.

While it is perfectly clear that there are many general practitioners able to give excellent instruction in some of the details of practical midwifery, it is equally certain that there are many others whose methods of practice, especially in the disregard of aseptic precautions, would make them dangerous teachers, and would lead to the continuance of methods which tend to the perpetuation of the still high mortality from puerperal fever. The difficulty of making any selection under these circumstances would be very great, and there is no satisfactory alternative but to adopt the course which is universally followed in the teaching of surgery and medicine—namely, to require that instruction be given by recognized teachers selected from the hospital staff for the purpose, and that the instruction in practical midwifery necessary for qualification be given only by recognized teachers.

The regulation at present in existence which demands that the student shall attend courses of systematic lectures is also faulty, since it involves unnecessary labor to the lecturer and makes too great a call on the time and attendance of the student. This remark, indeed, applies to almost all systematic lectures as delivered at the present time, and many of us think that the time has come when the arrangements for such lectures need thorough revision. The great extent and variety of the subjects, on the one hand, and the excellence of so many of the text-books on the other, make it desirable that the greater branches of medicine and surgery be taught in sections rather than in a continuous course of sixty or eighty lectures.

In obstetrics the usual plan is to give a course of lectures extending over three months, and delivered on four or five days in the week during the summer session; this course the student is expected to attend, but it is often quite impracticable to arrange a time for the lectures which shall permit anything like the whole number of the students to attend without interfering with their other duties, and unless (as is the case in the larger schools) a tutor is appointed to supplement these lectures by classes held at short intervals, a student may get little or none of the higher instruction which it is essential for him to receive. The lecturer on his part has year after year to spend a considerable portion of the time given to his lectures in teaching the anatomy and physiology of the female generative organs, both in the normal and gravid conditions, before he can begin teaching obstetrics proper, namely, the anatomy and physiology of labor, the management of pregnancy and labor, and the science and practice of the various complications that may arise.

It is a curious custom, but apparently a common one, for the lecturers on anatomy and physiology to omit from their systematic courses the female generative organs; hence the student learns but little of female pelvic anatomy and of such a highly-important subject as the physiology of menstruation until he attends lectures on obstetrics and gynaecology.

Before attending his cases and acquiring some degree of practical acquaintance with the process of labor the student is not in a position to appreciate or even to understand much of what he hears in a course of systematic lectures. It would be better if the instruction he received before his attendance upon labors were limited to the management of normal pregnancy, labor, and the puerperium together with such complications as are common. Instruction of this kind could well be given by the demonstrator, and would clear the ground for the lecturer on obstetrics, leaving him free to devote more time to the graver complications and more advanced work. The student also at this later stage of his

career would be in an infinitely better position to appreciate the value of this advanced teaching.

Another method of instruction, and one likely to be keenly appreciated by advanced students, is the delivery of clinical lectures upon cases recently in the wards. Hitherto, owing to the absence of lying-in wards, such lectures have seldom been delivered.

Amongst the many able and learned obstetricians in London who have from time to time endeavored to raise the standard of teaching, there is probably no one to whom we owe so much as to the late Dr. Matthews Duncan. He came to London to fill the vacant post of obstetric physician at St. Bartholomew's Hospital in October, 1877, and from the first devoted a large portion of his time and his great experience, and gradually his affection, also, to his wards and his students. A "Scotsman of the Scots," he came to London believing that there was little of value to be found South of the Tweed. He gradually transferred his devotion from Edinburgh and Aberdeen to London and St. Bartholomew's. He would go to Scotland for his holidays but came back to London for his work.

His influence at the hospital may be summed up in the statement that by his teaching and example he transformed the teaching of obstetrics and gynaecology from an almost insignificant position to one of the greatest importance. This change was soon felt, not only by his colleagues on the staff of St. Bartholomew's, but by the students and junior officers who flocked to his lectures and wards to learn from his example that the practice of midwifery and gynaecology could be as noble and as full of dignity as that of the highest standards of surgery and medicine. This transformation was due not only to his learning and greatness as a teacher and to his success as a leading consultant—both of which were sufficiently recognized far beyond the limits of St. Bartholomew's and even of London itself—but also to the greatness of character which made it impossible for any one to be brought in contact with him, either in hospital or palace, without feeling that the branch of the profession which he practised was as noble and dignified as that practised by the greatest physicians and surgeons. In this respect, as in the high standard of his teaching, his example diffused itself in every direction, and it is no injustice to other great teachers of his time to say that it raised the whole standard of teaching obstetrics and gynaecology throughout London.

It is difficult to say whether he excelled most in his systematic or clinical lectures. Students who regularly attended his systematic lectures received a course of instruction which, by its completeness, rarely left any matter of importance—however recent a contribution or emanating from whatever country—lacking in

their knowledge of the subject. Illumined with the criticism of his clear, highly-trained, logical mind, they were enabled to discriminate what was of permanent value and what they might expect to lay aside with fuller knowledge.

His clinical lectures were models of what such lectures should be. No student could help keeping his attention fixed on the subject. No mass of detail was allowed to obscure the clearness of the main object of the lecture, so that every one carried away some important principle clearly impressed on his mind, while to the more advanced student in gynaecology the facts grouped round the main thesis (the importance of which was not always perceptible to the elementary student) afforded him further instruction, the value of which rose in proportion to his knowledge of the subject and his experience as a practitioner.

The influence of such a man, who combined the highest personal qualities with knowledge, experience and clear judgement, not only in the ward and class room but in every relation of life, raised the standard of the science and practice of obstetrics and gynaecology to a position which, at least in London, they had never before attained.

## Proceedings of Societies.

### The British Medical Association, Toronto Meeting.\*

WE regret that it will be out of our power to report the recent meeting of the British Medical Association as we would like. The meeting was so splendid a success and the amount of ground covered so great that it would be well nigh impossible to do justice to the occasion without devoting several monthly issues to a proper report of the transactions. We have therefore decided to content ourselves with an abstract of the proceedings confined to a few pages, and can promise our readers that from issue to issue during the autumn and winter we will reproduce for them the different addresses and papers, regarding which we have made special arrangements with Dr. Dawson Williams, the editor of the *British Medical Journal*. In this number, we print the addresses in Medicine and Obstetrics, and next month we hope to give our subscribers the addresses by the President, Prof. R. A. Reeve, and possibly the address on Surgery, by Sir Victor Horsley.

The meeting opened under the most favorable auspices, on Tuesday, August 21st, when a distinguished audience gathered in Convocation Hall, at 2 p.m. and heard the valedictory address by the retiring President, Mr. Geo. Franklin, F.R.C.S., Leicester, England, and a most masterly address by the President-Elect, Prof. R. A. Reeve, of Toronto. The day, though hot, was magnificent and the Hall was crowded. The unfinished state of Convocation Hall the Committee of Arrangements succeeded in well nigh hiding by a profusion of bunting and flags draped in every direction. Never before has Queen's Park been honored by having identified with it so many luminaries in the medical world, the platform in Convocation Hall on opening day making a sight that will not soon be forgotten. Of course the acoustics of the Hall might be improved, but as to that we will not judge until the building is finished.

From the main building the procession of notables marched in academic costume to the scene of the meeting. The procession of streaming gowns and robes in many colors was a picturesque

\*We beg to acknowledge the fact that in preparing this report, we have culled freely from the daily press, most frequently the *Globe*.

sigh as they marched across the green lawn. The scarlet and emerald, the crimson and gold of British and Canadian universities mingled with dashing military uniforms, and with the cool linen and turbans from far India. Some of the more notable members and visitors when they reached the hall were placed in the alcove to the back of the Chairman. They marched to their seats through a brilliantly hued aisle formed by two lines of local doctors, university professors and others.

Rev. Principal MacLaren, Knox College, opened the proceedings with a devout supplication for the Divine blessing, and gave thanks for all the progress made in the study of human nature and the ills which afflict it. He prayed that a blessing might rest upon the association in the work which it is permitted to do for the advancement of knowledge and the welfare of humanity.

The valedictory address of the retiring President, Dr. C. G. Franklin, of Leicester, England, was brief and to the point. He expressed pleasure at the privilege of being in the beautiful city of Toronto. They had a great deal of work to do, and few people knew how extensive was the labor bestowed on the association by members of the Council, who were busy practitioners. It was expected that during the present year the matter of the royal charter would be satisfactorily settled. He greatly regretted the absence of Dr. Langley Browne, Chairman of Council, whose work they all appreciated.

They found themselves in the most beautiful city of Toronto after a delightful voyage, and in a most delightful and lovely country, rather warm—(laughter)—but with the kindest hospitality showered upon them. Dr. Franklin closed by introducing the new President, Dr. R. A. Reeve, whose attainments and conspicuous abilities made it certain that the honor of the association would be upheld and its dignity increased by the accession of Prof. Reeve, of Toronto University.

Dr. Reeve was greeted with loud applause as he took the chair.

Dr. F. N. G. Starr, to whom the greatest possible credit is due for his untiring and unselfish work of many months to make the meeting a success, then presented the newly-installed President with the badge of office. He said: "When the British Medical Association had reached the age of sixty-five years it seemed good that some Canadian blood should be introduced into its internal economy, and our esteemed friend, Dr. Roddick, was elected to the high office of President. The effect was so startling that again, but nine years after, the land of the maple is selected as a place of meeting, and to the elevated post of President there has been elected one whom all Canadians respect and admire, and one whom to know is to love—our own Dr. Reeve. (Applause.) Those of us living in Canada feel that an honor has been done the profession here in your election to the President's chair, and those of us who know

you best realize that the association will be benefited by the contact. I have the honor, sir, to present to you the badge of office, a locket bearing the "arms" of the city of Toronto and of the university. Inside the locket I have taken the liberty of placing the first photograph, taken from things as they are, of your very own child, Convocation Hall." (Renewed applause.)

After Dr. Franklin had, on motion of Dr. John Stewart, of Halifax, and Sir Thomas Barlow, of London, been made a Vice-President of the association for life for his distinguished services to the association, there was a reception to delegates from colonial branches and to distinguished visitors. This was an honor which befell many of the most noted visitors to the city who are now attending the meeting. Those whom Dr. Starr called to the front to meet the new President were as follows:

Vice-Presidents—Dr. Henry Barnes, President at Carlisle, 1896; Dr. T. G. Roddick, President at Montreal, 1897; Dr. T. D. Griffith, President at Swansea, 1903.

Representatives from the Council of the Association—Dr. D. Goyden, Bradford; Dr. J. Groves, Carisbrooke; Dr. James Hamilton, Glasgow; Dr. T. A. Helme, Manchester; Sir Victor Horsley, F.R.S., London; Dr. J. A. Macdonald, Taunton; Dr. C. G. D. Mosier, London; Dr. C. R. Straton, F.R.C.S., Salisbury; Dr. J. Lynn Thomas, Cardiff; Dr. W. J. Tyson, Folkestone; Dr. Norman Walker, Edinburgh; Dr. Sinclair White, F.R.C.S., Sheffield; Dr. D. J. Williams, Llanelly.

Delegates from Representative Meetings—Dr. William Ewart, London; Sir Victor Horsley, London; Dr. S. Boyd Joll, London; Dr. R. L. Langdon Down, London; Dr. J. A. Macdonald, Taunton; Dr. C. R. Straton, Salisbury; Dr. D. J. Williams, Llanelly.

Delegates from Branches of B. M. A.—Leicester—Dr. Thos. Donnelly, Dublin; Dr. O. C. J. Delahoyde, Dublin. Metropolitan—Dr. F. J. Smith, London. Midland—Dr. C. J. Bond, Leicester; Dr. Ashley V. Clarke, Leicester. Edinburgh—Dr. Logan Turner, Edinburgh.

Delegates from Universities and Colleges—Glasgow—Sir Hector Clare Cameron, Prof. John Glaister. Sheffield—Dr. Sinclair White. King's College—Prof. Halliburton, Dr. G. V. Still. St. Andrew's—Dr. Dow, Royal College of Physicians. Edinburgh—Dr. G. A. Gibson. University of Liverpool—Sir James Barr, Prof. Sherrington. Cambridge University—Prof. Clifford Albutt, Dr. Donald MacAlister. University of Durham College of Medicine—G. Grey Turner, F.R.C.S. London University—Dr. Rose Bradford. Bristol Medico-Chirurgical Society—Dr. Watson Williams. Medical Officers of Health Societies—Dr. Samuel Brown, Warwick.

American Delegates—President American Medical Associa-

tion, Dr. W. J. Mayo. American Medical Psychological Association—Dr. Geo. Ross, Richmond, Va.

American Medical Association—Dr. A. E. Macdonald, New York; Dr. C. W. McCaskey and Dr. K. K. Wheelack, Fort Wayne, Ind. Department of Public Health and Marine Service—Dr. R. Woodward.

Delegates from Colonial Branches—Bermuda—Lieut.-Col. Rainsford, Dr. Eldon Harvey. Halifax—Dr. John Stewart, Dr. Geo. M. Campbell. Griqualand West—Dr. Jane Ruthven, Johannesburg. Melbourne—A. Grant, M.B., C.M., Melbourne, Australia. Montreal—Dr. T. G. Roddick. New Zealand—Dr. Davis. South Australia—Dr. C. T. Drummond, Moor. South India and Madras—Dr. C. B. Rama, Rao, Madras; Dr. Barabi, Bombay. Saskatchewan—Dr. Low, Dr. McLeod, Dr. Thomson.

The following visitors from the continent of Europe were also received: Prof. Aschoff, Freiburg, Germany; Dr. Delezenne, Paris; Prof. Delsaux, Brussels; Dr. Lapieque, Paris; Dr. Nicloux, Paris; Dr. Nicolle, Paris; Prof. Justice Gaule, Zurich.

Mayor Coatsworth, in happy phrase, extended the hearty welcome of the citizens and Corporate Council of the Queen City of the West to the members of the association. They were delighted to have their visitors come, and would endeavor to make their visit a pleasant one. The citizens of Toronto appreciated the visit of so distinguished a body as the British Medical Association, and sincerely trusted that the mingling together in Toronto of members of the medical profession from all parts of the globe would result in great good for the profession itself and to humanity as well. The people were much indebted to the medical profession, than which no class of persons came nearer to the daily life of the people.

When he looked around upon the medical profession of the city of Toronto—and he accepted that as representative of the profession throughout the English-speaking world, and probably the whole world—it was often a matter of great gratification to him to observe the spirit of self-sacrifice for the benefit of the community which they displayed. He had seen in many cases the most painstaking, conscientious work done by members of the profession where there was very little or no expectation of fee or reward. In conclusion the Mayor congratulated Dr. Reeve, whose high standing in the profession was recognized, upon his election, and expressed the hope that the success of his administration of the affairs of the association would justify the selection they had made. (Applause.)

Professor Irvin H. Cameron, Chairman of the Reception Committee, said it was rather the duty of that Committee to let

deeds speak. He joined in the welcome to the distinguished visitors.

Dr. Alex. McPhedran, President of the Canadian Medical Association, extended a welcome to the delegates to all Canada. He gave them the courtesies of Canada, and hoped they would become citizens for the time being. The Mayor had asked him if there would be any great pronouncement that day. He had to say there would not be. Science advanced as the tree grew—almost imperceptibly. However, the advance of the last nine years had been very great, and he believed the next nine or ten years would bring very much greater advances still.

Dr. George A. Bingham, President of the Ontario Medical Association, also extended a welcome. The meeting of the association on this side of the water would be an inspiration to the rank and file of their beloved profession in Canada, and would in that way add to the sum total of human happiness, and possibly diminish the sum total of human misery. (Applause.)

On motion of Surgeon-Major Grasett, of Toronto, and Dr. J. A. Macdonald, of Taunton, England, Sir Victor Horsley was made a Vice-President for life for his very distinguished service to the association. Dr. Grasett said that through the length and breadth of Canada there was no name that stood for surgery better known to everyone than the name of Sir Victor Horsley.

Sir Victor Horsley in reply said, in part: "Here in this garden city one feels an especial joy in also realizing that the institution which has thus been made representative should exemplify at the same time its Imperial character. We in the old country hope to see the association embrace within its membership every member of the profession. (Applause.) And we cannot do that in its entirety unless that also means that we have the reciprocal assistance of every member in the profession throughout the whole Empire. And, therefore, on this occasion this afternoon, I hope that at any rate an opportunity has been accorded to us of raising this subject before us, so that we can go away from this great, & is most enjoyable meeting, feeling that we are on the threshold of a new British Medical Association, which shall promote the interests of the medical profession throughout the whole Empire, and at the same time carry on its beneficent work for furthering the interests of humanity." (Applause.)

The President's inaugural address, which followed, was acknowledged by all who were privileged to hear it to be an exceptionally able deliverance, which compared most favorably with the many excellent addresses which have preceded it. The President, after fittingly expressing his thanks for the honor conferred upon him, modestly disclaimed the thought either in dreams by day or visions of the night that it would ever come to him. He

could not, however, but feel that the success of the Montreal meeting was warrant for this venture, but frankly avowed that any credit for such success as may attend the second visit of the British Medical Association to Canada—and the prospects were bright—must rest largely upon those who have freely given most valuable help in various ways. It had been, indeed, a labor of love to bring from their posts of duty and busy round in the old home land the select and the elect of the profession. He greeted them not only for their own sakes as men whose names were already household words, or doubtless soon would be, but as worthy sons of worthy sires. For if Bacon, Shakespeare, Newton, Faraday, Kelvin, Clerk, Maxwell, J. J. Thomson and other lights of literature, science and philosophy in the British firmament, were blotted out there would only be a partial eclipse, for would not Hunter, Harvey, Sydenham, Jenner, Simpson and Lister present a resplendent galaxy?

The gathering was in a sense a cosmopolitan one. International comity had always prevailed in the profession; disease knows no distinction of country or race, and is the common lot of humanity. In the face of an ubiquitous foe it was natural that mankind should be as a unit in defence, and that the confraternity of the healing art should be undivided. The recognition of English talent and experience on the part of the late Emperor of Germany, and by the British Sovereign in the case of that master of the science and art of bacteriology, Koch, and the action of the United States in calling to its counsels British experts in tropical medicine upon the threatened invasion of yellow fever, were graceful and forcible proofs in point. And they were glad in obedience to the unwritten code and by means of this gathering to cement the tie that already binds the great Anglo-Saxon people and those of the lands of professional culture and erudition, France and Germany.

The association, which had met for the second time in its history outside of Great Britain and Ireland, was founded in 1832 in Worcester, England, and had a membership of 140. It was reorganized in 1856, and took its present name. It now has a membership of 20,000, grouped in many divisions and branches in the old country, and in various parts of Greater Britain. There were present an honored member from Egypt, and one from New Zealand.

While time did not permit to trace the growth of the organization, the President called attention to one incident of the first meeting which explained much of the valuable work done in years which have intervened. Steps were taken to secure special studies on anatomy and the chemistry of the animal fluids, and the researches on those subjects reported at the second meeting were

the first of a long series made under the auspices of the association, which has so far given of its funds about \$70,000 to meet in part the expense involved. This feature of the association's work formed a bright chapter in her history, and was in marked contrast to the apathy and lack of support of the Government, whose attitude in this regard had often to so many seemed unintelligible. Nothing seems more certain than that money spent in such a cause yields a thousand fold return.

The President reviewed the progress made in medicine during the last decade. Many years were surely compressed into the decennium in which Lister and Pasteur, Koch, Mechnikoff and Behring, with genius and untiring energy in quest of truth solved their mighty problems and gave the world such talismanic words as antiseptis, asepsis, immunity and serum therapy. The work of these men proved not only a vast boon to man and beast, but a grand object lesson to mankind, and recent years had seen the result in princely gifts in the interests of science and humanity. There was much, however, yet to be done ere the millennium comes. True, nursing has become a fine art, diphtheria has been largely robbed of its terrors, and, though rampant, is curable; the mortality of typhoid has been reduced one-half, but the fatality of cancer has steadily increased; the white plague stalks through the land, and the death rate of infants, owing mostly to intestinal troubles, is still very high, but not on the increase. One almost felt as if the hands of the clock had gone back on the dial of the world's progress when one recalled that at Jenner's centenary the city where his method of vaccination had come into vogue was in the throes of an epidemic of smallpox, due to the ignoring of his great discovery. There is yet ample scope for State medicine to ply its persuasive powers until men think aright about matters which affect the well-being of the community, and the presumed welfare of the individual shall not stand against the weal of the masses.

In the matter of compulsory vaccination a true paternalism of the State with the active support of the profession should override so-called conscientious scruples. Done under the rules of asepsis, as it always should be, and with the use of pure vaccine, now always to be had, the risk is practically nil.

The work of the decade had given the profession itself some new ideas in regard to the mechanical and chemical processes of digestion. That the first part of the stomach is a mere receptacle, and the second part a kind of "mill," which is perforce the more common seat of mischief requiring surgical treatment, had been established. Time has served to emphasize the value of thorough mastication, and the necessity of the avoidance of mental states which would divert nervous energy and interfere with the

digestion by cutting off the appetite juices had been shown by Pawlow's studies.

A notable work on "Physiological Economy in Nutrition," by Chittenden, of Yale, embodied the basis of a change of faith and a new practice. Too much food not only means loss of vitality in the disposal of it, but entails a positive risk from the resulting poisons (toxins) ere these products of metabolism are finally got rid of. Chittenden had shown that one-half or one-third of the nitrogenous (protein) food ordinarily taken suffices, and with a minimal tax upon liver, kidneys and digestive tract. Much of the joy of living depends upon a good digestion, said the President, amid applause. He emphasized the importance of a fuller knowledge of dietary standards, and concluded that, as to uric acid, it would be safe to say there would be less formed and requiring excretion the less proteid or nitrogenous food taken. Though he could not deny that rheumatism, at least the acute, was due to the agency of a special microbe with its specific toxin, doubtless the congenial soil for its operation may be greatly reduced as indicated. In this day there should be some boon for the legions of rheumatic subjects which they are denied. Not so deadly as the white plague, rheumatism causes much more pain and misery in the world than tuberculosis.

The question of nutrition concerns all mankind, and the right food for infants and adolescents was of more moment than for adults, and the wise physician will not forget that the young are apt to err in ignorance or to be sinned against, while older folk are wont to transgress in spite of light. It will be well when the teachings of the laboratory and college halls have become common property. There will be then more plain living and high thinking, and less repining on the part of the masses on account of their enforced moderation. It is the prerogative of the profession to show that nature's laws rightly interpreted and adopted are the only safe guide to good living, not men's whims, fads and fickle appetites or ingrained habits, and that much of the money spent for patent foods and patent medicines (so-called), are, as a rule, mis-spent. Thirty-five per cent. of all deaths are under five years, and a large proportion of infants and other very young folk who die would be saved if properly fed. Proper food and hygiene are the hope of future generations.

The importance of furnishing clean, pure milk to communities is one of the greatest boons to humanity and the good service of the pediatric societies in the United States was recognized. The warning of Sir Thomas Barlow in 1894 was quoted that "condensed milk or even sterilized milk is not an efficient substitute for the natural food of the infant, and that infantile scurvy may be caused by their sole use." And animals have been found to

rapidly die when fed on a mixture of all the supposed constituents of milk. The marked increase in the debt which medicine owes to physiology and physiological chemistry was acknowledged, and a graceful tribute paid to Sir Victor Horsley for his researches in physiology. So-called empiricism has had its day, and *pari passu* with the growth of more exact knowledge of the causes and nature of disease has come more faith in the native powers of the human body, and in the value of the aid which can be given by nursing, dieting, etc.

That pneumonia is always a septicoemi and its specific microbe always present in the blood gives the clue to its prevalence and high mortality—greater, indeed, than of yore, doubtless owing to the large and increasing percentage of dwellers in cities and towns. A protective and curative serum or “vaccine,” as in the case of diphtheria or typhoid, is the hoped-for remedy. The discovery of a specific microbe in cerebro-spinal meningitis, its mode of entrance by the nose and throat, and of the trial of repeated lumbar punctures and injections of diphtheria anti-toxin with uncertain results, are features of interest in this serious malady, which, by the way, is not as fatal as some suppose. The discoveries that typhoid and malaria infection were carried by flies were reviewed, and tributes paid to Lazaar, of the American Commission, and Myers, of Liverpool, who gave their lives. That their labors had not been in vain was shown by the success with which the recent plague was stamped out, and Havana and other pest centres had secured exemption.

Preventive medicine as a result of the decade's work alone gives sure promise of saving more lives and sparing more misery than could universal peace.

Touching upon surgery, President Reeve commented upon the fact that whereas a few years since at the Washington Congress the physicians took the aggressive in regard to appendicitis, while the surgeons rather favored caution, now the attitude was reversed. More than ever possibly surgeons must be much more than mere surgeons; they must study carefully the processes of disease and the effects of injuries; they are studying the blood and counting the white blood corpuscles to get the clue they require. Surgery is now invading, if possible, more vital spots, such as the heart, and indeed their respected friend, Sir Victor Horsley, gets down very close to the medulla oblongata. The X-ray is now giving the surgeon and the pathologist better data than ten years ago.

The State Medicine Section met in the Science Building. Dr. Frederick Montizambert, President, in opening the meeting confined his remarks to extending a cordial welcome to the gentlemen present. The subject dealt with was “Tuberculosis,” and

a number of intensely interesting papers were read. The discussion which followed was of absorbing interest.

In the therapeutic section the President, Dr. Donald MacAlister, of Cambridge, delivered an important address, in which he advocated the preparation and adoption of an Imperial pharmacopoeia. He said they were far from realizing an international pharmacopoeia, and in the meantime one for the Empire would be an important step, and could readily be accomplished.

Another suggestion by Dr. MacAlister was for medical reciprocity, whereby physicians in Canada could practice in the United Kingdom and vice versa. The speaker strongly favored a medical federation of the Empire.

"Every year Canadian graduates come over to study and to obtain diplomas at home," he added. "When I observe your splendidly-equipped medical schools and hospitals, I cannot help wishing that a strong reverse current might be set up, and that our own students and graduates might acquire the habit of crossing the Atlantic to complete or to supplement their medical education in Canada. That mutual recognition of professional qualifications would further and foster this tendency, I am convinced; and I am not less sure that such educational interchanges would exert a powerful influence for good, not only upon us, but upon you."

Dr. Samuel Dixon, Commissioner of Health, Harrisburg, Pa., had the honor of presenting the first paper to the State Medicine Section. His topic was "The Prevention of Tuberculosis." He dealt with the progress made in the treatment of tuberculosis since the association last met in Canada. Among other results determined by experiments was that the tubercular bacilli in animals are much more virulent than those of human origin. So far, however, science had not been able to discover any means of rendering animals immune permanently against the tuberculine poison. In summing up the situation Dr. Dixon asserted that as a result of fifteen years' research it had been demonstrated that a degree of immunity can be produced in the lower animals. They had not been wholly successful, but a higher degree of immunity had been attained. The measure of success achieved was a stimulus to renewed energy and search for the active principle which can be used without danger upon the human anatomy to render it immune.

Dr. Jas. Roberts, Medical Health Officer, Hamilton, Ont., dealt with the same question, more especially from the Canadian standpoint. He based his paper upon the premises that consumption can be prevented, that it can be eradicated, and that it can be cured. He estimated the number of sufferers in Canada at 40,000, and the loss sustained by the country annually from the ravages of the disease at \$8,000,000. He commended the pro-

vision made by the Provincial Government of Ontario for a grant of 40 per cent. of the cost of municipal sanitarium for consumptives, and remarked with some degree of pride that Hamilton was the only municipality that so far had taken advantage of the generous offer. To Nova Scotia was given the credit of being the first Province in the Dominion to erect a Government sanitarium for consumptives. The suggestion was offered that the appointment of a Minister of Health was advisable in each Province. Touching upon the public fear which has been aroused regarding the impossibility of checking consumption, Dr. Roberts characterized it as one of the most ludicrous and pitiable "bogies" which ever alarmed the public. The advantage of the hospital system of treatment, and the fact that the prevention of the disease was bound up in the solution of the great social and economic problems which are engaging the attention of the various nations, were emphasized by Dr. Roberts.

A cognate branch of the subject was dealt with by Dr. A. W. Gilchrist, of Nice, France, who read an able technical paper on "Some General Analogies Between Tuberculosis and Influenza."

Dr. Probst, Secretary State Board of Health, Ohio, submitted a paper on "Some Doubtful Phases of the Tuberculosis Question," in which he made special reference to the necessity of educating the public upon this important subject. Millions of dollars had, he pointed out, been spent in the slaughter of cattle for the purpose of preventing the spread of tuberculosis to humanity. Would not that money have been better spent in some other manner? Dr. Probst thought it would. He recognized the danger from eating meat or drinking milk from a tuberculous animal, and regarded the disclosures in the Chicago packing house scandals as evidence of necessity for greater caution and inspection of the food supply.

Touching upon the influence of alcohol, Dr. Probst questioned whether it was productive of tuberculosis, and pointed out that there was a great difference between alcohol and alcoholism. "The results of the latter differed according to the grade of society in which it prevailed. With regard to the treatment of patients the principle was conceded that patients could not have too much pure air, and that the air inside a room was never as pure as that outside. The majority of patients might, if properly protected, be permitted to sleep out of doors under all temperatures. Conditions and sanitarium should be constructed with that idea; at the same time it was not advisable to make such treatment obligatory.

A practical paper upon "Influence of Domestic Methods and Household Dust on Tuberculosis," by Dr. Geo. Homan, President of St. Louis Medical Association, was read by the Secretary, in the absence of the author. Dr. Homan summarized his views upon the subject in the following suggested resolutions:

That efforts toward the eradication of human tuberculosis will fail which do not take full account of household dust as a factor in the dissemination of that disease.

That scientific tests have shown that the seeds of pulmonary tuberculosis harbored within doors in the dried state are capable of retaining their effective vitality for prolonged periods of time.

That any method of procedure employed in inhabited buildings which causes dust to be disseminated must be considered as tending to spread the seeds of consumption.

That hotels, clubs, theatres, office buildings, schools, churches, and business establishments generally should be required by law to introduce and operate dustless methods of cleaning—this part of their mechanical equipment being held to be as necessary as provision similarly made for warming, ventilation, and for fire protection and fire escape; and the employment of dustless methods in private residences is urged as being equally imperative for the control and suppression of all forms of tuberculosis disease.

In the discussion which followed, Dr. Probst urged the necessity of educating the public as one of the most effective methods of combating the spread of tuberculosis. He suggested an addition to every house by which the inmates might sleep in the open air for a certain period of the year; also that architects should pay greater attention to ventilation in designing houses.

Dr. Stevens gave an interesting statement of the campaign carried on successfully in the borough of Renfrew, Scotland, to educate the people in preventive hygiene.

Prof. Glaister, of Glasgow University, while concurring in the value of fresh air treatment for tuberculosis, suggested that climatic conditions must necessarily govern the application of such treatment. He laid down the axiom that whatever conditions are preventive were also curative, and emphasized the opinion that dry dusting of furniture was a delusion. In connection with the dust of the streets, Prof. Glaister said he had noticed that in some cities in Canada the streets were either all dust or pools of water. People when retiring at night left their windows open, and if a wind rose during the night the dust was blown into the room and inhaled by them. That dust carried the germ from the sputum and therein lay the danger. A large amount of tuberculosis was produced by conditions which were preventive. Another matter which required attention was the smoke nuisance, which he regretted to observe was prevalent in Canada, and which it was as necessary to get rid of as of dust, in order to give people's lungs an opportunity to resist tuberculosis.

At the request of the President, Dr. J. Groves, of Carisbrooke, Isle of Wight, spoke of the importance of day camps, one of the most useful and practical preventive means known. Every person

suffering from consumption should be got under education, not necessarily in a sanitarium, but under medical supervision in a tent, with nurses in attendance conversant with the life that ought to be lived by consumptives. When his education in this respect was completed he could be permitted to return to his home and become a missionary in the work of education.

Dr. Groves, who is a recognized authority on the subject, having been himself a sufferer for many years, was listened to with close attention as he told of his first trip to Canada when a young man in 1868 to seek relief from tuberculosis. He advocated the establishment of small camps outside each town for the educative work rather than the erection of large sanitarium at central points as a more effective means of carrying on the educative campaign.

Dr. A. H. Freeland Barbour, of Edinburgh, presided in the section of obstetrics and gynaecology, and advocated the importance of that branch for the study of the general practitioner.

Sir Thomas Barlow delivered a lengthy address in opening the medicine section, and was followed by Dr. McPhedran, of Toronto, on "Blood Pressure in Relation to Disease."

The members who advocated the pediatrics section heard an important address on pneumonia in children, by Prof. Henry Ashby, of Manchester, Eng. Prof. Ashby is a famous specialist in children's diseases.

Professor W. Haliburton, of London, presided in the physiological section, and spoke on proteid nomenclature. Dr. J. George Adami, of Montreal, then read a paper on "The Dominance of the Nucleus," and Professor A. B. MacCallum, of Toronto, followed in the discussion.

#### WEDNESDAY'S SESSION.

The proceedings of the second day were very important. The amount of work laid out for the members was certainly enough to keep them busy all forenoon. We can but touch upon the different sections, trusting that our friends will forgive us if we unintentionally pass over some part of the meeting in which they happened to be most keenly interested.

The central event of the day was the luncheon given by the Ontario Branch of the Dominion Alliance. Sir Victor Horsley, of London, and Prof. G. Sims Woodhead, of Cambridge, gave surprising information as to the decrease in the use of alcohol in medicine and surgery, and expressed the opinion that its value as a drug was practically nil. The evils of overeating were emphasized in the medicine section, the necessity for pure water and milk in the State medicine section, and the fact that cancer was not increasing was brought out before the pathologists.

The State medicine section devoted Wednesday's session to the

consideration of the important question of the control of the water and milk supplies. The number of the papers and the intensely interesting discussion upon the water supply question practically excluded the equally important question of milk supply from consideration. As it was inconvenient to postpone entirely the consideration of the question until to-day, several papers on the subject were read before adjournment.

The paper of Dr. H. W. Hill, Assistant Director of Health Laboratories, Minneapolis, Minn., on water supplies from a sanitary standpoint, was read by Dr. Westbrook, Director of Health Laboratories, Minneapolis. It dealt with the essentials of a public water supply.

Dr. W. J. Robinson, Medical Health Officer, Guelph, in a paper which was listened to with keen interest, dealt with the question of "Artificial Purification of Water Supplies," in which the merits of sand and artificial filters of various types were discussed with marked ability. The principles of chemical and mechanical filters were also discussed.

Dr. H. D. Holton, Secretary Vermont State Board of Health, in his paper, dealt with "Water Supplies." He deprecated very strongly the practice by individuals or municipalities of discharging sewage into the rivers, streams, or other bodies of water. Filtration of the water supply was a necessary precaution, and experience had shown its practicability. Filtration of sewage, by which an effluent free from odor, and comparatively harmless, would be discharged, was also a necessary precaution. He had noticed editorials in a newspaper since coming to Canada upon the subject of sewage disposal which could only have been written in ignorance of the danger arising from the pollution of a water supply by sewage. A great deal of the intestinal and kidney troubles from which people suffered were attributed to the pollution of the water supply by sewage.

Prof. Glaister, Glasgow University, complimented the authors of the papers for the ability and care with which they had prepared them. A water supply pure in quality and abundant in quantity was the best line of defence against those diseases which formerly swept over many communities. He emphasized the importance of proper control of the area from which the water supply is obtained. As a result of the care with which this control has been exercised, there was now no such thing known as a water epidemic anywhere in Scotland.

Dr. T. A. Starkey, Professor of Hygiene, McGill University, discussed with authority the question of pollution of water supplies by sewage, and gave a very interesting resume of his observations for a series of years of the gradual deterioration of the water in the Ottawa and St. Lawrence Rivers. He disapproved of the

popular idea that large rivers purified themselves of pollution by sewage completely. From a bacteriological point of view the so-called purification was merely dilution; the pollution was not got rid of. Speaking of observations of the St. Lawrence River, there had been, he said, a gradual increase from an average of 90 colonies of bacteria in 1903 to 168 so far this year. These figures were striking, showing that whether from sewage or surface drainage the waters of the river were becoming more polluted each year. The progress of pollution of the Ottawa River was more rapid still, the average number of colonies of bacteria having risen in the same period from 110 to 300, and on some special occasions in that portion of the Ottawa River back of Montreal, from which Westmount obtains its water supply, he had found from 1,000 to 1,500 colonies, and the average for the whole year was 600. A peculiar feature of some of the conditions he had observed was that according to existing standards a chemist would have been forced to pass this water as first-class.

Practically, under modern conditions, as Prof. Glaister had said, it was impossible to obtain a pure supply of water for potable purposes without filtration. Without desiring to be an alarmist, he was forced to admit that he believed the condition of our rivers was becoming dangerous, and that the conditions which prevailed in Winnipeg would in a very short time exist in eastern cities unless radical means were adopted.

Dr. Oldright pointed out that the unnecessarily large consumption of water in some cities on the continent added greatly to the difficulty of solving the question of sewage disposal. He appealed to the members who were going to Muskoka to constitute themselves missionaries in spreading the gospel of sanitation and hygiene among those with whom they came into contact. He referred to the persistent efforts of the Provincial Board of Health to prevent pollution of the lakes, and described a system of filter beds constructed on a new principle, at Avery, which had worked very efficiently.

Dr. P. H. Bryce, discussing the situation in Ontario, said the question to be decided in Ontario was, "Are we going to fight positively against the pollution of streams or are we going to depend upon filtration?" Personally he was opposed to pollution. The Provincial law prohibited the pollution of streams, and it had been enforced in many cases. He gave an interesting and instructive description of the methods adopted as a result of the efforts of the Provincial Board of Health for the disposal of the sewage in Muskoka. With an average summer population of 20,000 in the district, there had been during the past five years not as much typhoid fever as would be found in the ordinary rural communities.

The subject was also discussed by Dr. Nasmith, Scotland, and Dr. Groves, Carisbrooke, Isle of Wight, both of whom emphasized the importance of purification of sewage and filtration of water.

There was but a short time available before adjournment when the papers upon control of the milk supply were called for. Dr. R. Harcourt, of the Agricultural College, Guelph, read an interesting paper on control of milk supplies. He contended that it was almost impossible to find milk kept and handled under proper conditions, and the methods employed in handling and bottling it were in almost every case faulty. If a commission were appointed in this country to investigate the conditions under which the milk was handled and delivered to the consumer, the report would, Prof. Harcourt opined, be worse than that relating to the meat-packing establishments of Chicago, which caused so much surprise. There was, he said, a large and increasing demand for pure milk. The consumer had a right to demand milk which would, if kept at sixty degrees or less, keep for 24 hours, and that it be free from flavors. The advisability of establishing a standard required for milk, the price of which would depend upon the quality, was considered. The addition of preservatives of any kind was deprecated as injurious to public health, and under some circumstances deleterious to the food quality of the milk.

Prof. John Glaister, Scotland, in his paper on "Administration and Control of Milk Supplies," gave much interesting information regarding the model methods by which the purity of this important article of food could be assured to the consumer.

One of the most interesting discussions of the day was in the pathology section, where cancer was under consideration. Dr. E. F. Bashford, of London, Director of the Imperial Cancer Research Fund, in London, said cancer was the result of old age, and not infectious. He found it was not on the increase in the old country. He would not hold out any immediate hope for a cure. It only attacked people in the last third of their life, that is, after fifty.

The gist of the papers on epilepsy, in the psychology section, was that doctors should study the living body, and try to get at the cause of the poisoning which led to that disease. It was not regarded as a brain trouble. Some hope was held out by Dr. Spratling, of Sonyea, N.Y., for a cure for the disease.

In the section on dermatology, Dr. J. Nevin Hyde, of Chicago, speaking on psoriasis, popularly known as "shingles," advanced the theory that it was due to light hunger or lack of exposure of the skin to light, but Dr. Ross, of Halifax, was the only speaker to support this idea.

Sweltering heat, which made dignity and comfort impossible, failed to spoil the luncheon by the Ontario Branch of the Do-

minion Alliance, which was a notable event in the week's programme. The luncheon was attended by five hundred persons, and was held in the university gymnasium. It drew together many noted local temperance workers, as well as distinguished physicians from Britain and the United States. The declarations by leaders of medical thought that alcohol is becoming a back number in medicine and surgery were applauded by the large audience. The pleasant manner and clear-cut diction of the speakers of the day made it a pleasure to listen to their addresses. Mr. Chester D. Massey presided, and those at the head table included Sir Victor Horsley; Prof. Sims Woodhead; Dr. H. O. Marcy, Boston; Prof. Murdoch Cameron, Glasgow; President R. A. Reeve, Rev. Dr. Carman, Mayor Coatsworth, Mr. Justice Maclaren, Rev. Father Minchan, Dr. J. T. Gilmour, Dr. Wm. Oldright, Dr. J. B. Willmott, Mr. James Holes, Mr. F. S. Spence, Mr. J. S. Robertson, Mr. W. H. Orr, Mr. J. W. L. Forster, Mr. W. H. Shaw, Mr. Joseph Tait, Rev. Dr. Abraham, and other prominent visitors and workers.

As President of the Ontario Branch of the Dominion Alliance, Mr. G. F. Marter introduced the Chairman, Mr. Chester D. Massey, whom he described as one of the best friends of the Alliance, and one of the best citizens of Ontario.

Mr. Massey said the meeting showed there was a strong relation between temperance and medicine. "The less alcohol is used as a beverage the more effectual it will become as a remedy," he said.

Sir Victor Horsley, Surgeon of University College, London, was flatteringly received. He said he appreciated with more than usual feeling the kind invitation to speak that afternoon, as he would be unable to speak on the subject in the therapeutics section on Friday. There were points, however, in which the medical profession in the old country was the pioneer in social reform, which he could not dwell upon in the therapeutics section, but which was a congenial subject for that occasion. They were probably well aware of the attitude of the medical profession toward alcohol on this side of the water. Only a fortnight ago the French-speaking practitioners passed a strong resolution on the subject. And the inquiries of Mr. Spence had shown that the medical profession in Canada was hostile rather than friendly towards the drug they called alcohol. (Hear, hear.) He was there to give an idea of the attitude of the medical profession in the old country. That was equivalent to saying what was the attitude of the association. Years ago the association asked the Education Department to take a more active step to promote the hygiene and temperance of the nation.

"I would like to say at once," said Sir Victor, "that the pro-

fession at home has the same hostile attitude on the whole towards alcohol that you have, and I will prove it to you, and I mean alcohol not only as a beverage, which is indulged in to too great an extent, but they have found out what alcohol's real value is as a drug, and that is, in my opinion, at any rate, practically nil. (Applause.) When I was a student, alcohol was the traditional remedy in surgery for blood-poisoning and other operations, and for an infectious disease like pneumonia. What is the position now? That on all these points alcohol is being no longer used."

Sir Victor then turned to a chart which he had prepared and had hung on the wall, showing the decline in the use of alcohol and the increased use of milk in seven great London hospitals in the last 40 years. That showed what the medical profession in London, at any rate, was doing with regard to the use of alcohol as a drug. In 1862 the expenditure on milk in those hospitals was \$15,000 a year. That expenditure had been constantly rising until in 1902 it was over \$40,000. The expenditure on alcohol in the same hospitals in 1862 was \$40,000 a year, and for the next decade it remained about stationary. In 1882, when the speaker was a student, it had decreased and milk increased until both were about equal. About that time antiseptic surgery became general, and during the last twenty years alcohol had gone down until the expenditure in 1902 was only \$15,000; so that in London alcohol was not being valued as a drug as it had been forty years ago.

The same was being proved with regard to the country. The Royal Infirmary at Salisbury, 25 years ago, spent \$1,500 on alcohol, and last year only \$35. It had been a gradual evolution of action on the part of the profession in their use of alcohol as a drug.

Personally he believed that the movement really began with the surgeons. It was no credit to them, but to the great man to whom they owed everything—Lord Lister—(applause)—and was one of the innumerable benefits resulting from his discovery of the great principles of antiseptic surgery. When he was a student it was the custom to give three or four ounces of alcohol to every patient entering the theatre for an operation. The quantity had diminished, but still it was given as a custom. It was a custom they were getting rid of. Then for the post-operative condition, alcohol had practically disappeared and was being replaced by a whole armamentarium of drugs better for the purpose. Very little examination into the general practice would show the same thing. About a year ago, Dr. Hanceck, a well-known practitioner, said he had not used alcohol for seven years in general practice.

"Personally," Sir Victor went on, "I believe that the medical

profession is to be the great reforming agency of every nation—(applause)—because medical men, as our President told us yesterday, are the real witnesses of social life. Three years ago the medical profession throughout the United Kingdom issued a petition to the Government asking them to introduce the compulsory teaching of domestic hygiene and temperance in the elementary schools. The letters were sent out to the profession on Friday night, and on Monday morning we had 5,000 answers, and within the next few days we had 15,000 answers from medical practitioners. So that you see the feeling in the old country that every child should be taught the elements of domestic hygiene and temperance is overwhelming strong. It has produced a very powerful effect on the Government in this particular.

“We are only too well aware that the old country is a little lagging behind the colonies in this respect, but we hope that she will gain a little fresh wind now and cut a respectable figure in the race. But, at any rate, if she is to take her proper place, and if the physical deterioration of the nation is to be arrested, and if the physical condition is to improve, it will be by the authority and by the agency of the medical profession, and, therefore, it was with the greatest pleasure in the world that I accepted the invitation to come here to-day, and it is now with heartfelt thanks to you for your attention that I resume my seat.” (Loud applause.)

Before introducing the next speaker the Chairman happily referred to the lawyer as the man who sees the worst side of a man, a minister, the best side, and a doctor the real side.

Professor G. Sims Woodhead, of Cambridge University, said that a year ago he had attended a meeting of that character in Cape Town, and he could not help thinking that, wide apart as they were in the matter of miles, when it came to the great problems they had to deal with, they were all standing on very small and very common ground. (Applause.) He felt, too, that in regard to alcohol medical men must take the lead, for they knew what it was doing, and any medical man who was worth his salt was looking not merely to the immediate illness or indisposition of any of his patients, but he was looking ahead for the welfare of all. (Applause.) For that reason he was exceedingly glad that such a change had come over the medical profession as shown by Sir Victor's illuminating diagram.

Professor Woodhead referred to the uncertainty with which the British Medical Temperance Association was regarded at first, but it was now meeting with general encouragement. After close study of the question the members had reached a different conclusion than that formerly held as to the value of alcohol as a drug.

Sir Victor had spoken of the changed attitude of surgeons toward alcohol. He believed an equally strong change of opinion was taking place in connection with the medical branch, and that men who at one time looked upon it as necessary in the treatment of various diseases were now satisfied that it exercised a deleterious effect upon the resisting power of the patient. In an odd case of pneumonia it might be beneficial, but in most cases it had been found to do more harm than good.

"Men have been working away quietly in the laboratories," said Professor Woodhead, "and have been trying to arrive at the actual value of alcohol in certain of these conditions, and I may state generally that almost every experimenter who has taken up this question has come definitely to the conclusion that alcohol interferes with the production of what we call the condition of immunity; it interferes with that condition as a result of which we recover from various specific infective diseases, and if alcohol interferes with the production of that condition in animals, then we must assume that it interferes with the production of a similar condition in the human being. Therefore, I feel very strongly that until very strong evidence can be brought forward that alcohol has a definite effect in improving the condition of the patient—and we have no evidence of this at present—we ought to hold our hands as regards alcohol and use these many drugs of which Sir Victor has spoken as substitutes, at any rate in the meantime."

Professor Woodhead appealed to the younger medical men to study the question, as it was not a question of any locality, but one which involved the physical regeneration of the human race, and therefore it was one in which they might all be proud to take a part. (Applause.)

A vote of thanks to the Alliance for luncheon was carried on motion of Professor H. O. Marcy, of Boston, President of the American Society for the Study and Prevention of Inebriety, and Professor Murdoch Cameron, of Glasgow University, each of whom made a happy speech, in which references were made to the growth of temperance sentiment in the past few years.

The address in medicine, one of the recognized features of every gathering of the association, was delivered in Convocation Hall Wednesday afternoon, by Sir James Barr, M.D., F.R.C.P., F.R.S.E., Dean of the Medical Faculty of Liverpool University. It was a masterly presentation of a difficult subject, and contained not a little matter controversial in its nature. At the conclusion the author was given a cordial vote of thanks, and was congratulated by such eminent men in the world of medicine as Dr. Daniel MacAlister, of Cambridge University, Chairman of the General Medical Council of Great Britain, and Sir William Broadbent, Physician to His Majesty the King, who, however, did not en-

dorse all the views expressed in the paper, and who voiced their admiration at the courage he displayed.

#### THURSDAY'S SESSION.

The great social feature of the gatherings of the British Medical Association is the annual dinner. On Thursday night this function, which was held in the spacious Victoria Rink, fully equalled and in some respects excelled in brilliancy and enjoyability any of the very pleasant gatherings of a similar nature which have preceded it. The building was handsomely decorated, the colors of Toronto University and the Medical College predominating. At the end of the rink the word "Welcome," surmounted by a giant maple leaf and crown illuminated by electricity formed a striking decoration. The menu was excellent, the service prompt, and the Dinner Committee, of which Dr. Grasett was Chairman, fully deserved the congratulations bestowed upon them. About five hundred members of the association attended and formed a happy and convivial gathering. The speeches, with one or two exceptions, were brief and to the point.

Dr. R. A. Reeve, President of the association, presided, and was supported on his right by His Honor the Lieutenant-Governor and Sir Wm. H. Broadbent and Professor Goldwin Smith; on the left by Sir Thomas Barlow, Mayor Coatsworth and Sir James Barr.

The first toast in all gatherings in the Dominion, "The King," was received with acclaim. "The Lieutenant-Governor of Ontario," which followed, was also received with great enthusiasm. His Honor, in reply, referred to his early connection with the medical profession, when, 50 years ago, he performed certain official duties in connection with the Royal College of Surgeons of Edinburgh, which required him to sign the diplomas of many graduates of that college. The visit of the association to Toronto would impress upon the members the fact that in this Province there was an intense feeling among the people in favor of Imperial unity. "Our hearts are one with the British Empire," said His Honor, and the gathering cheered. Continuing, His Honor said he had on his visit to Great Britain been painfully impressed with the deep apathy existing there towards Canada and Canadian affairs. He had met with ignorance wholly inexcusable, and it had given him very great pain to see the indifference with which Canada was regarded in London and elsewhere. Referring to the practice of some Imperialists who came to Canada to educate Canadians in Imperial sentiment, His Honor said he had ventured to tell these gentlemen that the campaign ought to begin in England, not here. (Applause.) Upon the question of Canada's participation in the burdens of the empire, His Honor suggested that it was forgotten by those who criticised that Canada offered to the young men and women of the

old land homes in a land possessing institutions similar to their own, among people actuated by the same principles of civil and religious liberty which prevail in the Motherland. Canada in the course of a few years will be able to supply the British Isles with the food they require, and, therefore, it was in the interests of Great Britain that the Imperial navy should keep open communications at all times.

The following telegram from Captain Trotter, A.D.C., to His Excellency the Governor-General, was read by the chairman:—

"His Excellency will be obliged if you will convey to the President and members of the British Medical Association his regret that he is unable to accept your invitation to be with them to-night, and his very sincere hope that the visit of the association to Canada may be full of pleasant memories to your distinguished guests, and fruitful of results to the people of Canada."

"The Parliament of Canada" was spoken to in an eloquent speech by Sir James Grant. Mayor Coatsworth, ex-M.P., who was also called upon, said he did not know whether he had been called upon to propose the toast as a joke or as a surgical operation. "Both," cried a wag in the audience, and the Mayor gracefully accepted the suggestion, but he also forgot to propose the toast before sitting down. The Chairman himself then gave it, amid laughter and cheers. The toast was duly honored to the strains of the Maple Leaf.

Mr. E. B. Osler, M.P., who responded, entirely concurred in the happy phrase of Sir Wilfrid Laurier, who asserted that the twentieth century was Canada's. (Applause.) He advised those visitors from the old land under forty years who proposed visiting the Pacific Province of Canada to keep their eyes open, as to them would be given that which was not often vouchsafed to men to witness within the short span of life, the making of a great nation, for within thirty or forty years the destiny of Canada would be formed one way or other. He believed that destiny for good or ill would be in close connection with the great mother land. (Cheers.)

When Dr. Goldwin Smith, who was announced by the Chairman as the son of a physician, rose to propose the toast of the British Medical Association he was accorded an ovation. In proposing the toast Dr. Smith spoke in terms of appreciation of the work of the medical profession for humanity and of the progress made in the science during his lifetime. The members of the association, he was assured, could go back to England feeling that the people of Toronto understood they had had among them worthy chiefs of a most illustrious profession, a profession that humanity had from the beginning loved and revered. Speaking of Tyndall, to whose memory he paid the loving tribute of an admiring friend, Dr. Smith said that although he insisted upon calling himself a materialist, a less material or more spiritually-minded man he had not known. Touching upon the recent reorganization of the

university, Dr. Smith assured the medical profession the Senate had done the best they could for their studies, and would, he hoped, always guard their privileges, realizing that those privileges were not the privileges of the profession alone, but the safeguard of society against empirical murder. Dr. Smith related an interesting anecdote of his interview with a famous Spiritualist, from which he came away still a skeptic, and concluded with a humorous story illustrative of the ignorance of Canada in Great Britain, to which the Lieut.-Governor had alluded.

The toast was first responded to by Sir William Broadbent, who was received with enthusiasm. He expressed the appreciation by the members of the association of the great kindness with which they had been received in Canada, and frankly admitted that the visitors deserved in some measure criticism for their ignorance of Canada. In palliation he pleaded the impossibility of visitors properly appreciating the magnitude of the Dominion and its wonderful resources. While confessing ignorance, however, they could not admit indifference—(applause)—and he assured his Canadian friends that on their return they would endeavor to enlighten their friends at home with reference to Canada. The wish had been expressed that the name British Medical Association should be changed to the Imperial Medical Association, but he thought after all they should retain the present title. And when Canada had annexed the adjacent republic, as had been suggested, they would have a greater Britain than ever, and would be still prouder of the title "British Medical Association." (Cheers.)

Dr. Macdonald, Taunton, England, who also responded, aroused enthusiasm by an appreciative reference to the prompt and generous action of Canada in sending of her best and bravest sons to stand side by side with the men of the Imperial army in defence of the Empire in South Africa.

The last toast, "Our Guests," was appropriately proposed by Sir William Hingston, the oldest member of the British Medical Association in the Dominion. It was responded to by Prof. Aschoff, Marburg, in German, and by Dr. Lapique, Paris, in French, for the profession in their respective nationalities; by Dr. Mayo for the profession in the United States, and by Dr. Nott for the profession in England.

The luncheon by the Empire Club, at which addresses were given by several notable visitors to the medical meeting, was a pleasant variation from the routine of business. Leaving the city in the heat of midday, the guests dropped in at the beautiful clubhouse of the Royal Canadian Yacht Club, whose spacious balconies opened wide to the winds of heaven and afforded ample shade from a burning sun. The marshy haunts of the catfish contrasted with the velvety bowling lawns of the club, and nearby was the beautiful green of Island Park. Mr. James P. Murray, President of the Empire Club, was in the chair. President R. A. Reeve, of the British Medical Association, sat on his right, the other speakers of the day being on either hand.

In proposing the loyal toast Mr. W. K. George said that as a Canadian who had visited Britain last year he could not forget the splendid, lavish and kindly hospitality with which he had been greeted. He concluded an eloquent reference to the resources of Canada with expressing the hope that the new citizens coming to this country would be properly instilled with a sentiment of loyalty to the old land.

Sir William Broadbent, whose address was the briefest of the day, said he had been astonished at the unbounded resources of Canada and at the energies of its people. They hoped and trusted that the connection between Canada and the mother land would continue and become stronger. The enormous agricultural and mineral resources of Canada made her future quite safe, and she was bound to go on and prosper.

"What we hope," said Sir William, "is that the mother country in its own way will continue to have the support of her strongest colony. (Applause.) There are people who complain that Canada does not contribute anything to the building of battleships for the mother land. Personally I think the money of Canada is better employed in the development of the country, in the building of railways: that it is a better son who devotes himself to his father's business than one who offers his father a present of a gold watch which he doesn't want." (Hear, hear.)

Sir William referred to the possibility of a reaction in the relations in the empire, and concluded:—"The only thing we can do is to take as our guide the sense of duty. If we do what is right we will do what is best for our respective countries and for the British Empire of which we form a part. I think the empire will go on, and I hope the old country will never want the support of its strongest son." (Loud applause.)

Sir Thomas Barlow confessed to having shrunk rather from coming to the Empire Club. Doctors had many roles to play, but one which they played least of all was that of politician. If he could not talk politics he might say a few words of the young Canadians who had gone to the old land in the last quarter century to study medicine and surgery. About twenty years ago they had begun to notice a retired, reticent kind of young man among their students. But he came day after day, week after week and month after month, and presently showed that he knew a great deal that he never showed before. They found on inquiry these young men were mostly from McGill and from Toronto. Since coming to this city some of their greatest pleasures had been in meeting many of those young fellows, now occupying proud positions in their native land.

"We have asked ourselves," said Sir Thomas, "what we can do for our kith and kin in our own land. They have said they got all they wanted. They were treated as our own flesh and blood. They worked alongside our own students. We have come to the conclusion that we could not do better than let them have fair play.

There are many links binding Canada and the mother country, but there is one important link about which little is said, and that is the link of the medical men between the two countries." (Applause.)

Dr. George C. Franklin, of Leicester, England, Past President of the Medical Association, also spoke of the ties between the medical men of Britain and Canada. He had been a student from 1866 to 1870 with Dr. Arthur Jukes Johnson, his present host in Toronto, and had not seen him since 1871 until the present week. He was sanguine of the future of the medical profession, and under the guidance of the Association they could go forth to the future without fear and with a manly heart. (Applause.)

Dr. C. S. Sherrington, professor of physiology in the University of Liverpool, spoke of the recent growth of universities in the old country, no less than four new ones having been established in the last decade. If they could have medical reciprocity it would be a great benefit to the empire at large. "It would be a benefit to have an interchange not of goods but of intellect," said Professor Sherrington in closing.

After an expression of thanks to the Yacht Club for the use of their premises, to which Commodore Dr. A. A. Macdonald replied, the proceedings terminated.

At a special convocation of the University of Toronto the same afternoon the honorary degree of LL.D. (*honoris causa*) was conferred upon a number of distinguished members of the Association. Acting President Maurice Hutton presided.

The presentations were made by Dr. R. A. Reeve, dean of the medical faculty, who referred to the special services which each of the distinguished men had rendered to humanity in the realms of medicine and surgery. As each recipient responded to his name and advanced to affix his signature to the graduates' roll, after cordial greeting by the President, he was heartily applauded.

Those who received the degree were: Prof. Thomas Clifford Allbutt, M.A., M.D., LL.D., Hon. D.Sc. (Oxon), F.L.S., F.R.S.; A. H. Freeland Barbour, M.D., F.R.C.P., (Edin.); Sir Thomas Barlow, Bart., K.C.V.O., M.D.; Sir James Barr, M.D., F.R.C.P., F.R.S.E.; Sir William Henry Broadbent, Bart., K.C.V.O., M.D., LL.D., (Edin. and St. Andr.), F.R.C.P., F.R.S.; George Cooper Franklin, F.R.C.S., ex-president of the British Medical Association; Prof. William Dobinson Halliburton, M.D., F.R.S.; Sir Victor Horsley, M.B., F.R.C.S., F.R.S.; Donald MacAlister, M.A., M.D., LL.D., President of the British Medical Council; William Julius Mickle, M.D., F.R.C.P.; M. le Docteur Louis Lapique, Maitre de conferences a la Faculte des Sciences, Paris; Prof. Ludwig Aschoff, M.D., the University of Marburg, Germany; W. J. Mayo, M.D., President of the American Medical Association.

The degree was also conferred in absentia on H. W. Laugle, Browne, M.D., Ch.B., F.R.C.S., Edin., Chairman of the Council of the British Medical Association.

Sir Wm. Broadbent, on behalf of the physicians of Great

Britain, thanked the University of Toronto for the great honor which had, through himself and his colleagues, been conferred upon the medical profession. Sir Wm. made a graceful reference to the fact that the University of Toronto had sent out from her halls Prof. Osler, regius professor of medicine in the University of Oxford, who is now engaged in the rejuvenescence of the faculty of medicine of that great university.

Dr. George C. Franklin, in acknowledging the honor on behalf of his associates in surgery, said they had found the technique of antiseptic surgery in Canada to have reached a completeness and thoroughness which he hardly thought, speaking generally, was to be found throughout England. They were glad to have come, and would go back to England knowing that the surgeons on this side of the Atlantic were among the very foremost in the world.

Prof. Halliburton acknowledged the honor on behalf of the British physiologists, referred to the fact that he was not altogether a stranger to Toronto, and spoke pleasantly of his former visits.

Dr. Lapique, who was called upon on behalf of the French, German, and United States recipients of the Jegree, spoke in French. He referred to the "sleeping" cannon which he noticed in front of the Parliament buildings, and, commenting upon the inscription which indicated that they were captured by the allied armies of England and France at Sebastopol fifty years ago, suggested that the entente cordiale of to-day, which meant so much to the peace of the world, was but a continuation of that alliance. He expressed the fervent hope it might long continue.

Before convocation adjourned, Professor William Gardner, in the absence of his colleague, Dr. Roddick, dean of the medical faculty, announced that it had been determined at the next convocation of McGill University to confer the degree of LL.D. (in absentia) upon Sir Thomas Barlow, Sir William Henry Broadbent, Prof. Albutt, and Sir Victor Horsley.

The section of the British Medical Association on State medicine concluded the consideration of the important subject of control of milk supplies, and the unanimous opinion of the members was crystallized into a recommendation to the Local Government Boards of England and Ireland, and the Provincial Board of Health of Ontario, that there should be a more stringent enforcement of regulations governing the handling and distribution of milk and the supervision of dairies. Owing to the reluctance of local authorities to enforce the law the desirability of a general supervision by the central Government authority was affirmed.

Prof. Hewlett read a paper in which he emphasized compulsory veterinary inspection as an essential prerequisite to a pure milk supply. The employment of the tuberculin test and the separation of cows which reacted from those which were healthy, and the enforcement of the law by a central authority in each county under the supervision of the Government Board of Health, that the immediate chilling of milk should be made compulsory as a

precautionary measure, and the distribution of milk in sealed bottles was also advised.

Dr. P. H. Bryce explained the legis'ation which has been adopted in Ontario on the subject of supervision of dairies, by which dairymen are required to take out a license which carries with it the liability to inspection.

Prof. Harcourt, Guelph, regretted that consumers had not made themselves heard when the producers made their complaint, which resulted in a beneficial law providing for proper precautions in dairies being hung up in 1896.

Prof. Claister urged that the weak spot in the existing regulation and law was that Executive action was deferred until the harm had been done. He advocated a system of inspection and superviscation which would be as far as possible preventive in its operation.

After further discussion a resolution was adopted unanimously expressing the opinion that the time has now arrived when the existing provisions of the law with regard to the housing of dairy cattle, milk storage, and milk distribution, and the periodical inspection of such cattle and dairies should be more strictly enjoined upon the local authorities. The resolution will be forwarded through the Council to the Local Government Boards of England and Ireland and the Provincial Board of Health of Ontario.

The important topic of hygiene of the home and public institutions next engaged the attention of the section. The initial paper upon the subject was read by Dr. J. J. Cassidy, of the Ontario Board of Health, who dealt with the subject in an interesting manner, offering many practical suggestions for the perfection of the hygiene of the home. The first requirement is a dry site, and the ideal situation is one in which the corners of the house point north and south, thus enabling the sunlight at some time during the day to penetrate every room. That the basement should extend beneath the entire house, with windows extending nearly to the top of the wall, was of the greatest importance.

Good plaster is best for walls and ceilings, and wall papers should be avoided. When necessary, paint and enamel should be used. The less pretentious portions, the basement and the kitchen, are in a way the most important parts of a dwelling, and should naturally receive more frequent attention and overhauling than the drawing-room, where presumably organic filth can hardly gain access.

The model bedchamber of the twentieth century was to be a picture of simplicity blended with taste. There will be no microbe-catching carpets to be dusted—just a washable rug beside the bed. The waxed floor will be mopped every morning with a damp woollen cloth. The ceilings and walls will be painted white with enamel paint. The window curtains will be of cotton or some other washable fabric and will be frequently sent to the laundry. The iron bedstead, with its woven wire mattress, will contain just the needful quantity of clothes.

Dr. Hélen MacMurchy, Toronto, gave an instructive paper on the medical inspection of schools. Dr. MacMurchy claimed that expert medical knowledge was necessary in looking after the health of the children, which could not be expected and was not available in the teacher, who had enough to do to impart instruction and was not too well paid. Neither would the voluntary medical inspection of schools as carried on in Italy be effective; only that inspection which was properly remunerated would be satisfactory. Incidentally Dr. MacMurchy urged the absolute importance of every one knowing how to feed children properly in order that they may grow up strong and vigorous.

Mr. William Scott, B.A., Principal Normal School, Toronto, in an able paper upon the same subject regarded the preservation of the health of the pupil and the imparting of sufficient education to enable him to discharge the duties of life as the duty of the State. As the school population numbered one-seventh of the community, the schools were centres from which disease spread. The logical outcome of compulsory attendance at school was the compulsory physical examination of the pupil by those competent to make it. The importance of medical inspection was emphasized in reference to defects of eyesight and hearing which so frequently interfered with the progress of the pupils.

In an able paper read before the section on psychology, Dr. Crothers, of Hartford, dealt with the insanity of inebriety, which, he argued, was a more accurate term than alcoholism. The insanity of inebriety had been recognized long before insanity was considered a disease. The insane inebriates were the periodic drinkers, whose excesses were manias, epilepses, circular insanities, and in the later stages all these symptoms merged into pronounced forms of insanity. The second form of insanity prominent in the inebriate is the continuous drinker who early displays delusions of exaltation and strength he does not possess, and who is practically a reasoning maniac and the most diseased of all drinkers. The cumulative action of alcohol in small doses acts first on the senses, then on the reason, and is followed by neuronc degeneration, toxic conditions and nutrient perversions. The so-called "moderate and steady drinker" is the most devitalized and degenerate of all users of alcohol. A very large proportion of the diseases of modern civilization are due to the direct or indirect action of alcohol on the cells and nerves. Experience shows that these cases are curable to a far greater degree than realized at present. The whole subject must be studied medically before any real progress can be made. The present efforts by law and moral measures are great blunders and actually increase the disease which they try to prevent.

Incidentally during the discussion of abdominal operations in the section on obstetrics, the point was raised as to whether or not the vermiform appendix, which is the seat of the disease known as appendicitis, should be removed, whether diseased or not, whenever an operation was performed for any other abdominal trouble. One

or two doctors took this view, on the ground that the appendix was unnecessary and likely to cause trouble. The majority who spoke, however, thought it better not to remove the appendix unless it was diseased. "Sufficient unto the day is the evil thereof," said Dr. Cartens of Detroit.

The medicine section held a joint discussion on "Heart Block," a disease of the heart somewhat new to the medical profession. Prof. Aschoff, of Freiburg, Germany; Dr. McKenzie, of Burnley, England, and Dr. Erlanger, of Baltimore, gave important papers on the disease, each a splendid authority on the subject. The general result of the discussion was to bring a great amount of new information on the subject, known before to only a few, before a wider range of doctors.

Caustics were recommended as the best remedy for cutaneous cancer, in a discussion in the dermatological section. X-ray was recommended in select cases

#### FRIDAY'S SESSIONS.

The Congress of the British Medical Association closed on Friday afternoon, and on Saturday the members and visitors were off either pleasure-seeking or on their way home. Nearly 2,000 medical men were present, a remarkable attendance considering the distance which many of them travelled. Between sixty and seventy meetings were held. The next meeting will be held in Exeter, England. Several important statements developed at the closing meetings of the sections. Dr. P. H. Bryce, from his experience as an inspector of immigrants entering Canada, asked that the parochial authorities in Britain guard against assisting men of the "no-good" or unemployable class.

A remarkable advance in surgery was shown by Dr. Carrell, of Chicago, in the physiology section, who exhibited cats and dogs in which the kidneys of other animals were transplanted.

Two dogs and two cats holding in their bodies transplanted kidneys formerly belonging to other cats and dogs, now unhappily sacrificed in the interests of science, stood before the section on physiology yesterday morning as marvels in surgical accomplishment. All were in fine health and showed the natural desires of their kind, the cats to spit and the dogs to growl. The surgeon who was responsible for this great step in science was Dr. Alexis Carrell of the University of Chicago. Dr. Carrell, who is a comparatively young man, explained his experiments to the physiologists present. One of the dogs present had the transplanted kidneys in his neck, and they seemed to be performing their functions successfully. Dr. Carrell said he had already succeeded in having dogs live seventeen days after the operation. One of the cats exhibited had possessed its new set of kidneys for two months.

The limbs of cats and guinea pigs have also been cut off and put on again, the animals doing well afterwards. Dr. Carrell was modest as to what he hoped to accomplish on the human being, but other

physiologists present were very hopeful, though the problem was, they admitted, to get any person to consent to such an operation.

Another side to the alcohol question was presented in the therapeutics section, where the value of that drug in medicine surgery was under discussion. Dr. A. D. Blackader of Montreal said the value of alcohol as a stimulant had been overestimated, but under certain conditions it was useful and had a food value.

Dr. S. J. Meltzer of New York said the facts as known to-day were favorable to the judicious use of alcohol in disease. There were reliable experiments on record showing that it developed an immunity in experimental infections, and that it was capable of moderately stimulating the heart and of increasing the blood pressure.

Dr. W. E. Dixon, of Cambridge, England, gave results of recent experiments, which were on the whole favorable to the view that alcohol has a distinct action which may be utilized in the treatment of disease.

Professor G. Sims Woodhead, also of Cambridge, urged the other view presented by himself at Wednesday's temperance luncheon, that alcohol was of little value in medicine and should be used with great care.

Some comfort for typhoid patients was supplied by Dr. F. J. Smith, of London, Eng., in the medicine section, who condemned the routine milk diet, and favored the use of solids, provided they have no seeds or other small substances likely to cause trouble. He also favored giving a patient food when he wanted it, and not when he did not want it. He said he had had good results from this method.

Sir Thomas Barlow, president of the section, was inclined to support Dr. Smith's contentions, but said care should be taken not to give the patient too much food when he became ravenous.

The sleeping sickness prevalent in some parts of Africa, was discussed by Dr. F. W. Mott, of London, Eng., in the section of pathology. He said it was spreading along the lines of commercial communication in Africa, and had also reached China. It affected white people as well as natives. It had its seat in the brain and was due to a germ, which a fly carried from an infected person to a healthy person by biting both. No cure has as yet been found for it.

Dr. P. H. Bryce, Chief Medical Officer of the Department of the Interior, commenced the proceedings in the State medicine department by an able paper on the need for international co-operation in the inspection of emigrants and immigrants. The immigration statistics of Canada, and the difficulties due to chronic pauperism in Great Britain, and the statutes which have been passed in various countries for controlling the undesirable element inevitably found in all countries of the world, were reviewed. Dr. Bryce also treated with the problem of dealing with the insane, and explained the arrangements existing between the U.S.A. and Canada,

and concluded by a forcible appeal for the co-operation of Britain in the improvement of the condition of the emigrant, and for a complete interchange of official arrangements. He especially urged that British parochial authorities guard against assisted emigration of "unemployables," or "no goods," by seeing that the assisted have some certificate of character, both physical and moral, before being given passage.

"The State Control of Health" was dealt with in an interesting manner by Dr. Samuel Drennan, of St. Thomas, Ont., who pleaded for a fuller recognition by the State of its duty towards the health of the people, and desired to include in the scope of the health department all hospitals and asylums, and, indeed, all the members of the medical profession. The growing prevalence of the habit of taking all sorts of drugs without medical supervision and the necessity for more knowledge in the matter were also alluded to.

In the discussion which ensued Dr. Woodward, of the Marine Hospital Service of the U.S.A., very warmly commended the meritorious paper read by Dr. Bryce. Dr. Hutchinson, of Westmount, Quebec, and Dr. Oldright called attention to the great need for better control of the sale of patent medicines. Dr. Montizambert, president of the section, expressed cordial appreciation of Dr. Bryce's work, and Dr. Mussen, of Liverpool, dealt with the subject of methods of emigrant inspection at that port, with special reference to transmigrants, who constitute a very large proportion.

Mr. McGill, B.A., B.Sc., assistant analyst of the Inland Revenue Department, Ottawa, read an interesting paper on "The use of food preservatives with the view to legislation on the subject." He dealt at length with the various forms of chemical food preservatives, and also as to the need or proper limitation of added substances and for efficient labelling.

Dr. H. L. E. Johnson, trustee of the American Medical Association, Washington, in an exceedingly able paper, dealt with the important subject of "The national supervision of food." The dangers of adulterated foods and patent medicines were pointed out, and the need was shown for collecting under a system of uniform legislation in every State all the duties which could possibly be assigned to Boards of Public Health.

Dr. Spooner, Liverpool, England, dealt concisely and effectively with the subject of "Sailors' Foods."

Prof. Glaister, Glasgow University, expressed the opinion that the use of preservatives in food was objectionable. The recognized use of certain preservatives, however, was an admission of their usefulness, and therefore he suggested there should be a classification made of preservatives into two classes, one of which would comprise those which were harmless in their operation and effect, the other those which were harmful. In view of their general use he would be inclined to take salt, sugar and one or two other things of a similar character out of the class of preservatives altogether,

and regard them, as the Germans do, as food adjuncts. The pickling and salting of meat robbed it of some of its most useful contents, which passed out into the brine. Prof. Glaister was also inclined to think that a little more consideration might with advantage be paid to the effect of cold storage upon foods. He could not believe from his observations that with certain food products cold storage was always useful.

Dr. Atkinson, Medical Health Officer, Hong Kong, in a short but ably written paper, gave an interesting story of the difficulties experienced in dealing with the plague and other epidemics.

At its last two meetings the surgical section had an attendance of 100, which constitutes a record for the association. Before closing on Friday a vote of thanks was passed to Sir Hector Cameron, Glasgow, president of the section, on motion of Sir William Hingston of Montreal and Dr. Murphy of Chicago.

A valuable paper on the present status of military arrangements in Canada was read in the medicine section by Dr. J. T. Fotheringham. The doctor said that though Canada was peacefully developing her resources, she yet had a medical equipment for her military forces which was creditable for her size.

Dr. Coote of Quebec criticised the visual tests for the pilots on the St. Lawrence, but Dr. Page of Quebec, who is in charge of the tests, replied, defending them.

Friday afternoon the members of the psychological section, to the number of about 150, were entertained at luncheon at the asylum, Queen street west, by the Ontario Government. Dr. C. K. Clarke, medical superintendent, presided. Hon. J. W. Hanna, in proposing the toast "The Empire," speaking on behalf of the Government, welcomed the members of the association to Canada. Dr. George Cooper Franklin responded in happy terms. Other toasts were: "The Psychologists of Great Britain," proposed by Dr. T. J. Burgess, superintendent of the Montreal hospital for the insane, and responded to by Dr. Wm. J. Mickle, president of the psychological section, and a graduate of Toronto University, who has for thirty years been medical superintendent of a large asylum in London, Eng., and Dr. A. T. Schofield, London, Eng.; and "The Psychologists of America," proposed by Dr. Ryan, medical superintendent of the Kingston asylum, and responded to by Dr. H. Hurd, medical superintendent of Johns Hopkins hospital, Baltimore, and Dr. Brush, superintendent of Vermont State hospital.

## EXHIBIT HALL.

WHAT was perhaps the most complete exhibition of pharmaceuticals, surgical instruments and dressings, medical books, hospital furniture, etc., that has ever been made at any medical convention in Canada, took place in the West and East Halls of the Main Building of the University of Toronto, and reflected great credit upon the committee who had charge of the same. It would be impossible, owing to lack of space, to more than refer to the firms who were represented. They included

The Globe Manufacturing Co., of Battle Creek, Mich., who made a display of their nebulizers, nebulizing outfits, air vibrators, electric air pumps and nasal sprays.

H. & T. Kirby Co., Ltd., of London, Eng. This firm had a most attractive display of Purgen, a recently-introduced aperient, one that is non-irritating, and therefore very useful in pregnancy and the puerperal state, made in three strengths, infant, adult, and strong. They also exhibited glycecols, compressed tablets, glycerine suppositories, medical pessaries and bougies, sal mineralis (an alkaline aperient salt), pills and several antiseptic preparations, including Kirby's Thymol Toilet Powder, Eucalyptisine, Eucalyptol Soap, etc.

J. & J. Colman, Ltd. (with which is incorporated Keen, Robinson & Co., Ltd.), London, Eng., exhibited Robinson's Patent Barley and Groats. Of Patent Barley, Dr. Pye H. Chevassé says, "The best artificial food, in my opinion, is cow's milk and Robinson's Patent Barley."

Parke, Davis & Co.'s exhibit included a series of charts showing the physiologic effects of various drugs upon the heart, circulation, respiration, etc. Specimens of Ergone, Digitalone and Veratrone were also seen. This interesting display also contained the following products: Adrenalin Chloride, and Adrenalin Chloride Solution. Taka-Diastase, which converts 150 times its weight of starch into sugar in a few moments. Acetone, a powerful bactericide that may be used internally without ill-effect. Biological Products: *e. g.*, Antidiphtheric Serum, Antitetanic Serum, Antitetanic Dusting Powder, Antistreptococcal Serum. Typhoid Agglutometer, for diagnosing Typhoid without a microscope, and other preparations.

Mellin's Food Co., Boston, Mass., U.S.A., made a display of Mellin's Food for Infants and Invalids. Mellin's Food is a dry, soluble, cereal extract made from Barley Malt and Wheat, and contains all the nutritious elements of the grains in a highly concentrated form. It is a completely malted food, the carbohydrates

being in the soluble forms of maltose and dextrins. It is entirely free from starch and cane sugar.

J. B. Lippincott Company, Publishers, of London, Montreal and Philadelphia. This firm, which has been established in London since 1872, and in Philadelphia since 1792, is to-day operating perhaps one of the largest and the most completely equipped book publishing plants in America. In the J. B. Lippincott Company's exhibit was found a complete line of medical and surgical publications, many of which have long since become standard on the subjects treated. Prominent on the shelves of their display were such familiar titles as "Wood's Therapeutics," a 13th edition now printing; "Roth's Pediatrics," 5th edition printing; "White and Martin Genito-Urinary and Venereal Diseases," 7th edition on press, and "Cattell's Post-Mortem Pathology," 3rd edition printing, and many other equally familiar volumes.

Burnham Soluble Iodine Co., Auburndale, Mass., proved the therapeutic possibilities of Iodine Medication. They exhibited their Soluble Iodine Preparation.

Canada Mineral Water, Ltd., Ottawa, Canada, exhibited Russell Lithia Water, a genuine, natural, spring Lithia Water discovered in Canada. It has been on the market only three years and its sales to-day are as great as those of any other mineral water.

Eby, Blain & Co., Ltd., Toronto, occupied Space 24 with a display of Norka, a popular breakfast food.

Battle Creek Breakfast Food Co., Ltd., Buffalo, N.Y.; Quincy, Ill.; Canadian Branch, 43 Scott St., Toronto, showed Egg-o-See. Egg-o-See is the whole of the wheat, in its most palatable form, grown in California, cooked and flaked, preserved in air-tight packages, never touched by the human hand from the reaping of the grain to the serving at the table.

Wreyford & Co., Toronto, had a display of Aertex Cellular Underwear, Shirts, Pyjama Suits, etc.

Postum Cereal Co., Ltd., occupied Spaces Nos. 29 and 30, and exhibited Grape-Nuts and Postum Food Coffee. Samples were given visiting physicians, and demonstrations made whereby visitors partook of these goods properly prepared.

The Denver Chemical Mfg. Co., New York, U.S.A., made a very attractive exhibition indeed of Antiphlogistine. Antiphlogistine, popularly known to the medical profession as Inflammation's Antidote, is a Hygroscopic, Antiseptic Cataplasm, indicated in all superficial and deep-seated inflammatory and congestive conditions. It is composed of the finest Anhydrous and Levigated Argillaceous Mineral, Chemically Pure Glycerine, Compounds of Iodine, representing a small percentage of Elementary Iodine, minute quantities of Boric and Salicylic Acids and the Oils of Peppermint, Gaultheria and Eucalyptus. Antiphlogistine is a non-irritating,

non-toxic poultice and dressing, always ready for immediate use and possesses hygroscopic, exosmotic, endosmotic, nutrient and indirectly anodyne and hypnotic properties.

Fairchild Bros. & Foster, New York, made a display in the West Hall of Panopepton, Essence of Pepsine, Peptogenic Milk Powder and Peptonising Tubes, as well as their preparations of the Pancreas Gland, for Hypodermic, Internal and External Use. Injectio Trypsini (hypodermic) in sealed ampoules. Injectio Amylopsini (hypodermic), in sealed ampoules. Lotio Pancreatis (a Trypsin Surgical Solvent). Holadin (in capsules only). A pancreas gland extract of peculiar potency in respect to trypsin, amylopsin and lipase. Internal Secretion (hypodermic). Trypsalin (Surgical Solvent). "Pepule" Pancreo-Hepatic. "Pepule" Ox Gall Compound. "Pepule" Pancreatic, and "Pepule" Pancreatic Compound.

E. B. Meyrowitz, New York, showed instruments and apparatus employed in the diagnosis, treatment and surgery of diseases of the Eye, Ear, Nose and Throat.

The Oakland Chemical Co., New York, showed their well-known preparation Dioxogen. Formerly known as Oakland Hydrogen Dioxid, is made in strict accordance with the U. S. P. requirements, and is absolutely harmless for internal or external use. It is guaranteed pure.

The Allen & Hanburys Co., Ltd., London, Eng. This exhibit was made of the "Allenburys" Infant Foods. Mr. W. Lloyd Wood, Canadian Agent, showed the "Allenburys" Diet. The "Allenburys" Liquid Beef, the "Allenburys" Castor Oil, the "Allenburys" Cod Liver Oil, Bynin, Liquid Malt, Bynin Amara, Bynin Emulsion, Bynol, the "Perfected" Malt and Oil. Byno-Glycerophosphates, Byno-Haemoglobin, Byno-Hypophosphites, Byno-Pancreatin, Byno-Phosphates, the "Allenburys" Throat Pastilles, and Kapsols.

Lambert Pharmacal Company, St. Louis, U.S.A. W. Lloyd Wood, Manufacturing Chemist and Manufacturers' Agent, Toronto, Canada, showed Listerine, the Standard Antiseptic. Formula—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis in combination. Listerine Dermatic Soap. Listerine Dermatic Soap contains the essential antiseptic constituents of thyme, eucalyptus, mentha and gaultheria, which enter into the composition of the well-known antiseptic preparation, Listerine.

Callard & Co., 74 Regent Street, London, Eng. New Diabetic Foods. All guaranteed free from starch, sugar and other carbohydrates. The articles shown include Starchless Bread, Starchless Biscuits, Starchless Flour, Sugarless Jams, Sugarless Marmalade.

Burroughs Wellcome & Co., Manufacturing Chemists, London,

Sydney, Cape Town. This firm are pioneers in the introduction of some of the most notable agents employed in modern medicine. They have developed many new processes and employ exclusive machinery invented and produced at great cost. Special attention was directed to the following exhibits: "Tabloid" Blaud Pill, "Tabloid" Cascara Sagra, "Tabloid" Hypodermic Cases, "Tabloid" Medicine Chests and Cases, "Tabloid" Ophthalmic Products, "Hemisine," "Hazeline Snow," "Soloid," "Wellcome" Brand Chloroform, Diphtheria Antitoxin Serum, "Wellcome," Anti-Streptococcus Serum (Polyvalent, "Wellcome,") Pleated Compressed Bandages and Dressings, "Tabloid" Brand, "Enule" Brand Suppositories, "Kepler" Malt Preparations, "Kepler" Solution.

C. F. Birtman Co., Chicago, Ill., showed a most complete line of static machines, X-ray coils, high frequency apparatus, Vibrators and Ozonators.

The Bausch & Lomb Optical Company, Rochester, N.Y., were represented by Dr. L. P. Barclay, who showed their celebrated BB 8 and DD Microscopes, their improved Minot Rotary Microtome and a new model Projection Apparatus.

Chandler, Ingram & Bell, Limited, 285 Yonge St., Toronto, Canada, had one of the most attractive displays of surgical instruments in the Hall, Their exhibit reflected credit upon their firm. Chandler, Ingram & Bell are rapidly making for themselves a nice reputation.

The Canadian Rubber Co. of Montreal, Limited. (Toronto Branch, 1 Front Street East), displayed Physicians' Rubber Specialties.

J. A. Carveth & Co., Ltd., 434 Yonge St., Toronto, showed a complete line of the publications issued by the following well-known houses: W. B. Saunders & Co., Philadelphia, U.S.A.; Bailliere, Tindall & Cox, London, Eng.; Longmans, Green & Co., London, Eng.; H. K. Lewis, London, Eng.; John Wright & Co., Bristol, Eng.; Scientific Press, London, Eng.; Year Book Publishers, Chicago, U.S.A.

Duncan, Flockhart & Co., Edinburgh, Scotland (Agent for Canada, R. L. Gibson, 88 Wellington St. W., Toronto), had a very interesting exhibit, and showed Chloroform (Duncan's S. G. 1.490); Chloroform (Duncan's S. G. 1.497); Anaesthetic Ether (Sp. Gr. .720); Aether Purificatus (Sp. Gr. .720); Methylated Ether; Chloric Ether (Duncan's); Chloryl Anaesthetic (Duncan's); Bromide of Ethyl (Pure); Flexible Capsules, D. F. & Co., Blaud Pill with Aloes, Blaud Pill with Aloes and Arsenic, Blaud Pill with Aloes and Nux Vomica, Blaud Pill with Arsenic, Blaud Pill with Arsenic and Nux Vomica, Cascara Capsules, Cascara, Belladonna and Nux Vomica, Easton Syrup Capsules,

Glycerophosphate Capsules, Compound Terpo-Heroin Capsules, and Ophthalmic Capsules.

The J. F. Hartz Co., Limited, Toronto, Ont.; Detroit, Mich., controlled the following exhibits: Victor Electric Co.'s well-known electric specialties. The Victor Electric Co. manufacture one of the largest lines of these goods in America. The exhibit also included goods from The Spencer Lens Co., of Buffalo, and The Scanlan Morris Co., Madison, Wis.

The Apollinaris Co., Ltd., London, displayed Apollinaris Natural Mineral Water, from the Apollinaris Spring, near Neuenahr, Rhenish Prussia, is an acidulated alkaline table water of absolute purity and high effervescence. It is drawn from a deep, rocky source, situated about fifty feet below the surface of the earth, at which depth the water contains an enormous amount of Natural Carbonic Acid Gas, and the bottled Water contains as nearly as possible the same amount of this Natural Carbonic Acid Gas as the Water at that depth.

They also exhibited Apenta Natural Aperient Water. "Apenta" Water is a natural purgative Mineral Water, from the Apenta Springs, Budapest, Hungary. A natural laxative, suited for continuous use, remarkable for its richness in its sodium and magnesium sulphates, and for its uniform strength and composition.

Kress & Owen Company, New York, N.Y., had a very artistic surgical display of Glyco-Thymoline opposite the door of the East Hall. The following abstract goes to show the value of this preparation: "Case 1. N. B., age 21, dysentery. Began with slight diarrhoea, loss of appetite, nausea and some little fever when, on the second day, temperature increased to 103 F. Stools became very frequent and changed from fecal to a grayish color, containing a blood and pus. Urine became scanty and highly colored. There was intense pain on pressure over the colon, an intense burning pain in the rectum. Vomiting became very severe. Treatment: Gave Glyco-Thymoline in teaspoonful doses in hot water every two hours and flushed out the bowels with a solution of Glyco-Thymoline, consisting of one part Glyco-Thymoline to five parts of water. The third action after this was used contained no blood whatever. The patient steadily improved and within one week from date of treatment was up and well. I might also mention that during the first part of the attack the young man had lost twenty-four pounds in weight.

Henry K. Wampole & Co., Perth, Ont., exhibited the following: Wampole's Tasteless Preparation of the Extract of Cod Liver Oil, Creo Terpin Compound, Phospho Lecithin, Renatone, Asparoline, Antiseptic Vaginal Cones, Plain; Antiseptic Vaginal Cones, with Icythyol; Antiseptic Vaginal Cones with Ichthyol

and Iodine, Tonga Salicyl, Alvinine Suppositories, Glycerine Suppositories, Bismuth Hydrate Compound, Papain Digestant, Hypo Bromic Compound, Milk Food, Pil Nephritic, Pap Ken Tablets, Syrup of Hydriodic Acid.

New York Pharmacal Association, Yonkers, N.Y. (Canada Office, 88 Wellington St. W., Toronto; R. L. Gibson, Agent), showed Lactopeptine (Powder), Lactopeptine Tablets, Lactopeptine Elixir, Elixir Lactopeptine with Phosphate of Iron, Quinia and Strychnia.

Palisade Manufacturing Co., Yonkers, N.Y. (Canadian Office, 88 Wellington St. W., Toronto; R. L. Gibson, Agent), had a display of Hemaboloids. A palatable solution of natural iron-bearing nucleo-proteids, extracted unchanged from richly ferruginous vegetables, reinforced by (1) A synthetically prepared true organic iron compound, (2) Nutrient Albuminoids, (3) The hematinic principle of bone marrow, and (4) Nuclein, to stimulate normal metabolism; Hemaboloids-Arseniated (with Strychnia), and Borolyptol, an antiseptic and germicidal fluid for intestinal and external use.

The Arlington Chemical Co., Yonkers, N.Y. (Canada Office, 88 Wellington St. W., Toronto; R. L. Gibson, Agent), exhibited Beef Peptonoids (Soluble), Liquid Peptonoids, Liquid Peptonoids with Creosote, and Cascara-Peptonoids (Tonic Laxative).

D. Appleton & Co., New York City, had a display of the following best books on Obstetrics, Gynecology and Surgery: Williams' "Obstetrics," Wright's "Obstetrics," Reed's "Gynecology," Pryor's "Gynecology," Bryant's "Operative Surgery," Key's "Genito-Urinary," Tuttle's "Anus, Rectum and Pelvic Colon," Kelly's "Operative Gynecology."

Spaces S2, S3 and S4 were taken by the Chas. H. Phillips Chemical Co., New York, and London. They exhibited Phillips' Phospho-Muriate of Quinine. Physiologists have demonstrated that Phosphates administered in an acid solution, as exhibited in "Phospho-Muriate of Quinine," are readily absorbed and assimilated. This preparation supplies necessary elements (Phosphorus, Potassium, Magnesium, Lime, Iron) required for building up tissue, and the prompt and pronounced improvement which marks its administration in diseases of nutrition is an indication, not only of the individual utility, but of its superiority over the hypophosphate preparations which seek to effect the same end. The firm also demonstrated Phillips' Digestible Cocoa and Phillips' Milk of Magnesia.

Walter Baker & Co., Ltd., Dorchester, Mass., U.S.A.; Montreal, P.Q., exhibited their well-known Breakfast Cocoa. Baker's Chocolate (unsweetened). Baker's Vanilla Chocolate. Baker's Caracas Sweet Chocolate, and German Sweet Chocolate.

Ferris & Co., Bristol, England (R. L. Gibson, Agent, 88 Wellington St. W., Toronto), had a most unique display of their pharmaceuticals and dressings. They included Nepenthe, Glycerole of Nepenthe, "Ever-Ready" Dressings, Plasters, etc., "Ever-Ready" Caddies, "Ever-Ready" Cabinets.

Armour & Company, Chicago. Armour & Company, Chicago, exhibited the products of their laboratories, including Suprarenalin, Suprarenalin Solution, Suprarenalin Ointment and Suprarenalin Triturates; Thyroids, powdered and tablets; Extract of Red Bone Marrow; Pepsin, Essence of Pepsin, Glycerole of Pepsin, Lactated Pepsin, Pepsin Tablets; Pancreatin, Essence of Pancreatin, Glycerole of Pancreatin; Benzoinated Lard; Parathyroids, Parotid, Thymus and other glandular substances in powder and in tablets.

The DeVilbiss Manufacturing Company, Toledo, O., and Windsor, Canada, exhibited their Atomizers, Nebulizers and Powder Blowers. Especially adapted for Physicians' and Patients' own use. DeVilbiss' Atomizers will spray oils, aqueous or alcoholic solutions in any direction. DeVilbiss' Nebulizers will throw a profusion of moist or dry vapor. DeVilbiss' Powder Blowers will throw powder in any direction desired, without bunching. Dr. W. H. Wakefield, Charlotte, N.C., says of those atomizers: "For nearly twenty years I have used in my office and had my patients use in their homes the DeVilbiss Atomizers. I have used many others and always examine the new atomizers as they come on the market, but I find none of them so generally useful as the DeVilbiss No. 16. This instrument is so made that the spray can be turned in any direction. You can also obtain a coarse spray from the same instrument by closing the pin hole in the cap on the bottle with the finger. Another point of considerable value is the ease with which the instrument is cleaned and freed of foreign matter in the air or fluid passages. It is quite durable."

Brand & Co., Ltd., Mayfair Works, London, had a large number of Specialties for Invalids. Essence of Beef, Mutton, Veal, and Chicken, Meat Juice, Concentrated Beef Tea, Fever Food, Beef Tea Tabules, Meat Lozenges, Beef Tea Jelly, Chicken Jelly and Mutton Jelly, Turtle Soup and Turtle Jelly, Invalid Mock Turtle, Ox Tail and Gravy Soups, Bouillon, Albuminous Essence of Beef.

R. M. Clark & Co., Boston, Mass., exhibited their "Hand-I-Hold" Babe Mits.

Benger's Food, Ltd., Otter Works, Manchester, Eng., exhibited their well known food. Benger's Food consists of a specially finely ground nitrogenous, wheaten meal, cooked and impregnated with a suitable proportion of the fresh, natural digestive principles of the pancreas trypsin and amylopsin.

The Ramage Milk Products Co., Mack Ave. and Belt Line, Detroit, Mich., showed Lactalbumin, a pure, soluble proteid of whey, perfectly free from acids, alkalies, or decomposition products. They also demonstrated Mothermilk, Nature's food, a pure, desiccated modified milk, containing the requisite amount of pure Lactalbumin, and an increased amount of pure milk salts. Another of this firm's preparations is Camphoric Superoxide, a highly oxidized product of Eucalyptol, obtained by passing ozone through Eucalyptol, heated at 60 deg. C., in the presence of Platinum Black, Camphoric Superoxide Liberates Nascent Oxygen, or ozone, in the presence of water for a period of 36 to 40 hours, at the same time leaving Eucalyptol in the system, which is quickly passed off.

The Electro-Surgical Instrument Co., Rochester, N.Y., made a very nice exhibit of their goods. They are manufacturers of Electrically-Lighted Surgical Instruments and Electro-Therapeutic Appliances, Illuminated Cystoscopes, Urethroscopes, Vaginal and Rectal Speculums, Bougies, Auriscopes, Laryngoscopes, Gastrodiaphanes, Oesophascopes, Tongue Depressors; also Cauteries, Dilators, Sounds, Batteries, Transformers, Miniature Lamps, etc., etc.

Reed & Carnrick, Jersey City, N.J., had a very attractive display of Protonuclein (proto et nucleo-plasia), the unchanged primary substances with the nuclei of the cells of glandular portions of the body. They also demonstrated the therapeutic value of the following preparations, *e. g.*, Peptenzyme (nucleo-enzymes), the unchanged primary-enzymes or nucleo-enzymes of all the glands which have anything to do with digestion. Panerobilin, dehydrated bile and nucleo-enzymes of pancreas. Nephritin, the unchanged primary substances of the cells of the cortex with the convoluted tubules of the kidney. For samples and literature apply to the firm's Canadian representative, A. L. Massey & Co., 61-65 Adelaide St. E., Toronto, Canada.

The Habbe Therapeutic Lamp Co., Chicago, Ill., exhibited their Large Lamp which, they claim, generates 500 degrees of heat with a 50 candle power, specially constructed concentrated globe. They also showed a Small Lamp, which generates between two and three hundred degrees of heat.

The Shelton Portable Vibrator was demonstrated by Mr. Leopold Stargardter, Canadian agent for the manufacturers. This exhibit interested a large number of the physicians present, many of whom were glad to see demonstrated an instrument that has proven itself valuable. For a full description of the Shelton Vibrator, we would refer our readers to page xvi of this issue. Mr. Stargardter's address is 417 St. Catherine St., Montreal.

Down Bros., Ltd., 21 St. Thomas Street, London, England,

had spaces 133-137 inclusive, and had as handsome an exhibit as was ever displayed at any meeting of the B. M. A. It included Aseptic Hospital Furniture for Operation Theatres and Wards of Hospitals, Surgical Instruments of their own manufacture, First Aid Box, Down Bros. Patent Surgical Noiseless Hand Motor, with Drills for Bone Boring; Bone Screwing Instruments, by Mr. Arbuthnot Lane; Artery Forceps, Needle Holder, Stitch Removing Forceps, Aural Instruments, Auriscopes, Curettes, Myringotomes, Forceps, etc., Nasal Dressing Forceps, by Dr. Pegler; Adenoid Curettes, by Mr. Ballance; Antrum Instruments, Eye Instruments, Laryngeal Forceps, Tonsil Instruments, Appendicectomy Clamps, Gallstone Forceps and Scoops, Intestine Clamps, Peritoneum Forceps, Pile Suture Forceps, Sigmoidoscope, Midwifery Forceps, Uterine Dilators for Puerperal Eclampsia, Lithotomy Straps, Lithotrites, Supra-pubic Apparatus, Cystoscopes, Urethroscope, Urine Segregator, Pocket Spittoons, and Anaesthetic Apparatus.

The Abbott Alkaloidal Co., Chicago, exhibited a splendid line of granules and tablets, containing a definite quantity of pure alkaloid, glucocide or other active principle, together with a line of carefully selected compounds which are the result of well authenticated experience. This firm also manufactures an effervescent salt, called Saline Laxative, which is a repurified, dehydrated sulphate of magnesia in effervescent combination. All of which were found tastefully exhibited in Space No. 142, Avenue BB, on the corridor leading to the Smoking and Reading Room, and directly opposite the Tea Room. The exhibit was under the direct supervision of Dr. Thackeray, Chicago, with Mr. Sam Featherstone, of Cobourg, Ont., special representative, in attendance.

The Spear-Marshall Co., Chicago, manufacturers of the Leucodescent Therapeutic Lamp, have an exhibit at the meeting of the British Medical Association. The 500 c.p. Leucodescent is a powerful photo-therapeutic instrument, employing 12 amperes of current. This gives it a richness of quality of spectrum heretofore never attained in the incadescent type of therapeutic lamp. The luminous and chemical frequencies are very valuable therapeutic modalities and are here applied in a very convenient manner in combination with radiant heat of such power as to be available as a cautery when required. The intensity is under perfect control of the operator, however. The combination of all the rays of the visible spectrum, in addition to the thermic rays, is anodyne, nutritive and bacillicidal. The manufacturers have done much to place the therapeutics of the Leucodescent on a scientific basis.

# The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,

EDITOR,

43 BLOOR STREET EAST, TORONTO.

**Surgery**—F. N. G. STARR, M.B., Toronto Associate Professor of Clinical Surgery, Toronto University; Surgeon to the Out-Door Department Toronto General Hospital and Hospital for Sick Children; N. A. POWELL, M.D., C.M., Prof. of Medical Jurisprudence, Toronto University, Surgeon Toronto General Hospital, etc.

**General Surgery**—ALEX. PRIBROSK, M.B., C.M. Edinburgh University; Professor of Anatomy and Director of the Anatomical Department, Toronto University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University.

**Orthopedic Surgery**—B. R. MCKENZIE, B.A., M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Surgeon to the Out-Patient Department, Toronto General Hospital, Assistant Professor of Clinical Surgery, Ontario Medical College for Women; Ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Winnipeg, Man.; Member of the American Orthopedic Association.

**Gynecology and Obstetrics**—GEO. T. MCKEUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Toronto.

**Medical Jurisprudence and Toxicology**—ARTHUR JONES JOHNSON, M.B., M.R.C.S. Eng.; Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P. Lond.; Associate Coroner, City of Toronto.

**Physiology**—CHAS. R. DIXSON, M.D., C.M., Queen's University, M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the first of the month previous to publication.

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TORONTO, SEPTEMBER, 1906.

NO. 3.

## Editorials.

### SEVENTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION AT TORONTO.

THE seventy-fourth annual meeting of the British Medical Association, at Toronto, August 21-25, 1906, deserves a high place in the annals of that association. It was an exceptionally hot meeting. The derivative effects of solar heat, supplemented by

a moist atmosphere, were felt by host and guest alike, yet, happily, without any marked evil effects, so far as we could learn.

The association was magnificently housed, since all the buildings of the University of Toronto were placed at its disposal, and the attendance, which reached 2,200, was amply provided for at general and special meetings. Our British brethren, in spite of personal discomfort, rose manfully to the task and did their work in good style. The meetings in most of the sections were largely attended, the discussions were often full and instructive, the chairmen of sections were models of promptitude and skillful discernment—in short, the machinery of the great medical congress worked quite unlaboriously.

Many American physicians were present, joining in the discussions and, in some instances, reading papers. In fact, if it were not for different intonations of the human voice a bystander might say,—“This English-speaking race doth bestride the world, like a colossus. Talk of Esperanto being necessary at a medical congress. The English tongue suffices, for a meeting, representing some of the best men in the United Kingdom, the United States, West India Islands, Canada, Australia, South Africa, and British India.” And that reminds one, that our French-Canadian medical brethren, of Quebec Province, do not attend English-speaking medical congresses. They were conspicuous by their absence from the Toronto meeting; but then, *que voulez vous?* One medical congress a year is a good deal, and they had a congress of the French-speaking physicians of North America at Three Rivers last June.

The inaugural ceremony of the meeting in the new Convocation Hall of the University of Toronto was a brilliant function. Seated around Dr. R. A. Reeve, the new President, were men who have achieved distinction in different branches of the profession, and some whose names are household words throughout the world of medicine and surgery. Dr. Reeve's inaugural address was a scholarly review of the progress of medicine and surgery for the past decade, of the advances made in the past and the hopes of still further advances entertained for the future.

Among the more notable visitors from a distance present at this meeting were Dr. Franklin, Leicester, President in 1905; Sir Thomas Barlow, London.

Vice-Presidents—Dr. Henry Barnes, President at Carlisle, 1896; Dr. T. G. Roddick, President at Montreal, 1897; Dr. T. D. Griffith, President at Swansea, 1903.

Representatives from the Council of the Association—Dr. D. Goyden, Bradford; Dr. J. Groves, Carisbrooke; Dr. James Hamilton, Glasgow; Dr. T. A. Helme, Manchester; Sir Victor Horsley, F.R.S., London; Dr. J. A. Macdonald, Taunton; Dr. C. G. D. Mosier, London; Dr. C. R. Straton, F.R.C.S., Salisbury; Dr. J. Lynn Thomas, Cardiff; Dr. W. J. Tyson, Folkestone; Dr. Norman Walker, Edinburgh; Dr. Sinclair White, F.R.C.S., Sheffield; Dr. D. J. Williams, Llanelly.

Delegates from Representative Meetings—Dr. William Ewart, London; Sir Victor Horsley, London; Dr. S. Boyd Joll, London; Dr. R. L. Langdon Down, London; Dr. J. A. Macdonald, Taunton; Dr. C. R. Straton, Salisbury; Dr. D. J. Williams, Llanelly.

Delegates from Branches of B. M. A.—Leicester—Dr. Thos. Donnelly, Dublin; Dr. O. C. J. Delahoyde, Dublin. Metropolitan—Dr. F. J. Smith, London. Midland—Dr. C. J. Bond, Leicester; Dr. Ashley V. Clarke, Leicester. Edinburgh—Dr. Logan Turner, Edinburgh.

Delegates from Universities and Colleges—Glasgow—Sir Hector Clare Cameron, Prof. John Glaister. Sheffield—Dr. Sinclair White. King's College—Prof. Halliburton, Dr. G. F. Still. St. Andrew's—Dr. Dow, Royal College of Physicians. Edinburgh—Dr. G. A. Gibson. University of Liverpool—Sir James Barr, Prof. Sherrington. Cambridge University—Prof. Clifford Allbutt; Dr. Donald MacAlister. University of Durham College of Medicine—G. Grey Turner, F.R.C.S. London University—Dr. Rose Bradford. Bristol Medico-Chirurgical Society—Dr. Watson Williams. Medical officers of health societies—Dr. Samuel Browne, Warwick.

American Delegates—President American Medical Association, Dr. W. J. Mayo. American Medico-Psychological Association, Dr. Geo. Ross, Richmond, Va.

American Medical Association—Dr. A. E. Macdonald, New York; Dr. C. W. McOscar, and Dr. K. K. Wheelack, Fort Wayne, Ind. Department of Public Health and Marine Service—Dr. R. Woodward.

Delegates from Colonial Branches—Bermuda—Lieut.-Col. Rainsford, Dr. Eldon Harvey. Halifax—Dr. John Stewart, Dr. Geo. M. Campbell. Griqualand West, Dr. Jane Ruthven, Johannesburg. Melbourne—A. Grant, M.B., C.M., Melbourne, Australia. Montreal—Dr. T. G. Roddick. New Zealand—Dr. Davis. South Australia—Dr. C. T. Drummond, Morier. South India and Madras—Dr. C. B. Rama, Rao, Madras; Dr. Barabi, Bombay. Saskatchewan—Dr. Low, Dr. McLeod, Dr. Thomson. Dr. Hughes, Winnipeg.

The following visitors from the continent of Europe were also received: Prof. Aschoff, Freiburg, Germany; Dr. Delezenne, Paris; Prof. Delsaux, Brussels; Dr. Lapique, Paris; Dr. Nicloux, Paris; Dr. Nicolle, Paris; Prof. Justice Gaule, Zurich.

Nearly 2,200 medical men and women were present at the meetings, a remarkable attendance when one considers the distance which many of them travelled. The next annual meeting will be held at Exeter, England, and Henry Davy, M.D., M.B., F.R.C.S., London, physician to the London and Exeter Hospital, will be the next President. Between sixty and seventy meetings were held in connection with the congress, and several records as to attendance were broken. The surgical and medical sections had the best attendance, the surgical section taking the lead in this particular, its last two meetings having been attended by upwards of 500 members.

The social side of the meeting left nothing to wish for. A garden party was given by His Honor Lieutenant-Governor and Mrs. Clark, at Government House, on Tuesday, August 21st; in the evening of the same day a reception was given by the President and Mrs. Reeve in the University Quadrangle. On Wednesday, August 22nd, there was a luncheon for visiting ladies at Lambton Golf Club, also a garden party, University Women's Club, at Amnesley Hall, for lady physicians and ladies accompanying members; also a garden party by H. C. Cox, Esq., and Mrs. Cox; a reception at the Toronto General Hospital and a reception by His Worship the Mayor and City Council of Toronto, at the City Hall.

On Thursday, August 22nd, there was a ladies' excursion to Niagara Falls; a luncheon at R.C.Y.C., by the Empire Club

(Limited); a luncheon by the Dominion Alliance (Ontario Branch); also

International golf matches at Toronto and Lambton Golf Links.

The Annual Dinner was also held in the evening of this day, and a band concert and promenade was given in the Dean's Garden, University.

On Friday, August 24th, there was a luncheon for visiting ladies at the Toronto Hunt Club; a garden party by E. B. Osler, Esq., M.P., and Mrs. Osler, and a reception by the Royal Canadian Yacht Club, at the Island.

On Saturday, August 25th, there was an excursion to the Niagara Power Company's Works (limited to 300); an excursion to Muskoka Lakes (limited to 300); an excursion to Ontario Agricultural College, Guelph. A very elegant and enjoyable garden party was also given on the afternoon of Thursday, August 23rd, by Dr. H. A. Bruce, in honor of his guests, Sir Victor Horsley and Lady Horsley. One of the most interesting, instructive and valuable features of the meeting was the Museum of Exhibits of Foods and Drugs, Prepared Foods, Chemical and Pharmaceutical Preparations, Medical and Surgical Instruments, Antiseptic Dressings and Appliances, Books, Diagrams, Charts, etc., Sanitary and Ambulance Appliances. This exhibition was held on the first floor, Main Building, University of Toronto.

The members of the Toronto Branch of the B. M. A. have good reasons to feel gratified at the outcome of their efforts to make the seventy-fourth meeting of the Association a great success. Any difficulties encountered—and there are always difficulties in great undertakings—were overcome. Now that the meeting has taken place, everyone is pleased, for nothing succeeds like success.

The moral effect of such a congress is good for the physician himself. The frequent meetings and discussions throw his chariot from its quiet ruts, force him into the arena, make him sometimes a speaker, or, at least, a listener to the living voice, instead of a mere reader of medical literature.

Such a congress draws together and weaves around men ties of sympathy and friendship, shows the nobler objects physicians should strive for, exposes quackery and misdealing, opens the eyes

of the wondering public, showing that modern medicine is indeed a fruitful garden, in which the very rootlets of human progress and national safety are nourished, in which so rare a plant as high achievement may bud and grow to perfection, in which way-worn men may find rest and refreshment—a not unwelcome field of labor for those who cultivate it for a living, an ever-recurring scene of bounteous harvests for the benefit of suffering humanity.

J. J. C.

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### A FEW HOURS WITH THE BRITISH MEDICAL.

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“Daughter in my mother's house,  
But mistress in my own,”

and, as such, Canada welcomed the members of the British Medical Association, and a warm welcome it was to the two thousand physicians who registered. Little time, though, was lost in discussing the weather, for a certain sense of duty, or was it enthusiasm, kept the men busy at the various sessions, and then off they rushed to the many entertainments arranged for their diversion, and every moment seemed occupied. To many Canadian doctors it was the privilege of a life-time to meet, greet, and listen to the papers read by the elect men of the profession whose achievements (in their chosen field of labor) have gained for them world-wide fame. To some it was the joy of a renewal of an acquaintance formed years ago, when, as students, they sat at the feet of these men and hung on their words of wisdom. To others, perchance, it was even more of a pleasure, the country doctors out in the wilds of the new world cherishing a volume or a text-book, often taken down from the shelves of the unpretentious library, and here at this meeting to find its author and listen to him quietly voicing an unwritten chapter. As they meet, these great men and the country practitioners another lesson is learned, another link is forged in the endless chain of fraternity, and, as in the building of empire, so in the interests of our great medical science, the King and the pigmy must hold together, for, as a wise one has said, “a chain is only as strong as its weakest link.”

What a pity it seems that there should be a “British Medical

Association," an "American Medical Association," a "Canadian Medical Association," etc., when all use the same means and have the same end in view. Study, Progress, Research, Fraternity, seem to be the means used and the object in view, then why not unity? Sir William Broadbent struck the right note and sounded a new name, "The Imperial Medical Association." We thank him, yet humbly ask, why not the compelling force of "The Medical Association of the World?"

As the British Medical Association met for the first session in Toronto on Tuesday, August 21st, it christened a new building, the child of the Dean, and justly proud of the occasion was Dr. Reeve, and he more than deserves the hearty congratulations which were heard on all sides as to his achievement. Very happily did the Honorary Secretary of the Association, Dr. F. N. G. Starr, present the Dean with a memento of the occasion, a gold locket, that bore between its clasps the first photo of Convocation Hall. Of course, the building would have been more admired by our guests had it been entirely finished within, and had its dais breathed the freshness of the cool greenery of palm and fern and the perfume of Canadian garden flowers. Unfinished, as the interior was, such embellishments would have been unsuitable, and so the flags, bunting and, not least, indeed, the striking tones of the uniforms of the military surgeons and the vari-tinted and multifiform designs of the gowns worn by the men from far and near united in a wave of color that

Made a heat amid our hotness  
That was feverish in its way.

If the opening processional on Tuesday afternoon was intended to be impressive, it rather missed the mark; it, however, succeeded in being spectacular and interesting. In that wonderful moving picture that filed into Convocation Hall, some lived and walked their part, others evidently hastily donned the regalia of rank or office, but a fragment of tennis flannels peeping out or a pair of colored shoes sang a ragtime tune that spoiled the extreme dignity of the measure to which ceremonial march music is usually set.

It is not within the province of this hurried screed to cull from

speeches or quote statistics. Such are dealt with at all the length possible in another part of this issue.

The exhibit museum was a constant source of interest, and it speaks much for the advancement in pharmaceutical preparations that everywhere manifested itself in an artistic arrangement and a studied touch of color without the slightest garishness prevailed. Glancing up and down the aisles the effect was very harmonious. Side by side examining and admiring were seen medical men from India, France, Germany, United States and England, and better equipped surgeries and medicine chests more temptingly filled are sure to be a happy result of the hour spent in the Museum.

Socially, the meeting seemed to be a great success. A very active Ladies' Committee arranged for the visiting ladies a programme on successive mornings. A drive around the city, luncheons at the Lambton Country and Golf Club, the Toronto Golf Club, and the Toronto Hunt Club, and a large number responded to each invitation. Only once did the glorious summer weather fail; on the day of the garden parties at Mr. and Mrs. Herbert Cox's beautiful residence, the grounds of the Toronto General Hospital, and Annesley Hall, unfortunately severe thunder showers prevented a large attendance at any of the three places.

The Lieutenant-Governor and Mrs. Clarke, with their usual thoughtfulness, shortened their holiday and returned to town to extend their hospitality during the meeting, their large garden party was an unclouded success.

Dr. and Mrs. Reeve entertained on the opening evening at a reception and fete in the University Quadrangle. So beautiful and still the night and so prettily lighted the gardens, the enjoyment of the moment was heightened to many present by the memory of a very similar meeting in New Orleans awhile ago, when the President of the American Medical Association tendered a fete champêtre in gardens fringed with live oaks and magnolia trees to the members of the American Medical Association. As many of the same prominent and genial physicians there met (from Richmond, Va.; Cincinnati; Fort Wayne, Ind.; Chicago and New York), were again greeted under Canadian skies and the

old maple trees of the Dean's garden, and the Kilties' Band played "Annie Laurie," with variations, it seemed, indeed, good to be a guest of Dr. and Mrs. Reeve.

A reception at the City Hall, where Mayor and Mrs. Coatsworth sent a smile and kindly word home with each delegate, and many a delightful afternoon tea and small dinner gave the Torontonians a chance for a passing word with some one of the strangers.

Mr. and Mrs. E. B. Osler sent out invitations to a large garden party, and every one regretted the absence of their relative and expected guest, Dr. William Osler, of Oxford.

It was a pleasure to the entire profession to have, as Dr. Herbert Bruce's guest, Sir Victor Horsley. Toronto's brilliant young surgeon entertained constantly during the week of the meeting and his quiet and elegantly-appointed home truly had its door unlocked and the latch string on the outside. Dr. Bruce's garden party, by private invitation to meet his guests, was one of the most appreciated leisure hours during the convention.

But the old clock up in the University kept ticking out the hours, and, all too soon, Friday night, with its crush reception at the Yacht Club, and Saturday, with its many departures—"off to the Rockies"!! was a frequent adieu. To many of the island cottages up in Muskoka a number went as guests for the week-end. There remained, however, to those who waited for the Saturday trip to Niagara Falls, the best of the wine for the last of the feast. A cloudless day, a view of the immense new power-house, inside the works a dip down in the "bucket" (it held ten at a time), down it went two hundred and ten feet, a wonderful sight of what man can do in tunnelling, then a slight baptism (all creeds alike), and up again to the light of day, with a clearer understanding of how those huge turbine wheels are going to be made go round.

A good luncheon at the new Clifton House, at which Sir Henry Pellatt (that man of affairs, of war, and of the gracious hospitality to all who pay our city a visit), was the generous host; afterwards, also by the courtesy of Sir Henry, a trolley ride down the Canadian and up the American side of the river. As going to the train, some of the party turned for a last look at the Niagara of

the World, the thought of its wonderful value in the world of commerce, then a feeling of the grandeur, the turmoil, the fascination and awfulness of the great cataract and then, just as if it appreciated something of greater beauty, it insists on throwing a kiss to the sun and back comes the message of promise in all the color glow of a rainbow. And so, with the wish of a bright to-morrow for the next meeting of the British Medical Association,

"Our only 'Farewell' we shall laugh  
To shifting cloud or hour."—

August 26th.

W. A. Y.

PERSONALS.

DR. PETERS, F.R.C.S., will resume his usual consultation and operative work upon his return, September 1st, 1906.

It gives us pleasure to announce that Dr. Perry G. Goldsmith, who recently moved from Belleville and is now settled in his new home, No. 84 Carlton Street, which he purchased, has taken charge of our department, "Nose, Throat and Ear," and will contribute to the same from time to time. Dr. Goldsmith has for years enjoyed a lucrative practice in Belleville, but was advised to remove to Toronto, where he could find greater scope for his abilities.

DR. W. H. HARVEY, graduate, Toronto University, 1904, has been awarded a British Medical Association Scholarship, amounting to £150. The scholarship is tenable for one year; but, if the work warrants it, the scholarship is tenable for two succeeding years. Dr. Harvey was research student in the Pathological Department University of Toronto for one and a half years after his graduation, and has recently published the results of his work in Toronto in a paper in the *Journal of Experimental Medicine* upon "The Degeneration of Elastic Tissue in the Aortic Wall." Dr. Harvey is now working in Cambridge.

Messrs. W. B. Saunders Company announce for publication in the early Fall the following excellent and practical works: Keen's Surgery: Its Principles and Practice (Vol. I.) Sobotta and McMurrich's Human Anatomy (Vol. III.) Webster's Text-Book of Gynecology. Hill's Histology and Organography. McConnell's Pathology. Morrow's Immediate Care of the Injured. Stevenson's Protoscopy (Retinoscopy and Skiascopy.) Preiswerk and Warren's Atlas of Dentistry. Goepf's State Board Questions and Answers. Lusk's Elements of Nutrition. The most notable announcement is the new book on Surgery, edited by Dr. W. W. Keen, complete in five octavo volumes, and containing over 1,500 original illustrations. The entire work is written by the leaders of modern surgery, men whose names are inseparably associated with the subjects upon which they have written. Without question, Keen's Surgery will represent the best surgical practice of to-day.

## News of the Month.

**International Exhibition of Hygiene.**—Burroughs Wellcome & Co. have followed up their successes at St. Louis and Liège by obtaining a gold medal at the International Exhibition of Hygiene held during the months of May, June and July at the Rotunda in the Royal Prater, Vienna.

**The Ethical Presentation of Phenalgin.**—The reputation of Phenalgin as a reliable Antipyretic, Hypnotic and Analgesic has not been in the least disturbed by the remarks so widely published regarding proprietaries. This product is advertised only to the medical profession, and is not dispensed except upon a prescription from a regularly qualified medical practitioner. Its constant increasing sales is an evidence of its therapeutic value as well as an appreciation of the ethical method of its introduction.

**Canadian Medical Exchange.**—Canadians desiring to dispose of their practices will secure an easy way of doing so with a minimum amount of publicity, by taking advantage of the Canadian Medical Exchange, conducted by Dr. W. E. Hamill, 75 Yonge Street. He has been conducting this important department of medical affairs for twelve years, and the great majority of medical sales have passed through his hands during that time to the entire satisfaction of vendor and vendee. A partial list of his offers will be found among our advertising columns in each issue of this journal, the complexion of which, of course, changes from month to month.

**Ontario Medical Association.—26th Annual Meeting.**—In accordance with the vote of the Association, as determined at its last meeting, the session this year was of a purely business nature. There was no programme presented to its members, as the whole effort of the Association along that line was directed to further the work of the British Medical Association, which opened its sessions the next day. The meeting was held on Monday evening, August 20th, at 8 o'clock, in the new Science Building of the University of Toronto, College Street, head of McCaul Street. The officers presiding were : George A. Bingham, President ; Charles P. Lusk, General Secretary ; Samuel Johnston, Assistant Secretary ; D. J. Gibb Wishart was Chairman of Committee on Papers and Business, and H. J. Hamilton, Chairman of Committee on Arrangements. The meeting was not attended as it should have been and this is to be regretted, as Dr. Lusk, especially, used every effort to enlist interest in the meeting of 1906.