

PAGES

MISSING

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EDITORIAL.

ONTARIO MEDICAL ASSOCIATION.

In the September, 1918, issue of the *Canada Lancet*, we published a paper contributed by Dr. A. H. Wright dealing with the "Ontario Medical Association." It may be said without fear of contradiction that there is no more esteemed name in the medical profession of Ontario than that of Dr. Adam H. Wright. This was warrant enough for using in our pages his contribution. Dr. Wright's paper criticized certain events in connection with "the medical week" in Hamilton nearly a year ago, and mentioned Drs. Morton, Parry and Mullen in his paper.

Quite recently, and only in time for our May issue, we have received a contribution from Drs. Morton, Parry and Mullen, and give it to our readers with the same readiness that we gave publicity to the article from Dr. Wright. Indeed, we are frank in saying that we regard the communication from Drs. Morton, Parry and Mullen as coming somewhat late after a lapse of about seven months from the date when Dr. Wright's communication was published.

Drs. Morton, Parry and Mullen seem to think that the editors of the *Journals* should have verified the statements made by Dr. Wright. Not at all. Dr. Wright published his article with his own name attached thereto; and it was open to the three just named to reply if they objected to any of the statements made by Dr. Wright. So far as the editors of the *Canada Lancet* are concerned, its pages are at the disposal of both sides to the dispute, so long as the discussion is conducted with dignity and in the interests of the profession.

Drs. Morton, Parry and Mullen state "that they (the profession) should, as soon as possible, realize the necessity for having a *Journal* completely under their own control, one which will be free to discuss at

length the business of the Association and contain medical literature of such a high standard that it will attract attention far and wide."

This looks fine in print, and might bear the construction that the journals now published are not of the required standard. So far as the *Canada Lancet* is concerned, it has always most loyally supported the Ontario Medical Association, and has given its pages most freely to the discussion of the affairs of the Association. As a journal, it never failed to praise whatever was good, and has never feared to criticize what it thought was not in the best interests of the profession. For its stand it has met with universal commendation, except from the irregular cults. It has also published articles from the pens of the most distinguished members of the profession in every field of medical progress. It has constantly quoted and extracted matter from the highest class journals of all countries.

The new journal might be able to find someone who could write such editorials as have never been heard of before. He might be able to raise up a new race of writers, and clinicians, and medical scientists, who could contribute articles far superior to those who now make contributions to the medical journals; and perhaps the new journal would compel all the journals of the world to so rise in standard that much better literature could be found in their pages to quote from than is now the case. This does seem utopian enough to have pleased old Sir Thomas More.

Our Hamilton confreres then state of this new publication: "This journal would in no sense arouse the suspicion that it was a parasite living wholly or even in part on the good nature of our profession, or unknowingly to them, fattening its own being by financial advantage of advertising matter obtained under false pretences, on the representation of fictitious circulation or the admission of medical literary matter of questionable interest or scientific value."

So are we to infer that the medical journals now published in Ontario arouse the suspicion that they are parasites living on the good nature of the profession? Such would be a gross insult to all who have to do with the editing of our present journals. Then they state that this new journal would not fatten on advertising matter obtained under false pretences. The inference, we take it, is that our present journals come under this censure. The fact is that our journals are carrying advertising information similar to that to be found in the *British Medical Journal*, the *British Lancet*, the *Edinburgh Medical Journal*, the *Journal of the American Medical Association*, the *Boston Medical and Surgical Journal*, or the *Canadian Medical Association Journal*. The veiled attack upon the medical journals is uncalled for in the face of their efforts to uphold the ideals of the medical profession.

TWO IMPORTANT CONVENTIONS.

We call attention to the programme of the Ontario Medical Association, which meets in Toronto on May 27th to 30th. The attendance should be large. We regard the Ontario Medical Association as one of the sturdiest and best in Canada. Arrange for a few days away from practice and make this gathering your objective.

The other association is the combined meeting of the Canadian Public Health Association and the Ontario Health Officers' Association, which is to be held in Toronto on 26th, 27th and 28th May. This meeting should also receive the cordial support of the profession.

THE MEDICAL FREEDOM LEAGUE.

The following comes by press despatch from Ottawa:—

“The Medical Freedom League of Ottawa was formed in the Y. M. C. A. last night with H. G. Barber as president and Rev. J. M. Adlard as secretary. Determining to resist any attack on health or liberty in the form of compulsory vaccination, the meeting went further and declared for a medical freedom. Medical domination in public affairs was characterized as both evil and tyrannous, and the claims on behalf of the vaccination were refuted and denied.”

The foregoing is in keeping with anti-vaccination and anti-vivisection societies. In such movements there has usually been found a maximum of sentiment and a minimum of knowledge. In the case of vaccination against smallpox, the statements of Alfred Russell Wallace are continuously quoted, and yet his statements have many times been refuted. It would be a good thing if such persons were compelled to take a course of study on the value of typhoid fever vaccine, as an example.

SEX EDUCATION.

This subject has received much attention in recent years. It will not down. There is a growing desire on the part of the young mind for information, and the important thing is that the information be proper and safe. Before the Teachers' Association, Dr. Withrow voiced the following views:

He believed that this instruction could be given in a perfectly safe manner. An outstanding objection to the present state of affairs was that children were finding out these fundamental facts regarding the origin of life in an improper and unwholesome manner. The abnormal curiosity of the child would be developed either rightly or wrongly, according to the character of the knowledge he acquired of the origin of life. Many a tragedy would be averted, he believed, if careful judg-

ment were exercised in teaching children along these lines. Sex questions, he said, were not unclean; it could only be the attitude of the adult mind that could make education along these lines unclean. If teachers were not properly qualified to impart sex knowledge, then teachers, themselves, should be educated. As an aid to education along these lines, he showed a series of moving pictures dealing with the origin and development of plant life, the growth of fruit from blossoms, and the progress of life among the lower animals such as the tadpole, rat and butterfly. Children were interested in these subjects, and it would not be a difficult matter to carry them from this to the origin and development of the higher forms of life. It would give the child a greater reverence for his own body and of motherhood. Nothing need be feared when the truth was known to the child.

INSPECTION OF SCHOOL CHILDREN.

We are living in times of progress. It is gratifying that from time to time there come into the public life of the country men and women with the larger vision of duty and the call of the day as the preparation for the future. This is well exemplified by the news that there is to be a general inspection of the school children of the Province of Ontario.

The promised province-wide medical survey of the children in Ontario schools is being commenced, all necessary arrangements having been completed. Hon. H. J. Cody, Minister of Education, stated recently that the doctors and nurses to carry on the work have been appointed, and are now ready to take up their work. It is expected that the task will require from one to two years to complete. The dental inspection, which will be carried on practically at the same time, will be started shortly, the appointment of a competent dentist to take charge of the work being now under consideration.

Among those appointed to the staff to make the medical survey are Dr. Mary McKenzie Smith, of Gravenhurst, Dr. E. J. Sirrs, of Campbellville, Miss Ethel Campbell, of Ottawa, and Miss E. J. Jamieson, of Toronto.

The inspection will be to a large extent a rural and small town survey. Most of the cities and many of the larger towns have had medical and dental inspection of varying thoroughness, advantage having been taken of permissive regulations passed three or four years ago. In the rural districts practically the only medical or dental inspection has been that carried on through the activity of the Women's Institutes, which will co-operate with the Department in the present inspection survey.

THE MANUFACTURE OF SALVARSAN.

We wish to state in as strong terms as possible that permission should at once be granted to any person who can manufacture Salvarsan, or similar preparations. All German patents should be regarded as forfeited by the war, and the articles made under patents granted by the Canadian Government to citizens of Germany should now be thrown open to Canadian enterprise and capital. This should include all drugs, chemicals and dyes. After forcing upon the world a war so costly in life and treasure as has just closed, Germany should not be allowed to resume pre-war conditions.

VENEREAL DISEASES IN ALL TROOPS IN THE UNITED STATES BY MONTHS, JULY, 1918-JANUARY, 1919, INCLUSIVE, AS REPORTED TO THE SURGEON-GENERAL ON WEEKLY TELEGRAPHIC REPORTS.

	July	August	September	October	November	December	January
Mean monthly strength	1,439,580	1,584,159	1,621,425	1,551,065	1,537,953	1,191,764	841,839
Total admissions	23,370	25,100	28,521	13,276	8,554	6,564	4,210
Annual rates per 1000 of strength based on admissions per month	169.7	205.97	228.67	89.01	72.22	57.25	65.01
Approx. no. of cases contracted before enlistment	20,221	23,924	25,954	11,949	7,262	5,432	3,283
Percentage of total admissions representing before-enlistment cases, per cent.	87	91.3	91	90	85	82.8	78
Percentage of total admissions representing after-enlistment cases, per cent.	13	8.67	9	10	15	17.2	22
Approx. no. of cases contracted after enlistment	3039	2176	2567	1327	1281	1128	927
Annual ratio per 1000 of strength based on after-enlistment cases of months	22.0	17.8	20.5	8.80	10.82	9.83	14.31

In addition to the weekly telegraphic reports to the Surgeon-General of the Army, an officer has been detailed this past Autumn to investigate at various camps in the East and South some statistical records which, inevitably prepared in the stress of many duties, were occasionally incomplete or apparently contradictory. One interesting result is the discovery that the number of after-enlistment cases is even smaller than that summarized above.

ORIGINAL CONTRIBUTIONS

THE WORK OF RED CROSS ORGANIZATIONS IN RELATION TO
THE PREVENTIVE MEDICINE OF THE FUTURE.

By Sir Arthur Newsholme, K.C.B., M.D.

(An address delivered at American Red Cross Headquarters, Washington, D.C.,
May 2, 1919.)

IT is difficult to give, as I am invited to do, in brief space and without the detailed reports of proceedings in which I took part, a clear conception of the conclusions reached at the extremely important International Conference of Red Cross Societies which was held in Cannes during April of this year.

I shall endeavor, however, to state the conception which gave rise to the conference and to give some of the conclusions reached by the experts in a number of departments of medicine on which are being based the initial steps for the organization of a new departure in Red Cross work.

It is unnecessary to remind actual Red Cross workers of the vast amount of beneficent work, rendered possible by the gifts of possibly half the American population, which has been carried out by your agencies in the various belligerent countries. The record of saving life, of alleviation of suffering, and in other instances of prevention of greater suffering, is one calling for gratitude and congratulation. This work has been rendered possible by an unrivalled combination of trained and of relatively untrained workers. The trained workers were indispensable; but without the invaluable assistance of intelligent, previously untrained, voluntary workers, a vast mass of suffering would have been left unalleviated and unrelieved.

This work in the main has been directed toward the healing of the sick and wounded, but not entirely so; for most interesting and valuable work has been done among the civilian population of the belligerent countries, in providing medical assistance, in special work for the treatment of tuberculosis, in securing medical assistance and advice for mothers and their children, and in caring for those who have been rendered homeless by ruthless war. In America, also, Dr. Clark informs me, that around military camps in States in which public health administration is imperfect, an organization has been evolved, through co-operation between the Central Public Health Service and the American Red Cross, by means of which territories about camps have been "cleaned up," the risks of malaria and other communicable diseases, including venereal diseases, have been minimized, a good milk supply assured, and elementary sanitation established. It is evident, therefore, that

already the Red Cross, when local sanitary arrangements were imperfect or in abeyance, has taken upon itself the burden of the emergency preventive measures as well as of measures of relief.

In so doing it has acted wisely. Preventive work is always more productive in results than relief work. It is also more economical. It is wiser as well as more humane to erect a parapet along the top of a dangerous cliff than to provide an ambulance at its base.

I do not, however, wish to give countenance to the notion that prevention and treatment of disease must be regarded in antithesis. The two are parts of a whole and not distinct and separate. This may be illustrated by two of the most serious diseases to which humanity is subject, tuberculosis and syphilis. Of these, tuberculosis is probably the chief producer of dependent widows and orphans; while syphilis, on the authority of Sir William Osler, must be regarded as third among the killing diseases. For the prevention of both of these diseases treatment forms an indispensable preventive measure. Every arrangement conducing to the comfort or recovery of the tuberculosis patient diminishes the risk of massive infection in his family; and the prompt treatment of syphilis by arseno-benzol preparations is the most effective means for securing his immediate disinfection as well as his progress toward cure. And even when the elementary personal infection is absent, it can be argued with justice that the prompt and efficient medical treatment and nursing of the sick not only diminishes the duration of individual disability, but prevents the impoverishment and enfeeblement of other members of the same family.

But for an increasing proportion of the total sickness of humanity, total prevention is now possible, and I need scarcely cite the almost complete disappearance of typhus in western nations in peace time, the rapid decline of enteric fever, and the improvement in regard to a large number of other diseases. The number of preventible diseases is being steadily increased, as investigation progresses, and as our knowledge of the already ascertained laws of health increases and becomes disseminated among the general population.

It was, therefore, a happy inspiration of Mr. Davison, the President of the American Red Cross, which led to his calling together the international conference of Red Cross Societies at Cannes, with a view to considering means by which the world-wide activities of Red Cross workers might be utilized for the prevention of illness as well as for the treatment of sick and wounded mankind. It is a vision of the future, which, I think, will have a great influence on the welfare of mankind, if, as I am confident will be the case, the conception fires the souls of the multitude of Red Cross workers and contributors in every civilized country, and leads them to determine against demobilization

of their forces, and to continue their beneficent activities against the horrors of peace, which, in the aggregate, are even more serious to mankind than those of war.

The statement that the devastations produced by disease in times of peace are even greater than the loss of life from war, may be illustrated by the experience of England and Wales. In the four years, 1911-14, immediately preceding the world war, 2,036,466 persons died in England and Wales, while, according to official figures, the total loss of men during the four and one-quarter years of war was 835,743, including 161,800 presumed dead. The war figures give the entire loss for the British Empire; but it cannot be far from the truth to state that war on the gigantic scale of the war from which we have just emerged has killed in Great Britain about one-third as many as have died in the civilian population in a corresponding period. I do not lose sight of the fact that a large proportion of the civilian deaths occur in ripe old age, and that 28 per cent. of the total civilian deaths occur among the children under 5, while those destroyed by war are adults and the most virile of our race. But the greater part of the deaths in childhood, as well as in adult life, before old age is reached, are preventible; and in the future will be prevented, given adequate research, intelligent and unsparing application of knowledge already in our possession, and an avoidance of the public parsimony which in relation to public health constitutes the most serious form of extravagance. That is the ideal which Mr. Davison and his collaborators place before us; and it was to devise plans to this end and to enlist the continued cooperation of all Red Cross workers that the conference was called at Cannes.

The Conference held a number of general meetings in which the general policy to be pursued was discussed, and then divided itself into sections dealing with the following subjects: preventive medicine, child welfare, tuberculosis, malaria, venereal diseases, nursing, information and statistics. These sections were not selected as covering the entire ground of preventive medicine, but as forming branches of work in which early investigation and action appeared to be most desirable.

But first of all the lines of general policy were discussed.

It is evident that although measures for the prevention of disease constitute a definite governmental function—neglect of which is treason to the communal welfare—even in the most advanced countries our governing bodies have not lived up to their potentialities. In scarcely a single sphere of its work can it be said of any government or of any local authority, that what could be done to prevent disease and to avoid human suffering has been completely accomplished. To say this is merely to express the imperfections of humanity, singly or the greater

imperfections of committees and councils entrusted with the public purse and the public weal.

There is, and I think always will be, ample scope for supplementation of official work by voluntary workers, for the experimentation in new and promising work which it is so difficult to initiate in official circles, and for the undertaking of necessary work by devoted volunteers when public opinion and officialdom refuse to undertake it.

This disposes of the argument that Red Cross activities in the prevention of disease merely prevent the development of official work. The true object of all voluntary workers is to stimulate official public health work, and when in any sphere the latter is fully developed to welcome the disappearance or reduction of voluntary non-official work, or seek the new means of social help which are always awaiting for devoted workers to initiate.

The conference agreed that the new work of the Red Cross would naturally divide itself into two parts: an International Bureau, and National Organizations. The duties of these and their relation to each other will be more clearly seen in the light of experience. The International Bureau in the scheme proposed for the consideration of the conference—which received general approval—would act as a great centre for collecting information on various public health subjects, and for digesting it and subsequently distributing it by means of special publications, or periodical journals, or on application from those requiring specialized information. It would also act as a means of educating the general public on urgent problems affecting its welfare; and it would be utilized as a centre, organizing in less favored communities, missions which would undertake local investigations and remedial work. These surveys and activities would be intended rather as demonstration centres than as permanent organizations, the intention being to withdraw them as soon as the necessary work could be carried on by local Red Cross or other organizations.

It was suggested that the central bureau should comprise a number of branches dealing with epidemic diseases, tuberculosis, venereal diseases, child welfare, nursing and other subjects, collating and analyzing information and distributing it through the medium of the National Red Cross of each country.

Such a central bureau, it will, I think, be agreed, will be of the greatest value to all social and public health workers, while not clashing with any existent agency.

The proposed organization of Red Cross agencies for preventive work has already received an imprimatur in the draft league of peace; and it would be appropriate that its headquarters should be near if not side by side with the future home of that league. If it receives the full

development for which we hope, it will form, perhaps, a chief instrument in securing peace and continued happiness for mankind.

The relation of the central bureau to National Red Cross societies will be one of mutual co-operation. The central bureau will provide information and facilities for national work; the actual work will need to be carried out in each country nationally and in the main from funds supplied by that country.

It is not intended that the National Red Cross shall undertake, much less compete with, work already being carried out either by local authorities or by existing voluntary associations. If, for instance, there is a society concerning itself with child welfare, or the prevention of tuberculosis, or of venereal diseases, the National Red Cross would naturally give such assistance as it could through its voluntary workers in this special work, while leaving untouched existing arrangements. If no such societies existed the National Red Cross might advantageously assist in their formation, retiring as soon as the separate organization was working.

In countries in which official and existant voluntary agencies scarcely exist more active and continued direct work of the Red Cross organization will be called for; in such countries assistance may be needed from the central international bureau.

Evidently there are many points of central and national administration requiring and now receiving fuller and more detailed consideration; and all that need now be said is that it appears to me certain that International and National Red Cross organizations which will concern themselves with the prevention of disease as well as with the relief of suffering will be formed, and that they will have pregnant influence in hastening the reduction of human disease.

The second week's deliberations of the conference at Cannes were filled with meetings of committees of experts and more formal sectional meetings, at which lines of policy on certain specific subjects were formulated for the later deliberations of Red Cross Societies in Geneva.

It is unnecessary to summarize in detail the scientific recommendations reached in various subjects. It may suffice, as indicating the wide scope of the field of work about to be surveyed, that among the more urgent problems of preventive medicine priority was given to advocacy of combined efforts for the prevention of the major pests of mankind, of the provision of laboratory assistance in the diagnosis of disease, and in securing more accurate vital statistics and improvements in public health legislation.

In child welfare work, the importance of health visiting, of child welfare centers, of an improved midwifery service, and of continuous

observation of children under school age as well as scholars was emphasized.

In regard to tuberculosis stress was laid on the essential point that measures against this disease must embrace the whole of the sick lifetime of the patient, and must include when necessary, measures for obviating the results arising from the fact that the partially recovered patient commonly is unable to earn an economic wage.

In the prevention of venereal diseases a similarly wide outlook was advocated, including the necessary social and moral as well as medical measures against their spread.

In the preceding brief statement I have endeavored to indicate the main outlines of the proposals considered by the Cannes conference. My statements are merely those of a participator in the conference; and it is evident that outside of the momentous decision to endeavor to retain mobilized the forces of Red Cross organizations and to secure their assistance in the great impending struggle against disease, no final decisions have been made. The growth of the central and of each National organization in the desired direction must necessarily occupy time, though I believe development will be rapid, once the great ideal is visualized clearly by Red Cross workers in each country.

I have referred in an earlier part of these remarks to the imperfections of governments, central and local, in the control of disease. These imperfections indicate one of the most promising fields in which voluntary agencies, like the Red Cross, can assist toward greater efficiency. Both local and central authorities are elected by the people themselves and the laws and regulations for the promotion of the public health—and, what is even more important, the enforcement of existing regulations—depend for their efficiency on public opinion, which we can all assist in forming. The natural tendency on the part of the social enthusiast who has been disappointed in his efforts at reform, is either to retire from the fight or to organize a voluntary organization having the same end in view. This last may sometimes be the best line to pursue, though in that case endeavor should be made to secure friendly relationship with, if not also the active co-operation of, the local authority. But often the most hopeful plan is to fight the local elections and to secure the election on local governing bodies of men and women who will give these bodies no peace until the necessary reforms are secured.

If we are to be helpful we must be kindly and charitable in our criticism of local authorities. Nothing has made it so difficult to secure good men and women to undertake the burden of local government as the indiscriminating and uncharitable criticism aimed at those engaged in it. Criticism of members of our central and local governing bodies

is not seldom deserved; but critics are too often those who will give no assistance in the work which, with insufficient knowledge, they vilify. When we hear of scandals in administration, let us have a sense of proportion, remembering the grosser corruption evidenced, for instance, in Pepys' Diary, and especially remembering that the best way to remove corruption is by ourselves taking a part in the work of central or local government, or by steadily upholding those who are doing so with integrity.

The onlooker, whether it be on voluntary or on official work for the commercial good, has his duty to perform as well as the worker. It is his duty to make himself acquainted with local conditions and with local administration, even though he takes no part in it. A chief need at the present time is an interested study by every adult of all the phases of local administration in each district; and in my view Red Cross organizations will be rendering inestimable service to the community if they succeed in educating the public conscience to this effect. Increased local patriotism is urgently needed if the prospective fight against disease by the Red Cross Societies is to succeed, and if the further triumphs of preventive medicine within our reach are to be secured. To this end enthusiasm will need to be infused into official public health administration as well as into the work of voluntary agencies; and it is only by developing all the possibilities of our governing bodies as well as of voluntary societies and by securing the closest co-operation between the two that the new ideal of the Red Cross organization can be realized.

THE "GRIPPE": ITS PREVENTIVE AND CURATIVE TREATMENT.

BY DR. FRANCIS HECKEL.

(Extract from a paper read to the Société de Thérapeutique de Paris on Oct. 9th, 1918.)

Translated from L'Illustration by Professor J. Squair, Toronto.

THE wide-spread character and abnormal persistence of the present "grippe" epidemic make it necessary that a definite method of preventive treatment should be established and made general whilst we wait for the discovery of some still unknown specific treatment.

In order that this method should have wide application, it must have as a basis the diffusion of some idea of the extremely contagious nature of "grippe" and of the menace to all those who have not yet been attacked caused by every infected person who, from the very first moment of the attack, on account of negligence, ignorance or temerity, neglects treatment and isolation.

Epidemic "grippe" is without doubt one of the surest and most rapidly contagious infections amongst human epidemics. It seems almost certainly proved that a first attack does not confer immunity, for relapses and second attacks have been observed at each invasion of the disease. Of course, in this infection, as in every other, there are various degrees of individual receptivity; but, as far as "grippe" is concerned, it seems that very few persons can resist prolonged or repeated contagion. Cold, dampness, fatigue, violent emotions, loss of sleep, previous congestion of the mucous membrane, sudden variations of barometric pressure, and changeable weather are certainly predisposing, although not inevitable, causes. The sole, real, irresistible cause is contact with the still unisolated microbial element of the disease, whether it be furnished by a patient already attacked, or by an inert object which has been contaminated, or even by an uninfected person carrying the germ communicated by an infected patient.

A few minutes in contact or conversation with one who has the "grippe" are sufficient to communicate the disease. The period of incubation is very short, being on the average from a few hours to a day. And it must be constantly repeated that a patient suffering from a very slight attack may communicate to others a very serious, even fatal, form of the disease.

Hence it is absolutely necessary, if we wish to limit quickly the spread of an epidemic of this kind, that everyone suffering from "grippe" should refuse to receive visitors, and that all should know that even a friendly call on a patient of the "grippe" may cause an attack of the disease within twenty-four hours, unless the precautionary measures which we shall presently point out are employed.

Every additional person infected becomes in his turn a centre for the spread of the epidemic by means of the members of his family, his servants and the friends who are with him. Too often the nurses, hospital attendants, and even the physicians who make visits successively to those who have and have not the disease, become, if they do not use strict precautions, agents for the spread of the epidemic as well as its victims.

In addition to other causes, the ignorance and thoughtlessness of the great mass of the people, and the failure to understand the need of isolation and treatment, have for nearly six months prolonged an epidemic whose ordinary duration does not exceed six weeks.

It is therefore the duty of everyone, both for his own safety as well as for the protection of his family and friends, to submit to those effective measures of protection which, applied conscientiously and faithfully, would in a very short time check the epidemic.

PREVENTIVE TREATMENT.

It has seemed to me that the prior use of some arsenical treatment (*arsenites, arséniates, arrhénal, cacodylates, arsenobenzol, etc.*) would put the organism into a strong condition of resistance with respect to the "grippe". Persons undergoing arsenical treatment for other reasons, are not attacked even when thoroughly exposed to infection. Burlureaux and Camescasse have just pointed out to the *Société de Thérapeutique* that an injection of *gaiarsine* (*cacodylate of guaiacol*) before infection or at the very beginning prevents or slackens its development. Emery has observed the same fact. Hence, it is useful and safe to prescribe as a preventive measure in families where one of the members is suffering from "grippe", the use of *arrhénal* (ten drops at each of the two important meals of the day of a five per cent. solution).

Glandular opotherapy, by the use of the supra-renal and thyroid, have appeared to me to possess an analogous efficacy and seems to increase the power of organic defence. Five centigrammes of the desiccated powder of both these glands may be prescribed for not more than six days. Those of my patients who were under thyroid or supra-renal treatment threw off the infection which seized the other members of their families.

Opothrapy and arsenical treatment act probably by the same process, that is, by exciting the activity of the glands to internal secretion, particularly in the case of the thyroid, which is so important in the nourishment of the tissues and their defence against infection. Opothrapy may be prescribed during five days each fortnight, since the glandular excitation continues active for an equal length of time after the ingestion of the gland.

Preventive Hygiene. Contrary to the ideas of the layman, life in rooms tightly closed for fear of air, favors infection instead of avoiding it. So there is an advantage in allowing air and light to penetrate everywhere. Cleansing baths, with plenty of soap, applied to the body and the hair, are highly commendable. These remove the germs which may have fallen upon the skin. Brushing, airing and daily exposure to the sun of clothing and frequent change of linen produce a similar result. Washing the hands, face, mouth and teeth with soap and water should be done several times a day and particularly *before* meals.

DIRECT PROPHYLACTIC TREATMENT.

The microbial agent of "grippe", whether it be the doubtful cocobacillus of Pfeiffer or the filtrating virus of Nicolle and Lebailly, invades the organism, and sometimes in a way hard to detect, by the outward mucous membrane, exposed to the air, which covers the nasal passages and the pharynx. It is particularly at the level of the pharyngeal tonsil of Luschka that we find the first centre of attack, and also of organic

defence, before the broncho-pulmonary and digestive tubes are invaded. Hence this region must be protected from contagion in well persons and in those who have the disease isolated from the outside. There are two ways of accomplishing this, either we may prevent by a filtering mask the microbial agent from arriving at the mucous membrane, or we may defend it by covering it with a protective antiseptic. These two methods may be employed, either separately or conjointly, by all those suffering from "grippe" or having a cold with symptoms of "grippe", and by those who are brought into the vicinity of such persons. A preventive application should also be made by spraying the nose with carbolized oil before going into crowded places, such as churches, theatres, cinemas, workshops, offices, railway carriages, underground railways, etc. On this point we might well hope that to the recent decree of the Government requiring the reporting of cases of the "grippe" and the use of disinfectants at home, there should be added immediate measures for the disinfection of railways (an important source of the diffusion and duration of the epidemic) and of other means of the transportation of soldiers and civilians suffering from "grippe".

The *varnishing* of the mucous membrane of the nose and pharynx may be done by "painting", but preferably by spraying with one of the following solution: Gomenol oil 1 to 10, glycerine salicylate 1 to 50, glycerine resorcinate, five per cent, and glycerine iodate 1 to 50. But after trying these different solutions, I prefer olive oil prepared hot with ten per cent. carbolization, whose application can be well endured even for weeks. It is slightly anæsthetic, but not toxic, in spite of its strength, a fact which sometimes surprises pharmacists. But it must be applied as a very fine spray.

The object of the *gauze mask* is to protect people from the coughing or breath of others containing particles of saliva or bronchial secretions, which are extremely contagious. It should be worn by every patient from the beginning and particularly by doctors and nurses, or by the members of the family whenever they go into the room of the patient. It should be made of gauze of six or eight thicknesses and ten or fifteen centimetres square (four to six inches). It is hung so as to cover the lower half of the nose, the nostrils and the mouth, and by means of a band is attached behind the head. Before using it, a few drops of *goménol* should be sprinkled on the outer surface of the gauze. This should be renewed or disinfected in boiling water after each visit to the patient. The security against contagion afforded by the mask seems considerable, for it has been sufficient to prevent persons from having the "grippe" who have not left the room of a patient for days. A patient should not leave off his mask as long as the fever lasts nor during the early part of convalescence, and

he will keep it on night and day all the more easily because its extreme lightness makes it very easy to endure.

TREATMENT.

As soon as the first signs in nose or throat appear, such as dryness or stoppage in the nose, slight sharp sensations in the soft palate or feverish aches, one should conclude, without waiting for other signs of confirmation, which might come too late, that an attack of "grippe" is imminent. As soon as the fever declares itself, or even earlier, if possible, the patient should be confined to his room and no one should be allowed to approach him but those who are protected from contagion by wearing the gauze mask, the aseptic jacket, the linen or rubber cap to cover the hair and rubber gloves on the hands. The patient should receive at once an injection of *cacodylate of guaiacol*, or in default one of *cacodylate* of soda. His temperature will be taken at once and retaken regularly every three hours. Spraying with ten per cent. carbolyzed oil should be applied every two hours and at the same time the upper, middle and lower part of the pharynx should be "painted" with the same solution. The tonsils and their upper recesses should be carefully treated. These "paintings" should be renewed every two hours the first day, every three hours the second day, and three times a day from that time on. These should be alternated with the sprayings.

If these precautions are taken soon enough the temperature remains normal or does not reach 38° C. (100° F.). If it exceeds 38° C. and if it is accompanied by chills and various unpleasant sensations, such as headaches, or pains in the back and loins, it is because the infection has already taken place, but the following treatment will cause it to develop in a mild form without complications.

CURATIVE TREATMENT.

From this time on the spraying and "painting" should be regularly continued. The sputa, if there be any, should be received in a vessel of water mixed with the *formol* (formic aldehyde) of commerce (a tablespoonful to a cup of water). Since all nasal, tracheal and bronchial secretions are essentially virulent, they should be received in compresses to be thrown into a vessel of the formol water.

Disinfection of the Skin. Except in serious, fully-developed cases in which treatment has intervened too late, one ought not to disinfect the complete surface of the body, but only the face and hands, three times daily with the solution: salicylic acid, five grammes, alcohol 100, water 100; or with *eucalyptol*. With the same object in view, one ought to wash frequently the patient's hands with carbolyzed soap. In nervous cases full tepid baths with soap are useful both for cleansing the skin and for reducing the temperature. The fever will be overcome by *cryogénine* (fifty centigrammes every three hours in the day, or one

gramme every five hours, except during the night). If the pain is acute, aspirin in equal doses and at the same hours should be added, the union of these two medicines being more active. In high fever cases (above 39°, 5, very rare if the preventive treatment has been applied) hot baths at 38° with consecutive cooling down to 34°, accompanied by cool enemata retained as long as possible, or lukewarm wrapping of the chest, have a good effect on the temperature. Quinine, with the disadvantages of dizziness, buzzing in the ears, etc., seemed to me inferior to *cryogénine*, whose toxicity and other drawbacks are non-existent.

Lastly, the patient should receive in the very beginning of his illness a daily hypodermic injection of *cacodylate* of soda, or two mixed injections containing each two centigrammes of *cacodylate* of soda and two milligrammes of strychnine.

The remaining part of the treatment of "grippe" and of its complications do not belong to this paper. The physician will adapt himself to the needs of each case as they arise.

RESULTS OF THE SYSTEMATIC APPLICATION OF THIS METHOD.

In spite of its apparent complexity, the method remains a practical one on account of its brevity, for it is rare that it needs to be continued for more than three days. If, as soon as the first case occurs in a family hitherto free from the disease, isolation is systematically observed, if the patients come into contact only with persons isolated by the wearing of masks, caps, gloves and jackets regularly disinfected after each contact, if carbolized spraying is practised by the members of the family and the servants, if the door is closed to visitors, it is always observed that the disease does not spread beyond this first case.

If the adoption of these measures has been tardy and if the grippe develops in the infected person, the case is all the milder the nearer the application of the treatment is to the beginning of the disease. Complications, too, are all the more rare, and it seems that even tardy "paintings" evade secondary infections by associated microbes (*staphylacoques*, *streptocoques*, *pneumocoques*), which are the cause of the most serious complications. Here we observe the same good preventive and curative results as the analogous method of Milne has given in scarlet fever and measles and which was again applied with success in 1916 in mumps and diphtheria by Lemoine and Devin. It seems indeed that it is a general method of isolation and naso-pharyngeal disinfection applicable to all the great contagious diseases in which the entrance for the microbes is in the mucous membrane which is exposed to the air.¹

¹*Disinfecting of instruments and linen.* Cotton-holders, gloves, rubber caps should be disinfected daily by boiling. Jackets and gauze masks ought to be changed every day for the purpose of being washed or exposed

to the vapor of *formol* in a box or cupboard. In private houses a room (dressing-room or bath-room) should be set apart for the preparations for disinfecting and should contain three or four vessels of *formol*. One should always be careful to keep the door locked. There the doctors and nurses should dress and hang up the jackets in use above the vessels of *formol*.

A STUDY OF THE METABOLISM OF TUBERCLE BACILLI.

From the Trudeau Laboratory, Long reports the results of studies which he has made on the chemical interactions that go on between tubercle bacilli and various media on which the former were grown. His media were mainly synthetic and made up of comparatively simple chemical products. He summarizes his work as follows:

In glycerol peptone broth the initial reaction of the medium is a matter of indifference to the tubercle bacillus between the limits of hydrogenion concentration Ph 6.4 and Ph 7.8. Ph 6.8 was used for the experiments of this investigation.

The tubercle bacillus was grown upon a pepsin digest of casein and upon biuret-free trypsin and acid digest, much better growth taking place upon the former, characteristic proliferation occurring, however, upon the latter. Nitrogen analyses of inoculated peptone media showed a withdrawal from the media of both peptone and amino acid nitrogen, with a production of ammonia.

Good growth occurred on glycerol-sodium chloride-phosphate media containing M/10 concentration of urethane (ethyl ester of amino formic acid), glycocoll (amino acetic acid), and alanine (amino propionic acid). The acid amides were also readily utilizable. The corresponding ammonium salts of fatty, ketone, and hydroxy acids did not permit growth. The amines of the three acids mentioned, that is, ammonia, methyl amine, and ethyl amine, afforded good growth when used in the form of their hydrochlorides. Methyl and ethyl alcohols were added to ammonium chloride media with advantage.

The ammonium salts of the dibasic acids, oxalic, malonic, succinic, malic, and tartaric acids, yielded excellent growth.

The course of nitrogen metabolism in a medium containing as its source of nitrogen the dibasic amino acid amide asparagin, was followed, and the amide group was found to be the one chiefly attacked, liberation of ammonia from this group taking place while the amino group was almost untouched. In the monobasic series the amino group is more readily used than the amide.—Am. Rev. Tuberculosis.

CURRENT MEDICAL LITERATURE

MYASTHENIA GRAVIS

Charles Rosenheck, New York (*Journal A. M. A.*, April 26, 1919), after a brief definition and historical statement, reports a case of myasthenia gravis, in which the diagnosis was based on the symptoms of double vision, bilateral weakness of limbs, and inability to masticate or carry on lengthy conversation. These symptoms dated back five years, when, while feeling in normal health, he suddenly crumpled up on the sidewalk. Later the symptoms became more general, involving the eyelids, muscles of mastication, as well as those of locomotion, etc. At the time of examination there were no abnormal attitudes and nearly all acts could be performed satisfactorily, but there was a general weakness. The reflexes were mostly normal, or slightly increased, and there was rapid exhaustion of faradic irritability, which was particularly marked in the shoulders and thigh muscles. There were no abnormal associated movements, and sensory symptoms were lacking, as well as abnormalities of stereognosis and barognosis. The mental status was apparently normal. There were no pathologic reflexes. The diagnosis of myasthenia gravis seemed to be perfectly justified, and the pathognomonic faradic irritability, the myasthenic reaction of Jolly, was present. In the note following the article, the author mentions a case referred to him by Dr. M. J. Mandelbaum for double ophthalmoplegia, which has proved to be one of myasthenia gravis. The myasthenic reaction was present with the oculomotor disturbance, but these were the only symptoms. The condition has lasted for five years.

PULMONARY INFLAMMATION.

R. D. Adams and C. M. Montgomery, New Haven, Conn. (*Journal A. M. A.*, April 5, 1919), say that the recent epidemic with its frequent complicating pneumonia has aroused interest in the physical signs of the latter. "Given the familiar picture of fever, cyanosis, rapid respiration and pulse following an acute bronchial infection, one is reasonably certain of his ground before proceeding farther. Confronted, on the other hand, by a subject who presents moderate fever, who has a respiration rate of 20 to 25, and whose pulse is but moderately accelerated, careful investigation becomes a necessity before one feels assured he is dealing with the usual case of so-called influenza and that a complicating lobular pneumonia has not developed." Only necessary references to gross pathology are utilized by the authors. The common picture is that of a lobular pneumonia with a tendency toward confluence in the dependent posi-

tions, but even in the severer cases, small air-bearing areas usually exist. The lobes involved are for the most part firm and enlarged. They may push the heart towards the less involved side and the liver downward. Actual bulging of intercostal spaces has sometimes been observed, and these are specially mentioned on account of their resemblance to the effects of pleural effusion. When the lobular areas coalesce, making practically a lobar involvement, vocal fremitus is diminished, percussion dullness slight, breath diminished in intensity with slightly prolonged expiration, clear distinct whispered pectoriloquy, the spoken voice altered in quality and the pitch raised. One must take special care to keep the spoken sounds, when they become less muffled than in health, higher pitched and closer to the ear and distinct from simple loudness and intensity. Any explanation must include one or more factors apart from simple conduction, and the one here emphasized "is that of the response of the membranous tissue of the normal lung to vibrations included within a certain range of pitch, the result being the production of secondary vibrations, these vibrations being different from those occurring when sounds are transmitted by ordinary conduction, which affects sounds of all pitch alike." This special factor is alluded to by Austin Flint in the case of the solid lung, sounds of varying pitch pass through the lung and chest wall with no marked change except that of diffusion, which acts alike on sounds of different pitch. While they suffer diminution, they maintain largely their relative degrees of intensity. The authors also emphasize the point that the lower pitched vibrations, not the higher ones, initiate secondary vibrations in the tissues in a normal lung much as one tuning fork may influence another, and tend to neutralize the obstructive factors. Regarding fremitus, the hand can feel only vibrations of comparatively low pitch, so that whatever interferes with normal intensity, unless counteracted by some other factor sometimes present in disease, causes a diminution of vocal fremitus. In the solid lung the conditions are favorable to simple conduction, only. The association of a whispered pectoriloquy with normal vocal resonance met with over small consolidated areas is directly due to the size of those areas. Thus any modification of the spoken voice vibrations is lost to hearing because it is obscured by the vibration from the surrounding normal lung, while the whispered vibrations are not thus interfered with.

MEASURES AGAINST TUBERCULOSIS.

William Charles White, Director of the Tuberculosis Division of the American Red Cross in Italy, summarizes some leading impressions that he has obtained as the result of an extensive experience in anti-tuberculosis organization in France and Italy during the war. He mentions

the conditions that are peculiar to each country involved and insists that, to be satisfactory, organized efforts anywhere must not necessarily follow a fixed model but must fit local conditions. In France, England and America the trend is to centralize the administration of all public health problems in a Ministry of Health. This centralization has not yet become a burning question in Italy, but even with this centralization of power, there must come, if the problems are to be handled properly, such an immediate decentralization as will make it easy for the province and city to undertake their own problems, with a maximum of liberty in the development of the equipment necessary to handle their task.—A. Rev. Tuberculosis.

WAGE WAR ON RATS.

Rats are traditional enemies of mankind. They are the chief carriers for cholera, plague and other epidemic diseases which have at various times in history, wiped out millions of human beings. Fortunately, man's knowledge of science, coupled with his superior cunning, has made it possible to control these scourges. But ceaseless vigilance on the part of the health officials at all ocean ports will always be necessary—at least until rats are exterminated.

Man has another heavy score against these pests. They destroy enormous quantities of agricultural products. It was estimated, before the war, that rats destroyed \$75,000,000 worth of such products annually in Great Britain alone. A recent estimate based on war-time prices, places the loss at \$200,000,000. The latter figure is practically the same as the pre-war estimate of loss in the United States from the same cause. These animals possess remarkable fecundity, which, when coupled with their natural cunning, enables them to thrive and even increase in numbers in a great variety of environments. Every good citizen, particularly agriculturists and grain and food dealers, should wage a ruthless war on these noxious pests.

PARALYSIS AGITANS.

A writer in *The Practitioner* (Nov., 1917) reports that in 60 to 70 per cent. of a series of cases of paralysis agitans in which a fair trial was made of parathyroid, medication during periods varying from three to six months, great benefit was manifest. The disease appeared to have been arrested or at least greatly retarded. The average dose was one tablet once or twice daily.

Parathyroid Tablets, 1/10 grain (Dessicated Parathyroids) represent 3/5 grain each of the fresh gland substance. They have been used experimentally in the treatment of paralysis agitans, tetany, eclampsia, chorea, and uremia.—Therapeutic Notes.

PERSONAL AND NEWS ITEMS

William Hey, the eminent surgeon of Leeds, died on 23rd March. There is a life-size statue of him in marble in the entrance hall of the Leeds General Infirmary.

Sir William Cheyne, in the British House of Commons, proposed that women be made eligible for places on the Consultative Councils of the new Health Act. This was agreed to by Dr. Addison, who has charge of the measure.

It is proposed to raise \$100,000 as a memorial fund with which to enlarge the Sloane Hospital for Women, New York, as a recognition of the work done by the late Dr. Edwin B. Cragin, the eminent gynaecologist.

Sir Auckland Geddes has been appointed principal of McGill University, in place of Sir William Paterson, who has resigned on account of ill health.

Enciphatitis lethargicus remains still a puzzle. Dr. Simon Flexner regards its origin as unknown. Its course does not seem to fit in with any of the known infections.

Dr. Royal S. Copeland, Health Commissioner of the City of New York, states that the sales of cocaine have been rising very rapidly of late. In January of this year the manufacturers sold to the wholesalers more cocaine than they did in all of 1918.

It has been from the beginning the conviction of the American Society for the Control of Cancer that the nurse, particularly the public health nurse, constitutes one of the most influential channels for the spreading of sound information and advice regarding this disease. The Society, therefore, looks with the keenest interest upon the extension of the work of nurses and of educational effort generally under the Red Cross flag.

It is not right to cough or sneeze
 In other people's faces;
 And never, never, should you spit
 On floors or public places.
 And when you go to get a drink,
 Don't use the glass that others use;
 Have your own cup, and always think,
 Good health is far too fine to lose.

The United States Government has awarded the Distinguished Service Medal to Sir Thomas H. Goodwin, C.M.G., D.S.O., Director-General of the British Army Medical Services.

The Memphis Baptist Memorial Hospital propose erecting an addition to the present building at a cost of \$250,000.

A campaign has been started to raise a quarter of a million dollars to remove the debt from the New York Foundling Hospital.

Professor J. G. Adami, of Montreal, has been elected a Fellow of the Royal College of Surgeons, England.

The Federal House has enacted legislation to regulate immigration into the country. The bill generally debars from this country diseased persons, criminals, beggars and vagrants, those likely to become public charges, persons subject to chronic alcoholism, mental or physical defectives, advocates of violence against organized government, members of societites opposed to organized government, enemy aliens, spies, conspirators, illiterates. It also has certain clauses regarding medical inspection of immigrants, and imposes penalties for those bringing prohibited immigrants to this country, harboring them and concealing them here.

After three years service, one year overseas and two years in Toronto, Dr. E. Ryan, Unit Medical Director, Department Soldiers' Civil Re-establishment, has resigned his position and will return to his former duties as Medical Superintendent Rockwood Hospital, Kingston. Dr. Ryan had charge of "D" and "F" Units, corresponding to Military District No. 1 and 2, and he has built up therein a splendid organization in the various departments of medicine and surgery and research work. In social service work the organization has been perfected and the different sections placed in the hands of men of well tried experience.

Major F. A. Ruttan, of Woodstock, was one of the Canadian officers who arrived in Halifax on the ss. Adriatic recently. Previous to enlisting he was one of the prominent medical doctors of his city, and was among Canada's first volunteers for overseas service. He went to England with the First Contingent in Sept., 1914, and to France with the division early in the following year, where he remained up to the time of his returning to England last month. At the time of going overseas he was M.H.O. for Woodstock.

Sir William Osler, Bart., Regius Professor of Medicine in the University of Oxford, invited all the professors of medicine in the United Kingdom to meet Dr. Duncan Graham, the recently appointed professor of medicine in the University of Toronto, at dinner. Sir William Osler states that Dr. Graham is the first whole-time professor of medicine appointed in the British Empire. This appointment for the University of Toronto was made possible by the gift of Sir John and Lady Eaton.

The bill for the creation of a Dominion Department of Public Health has been put through the committee stage of the Senate and stands for

third reading on Tuesday. There were no substantial amendments made to the measure.

At a meeting of the British Medical Association Sir J. Purves Stewart said that he was ashamed of the word shell-shock, which was unscientific, and that the condition was really "a sign of abnormal reaction to ordinary stimuli." His definition may be scientific, but the word shell-shock will probably continue in use.

In cases of fissured toe web first apply compound tincture of benzoin. This failing to heal the lesion, apply silver nitrate, 15 per cent., and cover with a cocoon dressing. Two, or at the most three, of such mild cauterizations will serve to contract the abraded integument and bring about complete granulation.

In cases where a corn has developed in the nail groove, remove a portion of the side of the nail overlying the tender areas so that they are relieved from pressure and exposed to view. Apply a salicylic ointment, 25 per cent., in the fold and instruct the patient to return in from five to eight days, when the disintegrated callous and corn is easily removed.

Under no circumstances should too much nail be removed either in ingrown nail cases or where callous is present in the groove. Remove as small a portion of the nail as is absolutely necessary and you will experience less trouble in training the nail to its normal position when such prophylactic measures can be commenced.

Dr. Wallace Clarke, a well-known practitioner of Utica, died at his home there on 17th March. He was gold medalist in Arts from McGill, and graduated from the same university in medicine in 1871. He was Health Officer for Utica for many years.

Mr. W. B. Fawcett has offered \$10,000 for the purpose of building and maintaining a hospital in Sackville in memory of the soldiers of Westmoreland.

The Ontario Government intends spending \$120,000 on new buildings for the hospital for the feeble-minded at Orillia.

Uncle Sam will provide sanatorium and hospital care for all the boys discharged from army or naval service, so far as their sickness or disability was contracted in the service of their country. The United States Public Health Service has already undertaken this stupendous task and is busily engaged in enlarging its hospital facilities all over the country. One of the sanatoria will be located at Dawson Springs, a famous health resort in Kentucky; the location of the others has not yet been determined.

The French Wounded Emergency Fund, an English society working under the patronage of the French Red Cross, establishes open market

places for the sale of food in the devastated regions where supplies are hard to get. The food is transported in the ambulances that once carried the wounded.

Miss Edna Foley, superintendent of the Instructive Visiting Nurse Society, Chicago, sailed for Italy on the *Touraine*, April 1, to act as chief nurse of the Red Cross Tuberculosis Unit in that country. Miss Foley, a member of the National Committee on Red Cross Nursing, will relieve Miss Mary S. Gardner, of Providence.

"Public health is purchasable," says the United States Public Health Service, and adds that a first-class health protection service can be provided for one dollar per head per year. In fact, some city health departments render excellent service at a cost of seventy-five cents per head. Let's all get together and give better support to health work in this community.

The American Red Cross in Paris has organized courses in child hygiene for the training of visiting nurses.

Miss Lillian D. Wald, director of the Henry Street Settlement, New York City, will represent the Federal Children's Bureau and the Red Cross Nursing Service at the medical conference at Cannes, preliminary to the Geneva Convention.

Estimates prepared by the United States Public Health Service indicate in the South the ravages of typhoid fever, tuberculosis, hook-worm, and pellagra, all together are not as serious as those caused by malaria. The United States Public Health Service estimates that over seven million people in the United States are infected with malaria.

Ten thousand persons in Poland are dying every week of typhus, according to an estimate made by the American Red Cross Mission on field reports just completed. Unless the barest necessities such as isolation, soap and clean underwear are provided without delay, says a late cablegram, cholera and dysentery surely will follow with warm weather, and before another winter whole villages will be decimated. Typhus and other diseases are especially severe in the Dobrowa coal-mining region, where the death rate has jumped from 32 per 1,000 in 1913 to 150 to-day. Only 20 per cent. of the population of this region is free from tuberculosis.

The American Red Cross has arranged for immediate shipment to its Siberian Commission of 389,696 yards of bathrobing and 29,740 blankets, the whole valued at \$520,810. Recent communications from the Red Cross mission in Siberia have emphasized the need of warm clothing and cloth material in that country.

Dr. Blue, Washington, announces that a tuberculosis hospital will be established in Colorado, although the site has not yet been selected. He states also that the Government will shortly purchase buildings at Corpus Christi, Tex., to be used for hospital purposes.

Still relying on the Patent Medicine Almanac? Better discard it and get the new one issued by the United States Public Health Service, Washington, D.C. Sent free on request.

In Serbia, where the most sickness and destitution exist, the following women physicians are at work: Dr. Marjorie Burnham of Ashtabula, Ohio; Dr. Mary H. Elliot of New York; Dr. Harriet M. Gervais of Dorchester, Mass.; Dr. Alberta M. Greene of Judith Bay, Mont.; Dr. Lulu Peters of New York; Dr. Marion C. Stevens of Reading, Mass.; Dr. Regina Flood Keyes of Buffalo, N.Y.; Dr. Mabel Flood of Elmira, N.Y.

Time to get after that early brood of flies, says the United States Public Health Service. Better to prevent the breeding of hundreds of flies now than to swat and trap millions of them in mid-summer.

Dr. Catherine M. Cook of Washington, Pa., and Dr. Dora E. Bowman of Kansas City, Mo., are assisting the American Red Cross doctors in Montenegro; Dr. Nell G. W. Bartram of Huntingdon, Pa.; Dr. Mary J. Hyndman of Philadelphia, and Dr. Sarah E. Foulks of Burlington, N.C., are doing similar work in Albania.

The Journal of Dental Research is to be published quarterly in New York. It is to be devoted to scientific dental study and practice, and shall carry no advertising. The first number appeared in April. Each volume shall contain about 500 pages. The subscription fee is \$5.

The United States Public Health Service submits the following list of "our animal friends" and wonders what we propose doing about it: Anopheles mosquitoes, which carry malaria; aedes mosquitoes, which carry yellow fever; lice (with military training), which carry trench fever; lice (with or without military training), which carry typhus fever; flies, which carry typhoid fever, dysentery and other diseases; fleas, which carry bubonic plague; tsetse flies, which carry African sleeping sickness; and hookworm, which is very much attached to man.

F. H. K. Reynolds, M.D., Washington, D.C. (*Journal A. M. A.*, April 12, 1919), suggests an apparatus for the defibrination of blood which he has found to give excellent results. It consists of a simple Erlenmeyer flask with a cork to fit and a special or a piece of looped wire, attached, preferably of copper. When the blood has been aseptically introduced into the glass the latter is shaken vigorously with a motion like that of ringing a bell. After sufficient shaking, the cork is removed, and the fibrin closely adhering to the loop or spiral of wire, the defibrinated blood is left in the flask.

 OBITUARY

ANSON BUCK, M.D.

The death occurred recently of Anson Buck, M.D., M.R.C.S. (Eng.), at Palerma, in his 86th year. Dr. Buck, who has been described as the "Grand Old Man" of Halton County, attended the Grammar School at Palerma, the first grammar school in Upper Canada, and came to Toronto to take a course in medicine. Later he went to Jefferson Medical College, Philadelphia, Pa., from which he graduated, going from there to England to take a course at Guy's Hospital, London, afterwards returning to practice in his birthplace. In politics he was a keen Liberal, and also took an active part in municipal affairs. He succeeded his brother as Reeve of Trafalgar Township and was for forty years Councillor and Reeve, and also County Warden. Dr. Buck continued in active practice for 55 years, but in 1908 he was seized with paralysis. He is survived by a daughter, Mrs. Colin Campbell, wife of the late Attorney-General of Manitoba; an adopted daughter, Miss E. Mary Mathieson, and two grandchildren, Colin and Elizabeth Campbell.

 RICHARD CARNEY, M.D.

Dr. Richard Carney, the last of Windsor's famous triumvirate—Drs. Casgrain, Coventry and Carney—died Saturday, 26th April, shortly after 2 o'clock at his home, Windsor Avenue, Windsor. He had been ill several months from paralysis.

Born at Barrie, Simcoe County, Ont., 77 years ago, Dr. Carney was a son of the late Sheriff R. Carney, of Algoma. After graduating from Toronto University in 1869, he came to Windsor. A year later he was married to Miss Georgina Burns, of Oshawa, Ont., who died 19 years ago.

As a member of the Liberal-Conservative party of the border county, Dr. Carney was offered many Government appointments for his services, including collector of customs, and postmaster at Windsor.

Through his efforts the maternity wing of the Hotel Dieu was opened, one of the wards being named after one of his daughters. He was also an active member of the Board of Health, of which he was chairman for several terms. He was also consulting physician for the Grand Trunk railroad.

Three sisters, Mrs. Amelia McKenzie, of Toronto; Mrs. Victory Atkins, of Sault Ste. Marie, and Miss R. Carney, of London, Ont., are the surviving members of the family.

Funeral services was held Tuesday, 29th April, in All Saints' Church, Windsor, with Rev. Arthur Carlisle, rector of the church, officiating.

LUKE TESKEY, M.D.

Dr. Luke Teskey, a practitioner in Toronto for 40 years, died at his home, 612 Spadina Ave., shortly after 11 o'clock 30th April from gastritis. He became ill in February while in Cuba, returned home and retired to his bed about the middle of April.

Deceased was born in Willmott Township, Waterloo County, Oct. 4, 1849, was educated at Trinity College, receiving his M.D., C.M., and an English degree of M.R.C.S. He opened and owned the first dental college in Toronto, the Royal College of Dental Surgeons, and was for some time Professor of Pathology, Histology and Anatomy at Trinity Medical College. He gave his time over to surgery in the latter years of his practice, retiring about five years ago. Those surviving him are his widow, two daughters, Misses Ada and May, and three sons, John Wilfrid, Albert Edward and Luke. The funeral took place to Mount Pleasant Cemetery on Saturday afternoon at 2 o'clock, May 3rd.

A. POUSETTE, M.D.

Dr. Pousette died at his home in Sarnia on 6th March at the age of 84. He graduated from McGill in 1860, and practised for four years in Corunna. On the death of his brother-in-law, he located in Sarnia to take up his practice in 1864. In 1895 he was made superintendent of the House of Refuge, in 1896 he was elected mayor of the city, and in 1905 its medical health officer. He was a model citizen.

W. B. KENNEDY, M.D.

Dr. Kennedy had not been in good health for some time, but his death came with unexpected suddenness at his home in Guelph. He graduated from Queen's University and has house surgeon for some time in the Kingston Hospital. He then followed his profession for some time in Brainard, Minn. Thirty-five years ago he settled in Guelph, where he continued in practice till his death on 17th March.

EDWARD McGRATH, M.D.

Dr. McGrath died in Peterboro, where he had practised for over thirty years. He was superintendent of St. Joseph's Hospital for several years. He then entered into partnership with Dr. O'Sullivan, and took over his practice on his death. He was held in very high esteem by all who knew him.

JOHN WALKER, M.D.

Dr. Walker died at Glencoe on 23rd March. He had been ill for three months. He was Medical Health Officer of the town, and had a good practice. He had been connected with the various institutions of the community for over 25 years.

GEORGE ETIENNE CARTIER, M.D.

Dr. Cartier died in Montreal at the age of forty-six. He was a graduate of Laval, and was house surgeon in the Hotel Dieu for two years. He had been twenty-three years in practice at the time of his death. He is survived by his widow and five children.

A. A. LE BLANC, M.D.

Dr. Le Blanc died at his home in Arichat, Nova Scotia. He had been in practice in Arichat for thirty years.

ANDREW BOURQUE, M.D.

Dr. Bourque died at his home in Bourget, Ont., on 17th March, in his forty-fifth year. He had practised for eighteen years in Bourget. He was a general favorite with all.

A. WALLACE MASON, M.D.

Dr. Mason practised for many years in Toronto. On account of ill-health he was residing at Pomona, in California, at the time of his death.

BOOK REVIEWS

SURGICAL TREATMENT.

A Practical Treatise on the Therapy of Surgical Diseases for the use of Practitioners and Students of Surgery. By James Peter Warbasse, M.D., Fellow of the American College of Surgeons, American Medical Association, American Academy of Medicine, New York Academy of Medicine, Surgeon to the Wyckoff Heights Hospital, Brooklyn, New York, formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, New York. In three volumes, with 2,400 illustrations. Vol. III. Philadelphia and London: W. B. Saunders Company, 1919. J. F. Hartz, Toronto, Canadian Agents. Three Volumes and Index, \$30.

The third volume contains 861 pages. Each volume has a complete index to its contents, and there is in a separate volume an index to the three volumes. This thorough system of cataloging every subject in these three volumes is a very great addition to their value. The index has the subject several times according to some important word in naming it, and after a person's name, if any such is associated with the disease, or operation. The third volume covers the surgical treat-

ment of the digestive tract, the abdomen, the gnilo-urinary organs, the upper and lower extremities, plastic surgery, and the use of electricity in surgery. This volume maintains a very high order of excellence. The descriptions of treatment and operations are the very best possible, and the illustrations are truly ideal. The paper, presswork and the binding all go to make up a work that is a credit to both author and publishers. This comprehensive and erudite work must prove of the utmost value to the specialist in surgery, and also be well-nigh indispensable for reference to the general practitioner whose location or work demand of him a fair knowledge of surgery. We can with very great confidence recommend this work, and wish for it very many interested readers. The General Index is a volume of 123 pages.

CLINICAL MICROSCOPY AND CHEMISTRY.

Clinical Microscopy and Chemistry. By F. A. McJunkin, M.D., Professor of Pathology in the Marquette University School of Medicine; formerly an Assistant in the Pathological Laboratory of the Boston City Hospital. Octavo volume of 470 pages with 131 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$350. J. F. Hartz Company, Toronto, Canadian Agents.

This work has sections on the blood, the sputum, serums, fluids and exudates, on the urine, the gastric contents, the faeces, and on histologic and autopsy technique. The author gives a very careful, concise and reliable review of the best views upon these topics, and also the best methods of conducting the examinations. The illustrations are numerous and excellent. Those who are engaged in this field of work will find this a most helpful guide.

EAR, NOSE AND THROAT.

Medical War Manuals, No. 8. By Hanan W. Loeb, M.D., Major, Medical Reserve Corps, U.S.A., St. Louis, Mo. Lea & Febriger, Philadelphia and New York, 1918. Price, \$1.25.

This is a handy little volume of 170 pages, pocket size, and bound in limp leather. The various diseases of the nose, throat and ear are covered in a very brief manner, but nevertheless in a clever way. This is a very useful book for anyone doing military medical or surgical work to have with him, as in a few moments he can refresh his memory as to what should be done. It is an excellent manual.

WOUNDED IN WAR.

The Restoration of Function in the Wounded in War. By Dr. Ducroquet, Orthopedic Surgeon to the Rothschild Hospital. With 218 illustrations. Masson & Company, Editors, 120 Boulevard Saint-Germain, Paris. Price, 5 francs.

This small book covers the deformities and losses of function as the result of injuries in the war. The subject is very ably handled by the author, and will form a valuable addition to a series of books on

war medicine and surgery, that have already won for themselves an enviable place in medical literature.

THE MEDICAL CURRICULUM.

An Enquiry Into the Medical Curriculum. By the Edinburgh Pathological Club. Papers contributed to the Enquiry and Report by the Pathological Club. Reprinted from the Edinburgh Medical Journal. Edinburgh: W. Green & Son, 1919.

This is a volume of 512 pages devoted to a study of the medical curriculum and how the subjects should be taught. Many of the most distinguished teachers of medical subjects contribute papers to the volume. It should be read by all who have to deal with medical education.

ONTARIO BIRTHS, MARRIAGES AND DEATHS.

The report of the vital statistics for Ontario for 1917 gives some very interesting figures. The population of the province is set down as being 2,769,850. This is beginning to loom large. The births in the province numbered 62,666. The number of marriages was 21,499, and the deaths were 33,284. Of the deaths 5,777 occurred in the first year of life, or at the rate of 92.1 per 1,000 living births. In 1916 the ratio was 107 deaths to the 1,000 infants in the first year.

HEALTH OF TORONTO.

The returns for last month, issued by the Health Department, show a very large increase in the number of cases of diphtheria as compared with the corresponding month of last year, the number for last month being 128, as against only 71 for the month of April, 1918. An increase in the number of cases of scarlet fever is also shown, as well as chicken-pox. The following are the total figures:

	April, 1919.	April, 1918.
Diphtheria	128	71
Scarlet fever	186	165
Typhoid	2	2
Measles	18	*736
Tuberculosis	55	56
Smallpox	0	1
Chickenpox	100	38
Whooping cough	24	54
Mumps	74	93
Spinal meningitis	1	4
Erycipelas	1	3

*Epidemic last year.

MISCELLANEOUS

ONTARIO MEDICAL ASSOCIATION.

To the Editor:

Soon after the great effort of last year which resulted in the successful production of the Canadian Medical Week, we were astonished to find that an article had appeared from the pen of Dr. Adam H. Wright almost simultaneously in three publications which have been distributed among the profession of this province for several years. Appearing, as it did, so soon after the profession had come in such large numbers from all parts of the province and the Dominion as well as the Republic to the south, to lend their assistance and encouragement and had departed with kindest expressions of appreciation of the effort, we were all the more surprised and chagrined.

This article attacks the three undersigned, and in view of the fact that all members of the profession in this province may not yet have seen the article, we take the liberty of quoting freely from it and presenting certain paragraphs which we would ask your readers to take into serious consideration.

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

apparently gave him a free hand and, as far as outsiders can judge, supported him in every way.

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

"Let me ask this trio, when will the different Associations get a report as to members, finances and other details? I was informed more than two months after the meeting that no such report had been presented. Unfortunately, the local committee did collar the management of the financial details of all the Societies of the meeting. How long will the committee remain in existence? Who is Dr. Routley, the new Secretary? Is it true that he was part of the bargain and the nominee of Macmillans? Why were the former Secretary and Treasurer frozen out? Is it true that a scheme was concocted whereby an Association Journal will be published with the trio in charge of the editorial department? I feel sorry and reluctant to ask if these men have taken advantage of their positions as temporary officers to do something which will benefit themselves and give them practically the control of the Association."

The names of the Editorial and Managing Board of each of these papers we give as follows and as accurately as we have been able to obtain them:

Canadian Practitioner and Review. Sept., 1918 issue.

Dr. Adam H. Wright,

Dr. W. H. B. Aikens,

Dr. Edmund E. King,

Editors.

Canada Lancet. Sept., 1918 issue.

John Ferguson, M.A., M.D.,

W. Ewart Ferguson, M.B.,

Editors.

Dominion Medical Monthly. Sept., 1918 issue.

George Elliott,

Managing Editor.

Is it possible that all of these gentlemen could knowingly have allowed this article to appear without having substantial evidence in support of this writing? The article contains veiled insinuations and suggestions that come so close to slander and libel that we cannot allow these to pass by unnoticed.

We therefore demand that an investigation be held by the Committee on General Purposes, the newly elected democratic Parliament of our Profession in Ontario, and that the writer of the said article and Editorial Boards be requested to submit all evidence that they have available. We have in our possession correspondence which we received from many who have held responsible positions in all of these organizations and the injured gentlemen who are referred to in the said article. We will produce this correspondence, together with such other information as may be necessary, dealing with all the phases of the Medical Week, its origination, organization, development and management. We will go to trial anxious, of course, to clear ourselves of the nauseous and malicious accusations and anxious to uphold the dignity and honor of this profession. Should the Executive and Committee on General Purposes refuse to take any action, there are other means to which we may resort.

We in turn would like to ask some questions. What was the underlying object in presenting these charges at that time? Was it entirely altruistic and in the interest of the re-organization of the Ontario Medical Association? Was there some sinister motive indicating a selfish point of view and reflecting a fear that these Journals and the individuals particularly interested in them, might be crushed?

We believe that it is desirable at this time that the profession of Ontario should accelerate the complete organization of the profession as provided for and that they should as soon as possible realize the necessity for having a Journal completely under their own control, one which will be free to discuss at length the business of the Association and contain medical literature of such a high standard that it will attract attention far and wide. This journal would in no sense arouse the suspicion that it was a parasite living wholly or even in part on the good nature of our profession, or unknowingly to them, fattening its own being by financial advantage of advertising matter obtained under false pretences, on the representation of fictitious circulation or the admission of medical literary matter of questionable interest or scientific value.

It should be generally known to all that one of us who had the honor to be elected the Vice-President of the Ontario Medical Association, at once placed his resignation in the hands of the President of the Association. At that time it was indicated that according to the best

British ideals such a course was indicated when those holding official positions were openly attacked in the Press. A request was made for ample opportunity to be given for the representation of definite charges reflecting on our characters or any other matters connected with the management of the Canadian Medical Week or the business of the Ontario Medical Association over which we had any influence or control. We assured him that we did not wish to compromise his (the President's) effort during his term of office by precipitating internal strife.

As may be known, no action has been taken in this matter. Undoubtedly the matter will be definitely taken up and considered by the the Committee on General Purposes in the interests of permanent and effective organizations of our profession.

We append for your information, though much of it may not be of particular interest to you or your readers, a statement which has been prepared by our Local Finance Committee.

JOHN P. MORTON.
R. Y. PARRY.
J. HAMMOND MULLIN.

STATEMENT OF COMBINED REGISTRATION STAFF.

Cash received at Registration Booth	\$1,005.00
Cash forwarded to Canadian Public Health Association	\$ 10.00
Cash forwarded to Can. Assoc. for Prevention of T.B.	2.00
Cash forwarded to Ont. Medical Association.....	993.00
	—————\$1,005.00

It should be understood that we made no attempt to collect fees for the Canadian Medical Association, who had their own Treasurer and made their collections separately.

RECEIPTS.

Exhibitors	\$ 830.00
Advertisers in Preliminary Programme	360.00
Donation, City of Hamilton	1,000.00
Donation, Parke, Davis & Co.	100.00
Donation, Right House	50.00
Sale of Tickets for Dinner	2,046.00
Ontario Health Officers, share of Expenses	167.08
Canadian Medical Association, share of Expenses...	225.00
Association for Prevention of T.B., share of Expenses	100.00
Ontario Medical Association, share of Expenses.....	771.10
	—————\$5,649.27

DISBURSEMENTS.

Publicity	\$ 502.75
Com. of Arrangements	2,963.52
Badges	211.89
Printing	798.71
Registrars and Pages	98.50
Stenography and Secretarial Assistant	344.00
Entertainment	244.74
Postage, Telegraph and Telephone	180.10
Exhibits	636.69
Stationery and Office Supplies	53.65
Miscellaneous	351.09
	6,385.64
Amount of Overdraft	736.37
	<u>\$5,649.27</u>

COST OF RUNNING THE ACTUAL MEETING "THE CANADIAN MEDICAL WEEK."

Final Programmes and Bulletins	\$ 393.27
2 M. Envelopes (Special)	15.75
Round Table Tags and Notices	16.90
Registration Booth (Clerks)	124.13
Pages and Doorkeepers	26.50
	<u>\$ 616.55</u>

AMOUNT CHARGED TO ONTARIO MEDICAL ASSOCIATION AS PORTION OF EXPENSES.

Preliminary Printing and Stationery	\$ 74.30
Assistance to Local Secretary, 7 mos. at \$30 (half time)	210.00
Badges used to identify O.M.A. and force Registration	211.89
Estimate on Postage	75.00
Share of Expense of the Actual Meeting	200.00
	<u>\$ 771.19</u>

AMOUNT CHARGED TO ONTARIO HEALTH OFFICERS' ASSOCIATION AS PORTION OF EXPENSES.

Cost of Printing Preliminary Programme, 600 copies	\$ 20.00
Secretarial assistance for preparation of Final Programme, 5 days at \$3.00	15.00
Printing Final Programme, 400 copies	80.00
Mailing Preliminary Programme to members	25.68
Rental of Hall for Museum and Laboratory	20.00
Registration Clerk	6.40
	<u>\$ 167.08</u>

WORLD RED CROSS PLANS TRIUMPH OVER HUMAN ILLS AND DISEASE.

Washington, March 19, 1919.

"Peace on earth, good will to men," the ideal toward which civilization has been struggling through all the ages, will not seem so far off following the world-wide extension of Red Cross activities now being planned at Cannes, France, by representatives of the Red Cross organizations of France, England, Japan, Italy and the United States. Certainly no other body of men ever set out to shape a program that might be expected to bring about something at least approximating this ideal condition, for the supreme aim of this Red Cross committee is the reduction of disease and distress and the betterment of mankind everywhere.

Thirty days after peace shall have been declared by the momentous conference now reshaping the world's destinies at Versailles, delegates from the Red Cross organizations of the world will assemble at Geneva for the purpose of considering the program to be submitted by the committee now working at Cannes, France—a program the fulfillment of which should go a long way toward promoting that future harmony among the nations that the peace makers are hoping for. No denying the first requisite to contentment in an individual or a people is good health, and as the promotion of good health the world over is the chief objective of the Red Cross plan, the important relation of the latter to the future peace of the world at once becomes apparent.

WILL GIVE HOPE TO MILLIONS.

With the deliberations of the peace council at an end, the attention of the world will be shifted to the Geneva congress, and prayers for the success of the greatest humanitarian program of all time will rise from the hearts of the hoping millions. This program is being prepared by representatives of the Red Cross societies of the five remaining great powers, the chairman of the committee in charge of this gigantic task being Henry P. Davison, of New York, whose genius in directing the tremendous activities of the War Council of the American Red Cross enabled the latter organization to achieve a record which has won world admiration. Mr. Davison, at the request of President Wilson, who is president of the American Red Cross, has agreed to represent the latter organization in the movement for unification of Red Cross effort. His selection to head the committee at Cannes is a graceful tribute to the American people, whose generosity is recognized the world over as having made possible the achievements of their Red Cross.

Leading experts in public health, tuberculosis, hygiene, sanitation and child welfare work from all parts of the world are now in Cannes or on their way there, summoned to help the committee prepare the plans which will be submitted at Geneva. Measures for handling problems of

world relief emergencies will, as a matter of course, have a large share of the program, but much of the effort will be directed not only toward relieving human suffering and distress, but towards preventing it.

GOVERNMENTS IN SYMPATHY.

The adoption of the program by the Geneva delegates is almost a certainty. The governments of the five powers are in sympathy with the movement and other nations with Red Cross organizations or relief societies are expected to follow the lead of Japan, Italy, France, England and the United States. This being the case, a few facts concerning the Red Cross of the various countries, should prove of interest.

The International Red Cross Committee at Geneva—the parent of all Red Cross organizations—is the body through which the world program will be carried out. A permanent staff of health and relief specialists is to be maintained at Geneva following the world congress. Geneva will be the clearing house for discoveries along lines of Red Cross work, the place to which each organization will forward all information that may be of value to the others, and where research work having for its object the best means of preventing and combatting disease and minimizing distress will be continuous. The International Committee of the Red Cross of Geneva was organized in 1863, being the realization of the merciful conception of Henry Dunant, the Swiss philanthropist. The committee did splendid work during the recent war, the most trying four years of its history. Gustave Ador, president of Switzerland, is also president of the International Committee.

Because of its great achievements in the world war the American Red Cross has been accorded leadership in the world movement by the Red Cross of other countries. The organization now has a membership of 17,000,000 adult and 9,000,000 junior members, this imposing total being divided among 3,864 chapters and thousands of branches and auxiliaries, no part of the country being too remote to be without its Red Cross organization. Dr. Livingston Farrand, who will direct the part the American Red Cross is to play in the universal program, is now at Cannes.

STRONG NATIONAL ORGANIZATIONS.

The Red Cross Society of Japan was organized in 1886 and now, with a membership of more than a million and a half and a splendid equipment, ranks as one of the foremost relief organizations. Always in the vanguard of humanitarian activities, the Italian red Cross was never stronger than it is to-day after the great struggle in which it played such a heroic part. At the end of 1918 the organization had more than 300,000 members. Its complete co-operation with the American Red Cross at a critical juncture of the war proved a great help to the Allied cause.

France's Red Cross is made up of three distinct societies with a combined membership of about 250,000. It dates back to 1865. During the war it provided more than 50,000 nurses of all classifications and more than 1,400 auxiliary hospitals with a total of 117,000 beds. At the end of last July it had assets valued at more than \$21,000,000.

With headquarters in London and flourishing branches in Canada, Australia, India and South Africa, Great Britain's Red Cross met every test of the four year conflict. It is one of the best organized and equipped among the societies that are planning for the future betterment of mankind. The organization has as its most valuable auxiliary the English society known as "The Order of St. John of Jerusalem," whose origin dates back to the days of the Crusaders.

Russia, up to the time of the empire's overthrow, had a capable Red Cross society, the efficiency of which was impaired to a great extent by the class troubles that eventually culminated in the present chaotic condition of the country. The Red Cross organizations of the Central Powers and their Allies, Turkey and Bulgaria, are expected to join the movement.

ORGANIZED ON MILITARY LINES.

As is pretty generally known, the German Red Cross and the Austria-Hungary Red Cross were organized along the same thorough lines as the military machines of those countries, being in fact part of those machines. Because of their complete domination by the military authorities, they were regarded by the outside world as being out of harmony with the merciful spirit of the Red Cross. The relief organization in Turkey was known as "The Turkish Society of the Red Crescent," that in Bulgaria as the Bulgarian Red Cross. More than likely what is left of the organizations in these countries will be represented at Geneva.

Belgium has a fine Red Cross organization. So has Switzerland, the birthplace of the man who conceived the idea back of the Red Cross. The emblem of the Red Cross is the Swiss flag reversed, a tribute to the country which has done so much to stimulate relief work throughout the world. The organization has about 50,000 members.

Holland, Denmark, Norway and Sweden to the north and Spain and Portugal in the south of Europe are all members of the Red Cross family. All the Balkan states have relief societies. China has had one since 1904. Mexico, Central America, South America—these countries have their quota of organizations.

Truly, the touch of the Red Cross makes the whole world kin.—From the American Red Cross.

ONTARIO MEDICAL ASSOCIATION.

THIRTY-NINTH ANNUAL MEETING, TORONTO, MAY 27th, 28th, 29th, 30th.
PROGRAMME OUTLINE.

Tuesday, May 27th:

- 2.00 p.m. Meeting of the Committee on General Purposes at the King Edward Hotel.
6.30 p.m. Round Table Dinner, King Edward Hotel.
9.00 p.m. Completion of Meeting of Committee on General Purposes, King Edward Hotel.

Wednesday, May 28th.

- 9.00 a.m. Registration.
10.00 a.m. Business Meeting of the Association.
12.30 p.m. Luncheon.
2.00 p.m. Symposium on Influenza to be discussed under the following divisions:
History and Epidemiology. Dr. F. A. Clarkson.
Statistical Studies. Dr. F. S. Minns.
Nose, Throat and Ear Manifestations. Dr. J. P. Morton.
Neurological Manifestations. Dr. Goldwin Howland.
Obstetrical, Gynaecological and Surgical Manifestations.
Dr. A. Moir.
Cardio Vascular Manifestations. Dr. Wm. Goldie.
Respiratory Manifestations. Dr. H. B. Anderson.
Pathology. Dr. W. T. Connell.
Bacteriology and Immunology. Dr. A. Caulfield.
4.00 p.m. Entertainment—Garden party to which the ladies are invited.
8.00 p.m. President's Address. Dr. G. Stewart Cameron, Peterborough, Ont.
Address on Medicine: "Shakespeare as an Aid in the Art and Practice of Medicine." Sir St. Clair Thompson, M.D., F.R.C.P., F.R.C.S., London, England.

Thursday, May 29th.

- 9.00 a.m. Sectional Meetings: Medicine; Surgery, Obstetrics and Gynaecology; Eye, Ear, Nose and Throat.
12.30 p.m. Luncheon.
2.00 p.m. Address on Obstetrics: "The Nutrition of the Fetus." J. Morris Slemons, Prof. of Obstetrics and Gynaecology, Yale University.
3.00 p.m. Medical Problems in Relation to Rehabilitation:
Diseases of the Respiratory System. Dr. J. H. Elliott.
Cardio-Vascular Diseases. Dr. C. S. McVicar.

- Functional Neurosis. Dr. Geo. Boyer.
 Mental Conditions. Dr. C. K. Clarke.
 4.30 p.m. Business Meeting of the Association.
 8.00 p.m. War Surgery:
 General Introductiton. Col. A. Primrose, C.B.
 X-Ray Advances During the War. Col. R. E. Wilson.
 Surgery of the Thorax. Maj. A. L. Lockwood, D.S.O.,
 M.C.; Col. P. K. Menzie.
 Surgery of the Knee. Col. J. A. Kidd.
 Surgery of the Humerus. Maj. Geo. Ewart Wilson.
 Cranioplasty. Col. C. H. Gilmour.
 Nerve Restoration. Maj. D. E. Robertson.
 Prosthetic Surgery. Lt.-Col. Guy Hulme.

Friday, May 30th.

- 9.00 a.m. Sectional Meetings: Medicine; Surgery; Obstetrics and
 Gynaecology.
 2.00 p.m. By invitation, the afternoon session will be held at the
 Dominion Orthopedic Hospital, Christie Street,
 Toronto, where the work in the various departments
 will be demonstrated.

MEDICAL SECTION.

Dr. John F. Sheahan, Chairman. Dr. F. C. Harrison, Secretary.

Thursday—Sectional Meeting.

- Congenital Pyloric Obstructive Conditions. Dr. Allan Canfield.
 Radiographic Studies of the Upper Abdomen. Dr. H. M. Tovell.
 From Notes on Febrile Conditions Met with in Macedonia During
 the War. Dr. H. C. Parsons.
 Auricular Flutter and its Treatment. Col. John Meakins (Mont-
 real).

Friday—Sectional Meeting: Symposium on Nephritis.

- Anatomy of the Renal Tubule. Prof. J. Playfair McMurrich.
 The Modern Theories of the Kidney Function. Prof. J. J. McLeod.
 Tests of Functional Capacity. Prof. Andrew Hunter.
 Therapy of Nephritis. Dr. Herman O. Mosenthal (New York).

SURGICAL SECTION.

Dr. Edmund E. King, Chairman. Dr. T. A. Robinson, Secretary.

Thursday and Friday—Sectional Meetings.

- Surgery of Hour-Glass Contractions of the Stomach. Dr. W. H.
 Harris.
 X-Ray Diagnosis of Gastric and Duodenal Ulcers. Dr. G. E.
 Richards.
 Tumours of the Bladder. Dr. W. A. Cerswell.

Papers not yet announced by Dr. Ingersoll Olmstead, Dr. J. A. Macgregor, Dr. E. R. Secord, Dr. Malcolm Cameron.

OBSTETRICAL AND GYNAECOLOGICAL SECTION.

Dr. B. P. Watson, Chairman. Dr. J. Gordon Gallie, Secretary.

Thursday and Friday—Sectional Meetings.

Indications and Contra-indications for the Use of Obstetrical Forceps. Dr. A. H. Frawley.

The Treatment of Puerperal Septicaemia. Dr. G. G. Copeland.

On Backward Displacements of the Uterus. Dr. A. C. Hendrick.

The Role of the Prenatal Clinic. Dr. J. Gordon Gallie.

Treatment of Gonorrhoea in the Female. Dr. W. W. Lailey.

Additional papers not yet announced will be presented.

EYE, EAR, NOSE AND THROAT SECTION.

Dr. F. C. Trebilcock, Chairman. Dr. J. C. Calhoun, Secretary.

The Eye, Ear, Nose, Throat Section is especially fortunate in the prospect of visits from Sir St. Clair Thompson, of London, Eng., and Dr. Alfred Braun, of New York. We have not the titles of the subjects which the former will introduce at our Section Meeting, but we know that the latter will speak on "The Value of the Examination of the Internal Ear." In addition, we shall have contributions from members nearer home.

The Section proposes to hold only one session on Thursday morning; it ought to be full of interest and afford an opportunity to meet again those members who have returned from work overseas.

Every indication points to a very interesting programme for this, our thirty-ninth (Victory) Annual Meeting. The Programme Committee has been singularly fortunate in obtaining the co-operation of many distinguished visitors, as well as members of our own Association, to take part in the meetings.

It is hoped that every member of the Association will make a special effort to be present.

Classes proposing to hold re-union dinners are reminded that organization preparations should be commenced at once. With the war now over and many medical officers having returned from overseas, class re-unions should be popular.

The Committee on Arrangements will be pleased to render any possible assistance.

Dr. F. W. Marlow, 417 Bloor St. W., Toronto, Chairman, Committee on Arrangements.

Dr. T. C. Routley, 66 Bond Street, Toronto, Hon. Secretary.

Dr. G. Stewart Cameron, Peterborough, Ont., President.

HEALTH OF ONTARIO.

According to the Provincial Health Department's monthly report for the month of April the epidemic from influenza is fast disappearing, there being 137 deaths and 341 deaths from pneumonia, as compared to 285 from influenza and 481 from pneumonia in March. The deaths reported from all causes reported by the undertakers was 2,510.

New regulations now add to the regular table of communicable diseases to be reported upon the diseases of influenza, acute influenza, pneumonia, acute primary pneumonia, trench fevr, typhus fever, relapsing fever and dysentery, but the regulations being so recently made only two of these were last month reported upon.

The number of cases of all communicable diseases for the month was less and the number of deaths more than for April last year, this being explained by the fact that tabulation from undertakers' returns used to be included with the returns from local secretaries of boards of health. The following is the table:

Diseases	April.		April.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	32	0	39	0
Scarlet fever	330	7	383	16
Diphtheria	204	30	349	22
Measles	53	2	1461	11
Whooping cough	43	3	240	4
Typhoid	10	3	38	5
Tuberculosis	191	152	187	122
Infantile paralysis	0	0	2	1
Meningitis	20	18
Spinal Meningitis	12	12	2	1
Pneumonia	6	2
Influenzal pneumonia	1	1
	<hr/>	<hr/>	<hr/>	<hr/>
	907	230	2716	193

Venereal disease cases show a slight reduction, the comparative figures being:

	April, 1919	March, 1919.
	Cases.	Cases.
Syphillis	110	97
Gonorrhoea	139	183
Chancroid	3	4
	<hr/>	<hr/>
	252	284

During the year 33 cases of smallpox are reported.

TORONTO ACADEMY OF MEDICINE.

The Academy of Medicine has elected these officers: President, Dr. Edmund E. King; vice-president, Dr. J. H. Elilott; hon. secretary, Dr. F. C. Harrison; hon. treasurer, Dr. J. H. McConnell; past president, Colonel A. Primrose, C.B.; elective members of the Council—Drs. R. T. Noble, Alan Brown, B. F. Watson, D. P. Gibb Wishart, H. B. Anderson; H. J. Hamilton, W. A. Cerswell; chairmen of sections—Of Medicine, Dr. G. S. Young; of Surgery, Dr. B. Z. Milner; of Pathology, Dr. J. A. Oile; of Ppthalmology and Oto-Laryngology, Dr. Mortimer Lyon; of Paediatrics, Dr. A. H. Spohn; of Obstetrics and Gynaecology, Dr. K. C. Mellwraith; of State Medicine, Dr. M. B. Whyte.

RED CROSS SOCIETIES.

Fifteen of America's leading health specialists, acting with the distinguished physicians and scientists of England, France, Japan and Italy, have affixed their names to a resolution of great import to the future welfare of mankind just adopted by the Inter-Allied Red Cross Conference in session at Cannes, France. The resolution, telling of the purpose "to spread the light of science and the warmth of human sympathy into every corner of the world," was adopted by the committee of Red Cross leaders which is preparing the programme for world betterment to be submitted to the Congress of Red Cross Societies at Geneva thirty days after peace has been declared. The text of the resolution follows:

"We are assembled at the invitation of the Committee of Red Cross Societies to assist in the task for which that committee was constituted, namely: 'To formulate and propose to the Red Cross Societies of the world an extended programme of Red Cross activities in the interest of humanity.'"

"In addressing ourselves to this task, we desire to express our belief that while every measur should be taken to repair the ravages of war and to prevent all wars, it is no less important that the world should address itself to the prevention and amelioration of those ever present tragedies of unnecessary sickness and death which occur in the homes of all peoples.

"This world-wide prevalence of disease and suffering is in considerable measure due to causes which science has not yet disclosed, but a great part of it is due to widespread ignorance and lack of application of well-established facts and methods capable either of largely restricting disease or of preventing it altogether.

"It is clear that it is most important to the future progress and security of civilization that intelligent steps be taken to instruct the

peoples of the world in the observance of those principles and practices which will contribute to their health and welfare.

"In the accomplishment of these great aims it is of supreme consequence that the results of the studies and researches of science should be made available to the whole world; that high standards of practice and proficiency in the prevention of disease and preservation of health should be promoted and supported by an intelligent and educated public opinion; and that effective measures should be taken in every country to secure the utmost co-operation between the people at large and all well-directed agencies engaged in the promotion of health.

"We have carefully considered the general purposes of the committee of Red Cross Societies whereby it is proposed to utilize a central organization which shall stimulate and co-ordinate the voluntary efforts of the peoples of the world through their respective Red Cross Societies; which shall assist in promoting the development of sound measures for public health and sanitation, the welfare of children and mothers, the education and training of nurses, the control of tuberculosis, venereal diseases, malaria and other infectious and preventable diseases, and which shall endeavor to spread the light of science and the warmth of human sympathy into every corner of the world, and shall invoke in behalf of the broadest humanity not alone the results of science but the daily efforts of men and women of every country, every religion and every race.

"We believe that the plans now being developed should at the earliest practical moment be put into effect and placed at the disposal of the world. In no way can this be done so effectively as through the agency of the Red Cross, hitherto largely representing a movement for ameliorating the conditions of war, but now surrounded by a new sentiment and the wide support and confidence of the peoples of the world and equipping it to promote effective measures for human betterment under conditions of peace.

"We are confident that this movement, assured as it is at the outset of the moral support of civilization, has in its great possibilities of adding immeasurably to the happiness and welfare of mankind."

The following are the American scientists who have subscribed their names to the resolution: Dr. William Welch, Dr. William Palmer Lucas, Lt.-Col. William F. Snow, Dr. Hugh S. Cumming, Dr. Samuel McClintock Hamill, Dr. Herman Michael Biggs, Dr. Fritz B. Talbot, Colonel Richard P. Strong, Dr. L. Emmett Holt, Dr. Wycliffe Rose, Dr. Frederick F. Russell, Dr. Edward R. Baldwin, Dr. Livingstone Farland, Lt.-Col. Linsley R. Williams and Dr. Albert H. Garvin.

Scientists of the four other great powers who have signed the resolution are: Great Britain: Lt.-Col. Edward G. Hort, Lt.-Col. Sir R. W.

Philip, Colonel S. L. Cummins, Dr. Henry Kenwood, Sir John Lumsden, Dr. F. Truby King, Colonel L. W. Harrison, Sir Arthur Newsholme, Dr. F. N. Cayay Menzies. Italy: Dr. Ettore Marcha Fava, Prof. Edoarde Maragliano, Dr. Bartholomeo Gosie, Lt.-Col. Aldo Castellani, Dr. Francesco Valagussa, Dr. Camille Golgi, Colonel Caesar Baduel, Dr. Camille Poli, Dr. Giuseppi Bastianelli. France: Dr. Paul Emile Roux, Dr. Edouard Rist, Dr. P. Armand DeLille. Japan: Dr. T. Kabe-shima.

MEDICAL PREPARATIONS

INSECT BITES.

While on a hunting trip in Northern Canada I was severely bitten with black flies; those diminutive devils of the Northern woods. As it was quite late in the season, we thought it unnecessary to take precautions against flies and mosquitoes, and other than applications of bicarbonate of soda, I had no treatment for several days.

At one of the Hudson Bay posts and in Toronto, physician friends made applications endeavoring to give me relief, but without any success. After several days my face and hands were swollen to about twice their normal size; the pain and itching were almost unbearable. At Toledo, Ohio, one of my physician friends took charge and for several days did his utmost to stop the action of the poison, and as a sort of hopeless last resort proposed trying Antiphlogistine. Having been without sleep for about two weeks and with the nervous system almost completely shattered, I was willing to give anything a trial.

The first application stopped the burning, and several more completely reduced the swelling, after the combined efforts of these three friends had failed to afford me a particle of relief.

I have gone into this rather extensively in the hope that some other sufferer who is susceptible to insect bites may be prepared and not forced to undergo any such amount of distress as I did.—Dr. I. W. Copeland, Ashland, Ohio.

THE TIME TO SMOKE.

“At what time of the day does a pipe taste the sweetest?” is an interesting question to the many men who have found in a pipe of good tobacco the most satisfactory form of smoke. According to Christopher Morley, the sensible man smokes (say) sixteen pipefuls a day and all differ in value and satisfaction. In his recent book, “*Shandygaff*”, he remarks that “Smoking is properly an intellectual exercise. For those who are in pain, sorrow or grievous perplexity it operates as a sovereign

Prompt Assimilation

of nutritive material is of the greatest importance to convalescing patients, in all acute diseases or surgical operations.

At this stage the blood is impoverished, the tissues depleted and the digestive functions at low ebb. Prompt assimilation of food must be secured; but not at the expense of further reducing the digestive and assimilative powers of the patient.

It is just here that

Grape-Nuts

has come to be relied on with confidence by the doctor and comforting assurance by the patient.

Grape-Nuts, made of wheat and barley, contains *all* the nutritive elements of these cereals, including the essential salts, "vital phosphates," etc., which, physiologists know well, are in some important way necessary to perfect cell elaboration.

Grape-Nuts and good cream is a wholesome, appetizing combination of protein, carbohydrates, fat and salts, in promptly assimilable form.

Samples of **Grape-Nuts**, **Instant Postum** and **Post Toasties** for personal and clinical examination, will be sent on request to any physician who has not yet received them.

Canadian Postum Cereal Co., Ltd., Windsor, Ont.

consoler, a balm and balsam to the harassed spirit; it calms the fretful, makes jovial the peevish." "I define life," he says, "as a process of the will-to-smoke: recurring periods of consciousness in which the enjoyability of smoking is manifest, interrupted by intervals of recuperation." Mr. Morley concludes that "the best pipe of all is the last one smoked at night."

A VERITABLE PROP.

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

COLLOSOL MANGANESE.

The value of manganese medication has long been known and its superiority over iron demonstrated in many conditions. Its administration has, however, been attended with such varying results that, until the introduction of Collosol Manganese (i.e., Colloidal Manganese in its most perfect form), considerable discredit has been thrown upon its use.

The action of manganese seems to depend upon the formation of active oxygen and active hydrogen—stimulating the processes of oxidation and reduction, naturally occurring in the body (vide "Practitioner," May, 1918).

As is well known to the student of chemistry, manganese exists in two conditions—the manganous (divalent) and the manganic (trivalent)—and it is by the ready conversion of the one to the other that the oxidizing and catalytic action of the metal is due.

When ordinary molecular solutions of the metal are used, precipitation of insoluble manganese hydroxide takes place within the tissues, with considerable upset of the normal hydrogen-hydroxyl ion concentration of the tissues and body fluids. When Colloidal Manganese hydroxide is injected no upset occurs, as the solution is alkaline and isomorphic and isotonic with the body fluids. In gradual contact with the oxidases and reductases of the tissues the ultra-microscopic particles of manganese

SMOKE

**SWEET CAPORAL
CIGARETTES**

“The purest form
in which tobacco
can be smoked”

Lancet.

**SOLD
EVERYWHERE**

10

for

15c



gradually absorb or release the ions necessary to produce the desired effect with a minimal constitutional disturbance.

In streptococcal and staphylococcal infections rapid effect is produced, as shown in an article appearing in the "*British Medical Journal*" of April 20th, 1918, in which one of our foremost specialists deals with four cases of boils, acne and impetigo (contagiosa and follicular),—all of which rapidly yielded to the treatment by Collosol Manganese, though treatment with vaccines in two of the cases over periods of two and four months had given no relief.

Again, in the "*Medical Press and Circular*" of December 5th, 1917, another leading practitioner relates that the stay in hospital at Etapies of patients suffering from infections of boils, was reduced from fifty days to seven days by Collosol Manganese treatment.

The same authority states in the "*Practitioner*", May, 1918: "Under ordinary treatment the average stay in hospital of gonorrhoea patients is 49 days. . . . The average stay in hospital of the new cases (i.e., those treated with Collosol Manganese injections) was 17 days."

Particulars and literature will be supplied by The Crookes Collosols, Dandurand Bldg., Montreal.

THE STERLING RUBBER COMPANY OF GUELPH, ONTARIO,

who specialize in surgeons' gloves and other high-grade rubber specialties, are building an addition to their factory which will more than double their present floor space.

This move was made necessary by the increasing demand for their gloves and other products, not only in Canada and every British Dominion, but in practically every civilized country in the world.

The tremendous growth of this company's business is shown by the fact that for the last five years, every year's export sales have more than doubled that of the previous year.

This showing reflects great credit on the ability and enterprise of the management, but no business, no matter how ably conducted, can produce these increased sales unless the quality is in the products and is maintained there.

Using the best obtainable materials and the latest and most up-to-date equipment, this firm has deserved the marked confidence placed in them.

Their Sales Department, too, is up-to-the-minute, as they have made a specialty of prompt deliveries by parcel post of good, fresh stock direct from the factory.