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Original Articles

PRESIDENTIAL ADDRESS.

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First, before all else, it becomes my pleasant duty to thank the Fellows of the Academy for placing me in the position I now occupy.

The honor came unsought, and is for that reason all the more appreciated. I count it no light thing to have been thought worthy to follow those recognized leaders of the profession who have been previously accorded the highest office in your Society. The evolution of the Academy from the societies, by the union of which it came into existence, is in line with medical progress the world over. In all great centres of civilized population the day of the small medical society, of the proprietary medical school, and of the ill-equipped hospital is passing or has already passed.

Modern life, with its complexity of needs has made it imperative that bigger and better organizations should replace those which formerly sufficed. To be bigger is not of necessity to be better. While in the changes that are taking place much has been gained some things of value have been lost. Nelson behind wooden walls needed a generation to gain for England what Togo did for Japan in one morning's use of what modern science had placed at his command.

The Rolph School here, the Woman's Hospital under Sims and Emmett, and the Royal Infirmary under Syme did splendid and long-to-be-remembered work, but just as it has become impossible for any one man to be a universal specialist, so has it come about

that no small school, hospital or society can by any effort, however able and however well directed, meet all needs.

> "Our own part is too vast and too complex
> For one man alone to accomplish its purpose
> And hold it shut fast in his hand."

The capital city of Ontario is rapidly approaching the half-million mark in population. Its people have doubled in numbers within the last decade, and its future as one of the great cities of the continent is already assured. On us rests the obligation of seeing that in things medical its progress shall keep pace with its advancement along other lines. A few years ago the four medical societies referred to were doing excellent work in Toronto and making the name of our city and of our country widely known. They voluntarily gave up their autonomy in order that by uniting forces one strong and progressive Society should come into existence. It is to the lasting credit of the men who composed those societies that they recognized the trend of modern progress and were content to lose their corporate individuality in promoting a scheme for the more comprehensive unifying of professional interests.

"The intuition of unity is the end of philosophy," wrote Plato.

Already they are receiving their reward in the kindlier feeling that pervades the atmosphere in which we live. Men have been brought into closer relationship, one with another, and warm friendships are replacing jealousies and suspicions which formerly were too much in evidence.

The Academy, with its great and growing library, should be the means for bringing out and of making known all that is best amongst us. A medical school is chiefly of interest to its staff and its students, and a hospital to these and to the patients who fill its wards. The Academy has no such limitations. Here all meet on a level, and one rises above another only by the better work he is able to do, or the better spirit he displays in doing it. A strong association can afford to assume a sedentary posture on any member who prefers to split hairs rather than to split differences, and whose temperamental bias is toward carping rather than helpful criticism. It would savor of the Pharisee to claim that we are free from all such elements of disturbance, but certainly with us they are minorical. Nine years ago, when President of the Ontario Medical Association, I ventured into the realms of pro-

phecy, and said with regard to certain schemes for improvement, which were then very much *in nubibus,* that "While in the past professional jealousy had been so keen and controversy so bitter that success would have been hardly a possibility. Now, *Laus Deo,* we know each other better, and out of mutual respect can come united and successful action. True, we are given to criticizing each other a good deal; but, with a rare exception, this is in the spirit of rivals rather than of antagonists. Old animosities are dying out and are not being replaced.

"The teeming future,
Glorious with visions of a full success,"

holds for us a grand, united and splendidly equipped school of medicine, doing for the students of a coming time what in an imperfect and patchy way we are striving to accomplish now.

I have faith in that future and in the men who shall sway its destinies, and believe that with absolute fairness to all real interests the wisest course can be found and followed."

Do I make an undue claim in saying that the forecast of the future then given was at least as accurate as the average of recent political forecasts in what is geographically the larger half of North America?

The boards governing our larger hospitals are fully awake to the needs of the present and of the future. The new Toronto General and the Western Hospitals are engaged in extensive building operations. St. Michael's is adding a new wing to its present building. Bearing the name of a saint, who, if my memory serves me rightly, is mentioned but four times in the Bible—and every time fighting—we shall expect this hospital to keep well in the foreground.

The Hospital for Sick Children is always adding to its facilities, and Grace, we are hoping, will soon take similar action. It may well be a matter for mutual congratulation that these various institutions through their boards and staffs aided each other in obtaining civic and other grants.

This is as it should be, but not as it would have been under conditions that formerly were present with us. I yield to no one in my admiration for what our predecessors, in the face of untold difficulties were able to accomplish. Fortunately we may honor them and honor the work they did, without being tied in any way to the precedents they established. There were giants in those days! Rolph and Widmer, Bovell and Beaumont, Hodder and Richardson, were men of whom any city might be proud.

But great lights by their very intensity cast deep shadows, and these shadows are the occasion of much stumbling. Less brilliant globes make our streets as safe by night as by day, although no one of them can be said to far outshine its fellows. That we have come closer together and are more mutually helpful is surely true, but still it would be premature to hold that the medical millennium is even within measurable distance of No. 13 Queen's Park Avenue.

Where we stand, however, is not nearly as important as the direction in which we are moving. To-night I want to speak to you regarding one line along which we may soon and rapidly advance. The members of this Academy are, I feel sure, broad enough to permit me to do this without being charged with giving undue prominence to a single institution, or to my own part in what is being done or to be done.

Demosthenes made his hearers forget the speaker in the interest he led them to take in his subject, but I am as far removed in skill as in time from that hero of our schoolboy days. Montague's aphorism, that one seldom refers to himself without detriment to the person spoken of, will warn me to guard my utterances in so far as they must be personal.

In the year 1898 it fell to the lot of the speaker to suggest a way in which a certain ample fortune could be used for the permanent benefit of our people. Many plans were passed in review before a final decision was reached. What was decided upon at last involved substantial gifts in aid of the care of sick children, of the treatment of pulmonary tuberculosis, of missionary efforts, and of various other great charities, but reserved for a single purpose the bulk of what was to be devised. This purpose was to build, equip and maintain in perpetuity an emergency or casualty hospital, which should afford prompt and skilled relief to those injured or taken suddenly ill.

That a need exists for such assistance in all large cities admits of no question. When supplied by the regular service of a general hospital it is apt to be attended by delays, and to disarrange the work of the staff. The Relief Station at Haymarket Square, connected with the Boston City Hospital, and the Hudson Street Hospital, which is the Casualty Department of the New York Hospital, are the best institutions of the kind to which I can refer. Each has a staff of its own and the patients admitted are soon transferred to the parent hospital. In Scotland a similar plan is found to be most satisfactory. In every great modern hospital a department like this must be given a place. On this continent be it remembered we have no great modern hospital complete in every

detail. Years must elapse before anything approaching the Rudolph Virchow Hospital or two or three others in Europe can become available.

If the dreams of the architects are realized, Blackwell's Island will have one and Cincinnati another, but a million people must make their homes in Toronto before anything so extensive and costly is undertaken here. By that time we shall all be elsewhere. In the meantime Browning's statement holds good:

> "The common problem, yours, mine, everyone's,
> Is not to fancy what were fair in life,
> Provided it could be—but finding first
> What may be, then find how to make it fair
> Up to our means."

Now an emergency hospital is of necessity altruistic rather than revenue-producing. Its per diem and per patient cost must be out of all proportion to what is usual throughout the country. A hospital board with deficits to face can hardly apportion to one department such as this all that is needed to maintain it at its maximum degree of efficiency. On the other hand the board of a general hospital to which patients can be transferred is the best possible body in which its control can be vested.

My suggestions were accepted by the donors at the time, and subsequently by the General Hospital Trust. This latter body also agreed to place the general direction of the Shields Emergency Hospital, as it will be called, under the chiefs of the surgical service, and asked me to undertake with the architects the work of building and organizing this special department. It is with real pleasure that I now refer to the way in which Mr. Flavelle, Chairman of the Trust Board, the President of the University, the Deans, past and present, of the Medical Department, the Professor of Surgery, the Chiefs of the Surgical Service and the architects have always in all ways given their assistance in what has so far been accomplished.

The names of the donors were withheld until last year, when litigation regarding the site selected led to their publication. Let me break the seal of my own silence through all these years and say that Agnes and Jane Shields, in loving memory of their brother, John Shields, have made possible this addition to the city's facilities for giving aid to the suffering. Horace wrote: "I have builded unto myself a monument more enduring than brass." Surely in what they have done for humanity these noble women have builded

better than they knew, and their names will be honored by generations yet to come and by thousands to whom their gift will bring relief in times of sore distress. *"Divinum est opus sedare dolorem."* These words through all the centuries come down to us from that far isle which held Hippocrates. In spite of the burden of her years, the one who is still with us follows with deepest interest the progress of the building and the plans for its outfitting. As she has discussed these matters with me I have seen the joy of giving in her eyes, and the words of Dr. Holmes have crossed my mind: "If the good Lord will go on making splendid women He must not blame us for thinking too much of His earthly manifestations."

An ambulance service, with swift, self-propelled vehicles, such as are needed in a city stretching twelve miles along the lake and running half as many miles back from the water's edge, will form a part of the equipment. It is designed to have house surgeons go out with the ambulances in answering all calls. The cost of the hospital when complete will approximate $75,000. It will have five operation, dressing or clinic rooms and 22 beds.

A belief that every physician in Toronto, and in particular every Fellow of this Academy, will at times find this new department a god-send has led me to take it up in addressing you to-night. Its work must be upon broad lines, and with due and fair regard for all interests. The interest, first of all, of the sick or injured person, then of his family physician, then of the one who was called upon to give first aid, then of the students here for instruction—all these and many others must be considered and adjusted in a spirit of fairness. The difficulties will lessen notably if we all remember that in what it is given us to do "One is our Master and all we are brethren."

Within the spirit and letter of the bequest it has seemed to those of us who have the matter under advisement that, outside the regular work of a casualty department, the facilities to be provided may be made useful in a number of ways. Time permits me to refer only to two of these: the teaching of advanced surgical technique in a very personal and practical way and the illustration by stereoscopic and other photographic procedures of the surgical work going on.

If asked to name one particular in which the men who are graduated in medicine with us most seriously fall short, I would answer at once: "In the practical aspects of their surgical training." They spend numberless hours over oil immersion lenses and become facile in their use, their nates are indurated and they run

the risk of developing Ischial Bursitis by sitting out long didactic courses; they watch operations at long range and through or around assistants, but until they become house surgeons they are not taught the use of their own hands in doing or in assisting to do surgical work. Later they learn these things at the expense of their patients, or they do not learn them, and so muddle along in practice. Regarding scores of candidates whom I have recommended for hospital internships across the line, the common report has been: "Your men are clever and energetic, and well up in theory, but they show little evidence of practical surgical training."

Baden-Powell tells grown-ups as well as boy scouts that one of the worst habits which may be acquired is that of looking on while others do the work. The right way is to learn to do things right by doing them under supervision, and the earlier this is done the better. We do well what we learn, early in life, to do automatically, and "timely knowledge is no hurt," as the wife of Odysseus told him. It is as easy to learn intestinal anastamosis on material hot from an abattoir as on a portion of human alimentary canal—and it costs less for funerals afterwards. The control of hemorrhage during operation and the immobilization of fractures may be taken to illustrate the need of the training of the hand. The followers of Ambrose Pare put back the use of the ligature for almost a century by tying masses from which bleeding came, instead of isolating and exactly ligating the cut vessels. To-day en masse clamping and tying goes on in ways that add new traumatism to tissues already devitalized. Complications naturally and commonly follow. What shall it profit a man to have been taught, in a theoretical way, the last refinement of aseptic surgery while still untrained in the deft and skilful handling of tissues with impaired vitality? One sees too often a wound sponged with the movement used in blacking a boot, or a granny knot placed where only a reef should have been tied. Now a reef knot can be tied in at least seven different ways. One single-hand method and one (not Heath's) in which both hands are employed are far and away better than the plans in general use and described in our text-books. Teach these modern methods to a student and he will soon make with unvarying accuracy as many knots in a minute as the Mauretania can make in an hour! We cannot expect him to have "Eyes to find the five which five hundred shall survive" out of all the surgical procedures he may see followed by different operators, but the best of these should be taught him practically. From my own student days, I recall an unforgettable sentence in a clinical

lecture by Sir James Paget: "When I have seen Sir Wm. Ferguson operate I have not known which to admire most, the perfect skill of hand with which everything was done or the perfect way in which every step of the operation had been thought out and provided for." Work like this is ideal. The other kind is still too common. Dr. Schultz, in Manitoba in the early days, put up fractures in bark splints padded with moss and secured by buckskin thongs. He acquired merit by doing it in that way and at that time. We all appreciate the value of resourcefulness such as he exhibited, but the foresight which provides at its best whatever may contribute to the recovery of an injured person is more to be commended than any skill in extemporizing makeshifts. My honored teacher, Frank H. Hamilton, warned me not to learn how to put up fractures in outdoor climes where the work, at that time, was done in haste, cheaply and roughly. The advice would have less force to-day, but still the need for speed and for economy may militate against the employment of means which the surgeon himself considers to be the most efficient. Having given to the teaching of surgical technique more time and attention probably than any of my colleagues, I feel the more free to point out seeming defects as well as possible means for that correction. Our students and recent graduates go to London or Edinburgh, to New York, Baltimore, Chicago or Rochester, Minn., to watch operations and to learn the methods by which leading surgeons attain success. Now the percentage of success is as great here as anywhere else, and yet the students do not largely attend operations. They claim that to do so is a waste of time. Given a range of thirty feet and one appendix removal looks like any other one. What wonder then that a series becomes monotonous? The remedy appears to be in making students practically familiar with what is undertaken and giving them a chance to follow the details of operation work. This will hold their attention and they will come to appreciate the ever-changing problems which lie at the point of the scalpel.

I am glad to tell you that, after consultation, those in authority have thought it best to approve of a large clinic room in the Emergency Hospital being set apart for surgical demonstration and fitted up with a lantern and whatever else may be found of advantage. With such facilities it ought to be possible to prevent any candidate for a degree making, as one did recently, a mistake in the sex of a catheter, not to mention errors of a graver nature. One other line of projected usefulness remains for a moment's consideration. Toronto operators have done and are doing most creditable surgery. Their methods and their results have not been pre-

sented to the profession as fully as has been the work done in other cities. One reason for this may be that our surgeons are tongue-tied with modesty. Another doubtless is that artists to illustrate the various methods devised or conditions encountered are hard to find and expensive when found. Now by stereoscopic and by color photography it has become possible to portray with great fidelity almost anything that may require illustration. A plant for doing such special work in photography will be available in the new hospital, and whatever assistance can be given in preparing illustrations for papers written by the members of the Academy will be freely at their disposal.

In conclusion may I ask of the members of our Academy a sympathetic co-operation in making the gift now spoken of, a real blessing to the people for whom we care. With your help and with the continued assistance of the gentlemen whom I have mentioned it may be given me to see what will amply repay the study I have given to the problems of emergency surgery for more than a dozen years and in more than a dozen cities. I want to see the new charity started on right lines and doing much good before my time comes to join the group of shades shepherded by Hermes Psychopompus on the banks of Acheron. It may be that all will be forgotten when my camp is pitched in the fields of Asphodel and my canoe glides over the waters of Lethe, but at least I want to take away with me a feeling that I had the confidence of my fellow-workers and that their confidence was not wholly misplaced.

THE MEDICAL PROFESSION IN ONTARIO—A LEGAL AND HISTORICAL SKETCH.*

By the Honourable William Renwick Riddell, LL.D., Etc., Justice, King's Bench Division, High Court of Justice, Ontario.

The history, from a legal point of view, of the medical profession in our Province is interesting both to physician and to lawyer. I have in some instances gone to the original sources, but make no pretence to originality: much of what I write has been said before by others (particularly by Dr. Canniff), and some by myself.

Our Province began its independent career as a separate Colony in 1792, having theretofore from 1763 been part of the Province of Quebec, which included a vast territory composed of what is now Quebec and Ontario and also the whole hinterland of the English colonies down to the mouth of the Mississippi.

Full legislative power was given to Upper Canada by the Constitutional Act, 31 George 3, C. 31, which separated the Province from the rest of British America.

At the time of this separation of our Province and for some time thereafter, there was no regulation as to who should practise medicine, or "physic," as it was called. Many of the practitioners were old army or navy surgeons; some were importations from the United States, but most of those who treated disease were mere empirics. There had, indeed, been an Act or Ordinance passed by the Council of the old Province of Quebec in 1788, forbidding anyone to practise without a license from the Governor, which license was to be granted without an examination to all graduates of any British university and to all surgeons of the army or navy—but this was largely a dead letter in the newer parts of the colony, as our country was at that time.

In 1795, the Provincial Parliament of Upper Canada passed an Act, 35 George III., C. 1, forbidding the sale of medicine, prescribing for the sick and the practise of physic, surgery or midwifery by anyone who had not been licensed. The Governor was to appoint a board to examine all who should apply for a license, and those approved of by them upon the examination were to

*Prepared for the Ontario Medical Association meeting, May 31, 1911.

be granted a license—the fee being £2 currency, *i.e.*, $8. A penalty of £10, *i.e.*, $40, was imposed for selling medicines, prescribing for the sick or practising physic, surgery or midwifery without a license. An exception was made for surgeons or surgeons' mates in the army or navy, and for those who had been practising at the time of the passing of the Act of 1791; these, however, were not to take apprentices or students. There is no record of anything ever having been done under these provisions; the Act was found unworkable, and it was accordingly repealed in 1806 by 46 George III., C. 2, and the profession was again much at large, although the Act of 1788 already spoken of was still nominally in force. Much public dissatisfaction was the result, and at length a new Act was passed in 1815, 55 George III., C. 10, which forbade prescribing for the sick or the practise of physic, surgery or midwifery without a license—saving the case of graduates of a university in British Dominions, surgeons and surgeons' mates in the British army or navy, and those who had practised before 1791. The prohibition against these taking apprentices or students was not repeated in this Act, nor was the prohibition against selling, etc., medicines. And it was expressly provided that women might practise midwifery without a license. The Governor was to appoint an examining and licensing Board.

Nothing seems to have been done under this Act either, and it was repealed in 1818 by 59 George III., C. 13, which, however, contained much the same provisions. A board of five was to be appointed to hear and examine all persons who desired to practise physic, surgery and midwifery, or either of them, and, if satisfied, certify the same to the Governor, who would, if satisfied of the loyalty, integrity and good morals of the applicant, grant a license. But women were still to be allowed to practise midwifery without a license, and graduates of a British university and army and navy surgeons and surgeons' mates were still favored. The Governor's Private Secretary was to receive 20 shillings ($4) for each license.

A slight amendment was made in 1819 by 59 George III., C. 2, whereby each applicant was to pay 10 shillings to the Secretary of the Board.

The first meeting of the Board took place January 4th, 1819, Messrs. James Macauley, Christopher Widmer, William Lyons and Grant Powell, surgeons, being present, and the next day, John Gilchrist, of my own old Township of Hamilton, was examined and received a license to practise physic, surgery and midwifery. This gentleman was one of a well-known family of physicians, and was known in Cobourg and vicinity as "Dr. John." This Board, with

a short interruption, continued to sit (with, of course, from time to time changes in personnel) until 1865. They examined with some rigor, and granted certificates, sometimes for one, sometimes for two, and sometimes for all three branches of the profession. Of those rejected, instances are to be found of many deficient in Latin and classical knowledge, several with a diploma from the Faculty of Physicians and Surgeons of Glasgow (one of whom was "quite ignorant of chemistry and pharmacy"), one with a diploma from the Apothecaries' Hall, one who had served five years' apprenticeship to an army surgeon, etc. It is quite plain that the examination was no mere formality.

In 1827, by 8 George IV., C. 3, the Act was amended and new provisions introduced—all those holding a license or diploma from a British university, or from the Royal College of Physicians or of Surgeons, London, or a commission or warrant as physician or surgeon in the British army or navy, were entitled to a license without examination; also those residing in Upper Canada before the war of 1812, who remained in the Province during that war and produced a certificate of their competency from three or more licensed practitioners. Practising without a license was made a misdemeanor.

In 1839, by 2 Vic., C. 38, all previous legislation was repealed, and those who had been members of the Board under the previous Acts were formed into a corporation to be known as "The College of Physicians and Surgeons of Upper Canada," of which the members were to be Fellows: all other persons then or thereafter authorized to practise physic, surgery and midwifery were to be Members of the College—and the College was to license. Provision was made that women might practise midwifery, and that all with a diploma or license from any British university or from any College or Faculty of Physicians or of Surgeons in the United Kingdom, and also all army and navy surgeons, should receive a license, etc., etc.

The Fellows met from time to time, but owing to the efforts of the Royal College of Surgeons, London, the Act was disallowed by the Home authorities in 1840, and the former Act came into force again.

A new Board was commissioned by the Governor (Lord Sydenham), and examining and licensing went on as before.

In 1841, by 4 and 5 Vic., C. 41, it was provided that any person who was or should be licensed or authorized as a physician or surgeon, or both, either in Upper Canada or in Lower Canada, should be authorized to practise also in the other Province.

In 1859, the statute 22 Vic., C. 47, recognizes for the first time homeopathy as a lawful system of medicine. Five gentlemen (among them Dr. John Hall, of Toronto) were appointed a Board to examine according to the doctrines and teachings of homeopathy. They issued a certificate, upon which the Governor granted a license as in the case of practitioners of the regular school.

The Acts were consolidated in 1859, Con. Stat. U. C., cc. 40, 41.

The Thompsonian or Botanic School, which was founded by Samuel Thompson in the '30's, and which had in the course of evolution become the Eclectic School, received legislative recognition a little later. In 1861, 24 Vic., C., 110, a Board of seven gentlemen (amongst them my own old preceptor, Richard Hare Clarke, M.D., of Cobourg) was formed to examine according to the doctrines and teachings of Eclectics. They were to certify, and the Governor to license, as in the case of the homeopaths.

All these Boards were abolished in 1865 by Act. 29 Vic., C. 34, which formed a "General Council of Medical Education and Registration of Upper Canada," composed of one representative from each of the colleges authorized to grant medical degrees—the University of Toronto, of Queen's College, of Victoria College, and of Trinity College, and the Toronto School of Medicine, and also twelve elected by the profession. After the 1st of May, 1866, every practitioner was to be registered under this new Act. Those entitled to registration were those formerly licensed in Upper or Lower Canada, those certified from the four Upper Canadian universities or any university in British Dominions, those having a diploma of the R. C. Surg., L., or R. C. Phys., L., registered under the Imperial Medical Act or commissioned as physician or surgeon in the British army or navy. The Council might fix the matriculation standard, and also the curriculum to be observed by the medical colleges. This made the medical profession of all schools into one body in law.

An amending Act was passed the following year, 1866, 29 and 30 Vic., C. 54, chiefly affecting matriculation and the standard of medical studies.

Upper Canada ceased to exist, and Ontario was born, 1st of July, 1867. Less than two years thereafter the law was again changed: 32 Vic., C. 45, incorporated the profession into "The College of Physicians and Surgeons of Ontario," formed a Council composed of one representative each from the University of Toronto, Queen's University, University of Victoria College, University of Trinity College, Royal College of Physicians and

Surgeons (Kingston) and Toronto School of Medicine—twelve representatives to be elected by the Regular School, five by the Homeopaths and five by the Eclectics. A Register was provided for, and all those actually practising before 1st January, 1850, and all those already registered, etc., were to be placed upon the Register; but for all future aspirants, a Board of Examiners was provided, to be elected by the Council, one from each teaching body and nine from other members of the College; and neither Homeopath nor Eclectic was to be examined in Materia Medica, Therapeutics, Theory or Practice of Medicine, or in Surgery or Midwifery (except the operative practical parts thereof) by any but those approved by the representatives on the Council of his School of Medicine. The curriculum, etc., was fixed by the Council.

The repealing Act of 1874, 37 Vic., C. 30, re-enacted most of the provisions of the former Act of 1869, without substantial change; a provision is made for Homeopathic students attending Colleges in the United States or Europe, and the five Eclectic members of the Board were to continue such for five years, but to have no successors.

The Act of 1887, 50 Vic., C. 24, changes the Council. One member each is to be chosen by the University of Toronto, Queen's University, University of Victoria College, University of Trinity College, the Royal College of Physicians and Surgeons (Kingston), the Toronto School of Medicine, Trinity Medical School, the Ottawa University, Regiopolis College and the Western University.

But while in the Act of 1874 the Council had power to refuse to register or remove from the register only those who had been convicted of felony, by this Act this power is given in cases in which the accused has been convicted either in Her Majesty's Dominions or elsewhere of an offence which, if committed in Canada, would be a felony or misdemeanor, or has been guilty of any infamous or disgraceful conduct in a professional respect. This provision has been considered by the courts on a recent occasion.

The provisions of the Act of 1891, 54 Vic., C. 26, are of no great importance; that of 1893, 56 Vic., C. 27, increased the representation of the regular profession to 17 members, and reduced the term from five years to four.

By the Act of 1895, 58 Vic., C. 28, the power of fixing tariffs was taken away from the Division Associations.

The number of representatives was increased from 17 to 18 by the Act of 1910, 10 Edw. VII., C. 77, which also excused the Council from the duty of making enquiry when any Court of

Record in the Province had decided that any practitioner had committed a criminal offence in connection with his profession; upon receipt of proof of such decision, the Registrar was immediately to erase his name from the Register.

EDUCATION AND MEDICAL SCHOOLS.

In early days there were no medical colleges or schools in Upper Canada. Apprentices and students were received by practitioners, and those desiring to attend medical lectures were compelled to go to McGill or to the United States or the mother country. What became the medical faculty of McGill seems to have been founded as a private enterprise in 1823 or 1824, and it became a College of McGill University in 1828.

Of those submitting themselves for examination by the Medical Board of Upper Canada, some produced diplomas from the College of Physicians and Surgeons, Glasgow; others from the Apothecaries' Company, London; the Royal College of Surgeons, Edinburgh; the Royal College of Surgeons, Dublin; the Royal College of Surgeons, London; McGill College; University of Paris; University of Edinburgh; University of Maryland; University of Pennsylvania; University of Berlin; and tickets from lectures at Bowdoin College, Dartmouth College, *Fairfield College, University of New York, Berkshire Medical Institution (Massachusetts), Geneva Medical College (New York), University of Glasgow, Borough Hospital (London), Jefferson Medical College, Willoughby University (Ohio), etc., etc.

A University for Upper Canada had been projected as early as 1795. A Charter was obtained from George IV., 15th March, 1827, for the University of King's College, "at or near our Town of York, in our said Province of Upper Canada," with power to grant degrees of Master of Arts and any degree in Divinity, Law or Medicine. This Charter was amended by the Provincial Legislature in 1837, March 4th, by the Act 7, Wm. IV., which annexed Upper Canada College and abolished religious distinctions and

*Fairfield Medical College began in 1809 as an unincorporated institution known as the Academy of Medicine of Fairfield, at a small village, Fairfield, not far from Little Falls, N. Y. In 1812 it was granted a charter by the State Legislature, under the style "College of Physicians and Surgeons of the Western District of the State of New York," known as Fairfield Medical College. This, it is said, was the sixth medical college organized in the United States. From 1813 to 1839 lectures were given at Fairfield, Frank Hamilton delivering his first course of surgical lectures at its last session. Geneva Medical College, of Geneva, N.Y., had been chartered in 1834, and its first course of lectures was given in 1835. When Fairfield Medical College closed its doors (which it did after the session of 1839-1840), some of its Faculty, including Hamilton, joined the staff at Geneva. This College continued until 1872, when it removed to Syracuse, N. Y., becoming the Medical Faculty (College of Medicine) of the Syracuse University. This is still in active operation, with an attendance of about 150 students.

tests. The foundation stone was laid April 23rd, 1842, and the University formally opened June 8th, 1843, with (amongst others on the staff on paper) Professors of Chemistry, Anatomy and Physiology, Materia Medica, Obstetrics, Practical Anatomy and Surgery.

Lectures began in January, 1844, with a staff, in fact, of six professors, namely, Professors of Anatomy and Physiology, Theory and Practice of Medicine, Principles and Practice of Surgery, Obstetrics and Diseases of Women and Children, Materia Medica, Pharmacy and Botany, and Practical Anatomy, respectively. It is interesting to note that Dr. J. H. Richardson, so well known, and whose memory is so dear to many of us, was one of the two matriculated students at that first session. Dr. Richardson had previously studied under Dr. John Rolph in Rochester, N.Y., where this extraordinary man was practising, having been obliged to leave Upper Canada owing to the troubles of 1837. Dr. Rolph came back to Toronto in 1843, and took students who did not intend going to the University and prepared them for the Medical Board. This resulted in his founding the "Toronto School of Medicine," certainly before 1848, and this school was incorporated in 1851 by Act 14 and 15 Vic., C. 155. No degree-conferring powers were granted, however.

The name of the University was in 1849 changed to the University of Toronto by the "Baldwin Act," 12 Vic., C. 82, and its completely non-denominational character established. In the following year certain medical men organized another School of Medicine, "The Upper Canada School of Medicine." So that, in 1850, there were in Toronto three schools of medicine—the University Faculty of Medicine, the Toronto School of Medicine (Rolph's School), and the Upper Canada School of Medicine (Hodder's School). This last, during the same or the following year, became the Medical Faculty of the newly-established Trinity University, and had its locus on the west side of Spadina Avenue, just north of Queen Street.

The Medical Faculty of the University of Toronto did not last long thereafter. The Act of 1853, 16 Vic., C. 89, limited the functions of the University to examination and graduation, and instituted a College—University College—for Arts teaching, providing (Section 32) that after 1st of January, 1854, there should be no professorship or teachership of any of the branches of Medicine or Surgery except as part of a general system of liberal education. This provision the political gossip and scandal of the day charged as being due to the influence of Dr. Rolph, whose School was sup-

posed to be suffering from the competition of the State University.

Rolph's School became, in 1855, the Medical Faculty of Victoria University; and having originally been at 53 Queen Street, in 1854 it removed to Richmond Street, between Yonge and Bay Streets, and in 1857 went to the new College buildings in Yorkville.

Soon, too, the Trinity Faculty lapsed (that is, in 1856), and advantage was taken of the charter which Dr. Rolph had obtained in 1851, but which was now no longer needed for his school, to organize a new school, in form and name a continuation of the old Toronto School of Medicine. This began operations in 1857 in affiliation with the University of Toronto; and Dr. Hodder soon took its presidency. He resigned his position to become Dean of the new Medical Faculty of Trinity University, which was organized in 1870-1871; but the Toronto School of Medicine continued under Dr. W. T. Aikins as President.

The Victoria Faculty lapsed in 1875, and the Trinity Medical Faculty became a separate body, "Trinity Medical School," by Statute in 1877, 40 Vic., C. 65.

The Ontario Medical College for Women began operations in 1884-1885 in Toronto, and another in Kingston a little later, while the Western University Medical Department at London was in operation by 1882-1883.

In 1887 the Toronto School of Medicine became, in substance, the Medical Faculty of the University of Toronto (though retaining its identity), and in 1903 the two Medical Schools, the Toronto School (then, in fact, the Medical Faculty of the University of Toronto) and the Trinity Medical College or School became one, and were united as the Medical Faculty of the University of Toronto. The Ontario College for Women continued until 1906. In that year the University Medical Faculty arranged to provide women students with all the facilities enjoyed by men. The *raison d'être* of the College for Women thereupon ceased, and that College closed its doors.

The Western University School still is in active operation.

The Medical College at Kingston began as the Medical Faculty of Queen's University.

A University with the name, "The University of Kingston," had been incorporated by Provincial Act 3, Vic., C. 35, in connection with the Church of Scotland, with power to confer degrees in all Faculties. This bill was disallowed by the Home authorities—for what had Presbyterians to do with a University?—but in 1841 the young Queen granted a charter to an institution under the name of "Queen's College at Kingston," and that body was made

the recipient of all the property of "the University at Kingston" by 9 Vic., C. 89.

The Medical Faculty of the new University began lectures in 1854, graduating its first class in 1855. In 1866, however, the Medical Faculty separated from the University, having obtained legislation for that purpose, and the Legislature having created a new corporation, the Royal College of Physicians and Surgeons at Kingston, affiliated with Queen's University. This body again united with the University in 1892, and has since continued a Faculty of the University. The Women's Medical College at Kingston was also merged.

Anatomy.

In olden times there was no provision for obtaining subjects for dissection, and many were the gruesome stories told about "resurrection men," and about doctors and their students robbing new-made graves. Some of these stories had a modicum of truth, but most were sheer fabrications.

In 1843, for the first time, the Legislature interfered. The Act 7 Vic., C. 5, recites that it is impossible to acquire a proper or sufficient knowledge of surgery or medicine without a minute and practical acquaintance with the structures and uses of every portion of the human economy, which requires diligently pursued courses of dissection, and then provides that the bodies of those found dead, publicly exposed, or who, immediately before their death, had been supported by or in any public institution, should—unless the person so dying should otherwise direct—be delivered to teachers of anatomy or surgery, either public teachers or private teachers having at least three pupils, and provided that *bona fide* friends or relatives might claim the bodies for interment. An Inspector of Anatomy was to be nominated for every city having a Medical School, who should keep a register of all unclaimed bodies given up for dissection, and also of all medical men qualified to receive cadavers for dissection, inspect the dissecting-rooms, etc., etc., being paid £1 5s ($5) for each body.

In 1863, by 26 Vic., C. 42, patients dying in a Provincial lunatic asylum were excepted; they were to be decently interred.

The Act of 1885, 48 Vic., C. 31, gave the relations or *bona fide* friends of the deceased 48 hours to claim the body, and ordered the medical school receiving a body to keep it for five days, and if claimed within the five days it was to be given up. It was also forbidden to send or take any body out of Ontario for anatomical purposes.

In 1889, by 52 Vic., C. 24, the time for friends, etc., to claim a body was reduced to 24 hours, and these are now the provisions of the law. See R. S. O. (1897), C. 177.

The first dissecting room in Toronto seems to have been built in 1843 or 1844 for the Medical Faculty of King's College, and that Faculty first occupied a frame building on the north or west of the west wing of the College building.

HOSPITALS.

There was certainly a Military Hospital at Kingston from the time the British first took possession of that part of Canada. I do not find any record of a hospital in Toronto until about 1812, although no doubt one did exist. In 1819 an advertisement appeared in the official *Upper Canada Gazette,* asking for tenders to build a brick hospital in the Town of York. It was erected soon after and acquired some note, the building being occupied for several sessions by the Legislature after the fire of 1824 had destroyed the Parliament Buildings.

In 1830 an Act was passed authorizing a grant of £100 to this Hospital.

In 1830 a public meeting was held at Kingston to build a public hospital, while in 1832 the Medical Board of Upper Canada speaks highly of the Hospital at York (Toronto), and the opportunity it affords medical students of observing diseases and their treatment. In this year the York Dispensary was established, but died in a year for lack of funds.

In 1844 the Board of Trustees of the Toronto Hospital offered the whole of the upper flat of the Hospital to the Medical Faculty of the University, but the terms could not be agreed upon. It then had a whole block of land bounded by King, Adelaide, John and Peter Streets.

By 1850 there were in Toronto not only the Toronto General Hospital, but also the Toronto Eye Infirmary (S. E. corner of Church and King Streets), the Toronto General Dispensary and Lying-in Hospital (established in 1848), and two other Maternity Hospitals.

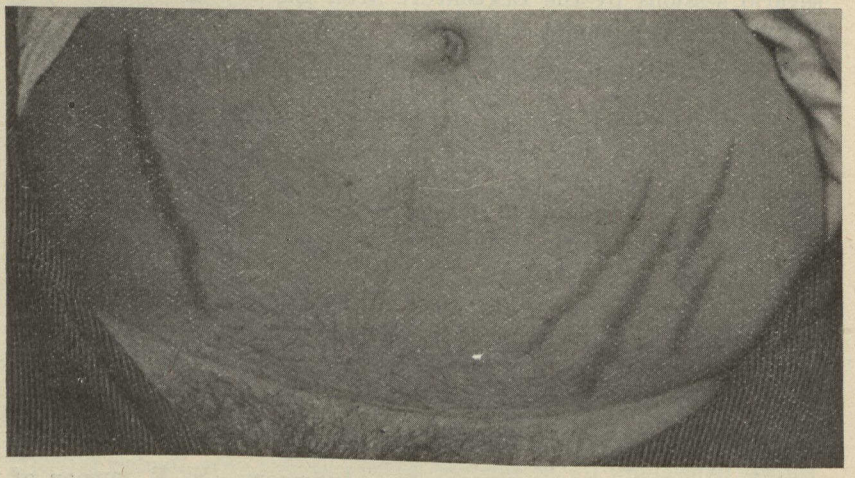
Ever since the times I have been writing about, the Toronto and Kingston General Hospitals have been utilized by the teachers in the Medical Colleges for clinical instruction. So, also, in London, for the Western University Medical Faculty.

CASE OF LINEAR ATROPHY OF THE SKIN.

By J. P. Kennedy, M.D.
Surgeon to Wingham General Hospital.

Cases of linear atrophy of the skin, due to trophoneurosis, are not, I believe, uncommon in the practice of the dermatologist. It occurs, too, as the result of injury during growth, pregnancy and other conditions in which the skin is subject to stretching.

The following case I thought might be worth reporting: Mr. L. W. L. presented himself on April 6th, 1911, with the following history: Patient was 29 years of age. He always enjoyed good health; in fact had never had any illness of any sort excepting the



diseases incident to childhood. He was a healthy, ruddy, robust-looking man, employed as a traveller for agricultural implements. He had recently become very corpulent, and a few days before presenting himself at my office had noticed on the lower left quadrant of the abdomen four parallel lines following the fibres of the external oblique downwards and inwards. These lines varied from three to six inches in length. They looked exactly as if the skin had been scorched by a red hot iron, and averaged about an inch in breadth. On the right lower quadrant of the abdomen was a line precisely similar in appearance to those on the left, about eight inches in length and rather more than an inch in breadth, following

the course of the fibres of the external oblique downwards and inwards. These areas were distinctly depressed, which could readily be felt in running the finger across them. On pinching up the affected skin it was felt to be thinner than that of the surrounding parts.

The accompanying picture illustrates the condition beautifully.

HEART DISEASE.

Wm. F. Boos, L. H. Newburgh and H. K. Marks (*Boston Med. and Surg. Jour.*) report that digipuratum, a dry digitalis extract, has now been used in the Massachusetts General Hospital for over a year, and more than one hundred and eighty cases of primary heart disease or secondary involvement have been treated with it. The diuresis was efficient in all cases, and the pulse-rate usually exhibited a marked improvement. It was usually given in the form of treatment of twelve tablets each, and if the first was of little value a second course was always effective. Venesection, or tapping, will accomplish good results with it. There was not a single case of vomiting or diarrhea, and cumulative poisoning was never observed. The pulse may drop forty or more beats suddenly without harmful effects. Digipuratum seems to be a drug of reliable strength with which to push digitalis therapy in a manner not heretofore known by the profession.

DIABETES.

Dr. Lecerf (*Am. Jour. Med. Sc.*) says that the most striking point about the soy bean is that it contains no starch, or only a very small quantity. A number of cases of diabetes have been treated with it as a food diet, with excellent results, and in nearly every instance there was a marked diminution of glycosuria. The beans may be taken as a vegetable by soaking them twelve to sixteen hours until the skins come off, and stirring until the skins rise to the surface, when they can readily be removed. They can be then boiled in salt water or with bacon, seasoned with pepper, salt and butter and served hot. They can be used in gruels, broths or biscuits.

Medicine

GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND,
GEO. W. ROSS, WM. D. YOUNG.

Hookworm Disease. E. E. Endicott, Jackson, Cal. (*Journal A. M. A.*, September 30), reports his observations on hookworm disease in the deep mines of California. He believes that it has been a contributing cause, if not a direct cause, of death in many cases reported as due to "miners' consumption" or some other symptomatically diagnosed condition, and he doubts whether there are any deep mines in the United States which have been in continuous operation for a number of years, in which foreign laborers are employed who have worked at the business abroad, that are not more or less infected. As regards the difference between the American and European species, the symptoms produced are practically the same, and the European species has certainly been naturalized long enough to be a native by this time. Endicott gives the well-known symptoms and treatment of the infection, and recommends as a prophylactic method the insistence on proper toilet conveniences in mines and thorough cleansing of the miners and disuse of their working clothes on coming out. The extent of the infection makes it improbable that we can at once destroy the germs in the infected mines. The sanitary regulations made should be strictly enforced.

Hookworm Remedies. A report of the therapeutic investigations on the various hookworm remedies is made by W. H. Schultz, Washington, D. C. (*Journal A. M. A.*, September 30).

Only the results are given, as the details of the experiments, with the discussion of still other remedies studied, will appear in the bulletin of the hygienic laboratory in the near future. The remedies here reported on are thymol, beta-naphthol, male fern and Hermann's mixture of eucalyptus and chloroform. The author concludes that any practical vermifuge, to be efficient against hookworm, must be an irritant of sufficient intensity to paralyze the neuro-muscular apparatus of the parasite, make it loosen its hold and prevent its fresh attachment. Its toxicity for the parasite must be much greater than that for the host or its absorption must

be more rapid in the parasite. The intestinal contents of the host must be expelled at an early enough period after taking the remedy to prevent the absorption of the surplus drug or that of the poisoned worms. At present thymol is one of the most toxic vermicides for hookworm. It is easy to obtain, keeps well, is cheap, easily administered and kills the parasites instead of merely paralyzing them. When taken under the care of a physician who is careful to gauge the dose to the condition of the patient, it seems to be the best all-round remedy thus far studied. While dangerous in large doses it differs from beta-naphthol, male fern and chloroform in that the danger is at once apparent, and can be controlled by heart stimulants and methods that help maintain a good blood-pressure until the drug has killed the parasite and a cathartic has removed the excess of thymol. With the other remedies mentioned the danger signals are less obvious, and irreparable damage may be done before the peril is detected. Beta-naphthol is probably the next pure chemical substance that ought to be tried more extensively on human hookworm patients. Those affected with kidney lesions should not take it, and the urine should be frequently examined. If the maximum amount of 2 to 4 gm., given in two doses, an hour apart, does not cause renal disturbances it has much to recommend it as a hookworm remedy. Male fern does not give much promise in this country owing to the unreliability of the preparations obtainable here. This would probably be remedied, however, if there was much demand for it. He does not find reliable data as regards the value of Hermann's mixture, and seems to prefer instead a simple chloroform and castor oil combination, which, if it should act as favorably in human beings as it has for him in dogs, may turn out a valuable universal worm remedy. The real remedy for hookworm disease, however, is the proper disposal of all fecal matter, so that infection is rendered impossible.

EPILEPSY.

R. H. Spangler (*N. Y. M. J.*) reports his results in the crotalin treatment of 36 cases of epilepsy. These cases were given 1-200 grain of rattlesnake venom hypodermically at intervals of five to seven days. This venom treatment is indicated in the idiopathic form of the disease. Under this treatment the character of the convulsions is modified, the interval between the attacks lengthened, and both the mental and physical condition of the patient improved. A solution of the venom of definite and uniform strength should be used.

Genito-Urinary Surgery

T. B. RICHARDSON, W. WARNER JONES.

A Few Plain Truths about Arsenobenzol. GOTTHEIL. (*New York State Journal of Medicine.*) Abst. *Therap. Gazette.*

Writing under this title, Gottheil says that he restricts himself to a bald statement of the results of his study of arsenobenzol. He embodies them in a series of propositions which he thinks can be sustained.

1. Arsenobenzol does not "cure" syphilis any more than mercury does, and perhaps less than mercury does. This is true of one or two doses of the new drug, the effect of which is comparable to that of a few mercurial injections. It does not "sterilize" the body.

2. Arsenobenzol is a powerful symptomatic remedy for the leutic phenomena, in some cases acting quicker and more vigorously than mercury, in others being equal to the older drug in therapeutic action, and in still others being ineffective.

3. Symptoms of persisting infection, wrongly called "relapses," appear rather more quickly after one or two arsenobenzol injections than they do in the course of an effective mercurial medication. This is to be expected when it is understood that complete sterilization with one or two injections is impossible. Long-continued action is required, as the mercurial medication attempts to effect.

4. Cases recently infected, in which the symptoms may be expected to appear in rapid succession, are the ones by which the efficacy of the arsenobenzol must be estimated. Isolated tertiary phenomena, appearing after long intervals of apparent health, may, when healed, be followed by symptomless intervals of indefinite length under any treatment, or under none at all. No conclusions as to the lasting effects of the new remedy can be drawn from them.

5. Since complete sterilization of the body cannot be effected by arsenobenzol, the intravenous administration of the drug, by means of which the system is subjected to the very fugacious action of a large amount of the arsenic, does not seem to be indicated save in exceptional cases. Intramuscular injection, as more lasting, would seem to be preferable; and it is very possible that the future may teach us that the best results are to be attained by the administra-

tion of much smaller doses in prolonged courses, exactly as is done with mercury.

6. There are disadvantages and even dangers incidental to the arsenobenzol medication, concerning which we are still insufficiently informed; and we do not yet, and shall not for a long time, know its ultimate effects. It is not therefore to be recommended to the profession at large for the general treatment of luetic disease.

7. On the other hand we do possess a remedy, which we know all about, which is of undoubted efficacy, and which does cure syphilis. Mercury is still the anti-syphilitic for general use, and we cannot do without it. The best proof of this is the fact that the latest advice from quarters where the arsenobenzol has been longest and most extensively employed, and where the prejudice is all in its favor, is to use it first, and then to proceed to the regular and prolonged mercurial treatment as before.

8. Cases of syphilis recalcitrant to mercury, or with an idiosyncrasy against the drug, do occur, but by no means with the frequency that recent reports would indicate. Inefficient medication or a possibly unconscious bias in favor of the newer treatment accounts for many of them.

9. Arsenobenzol, in the experience of the author, has been specially efficacious in some cases of early syphilis of severe type, especially those showing ulcerative dermal lesions, mucous patches, and condylomata; and in some late and obstinate tertiary affections, such as palmar and plantar squamous lesions, leucoplakia syphilitica, gummatous infiltrations of the internal organs, etc. In most cases its symptomatic effect is equal to that of mercury; and like this latter drug, it sometimes fails entirely.

10. It is generally conceded that arsenobenzol is as useless as mercury for the syphilitic sequelæ after organic changes have occurred. It has not given results in late brain or spinal cord disease due to the infection.

11. With our present information the writer considers arsenobenzol indicated in the following classes of cases of the disease:

(a.) In early cases of specially severe type, in which the disease manifestations are multiform, or follow each other with great rapidity, or do not seem controllable by efficient mercurial treatment.

(b) In cases of persistent or recurring infective lesions like mucous patches, in which the danger to the patients' surroundings must be minimized by the quickest possible removal of the infective foci.

(c) In cases in which circumstances do not permit persistent and prolonged mercurial medication, as in travellers, prostitutes, etc.

(d) In cases of late syphilis of especially obstinate or recurrent type.

(e) In cases in which immediate and most energetic action is required to save an organ or to prevent irreparable tissue damage.

(f) In the rare cases in which mercury does not act, or in which it cannot be given.

12. Arsenobenzol does not seem to be indicated:

(a) In the ordinary run of cases of syphilis, on account of our ignorance of its permanent action on the disease, and of its dangers, and because we possess other harmless, perfectly efficient, and well-understood means of medication.

(b) In cases that have lesions of the internal organs, more especially of the kidneys or of the eyes.

(c) In cases suffering from the after-effects of syphilitic processes, when permanent organic changes have occurred.

In conclusion, the author states his belief that we have in arsenobenzol a permanent addition to our antiluetic armamentarium, and one that will enable us to cope more successfully than has heretofore been possible with certain phases of the infection; but that we have no more got a cure for syphilis, save in the sense and with the limitations that mercury is a cure, than we had before its introduction, and that the mercurial medication is required in every case no matter whether arsenobenzol has been used or not.

ACNE VULGARIS.

Burke (*Pac. Med. Jour.*) treats this disease locally as follows: The patient is ordered to vigorously scrub his face every night with green soap and hot water. The comedones are dissolved out by the soap; the scrubbing removes them mechanically, and tones up the skin. The face is then rinsed with cold water and dried; then this ointment is applied: Beta-naphthol, 5 per cent.; sulphuris praecip., 25 per cent.; saponis viridis and adipis lanæ, of each 35 per cent. This is allowed to remain on the face from fifteen minutes to one hour and then wiped off. A prolonged contact is to be avoided.

Reviews

Merck's Manual. New York: Merck & Co.

When advance copies of the fourth edition of Merck's Manual were received from the printer's last June, we announced in the Canadian medical and pharmaceutical journals that a few copies had been set aside for English-speaking persons in other countries than the United States. The price for these copies was set at 35c. each. Since then many requests for the little book have been received from Canada, accompanied by gratifying expressions of good-will and of confidence in the Merck label.

In acknowledgement of the interest shown in the Manual by our Northern neighbors, we have decided to offer it for distribution in Canada upon the same terms as those obtaining in the United States. Hereafter, then, any physician, pharmacist, or chemist in Canada may secure a copy of the book by making application, stating his profession or business, and enclosing the forwarding charges of ten cents (in silver).

Allbutt & Rolleston's "A System of Medicine."

The second edition of Allbutt & Rolleston's "A System of Medicine" has been completed by the recent publication of the ninth volume. The set actually consists of twelve volumes, as Vols. II. and IV. are each divided into two parts, and a special volume has been added on "Gynæcology."

The new edition has been so extensively revised and so largely rewritten that it has become practically a new work. It provides the most up-to-date, comprehensive and authoritative record of medical progress and opinion available at the present time.

Vol. 1.—*Prolegomena and Infectious Diseases*, contains new articles on Exercise in the treatment of disease, and on X-rays, while the important article on the General Pathology of New Growths has been entirely rewritten by Dr. F. W. Andrews.

Vol. 2.—*Infectious Diseases* (continued), *Intoxications.* The article on the General Pathology of Infection has been almost entirely rewritten by Professor Ritchie. New articles have been added on the Pathology of the Streptothrix infections and Food Poisoning.

Vol. 3.—*Tropical Diseases and Animal Parasites.* This volume is entirely new in arrangement and largely so in substance. After due consideration it has seemed most convenient to include all the animal parasites in this volume, and not to divide those of importance in tropical climates only from the others.

In order to provide an authoritative account of the animal parasites and carriers of tropical disease, a knowledge of which is of the greatest importance to those engaged in the study and practice of Tropical Medicine, special articles by zoologists have been included.

Vol. 4.—*Certain General Diseases; Diseases of the Stomach,* contains new articles on Pulmonary Osteo-Arthropathy, Achondroplasia and Congenital Hypertrophy of the Pylorus. The following articles have been entirely rewritten: Diseases of the Mouth, Appendicitis, Intestinal Obstruction, and Visceroptosis.

Vol. 5.—*Disease of the Liver, Pancreas, Ductless Glands and Kidneys.* In volume five the articles dealing with the affections of the Thyroid Gland have undergone extensive change. Prof. George R. Murray has written an entirely new account of Myxœdema, and Dr. Hector Mackenzie has almost rewritten the other articles. A new article on the difficult subject of Status Lymphaticus has been written by Dr. John Thomson, who also deals with Infantilism. Professor Haliburton's new article on Oedema is inserted here.

Dr. William Hunter has supplied a new article on Delayed Chloroform Poisoning, and the various diseases connected with the blood-vessels of the liver, including Multiple Abscesses and Suppurative Pylephlebitis, have been described by Dr. Herringham.

Vol. 6.—*Diseases of the Nose, Pharynx, Larynx, Trachea and Ear.* In order to render the articles on the Nose and Throat more accessible to readers specially interested in these subjects, it appeared advisable, in the second edition, to issue them in a separate and smaller volume. When this had been decided, Sir Felix Semon, who has assisted the editors with advice and help in the most generous manner, suggested the inclusion of the Diseases of the Ear, as this addition would probably be welcomed by many readers desirous of possessing a complete handbook of these subjects. This addition has been made under the supervision of Dr. McBride, who has constantly advised the editors, and spared neither time nor trouble on the task.

The sections on Diseases of the Nose, Pharynx and Larynx have been very considerably extended, and have been further supplemented by entirely new articles on Direct Laryngoscopy, Tracheoscopy, Oesophagoscopy, and Gastroscopy, by Mr. Waggett, and

on Diseases of the Trachea, by Sir Felix Semon and Dr. Watson Williams. The addition of colored Plates and of Figures in the text should add to the utility of the work, which will serve as an authoritative treatise on these important subjects.

Vol. 7.—*Diseases of the Respiratory System; Disorders of the Blood.* The account of Aero-therapeutics has been transferred from the original Vol. 1, so as to be in closer relation to the Diseases of the Lungs, to which it almost exclusively refers. Dr. Perkins has written new articles on New Growths of the Bronchi, and on Abscess and Gangrene of the Lung, and has collaborated with Dr. Frederick Roberts in the description of New Growths of the Lung and of the Pleura. The article on Pleurisy has been revised by Dr. Horder, and Dr. Bosanquet has dealt with the Diseases of the Thymus Gland.

The remainder of the volume contains what may perhaps most conveniently be described as the Disorders of the Blood. Completely fresh articles on Polycythæmia and Erythræmia, and on Cyanosis have been contributed by Dr. Parkes Weber and by Dr. Garrod.

Vol. 8.—*Diseases of the Heart and Blood Vessels.* In this volume Professor Sherrington's original introductory article on Cardiac Physics has been revised by Dr. James Mackenzie, who has added an account of the peripheral circulation, including arterial blood-pressure; this justifies a change in the title of the article to that of Physics of the Circulation. Dr. J. Mackenzie's influence on this branch of medicine is further seen in the numerous tracings which he has generously placed at the disposal of the authors of various articles. An entirely new article on Stokes-Adams disease has been contributed by Professor Osler and Dr. Keith. The article on Over-Stress of the Heart has been rewritten, and contains a section by Dr. R. W. Michell, the outcome of his special opportunities of watching university athletes. The account of Functional Disorders of the Heart has been largely rewritten and a new article on Aneurysm has been contributed by Professor W. Osler.

Vol. 9.—*Diseases of the Muscles, the Trophoneuroses, Diseases of the Nerves, Vertebral Column and Spinal Cord.* Extensive changes have been made in this volume; the section on Diseases of Muscles has been considerably enlarged, more freely illustrated, and reinforced by additional articles on Amyotonia Congenita (Dr. James Collier), Myasthenia Gravis (Dr. Farquhar Buzzard), Family Periodic Paralysis (Prof. J. Michell Clarke), and the Neuritic Type of Progressive Muscular Atrophy (Dr. F. E. Batten).

The advances of Neurology during the past ten years are reflected in the numerous changes necessitated in the section on Diseases of the Nervous System. Dr. Mott's authoritative and admirably illustrated "Introduction to Neuro-Pathology" is an entirely new article, as is Sir William Gower's contribution on Medical Ophthalmology.

Vol. 10.—*Diseases of the Brain and Mental Diseases.* Under the heading, Meningitis, Dr. Batten has contributed a new article dealing with all forms of meningitis except the tuberculous. Other new articles in this volume are those on Acute Polioencephalitis, by Dr. F. E. Batten; on Recurrent Paralysis, by Professor J. Michell Clarke, and on Apraxia and Agnosia, by Dr. James Collier.

Vol. 11.—*Diseases of the Skin. General Index.* The necessary changes are so extensive that this section is a rewritten rather than a revised successor to that of the first edition. The important articles on the "Bacteriology of the Skin," "Eczema" and "New Growths" have been rewritten by Dr. Whitfield. Among the new articles contributed by Dr. Adamson are those on "Generalized Exfoliative Dermatitis," "Pityriasis Rosea," "Pityriasis Rubra Pilaris," "Blastomycosis," "Sporotrichosis," "Calcareous Deposits in the Skin" and "Affections of the Nails." The important subject of "Tuberculosis of the Skin" has been entirely rewritten by Dr. J. H. Sequeira, and J. M. H. Macleod has contributed new articles on "Pruritus" and "Parapsoriasis." The inclusion of numerous illustrations in the text should enhance the value of the volume, which should prove an authoritative work on the subject.

It also contains a General Index to the complete work, occupying ninety-nine pages.

Vol. 12.—"*Gynecology.*" The authors of the two chief surgical articles in the first edition, viz., "Ovariotomy" and "Hysterectomy," have been removed from us by death, and the articles by Prof. J. W. Taylor and Prof. H. R. Spencer, which take their place, are entirely new. Additional surgical articles dealing with the Antiseptic and Aseptic Technique, Minor Operations Upon the Uterus, Vaginal Hysterectomy and Colpotomy, and After-Treatment of Gynecological Operations, have also been found necessary. The article on "Plastic Gynecological Operations," although not rewritten, has been extensively modified.

Three of the articles in the first edition have been omitted altogether, and eighteen are now republished after careful, and, in some instances, laborious, revision, in order to bring them fully abreast of modern theory and practice.

From the standpoint of craftsmanship these handsome volumes reflect great credit on the publishers.

Members of the medical profession can arrange to examine this edition by writing the Macmillan Co. of Canada, Ltd., 70 Bond Street, Toronto.

Manual of the Diseases of the Eye For Students and General Practitioners. By CHAS. H. MAY, M.D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Columbia University, 1890-1903; Ophthalmic Surgeon to the Mount Sinai Hospital, New York, etc., etc. Seventh edition. Revised. With 362 original illustrations, including 22 plates with 62 colored figures. New York: William Wood & Company. 1911. Price, $2.00.

It is not long since we favorably reviewed the last edition in these columns. The book remains the same in size, but has been made up-to-date by the treatment of the newer subjects, such as Lagrange's operation for Glaucoma, the use of "606" in the treatment of ocular affections, the injection of tuberculin and Kronlein's operation. There is also a new chapter on the ocular manifestations of General Diseases. As we have said before this is an excellent volume for the student and general practitioner.

W. H. L.

Lippincott's New Medical Dictionary. A Vocabulary of the Terms used in Medicine, Dentistry, Veterinary Medicine, and the Allied Sciences, with their Pronunciation, Etymology, and Significance. Including much Collateral Information of a Descriptive and Encyclopedic Character. By HENRY W. CATTELL, A.M., M.D. (U. of P.), Editor of *International Clinics,* Fellow of the College of Physicians of Philadelphia, etc. Freely Illustrated with Figures in the Text. Second Edition. Philadelphia and London: J. B. Lippincott Company. Canadian Agent, Mr. Charles Roberts, 608 Lindsay Building, Montreal.

That there should be so great demand for a medical dictionary as to call for a second edition of this most excellent work within one year is not at all surprising when the surpassingly comprehensive scope of it is understood, known and appreciated. It must assuredly be very gratifying to the editor and publishers that this dictionary has met with the extremely favorable commendation of the profession. New illustrations are added, over five thousand additions and changes have been made, and upwards of five hundred new words have been incorporated in the text. Modern medi-

cal terminology calls for an extensive vocabulary. That the editor has been able to make this complete and up-to-date through a careful examination of medical literature and at the same time to make a judicious, exact and compact selection, has, no doubt, been a task of the greatest and most arduous application. He, however, reaps the full benefit of that task in his splendid endeavor and can well pride himself upon having placed before the medical profession a book of the utmost importance to every member thereof. Beautifully bound in flexible leather, with thumb index and with introductory explanatory notes, the book is a model of the publisher's art. The whole production is admirable and is exceedingly well worthy a place in the library of every physician, dentist and veterinarian. In fact, we do not see how anyone could get along without it. The Canadian agent, Mr. Charles Roberts, 608 Lindsay Building, Montreal, will be pleased to forward literature and further particulars.

Can Sympathetic Ophthalmia Follow a Non-Perforating Traumatism of the Eye?

In the *Ophthalmoscope*, August, 1911, Mr. T. Harrison Butler treats of this interesting subject. In his search through the literature he did not find one authentic case of sympathizing inflammation without a perforating wound in the exciting eye, except, of course, the cases which sometimes happen where it follows an intraocular growth. He points out that sympathetic inflammation sometimes follows the perforation of a corneal ulcer, if some operative interference be undertaken, such as cauterization, iridectomy or corneal section. Ophthalmologists are pretty much decided that the answer is "No" to the question which is the subject of the paper, and Mr. Butler answers "No," but yet he would consider it a risk to spare an eye which had become blind from a plastic inflammation following a non-perforating injury in which the eye was soft and tender and in a condition of phthisis bulbi.

W. H. L.

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COMMENT FROM MONTH TO MONTH.

Politics and General Elections are of no particular concern to the medical profession, but the advent of a new Federal Government will bring into view new men and new situations. Bright and keen themselves to institute reforms, the time will be opportune for the Canadian Medical Association to reopen the negotiations for the consolidation of the various medical services at present administered under five different departments of the Crown.

It would seem scarcely necessary to point out the anomalous condition of affairs, wherein one, if not the leading department, is administered under the Hon. the Minister of Agriculture, another, under the authority of Inland Revenue, another under the Department of the Interior, and so on. It has been long recognized that confusion is the result of this diffusion of service, and that better administration would accrue by a consolidation of the services under one department, administered by a responsible minister.

Whilst we are bound to say that the Laurier Government always listened freely and courteously to the advances made by the Canadian Medical Association and promised consideration, it was commonly understood that the difficulty in carrying out these urgent and desired recommendations and reforms was due to inter-de-

partmental influences; in a word, due to "patronage." This, then, is the obstacle to surmount, and the national medical body should lose no time in pressing this subject upon the attention of the new administration.

A new and strong committee should be at once organized, and the entire ground gone over again with assiduity and perseverance.

Twenty Years' Practical Experience in Modifying and Pasteurising Milk for Infant Feeding ought to count for much. It is the succinct story of the experience of Mr. Nathan Straus, of New York, the founder of infant milk depots, and was presented by him at the third International Congress for the Protection of Infants, Berlin, Germany, Sept. 1911. He was the official delegate to this Congress from the government of the United States.

The appalling waste of child life and the recognition of the perils of raw milk, led Mr. Straus twenty years ago to establish the first milk depots in New York City. This, together with the modification and pasteurization and instruction to mothers to feed and care for their babies properly is the method which has found pronounced success in America.

In 1892 the death rate amongst children was 96.5 per 1,000; in 1910 it had been brought down to 45.8, a steady annual reduction.

Recognizing the vast possibilities of the work, as well as the incapability of any single individual to carry it on single-handed, Mr. Straus early endeavored to interest municipalities in it, and succeeded.

But not alone to municipalities should the work be confined, but churches also can do their part, as well as other charitably disposed organizations.

Pasteurization of milk is proving itself, and is to-day recommended by the highest authorities on the subject.

The Present Status of Cancer Research calls to mind the fact that it is now about ten years since experimental investigation of this great problem took on new and active life. This was due to active work by Loeb, and Jansen, a Danish investigator.

Prior to this time all investigations were practically of a microscopical order and so hypothetical theories as to the cause of cancer were expounded. From this arose the two theories, the pre-natal influence and the acquired abnormality.

Cohnheim elaborated the theory as regards the separating of embryonic development groups of cells from their normal relations

during development, which cells remaining quiescent, on being set into activity, rapidly proliferated into a cancer. In the other changes of a chemical, physical or structural character took place in the cells, thus taking on new functions and new activities.

Our knowledge advanced when it was discovered that cancer could be transmitted from one animal to another—and this knowledge has been gained by experimental means. True, it has been known for many years that the lower animals developed cancers similar to those seen in human beings, that in certain kinds they appeared more frequently than in others, that spontaneous cancers occurred in rats and mice.

When cancer has been experimentally transmitted from one animal to another, that is, when the cancer cells are grafted on a normal animal and when these cancer cells grow, divide and multiply, then we have growing cancer cells of the first animal in the second animal. As a rule the cells of the second animal take no part in the growth. And this cancer so inoculated can be transmitted to other animals almost unlimited.

But with this increment of knowledge and with this experimentation on animals, as yet no definite results have been discovered as to the cause of cancer.

The part or role heredity plays cannot be definitely assigned, any other than that we know or believe that heredity plays its part in the transmission of qualities favorable or otherwise to the growth of the cancers so transplanted.

The role played by micro-organisms, as evidenced by the occurrence of the disease in certain districts, epidemics of cancer cases, repeated occurrences in houses or families has been studied for a number of years and may seem to point to such as an origin, but it will be well always to bear in mind other causes as well as heredity in these cases.

So far as bacteria, yeasts or specific parasites go in the causation, experiments have so far failed to establish any true cancers resulting from the injection of these self-same parasites.

It has been proven too that in inoculated cancers pure chemical and physical factors have caused increased or diminished activity; and the study of tissue growth is throwing more light upon cancer growth.

To the study of cancer in lower animals we owe the opportunity to test various methods of cure or prevention, but as yet no cure has been established. Drugs, serum or vaccines can do nothing once it has started to grow. But on the other hand some definite results have been obtained in rendering animals resistant to the disease.

The X-rays and radium, the newest remedies in the treatment of cancer, have in some cases proved effective, but in the majority of cases failure has been recorded here as elsewhere. They have been more effective in the superficial cancers.

Therefore, it seems that while modern experimental work has failed so far to establish the cause of cancer, it has definitely proven that the problem is intimately related to cell growth. It is patent, then, that future work must be directed along this line.

In the United States there are six laboratories or funds devoted to search after new knowledge of cancer, at Harvard University, the State Cancer Laboratory at Buffalo, the Crocker Cancer Fund, administered under the surveillance of Columbia University, Cornell University, the Barnard Free Skin and Cancer Hospital, and the Rockefeller Institute.

Under the Imperial Cancer Research Fund, England is conducting experimental and statistical work. Berlin has two institutes. So also at Heidelberg, at Moscow and the Pasteur Institute in Paris work is being conducted along similar lines. Then there are numerous private as well as hospital investigators.

As usual we are behind the times in Canada in having neither a special fund nor a special institution for the prosecution of this research work.

TORONTO had 90 cases of typhoid in August.

DR. ALBERT A. MACDONALD is visiting in Quebec.

DR. FRED J. TEES has returned to Montreal from a trip to the coast.

THE death occurred recently of Dr. Francis W. Hall, Victoria, B.C.

TORONTO has 418 cases of tuberculosis under supervision of the city's nurses.

DR. ERNEST JONES, Toronto, has returned from Germany, where he read a paper before the International Congress of Medical Psychology.

DR. J. GEORGE ADAMI is on his return to Montreal, from Rome. Dr. Adami has been elected President of the Montreal City Improvement League.

DR. CHARLES TROW, Toronto, died suddenly on the morning of the 8th of October. He had been in his usual good health on Saturday previous. The late Dr. Trow was attached to the Ophthalmic Department of the University of Toronto and also to the Toronto General Hospital.