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THE PUBLIC HEALTH ACT OF ONTARIO—MEDICAL PRACTITIONERS AND MEDICAL HEALTH OFFICERS.

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Mr. Vice-President:—The history of medicine, consisting of the story of the lives and works of medical practitioners from the time of the early Egyptians down to the present-day writers on medical topics, shows that the efforts of the earliest medical men were devoted to the cure or relief of diseases already established in the human or animal system. The facts which were developed from the study of those conditions, and of all matters which had any direct or indirect bearing on those conditions, gradually evolved the idea of preventing disease instead of curing it after it had become established. To-day we find that preventive medicine occupies the forefront of the fields for investigation which are open to the medical practitioners, while the restoration and alleviation of diseased states occupies a secondary, although very prominent place. What the future may bring forth no man may tell, but it may not be a Utopian dream to hope that with advancing knowledge and its dissemination among and assimilation by the people the prevention of all diseased conditions will be accomplished, and the work of the medical practitioner, as it exists to-day, will be entirely changed. Still, before this fantastic dream may become an accomplished fact, the fundamentals of life itself must be evolved from means which, while perhaps in our possession, are as yet unrevealed to us. For the present we must acknowledge that,

although medical thought is greatly in advance of public opinion, our best means of dealing with the great question lies in the direction of gradually educating and enlightening the great mass of humanity, by publishing broadcast the proved results of research, and by devoting more care and attention to the training of life as it exists in the cradle, and even going beyond that period to the states existing before conception is permitted.

While society is modelled on its present basis it is necessary that we use measures which will compel an unwilling and unthinking populace to do those things which they ought to do and to leave undone those things which they ought not to do.

The regulations and acts respecting public health adopted by the various countries and states of the world occupy prominent positions among those measures. Without them we could do comparatively little. Without us they would be almost ineffectual. In carrying on our daily routine we are often glad to fall back on the Public Health Act of Ontario. Under this Act medical practitioners have certain duties to perform, which may be broadly divided between the official and the non-official classes—in rural districts Medical Health Officers and general practitioners.

When any medical practitioner meets with a case which he knows to be smallpox, scarlet fever, diphtheria, typhoid fever or cholera, Sec. 89 of the Act requires him within twenty-four hours to report that case to the local health authorities for the municipality in which the case may be. Schedule "B" of the Act is a by-law in force in each municipality of the Province, and Rules 2 and 3 of Sec. 17 of this schedule require that, in addition to the diseases already named, measles, whooping cough, and other diseases dangerous to the public health must also be reported, and it is not a sufficient notice that the fact that a case or cases of any of those diseases exist in a certain house, but the practitioner must also report the Christian name and surname of patient; the age, the locality (giving street, number of house or lot) where the patient is, name of disease, name of school attended by children from that house, and the measures employed for isolation and disinfection. These particulars should properly be given on forms so printed, gummed, and folded that they may be readily sealed without the use of an envelope, and these forms should be sent by mail (postage one cent), or left at the office of the M. H. O. or of the Secretary of the Local Board. These forms are procurable on request from the M. H. O. or Secretary.

It has been held by the courts that a report by a physician to the M. H. O. by telephone or by post-card, not giving the particu-

lars required by this section, will not relieve the physician from the penalty imposed for default.

Not only are physicians required to report all cases of disease which they *know* to be of an infectious nature and dangerous to the public health, but if they *suspect* that a patient whom they are attending is infected with scarlet fever, the special regulations regarding this disease, issued by the Provincial Board of Health under authority conferred on it by the Act, and which before issue have been confirmed by the Lieutenant-Governor-in-Council, require that they give similar notice to the health authorities. They are not to wait until such a time that there can be no dispute in the diagnosis, but must give the notice within twenty-four hours of the time their suspicions are aroused. Should they suspect that a patient is infected with diphtheria, the regulations do not require the immediate notice, but the physician must isolate the patient at once, until a bacteriological examination of swabs taken from the throat proves the *absence* of that disease. The services of the bacteriologist of the Provincial Board of Health are free to all medical practitioners for the examination of swabs taken from the throats of suspected cases, and in the same way when recovery seems complete. They are also available for the examination of samples of sputum to ascertain whether B. T. is present.

It is not to be supposed that when the attending physician notifies the M. H. O. of a case of contagious disease that he therefore transfers his responsibility for attendance to the M. H. O. Unless properly discharged by the patient, or he notifies the patient that he will no longer attend, he is still the physician in charge. The M. H. O. is only required to have knowledge of the case that he may see that the regulations are carried out.

Should the physician who gives proper notice to the authorities of cases of contagious disease receive compensation therefore from the state or from the municipality? It has been argued that, because physicians received no such compensation, the penal clauses of the Act are of no effect. That under the law of contract a particular service cannot be compelled unless compensation is made for that service. Whether this argument will hold good in law is a question. It may be noted that since the Legislature provided that Division Registrars of vital statistics should receive a fee of twenty cents for each birth, marriage, or death reported to them, the returns of those statistics have become much more complete than was previously the case. Is it not reasonable to assume that were physicians paid a small fee by the municipality for each notice of contagious disease (and for each birth and death) re-

ported by them, there would be no ground for hesitancy on their part in making reports.

In Sections 87, 88, 94, and 95 the relations of M. H. O.'s and the attending physicians are set forth in the matter of granting permission to do certain things or to provide certificates that certain matters have been done. Sec. 87 deals with removal of persons or things from infected houses. The Board, the M. H. O., or the attending physician must consent and prescribe conditions. Sec. 88 deals with removal of sick persons or others from infected houses under similar conditions. Sec. 94 provides that persons recovered from contagious disease, as well as nurses attending them, must not leave the premises until they have a certificate from the M. H. O. or attending physician, that they have observed all necessary precautions to prevent the spread of infection to others. Sec. 95 requires that measures of disinfection, as recommended from time to time by the Provincial Board of Health, the M. H. O., or the attending physician, shall be carried out.

These Sections seem to give the attending physician as much power in the maintenance of quarantine or isolation as is given to Local Boards or to the M. H. O., but it must be noted that in all cases, except the removal of recovered persons or nurses, the local health authorities or the M. H. O. are first mentioned in the wording of the Sections.

A conflict of authority should never arise, although it has arisen in the past, as the regulations covering the different diseases define clearly that in all cases the M. H. O. has the full and deciding authority.

Section 85, sub-section 1, of the Act requires that Local Boards of Health shall isolate patients and placard houses in cases of smallpox and any other contagious disease. Prior to 1893 this Section referred to Boards of Health only, but in that year an amendment to the Act, technically known as 56 Victoria, Ch. 44, Sec. 1, was passed, and was incorporated in Ch. 248 R. S. O., 1897, as sub-section 2, Section 85. This added sub-section reads as follows:—

“The Local Board of Health of any township municipality may by resolution require any physician who is attending a patient suffering from a contagious disease dangerous to the public health to affix or cause to be affixed near the front entrance of the house a placard, to be supplied by the Local Board of Health, and similar to that described in Rule 4 of Sec. 17 of Schedule ‘B’ of the Act. The placard shall be affixed within 24 hours of the discovery of the case, and shall be so placed that the same can be read by any

person approaching the house, but the fixing of such placard shall 'not relieve any such physician of the duty laid upon him by Section 89 of this Act.'

The marginal index to the Second sub-section reads: "Physician to affix placard to infected houses when ordered by Township Board."

It will be noted that this sub-section is an amendment passed in 1893, that it affects townships only, and that fixing the placard does not relieve the physician of the duty of prompt notification. Prior to 1893 there was great difficulty in having cases of infectious diseases in rural districts promptly isolated. There were only about 500 M. H. O.'s for the more than 700 municipalities in the Province; the more than 200 vacancies being in townships almost exclusively, and that it was frequently the case that contagious diseases in such municipalities were permitted to go unchecked, and when residents of cities and towns returned from visits to the country they brought back various diseases with them. Even in rural municipalities where M. H. O.'s were appointed, their functions in too many instances were carried out in a merely nominal manner, so that in many cases practically no action under the Act was taken. This amendment was permissive, enabling townships which desired to do so to take advantage of it, both as a saving in expense and as a better expedient than no action at all. Any Local Board of Health in townships may, therefore, pass such a resolution, and it is then the duty of physicians practicing in that municipality to inform themselves thereof and to procure the proper placards. Where no such resolution has been passed, however, physicians are not required to placard, but it must be certainly assumed that few rural M. H. O.'s will object if the attending physician does placard houses where they are attending cases of contagious disease.

Unless an expressed agreement is made between the attending physician and the Local Board or M. H. O., the Local Board or the municipality is not liable for the compensation of the attending physician. The M. H. O., under the regulations for cholera, small-pox, diphtheria, and scarlet fever, is required to see that all necessary care and attention, as well as food and clothing, is provided. Whenever any physician is attending cases of these diseases he should make a definite agreement with the M. H. O. or the Local Board as to his compensation, in all cases where he is in doubt that his pay will be forthcoming.

Any two medical practitioners may be required by warrant of a Local Board to enter in or on any premises or buildings to ascer-

tain the state of health of any person therein. They should carefully examine and understand any such warrant received by them, to see that its terms comply with the wording of the Act, and should they find it necessary to issue any certificate they should be very careful to express it as nearly as possible according to the requirements of the Act, in order to relieve themselves of liability in case action should be taken.

Any medical practitioner may certify to any Local Board that certain premises or things therein require cleansing or disinfection in order to check the spread of infectious disease. Were this power applied more generally by physicians when they meet with filthy premises the community would be much benefited thereby.

Medical Health Officers are appointed by the Council of the municipality in which they are to exercise their function, or may be appointed by the Lieutenant-Governor in case the Council refuses or neglects to appoint after a request has been made by the Provincial Board of Health. He must be a legally qualified medical practitioner. He is appointed at the pleasure of the Council, except when his appointment is made by the Lieutenant-Governor, when his term expires on the first day of February next succeeding. It has been understood in many quarters that the M. H. O. may be dismissed by a mere majority of the Council, or by the simple means of substituting another name in the by-law when the annual appointment of officers are made. Section 34, however, provides that a two-thirds majority of the Council is required to dismiss any M. H. O. for neglect of duty, and it would seem to be an anomaly that any smaller majority will suffice to secure the same object by some other means. It would be interesting were some judicial opinion available on that point.

The compensation of the M. H. O. depends on the amount named as annual salary in the by-law making the appointment. It must be understood that the amount named covers all the duties which the M. H. O. may be called upon to perform under the Act. In 1897 or 1898 Dr. Bryce investigated the amounts received by M. H. O.'s throughout the Province. He received over 150 replies, and the average amount of compensation received by way of salary or by means of fees was under \$15.00 each. Either the majority of M. H. O.'s had little or nothing to do at that time or their compensation was grossly inadequate. Where the by-law contains no stated amount as salary, the M. H. O. is entitled to receive from the municipality such reasonable fees for any service rendered as he would receive from any private individual for similar services. He cannot be required to collect from the persons concerned in his

action, but should collect from the municipality, allowing that body, which has the power, to collect from the individuals concerned if they see fit. In fact, it may be that any M. H. O. collecting directly from individual persons may be required to refund any amount so collected, should action be brought against them. Unless the small amount usually named as salary for the M. H. O. by rural municipalities is expressly stated in the by-law to be a retaining fee only, and that he shall receive reasonable compensation for all duties performed outside his office, it were better that the by-law should not carry any amount as salary.

A M. H. O. is the most slavish autocrat in existence in this Province to-day. "Autocrat" because his powers are practically unlimited, except by the rising and setting of the sun. "Slavish" because he dare do nothing which will offend the great "Vox Populi," or the Municipal Council, even should the exercise of his powers under the Act be merely nominal. If his action causes the great purse of the tax-payer to yield a few paltry coins, he is blessed far and wide and deep and long. His official contact with individuals causes them to withdraw their patronage from him to his financial loss. Only a diplomat of the first water can fill the office in a manner which will neither cause loud uproars nor private loss. If he succeeds in dissociating in the public mind his action as M. H. O. and his action as a general practitioner he has done something which will greatly help him. He should consider that as M. H. O. and as a general practitioner he possesses a dual personality, and should report as practitioner all cases of contagious disease he meets with to himself as M. H. O. He should also in all cases advise his clientele when he acts as M. H. O.

A good sanitary inspector to whom can be entrusted such routine measures as placarding and disinfection is a great help to a M. H. O., but the Sanitary Inspector must not usurp the duties of the M. H. O.

It may reasonably be deduced from the general terms of the act and regulations that the M. H. O. is the local expert in contagious diseases. His knowledge of them should be as complete as possible, as practically no appeal lies from his decision, especially in diagnosis and in disinfection. As adviser of the Local Board of Health he is also the chief authority on what constitutes dirt, filth and nuisances. His relations to the surrounding general practitioners are those of a consulting practitioner with the additional power that his opinion must be respected and his recommendation followed. He is not permitted to act as attending physician if the Provincial Board of Health has knowledge of it, as he is supposed

at all times to maintain himself in such a manner that his services are promptly available for other cases and other contagious diseases which may develop. Unless the attending physician especially requests to be relieved of his position he should in no manner interfere with his work, his methods of medical treatment or the general management of the patient. If the means of isolation employed are satisfactory his duty ends for the time being, when a diagnosis has been made, and the measures called for by the act or by the regulations have been carried out. Until recovery has taken place and the attending physician's services are no longer required, he should let the case severely alone, except to see that all necessaries, including food, nursing, and medical attendance, are provided. Any sums which he may order disbursed on these grounds are either at the expense of the person responsible for the patient's care, or are at his own personal risk, until the municipality reimburses him.

Instance will arise where the M. H. O. must act without having received any notice of contagious disease from the attending physician, and where his intrusion may seem to be impertinent. But a careful exercise of his function and the realization by the attending physician that the M. H. O. must perform his duties whether he desires to do so or not, will prevent those professional complications which may so easily arise. Great tact and forbearance on the part of both are required. Both can, if they desire, assist the other, and render any difference of opinion which may arise a matter of professional secrecy rather than a reason for public dispute. The office of the M. H. O. is difficult enough to fill without having such differences with fellow practitioners. If the M. H. O. gives due regard to the rights and privileges of the attending physician, and the attending physician does all he can by prompt reports of contagious cases, and active support of the M. H. O. in his efforts to prevent the spread of the diseases which do so much to shorten the average duration of human life, they will unite to promote the ideals for which those engaged in the scientific study of medicine are striving.

MENSTRUAL DISORDERS OF YOUNG WOMEN.

BY JAMES BURKE, M.D., MANITOWOC, WIS.

In menstrual disorders of young women and girls the functional troubles they have outside of anatomical displacement and abnormalities, are generally amenable to medical treatment and hygiene. During the pubertal period of a girl's life her surroundings have much to do with her normal development. There are three forces having to do with the proper development of the normal female: First, a natural equilibrium of the physical forces of her being; second, the proper guidance of her budding emotional attributes into being governed by the saving restrictions of the Christian religion; third, the choice of good companions in work and in play. During the last stage of the development of pubertal life, certain fundamental truths and laws of the coming sexual life should be modestly explained to the girls, as well as to the boys. In an analogical way the reproductive laws of plant life and reproduction can be conveniently transferred to the attention of animal life and reproduction; the spores of some plants can be utilized to illustrate diminutive, yet powerful entity—the animal unimpregnated ovum; the differences manifested serve to fix the salient points of the momentous subject. The prime fact, that the sexual organs are for use in adult life only; and for reproductive uses only; and that the transgressor of this wholesome law, always, suffers a penalty corresponding to the crime, and surely so in this life and expectantly so in the world to come. A wholesome restraint of sexual impulses in youth is best developed in the ordinarily unselfish youth by promoting an ardent love for his species; a boy who has been instilled with the proper love for his mother and sisters will seldom defile his neighbor's home. No youth of character, whether boy or girl, will give into the moment of pleasure at the risk of extended suffering to a prospective being who has not sinned. Selfishness is at the bottom of all our sins against ourselves and our species.

To set right badly functioning genital organs of girls and young women, their habits of life must be corrected in the matters of digestion of food and elimination, as these two functions are interrelated and deeply interwoven into the physical fabric. The toilet of the stomach and bowels through the agency of the proper concentrations of salines and the neutralization of the toxins lodged in the walls of the stomach and bowels by the affinitive vegetable

congeners is urgently demanded. After this is done and there are symptoms indicating a surplus of incomplete nerve waste, the vegetable congeners—anemonin, hydrastine, caulophyllin, viburnin, helonin, aletrin and hyoscamine—must be given in frequently repeated doses, one or more of these vegetable principles, till the toxins in the generative apparatus are neutralized and have become benevolent excretory products. For dysmenorrhea, aletrin gr. 1-6 every fifteen minutes till relief; sometimes its action is materially assisted if the flow is scanty by anemonin. Anemonin alone, if the toxins present the symptoms of nervousness and depression of spirits, pulse small, frequent and soft, cold hands and feet and tardy scanty flow. Caulophyllin for painful, irritative congestions of the reproductive organs; to relieve pain in the ovaries or mammary glands caused by the presence of a cognate proteid entity in these parts; in chorea and epilepsy caused by the surplus cognate poison permeating the volume of the blood and fluids, thus reaching the central nervous structures; spasmodic muscular pains; hysteria, with symptoms pointing to the presence of an affinitive toxin in the blood, affecting the inhibitory centers of the brain. Viburnin is prompt in relief of anemic amenorrhoea, if the anemia is primarily a result of the presence in the blood of an undue amount of its cognate toxin; by the neutralization of which, by the chemical affinity of the viburnin for the toxin, a benevolent product for excretion is formed; it is also useful for crampy, expulsive pains of the uterus.

Helonin for bearing down pains in connection with sexual ills. Ellingwood considers helonin a good liver remedy. It is useful in limiting toxins whose presence in the blood leads to the formation of insoluble phosphates in the urine, it is useful in nephritis. It is indicated in slimy leucorrhoea, with a sense of downward pressure of the pelvic organs. Hydrastine is an affinitive entity for the neutralization of nerve toxins, which by their chemical aggressiveness, cause a flux of the mucous membranes with which they come in contact.

THE ASEPTIC HOSPITAL FLOOR.

BY CHARLES JAMES FOX, PH.D., WASHINGTON, D.C.

Hospital architects and builders cannot attach too great importance to the subject of floors. In spite of the present day system of thorough ventilation, the isolation of kitchens, laundries and closets, the removal of all dirt of every character, the frequent use of disinfectants and the sterilizing of all instruments, the hospital cannot be sanitary unless it is provided with an aseptic floor. The wooden floor, so common in many of our finest hospitals, is not only quite out of keeping with the sanitary arrangements of the rest of the building, but it is a positive danger, from the fact that it becomes a harbor for micro-organisms and infectious growths of all kinds.

As an organic material, wood supports vegetable life. The cracks between the boards of a floor, owing to the contraction and expansion of the material after it has been laid down, always open, no matter how carefully joined. The open cracks harbor decomposable street filth and food products of all kinds. The wood itself absorbs much of the dirt and filth that falls upon it, and this matter in decomposing becomes the hotbed of micro-organisms and molds of every description. The anaerobic germ, the unseen cause of the insidious "institute smell," soon infects and decays the wood, which thus becomes the most propitious soil for the propagation of disease germs of every kind. As many of these germs live far in between the cracks of the floor and in the wood itself, they cannot be reached by any ordinary process of cleaning. To many of them, the soap and water used in scrubbing the floor supplies the very moisture which is necessary to their evil existence. While such a floor is bad enough in the bath room and kitchen of the modern house, it is almost criminal in a building which is the refuge for persons suffering with every disease known to man, and the home of convalescents, many of whom are making desperate struggles to retain their slight hold on life.

Among other flooring materials we find terrazzo, lead tile, marble, glass, rubber and many styles of monolithic floors. These last are laid in a plastic state, and made up of sawdust, cork, asbestos and other materials, with cement and sand as a base. A perfect floor for a hospital should be non-absorbent, germ-proof, easily kept clean and bright, non-stainable by acids, free from liability to crack, fire-proof, sound-proof, uniform in color and

pleasing to the eye. Although the goal of perfection in this respect may not yet have been reached, we shall discuss the articles just mentioned to find out which makes the nearest approach to it, admitting at the start that wood is the farthest removed.

Terrazzo is inexpensive, but there is little else in its favor. The smaller pieces of marble soon work loose, leaving countless small recesses which fill with dirt and are impossible to clean. Lead has sanitary properties, but from the artistic and constructive standpoint it is to be avoided.

Marble as a flooring material has much in its favor, but also has several objections. It is easily scratched and worn by the nails of the shoe, it is somewhat porous, and the fact that it is composed of carbonate of lime exposes it to two further criticisms from the hospital standpoint. If the marble floor is neglected, especially in the angles and corners, it fosters, to a slight degree at all events, the growth of vegetable life. All organisms of infection have now been classed by biologists as vegetable, from the fact that they assimilate their food, particularly the nitrogenous and inorganic portions by absorption from without, instead of enveloping it or taking it into a rudimentary stomach. It is a well known fact that ordinary lichens, if attached to lime stones, exude a corrosive juice which dissolves the stone, leaving a tracing of the plant on the surface, and the small amount of lime so dissolved is taken into the body of the plant. In the same manner, marble, as a carbonate of lime, yields a similar inorganic base, which fosters the growth of vegetable forms, all of which, from the lowest forms to the highest plant life, require lime as a constituent. This character of marble makes it also easily attacked by the weakest acids, so that it is impossible to use upon it the antiseptic solution, that great aid to all cleanliness which is so often applied as an adjunct to scrubbing. The mineral acids are the cheapest and readiest antiseptics at hand, and the fact that they are barred in the case of marble makes that material unfit for use in hospital floors.

Having in mind the glass table of the operating room, many physicians favor glass as a covering for hospital floors. Although glass is harder than marble or slate, it is easily scratched by steel, of which shoe nails are almost invariably made, and in scratching it wears rough instead of smooth. Looking through a microscope, the rough, jagged edge of a scratch in glass is plainly visible, and such tiny recesses soon become the lodging place for dirt, and consequently a bed for bacteria. The well known tendency of glass to chip is likewise a disadvantage.

Rubber makes a good floor covering in some respects, especially

if it is laid down in large sheets, which prevents the moisture from sinking through the floor, where the rubber covering prevents it from evaporating, and causes it to decay the wood. But in warm rooms rubber has a disagreeable odor, and it is often very unsanitary, from the fact that it merely covers up the dirt which works its way under, if not through it. The rubber tile cannot be too severely condemned, first, because the many joints, which unlike those between the clay tiles, are not "grouted," that is, filled with hard cement, harbor dirt of all kinds and suck the moisture into the floor below.

All forms of monolithic floors are open to the criticism that as they are composed of several materials they soon disintegrate and present a worm eaten appearance. They also show stains. Portland cement as flooring is extremely rough to the impact of the foot and wears off the shoe leather very rapidly. It is quite porous and the surface pores become filled with small bits of shoe leather and other dirt, and become in consequence a breeding place for bacterial life. The Portland cement floor soon wears rough and looks unsightly. Although a silicate of lime, it is readily attacked by diluted acids as is marble.

After examining all of the proposed floor materials it must be admitted that the best so far discovered is the floor of baked tile, which consists principally of silicate of alumina and is an inorganic substance which attains a greater hardness than almost any natural stone. It is so hard that a sharp steel point cannot scratch it, but merely makes a mark on it like a lead pencil. As a silicate of alumina, it cannot be attacked by any acid, with the exception of hydrofluoric, which there is no occasion to use. As vegetable growths require nothing in the way of clay for their development, the clay tile is absolutely sterile as far as they are concerned. There has been much said about the cracks, or joints between the tile, but these are completely filled with pure cement, grouted in hard, so that the joint is but a joint in appearance and not in the sense of the open or unfilled joints of the wooden or rubber tile floor.

Baked clay tiles, even in the joints between them, are non-absorbent, germ-proof, acid-proof, fire-proof, impossible to stain, easy to keep clean, free from cracking, pleasing to the eye and very durable. While the "perfect hospital floor" may still be a thing of the future, the nearest approach to this goal of perfection has been reached by the clay tile, the sanitary artistic and durable qualities of which are as yet unsurpassed by any flooring material.

THE USE OF LYSOL AS AN APPLICATION IN SMALLPOX

BY HEBER C. JAMIESON, M.B., GLENCOE, ONT.

The prevention of pitting in smallpox has long been a matter of paramount importance to the profession, and many indeed have been the measures advocated for this purpose. The red-light treatment advanced by Finsen, puncture of the vesicles, the exhibition of calcium sulphide and other drugs whose names are legion, are all directed to the same end—that of preventing the deeper layers of the integument from becoming involved. The warding off of suppuration is aimed at. Whatever method of treatment will accomplish this is treatment par excellence.

Having used Lysol in solutions of from 1—2 per cent., as an application in a number of cases—mild discrete cases, I must admit—it was found that suppuration was apparently prevented in some cases and checked in others. I say apparently, for I am not prepared to say that these cases were not of the abortive type that have been so frequently seen in the epidemics of the past few years.

However, the rapidity with which the pustules dried up and the scabs dropped off leads one to believe that Lysol solution is one of the best applications that can perhaps be made.

The first result of the treatment noticed is a drying up of the pustule and the formation of a darker scab than is usual. The scab is thrown off much quicker than that which is untreated, or even treated with 5 per cent. carbolic acid ointment. There is an apparent abortion of suppuration.

As Lysol is five times stronger than carbolic acid and eight times less poisonous, we have a very potent agent, and one worthy of a fair trial in this condition.

ACUTE NEPHRITIS.

BY W. C. ABBOTT, M.D., CHICAGO, ILL.

Acute nephritis is an intense inflammation, particularly affecting the epithelium of the uriniferous tubules and the glomeruli. The anatomist makes out three varieties as affecting the tubules, the glomeruli, and the interstitial connective tissue. But in practice this is impossible, as they could not be distinguished, and to a certain extent all three are usually present in the same case.

The causation and in clinical history, however, this is the acute form of desquamative tubular nephritis.

The renal tissues are found to be swollen, the capsule loose. In the early stages the tissues are deep red, later they become paler; the malpighian tufts retain the redness, giving a mottled appearance on section. The lumen of the tubules is obstructed by loosened and degenerated epithelium, blood corpuscles and serum albumin. The vessels are dilated and the walls in a state of degeneration while desquamation of the epithelium occurs. The interstitial tissue is infiltrated with leucocytes in abundance.

The attack commences with intense hyperemia, followed by inflammatory extravasation containing red blood-cells. The circulation is impeded and nutrition suffers. The epithelium of the glomeruli is swollen, and fatty degeneration follows, the convoluted tubules are engorged with disintegrated epithelium and the products of inflammation. This may seriously interfere with the excretion of urine, which may be entirely stopped for a period, and the toxic products which should pass out of the body in this way are retained in the circulation.

The causes of acute desquamative nephritis are exposure to cold and wet; pregnancy; the ingestion of such poisonous drugs as seriously irritate the structure of the kidneys, such as cantharides, turpentine, copaiba; the excessive ingestion of alcohol; extensive burns or dermatitis, and acute infectious diseases, scarlatina causing more cases than all other causes combined. Sometimes the disease arises without any apparent cause. It is possible here that there has been a toxemia arising from some unrecognized infection, or even from the absorption into the blood of particularly toxic elements from retained feces, whose toxicity is of that nature and intensity as to arouse this acute inflammation in passing through the delicate structures of the kidneys.

The affection may commence with a chill, or with a rise of

temperature; or the first symptoms manifested may be puffiness of the face, with headache, nausea and vomiting. The dropsy rapidly extends until the entire body may be swollen to the full capacity of the skin to retain it. Hematic depravation is evidenced also, and anemia rapidly supervenes. Pain in the lumbar region is common. Anorexia is certain with disorders of digestion and obstinate headache with vertigo. Nausea and constipation may be premonitions of uremia. The urine is scanty or may be completely suppressed; it is smoky, or high colored, with very high specific gravity, and is heavily loaded with albumin and blood corpuscles, and a variety of tube casts. The excretion of urinary solids is notably decreased. The skin is apt to be dry and harsh.

If effusion takes place in the large serous cavities and the aortic second sound is augmented, the prognosis should be guarded. Otherwise it depends on the capacity of the kidneys to keep up eliminative action, and that of the skin and bowels to supplement this.

The first indication of the disease in pregnancy may be the development of convulsions, and the other evidences of uremia. In most cases the beginning symptoms are comparatively slight, when compared with the conditions revealed by examination of the urine. The absence of fatty casts distinguishes this from an acute or sub-acute exacerbation of a previously existing chronic desquamative nephritis.

The prognosis should always be guarded, notwithstanding the fact that these cases generally recover, and without leaving chronic nephritis as a sequence. Death may occur, however, from exhaustion, from uremia, or from edema of the lungs. The average course of the malady is one month, but it may be shorter or longer.

Our first duty is to prevent death occurring from the accumulation of toxins in the blood. For this reason we must beware of attempting to stimulate the action of the kidneys, while in this condition; although such stimulation occasionally proves effective, the debris obstructing the uriniferous tubules being washed out by the accumulation of urine behind them. Such practice is perilous in the extreme; and while sometimes successful, may on the other hand increase the hyperemia of the kidneys to such an extent as to cause death.

It is better to supplement the action of the kidneys by derivation from the skin and the bowels. Derivation from the skin by pilocarpine is highly effective. It must be remembered that in some conditions this agent induces hyperemia and edema of the lungs; and if the slightest tendency to this condition exists it should be avoided. Otherwise, 1-6 grain may be injected hypodermically,

and repeated hourly until profuse diaphoresis occurs. This is especially valuable from the fact that the perspiration thus induced carries off one-half as much toxic matter as would be excreted with an equal quantity of normal urine. Ordinary perspiration only carries one-tenth as much solid matter as urine.

A safer and better route of derivation is found in the bowels. Empty the rectum and colon by enemas, then inject into the colon half a pint of saturated solution of table salt, or two to four ounces of pure water-free glycerin. Either of these will induce by osmosis a profuse transudation of serum into the bowels, carrying with it large quantities of toxic matter. We thus cut off the absorption of toxins from the large bowel into the blood, and at the same time relieve the patient by ridding the blood of great quantities of the toxins already circulating in it. These injections may be given two or three times a day. We may also get up some action of the skin by hot or cold packs, or other hydropathic measures. Some relief may also be experienced by puncturing the skin with a needle in very many places, or even by making incisions. These, however, should be made with the utmost care, as infection is almost certain to occur under ordinary conditions, and an erysipelatous affection result, which seriously complicates the case.

Nutrition is to be kept up in the meanwhile by the administration of perfectly skimmed milk, two to four ounces being administered every four hours. No other nutriment need be given; as no other is likely to be utilized. Experience has shown that this is the least injurious, and the most likely to nourish the patient, of any diet that can be given. We make one exception in favor of pure, freshly-pressed fruit juices, which may also be administered to the amount of eight ounces in twenty-four hours. Great debility may require a strong cup of coffee two or three times a day. Alcohol should not be administered under any circumstances, in any state whatever, even to a patient who has been accustomed to the daily use of alcoholic beverages.

It is doubtful if any remedies can be absorbed from the skin, but derivation over the kidneys is undoubtedly of benefit. This we believe to be best accomplished by the use of mustard poultices, keeping the skin continually red, and thereby abstracting from the underlying tissues a certain amount of blood. The effect of this derivation certainly reaches the kidneys, and the hyperemia is thereby lessened to a material extent; and even a little action of this kind may suffice to turn the scale in favor of the patient. It must be remembered that this disease is not of long duration, and if we can keep the patient alive for a certain period, nature will put an end to the disorder.

Vascular tension may be relaxed by the exhibition of veratrine or gelseminine; of either a minimum dose may be given at frequent intervals until the desired effect has been secured (gr. 1-134 every half hour or hour to effect). Not all cases require these remedies, as the arterial tension may be low throughout. They are safe remedies, however, because the relaxation they produce enhances their own elimination, and they carry out with them large amounts of toxin. Remedies which increase vascular tension should rarely be employed. Strychnine and digitalin, if administered at all, should only be given under the pressure of necessity. Caffeine in the form of hot coffee is the best cardiac stimulant for such cases as need such medication. If the heart absolutely requires strengthening in addition to this, it is better to use sparteine or strophanthin; which will strengthen this organ without increasing vascular tension. Sparteine probably lessens vascular tension, and hence is useful in addition to its heart-tonic properties.

Digitoxin and apocynin are probably the most perilous drugs that can be given in this condition, excepting turpentine and its congeners. In the declining stages arbutin, one to five grains per diem, in divided doses, is of undoubted benefit in restoring the diseased mucous tissues to their normal conditions. Great care should be taken, not only during the course of the malady, but in the convalescent period, to avoid the ingestion of all substances capable of irritating the delicate structures of the kidneys, such as condiments, alcohol, and all foods containing the irritant volatile oils, like water cress, and so forth; and also those containing oxalic acid, such as tomatoes.

While chronic nephritis rarely follows an acute attack, it does so occasionally, consequently the patient should be guarded against this possible termination of the case. He should wear wool next to the skin, and be carefully protected from cold and dampness. Sedulous attention must be paid to the bowels, and constipation never permitted to occur, or to remain.

During the earlier years of the writer's practice he made much use of a prescription containing sodium acetate, chloroform and benzoic acid; using it in acute as well as chronic cases of desquamative nephritis. It is probable that the acetate of soda was of little if any benefit. Whatever value exists in chloroform, given in minute well-diluted doses, can probably be better obtained from glonoin, and if vascular tension is too high this remedy may be administered with benefit (gr. 1-250 every ten to thirty minutes).

Benzoic acid resembles arbutin in its soothing effects upon the irritated mucosa of the urinary tract, and may be given in doses of

one to two grains, well diluted, each twenty-four hours. No special benefit arises from increasing this moderate dose.

Derivation is sometimes secured by the administration of croton oil or elaterin; but this is much more painful, less efficient and more debilitating, than the enemas of saturated salt solution. The efficacy of these is at once apparent when they are once employed. Exosmosis is an absolute certainty when a saturated salt solution is thrown into the rectum; and when the vessels are engorged, as in the disease under consideration, the result will surprise those unaccustomed to the use of this remedy.

We would not hesitate to take blood locally, by leaches or cups applied over the back; but frankly, we believe the benefit is not nearly so great as that from the salt enemas, while the loss of strength occasioned by bleeding is more decided.

In conclusion we will state our conviction that this, as well as other sequences of infectious maladies, is largely preventable by compelling the nurses to afford the freest possible ventilation to the sick chamber, and absolutely preventing fecal retention by keeping the bowels clear and clean throughout the malady. The writer made it a rule to ensure constant and copious ventilation during scarlet fever attacks, and never had a nephritis sequence where his orders in this respect were obeyed. On the contrary, one of the worst cases of acute nephritis he ever met, followed a scarlet fever where the physician sealed the sickroom as nearly hermetically as he was able, even stopping the keyhole!

Selected Article.

VIVISECTION.

BY ANDREW MACPHAIL, B.A., M.D., MONTREAL.

(Continued from last issue.)

It is an interesting exercise tracing the genesis and progress of the falsehoods in which these publications abound, and one further example is selected because it began near home. At the Washington meeting of the National Congress on tuberculosis, held in 1906, Dr. Knopf alluded to the use of morphine. It was reported that he had advised physicians to "kill their dying consumptives quickly and painlessly." The Chairman of the Section in which the remark is alleged to have been made categorically denied the statement (*British Medical Journal*, June 8, 1907). Yet *Le Scalpel*, September 29, repeats the calumny and affirms that the practice won the approval of "une gross majorité dans l'association médicale de New York." The fiction is repeated in *Le Progres Médicale* by Dr. Noir, who gives thanks that his countrymen are not so wicked as those Americans.

When a clamor arises in England about any subject whatever, the practice is to appoint a Royal Commission. These Commissions not infrequently sit for seven years if the excitement does not subside in the meantime. That is the English way of dealing with ethical questions. They will take formal evidence against the vice of lying and submit an impartial report upon it. The discussion about vivisection became so violent during the past few years that it was felt that the time had come for a Royal Commission, and accordingly one was constituted September 17, 1906. This Commission met for the first time on October 31, 1906. The first Report, containing a transcript of evidence, was issued January 26, 1907; the second on April 15, and the third on October 3. It is impossible to say when the Commission will rise and present its final Report; the last commission began its sittings on July 5, 1875, completed them on December 20, and issued its final Report on January 8, 1876.

The personnel of the present Commission is a fair compromise between men of extreme views. Sir William Church, Sir John

Macfadyean, and Dr. W. H. Gaskell represent experimental medicine. Dr. George Wilson, in 1899, as President of a Section of the British Medical Association, made a vehement attack upon Pasteur and the newer method of treatment. Colonel Lockwood and Mr. Tompkinson have been openly allied with the anti-vivisectionists. The remaining four members are more or less official persons, who may be imagined to have no preconceived ideas upon the subject.

This compromise did not suit the agitators. They protested that they should have a "scientific representative, "an expert anti-vivisector," upon the Commission; and when it was not constituted to meet their views Mr. Stephen Coleridge protested that they did not care what scientific men said; their objections to vivisection were based upon "moral grounds." In an article in the *Contemporary Review*, December, 1906, he declares that the three anti-vivisectionist Societies, the National, the London, and the British Union, comprising in their membership, as he says, 95 per cent. of all the persons belonging to anti-vivisectionist societies, have decided to have nothing to do with the Commission. Its proceedings, he says, will be "a pompous travesty of justice"—and yet four of the members of the Commission were recommended to the Home Secretary for appointment by these Societies. "As well place Bill Sykes in the Chair to enquire into the doings of the burglary profession," was the comment of one of their leaders upon the constitution of the Commission. The various Societies could not agree among themselves, and then they fell to recriminating one another because they could not agree. The difficulty which the Home Secretary found was in getting a man of sufficient common sense not to make the doings of the Commission ridiculous.

Three volumes of the evidence are now before us and reading them is a dreary labor. No one will be convinced who is not already convinced. The experimenters are satisfied that good comes of their work. They inflict no more pain than they can help. They are not much concerned with the "right or the wrong" of using animals for food or for any other convenient purpose. The question in reality is an ethical one, and they know that morality is an affair for the individual and not for a Royal Commission.

A general view of the evidence as published to date in those three volumes shows that the case in favor of research has been well presented. The Inspectors testified that the Act of 1876 was well administered; that it afforded ample protection for animals,

even if it hampered the investigators; and that there were no abuses to be checked by further enactments or inspection.

Mr. W. P. Byrne, of the Home Office, to whom has been entrusted the administration of the Act of 1876, testified that during thirty years no legal proceedings were required, and that, in all that time, there had been only sixty contraventions of the law, "most of them trifling." Of these cases "a substantial number" were due curiously enough to a desire on the part of the operator to save the animal from pain by giving an anæsthetic where none was demanded under the Act.

Professor Thane, who has been Inspector for Great Britain since 1868, had not found any irregularities. Anæsthesia and asepsis were carried out as strictly as in a hospital. He had not met with any deliberate opposition or willful disregard of the Act.

Sir James Russell, Inspector for Scotland, affirms that the Act was worked with more strictness than any other Act with which he was acquainted, and he had never seen any indication of pain so acute as an attack of colic, nor any callousness to suffering on the part of operators or students.

Sir Thornley Stoker, speaking for Ireland, for which he was Inspector since 1879, observed that the Act in Ireland was carefully administered and properly observed. He gave it as his opinion that experiments should not be performed for purpose of demonstration; but in this he was controverted by Professor Thane.

Professor A. R. Cushny, of University College, London, formerly of the University of Michigan, gave evidence upon the value of the experimental method in pharmacology. He cited a list of the newer drugs whose action has been ascertained by experiments upon animals. Amongst them are sulphonal, chlorotone, veronal; the antipyretics, antipyrin, acetanilid, phenacetin; the anæsthetics, cocaine, eucaïn, stovain; the extracts of glands, such as adrenalin; the antiseptics; and disinfectants. Dr. Cushny assigned proper value to the standardizing of drugs and the detection of poisons. Finally he testified that he had never seen any cruelty practiced in the laboratories in England where there are legal restrictions, or in the United States where there are none.

Lord Rayleigh, President of the Royal Society, presented a statement, drawn up by the Council of that learned body, in which was set forth the indebtedness of society to experimental medicine. Dr. Frederick Taylor, representing the Fellows of the College of Physicians and practicing physicians, recounted the benefits which medicine had derived from bacteriology which was bound up with experiments upon animals.

Mr. Stewart Stockman, chief veterinary adviser of the Board of Agriculture, related in detail the progress of the knowledge of the diseases of animals. Rinderpest in four years in England destroyed cattle to the value of six million dollars. It was now under control. He also cited what experiment had done towards mastering tetanus black-water, swine erysipelas, horse-sickness, red-water, and blue tongue.

Professor E. H. Starling spoke for the physiologists. The whole fabric of physiology, the foundation of medicine, was the result of experiments on animals, and the prohibition of these experiments would result in a total cessation of progress. He mentioned in detail the various discoveries in physiology and the methods of treatment which followed.

In the third Report of the Commission, issued on October 3, 1907, Sir Lauder Brunton's evidence is reported. It is practically a survey of modern medicine, and he shows that its progress is a result of experiment upon animals. Incidentally he mentions that the "baking alive" of animals was done at 106 degrees F., a temperature often experienced in the streets of New York.

The evidence presented by the opponents of vivisection and available up to the present date, 8th November, 1907, was given by Mrs. K. Cook, Miss C. Lind-af-Hageby, and Dr. Herbert Snow. It does not lend itself to the process of summary, because there is nothing to summarize. There are no facts. It is a reiteration of loose statement which not even their friends in the Commission could accept. Miss Lind-af-Hageby is the joint author with Miss Schar-tau of the "Shambles of Science," a book which the Courts ordered to be withdrawn from circulation. Her evidence occupies 41 double-column pages of small print in the Blue Books, and is for the most part a repetition of the contents of her book. Her answers were so absurd that one of the members declined to question her further "in mercy to the rest of the Commission."

From all the evidence it would appear that cruelty is not practiced in England where strict legal enactments control the practice of vivisection. Competent observers, workers in various laboratories, testify that no cruelty is practiced in the United States or in Canada, where there are no restrictions, save the conscience of the operator and public opinion as represented in colleagues and students. I am not insensible to the educative value of any crusade against cruelty, and I do not deny that the anti-vivisectionists have done something towards the quickening of the scientific conscience. Surveying the field of experimental medicine, we are well content. We have reduced the mortality of diphtheria from 36 per

cent. to 6 per cent. We have wrested the secret of malaria, yellow fever, typhoid, plague, meningitis, sleeping sickness, and tuberculosis. Knowledge of disease and of its treatment has progressed by slow and orderly movement from truth to truth. The borders of medicine are enlarging and animals will be called upon in increasing numbers to serve humanity. Last year there were in Great Britain 363 operators who performed 35,429 experiments; these numbers bear a ratio to the increase in knowledge.

Scientists in the United States have done their work without restrictions and without cruelty. Scientists in England have borne these restrictions with good nature and good faith. Indeed it was testified before the Commission that one experimenter sought permission from the Home Office to engage in "feeding experiments" in which kittens were to be fed upon cows' milk.

And yet the anti-vivisectionists will not be satisfied until it is forbidden to prick a mouse with a needle; even though the object be to master the pestilence which stalks in the darkness of ignorance. They admit that medicine, as we know it, with its incalculable benefits, is due to experiments upon animals; yet they contend that these experiments are "wrong." The issue now is clear. It is for the sensible people who make the laws to decide.

Proceedings of Societies.

THE SIXTEENTH INTERNATIONAL MEDICAL CONGRESS.

The Sixteenth International Medical Congress will be held in Budapest, the Capital of Hungary, under the patronage of His Imperial and Apostolic Royal Majesty the King of Hungary (Emperor of Austria), from the 29th of August to the 4th of September inclusive, 1909.

It will be the endeavor to establish a strong Canadian National Committee to represent Canadian Medicine at this Conference, and the Executive Committee of the Canadian Medical Association has re-appointed Dr. W. H. B. Aikins, of Toronto, to act as Secretary of the Canadian National Committee, which appointment has been confirmed by the Executive Committee of the Congress at Budapest. Dr. McPhedran, who was Chairman of the Canadian Committee for the International Medical Congress held at Lisbon in 1906, will be associated in endeavoring to secure the formation of a strong and representative Committee. Any member of the profession in Canada desiring information, may communicate with either of the above named.

Matters of interest pertaining to the Congress will be published from time to time.

The members of the Congress will be (a) certified doctors who apply and have paid membership fees; (b) experts having paid membership fees with recommendations from the Canadian National Committee to the Executive Committee of the International Medical Congress, will be admitted as members. The membership fee is \$5.00.

The members will receive the first volume of the transactions of the Congress, and also a volume on the work of the department of their choice.

The following is taken from the advance announcement received from Budapest,—

The Congress is divided into the following departments:

Anatomy, Embryology, Histology.

Histology.

General and experimental Pathology.

Microbiology (Bacteriology), Pathological anatomy.

Therapeutics (Pharmacology, Physical hygiene, Balneology).

Internal Medicines.
 Chirurgy.
 Obstetrics and Gynæcology.
 Ophthalmology.
 Diseases of Children.
 Diseases of the Nervous System.
 Psychiatries.
 Dermatology and Syphilography.
 Ourology.
 Laryngology.
 Otology.
 Stomatology (Dental and oral surgery).
 Hygiene and doctrine of Immunity.
 Juridicial medicine.
 Military and naval surgery.
 Navigation medicines and tropical diseases.

The Congress will arrange two festival sessions, an inaugural and a closing one, at which none can take the platform except those summoned by the managing committee or certain representatives of the state after the announcements, and customary speeches have been made. During the inaugural session, the managing committee will proclaim, in order of succession, the names of the honorary presidents, and in the closing session the congress-place.

The subjects of lectures of reports and the lecturers to be selected by the departments, the programme of reports will be published at latest by the 31st December, 1908.

By the 31st January, 1909, reporters have to hand the manuscript of their reports into the office of the Congress; and the members of the representative departments receive them in print, sent to their abodes by the 31st July.

The corrections will be submitted to the care of the secretaryship. A legible hand is entreated. The term for the announcement of optional subjects is fixed for the 30th April, 1909.

Lectures announced after the above date will only be included in the order of the day, in one case only, viz., after those announced in due time have been negotiated and if time admits.

Two or more departments may hold general sessions, provided their programme be published at latest by the 31st December, 1908.

Members are permitted to co-operate in the departments of others besides those of their own choice.

Only such of the discretionally announced lectures will be published, whose authors have delivered them personally at the Congress and the copies of which the Executive Committee, in

accordance with the decision of the presidency of the department, have determined.

The time allowed for the statement of reports must, in no case, exceed 20 minutes, for the other deliveries 15 minutes; for the discussions, for the former 10, for the latter 5 minutes. The answers of lecturers may be extended to 10 minutes.

The manuscripts of the speeches made on the occasion of both festival sessions are to be handed over to the secretary-general on the day of the sitting, the manuscript of the lectures and discussions delivered in the departments, are likewise to be handed to the managing secretary of the representative departments on the day of the sitting, having reference to the lecture or the discussion.

The office of the Congress, in its international intercourse, will avail itself of the French, German and English languages. At the festival and general sittings the above named languages may be used; in the departmental sittings, however, other languages are available; provided one of the members present communicates within the time fixed for the duration of the festival, the purport of the lecture or discussion in one of the above named languages.

The whole of the correspondence is to be directed to the office of the Congress. Office of the Sixteenth International Medical Congress, Budapest, VIII., Esterhazy-Utcza 7.

On the envelopes of letters having reference to the scientific energies of the departments, the department must be written, to which the delivery or enquiry applies; letters of this description the secretaryship at once has forwarded to the president of the respective department.

The term for forwarding applications with reference to the organization of the Congress expires on the 31st December, 1908.

The programme of social gatherings, of making known railway favors, of accommodation and of excursions will be published by the 30th April, 1909.

SUGGESTIVE PROGRAMME FOR AMERICAN MEDICAL EDITORS' ASSOCIATION.

Suggestive programme for the meetings of the American Medical Editors' Association, to be held in Chicago, Saturday, May 30th and Monday, June 1st, 1908.

Beginning with office work, let us consider:—Office Routine, both journalistic and editorial: Methods of subscription collections. Methods of keeping subscription accounts. Correspondence

with doctors, both business and scientific. Examination and revising of manuscripts. Exchanges: Of what value? How much time do you spend with them? Office interviews with calling doctors.

In the purely editorial department, let us consider: Source of Inspiration for Editorials. The Scientific Editorial. The Non-scientific, or Utilitarian Editorial. Planning and Soliciting Scientific Contributions. Special Articles. Seasonable Subjects. Value of Medical Society Proceedings. Specialists in General Medical Literature. Sectarianism in Medical Journalism. Medical Book Reviews. Clinical Reports, Queries and Replies, etc. Translations and Abstracts. Medical News, in Weeklies, in Monthlies. How do you keep Commercialism out of the Reading Matter?

In the Publishing Department of Medical Journalism, let us consider: Advertising rates. Reports of circulation. Basis of credit for advertising. Percentage of losses. Ethical standard of acceptability for advertisements. Relations with the printer. Purchase of paper. Cost of production.

Dr. Jos. MacDonald, Jr., of the American Journal of Surgery, will open this general subject with a paper on "The Agent, the Advertiser and the Publisher."

ONTARIO MEDICAL ASSOCIATION.

The 28th Annual Meeting of the Ontario Medical Association will be held in Hamilton under the presidency of Dr. Ingersoll Olmsted on the 26th, 27th, and 28th of May next.

The addresses in Medicine and Surgery will be delivered by Dr. Charles Stockton and Dr. Charles Scudder, respectively. The former, who is well known to us as the American editor of Nothnagel's work on the Diseases of the Stomach, is Professor of the Principles and Practise of Medicine in the University of Buffalo. The latter is Surgeon to the Massachusetts General Hospital, and has distinguished himself as the author of a work upon Fractures, which has been received with so much favor that six editions have appeared within eight years.

The Profession generally is invited to attend. Any regular practitioner of Medicine in good standing may become a member. Come and help make the Hamilton meeting a success. The annual fee is but two dollars.

PROVISIONAL PROGRAMME.

The Committees on Papers and on Arrangements have pleasure in submitting the following programme for its twenty-eighth annual meeting, to be held at Hamilton, May 26th, 27th, and 28th in the College of Music Building, James St. South. The present arrangement of papers will not necessarily be adhered to, as a new grouping of subjects may be deemed advisable before the publication of the final programme. We believe that no programme has been issued in the history of the Association more replete with interest from the first item to the last than this promises to be. Every practitioner in the Province can well afford to set aside these days for attendance at Hamilton.

The sectional plan of meetings has been adopted, and will be enlarged if the papers will permit of doing so. Sections will meet in the mornings, and the afternoons are to be devoted to the addresses and subjects of general interest. The evenings have been set aside for entertainment.

TUESDAY, MAY 26TH.

Surgical Section—

- L. W. Cockburn, Hamilton—"Treatment of Acromio-Clavicular Dislocation."
 H. A. Bruce, Toronto—(Paper title to be sent.)
 N. A. Powell, Toronto—(Paper title to be sent.)
 H. B. Lyle, Surgeon to St. Luke's Hospital, New York—"The Hyperæmic Treatment."
 Clinic and Luncheon at the General Hospital.

Medical Section—

- W. L. Silcox, Hamilton—"Opsonins." Discussion to be led by
 W. Gibson, Kingston.
 W. Goldie, Toronto—(Title to be sent.)
 Adam H. Wright, Toronto—(Title to be sent.)
 J. Sheahan, St. Catharines—(Title to be sent.)
 Benson Cohoe, Assistant Physician Roosevelt Hospital, New York.
 Clinic and Luncheon at the General Hospital.

General Session—2.15 P. M.

President's Address.

Symposium: Arterio-sclerosis—

Pathology of—J. J. Mackenzie, Toronto.

Cerebral Manifestations—Colin K. Russell, Assistant in
 Medicine, McGill University.

Aortic Arch Manifestations—Thos. McCrae, Associate Professor of Medicine, Johns Hopkins, Baltimore.

Muscle Manifestations—Harry C. Buswell, Associate Professor of Medicine, University of Buffalo.

Visceral Manifestations—J. H. Bauer, Hamilton.

Treatment—H. A. McCallum, London.

Evening—Smoking concert at the Yacht Club, Burlington Beach.

WEDNESDAY, MAY 27TH.

Surgical Section—9 A. M.

J. P. Morton, Hamilton—(Title to be sent.)

F. N. G. Starr, Toronto—(Title to be sent.)

Edwin Seaborn, London—(Title to be sent.)

G. T. McKeough, Chatham—"Mechanical Ileus, Operation, Recovery, Remarks on the Treatment."

W. E. Olmsted, Niagara Falls—"Ulcer of the Stomach."

E. E. King, Toronto—(Title to be sent.)

Medical Section—

G. S. Glasco, Hamilton—(Title to be sent.)

J. R. Stanley, St. Mary's—(Title to be sent.)

R. J. Dwyer, Toronto—(Title to be sent.)

D. Dunton, Paris—(Title to be sent.)

F. Fenton, Toronto—(Title to be sent.)

George Hodge, London—"The Treatment of Pneumonia."

K. C. McIlwraith, Toronto—(Title to be sent.)

R. Ferguson, London—(Title to be sent.)

General Session—*Afternoon.*

Address in Surgery—Charles L. Scudder, Surgeon to the Massachusetts General Hospital.

G. E. Armstrong, Professor of Surgery, McGill University.

V. P. Gibney, Professor of Orthopedic Surgery, College of Physicians and Surgeons, New York.

Evening Session—Dinner at the Royal Hotel.

THURSDAY, MAY 28TH.

Surgical Section—

H. Sinclair, Walkerton—(Title to be sent.)

S. H. McCoy, St. Catharines—(Title to be sent.)

A. E. Garrow, Montreal—"Duodenal Ulcer."

H. Sanderson, Detroit—(Title to be sent.)

D. E. Mundell, Kingston—"Pancreatic Cyst."

Medical Section—

- D. King Smith, Toronto—(Title to be sent.)
J. T. Fotheringham, Toronto—"Malignant Endocarditis."
A. T. Gordon, Toronto—(Title to be sent.)
Campbell Howard, Assistant in Medicine, McGill University.
G. R. Cruickshank, Windsor—"The Treatment of Appendicitis."
J. C. Meakins, Pathologist to the Presbyterian Hospital, New York—"Rheumatism."

General Session—Afternoon.

- Address in Medicine—Charles G. Stockton, Professor of Medicine, University of Buffalo.
L. G. Cole, Radiographer to the Roosevelt Hospital, New York—
Illustrated Lecture.
C. K. Clarke, Toronto—"Psychiatry in Relation to General Medicine."

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH.

The Re-organization of the Visiting Staff of the Toronto General Hospital article, the responsibility for which rests alone on the managing editor, as the editors or the associate editor knew nothing about it whatever, was not intended to give offence to anyone. The language used has been characterized as altogether too strenuous. The article desired to set forth that the Hospital Board had been unfair to some who had served it faithfully. It said nothing about the capability of the new staff; it was not intended to. It condemned wire-pulling. As it has been intimated there was none, then it was an error to refer to wire-pulling in the same article. It cannot be offensive to state wire-pulling is distasteful; nor to assert that, in the opinion of the writer of the article, every doctor licensed to practice should not be debarred from doing same in hospitals receiving governmental and municipal grants.

A Commission on Tuberculosis in Ontario is advocated by Dr. Forbes Godfrey, M. L. A. According to Dr. Godfrey a commission of three persons should be appointed to investigate the conditions in the Province and report as to the advisability of establishing a Provincial Sanatorium. We fully agree with him as to the need of such commission. In fact four years ago in March, 1904, we advocated this commission, pointing out at that time

"That matters in connection with the prevention and treatment of tuberculosis are practically in chaos in this Province of Ontario."

From the newspaper reports of the recent meeting of the Ontario Board of Health, we learn that there have been 36,700 deaths in Ontario from tuberculosis in the last decade, set out as follows: 1897, 3,164; 1898, 3,291; 1899, 3,405; 1900, 3,484; 1901, 3,284; 1902, 2,694; 1903, 2,723; 1904, 2,877; 1905, 2,667; 1906, 2,911. These statistics show that in the last pentad there has been a satisfactory and encouraging decrease in the death roll. This must be due to the education of the public and the good work being done by existing sanatoria.

But why so single out tuberculosis? What about cancer, pneumonia, la grippe, and all preventable diseases? Why concentrate fighting forces all along one line? Unless, indeed, it may be expert tactics to do away with one disease and then tackle another, and so on until all are done to death.

The strange thing about fighting preventable diseases is that the most strenuous work is done by the doctor. The public cannot see eye to eye with his disinterestedness. The doctors or the medical associations or the medical press, point out the way long before the laity lose their "lackadaisy."

The remedy to medical men seems quite clear. There should be a directing hand in fighting all sorts of diseases, a hand untrammelled by political influences of any sort or description. In fact, in the government of every province there should be a Minister of Public Health, just as well as there is a Minister of Agriculture or of Finance.

Surely the former takes precedence over the latter. It would in individual life. Why not in state life? How can any government better concern itself than by first looking after and conserving the health of its constituent parts? For without a strong, virile, robust manhood, we cannot expect much towards nationality.

The Establishment of a Department of Public Health has been debated in the Canadian House of Commons; every doctor in the House favored the project.

In connection with this very vital and very important question, we published last month a strong article on "The Appointment of Ministers of Public Health" from the pen of Dr. Bushnell, of England, who has made a special study of the entire subject.

Year after year the Canadian Medical Association has urged upon the Federal Government the urgency and necessity of this step, but although that association voices the sentiment of the

Canadian profession, nothing has come of it. It is well known that public health matters in Ottawa are scattered over five or six departments of the public service. How business men who are always preening themselves upon their superb knowledge of doing business, or how parliamentarians, many of whom are almost statesmen, can drift along in such a very important matter of business and executive proficiency, staggers the susceptibility of us poor professional men, who are so often sneered at for being such poor business men.

What have we got to do with business? The fact is we are professional men and wish to be professional men, while business men throw some small sneers now and again at us for not being proficient at both. If professional men of the medical stripe had all to do with this question of a Department of Health, it would be mighty soon decided.

And so with Hospital Management if these institutions so far as the medical aspects of same go, were handed over entirely to the care of medical men, and so-called business men stepped down and out, and stayed out, hospitals would be far better managed than they are at the present day.

Will somebody tell us why hospital boards should choose the poor man's physician for him? Flatly, is not that the right of every man to do for himself?

We heartily concur in the statement of *The Canada Lancet* that every doctor should follow his patient into whatever hospital he goes, irrespective of his being a private, a semi-private, or a public or semi-public patient. When the patient is paying per diem what the hospital demands of him, he has the right to have the physician he wants to attend him. Very few will deny this.

But there is still another class of patient who is admitted on a city order. His hospital maintenance is paid for by the municipality. All physicians as other citizens contribute to that patient's maintenance. It is said that it is right that some member of the "staff" should attend this patient, as the hospital is responsible for him. We deny this point blank. The hospital or the "staff" or even an outside physician (if any such condition in any hospital exists), has no right whatever to treat a city order patient for nothing at all. It is the duty of the municipality, which can always raise money by taxes, to pay for the treatment of this class of patient, just as much as it is its duty to pay towards the maintenance account. Municipalities should have health officers or assistants to treat their patients in whatever hospital they send that patient to.

We do not find newspapers, for instance, sending their paper to these patients gratis; nor the florist sending flowers, nor the fruiter supplying the fruit. We simply find the medical man on the "staff" giving his services free. This is a far different thing to treating a man in his own home free of charge. That is the individual doctor's own prerogative in the charity-blessing rights of the profession of medicine. It is altogether different where the municipality or the state *demand*s of the doctor *that* individual right in municipal and state institutions.

The Canadian Medical Association, after considerable correspondence all over the country, has decided to meet this year on the 9th, 10th, and 11th of June. The place of meeting is Ottawa, the President, Dr. F. Montizambert, Director-General of Public Health. The President has appointed Dr. R. W. Powell Chairman of the Committee of Arrangements. Dr. Powell's well known organizing and executive ability, combined with his enthusiasm for the Canadian Medical Association, will greatly strengthen the President's hands in securing a successful meeting.

The fact that the new constitution comes into effect at this meeting is something of great importance. This calls for the affiliation of the existing provincial societies, and they will no doubt all seek affiliation in the national body. It will be "up to" the provincial societies to get the county, city and district societies under their respective wings. The county and city societies should early move and work towards seeking affiliation with the provincial societies to ensure for their members, membership in the national organization. This is incumbent on them if they wish for representation in the Executive Council of the Canadian Medical Association, which will be the business body of that Association. By so doing the annual meetings of the Canadian Medical Association will be sure to be productive of more good to individuals and to the profession of medicine in Canada, than heretofore.

The Ontario Medical Association will meet in Hamilton this year the latter week in May. As we have frequently pointed out before, it is a wise decision on the part of this Association to travel. We, therefore, urge a full attendance from all over the Province, and Toronto and Eastern Ontario in particular. We hope the itinerary will continue, that Kingston or some point in Eastern Ontario be selected for next year. Far too long and also

too often has the Ontario Medical Association convened in Toronto. It tended to make the Association altogether too local. Even if, when the Association has met in other places than Toronto, the attendance was not quite so large—what mattered it? No doubt there was just as good a meeting from a scientific standpoint, just as good from a social standpoint. It seems to us the only way to make the Association representative of the Province. At any rate the experiment of meeting in different cities in Ontario should be tried for a few years, and the various city and county societies kept stimulated. Another year London, Ottawa, Windsor, Niagara Falls, Guelph, etc., might be tried with good success.

The popularity of the present President will be sure to be a good drawing card to Hamilton.

On another page we print a preliminary programme which speaks for itself.

One Thousand and Ninety-Eight City Order Patients were treated in the Toronto General Hospital in 1907; 719 in St. Michael's; 231 in Grace; 253 in the Western. The maintenance of these patients was paid by Toronto and came out of the pockets of the taxpayer. Everything for them was paid for except the treatment they received at the hands of the physicians and surgeons of the staffs. The question is—if a municipality is able to pay for the maintenance of these patients, why is it not able to pay as well for their treatment? Surely the medical profession does enough of individual charity work outside of hospitals without municipalities—which could very readily by a fraction of a mill, pay for the treatment of these pauper patients—getting this good something for nothing. Here are practically 2,500 patients treated in the hospitals of Toronto—to say nothing of outdoor work—annually, without a single dollar of increment to any practitioner. Does it not appeal to the profession of medicine that it is high time municipalities should pay for this treatment? Attached to the health departments of municipalities should be physicians and surgeons who were capable of properly treating municipal patients; and their services should be paid for by those whose charges they are. Amongst many people there is harbored the idea that these surgeons and physicians on the staffs of hospitals, are paid for their services by the hospitals or the Government or somebody. Why should it not be so in reality? Would there be much opposition from the taxpayer. If a viaduct, a power scheme or a filtration plant is projected, as a great public work, the people expect to pay for it. Is there any greater public

work than that of caring for the sick poor of the state—but it goes totally unpaid for. Under its health officer, every municipality should have its appointed physicians and surgeons to attend its patients, especially its hospital patients. A hub-bub may be raised, when municipal order patients are assigned poor quarters in hospitals. They are not getting value for the municipal money. The municipal ox is being gored. But there is nothing at all said when the very linchpin in the case of municipal hospital patients—the treatment of the patient—comes under the limelight. Probably, however, the public is not educated up to this matter. At any rate they need enlightenment to the fact that the municipality still continues to pay for everything for their patients except the doctor's attendance. We are so magnanimous and we are all so rich that we can afford to be charitable not only to individuals but as well to municipalities.

Osteopathy—An old saying has it, "Better out of the world than out of the fashion," and it is astonishing when we come to think of it, to what an extent this creed is adopted by a very considerable proportion of the community. Two generations ago men ran largely to "Dundrearys" in the matter of whiskers; to-day we find many men, even of mature years, adopting the clean shaven face, and the barber shop habit. Of the vagaries of feminine fashion it is not necessary to speak. This is the age of the auto, and new fashions in raiment as well as in phraseology are upon us. There are fashions in almost every conceivable walk of life, and it is therefore not surprising that there are fashions in connection with the healing art. Time was when our forefathers were treated with maximum doses of medicine, as well as by almost universal "bleeding"; anon, came the swing of the pendulum to the other extreme, and the fashion of homoeopathy was established. Otherwise sane men came to believe in the efficacy of a centillionth of a grain of carbon, and the infallibility of "similia similibus curanter." Gradually the medical world evolved a saner belief, founded on a firm, pathological basis, and a rational clinical experience. Meanwhile, however, the laity continue to be powerfully swayed by fashions and fads, medical and otherwise.

Several years ago most of us remember the revolution "massage" was going to accomplish in the healing of the afflicted. It had its day—and many who practised it had a goodly reward in coin. Some new fad had to be unearthed if money was still to be made by those who were unwilling to earn an honest living out of the legitimate practice of physic. Hence, hydro-therapy and electro-

therapy (not in their scientific sense) became in turn a fruitful source of revenue to many fakirs. Most fashions, however, if one lives long enough, make their reappearance, albeit sometimes under a new name. Once we had "massage"; now we have "osteopathy"—and if report be true, it is doing "good business."

No one will deny that "massage," hydro-therapy, and what not other "pathies" have their limited sphere of usefulness; but when we are treated to the astounding spectacle of "osteopathy" being vaunted as a means of curing such conditions as labyrinthine and middle ear deafness, goitre, female weakness (which *particular* weakness deponent sayeth not!), atheroma, varicose veins and heaven knows what else, and a licensing body such as the Council of the College of Physicians and Surgeons of Ontario permits such practice to be carried on openly, surely it is about time to call a halt.

If a man can openly practice massage for the cure of varicose veins, and at the same time treat an inflamed varicose ulcer by means of moist boracic dressings and bandaging, and can collect fees for the same, all on the strength of the title "D. O."—a degree got from God knows where—which is not recognized by the council aforementioned, what shall it profit a man to put in years of hard study to become legally qualified as a practitioner of medicine and surgery, to spend money in appliances and to pay annual dues to said council for medical protection? 2 plus 2 equal 4. It would seem rather that the sum total may mean anything the public like to make it.

As we have pointed out before, the profession of medicine is not a "ring" or "close corporation," but on the other hand is open to all, male or female, black, white or yellow, *all* who choose to comply with the requirements. The medical practitioner is surrounded by a high fence of medical ethics, over which he seldom seeks to escape to the surrounding fields of quackery with their oft alluring flowers of financial gain. The medical profession as a whole is working for the welfare of humanity at large and a legitimate livelihood. That profession, then, should be safeguarded in every possible manner, and at the same time the public should be safeguarded from itself, and from the silly fads which prey upon the all too credulous masses.

Men and women are quick to cry out against food adulteration and the common cheat who sells a loaf underweight, or a quart of milk of doubtful standard, yet rise in wrath if anyone threatens to prevent them from making fools of themselves by listening to the song of the charlatan.

If we seek a remedy, is it likely to come from the public? No. From the pulpit? It has troubles of its own. From the press? Advertisements are a paying proposition. Surely the cure lies with ourselves, in united action and protest so vigorous that the public at large shall be compelled to uphold our hands and our principles—or declare finally for a wide, open policy, which, regrettable as it would be, would still be better than tying the hands of the profession, and allowing quackery to walk abroad unashamed.

News Items.

MONTREAL GENERAL HOSPITAL had a deficit of \$20,000 in 1907.

THE Montreal General Hospital treated 3,347 indoor patients in 1907.

ONTARIO hospitals treated 45,551 indoor patients in 1907, hospital year.

DR. TOOLE has resigned his position as Medical Health Officer in Brussels.

DR. LOCKHART, Reeve of Hespeler, has been elected Warden of Waterloo County.

THE Ontario Department of Agriculture has issued a bulletin on breakfast foods.

OF thirty-seven cases of smallpox in Winnipeg since December but six were ever vaccinated.

MONTREAL employs female nurses to visit schools and administer treatment to sick pupils.

THE number of persons who died of tuberculosis in Ontario during the last year was 2,667.

DR. MANES, of Sheffield, Ont., left for England not long ago to take a course in the hospitals there.

THE total cost of maintenance of the hospitals in Ontario in 1907—hospital year—was \$1,415,140.68.

THE Victorian Order of Nurses in Montreal attended to in 1907 2,912 patients, necessitating 29,073 visits.

THE endowment fund of the Montreal General Hospital is now \$137,182.50; \$39,182.50 was added in 1907.

Two hundred and nineteen nurses have been graduated from the Montreal General Hospital; 21 in 1907.

DR. W. McCLELLAND, of Toronto, will assist Dr. Colbeck, and has already taken up his residence in Welland.

DR. BRADLEY, License Inspector for Centre Bruce, has been secretary of Bervie Orange Lodge for 36 years.

DR. GEORGE H. WILSON has returned to London, Ont., from a three months' trip to Central and South America.

DR. GRIER, of Dundalk, has charge of Dr. Hamilton's practice in Erin, the latter taking a special course in New York.

DR. MORLEY CURRIE, M.P.P. for Prince Edward county, has been seriously ill, but we are glad to say is recovering nicely.

THERE are 65 hospitals in Ontario, one at Niagara Falls, Goderich, Wingham and New Liskeard, having been opened in 1907.

THE Sick Children's Hospital, Toronto, is asking the Toronto City Council to increase its grant from \$10,000 to \$16,000 per annum.

IN 1907 the Toronto General Hospital cared for 1,098 municipal patients; St. Michael's Hospital, 719; Grace Hospital, 231, and Western, 253.

PRINCE EDWARD county medical men have followed the example set by other medical men throughout Ontario and raised their professional charges.

NOTRE DAME HOSPITAL, Montreal, and the General Hospital, same city, are asking the Quebec Government for an additional grant each of \$10,000.

A BILL to regulate the sale of patent and proprietary medicines is before the British Columbia Legislature. If passed it will go into force August, 1908.

DR. GEO. CLINGAN, an ex-Dufferinite and a one-time student at Orangeville High School, was elected Mayor of Virден, Man., at the late municipal election.

DR. J. H. PATERSON, of McGill Medical College, Montreal, was chosen from among seventeen applicants for a position in the Western Hospital, Montreal.

THE Toronto Branch of the Victorian Order of Nurses was employed in 1907 by 312 Toronto physicians. Out of 2,219 cases attended there were but two deaths.

DR. GEORGE ELLIOTT, General Secretary of the Canadian Medical Association, has been appointed Provincial Medical Examiner for the Royal Arcanum in Ontario.

IN Ontario the Government grant to every municipality which establishes a sanatorium for consumptives is \$4,000, and \$1.50 per patient per week for maintenance while in residence.

DR. FISHER, who practised on St. Patrick St., Toronto, died on the 13th of Feb., after two days' sickness from pneumonia. He was a graduate of Trinity University, 1888, and was in his 59th year.

ST. PAUL'S Contagious Disease Hospital, Montreal, attended in 1907 to 70 cases of diphtheria; 68, scarlet fever; 5, scarlet fever and diphtheria combined; 68, measles; 1, measles and scarlet fever; 4 cases of erysipelas.

Two thousand three hundred and sixty-six patients were treated in 1907 in Notre Dame Hospital, Montreal. Of this number 1,273 left the hospital cured, 693 improved, while 245 died, 87 of whom were practically dying on entering the hospital.

JOHN McMASTER, B.A., M.D.C.M., Trinity University, 1894, died in Toronto, Feb. 20th, aged 49 years. The late Dr. McMaster was X-ray specialist to the Toronto General Hospital, was a good all-round general practitioner, and a man of quiet and unassuming demeanor. The cause of death was blood poisoning.

DR. JOHN ALEXANDER KNIGHT, of Toronto Junction, is dead. Dr. Knight was a young man, who graduated from Trinity College in 1899, and then practised for several years in the State of Michigan. Here he was stricken by tuberculosis, thought to have been contracted from a patient, and had spent the past several months in the Junction.

DR. A. ROSS HILL, the young Nova Scotian, who is winning a high place as a scholar and educationist, has just been appointed President of the University of Missouri, one of the largest of Western universities. Dr. Hill is a native of Colchester County, and is only 37 years old. He is a brother of Dawson Hill, M.P.P.

THE recent elections for the British Columbia Medical Association has resulted in the following medical board, which will conduct medical matters in that province for the next three years:—
Drs. S. J. Tunstall, R. E. McKechnie, and Proctor, Vancouver;
Drs. O. M. Jones and C. J. Fagan, Victoria; Dr. R. Eden Walker, New Westminster; Dr. Sutherland, Revelstoke. Dr. Fagan will be Secretary, and Dr. Jones, Chairman.

THE forty-first annual meeting of the Canadian Medical Association will be held in Ottawa on the 9th, 10th, and 11th of June, 1908. Members and others who intend to be present and to take part in the discussions or contribute papers, will kindly so inform the General Secretary, Dr. George Elliott, 203 Beverley St., Toronto, at their early convenience.

DR. BUCK, of the little village of Palermo, in the County of Halton, has made for himself a record of which any Canadian might be proud. He has practised medicine continuously there for fifty-four years. For forty of these he was a member of the Township Council of Trafalgar, and during that time he was absent from only one meeting. For twenty-four years he was reeve of the township, and in that time did not miss a single meeting of the County Council.

DR. WM. E. SPRAGUE, Belleville, died suddenly, on Jan. 25th, aged 58, while arranging with the Belleville City Council interests connected with the bridge across the Bay of Quinte. The doctor, was the owner of this bridge connecting Prince Edward County and Hastings County, and was considered very wealthy. He graduated M.D., C.M., Trinity, in 1884. In 1907 he became B.A., Queen's, and was a Fellow of the Royal College of Surgeons (Edin.). His family consisted of his wife and one son, a student in Arts course at McGill. The doctor was a cousin of Dr. Sprague, Stirling.

DR. D. J. GIBB WISHART, Associate Professor of Laryngology and Rhinology in the University of Toronto, leaves early in March for Italy, where he intends to follow the clinics of Professor Massei and others in Naples, Rome and Turin. Subsequently he will attend the International Laryngo-Rhinological Congress in Vienna in Easter week, which is being held to commemorate the fiftieth anniversary of the establishment in Vienna of Clinical Laryngology and Rhinology by Turek and Czermak. Later, Dr. Wishart will spend some weeks at the Clinics of Professor Killian in Freiburg and Hammel in Heidelberg before going to England. The doctor and his wife expect to return to Canada about the middle of June.

SMITHSONIAN INSTITUTION, Hodgkins Fund Prize—In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man." In the furtherance of the donor's wishes, the Smithsonian Institution has