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## THE CAUSES OF THE DEGENERACY OF THE HUMAN RACE.*

By A. B. ATHERTON, M.D., LL.D., Fredericton, N.B.

IN the first place, it is my pleasing duty to return thanks to the members of the Maritime Medical Association for the great honor they have done me in my election to the high office of President, and to assure them I appreciate very greatly the distinction.

In casting about for a theme upon which to address you on this occasion, it occurred to me that instead of choosing a more professional subject, it might be both interesting and profitable to direct attention to the causes of the degeneracy of the human race, which seems to be taking place in the more highly civilized nations, and suggest some remedies for this condition.

It may well be said that I have set myself a large task, and I can hope only to barely touch upon the subject very cursorily and briefly. I shall take it for granted that the civilized nations are undergoing some deterioration in their general physique as well as, perhaps, in their mental powers. I think this is too obvious for anyone to seriously dispute the statement, especially in regard to the first part of my proposition at all events.

Let us now consider some of the causes which are at work in producing such deterioration. These may be referred to under two heads, namely: (1) Those arising from our manner of life, and (2) those which are the result of bad breeding. In other words, we have the acquired and the hereditary influences which tend to degeneration.

In the first class we may place the inevitable tendency to the herding of people in large cities. As a consequence of this we get the overcrowding of many with the insufficiency of fresh air which necessarily follows. We are more than ever, of late, appreciating the importance of this and are finding that a life in the open, away from the more or less polluted atmosphere of the cities, is one of the most efficient remedies for tuberculosis. But if this is one of the chief measures for its cure, is it not still more valuable as a preventive, and should we not be very careful to minimize, as far as possible, this evil of city life by seeing to it that the people are comfortably housed and that the children especially have plenty of out-of-door life? Attention to this last is rendered all the more imperative by the fact that it is considered so very important that the

* Presidential address before the Maritime Medical Association.

rising generation should spend a great part of their time in acquiring an education, which in cold climates, at all events, necessitates being shut up several hours every day in more or less crowded and often ill-ventilated school-rooms. To obviate or lessen this hurtful influence as far as possible, it is very needful that the play-grounds around all city schools should be capacious enough to insure an abundant supply of good wholesome air, as well as also to afford the children ample room for the enjoyment of any of the customary games, such as cricket, baseball, foot-ball, etc. It is very important that this matter should receive the serious attention of the citizens, and we think it should be insisted upon that, without such a provision, no school should be established.

If we cannot afford to furnish these play-grounds about our school-houses where the children can have the opportunity to exercise and enjoy themselves, we are of the opinion that we had better do without the schools, for surely that which conduces to the general health and vigor of the young and rising generation is of greater importance than even the benefit of a school training.

It is all very well to have parks, where flowers and shrubs are in evidence and where the grass is kept well cut and carefully guarded from being trodden down by the thoughtless feet of the children, but it seems to me that there should be more provisions made for the children in the open spaces and parks, where they can make themselves happy and stronger by plenty of proper exercise.

And while considering the school question, we think that we may say with truth that all who have given the matter serious attention must admit that under the best of surroundings a long course of hard study is too often injurious to the health of the young, especially to those of a nervous temperament or of a delicate constitution.

How often do we medical men find such ones breaking down from too close application to their school work. This is more frequently seen in the weaker female sex, largely because of the tendency in its members to make greater efforts to please their teachers than obtains in the case of the boys, and also because they are less apt to counteract the ill-effects of study by a resort to out-of-door games and other physical exercise. Indeed we have for some time held the opinion that the public schools should be closed to girls for one or even two years at the critical age of approaching puberty, when an important physiological change is taking place in their constitution and on account of which they should not be placed in competition with boys of the same age. We pay more attention to the horse at this period than we do to that of our children.

If parents wish to have their studies continued during this interval let them send their daughters to a private or boarding school, where the

competition is not likely to be so keen and where a closer supervision may be had over them. Should they not be able to afford this it might be just as much to their future benefit if the time is devoted to domestic duties, which are nowadays too much neglected.

Another source of injury to body and mind in both boys and girls is the spending of their spare time in reading sensational and trashy novels. Often, too, the necessary hours for sleep are encroached upon in order that the interesting novel may be finished.

One of the most frequent and evident signs of the injurious effects of school life is the deterioration produced in the eyesight. It is found that at the beginning of school attendance, say at seven years of age, the proportion of those who have defective sight is only about five per cent., and by the time they reach the college it is in the neighborhood of fifty per cent.

Whether this acquired defect will to any extent be transmitted to their offspring may perhaps be questioned, but we very much fear that it may. We well know that errors of refraction are to be met with in some families more than in others, and it may be that an acquired defect will, to some extent become hereditary.

In order to minimize, as far as possible, this danger to the sight, careful attention should be given to the proper lighting of school rooms and the use of fine print in the school books should be prohibited. Also it is very important that at least once a year an examination of all school children should be made, in order that any defect in their eyesight may be remedied by glasses.

This is now being more or less done in the large cities, and the custom should be adopted everywhere.

Very great injury must necessarily be done to the young, as well as also to those of more mature age, by the spending of a large part of their time in the stuffy and heated rooms of our factories and we would in consequence expect to find the general physique and health at a lower plane in localities where much manufacturing is carried on. Indeed it is found that in the city of Manchester, England, only about twenty per cent. of those who apply for admission to the military service are able to pass the medical examination.

The obvious remedy for this is the prevention of the employment of children in these establishments and shortening the hours of work for adults.

Again a very serious injury to the human race is, as we all too well know, done by the abuse of stimulants and sexual immorality. These vices are very much in evidence, especially in city life, and must be left largely to our moral reformers to correct, merely remarking that it seems

impossible in the present state of society to entirely put a stop to these evils and that the more rational and practical plan is to aim at their regulation, rather than at complete suppression. A great deal must necessarily be done by the teaching of the home, in order to overcome these terrible destroyers of the peace and health of humanity.

Let us now turn our attention to the subject of the better breeding of the race. We take great care to raise vigorous and healthy stock on our farms, but we act as if it did not much matter what kind of men and women are reared. Surely every child has the right to be born healthy and fit to fight the battle of life, and it is the bounden duty of the individual and the State to see to it that this result should, as far as practicable, be attained.

In order that this much to be desired end be reached, we should discourage or prevent, as far as possible, the marriage of those who are defective in physical or mental or perhaps even moral qualities, for it is more than probable that these last are also handed down to their progeny. While it is all right and proper that everything possible should be done to alleviate the sufferings and save the lives of the individual, we think the community has a right to demand that the diseased and defective ones should not transmit these characteristics to the rising generation.

Great efforts are, at the present time, being made to save persons from the ravages of tuberculosis, and rightly so, but ought we not to require that those who are themselves rescued from the disease, largely or entirely at the expense of the community, shall not be the means of bringing children into the world who will inherit a more or less pronounced tendency to the same disease, and thus in their turn likely be a burden to their contemporaries.

It is pleasing to those who inherit such a tendency to be told by medical men and others that tuberculosis is not a hereditary disease and that it is only conveyed by contagion, but we think it matters very little whether the child has the disease when he first comes into the world or has given to him a great tendency to contract it. If the soil is eminently suitable to grow the plant and the seed is almost certain to fall upon it, the crop will probably grow sooner or later.

Certainly it is a matter of everyday observation that a considerable percentage of the offspring of tubercular parents become in the course of time themselves tubercular.

We have seen, time and again, several generations exhibiting this taint. It may be that this result occurs because of their coming in contact in some way with the tubercular bacillus, but can we ever hope to guard ourselves against the entrance into the system of so ubiquitous a germ?

Then, again, tubercular subjects seem to be more prolific than the rest of the community, and therefore it is all the more important that they should not be allowed to marry.

If this means of preventing the propagation of those who inherit a tubercular tendency prove ineffectual, it might be even reasonable and proper that at least those who are rescued from the ravages of the disease by the efforts of others and largely at their expense, should be required to submit to sterilization.

This would doubtless meet with strong opposition on the ground of individual rights, but we already compel the vaccination of children before they are allowed to enjoy the benefits of a public school education, and may we not with equal reason demand that those who enter a public sanitarium shall be prevented from handing down a tubercular tendency to others.

It would seem that these persons themselves might, in many instances, willingly submit to such treatment, when they consider the danger of their producing sickly and weak offspring. Besides they would probably be more ready to do so when they learn that this procedure would not necessarily imply the production of impotence.

Again the marriage of near relatives is often a source of danger to their progeny. While it may be quite true that the children of first cousins, who are themselves the subjects of no weakness of either body or mind, may be and often are even more than up to the average in intellectual ability and of good physical development, yet the instances are not rare in which these children are idiotic, weak-minded or chronic epileptics, and others in which cataract and other eye defects are met with. Such cases have several times come under my own observation.

I think, therefore, that it would be wise to forbid such unions.

Another question to be considered is how to remedy the apparent increase in the number, from whatever source they arise, of the weak-minded in the population.

According to a paper read by Dr Helen MacMurchy at the British Medical Association last year, there are over twelve hundred feeble-minded unmarried women in the Dominion of Canada. These must necessarily be a constant source of menace to us, because of the great risk of their bearing children of a like character. The strictest care and supervision are required to prevent such a consequence. They ought therefore to be segregated in some public institutions, where such supervision can be had, or, perhaps better, be sterilized. This can now be done, even in females, with very little risk of life, and we think ought to be done in all these cases.

If we can rely upon our statistics, the percentage of both the idiotic and insane is on the increase, and it is high time that a serious effort should be made to remedy this condition of things. Not only the feeble-minded, but those who are insane, should be treated by sterilization. It is monstrous to allow these unfortunates to hand down their mental defects to the coming generation.

The chronic criminal might also be very w 'l subjected to a similar procedure. The fact that this treatment would be meted out to him might act as a very good determent to crime, and would, at all events, prevent these from begetting children with like tendencies.

We are not in so great need of securing an increase of population even in this Dominion of Canada, that we should welcome those who present such defects, whether they come from abroad or are produced by ourselves at home. I know of a case where a young man was an inmate for two or three years of a lunatic asylum, and soon after his release married, and has already had six or seven children born to him within a period of ten or eleven years. Are we foolish enough to shut our eyes to these things and stand idly by without even making a single effort to prevent their occurrence?

The longer this breeding of the degenerates goes on the more difficult of course it will be to deal with it, and we think it is high time that the matter should receive the serious consideration it deserves both by the medical profession and the general public and I trust that these few remarks may be productive of good by calling attention to the need of such consideration.

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## A BRIEF RESUME OF THE DEVELOPMENT OF CLINICAL PSYCHIATRY.*

By J. G. FITZGERALD, Clinical Director, Toronto Asylum.

THAT the study of the various manifestations of mental alienation dates back to the earliest times need not be emphasized, and without recalling any names antedating his, it need only be mentioned that Galen described one type of disease, which in its essential features was not unlike the picture described by Georget, an eminent French alienist of the early nineteenth century: in his picture were certain features which are incorporated in one of the forms of the now well known condition Dementia præcox.

When one thus considers that psychiatry had its beginning at such a remote date, it seems hardly credible that so little progress was made in so many decades. To trace the historical development through all the

*Read at the meeting of the Ontario Medical Association, Toronto, May, 27, 28, 29, 1907.

ages would require considerable time, and it is possible only to sketch in the briefest fashion the more important of the earlier events.

It is highly probable that the most important etiologic factor in the retardation of knowledge in regard to the nature of mental diseases was the view held by the Church, which was, that all persons exhibiting symptoms of anomalous, mental activity were possessed of an evil spirit (this view was also held by eminent alienists of the eighteenth century) and that the proper treatment was that which the priests would administer. A second factor which partially explains the first was this: the activities of the diseased mind not being understood, were looked upon as supernatural and were consequently avoided, and tales of the bizarre conduct of one so afflicted were told to frighten the children, just as stories of ghosts, goblins, etc., are implements of offence in the hands of those in charge of the youthful, in many parts, in this enlightened twentieth century.

Despite the handicaps thus imposed, many excellent observations were recorded, even at the time when witches were being sent to the stake, and one may be pardoned for quoting the author of the Religio Medici in regard to his views on the subject of witches. He says: "For my part I have ever believed, and do now know that there are witches; they that doubt of these, do not only deny *them*, but spirits and are obliquely and upon consequences a sort, not of infidels but atheists."

As early as 1563 Felix Plätter, a German alienist, described four conditions, to wit, mental weakness corresponding to the state later spoken of as dementia, mental alienation corresponding to paranoia or mania, mental abolition corresponding to mental confusion, and mental anxiety corresponding to melancholia. So here we have a descriptive symptomatic classification almost four hundred years old. Various other investigators later in the eighteenth century and early in the nineteenth century described symptom-pictures, some of which hold good even today. In the great line of names associated with this early time, one must linger for a moment to mention Chiarurgi, Pinel, Esquirol, and Georget in France; Tuke and Cullen, in England, and Benjamin Rush in America. The last named finding time, in the midst of multifarious duties as head of the Institutes of Medicine in the University of Pennsylvania, to devote many hours to the consideration of the symptoms shown by the inmates of the Philadelphia asylums, and the fascinating descriptions contained in the writings of the man who has been described as the "Father of American Psychiatry," make most interesting reading for the present day student of the subject.

Passing on to still more modern times, Griesinger, Kahlbaum, Hecker and Zeller in Germany; Baillarger and Bayle in France; Tuke, Prichard,

Bicknell and Connolly in England, are all landmarks on the way. In 1840 Zeller described all forms of insanity as belonging to one type; each case passing through four phases: that of depression, excitement, irrelevancy and dementia. What a different conception from that of one modern German psychiater, who describes eight or nine forms of paranoia alone!

Following in chronological order the names of Morel, Meynert (who divided all forms of mental disease into mania, melancholia, amentia and paranoia), Chaslin (Christian) and Regis, in France; Maudsley and Clouston in Great Britain, and, finally, Ziehen, Wernicke and Kraepelin in Germany, and our own Canadian representative, the late Dr. Workman, who did so much to further the truest interests of psychiatry.

For many decades the students of mental disease concerned themselves chiefly with the matter of classfication; all cases admitted had to be diagnosed and classified. This was found to be a herculean task, and almost more than could be accomplished, but a way was found which seemed to solve the problem, and that was the adoption of the symptomatic method. A word as to exactly what is meant by the symptomatic method: in this method the symptom-picture presented by the patient at the onset of the psychosis dominated and was the clue to the diagnosis, and, of course to the prognosis and treatment.

Now, it may not once be apparent what the actual significance of this state of affairs naturally led to. In the first place the psychic sphere most involved, and as a consequence exhibiting the greatest degree of parafunctioning, almost invariably was the only one observed or studied, and gave the name to the condition—for example, a patient showed excitement, it was a case of mania; depression, a case of melancholia; conspicuous reduction, dementia, etc., etc. The evident lack of breadth and comprehensiveness of this method cannot but be apparent to the most casual observer. When one feature so colored the picture in the mind of the alienist that all other manifestations were entirely overlooked or neglected, it necessarily implied that accurate, painstaking, laborious psychologic analyses were not the order of the day.

So that as long as classification was the end object of the alienist, progress was bound to be slow. Many extremely interesting observations were made, but they were isolated, could not be correlated and were practically valueless. Because the clinical picture, as drawn by the alienist, was so often one-sided, many of the most essential points were overlooked. In order to illustrate this we have only to again refer to a case of acute mania. Here the features which predominated were, the emotional exultation and the greatly increased psycho-motor discharge, seen in the patient's busy activity, marked restlessness, etc. The lesion in

attention, the nature of the psychic processes of association, ideation, etc., were not critically analyzed.

So to briefly sum up the disadvantageous features in the symptomatic method there were, first, that it did not consider the psychoses in their entirety, including a review of all phases of the condition; secondly, that it was more concerned with the matter of naming conditions than thoroughly studying them; thirdly, that the symptomatic picture did not give one a sufficient grasp of the situation to be in a position to express a fairly accurate prognosis, and lastly that the treatment was often not based on a thorough understanding of the cases, and could not be designated rational therapeutics.

That the field of neuro-histology and neuro-pathology was naturally looked upon as ground which would yield the richest harvests is not to be wondered at, and very early many most eminent workers in laboratories the world over were devoting themselves to a consideration of the conditions found post-mortem in cases of mental disease. There was also a large band of investigators who devoted themselves to a study of the normal cortex cerebri, and underlying white zone; of the men whose activity and scientific zeal have caused their names to be of true historical interests in this realm of medicine must be mentioned: Leewenhook, who in 1684 had observed by means of the rude lens designed by him, the nerve fibres; Vic d'Azyr, whose discovery of the intra-cortical zone in the occipital region was the first step in the elaboration of cortical anatomy; Ehrenberg, who in 1833 described nerve cells and fibres; Valentine, however, in 1838, really laid the first foundations in the study of the nerve-cells, and in the same year Remak described the cells in the cornua of the cord, and one year later gave the first description of the fibre elements: the axis-cylinder of myelinated fibres, which were spoken of as the "primitive-band." The observation of Virchow that certain elements in the cortex were essential nerve elements and others non-essential supporting structures, was made before staining methods were introduced. It must be remembered that all this extremely painstaking work was done by isolating the elements in fresh material. Of other early workers, Schwann, who in 1838 gave to the world the cell theory named after him; Kölliker (who elaborated the theory of Schwann), and Gerlach were also great names in the cytological period; and Deiters, who with Max Schultze carried on the work of Remak on the myelinated nerve fibres; and when one repeats Gerlach's definition of a nerve cell, "it is a cell which through its axis-cylinder process is continuous with a myelinated nerve fibre," it will be at once apparent that in certain directions neuro-histology was making rapid strides, especially when it is kept in mind that this was in the carmine period, when differential stains were

unknown. The names of Müller, Stilling, Gennaret, Baillarger, and later those of Krause, Cohnheim, Corti, and finally the modern workers, Weigert, Waldeyer, Exner, Tuczek, Apáthy, Cayal, Held, VanGehucten, Golgi, Bielschowsky and Nissl, who has done much splendid work, both in neuro-histology and pathology, are all too well known to require more than passing mention.

Despite the fact that so many really great investigators have turned their attention to the work, and despite the fact that histologic studies of an extremely accurate and thorough character have been done, the sum total results obtained in the field of neuro-pathology and the correlation of the same with clinical observations has been extremely small. And it has been evident for some time that many of the psychoses, which could be recognized as distinct clinical types, showed no characteristic pathologic modification in the cortex cerebri after death. For this reason a large number of groups of cases have been designated "functional psychoses" in contradistinction of those in which it was possible to demonstrate a definite and constant pathologic alteration, after death. Of the clinical entities belonging to the latter class, paresis or demenia paralytica was the condition whose morbid anatomy and histology was earliest the subject of study and observation, and in 1822 Bayle described certain characteristic changes in the pia-arachnoid and certain other gross appearances, which he regarded as pathognomonic of the paretic. Cortex, Tuczek's work in 1884 on the disappearance of the tangential and supra-radiary fibres in the brains of paretics, was another epoch-making observation in the same condition, and Alzheimer, Nissl and others have made important contributions to the literature of the same condition. Work has also been done in the senile psychoses and by Binswanger and Alzheimer in arterio-sclerotic conditions. It seems at the present time, however, that an exact pathologic basis in many of the mental diseases is not likely to be arrived at for some time to come.

Although the clinical method proper may be said to have originated with Bayle in 1822, it was not generally adopted, and for many years after this, all prominent authorities featured the symptomatic method, although the conception of Hecker is hebephrenia; Kahlbaum's, katatonia, and Fabret's folie circulare, Meynert's amentia were all worked out along clinical lines, as were also two products which are distinctly Kraepelinian, namely, "dementia præcox" and the "maniaco-depressive psychosis." So that the clinical method, while not in the strict sense a modern development, still in its much wider application it is truly a method whose usefulness has been much more widely recognized in recent times to be of considerable value in aiding (or at least in being a step) in the progress that psychiatry is making.

The clinical method aims to make complete biographies in every case, beginning with the family history, and including this all points of interest, going back as far as possible, to obtain all important positive or negative evidence. Then tracing the development of the individual up to the date of the present illness, and in so doing the patient's norm is ascertained and all accidents or events, which might tend in any way to modify the character of this norm are also learned. Then the chapter dealing with the incidents which have probably led up to the development of the psychosis brings us to the consideration of the present mental status and physical condition of the individual, and it is hardly necessary to emphasize the importance of a thorough and searching analysis and examination. The course of the condition; its termination, the examination of the tissue pathologically, in case of death, or the subsequent course of the case after discharge, in those who have recovered, round up the survey and tend to make it complete and exhaustive. Such is the clinical method, and although in many respects it was distinctly progressive it had one disadvantageous feature: that it tried to force every case into one or another disease group, something palpably impossible, so that many eminent authorities are agreed that, as Ziehen has expressed it, a single ideal classification of the psychoses may be impossible.

Kraepelin, the man who probably has done more for modern psychiatry than any other leader of recent times (not forgetting Wernicke's pioneer and inestimably invaluable work), in 1890 established the first laboratory where psychological and morbid psychology could be studied side by side, to the very great advantage of both. That finer analyses, a better correlation of ascertained facts, and a more rational consideration of the phenomena of mental disease naturally resulted, is not to be wondered at.

Kraepelin continued this splendid work at Heidelberg until two years ago, attracting students from all quarters of the globe, having for his pathologist Nissl, whose work on the histologic and pathologic side has made him equally well known to students of the literature. At the present time Kraepelin is chief of the Clinic of Psychiatry in Munich, doubtless the first clinic in the world.

Just a word in regard to the *individual method*, which is of most recent development and bids fair to become the greatest advance psychiatry has yet made.

In this the questions are attacked from several standpoints, that of psychologist, pathologist, and physiological chemist, not working each one alone, but in unison; correlating results, obtained by laboratory methods, reducing to a minimum the personal equation and ascertaining the nature of the normal psyche; noting the manifestations of this same

psyche when in a diseased condition; learning all the facts, not necessarily trying to label conditions, but rather estimating exactly the full significance of all symptoms; thus arriving at the basic features which will insure more valuable forecasts as to the probable outcome of cases already developed, a means of formulating a system of preventive medicine and the adoption of a more rational therapy.

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## RELATION OF THE MEDICAL PROFESSION TO THE PUBLIC.*

By JOHN W. S. McCULLOUGH, M.D., Alliston, Ont.

*MR. PRESIDENT, Ladies and Gentlemen,*—To me has fallen the honor of addressing you upon a branch of the relation of our profession to the public, under the general heading of Public Health Aspects —embracing: (1) The need of county officers of health; (2) Remuneration for registration of births, deaths and infectious diseases, and for attendance upon the poor; (3) Compulsory vaccination; (4) Protective organization.

This is an extensive list of subjects, and feeling my utter inability, even if the time allotted to me were much greater, to deal adequately with them, I have merely outlined the various matters, leaving it for you to supply in your discussion the very great deal which may be said regarding these important subjects.

Taking the first topic, that of the need in this Province of County Officers of Health. You all know very well that under the present system, there being a health officer in each municipality, or, at least, that the law provides for such, the regulations regarding health matters are often very poorly carried out.

The reason is not far to seek. A physician is appointed to this office. He receives either no salary, or, if any, a mere trifle. He may be zealous to carry out his duties, but receives no encouragement or support from the Board of Health or the authorities of the municipality, consequently he soon becomes tired of flying in the face of the public, whose good opinion is necessary to his success or existence. As a result, he floats with the stream and the health regulations become a dead letter.

The Provincial Board of Health has had in the past five or six years a great deal of trouble with some infectious diseases, notably mild epidemics of smallpox here and there. It has been found that in many, perhaps the majority of municipalities, very little attention was paid to the necessary quarantine, and that both the Province and the municipality concerned have been put to an unnecessary expense and trouble because

*Read at a meeting of the Ontario Medical Association.

the epidemics of infectious disease were not stifled in their infancy by a careful supervision of the early cases.

To overcome this difficulty the plan of having a county or district officer of health has been under consideration and has received a good deal of thought, both by the present Board and their predecessors. It was thought that if a county or group of counties had such an officer, whose salary would be such that he would be independent of public opinion, there might be an improvement, in so far as the question of public health was concerned. In the State of Pennsylvania there is some such a system. The State, whose population is about seven millions, and with an area of forty-five thousand square miles, has a Commissioner of Health (salary, $10,000), appointed for six years by the Governor of the State. Under and responsible to the Commissioner are ten district health officers, who are also practitioners in active work, who receive $2,500 per year, and who are each assigned to one of the ten districts into which the State is divided. They are responsible for the oversight of health matters within their districts, and in addition are required to do bacteriological work in the matter of specimens sent to them similar to the work done in the Provincial laboratores in Toronto and Kingston, with which you are familiar. This would seem to be a good plan, and it is said to work well.

But the conditions in the Province are much different. We have an area of 222,000 square miles, with a small population of about 2,192,000. Much of our territory is unorganized and sparsely or not at all settled, except for timber men at certain seasons of the year. To divide this into districts and apportion them to various medical officers would mean a great cost, for which our citizens, who are by no means educated to the necessity of such a system, might not sanction the necessary expenditure. A medical man competent for such an office could hardly be obtained for less than $2,000 per annum, so you can figure out what the cost would be.

As an alternative for the present, at least, it is my opinion that the Health Act should be so amended that the various medical health officers would receive a decent salary and be held strictly responsible to the Provincial Board of Health for the enforcement of its regulations. What this salary should be, might be based on population. It should be at least $500 for the first thousand of population, with, in rural municipalities, a reasonable mileage in addition, and say $100 for each additional 1,000 of population, up to $15,000 or $30,000. If such were the case a health officer would have some incentive and be under obligation to look after his duties. He would feel that if he enforced a proper observance of the laws upon his clientele he had the backing of the authorities, and a loss of patronage would be made up by a fair remuneration for his services.

As the law exists at the present time it is the old story of "No pay, no work." The public and the public purse are the sufferers.

At the last session of the Legislature there was a bill introduced by the member for Guelph (Mr. Downey) for the establishment of County Boards of Health, to deal especially with tuberculosis. The Provincial Board had discussed the bill and approved of it, and it was sent to the Legislature so that it might be discussed thoroughly and amended if thought desirable.

Briefly, it was designed to establish County Boards of Health, to consist of the Warden, the County Clerk, who would act as Secretary, and one member sent from each local board of the different municipalities.

Under the provisions of the bill, power is given to notify cases of tuberculosis, to isolate as may seem desirable, to have the sputum examined, a record kept, to build sanitoria, etc. The measure, as one newspaper described it, is an admirable one and would be easily workable. Unfortunately it did not receive the attention and discussion it merited, and from the remarks made by some of the members, it was evident they had either not read it, or, if so, had altogether missed its meaning. The scheme is inexpensive, simple, and would seem to be a considerable advance step in the control of a terrible scourge.

## Remuneration for the Registration of Births, Deaths and Infectious Diseases and for Attendance upon the Poor.

According to law, a medical practitioner is compelled, under a severe penalty, to supply the Clerk of the municipality, who is the division registrar, with the necessary information regarding vital statistics. He may be, and sometimes is, fined for neglecting to do so. There is no fault to be found with such a law. It is right and proper, but, while the division registrar receives a fee for registration we supply the facts and get nothing for it. Practising lawyers, judges of the various courts, the Crown Attorney of your county, all receive fees for various legal papers not more important, but we, simply because we have not made our influence felt amongst our law-makers, do all these things gratis. Do you not think it time for a change? If we fill out a certificate for an insurance company, without which the beneficiary of a deceased person is unable to receive the amount of an insurance policy, do we get anything for so doing? Not a cent! You will not find our legal brethren doing anything so foolish. They are able, under the law, to collect good fees for work of a similar character. One often hears the remark, "There are too many lawyers in Parliament." This may or may not be true, but there are certainly too many doctors both in and out of Parliament who seem to have no interest in the welfare of the greatest profession of them all.

Then in the matter of the treatment of the poor. Our profession is not mercenary. We can never be justly accused of want of charity except to ourselves. The public seem to think that the fact of one's being a doctor implies that he is rich. When I was a boy I thought something similar. The illusion has vanished.

How frequently do you see the poor family or families whom you have attended gratuitously year after year, supported by the municipality, in every necessity except the doctor's attendance and medicines? The butcher, baker and other tradesmen present their bills to the Council of your town, and are paid. If you have tried to collect yours in a similar manner, have you ever remarked the scorn with which it was thrown out?

It is sincerely to be hoped that you may be able to initiate some plan whereby the injustice from which our profession suffers in these respects may be remedied, and that we shall be placed upon a proper equality with other citizens. We have been content in the past to receive for our services almost what the public cares to give us and at such time as it pleases them. A little more infusion of business principles in dealing with people is a great necessity amongst us.

## Compulsory Vaccination.

Vaccination in the Province of Ontario is nominally compulsory. The law says:—

Every child born within the Province shall, within three months after birth, be vaccinated either by a qualified medical practitioner or by the person appointed by the municipal council for that purpose.

Every child over the age of three months becoming a resident in the Province is required to be vaccinated.

The certificate of vaccination cannot legally be given until the eighth day after vaccination has been performed.

If in the opinion of a medical practitioner, a child is found unfit for vaccination, a certificate to that effect remains in force for only two months. In any case the child must be presented every two months to permit of renewal of certificate, otherwise the child must be vaccinated.

Re-vaccination within seven years may be required, when deemed necessary, from students in attendance at high schools, collegiate institutes, colleges and universities.

Re-vaccination within seven years may, under certain conditions, be made compulsory in any particular municipality or throughout the Province generally.

Authority is given to the councils of all municipalities to enforce the foregoing provisions of the Act, and upon them necessarily rests the responsibility.

An example of how the Statute is made inoperative is in evidence in the city of Toronto, where, last year, the enlightened (?) Board of Education repealed the law in respect to vaccination in the schools. One of the most influential journals in the city thus refers to the matter:

"VACCINATION IN THE SCHOOLS.

"It is a reflection on the intelligence of Toronto that vaccination in the schools is not compulsory. There should, at least, be an attempt to repeal the reactionary resolution which the Board of Education adopted a year ago. We may admire the zeal and respect the motives of the anti-vaccinationists, but there is too much at stake for us to submit tamely to their authority. There is danger that if we persist in the policy of non-vaccination some future epidemic will enter with such deadly effects into our schools, factories and great business establishments that our growth will be retarded, our industrial interests imperilled, and our trade connections broken for a decade."

The city of Montreal had its lesson. There in 1875 there were anti-vaccination riots, and as a consequence most of its younger population were left without the protection of vaccination. In 1885, smallpox was introduced from Chicago. It landed upon fertile soil. Three thousand one hundred and sixty-four persons died of the disease; of these, 2,717 were children under ten years of age! While the fearful loss of life was by far the most serious matter, there was, in addition the ruin of the city's trade and the loss of millions of dollars. History has a trick of repeating itself, and who can say that Toronto or any other place, whose rulers are so culpably and wilfully ignorant, may not suffer in a similar manner. The value of vaccination has been so often and thoroughly tested that it seems nothing less than criminal that the existing laws are not strenuously enforced. Fortunately for our people, the epidemics of smallpox which we have had in Ontario for the last five or six years have been of a mild character, and thanks to the vigilance of our health authorities have been vigorously stamped out, but the cost has been considerable. Of the total sum of two hundred and ninety-one thousand dollars ($291,086.48) spent by the Province for health purposes in the last twenty-five years, $49,270.71 was expended for the control of smallpox, and this but represents a small portion, because the greater portion of the cost has been borne by the various municipalities involved. For example, in my own town, five cases cost in the neighborhood of $800, not to speak of the loss of trade which existed for months. This is but the usual experience of hundreds of places throughout the Province. A thorough vaccination and re-vaccination would ere long stamp out the disease if we are to be guided by the experience of other countries which

have an efficient compulsory vaccination law. It is not necessary nor is it my purpose to argue the value of vaccination. No man, who has studied the question impartially and examined the evidence, can have but one opinion on it. The anti-vaccinationist will neither see nor tell the truth, will neither listen to argument nor be convinced by any evidence, no matter how strong. The only way to deal with such a man is to let him have smallpox if he wants it. Here the law should step in and prevent him giving the disease to others, including his own children, by enforcing thorough vaccination and re-vaccination. We, as medical men, as members of this important society, as members of a profession which has done something worth mentioning in the prevention and control of disease, as followers of that immortal man whose discovery has reduced the death rate of smallpox 72 per cent., should make whatever influence lies in us felt in the matter of the protection of our children and the children of the nation against a preventible scourge. The hope of the future in this respect lies in the enforcement, without regard to sentiment, and in defiance of wilful ignorance of the law regarding compulsory vaccination. Because the death rate in our country has in recent years been small from this disease, even in the presence of a considerable number of cases, we have no security that we may not sooner or later have a deadly form of the affection amongst us. This rising nation has a right to claim from us who are entrusted with their physical welfare the adoption of any and every measure calculated to ensure them, in a land teeming with a multitude of God's blessings, the greatest one, that of good health. If, therefore, lives are lost by reason of smallpox, or personal and municipal losses of a financial character result, through failure to carry out the wise provisions of the Act, the blame and loss rests with those failing to comply therewith.

### Protective Organization.

The frequency with which malpractice suits are brought against members of our profession, the fact that they are often without foundation, and that such claims are generally made by parties financially irresponsible, are strong arguments in favor of some form of protective organization.

In the present state of affairs any worthless individual may institute an action against one of us, and no matter how innocent we are, no matter how unjust the action, no matter if we win our case, we are saddled with an enormous bill of costs, and because of the usual worthless character, financially, of the plaintiff, we have no redress. One of the advantages of a thorough organization would be to deter such actions, another would be to bring pressure on the Government to so amend the

law to provide security for costs. The profession in this Province has most unjustly the reputation of being so well organized that the press calls us a "close corporation." In this, at least, the press is quite misinformed. We are the loosest kind of a corporation. The patent medicine man, the manufacturers and even the press are pretty well organized, but, alas, for the medical men, they have no real organization at all. It is high time they had, and if they are going to stand any chance in the onslaught against them by Osteopaths, Christian Scientists, and all sorts of fakirs who desire to get into the practice of physic by some easy route, they will need to organize without much delay. At the risk of departing from my subject, I wish to refer to the practice of the Legislature, of giving entrance to the ranks of not only the medical, but to the other professions by Act of Parliament. There have been some flagrant abuses of this matter. We ought to impress the injustice of it upon members of the Legislature with whom we are acquainted, and endeavor to show them that there should be only one road to the ranks of this profession, the one we have all travelled and which is no "royal road."

There is a feeling of security and strength in organization. It provides a sort of bond amongst us. It causes one to feel that, if attacked, he is not fighting alone, but that he has the moral as well as the financial backing of his professional brethren behind him. No one of us knows the day he may be attacked by an unjust prosecution, therefore it behooves us, one and all, to take such precautions as we deem expedient in view of the evil hour.

At the 1900 meeting of the Canadian Medical Association, the then President, Dr. R. W. Powell, of Ottawa, said in the course of an excellent address:

"It must be understood and published broadcast that our profession is too sacred a thing to allow it to be trampled upon with impunity. Actions for malpractice will surely continue, and if deserved cannot be defended; but unrighteous and unholy suits of this kind must be fought unhesitatingly and unsparingly, and when the public know that they cannot frighten a doctor into paying up hush money, but rather that he will be backed up and supported by his brethren, and their action bring down on their own heads publicity and shame and redound in the long run to the credit of him whom they are trying to disgrace, such actions will be few and far between."

It was, perhaps, a direct result of this address that the Canadian Medical Protective Association was organized at Winnipeg in 1901. It is an association of the right kind.

In 1902 it had 242 members, and last year the membership had increased to 471. The object of this Association is to protect its members

from prosecution where such action appears to the Council and Solicitor as well as the committee in charge to be unjust, harassing or frivolous.

The Association will not defend actions of malpractice if, in the opinion of the Solicitor and committee, the member is at fault, nor will it pay damages if the verdict is against a member, but if it decides to defend a case it will fight it through all the courts if necessary until a final or correct judgment is obtained. So far the Association has been singularly fortunate. A number of actions have been defended. The majority of them have either been withdrawn or collapsed, and those cases which have gone to trial have been contested successfully in every instance.

The fee of $3 is very small, considering what an advantage it may be to have the assistance of such an Association. At the last report there remained a substantial surplus.

This Association merits the co-operation of every medical man in Canada. Instead of four hundred and seventy-one members there should be three or four thousand. In unity lies strength, therefore let us unite.

It has been suggested to me that if the various medical councils throughout Canada would charge a larger fee and then give their resident members a certificate of membership in such an Association, they would be doing a great good to the profession. It is a matter of regret that the Medical Council of this Province has not always been as popular as it should be with the profession, but some such action might increase their popularity and usefulness. There may be some difficulties about it, but they should not be insurmountable.

I hope, sir, that the members of the Medical Association present will freely discuss the topics briefly touched. I feel that they are all most important and, while my ideas are crude, they are not regarded by the speaker as anything more than to awaken the thoughts of the members of this Association and evolve their opinions.

## Discussion.

Dr. Hall (Chatham): I venture to say that we have all listened with great interest to the splendid paper just read by my colleague of the Provincial Board of Health, Dr. McCullough.

Any one of the four subjects dealt with would furnish a topic sufficient to occupy the full time allotted to Dr. McCullough, and I congratulate him on having dealt with and presented the four so concisely and so fully in the time allotted him.

It is my intention to confine my remarks to the first subject presented by him, viz., the need of County Officers of Health. Is there any real need or necessity for a change in our present methods our present Health

Act and regulations? Dr. McCullough has expressed the opinion that there is, and has fortified his opinion by many strong arguments.

Scientific and connected health work is practically the growth of only half a century. The present Health Act was brought in force in 1884, the year I first received my appointment as Medical Health Officer for the city of Chatham, and I have filled the position continuously since that date. When the Act was passed health work was in its infancy. The Province of Ontario, by its passage, showed that she was not behind any other Province, State or country. It was a good Act, and was fully abreast of the times, of public opinion and scientific knowledge; but times have changed, and we are living in the twentieth century—scientific knowledge has greatly advanced. Tuberculosis has been added to the list of contagious diseases—consumption, the white plague, which destroys more lives in Ontario than all other contagions put together. The list of contagious diseases has been widened and is still widening. Theories about the economic treatment of sewage have been superseded by the septic tank system; diphtheric antitoxin and other serums have been introduced. We are twenty-three years ahead of the Act, and we have had twenty-three years to study out its defects, and we believe one of its defects is the appointment of medical officers of health in rural municipalities. Let me state concisely some of the reasons which occur to me:

1. In many cases medical health officers are not appointed at all. There are 745 organized municipalities, including the territorial districts; in 1898, only 479 of these had medical health officers appointed; 568 had local boards of health appointed; 30 per cent. of the medical health officers receive a salary, 60 per cent. were paid for specific work done, and 2 per cent. were not paid at all; 266 municipalities had no medical health officer.

2. In no municipality in Ontario, except a few cities, is the salary large enough for a medical health officer to devote any time or attention to the matter. It does not pay him to prepare himself for the work; and, gentlemen, you all know he is not prepared for it in his ordinary college course.

3 The work the medical officer has to do necessarily brings him into conflict with many people, and if he does his duty, he is sure to antagonize and make enemies of the very people whom he wishes to be his friends and patrons, the very people in many cases on whom he has to depend for his livelihood. If this be true, in handling smallpox, diphtheria, scarlet fever, etc., how much more, I leave it to you, will it be if precautions are enforced, as I think they should be, to check the spread of consumption.

To accomplish really effective work, a medical health officer should devote his whole time to it, and should have, in addition to five to ten actual general practices, because it is necessary that a health officer should be an expert in diagnosing contagious diseases. He should have a special training for his special work, a training that can be acquired easily by any medical practitioner. Only a few municipalities in all can afford to pay a sufficient salary to have a man do this, and the work to be done is not sufficient to engage his time exclusively, so the area of his work must be enlarged, whether it be an electoral division, a county, or a group of counties.

The appointment and dismissal of medical health officers should not be in the hands of municipalities or county councillors; they are not judges as to the kind of service rendered and, very often, opposed to carrying on the very work most required to be done. Very often they are not in sympathy with the work.

In our present requirements respecting contagious diseases, too much of the hardship and expense of protecting the public falls on the individual, the victim of the contagious disease.

A man, say from Toronto, contracts smallpox, whilst doing business, say, in Aurora. He can't come home. The medical health officer puts him in an isolation hospital, engages a doctor, a nurse, a cook, and heat, light, fuel, etc., keeps the man confined for six or seven weeks, with all the above mentioned expenses going on, to protect the public against him, and if the man is able, the law compels him to foot all their expenses for the public protection; he is only sick for twelve or fourteen days and, as far as he is concerned, could resume business after that time. A few visits from a physician would be quite sufficient, as far as he is concerned, and his wife could come and nurse him. He is compelled, if worth it, to pay out $1,000, say $50 for himself and $950 for the public. Is this right?

The city of Chatham had a considerable number of cases of smallpox last winter, of a very mild type. It was urged on me as medical health officer that on account of the mildness of the cases, and the sore arms from vaccination, and the great expense incurred by isolation, etc., it would be cheaper and better to stop all precautions, and let the rest of the susceptible people take the disease. I said no; admitting it would be better and cheaper for Chatham, the rest of the county must be protected. Let the county do the same, they said. I said no; the matter concerns the whole Province—so it does. The individual pays to protect the municipality, the municipality to protect the county, the county to protect the Province.

Is it not a fair proposition, that the municipality should pay the individual expense in excess of that for an ordinary illness? Should not the county pay for being protected by the municipality, and should not the Government pay for the protection the Province receives? The expense for protecting the public should be fairly apportioned between the Province and each of its divisions. The place to stop an epidemic is at the very start, so all the people are vitally concerned in the first outbreak in every instance.

They should provide for the appointment and control of County Health Officers, dismiss them for cause, and also pay a portion at least of their salary. Respecting the Pennsylvania plan of divisional health officers, I am informed that it works out well and is worthy of study and consideration.

A medical health officer should be a competent man. He should be required to keep himself engaged constantly in the work, and the territory allotted to him should be large enough to meet the requirement, whether it be an electoral division, a county or a group of counties.

The Province of Ontario should be fully abreast of the times in all health matters, and can be. The Provincial Board of Health are very anxious that it should be, but they cannot move faster than the public will allow. You gentlemen are the educators of the public in matters sanitary and hygienic, and the health enactments, after they pass through the Legislature, will reflect your precepts and teachings to the public.

Dr. Oldright: Symposium on the Profession in Relation to the Public. I desire to move a resolution in connection with this subject, and to give a few reasons for it. The resolution is as follows:

That the Committee on Public Health be requested to take such steps as may best conduce to advance the organization of a system of County Medical Officers of Health.—Carried.

Why should we have County Medical Officers of Health? By having the large field of a county, or, if necessary, of a union of counties, a sufficient salary can and should be given an officer to enable him to devote his whole time to the work, and to be independent in the performance of his duty. The salary voted by the county council can be supplemented by fees for laboratory work, examining sections, cultures, or for practising physicians and surgeons. The University of Toronto has provided a curriculum leading up to the Diploma of Public Health, but there have been no candidates. Why? There is no encouragement for men to prepare themselves by taking the course. Those who read attentively the columns of the *British Medical Journal,* or who come in contact with English practitioners, must be struck with the greater prominence and greater professional interest existing there in public health work. One

reason why matters such as those referred to this afternoon do not receive from the general public the attention they deserve is this: To the medical profession the correct position is so self-evident that they forget that the public need to have them explained and proved to them. Take, for example, the matter of vaccination in connection with the schools, and the action of the Board of Education of Toronto. Those opposed to vaccination, some of them conscientious but ill-informed, had the room packed with their supporters, whilst the correct view was represented by only one medical practitioner outside of those who were members of the Board of Education. The speaker urged the members of the Association to explain these matters to their representatives in Parliament, and other representative persons, and to press them upon their attention. Such persons are desirous of understanding these matters rightly, and many of them are desirous of acting rightly on them, but they require to be informed and convinced regarding them.

Dr. Harrison (Selkirk) made a few remarks as to the necessity not only on the question of legislation, but of educating the people to the necessity of adopting and carrying out the rules of public health. That the great mass of the people are lamentably ignorant of its necessity.

Beverley Milner: We have heard a great deal concerning the attitude of the public in the matter of compulsory vaccination owing largely to the number of infected arms following vaccination, but have overlooked the one great cause of such infections in which me must take our share of the responsibility. If the physician, when vaccinating a patient, be careful to ensure absolute cleanliness, and instruct the patient or parent how to care for the arm, and the necessity for carrying out his instructions, there would be an end to infected arms and, consequently, an end to the foolish talk of the anti-vaccinationist.

Albert A. Macdonald referred at first to the question of remuneration of medical officers of health, saying that their services were and are of inestimable value to the public, and that such services should be paid for in a suitable way, and that the figures named are away below what they should be. With regard to vaccination, one who has gone through epidemics of smallpox has no difficulty in making a diagnosis. Dr. Harrison has put it well when he made the remark that a severe case could be seen, felt, smelled and tasted. I do not believe that one can readily forget the offending nature of the disease. It is not necessary in an enlightened audience such as this to discuss the "efficiency of vaccination," but I would regret very much if the expression of one of the former speakers (a member of the Board of Education) should go without notice. I should be sorry to have the opinion go abroad that the Ontario Medical Association is in accord with the opinions expressed by Dr. Hunter. You all

know the value of vaccination, and by your applause I take it that you favor it as I do. Dr. Milner did well to call your attention to the harmful effect of carelessness in vaccinating and in subsequent dressing. If you take ordinary care and apply the rules of aseptic surgery to the little operation of vaccination you will never have untoward results.

John Hunter (Toronto): I wish to refer to one phase of the writer's paper when he spoke sarcastically of the action of the Board of Education of Toronto, *re* the rejection of the clause insisting upon the vaccination of school children. In regard to the board, so far as I know, the great majority are in favor of vaccination. The reason why eleven out of the twelve members voted against compulsory vaccination were these: There is a law on the statutes requiring the vaccination of every child under the age of three months. The members of the Board of Education believe that the Government should enforce this regulation, as at that age the arm of the child can be protected, whereas in children attending school their arms are exposed to all manner of injury from their playmates. The Government has all the machinery necessary to enforce its regulations, and therefore it should not be thrown on school boards to do police work. Again, the apathy exhibited by the laity towards the value of vaccination is largely due to want of knowledge. Medical men of the city showed no zeal whatever on the subject. Hundreds of anti-vaccinationists attended the board meeting when the question was under discussion, whereas only one medical man put in an appearance. Hundreds of children were withdrawn from our public schools and sent to private schools, over which there is no State supervision whatever, when compulsory vaccination was in force. Since the repeal of this clause, most of these children have returned to the public school. It is the duty of our profession to educate the people on this question, and when we have done so there will be little need for compulsory vaccination. Parents will have their children vaccinated and re-vaccinated as a matter of safety.

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## HOSPITALS FOR THE INSANE IN ONTARIO—IDEALS.*

By C. K. CLARKE, M.D., LL.D., Toronto.

ON the whole Ontario has done well for the insane of the Province, and while the highest ideals have not always been striven for, it must be remembered that in developing countries a process of evolution through crudity to a better condition of affairs is inevitable. Ontario has at least initiated some things worthy of imitation, and along practical lines has been well to the front: non-restraint, the proper employment of patients, training of nurses, isolated hospitals, etc., were developed here

* Read at the meeting of the Ontario Medical Association.

early in the day, and in some of these things, at least, the United States had to follow, rather than lead.

The greatest failure has been in the way of developing the scientific side of the work, and while in this respect we have been no worse than many States, there is no reason why, in this particular, we should wish to longer remain in a subordinate position in America.

We cannot afford to lag in the race to achieve a solution of the problem of psychiatry. The demands of modern medicine are inexorable, and we must meet these as fully as possible.

The failure in the past has been the result of misapprehension on the part of Governments—too much attention to the requirements of political exigency, and an impression that what Ontario did was of necessity a pattern for the world to follow. The belief that the duty of the State ended when the chronic insane were comfortably housed and cared for was very prevalent; that they were provided for more cheaply than anywhere in the world was glory enough for some minds. This would be admirable, if it included everything that should have been done; unfortunately it did not. Preventive medicine had little or no place in the scheme, and too often appointments were made to the service without the slightest recognition of its requirements. Fortunately some of the men appointed have proved superior to the hamperings of want of special training and knowledge, but all will, I think, admit that the system is a bad one and has not been calculated to inspire assistants with enthusiasm and industry.

Psychiatry is, after all, very much like any other of the departments of general medicine, and it is scarcely possible to achieve a knowledge of it without a long and intelligent apprenticeship in the hospital. At best it is a most difficult study, and in the wards of an institution for the insane, as ordinarily administered, opportunities for an acquirement of a thorough training have not been what they should be. Now it has been a popular method of the general practitioner to decry Governments because they appointed superintendents without experience over the heads of assistants.

The medical profession as a whole has not been without sin in this matter, and active crusades on the part of general practitioners in behalf of certain favored candidates have not been unknown. Certainly the cause of the trained assistant has not been taken very deeply to heart by the profession as a whole. However, the solution of the difficulty is at hand, and an unpleasant subject may safely be left in the hope that a new order of things is to be initiated. I merely wish to point out that Governments have not been the sole offenders in the development of an abuse so roundly condemned by the profession at large. The profession itself has had something to answer for.

The assistants have really had the greatest grievance of all, and even they have not been beyond criticism, because they went into the work fully aware of what was before them, and it was always their privilege to leave the service, if they were not satisfied with the condition of affairs.

They soon learned that their duties were largely clerical and when they had finished their routine of books, general medicine, etc., there was little time for research. Fortunately some of the assistants have proved superior to their difficulties and have struggled manfully to keep up with the modern trend, although well aware that there was little hope for advancement.

Now all of this was wrong; and yet the day of emancipation is at hand, if the signs of the times mean anything. Just as might have been expected, the Government has awakened up to its responsibility in the matter and has practically said, "We are willing to be guided by competent advice. What must we do—not to follow, but to lead along the lines which seem to be marked out as desirable by modern medicine?"

Fortunate indeed is it that the present Provincial Secretary is a man who takes the broadest view possible of the requirements of the situation, and the cause of psychiatry is not likely to suffer in his hands. Already the spirit of advance is being developed, and if the institutions do not go ahead the fault will rest with those in charge. Assistants have, where desired, been emancipated from clerical work, and encouraged to go on with clinical investigation, and while staffs are yet too small to accomplish all that it is wished to do, still a beginning has been made.

Now what are the ideals we would strive for?

My impression is that in Ontario, the policy adopted by the Government is the very best possible to lead to the solution of the problems we could not solve in the past. Let me then for a few moments leave the faults of bygone days and deal with ideals which are to be attempted, I trust, in the near future.

For some years I have felt and contended that psychiatry has had a tendency to dissociate itself too much from general medicine, and our methods have exaggerated the evil. It has not been possible to make plain to the general profession the importance of the subject, and at college the student has had little or no opportunity to come in touch with it practically.

Then, again, the treatment of acute cases in hospitals for the insane has been attended by many difficulties, although good work has been done in some of the institutions. Incipient cases have generally been allowed to develop at home on account of the dread of the asylum. Now it is not for me to argue regarding the importance of the Psychiatric

Hospital, as its place has long ago been put beyond controversy, even if America has not yet accepted this policy. It has been left for Ontario to take the important step. What I advocate is this: the establishment, as population makes necessity for them, of psychiatric hospitals at the University centres: Toronto, Kingston, London. The moment for the development of such a hospital in Toronto has arrived, and the Government policy seems to be all that can be desired or expected. The establishment of such an institution does not mean that development of scientific work in the large hospitals must cease, but on the contrary it should enable such work to be done far more efficiently than ever before. There should be a most intimate relationship between the psychiatric hospital and the other institutions, and they should work in complete harmony in carrying on investigations of the greatest importance.

The psychiatric hospital should be equipped in the most thorough manner to treat recent cases energetically and scientifically.

At Munich the theory of the organization of such a clinic is something as follows:

Small size, to enable a complete study of each patient.

A large staff of patients and nurses.

Well equipped laboratories for the teaching of students and for research work in clinical psychiatry; psycho-pathology and neuro-pathology, etc.

A dispensary and out-door department.

Provision for the study of criminals in whom mental diseases is suspected.

While the proposed institution will, if developed, have all these requirements, it will also have several additional functions, if the greatest good is to result. There should be facilities for the training of all of the assistants in the hospitals for insane in psychiatry, neuro-pathology and clinical methods, and these assistants should then be required to give evidence of further development in research work when they are attached to the different hospitals.

The nursing staff should establish reciprocal relations with the general hospital, and the nurses in training in each institution receive in this way mutual benefit. The asylum nurse would get what is lacking in her course and the general hospital nurse becomes proficient in mental nursing, a branch in which she has failed to a great extent in the past.

The University would benefit by having a Department of Psychiatry in which a practical study of the abnormal in the hospital laboratories would give results not at present attainable.

The problems of psychiatry are so clearly allied to those of general medicine that they can best be studied in a clinic not too far removed

from the general hospital. While it is true that only those who are conversant with mental disease can direct its treatment to the best advantage, it is also true that even they would be benefited by consultation with men eminent in general medicine, as a different point of view is not always without its advantages.

The treatment of acute alcoholics should be undertaken in the psychiatric hospital, as these toxic mental cases properly belong to its wards.

The stigma attached to detention in a hospital for the insane would no longer prevent the acute and incipient cases coming under immediate treatment; however, the advantages of the psychiatric hospital are so well established that it is a waste of time to further dilate upon them. What Germany has done to revolutionize psychiatry is well known.

Now, taking it for granted that in time central clinics in University centres are established and large colonies for the chronic insane developed, it will not be difficult to attain ideals that are at present impossible.

It has been said that with the establishment of clinics the interest in scientific work in large institutions will die out, and they will become nothing more than alms-houses on a large scale. Nothing more erroneous could be promulgated, as the clinical work to be done among the chronics is of just as great importance as that in the psychiatric hospitals. Take the scientific work to be developed in connection with general paresis and dementia præcox and paranoia alone, and see what fields for investigation open up. Post-mortem research, blood examination, in fact every field in the domain of medicine is within each. The convalescing insane will frequently make their complete recovery at the hospitals for the insane, where ideal out-door conditions are available.

My whole plea then is to have the service put on a scientific basis, every physician in this service a well educated psychiatrist, whose idea must be that he is to do something to advance the knowledge of a difficult branch of medicine. I think that this will best be accomplished by the development of psychiatric hospitals, as before detailed, having an intimate relationship with large institutions of the chronic insane and progressive universities.

### Discussion.

W. C. Herriman (Kingston): I am very glad to hear what has been said in this discussion, especially what was said by Hon. Dr. Reaume and Dr. Burgess. Being one of those who have been several years in this department of the public service, I appreciate the promise of better things which can be anticipated from what has been said in Dr. Clarke's paper and this discussion. It has been hinted, however, that the asylums of Ontario are away behind the times. Hon. Dr. Reaume very properly resents this idea. It has been publicly said very recently that nothing is

being done in the asylums of Ontario looking to the treatment and cure of the insane. That there remains much to be done we all admit, and great things are about to be accomplished as foreshadowed by Dr. Clarke, but I want to say that if any person makes the assertion that nothing has been done or is being done he simply does not know. To any who have been led to think that such is the case I want to extend an invitation to visit us at Rockwood Hospital, or I am sure he would be treated well in any of the Provincial hospitals.

T. J. W. Burgess (Montreal): Mr. President and gentlemen, I thank you most sincerely for the privilege of taking part in the discussions of Dr. Clarke's able and interesting paper. In an address, "The Insane in Canada," delivered at San Antonio, Texas, two years ago as president of the American Medico-Psychological Association, I summed up my remarks by saying that while with respect to custodial care and ordinary treatment, moral and medical, Canada, generally speaking was well up to the times, she was doing little toward the solution of the many problems connected with the scientific aspect of insanity, and in his respect she presented a sorry picture when compared with the good work being done in many hospitals elsewhere.

With the erection of a Psychiatric Hospital, as outlined by Dr. Clarke, such a reproach can no longer be made, and, as a native of this Province, I am proud to think that Ontario should be the first to take a step that will place her not only foremost as regards this Canada of ours, but foremost as regards the whole vast continent of America. In praise of the wisdom of the Government for taking such an advanced view, too much cannot be said; and here let me tell you that such an establishment will be not only a boon to the most unfortunate of all God's afflicted ones, the insane, but a true economy. Most of you, I have no doubt, know how very prone mental disorders are to become chronic and incurable; and some of you are probably aware that, once the acute stage is passed, lunatics are even more likely than the sane to live to a ripe old age, because protected within hospital walls from so many malign influences. But have any of you thought what each thirty or forty years of lunatic life costs, not only in actual outlay for hospital care, but in the loss to the State of the wage-earning power of each insane person? It is simply an enormous sum, and if the establishment of a psychiatric clinic increases the rates of cures by even five per cent., as I feel sure it will do, the institution will more than pay for its cost, no matter how large that may be. For their choice of a superintendent for the new clinic the Government deserves no less praise. To Dr. Clarke we are indebted for our first training school for nurses for the insane, our first isolated hospital for the treatment of the sick insane, and, I think, for our first

building for the segregation of the tubercular insane. In the length and breadth of the land no better or more experienced man could have been chosen. I wish I could say the same for the rest of their appointments. To get the best results in our hospitals for the insane all medical appointments thereto should be of men thoroughly trained and experienced in every branch of the specialty, and yet how rarely we see this rule observed. The appointment of outside practitioners to superintendentships for political purposes is a flagrant injustice to the patients, to the taxpayers, and to deserving juniors, of whom there are many in the service. No man should be given charge of an institution for the insane unless possessed of experience in the treatment of the insane, and no junior should be appointed unless he has had special training in psychiatry and has shown a penchant for the work.

I speak freely on this subject, gentlemen, because I myself have gone through the mill. Sixteen of the best years of my life were spent in the asylum service of Ontario, and when time and again I saw myself passed over in favor of some outside man, though the senior for promotion, I thought it was time to quit, which I did. This was, of course, under the regime of the late Government. Whether the present one would have treated me any better I cannot say, but I think it extremely doubtful.

Do not think I blame the Government entirely for the wrong done by the appointment of outside practitioners. The men who accept such positions without previous experience are equally blameworthy. As bearing on this point I would like to quote you a few words by one of the ablest writers, himself a physician, in the city of Montreal. They appeared in an editorial, "Insanity and Politics," published in the *Montreal Medical Journal*. In this the author says: "We yield to none in our admiration of the general practitioner. We are aware of his energy, his resource and his fidelity, but not even the general practitioner will lay claim to a capacity for treating off-hand and to the best advantage grave lesions of the eye and ear, or of the more secret parts of the body. He should adopt the same attitude toward the brain. In time it will come to be a shameful thing for a general practitioner to accept a position for which he is not qualified, since thereby he is committing a wrong towards his colleagues and towards his patients."

To my mind the ideal asylum service is that which exists in New York State. There all the superintendents are appointed by the boards of management of the various institutions, and must be selected from men who have served at least five years in an institution for the insane, and have proved their capacity by passing an examination for a superintendency. The assistants are appointed by the superintendents, their

selection being restricted to the three names first on the list of those eligible for the vacancy. No step in advance can be won unless the candidate has had previous experience in a lower grade of the specialty, and proven his fitness by passing an examination before promotion. In conclusion, gentlemen, I would urge upon the profession that they should combine to right this wrong in the matter of asylum appointments. If only the medical men of this Province, as a whole, would say, "We wish the system of the promotion of deserving juniors to be established," no Government dare gainsay them. It is for this Association, representing as it does the very pick of the profession, to set the ball rolling, and I sincerely trust that ere the close of your sessions some steps towards that end will be taken. In this way, better than any other I know of, you will put yourselves in a position to attain the ideals for asylum work in Ontario, a height to which I feel sure you all aspire to see the service reach.

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## MEDICO-LEGAL ASPECTS OF PUBLIC HEALTH MATTERS.*

By G. SILVERTHORN, M.D., Toronto.

IN all civilized countries there is some form of preliminary investigation when there is reason to believe that a deceased person came to his death from violent or unfair means, or by culpable or negligent conduct of himself or others, and not through mere accident or mischance. The necessity of such an investigation is recognized by all and should be held without delay and by competent officers and, if necessary, without anybody being accused, and, in fact, it is to afford evidence of the necessity or otherwise of anybody being accused that the investigation is of greatest use.

The mode of conducting such an investigation varies in different countries.

Among English-speaking nations, as a rule, the office of coroner is charged with such. The coroner investigates by interviewing the persons concerned, examining the circumstances and surroundings, etc., and if he then considers an inquest necessary, he makes a declaration in writing as to that necessity, before a justice of the peace, summons a jury of not less than twelve men, swears them, then together they view the body. The coroner then examines witnesses under oath and the jury render a verdict. There may or may not be a prisoner under arrest. The accused may be indicted on the inquisition without any presentation before the grand jury, but practically an independent inquiry is always held before a justice in the ordinary way.

* Read at the meeting of the Ontario Medical Association.

## Other Modes of Inquiry.

Neither the coroner nor his jury exists among the continental nations of Europe, and the modes of procedure in the case of bodies found dead by violence or unknown causes, in all continental countries, and in Scotland, agree in the absence of these officials.

In France, the investigation is conducted by two officers, whose functions are entirely distinct, a legal and a medical officer. The former, the procureur de la republique, an officer somewhat analogous to the district attorney, takes the initiative in each case, proceeds to view the dead body, summons witnesses, and takes the evidence. Liberal power is granted to him, and he can seize articles, or papers, connected with any crime, restrain persons from leaving the premises, and employ experts and detectives, as the case may require. In the latter direction the French system is, beyond question, an unusually efficient mode of procedure.

The other officer, the medical, is selected for his superior training and knowledge, and has charge of the medical examination of the body. Sometimes two medical officers are employed. The medical officer is also still further associated with the subsequent prosecution of suspected parties when the legal officer has decided that a crime has been committed. His report must be signed by a police official and submitted to a magistrate. If the evidence presented to the magistrate is deemed sufficient, an indictment is prepared for the cour d'appel, and a trial may then take place before a jury.

In Scotland the process employed is similar to that of France. The procurator fiscal, who has the investigation in charge, has for his guidance a code of instructions drawn up by the Lord Advocate. This code also gives detailed directions to the medical men who have the charge of the medical examinations, two medical officers being employed in each case. The reports of these officials are sent to the office of the Crown agent at Edinburgh, and by him are transmitted to the Advocate Deputé. If he decides that there is suspicion of crime, he refers the report back to the procurator fiscal for further investigation. If he is in doubt, he may bring the case before the Crown officers. Beyond this, a criminal trial is much the same as in England.

In Germany, there is neither coroner nor any analogous officer, nor a jury, on the preliminary investigation. A judicial officer has charge of the proceedings (Staatsanwalt). His powers are like those of a district attorney. The police are under his control in all matters relating to the investigation of crime. They are also bound on their own part to investigate suspected crimes, cases of sudden or violent death, and no interment is allowed in such cases till after the consent of the district attorney or a competent court is obtained. Medical officers are regularly

appointed to make autopsies and medical examinations and report upon them. The German code of regulations as to the modes of procedure in examinations of bodies, both judicial and medical, is very explicit. If the district attorney believes that a crime has been committed he institutes a trial, and if the court believes that sufficient reasons are presented, it orders a preliminary inquiry (gerichtliche Voruntersuchung) before a justice, the result of which is usually decisive. (Law of October 1st, 1879.)

In Russia the law is similar in its provisions to that of France.

In Denmark the system is also very efficient, a judicial officer being appointed who has charge of all cases, which he decides without the intervention of a jury. He refers all medical questions to a medical officer who is appointed for the purpose, and reports to the judge the result of his examination, and autopsy, if one is made. He also makes a similar report to the Royal Bureau of Health. The trial which follows, in case of indictment, is first before the county judge, from whom appeals may be made to higher courts.

United States. The laws relating to inquests in the United States all bear the marks of English origin, and were evidently introduced by the early settlers, with most of the peculiarities of the English law, though stripped of some of the singular customs of early times. The coroner, the coroner's jury, and the inquest, exist in nearly all of the United States, at the present time, practically in the English form. Massachusetts made a radical change, abolishing the office of coroner, and also the jury, in 1877, since which time inquests have been conducted with greater care and economy, and to the entire satisfaction of the people and of the State (see *Examiner Medical*).

Connecticut and Rhode Island have also recently enacted similar laws, of a less radical nature.

In the other States there are certain points of difference, chiefly of minor importance, relating to the functions of the office of coroner, the mode of his election or appointment, his fees, the number of the jury and the employment of medical officers.

In a few States an inquest may be held in the case of a person who is seriously wounded, and in imminent danger of death. In Indiana, the jury was abolished by an Act of 1879. In Texas, the inquest is also held without a jury.

After consideration of these various ways, it seems to me that a preliminary investigation by a properly trained medical man, such as a coroner should be, if necessary followed by a subsequent investigation by him, with power to summon and examine witnesses under oath, together with an intelligent jury, is the best method of procedure. The

usual objection to such is that of the inherent incongruity of an office requiring an expert knowledge of law and medicine. To my mind this objection is more than offset by the advantage of having the presiding officer of the court one accustomed to the character of the evidence as to the third part of the object of the inquiry, namely—"by what means" the person came to his death. "When" and "where" are not usually such intricate questions as to need great legal acumen. In Ontario we have the coroner's investigation and the coroner's court.

To my mind there is no just or sufficient reason for changing the system, no cases of corrupt practice, injustice or outstanding incompetence having shown themselves. The results are, as a rule, reliable and trustworthy.

The main facts of the system here in Ontario, to my mind, are, first: the manner of appointment of coroners; secondly, their inadequate fees; thirdly, lack of discrimination in the appointment of medical witnesses to perform the post-mortem examination; fourthly, their inadequate fees; fifthly, the lack of any central authority who should be entrusted with the compilation, classification and publication of the returns.

### Appointment of Coroners in England.

The name of the office was derived from *a corona*, since the coroner was at first a royal officer. For many centuries county coroners have been elective officers. The right of the counties to elect their own coroners is confirmed by the statute 3 Edward I., 10. Municipal boroughs also elect their own coroners. Certain franchises also have coroners of their own, within whose precincts the county coroner cannot act. In such places the coroner is appointed by the lord of the manor, and in one English franchise the coroner holds office by hereditary right. There are fifty-five franchise coroners, and one hundred and seventy-five coroners acting for counties, or parts of counties. These are very unequally distributed. Middlesex, with about four million inhabitants, including the populous part of London, has five coroners, while the small county of Huntingdon, with less than sixty thousand inhabitants, has also five, and Dorset, also a small county, has eleven.

Every freeholder is entitled to vote in the election of coroner. No professional qualification is required for the office, the only requisite being that the candidate should possess a freehold interest in the county.

For more than fifty years, complaints with reference to ignorance, and culpable neglect in the management of the office have been so common as to direct popular attention to the necessity of reform, and while no comprehensive statute has been enacted with reference to such reform in England, the persistent efforts of prominent medical men have been

so far successful that professional men are now usually elected to vacant offices.

A coroner usually holds office for life, but may be removed by the Lord Chancellor for misconduct or incompetence.

The county coroner receives a salary. He may appoint a deputy to act during his absence or illness. This deputy must be either a barrister, a solicitor, or a physician. The coroner is *ex-officio* a justice of the peace, and may therefore cause any one suspected of murder to be arrested, even before the jury has found its verdict.

The modes of election in the different States are quite diverse. In Alabama, Arkansas, Colorado, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Washington, Wisconsin, and Wyoming, the coroner is elected by the inhabitants of the county. In Tennessee he is appointed by the county court. In Virginia a county court appoints a coroner for two years, and can appoint more if necessary. In Illinois, Indiana, Maine and New Hampshire, the Governor appoints the coroner. In Texas, Vermont, and Utah, the office of coroner is unknown, a justice of the peace acting in all cases in which the presence of such an official is required.

In several cities of the United States the coroner is a salaried officer, such being the case in New York, Philadelphia, Detroit, St. Louis, Cincinnati, Cleveland, Washington, Charleston, Wilmington (Del.), and other cities, a plan which has obvious advantages.

In Ontario coroners must be specially appointed by the Lieutenant-Governor by commission under the Great Seal, unless, indeed, the Chief Justice and other judges of the Supreme and High Courts in Canada are sovereign coroners *virtute officii*, in a similar manner to the judges of the corresponding courts in England. One or more coroners are first appointed for each county, city and town and for any provisional judicial, temporary judicial, or territorial district, or provisional county, or for any portions of the territory of Ontario not attached to a county for ordinary municipal and judicial purposes. The appointments are generally made upon the recommendation of a member of Parliament, or other person possessing influence with the Executive.

When one county separates from another the municipal law of Ontario requires the Lieutenant-Governor to appoint one or more coroners for the junior county, whose appointments take effect on the day the counties become disunited.

With regard to the number of coroners for any county, city or town in Ontario, there is no regulation. The number not being limited, the

appointments are in part governed by the requirements of the locality, and possibly in part by the energy shown by those seeking the office.

In Ontario, "provincial coroners," for purposes of holding fire investigations, are appointed by the Lieutenant-Governor in Council under the Great Seal. (As to these coroners, see further at p. 29, Boys on Coroners).

### Qualifications and Disqualifications.

Formerly, the office of coroner was of such high repute that no one under the degree of knighthood could aspire to its attainment, and in the reign of Edward III. a coroner was actually removed from the office because he was a merchant! It has, however, now fallen from such pristine dignity; and though still of great respectability, no qualifications are required beyond being a male of the full age of twenty-one years, of sound mind, and a subject of His Majesty, and possessing the amount of education and mental ability necessary for the proper discharge of the duties.

These qualifications are no more than what all public officers by the common law are supposed, and ought, to possess. The coroner has often a very delicate and very important duty to perform, and it need hardly be said that the proper discharge of that duty depends almost entirely on his personal character and ability. Where these are deficient, scenes sometimes occur at inquests which throw discredit upon the office of coroner.

Coroners in Ontario are not competent or qualified to be justices of the peace during the time they exercise their office. But an exception is made in territorial and temporary judicial districts, where stipendiary magistrates may be appointed coroners for such districts. And provincial coroners appointed in Ontario for holding fire investigations are justices of the peace for every county and part of Ontario by virtue of their office. And a stipendiary magistrate for any territorial or temporary judicial district in Ontario may be a coroner for the district.

Before acting as coroner, the oath of allegiance and the oath of office should be taken, since holding an inquest without taking these oaths would subject the coroner to a penalty, although his acts would probably be legal.

From the above it would appear that in Ontario we must congratulate ourselves that the powers that be have recognized that only medical men should be appointed to the office of coroner. I would, however, suggest that the number should be limited and only those of a legal turn of mind be appointed. This would make for efficiency and be an encouragement for good and thorough work. In Toronto the experiment of appointing a chief coroner is at present being tried. To him are reported

all cases, and he determines whether an investigation is to be held, and if so, appoints in rotation a coroner to undertake it. In certain classes of cases he is debarred from acting, and then the County Crown Attorney appoints the acting coroner.

### Fees of Coroners.

It would appear that the fees of a coroner in Ontario are not adequate for the time consumed and the services rendered. I am informed that an association of coroners is in process of formation, and it is hoped that such representation will be made to the Government as will result in a modification of the existing law in regard to fees.

### Appointment of Medical Witness to Perform Post-Mortem Examination.

In Ontario, if the coroner finds that the deceased was attended during his last illness or at his death by any legally qualified medical practitioner, he may issue his order for the attendance of such practitioner as a witness at such inquest. Or, if the coroner finds that the deceased was not so attended, he may issue his order for the attendance of any legally qualified medical practitioner, being at the time in actual practice, in or near the place where the death happened; and the coroner may, at any time before the termination of the inquest, direct a post-mortem examination by the medical witness summoned to attend at the inquest. (Boys, 249.)

The practitioner chosen to make a post-mortem examination should be the best qualified the neighborhood affords. (Boys, 252.)

A second medical practitioner cannot properly be called by the coroner alone. The majority of the jury must ask for him, and name him to the coroner in writing. (Boys, 251.)

From the above it appears that the coroner has the greatest latitude in choosing who shall perform the post-mortem examination. Prof. Tidy states that if the medical attendant of the deceased is in any way inculpated, or his treatment called in question, or if any accusation regarding the death or treatment of the deceased has been made by a medical man, he should not perform the post-mortem, and that it is not advisable that he should be present at it, but he should be represented and name him to the coroner in writing. (Boys, 251.)

In some of the States in the United States, physicians are regularly appointed to perform the necessary examinations for coroners. If, then, the coroner always exercised his best judgment in the protection of the medical practitioner to perform the post-mortem, it would do much to improve the condition of affairs. The fees allowed the medical witness

who performs the post-mortem differs from that of the medical witness without a post-mortem in that the former is allowed five dollars more for the first day at the inquest. In other words, the post-mortem is rated at five dollars. This sum is, in most cases, very inadequate, and when one considers the case of exhumation or a badly decomposed body, the absurdity of striking. Such a fee is not enough to attract the most capable men, and so the coroner often hesitates to summon the most capable, feeling that he is, to some extent, imposing a duty without adequate remuneration. No provision is made for a microscopical examination, which, in many cases, is to be deplored.

While advocating an increase in the fees allowed the coroner and the medical witness who performs the post-mortem examination, we must not lose sight of the fact that the cost of investigations of this character should not be excessive. In many places this cost is easily ascertained, but in Ontario this is at present almost impossible, owing to the fact that there is no central authority to whom full reports are sent. Here in Ontario the depositions or evidence must be certified and subscribed by the coroner and caused to be delivered without delay, together with the written information, if any, and the inquisition, to the Crown Attorney for the county. In cases of manslaughter or murder, to a magistrate, who will ultimately send them to the Crown Attorney. The Crown Attorneys then, all over the Province of Ontario, have in their possession the records and are no doubt made use of only for legal purposes in each case where further action is taken.

In addition to this coroners in Ontario are required to return lists of the inquests *super visum corporis* held by them during the preceding year, together with the findings of the juries, to the Provincial Treasurer, on or before the first day of January in every year. In regard to expenses in Ontario, the coroner is supposed to pay them and he can then present his account to the county treasurer for payment. In practice, however, each person makes out his own account, and after getting it certified as correct by the coroner, leaves it with the clerk of the peace. For an analysis, the coroner must apply to the Attorney-General for his sanction in order to have the amount paid by the Government. The coroner should give the medical witness an order for the payment of his fees on the treasurer of the city or county. In regard to the final payment of these accounts I understand that the coroner's account is repaid to the municipality by the Government, but the fees for medical witness are not so repaid. I am informed that in the city of Toronto the number of cases investigated were, 1904, 3; in 1905, 71; County of York, 1905, 14; in 1906, 12; but whether these were only preliminary investigations or inquests is not stated. From this it is seen that it is

not an easy matter to come to any conclusion as to the cost of the necessary work in this regard in Ontario.

To conclude, then, it seems to me that before we are in a position to properly discuss this question further and outline a scheme for the improvement of the conditions prevailing, it is necessary for us to be in a position to ascertain the number of inquests held, the number of preliminary investigations held, fees paid to coroners, fees paid to medical witnesses, and in addition to have some system whereby the records may be accessible for study and comparison.

## Discussion.

W. Arrell: The present method of paying coroners is very unfair. If a coroner is asked to make an investigation in a case of death, by a Crown Attorney, he ought to be paid for this investigation, and if an inquest is held as a result of this investigation he ought to be paid for the inquest held. As the law now is, if a coroner makes an investigation and an inquest is held after, he is paid nothing for the investigation, although he may have spent days and driven many miles.

H. S. Bingham (Cannington): Dr. Bingham opposed the election system in the appointment of coroners, and further supported the idea of the office of a coroner being filled by a medical man, rather than a lawyer, etc., etc.

John Hunter (Toronto): Would it not be advisable to somewhat widen the scope of the coroner? For instance, a patient may be apparently at least making favorable progress when suddenly a change takes place and death follows. The physician may be very desirous to ascertain the exact cause of death, but the relatives object. Could not some scheme be devised whereby the attending physician in sending out the certificate of death, might make some suggestion that could be acted upon by the coroner, and an autopsy held by a competent physician? The report of these autopsies should be filed, so as to be made use of by medical men. Some such scheme would furnish very much valuable information.

Dr. Powell: The coroner's office in many States of the American Union is a reward for political services, and the result is what might have been expected. Massachusetts, disgusted with what had been seen, turned to the medical examination system, and it has been such a success that other States are now introducing plans for the investigation of violent deaths. Ontario, by the appointment of medical men only as coroners, and by requiring an oath as to the necessity for an inquest before a warrant is issued, has raised the status of these investigations and given us a system of which we do not need to feel ashamed. Still we could,

with the greatest advantage, change to a system, in the main similar to that of Massachusetts, in which a legal expert, such as a junior county judge, investigates each case of suspicious death along lines in which he is capable of doing his best work, while an expert in pathology investigates its strictly medical aspects, and so the ends of justice are swiftly and inexpensively furthered without due publicity.

D. D. MacTaggart: The coroner's court is essentially a court of record, according to the authorities on criminal law, and coroners should legally keep a record of all investigations held either with or without jurors.

The judicial acts and proceedings should be enrolled as a perpetual memorial and testimony. A complete record should be made in every case, and these records deposited in the vault of the nearest court house, and at time of making deposit the coroner should obtain a receipt from the clerk of the peace and crown or other official in charge. These returns should be made every month, so that contents of records may be of use to those requiring them.

I am of the opinion that the position of coroner should be filled by a legal man, who should have associated with him a medical examiner. In cases of violent death or sudden death without medical attendance, the medical examiner would be called and make the necessary examination. If he is satisfied that there is absolutely no evidence of crime, he makes such report to the coroner, who may then dispose of the case. But if, on the other hand, there is the slightest evidence of crime, then the coroner will exercise his judicial functions by calling a jury and witnesses and investigating the case. By this means the legal side is left entirely to lawyers, as it should be, and the medical examiner has only to deal with things medical. If medical men are appointed as coroners, they are often called on to act as judge and witness, and no man can fill the two positions.

My suggestion would be to divide the Province into districts and have one coroner for each district, who should have a deputy to assist him and act as the clerk of the court. A chief medical examiner and assistants should be appointed for each district. The appointment of coroners should be made by the Lieutenant-Governor in Council. Medical examiners should be appointed in the same way and should be selected from men who have had a large experience in autopsy and pathological work in order that correct results may be obtained.

The question of fees should be a secondary one. The first object is to establish a proper system with good appointments, and this having been done, the question of fees could then be taken up. In large centres like the city of Toronto, a salary might be given, but in other places,

where the work is not arduous, a magistrate could fill the position and be paid by fees.

*Coroners' Association.*—Following the suggestion I have made of separating entirely the legal and medical sides of the question, I cannot see that a coroners' association would be of any benefit to the medical profession, but would suggest rather the formation of a Medico-Legal Society, the nucleus of such a society to be the medical examiners, and that this society either hold a meeting yearly or form a section of the Ontario Medical Association, and not take up homicide only, which is the only investigation that one has to deal with at a coroner's inquest, but take up also insanity, disability following injury, and other matters of a medico-legal nature, which are continually coming before the civil courts.

Analytical reports of the medical examiners could be compiled and submitted at the annual meeting. By this means a broad view of medico-legal matters is taken, and the results would be of benefit to the profession in general. As medical men, our duty is to find the cause of death—let the lawyers, acting on the side of justice, find out who is responsible for the death.

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## FUNCTION OF THE OVARIES AFTER TOTAL EXTIRPATION OF THE UTERUS.

Ernst Holzbach (*Arch. f. Gyn.*, Bd. 80, H. 2) endeavors to make the clinical symptoms and the anatomical findings in four cases of total extirpation of the uterus with ovaries left in place correspond with the anatomical conditions found after death. One of the cases was observed by himself. The difficulty of determining whether the ovaries go on functioning after removal of the uterus has been made greater by the paucity of autopsies on such cases. The author found only three recorded in literature. Examinations and experiments on animals have shown that the function of the ovaries continues, corpora lutea being found some time after removal of the uterus, as well as prifordial follicles. These facts have been confirmed in the human race. After a careful examination of the clinical symptoms and anatomical findings in the four cases collected by him, the author concludes that in total extirpation we should be as conservative as possible, leaving the adnexa in place when not distinctly diseased. Unfavorable symptoms may be due to the shock of so severe an operation, the removal of an important organ, the psychical effect of the impossibility of childbearing, and other sympathetic nervous troubles due to the effect on the general nervous system.—*Am. Jour. of Obs. and Diseases of Women and Children*, Apr., 1907.

# PROVINCE OF QUEBEC NEWS.

Conducted by MALCOLM MACKAY, B.A., M.D., Windsor Mills, Quebec.

The chief interest in medical circles during the past month has been in connection with the Canadian Medical Association meetings in Montreal, of which details are to be found in other columns of the LANCET.

The new medical buildings of McGill University are also attracting much attention. Messrs. Brown & Vallance have been awarded the contract, having submitted the most suitable plans. The award of the assessors was unanimous, which is a great satisfaction to all concerned, and no doubt rests in the minds of the Governors that the most suitable building possible is to be erected. Messrs. Hutchison of Montreal, Mr. Darling, architect of Toronto University buildings, and Prof. Knox, were the professional assessors. It is calculated that the cost of the new building will be not less than half a million dollars.

The plans provide for the erection of the new building on Pine avenue opposite the Royal Victoria Hospital. This piece of land was a gift to the University and will be in every respect an admirable site. For some years it was thought that the new nurses' home of the Royal Victoria Hospital would be placed here, but it was found that the plot of ground west of the Hospital would provide a more suitable location and in consequence it has been built as a wing adjoining the surgical side of the main building. This left a splendid opportunity for the Medical building to approach the hospital more closely, and it will be of the greatest convenience to both professors and students to be enabled to pass from the class-room to the hospital ward with such facility. The architecture is to be in keeping with both the Hospital and the buildings on the Campus, and in consequence will be a feature of note in the general design now being followed out in the University grounds. The general plan is very simple, consisting of a central block facing towards the Campus and connected on each side with pavilions running parallel with University street and Carlton road. A number of modifications of the plans were advised by the assessors, and provision was made for the ultimate transfer of the departments of pharmacology, physiology and medical chemistry, which have not been damaged, and which remain in the present building. The whole equipment is to be the best obtainable and the museum and library will be so arranged that the danger of destruction by fire will be reduced to a minimum.

The following appointments have been made to the house staff of the Royal Victoria Hospital: Admitting officer, Dr. Moffat; house physcians, Dr. Tull, Dr. MacArthur, Dr. Benvie, Dr. Logie; house surgeons,

Dr. Scrimger, Dr. Patterson, Dr. Williams, Dr. Quinn, Dr. Sinclair; house gynæcologist, Dr. Burgess; laryngologist, Dr. MacMillan; ophthalmologist, Dr. B. Jack.

The following have passed the examinations of the Quebec Medical Board and are licensed to practise medicine in the Province: Henderson, E. H.; Marcil, A.; Paquette, Jos.; Larocque, Ch.; Tetrault, A.; Mayrand, H.; Desrosiers, I.; Frazer, S.; Robinovitch, M.; Perrin, P.; Pigeon, A.; Styles, W.; Gauthier, R.; McKechnie, D.; MacRae, R.; Murcheston, H.; Jasmine, H.; Badeaux, I.; Renaud, L.; Rousseau, I.; Bouille, L.; Roy, A.; Heinfield, M.; Lebœuf, A.; Cabana, W.; Labierce, O.; Tremblay, E.; Edge, A.; Morgan, I.; Gillies, I.; Turgeon, A. Entitled to study medicine without examination: Archambault; Charpentier, L.; Derome, C. R.; Lewis, S.; Murchelston, H.; Perrin, L. I.; Lafontaine, W.; Read, E.; Sabourin, S.; Giroux, I. W.; Lemoine, I.; Baissoneaut, E.; Aheson, G.; Lavoie, L.; Caonette, L.; Laurin, H.; Laroche, M.; Jacques, I. W.; Malcoux, J. D.; Dryee, I. A. Passed preliminary examinations: Renaud, Clouston, Forest.

The new provincial milk regulations, which have been in force this summer for the first time, have apparently made but little difference in the infant mortality in Montreal so far, although without doubt when they are properly enforced they will prove to be of very great assistance in providing pure milk for the towns and cities. Among the more important regulations are found the following clauses:

The milking and handling of milking utensils is to be done in such a way that milk be secured against fæcal or other contaminations. If by accident the milk should become polluted, the contents of the receptacle containing such polluted milk shall not be delivered to be used as food.

Every owner of a tuberculous cow must at once notify the municipal sanitary authority of the fact.

The dairy in which milk intended for sale is placed or kept must be a separate and special apartment used solely as a dairy. Such dairy shall be at least twenty feet from any stable or pig-stye or any manure or refuse heap. It is forbidden to deliver to consumers milk over 24 hours old, except in case of milk which within 8 hours after milking in summer and 12 hours in winter has been sterilized at 220 degrees Fahrenheit, or which has undergone any other treatment which may be approved by the Board of Health of the Province of Quebec.

It is forbidden to take out of the milkman's establishment:

(1) Any skim milk, even if only partly skimmed, unless it be contained in cans, jars or bottles bearing the inscription "skimmed milk" in letters not less than an inch in height.

(2) Any milk to which any foreign substance has been added, especially those called "preservatives."

It is forbidden to use again the bottles and other vessels returned by consumers until such bottles or vessels have been washed with boiling water in the milkman's establishment.

Every owner of a milk depot or a shop in which milk is sold must see that such milk be kept in a refrigerator exclusively reserved for milk, cream, and butter. Milk shall be kept in the can in which it was brought unless the municipal board of health should otherwise permit, after ascertaining that the vessel or vessels submitted for its approval can be washed and cleaned between the intervals when the milk is brought.

As before mentioned, the article referring to the sterilization of milk at 220 F. has been practically dropped, as it was not thought to be a wise provision to allow the milk to be heated to such a temperature in the first place, and in the second to allow anyone to evade the other part of the law by so doing.

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## THE BLOOD PRESSURE DURING PREGNANCY AND THE PUERPERIUM.

W. J. Vogeler, in *Am. Jour. Obstet.*, April, 1907, gives a study of blood pressure in relation to pregnancy, and has collected a series of observations made under the most satisfactory circumstances and arrives at the following conclusions:—

1. The normal limits of blood pressure during pregnancy are 100 mm. to 150 mm. in all cases.

2. During labor the pressure is higher, but after delivery any pressure above 150 mm. or under 90 mm. must be considered definitely abnormal.

3. Hypotension (below 90 mm.) is of significance chiefly in estimating the importance of profuse or long continued hæmorrhage.

4. Hypertension (above 150 mm.) always demands close watching and appropriate treatment.

5. Moderate hypertension (150-180 mm.) is not incompatible with the completion of a full term pregnancy and labor.

6. Marked hypertension (over 180 mm.) is always a cause for grave anxiety lest eclampsia supervene.

7. Marked hypertension with convulsions is an absolute indication for removal of the child.

8. Marked hypertension, persisting in spite of treatment, with increasing œdema and the development of cerebral symptoms, is extremely dangerous, even if without convulsions. Interference with pregnancy would be the better policy.

# CURRENT MEDICAL LITERATURE

## OPHTHALMOLOGY AND OTOLOGY.

Under the charge of G. STERLING RYERSON, M.D., L.R.C.S., Edin., Professor of Ophthalmology and Otology in the Medical Faculty, University of Toronto.

### TRACHOMA IN THE AMERICAN NEGRO RACE.

J. Bordley, M.D. (*Johns Hopkins Hosp. Bulletin*) makes the following remarks :—

The title of this paper rather implies a belief on my part that the American negro race is subject to, probably the most dreaded of all eye diseases, trachoma. Indeed this paper was written with the idea in mind that such a thing is a mere theory impossible of proof by any existing data. After a careful review of the literature I am not convinced that any case has been recorded of trachoma in the American negro. Indeed not one true bill was found.

Dr. Swan Burnett had the distinction of first calling the attention of the profession to this interesting condition in 1876. Theobald, Hamilton, and many other distinguished oculists have written articles substantiating his views. These men have all enjoyed large experience in the treatment of negroes and the weight of their evidence is very convincing.

In reporting cases of trachoma in the black race unfortunately the essential characteristics of the disease have in the majority of instances been overlooked. It seems totally unnecessary to a few writers that the cases should bear some resemblance, either etiologically, symptomatically, or as regards the sequelæ, to the disease as it occurs in the white race. In determining what trachoma is are we to consider macroscopical signs only? Have we the right to class as trachoma cases which do not originate from contagion, do not follow typical courses and terminate without leaving the signs never absent as a result of trachoma in the white race? I am convinced that many cases are reported as the result of that process of elimination recommended by Peter Shaw, in 1738, when he said, in speaking of treating "Simple Ophthalmia": "Let this be continued according to the indication, and if it happen to be without success call it ophthalmia strumosa and treat it as a strumous case."

While I do not say that all the reported cases of trachoma in the American negro are errors in diagnosis still all lack some vital point which I cannot pass over unquestioningly.

I wish here to report three cases which several of my colleagues as well as myself diagnosticated trachoma. The first was a man, aged 31.

He is a typical negro, black, ignorant, and stupid. On applying for treatment he said his right eye—the only one affected—had been "bad" for two weeks, pained him very much and "the lids stuck together every morning." I found the lids swollen and tense, a sero-mucus discharge constantly dripping from between the closed lids, the ocular conjunctiva was œdematous and injected, photophobia was intense, iris clear and pupil normal, cornea clear. On everting the upper lid, which was accomplished with the greatest difficulty, I discovered in the retrotarsal folds and in the conjunctiva of the tarsus many small, nodular masses. These masses were so situated as to be definitely outlined and the epithelium so pushed ahead of them as to form small mound-like projections. The conjunctiva over the upper tarsal cartilage had enlarged papillæ giving the conjunctiva the appearance of soft fine velvet. A most diligent search, which was often repeated, failed to demonstrate any grey, translucent, hemispherical bodies which are pathognomonic of granular trachoma.

A culture taken from the cul-de-sac of the conjunctiva developed the xerosis bacillus; this organism was also cultivated from one of the nodular masses. A section from one of the nodular masses showed only a dense round-cell infiltration of the tissues, there was no atempt at encapsulation and no definite reticular or blood-vessel formation could be described, while the epithelium was more flattened than normal the change was insignificant. Attempts at animal inoculations with a pure culture of the organism were negative.

A 20 per cent. solution of protargol was instilled in the eye three times a day as was also a 1 per cent. solution of atropine. At the end of two weeks the patient had grown much worse, showing what were considered most definite symptoms of a bad case of trachoma. The trouble was at this time complicated by the formation of three small corneal ulcers. It is not the usual rule to find corneal ulcers in the first stages of trachoma, they most often make their appearance as secondary results in the pannus formation. Up to this time our treatment was without avail, suddenly, however, during the seventh week the eye began to improve and at the expiration of nine weeks the patient was discharged, cured.

Case No. 2 was also a negro man, about 31. He was rather more intelligent than the one to whom I have just referred. His right eye "had been sore" for forty-eight hours before applying for treatment, the lids of the affected eye were so swollen and tense that I could not evert the upper lid or see the retrotarsal fold in the lower lid, the eye was injected and are bulbar conjunctiva very œdematous, cornea and iris clear, and pupil normal. There was a profuse sero-mucus discharge, great pain, and photophobia. I strongly suspected at the beginning a gono-

coccus infection of the conjunctiva, although the history was absolutely negative and no gonococci were found microscopically.

The case was put on active treatment and placed in the hospital. The treatment consisted of ice-pads, a 40 per cent. solution of protargol, and cleansing of the lids as often as was found necessary. The eye responded beautifully to treatment and in a week's time it was possible to evert the lids. In the retro-tarsal folds of the upper lid and over a portion of the tarsal conjunctiva I found the mucus membrane studded with small mound-like projections and the tarsal conjunctiva covered with a velvety papillary structure. A culture taken from the secretion in the retro-tarsal fold developed a pure culture of the Xerosis bacillus. A slide taken from the same secretion showed short, thick bacilli. I regret to say the patient would not allow me to remove any of the conjunctiva, consequently I was unable to study what I believed to be follicular enlargements. Animal inoculations with a pure culture of the organisms were negative.

Two small corneal ulcers made their appearance during the fourth week of the disease. These ulcers disappeared as the lid conditions cleared up. The patient was discharged, cured, nine weeks after the first symptoms had made their appearance.

Case No. 3 differed from the two preceding cases in only two ways: first, both eyes were infected; second, three small tarsal cysts developed in a short time after the case had been discharged. A culture taken from the secretion, developed xerosis bacilli. Sections from nodules showed only the signs of a non-purulent inflammation of the conjunctiva. A slide taken from the contents of one of the chalazia, which were subsequently opened, showed no bacteria. The nodular masses in the conjunctiva, the papillary enlargements in the tarsal conjunctiva, and all the acute symptoms were present in this case as in the others.

I believe no man could have drawn any other conclusion from watching the first symptoms of these three cases than that they were trachoma. Still, now that the cases are well and we sum up the evidence to complete our diagnosis, we must grant that our original observations were based on false premises.

To sum up, we found these symptoms which were identical with those of trachoma: a sudden onset, swelling of the lids, a sero-mucus discharge, œdema of the bulbar conjunctiva, apparent follicular enlargements in the palpebral, and papillary overgrowths on the tarsal conjunctiva, pain and photophobia, and the obstinacy of the disease in spite of active antiseptic treatment. Several features necessary to complete a diagnosis of trachoma were, however, absent: no hemispherical, granular bodies were to be discovered in the retro-tarsal folds; the cases did ultimately

get entirely well, leaving no scar tissue as a result of the conjunctival trouble; at no time, either during or subsequent to the disease, did a pannus make its appearance; in two cases one eye also was infected; two of the patients were in institutions and frequently, in spite of my advice to the contrary, used towels in common with other people, still, so far as I can find out, no one was infected. I think if we add to these facts the additional evidence that the xerosis bacillus was developed in pure culture in every case and that a histological examination of the supposed follicles in two cases showed only the signs of an acute, non-purulent infection of the conjunctiva with no definite body arrangement such as is found always in trachoma, we can conclude that we are not dealing with trachoma.

Not taking into consideration the bacteriological and pathological findings in these cases, does not the evidence seem to indicate that we were not dealing with trachoma? Parsons says that follicles always go on to cicatrization and that trachoma can not exist without the formation in the adenoid layer of the conjunctiva of follicles. Burnett says the only positive evidence of trachoma is the formation of scar tissue in the conjunctiva; Raehlmann coincides with this view and so do all the other authorities on trachoma. These cases of mine show no evidence of scar tissue and never did. Trachoma in the white race is violently epidemic; still two of these cases I report lived in institutions where people were crowded together, and used in common with many other roller towels and yet not another case developed. Trachoma nearly always attacks both eyes; two out of three of my cases had trouble with only one eye. Pannus is nearly always a sequel or an accompaniment of trachoma; then why was it, if my cases were trachoma, not one of them showed the slightest sign of corneal trouble beyond the small ulcers and the scars resulting from them.

I must conclude that under certain circumstances the xerosis bacillus attacks the conjunctiva of the negro and provokes an inflammation which so closely stimulates trachoma as to make it imposible in the first stages to make a certain diagnosis. There is this essential difference, however, the inflammation resulting from the xerosis infection gets well and leaves behind it no traces of the active conjunctival trouble. I can readily imagine this difference not holding good if a secondary infection of the conjunctival nodules by a pyogenic organism should take place, for surely then the sloughing ulcers would result in the formation of cicatrices.

The only evidence adduced to prove the disease is caused by the xerosis bacillus is the fact that cultures taken from the secretions and the nodular masses developed the bacilus in pure culture. Animal inoculations were negative.

# LARYNGOLOGY AND RHINOLOGY.

Under the charge of PERRY G. GOLDSMITH, M.D., C.M., Toronto, Fellow of the British Society of Laryngology, Otology and Rhinology.

## ATROPHIC RHINITIS—ETIOLOGY AND TREATMENT.

Dr. J. C. Beck, of Chicago, in the June *Annals of Otology, Rhinology and Laryngology*, reports the results in an investigation into a series of twenty-four cases of this disease. His investigations lead him to support the view held so firmly by Grunwald and Hagek that accessory sinus disease is the cause, or at any rate is always associated with atrophic rhinitis. He draws the following conclusions:

1. The sinuses are very frequently involved in atrophic rhinitis; whether primary or secondary is not always possible to determine.

(2) When the sinuses are involved the atrophy must have some other cause, as for instance bacteria, etc.

(3) Radiographs are an aid in diagnosis and should be practiced by every rhinologist.

(4) The treatment directed to the sinuses is followed by improvement, much more readily than when they are not treated.

(5) Surgical intervention, preferably intra nasal, gives the best results.

(6) The results of local treatment, as by tamponing, massage, electricity, vapor, therapy, paraffin injection, Bier's treatment, etc., are brought about by the production of hyperæmia and leucocytosis, bringing about an alternating condition and possibly a resolution or restitution of glandular structures, normal mucous membrane and even some of the erectile tissue.

## THE THROAT IN CHRONIC INFECTIONS.

In the last few years various investigators have been giving their attention to the tonsils as portals to various systemic injections. It has been shown that there is a distinct connection between diseased tonsils and enlarged cervical glands, and Goodale has shown that many toxic influences result from absorption through the faucial tonsils. In the *Annals of O. R. L.*, March, 1907, he takes up the subject in a very thorough manner.

Speaking of those types of tonsils in which one sees white masses in the mouths of the crypts, he says: "Retention of lacunar detritus and opportunity for the development of bacterial activity will naturally be afforded by a narrowing of the orifices of the crypts. Such constrictions may take place as a result of cicatrical contraction arising from previous acute inflammation or by adhesion to the tonsillar folds or the pillars in the vicinity, or by process of retrograde metamorphosis. If the occlusion of the orifice of the crypt is complete, a cyst-like cavity will be

formed. If this cavity is free from bacteria, it will exert no further influence upon the system, except possibly through pressure. If, however, the occlusion is not complete, but permits the entrance of micro-organisms, those which are saphrophytic will effect a decomposition of the lacunar contents, while those of pathogenic property may be permitted to live, multiply and await favorable opportunity for entering the system. Such a condition of affairs may usually be perceived clinically by the presence of cheesy masses in the tonsillar crypts, or in the supra-tonsillar fossa, or between the tonsil and the pillars, especially the anterior pillar. Clinically, this condition is characterized to a greater or less extent by evidences of toxic absorption into the system, as evidenced by pallor, impairment of strength and spirits, fetid odor of the breath and gastric disturbances of various kinds. It will therefore be seen that the average tonsil may be an entrance point for infection without essential deviation from the normal type, either in size or other pathological alteration. Concerning the arthritic individual predisposed to rheumatic infection, he says: The examination of a large number of cases of infective arthritis, with regard to the conditions of the throat, has demonstrated the existence of pathological alterations in the tonsil characterized in general by retention of lacunar detritus, with or without hypertrophy of the organ. Since, however, inspection and careful clinical examination may fail to disclose deep-seated collections of detritus.

Communicating by circuitous passages with the open air, it seems to me wise, if other points of infection can be eliminated, to extirpate the tonsils in the most thorough manner. We shall thus replace a tissue of diminished resistance by a stout barrier of compact structure without nook or recess to harbor a pathological parasite.

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## TONSILLITIS.

Dr. R. M. Niles (*Medical Record*, Dec. 23, '06), in discussing the treatment of this affection, says that the patient should be isolated, should receive broken doses of calomel, followed by a saline laxative or croton oil, quinine in tonic doses, strychnia, aconitine, sodii salicyl, guaiacum and anodynes may also be required. Hot alkaline gargles and a spray of hydrogen peroxide are useful. Potassium chlorate has little value. Often the application of the tincture or vinegar of capsicum produces the most brilliant results. Congestion and œdema are reduced, the separation of the sloughs is facilitated, granulations are stimulated, vaso-motor inertia is overcome, and normal tissue metabolism is re-established. Tincture of capsicum, full strength or diluted with cod liver oil, should be applied to the Schneiderian membrane in the treatment of the rhinitis accompanying tonsillar involvement.—(*St. Louis Medical Review.*)

# The Canada Lancet

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## EDITORIAL.

### THE PROFESSION OF MEDICINE.

There is nothing so common as advice, and nothing else one can get so much of for nothing. All one has to do is to say that he is in trouble and he will be overwhelmed with advice. He may also receive a little sympathy, but the chances are he will not be blessed with any help.

We do not purpose giving much advice and our sympathy would be of no value, and it may be admitted that the editors of medical journals are not in a position to give students of medicine much help, as their reading must be confined mainly to text books.

We may state that the medical profession affords a fairly certain means of making a good living. Compared with many other callings in life, it may rank on a fair average with them; better than some and not so good as others. But this is not all. There is a nobility about the medical profession that attracts many to its ranks.

Speaking, however, of this nobility of medicine, one must admit that it is what the members of the profession make it. If the ideals of each are high, then the standard of all combined will be high and the professional standing in such a country will be truly noble. This is the only way to make the profession of medicine noble.

The three fundamental assets which a man requires on entering the study of medicine are the physical, mental, and moral possessions of the individual. All of these are most valuable, but the two latter ones, and especially the third one, are the most necessary to success. Nothnagel, the great Vienna physician, has said that none but a good man can be a good doctor. Indeed, the doctor becomes a sort of father confessor or priest to his patients. The late Dr. Fothergill said that a kind heart and a soft hand were the keys to success in the medical profession. We should all bear in mind the words of Cicero that "the most important events are often determined by trivial causes."

The life of the student of medicine, and afterwards his life as a doctor, is one demanding great sacrifices; but the words of Lavater are true, that "he who can at all times sacrifice pleasure to duty approaches sublimity." The life of the student must needs be a busy one. It is

Paley who tells us that "the great principle of human satisfaction is engagement," and Pope put it thus, "that too much rest becomes itself a pain;" and Dr. Osler a couple of years ago when addressing the students in Toronto said that the master word was *work*. Zoroaster has left the saying for us all that "to the persevering mortal the blessed immortals are swift." Chesterfield in one of his letters to his son says, "persist, persevere, and you will find most things attainable that are possible." Ever remember that "you are doubly strengthened when you rise from failure to battle again." And Carlyle, too, has paid his grand tribute to the honest worker in these words: "Looking round on the noisy insanity of the world, words with little meaning, actions with little worth, one loves to reflect on the great empire of silence. The noble silent men, scattered here and there, each in his department, silently thinking, silently working, whom no morning newspaper makes mention of."

But while it is well to give all attention to study and to be diligent in the pursuit of learning, never forget the other side, that man is a social being. The words of Cicero are still true, that "man has been born for two things—thinking and acting." This latter is a very important part of every person's education. The man of action wins. Mingle with your fellow students, and let your sole aim be to find out what is good in them. Sir Walter Scott tells us that "selfish ambition breaks the ties of blood, and forgets the obligations of gratitude and humanity."

The same honesty that should govern the student in his relationships with his fellow students, should go with him into the field of sports. He should play fair. Manly sport is a manly thing; but to "haze" a fellow student is a most ignoble, cowardly and injurious practice, and should receive no countenance from those whose future goal is the noble profession of medicine. No one can imagine anything more degrading or brutalizing than for one player to wilfully try to injure another player during the progress of any game upon the campus.

Great writers have spoken of the exalted nature of the doctor's work. Robert Louis Stevenson speaks of him as a hero, like unto the true soldier; Carlyle calls him a priest, to whom he would be willing to doff his hat; Homer sings of the physicians who heal our wounds as greater than armies to the nation's weal; but the whole life work of the true physician is well summed up in the words of Cicero: "What is there so kinglike, so noble, so generous, as to bring aid to the suppliant, to raise up the broken in heart, to save and deliver from danger?" This is the life work of the doctor, and must ever be while the words of Homer remain true that

"The race of men as the race of leaves is found,
Now green upon the trees, now withering on the ground."

If we might be permitted to say one word more, it would be to observe the value of time, to be honest in all your dealings, and to be diligent in the pursuit of your studies. Have your periods for quiet meditation and thought; for, in the words of St. Jerome, "it is hard for the tree by the wayside to keep its fruit till it be ripe."

"This above all, to your own selves be true,
And it will soon follow as the night the day,
You cannot then be false to any man."

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## THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

It would be difficult to say as much in praise of this Association as it deserves to have said of its merits. It has now entered on its seventh year, a sort of lucky omen year, and with the most brilliant prospects ahead of it.

We take much pleasure in giving a full report of the standing of the Association as submitted at the recent meeting of the Canadian Medical Association in Montreal. We would advise our readers to peruse the same carefully. We have no hesitation in stating that every practising physician should become a member.

It has been made quite apparent that the existence of this Association has had the effect of restraining vexatious suits, as those who might be disposed to take action are deterred, unless they have a perfectly clear case, which is very seldom the fact.

Dr. R. W. Powell, of Ottawa, has placed the entire profession under a deep debt of gratitude for the able manner in which he has managed the affairs of the Association. He has been its President ever since its organization, and was again unanimously re-elected. Dr. Powell has given freely of his valuable time, and the Association is to be congratulated on the fine progress it has made. We heartily felicitate Dr. Powell for what he has done, and say *vive le roi*.

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## THE VALUE OF PREVENTIVE MEDICINE.

Nations are waking up to the important fact that ounces of prevention are better than pounds of cure. All over the world we are seeing this change of opinion taking root and growing. It could easily be shown that civilized countries are losing more lives annually from preventible diseases than would equal in any year their national debts.

And yet in face of all this it is hard to rouse the public to give money for such worthy objects, but for all that daylight is ahead. First of all there must be a long process of education before the stage of action comes. We are now coming into the stage of action.

Some years ago, a medical man would have been ridiculed for saying in a medical gathering that careful preventive measures should hold sway in the management of tuberculosis. Now, however, this is the view of the day to which all subscribe. The close relationship between water and typhoid fever is now no longer in doubt, and it is noteworthy that typhoid fever is losing its foothold and steadily becoming less frequent.

At the recent meeting of the Canadian Medical Association some good work was done along the lines of preventive medicine. There was a very full and able discussion upon that cruel and dread disease, cerebro-spinal meningitis. In the United States this disease tortures to death some 40,000 persons annually. The medical profession is now becoming alive to the real dangers of this disease, and steps were taken to have it placed on the list of notifiable diseases. This is the only correct view to take. It is now well known that the infection enters through the naso-pharyngeal region. No one who has any affection or weakness in this region should be allowed to come in contact with a case, and children should be carefully excluded, as they are specially susceptible.

We believe that the medical profession should take steps to surround pneumonia with some safeguards. We believe that only those waiting upon such patients should be allowed access to them. It has been made clear by a study of this disease that there are an unusually high percentage of cases among those who are crowded together, as in the same workshop or large establishment, if the disease once makes its appearance among those employed in such places.

But when we turn to another dread set of diseases, it is hard to find words to adequately portray their dire effects in the community. The disastrous results arising out of syphilis and gonorrhœa are well known to the medical profession. Along this line there is room for much useful work. We would gladly welcome any movement that might tend to lessen the ravages of these two diseases.

The vast subject of caring for the health of school children has been attracting a full measure of attention. We are glad to notice that many countries are moving along right lines in this matter. It would be money well spent that would yield a splendid dividend to the country to have a general system of medical inspection of the schools come into force, especially in the larger cities. In such places where inspection has been tried, the results amply justifying the outlay. The children of a country are its greatest asset. How often you hear persons speaking of our

wealth of farm, forest, mine. and lake, but all too seldom of our wealth of happy, healthy and well-mannered children. In future we hope to hear of continued attention being paid to the health of our school children. All success to those who are giving much of their time to this cause. But, like all useful reformers of things, they will get their due reward in time.

## CRIME AND THE MEDICAL PROFESSION.

From time to time the lay press takes much pleasure in attacking the medical profession for all its alleged sins of omission and commission. With the opinion that medical men should be honorable men and eschew all alliances with those who seek to set law and order at defiance, we most heartily concur. But those who live in glass houses should not throw stones.

Of recent date, the Toronto *Globe* has been expressing its views upon "Crime and the Medical Profession." We have no quarrel with the *Globe* on this matter, but would respectfully ask the *Globe* to be good enough to recall the time when some efforts were being put forth by the medical profession with the view of inducing the Governments to do something to restrain persons from advertising remedies in a misleading manner. The *Globe* on that occasion did not aid the medical profession in its praiseworthy efforts, but did all it could to defeat any measures that might restrain the freedom of advertising.

The medical profession is fully aware of the fact that many preparations are advertised which have no merit, and claims are set forth for them that are quite fraudulent. When medical men tried to restrain these evils, in the interests of the people, the lay press did not come forth and help them. This was a golden chance for the lay press and it threw the chance away.

The medical profession accepts the challenge of a very high code of ethics. Indeed, we think it has the highest code of all the callings in life. In no other calling is there the same amount of altruism as in medicine. The rendering of aid to the sufferer, the benefiting of the public by preventive medicine, and the improvement of the social conditions of mankind, are objects ever before its mind. In the accomplishing of these objects, the medical profession is often hampered by the attitude of the lay press. If the lay press would only show less greed for gain, and discontinue the insertion of some of the advertisements that are now finding a place in its columns, it would be a great boon to humanity. The public is flooded with a low form of literature and advertising matter that suggest to persons who are in trouble what to do. Outside of the

medical profession there are very many who know how to perform forbidden operations.

But this much by the way. There is no excuse for any medical practitioner going out of his way to relieve a woman, whether she be married or single, unless for the cure or relief of serious disease. In the first place it is wrong, and in the second place it does not pay to do so. At the recent meeting of the Canadian Medical Association, Dr. John Hunter, of Toronto, moved a strong resolution against the practice of interfering criminally with the course of pregnancy. This was unanimously adopted. We are better than the press paints us.

## COMMENTS BY THE WAY.

The *Montreal Medical Journal,* which reached the office of THE CANADA LANCET on the 19th September, contained the provisional programme of the Canadian Medical Association, which was held in Montreal on 11th, 12th and 13th September.

We are pretty well informed that those in charge of the management of things for the recent meeting of the British Medical Association somewhat overlooked a number of prominent Canadian doctors. One quite prominent Canadian heard the Presidential address from the back seat of the gallery, while several others received no invitations to any of the functions. It is always unpleasant to refer to such matters, but the journalist has to deal with things as he finds them. The leading members of the profession who visited Toronto a year ago were not so ignored. When a Canadian who has taught ably for a number of decades could be passed over entirely one begins to think there must have been something radically wrong. Such acts rather force home the truth of a common English saying, "Well, he is a useful fellow to know." The Canadians a year ago were useful fellows to know; but the day of usefulness ended at Exeter.

# PERSONAL AND NEWS ITEMS.

### *ONTARIO.*

Dr. A. H. Perfect, of Toronto Junction, has been appointed an associate coroner for the County of York.

Dr. Horace Bascom, of Uxbridge, has gone for a trip to Cuba. Before his departure he took Dr. W. C. Shier into his office as a partner.

Dr. F. N. G. Starr, of Toronto, has given up general practice and will confine himself exclusively to surgery in future.

Drs. Bruce, Temple and Baines, who had a pleasant trip to Europe, have returned to Toronto and resumed practice again.

Dr. McCash, of Sarnia, has purchased the practice of Dr. McNally, of Tara, who is leaving there.

Dr. Edwards has decided to locate in Brampton, where he will pursue his professional work.

Dr. Charles H. Hair, of Cobalt, has been appointed an associate coroner for Nipissing District.

Dr. and Mrs. Gunn, of Clinton, have returned after their summer's trip to Britain and the Continent.

Dr. C. H. Montgomery, of Orillia, has returned after four years of post-graduate study in Europe.

Dr. Richard Coughlin, who has practised in Hastings for twenty years, has sold his practice to Dr. Wade, late of Havelock.

It is reported that all the smallpox cases have left the hospital in Toronto, and that the Swiss Cottage is now closed. The epidemic, small as it was, cost Toronto about $7,000.

The subscription list for a portrait of Dr. W. B. Geikie, former Dean of Trinity Medical College, is being filled up. The portrait is to be hung in the rooms of the Academy of Medicine.

Dr. Moore, of Horning's Mills, has sold his practice to Dr. W. L. Rich, of Lindsay, and has gone for post-graduate study to Chicago. He will then take up the practice of Dr. Rooney, of Shelburne, who is in poor health and requires a rest.

The Provincial Board of Health will shortly commence to spend a portion of the $5,000 grant of the Legislature made last session for experimental purposes regarding the disposal of sewage. Septic tanks will be erected at the cheese factories at Innerkip and Colborne. It is claimed the refuse from cheese factories has never been successfully disposed of.

Professor Goldwin Smith, in an address to the students of the University of Toronto, said that the mind was not like a pot into which anything could be poured. Knowledge had to be assimilated. He cautioned against too hard study and too long hours, and advised variation in the life of the student. He said that hazing was a most ignoble practice and ought to be denounced. There ought also to be changes made in the method of playing football. He said when he was a student they kicked the ball; now everything was kicked except the ball.

Recently two new cottages were opened in connection with the Toronto hospital work for consumptives. Much credit is due Messrs. Gage, Hammond, Mulholland and those associated with them in this work. Mr. Mulholland donated one cottage and Mr. Hammond the other. These cottages cost each $10,000. His Excellency, Earl Grey,

and Sir Mortimer Clark took part in the opening ceremonies. Up to date some $80,000 has been expended on buildings and grounds in the sanitarium work near Weston. Earl Grey said that if consumption was to be stayed it would be by the efforts people put forth themselves to prevent the spread of the disease. As he passed the Canada Cycle and Motor Company the workmen handed him $100 for the institution. The Mulholland cottage is for advanced cases that cannot be admitted at Muskoka.

## *MARITIME PROVINCES.*

Dr. J. F. Ellis, M.P.P., was recently married and congratulations are in order.

Dr. J. C. Goodwin has changed his location from Amherst to Meteghan, and Dr. F. E. Boudreau has taken his place at Amherst.

Dr. H. L. and Mrs. Dickey have safely returned after a very enjoyable trip to Britain.

Dr. N. E. McKay, of Halifax, has resigned from the chair of surgery in the Medical College and is succeeded by Dr. Hogan.

Dr. Ross Faulkner has returned after his period of post-graduate work in Britain, where he passed the examinations for the Fellowship of the Royal College of Surgeons.

Dr. Ford, of New Germany, has improved very much in health, after an illness of several months' duration. Dr. Donovan was in charge of his practice.

Dr. William Bayard, of St. John, has now attained his ninety-third year. A short time ago the University of Edinburgh conferred upon him the degree of LL.D., *honoris causa*. Dr. Bayard has now been in practice over seventy years, and recently reported some cases to the *Maritime Medical News*. The following poem is by Dr. M. Chisholm, of Halifax:

In long years of mercy bending
You have lightened many a load,
Occupied your time in mending
Vases, shattered on the road.

In the twilight, in the dawning,
In the darkness of the night,
When the winter winds are storming,
When the summer days were bright,

When the sun was hot and blighting,
When the dew was on the grass,
When the elements were fighting,
When the snowdrifts blocked the pass,

When the rest of men and mortals
Were in slumber, soft and sweet,
When the order: "Man the portals,"
Came like thunder from the street,

Then to cheat the sleeper's Charon
Of his freight across the stream,
You have buckled on your armor,
Fighting shy of pleasant dreams.

All your life a round of labor,
Making paths for others bright,
You have been to all a neighbor,
Now your even-time is light.

When the Master from His glory,
Calls to rest from weary toil,
May your life, so aged, so hoary,
Be repaired on heavenly soil.

## *WESTERN PROVINCES.*

Dr. Russell, formerly superintendent of the Asylum at Hamilton, has been enjoying a visit to Calgary.

Dr. J. D. Lafferty, of Calgary, has been appointed Chairman of the Provincial Board of Health for Alberta.

Dr. W. Shipley, of Clinton, Ont., has gone to Calgary, Alta., to help to fill up the ranks of the profession there.

Dr. A. E. Henry, late of Bagnor, has decided to locate in Estevan.

Dr. J. R. Jones, of Winnipeg, has returned, very much improved in health after his trip to England.

## *BRITISH COLUMBIA.*

Dr. O. Weld, of Vancouver, has been spending the summer abroad. He had a pleasant run through England.

Dr. Crosby, formerly of New York, has recently visited old friends at Fergus, and intends locating in British Columbia.

An emergency hospital for miners is to be opened at Van Anda, B.C. It is being equipped by charitable organizations.

Dr. Harvey Clare, who acted as assistant physician in the Brockville Asylum and later in the Asylum in Toronto, has gone to fill the position of assistant medical superintendent of the Asylum in British Columbia.

Dr. Charles Kingston, of Grand Forks, B.C., has been spending a while with friends in Stirling, Ont. The doctor is one of the managers of the hospital in Grand Forks, and intends visiting a number of hospitals before he returns home.

The medical men of the interior of British Columbia have formed an Association, with Dr. E. C. Arthur, of Nelson, and Dr. A. Sutherland, of Revelstoke, as President and Secretary. The objects of the Association are to promote the interests of the men of these districts and to secure representation on the Medical Council.

## *FROM ABROAD.*

During the first six months of this year the plague has caused no less than 1,060,067 deaths in India.

In Britain the new Public Health Act confers upon the local authorities much more extensive powers for the inspection of foods than was the case under the former Act. This change was urgently required, and will do much good.

The Local Government Board of Britain has issued an order settling the fact that sanitary authorities are empowered to supply diphtheria antitoxin for those who are unable to procure it for themselves. No poor child need die for want of the remedy under these regulations.

It is estimated that one-third of the school children in the United States are below their proper grade through physical defects. This implies deterioration and possibly a greater keenness on the part of specialists seeking defects.

Cerebro-spinal meningitis has been fairly prevalent in London, Eng., and the London County Council has extended for eighteen months more the period of notification of the disease. The instructions state this disease does not include meningitis due to tuberculosis, syphilis, injury, or ear disease.

The topic of the medical inspection of school children is a live one in Britain. In certain places where it has been adopted, the results abundantly prove the need for medical inspection, and the good results that are bound to arise from it. Here many children are attending school who are the victims of serious diseases or defects.

Prof. Rindfleish has had his "Festschrift." This excellent custom of preparing a volume of essays in honor of some eminent teacher is a purely German one. The friends of Rindfleish responded well and recently presented that great teacher with a volume of essays of very high merit. This German custom might well be adopted by other countries.

Through the *Australasian Medical Gazette* the news comes that at the next Australasian medical meeting, to be held in Melbourne in 1908, there will be two very important discussions, namely: The relationship of the profession to the hospitals, and syphilis in its social and public health aspects.

In the August issue of the *St. Louis Medical Review*, Dr. S. A. Knopf makes a pointed denial once more of the press despatches to the effect that he had advocated shortening the lives of incurable consumptives by giving them heavy doses of morphine. Dr. Knopf never advocated any such cruel and inhuman practice.

A grave injustice has been done to the medical profession in Britain by the passing of a recent Act which compels doctors to fill up certain certificates free of charge. This is quite wrong. The medical profession should not be called upon to perform such services for the State without compensation.

The Inebriates Act in Britain does not appear to be accomplishing very much for this class. The commitments last year for men were 110, and for women 294. This was an increase of 19 in the former and a decrease of 56 in the latter. Magistrates are losing faith in the value of these commitments to retreats, as very few "cures" are effected thereby.

At a recent meeting of the Hofeland Medical Society, of Berlin, Dr. Westenhœffer gave an address upon cerebro-spinal meningitis. He contended strongly that in most cases the disease occurred in persons who were suffering from some naso-pharyngeal inflammation caused by the pneumococci or streptococci. This inflammation prepares the way for the meningococci.

It will be gratifying to all to learn that Prof. Simon Flexner and his associates in the Rockefeller Institute are engaged upon experimental work in search of a serum for cerebro-spinal fever. The present indications are that their efforts will have a successful termination. Cerebro-spinal meningitis is now becoming a prevalent malady, and in the United States causes about 40,000 deaths annually.

The new Sydenham Society held its forty-eighth annual meeting at Exeter during the time of the meeting of the British Medical Association. Prof. Osler occupied the chair. A noteworthy feature of the report of the Council was that the society should be wound up at the end of the year. There are now only 900 members and this is scarcely sufficient to ensure solvency. It is hoped that it will not be necessary to wind up the society, and several plans of continuing its work were suggested.

The subject of the deterioration of the British people was up for discussion at the recent meeting of the British Medical Association. It is pretty well admitted that there is some deterioration, but there does not appear to be any ground for a general scare. It is said that "John Bull is not as strong as he used to be," but to this the witty answer is made that "he never was." It is more than likely that Great Britain will be able to go on yet awhile.

Insanity is quite markedly on the increase in Britain. From 1860 to 1906 the population has increased 55 per cent., whereas the insane have increased 133 per cent. There is now one insane person in England and Wales to every 282 of the population. Ten years ago there was one in every 314. Last year the senile dementia cases amounted to 38 per cent. of the admissions. The Lunacy Commissioners state that medical science keeps many old people alive after their minds are worn out, and these go to fill the asylums.

## OBITUARY.

### GEORGE A. C. MACINTOSH, M.D.

Dr. George A. C. MacIntosh passed away on the night of June 23rd at Murray River, P.E.I., where he had practised for upwards of thirty years. He was a native of Stanley Bridge, P.E.I. He graduated M.D. from the Universty of Pennsylvania in 1875; M.B. University of Trinity College, 1880; Fellow, Trinity Medical School, 1880, and M.D., C.M., New Trinity College, 1889. The Prince Edward Island Medical Society, at its last meeting, paid the following tribute to his memory: "Resolved, that we, the members of the Prince Edward Island Medical Society, desire to place on record our high appreciation of Dr. George A. C. MacIntosh, of Murray River, a student of rare ability and intelligence, who died on Sunday the 23rd June last. We honor his memory as an 'honest man'—'the noblest work of God'—and extend to his bereaved stricken wife and family our sympathy, assuring them that He who 'tempers the wind to the shorn lamb' looks down with infinite compassion upon the widow and fatherless in the hour of their desolation and that He who wept while on earth will fold the arms of His love and protection around them who put their trust in Him."

### JOHN S. BENSON, M.D.

We regret to record the death of Dr. Benson, of Chatham, Nova Scotia, in his sixty-ninth year. He was the son of Dr. Stafford Benson, studied at Guy's Hospital, London, and obtained the M.R.C.S. in 1861. He was a student of Bryant, Hilton, Addison, Hicks and Parry. He commenced practice at Newcastle, N.S., but soon returned to Guy's Hospital for further study. On his return to Canada he resumed practice in Newcastle, where he remained till 1873, when he removed to Chatham. He was twice married and is survived by eight children. He had a very large practice.

## EARL STEWART, M.D.

Dr. Earl Stewart, house surgeon of the Winnipeg General Hospital, son of Rev. Dr. Stewart, Registrar of Wesley College, Winnipeg, died in the General Hospital on 6th September, of typhoid. Dr. Stewart was 24 years of age, and had just completed a brilliant course and begun his career as house surgeon. He was born at Killarney, Man.

## JOSEPH LEDUC, M.D.

Dr. Joseph Leduc died very suddenly of an attack of uræmia. He followed his profession at Dorionville, Que., for some years, but latterly devoted most of his time to his drug business.

## FITZGERALD SUTHERLAND, M.D.

The death of Dr. Sutherland occurred at Norwich, Ont., in his 76th year. He was a graduate of the University of Toronto. For many years he practised in Kincardine, and then removed to Norwich, where he resided for thirty-three years till his death.

# BOOK REVIEWS.

## INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, etc., etc. Edited by W. T. Longcope, M.D., and others. Vol. III., 17th Series, 1907. Philadelphia and London: J. B. Lippincott Company. Price, $2.25. Canadian Agent: Mr. Charles Roberts, Montreal.

This volume of International Clinics contains articles on treatment, medicine, surgery, gynæcology, genito-urinary diseases, ophthalmology, neurology, dermatology, and pathology. The articles are all of a very high order of merit, and prepared by persons well able to voice the latest views on their chosen subjects. The present volume is a good addition to a very valuable series. By the time publication has reached its seventeenth year of publication, the profession will know about its merits or faults. In this instance, we are sure that the merits take the lead over any defects, and that the medical profession fully appreciate this series of quarterly clinical lectures. It was a happy conception in the first place which has been extremely well carried out.

## MANUAL OF DISEASES OF THE EYE.

By Charles H. May, Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York, 1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York; Consulting Ophthalmologist to the French Hospital, to the Gouverneur Hospital, and to the Red Cross Hospital, New York; Adjunct Ophthalmic Surgeon to Mt. Sinai Hospital, New York, etc. Fifth edition revised. With 362 original illustrations, with 22 plates, with 63 colored figures. Wm. Wood & Co., New York, 1907. The price of the book continues the same, $2 net.

This excellent manual has now appeared in its fifth edition. The author must be congratulated upon the care he has bestowed upon the various editions so as to keep it fully abreast of the rapid advances that are being made in ophthalmology. This is readily seen if one takes the trouble to compare a work on this subject of fifteen years ago with one of to-day. We can most cordially recommend this book. It is thoroughly reliable, and is not too large for the general practitioner.

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## HARE'S PRACTICAL DIAGNOSIS.

The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. New (6th) edition), thoroughly revised and rewritten. Octavo, 616 pages, with 203 engravings and 16 full-page plates. Cloth, $4.50 net; leather, $5.50 net. Lea Brothers & Co., Philadelphia and New York, 1907.

Professor Hare is as resourceful in his literary methods as in practice, and in his Diagnosis he has produced a work which must have taxed his ingenuity and industry, but he has made a straight and smooth path for his readers. That they have been prompt and steadfast in appreciation is shown by the call for six editions.

The plan of the work is exactly the reverse of the usual book on Diagnosis, which analyzes diseases into symptoms and requires the reader to recombine them when meeting a case. Dr. Hare's method might be termed the natural way, as he approaches his subject as the physician must approach his patient, namely, symptoms first, and upbuilds his diagnosis on these units. Thus the discovery of any marked symptom, such as vomiting, leads the reader to the point where its diagnostic significance is discussed and the differentiation of the various conditions in which it may occur. The whole field is covered in this convenient way. Instructive and typical engravings and plates are liberally employed. The revision for this new edition has been most thorough, bringing the volume well up to the latest knowledge.

As indicating the popularity of Professor Hare's works, it is worthy of note that within the past few months have appeared this sixth edition of his Diagnosis, the twelfth edition of his Therapeutics, and the second of his Practice, the last named having run through two very large printings of its first edition and into the second in two years. Such a record would be difficult to parallel.

## TREATMENT OF DISEASES OF CHILDREN.

By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital; Attending Physician to the New York Infant Asylum; Attending Physician for Children, Sydenham Hospital, New York, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 net; half morocco, $6.50 net. Canadian Agents, J. A. Carveth & Co., Limited, Toronto.

In a volume of 600 pages one can say a good deal, if he knows how. Dr. Kerley has something good to say and he knows how to say it. The work is intended for practitioners, and we are sure that none who read the book will be disappointed. The publishers gave got the book up in their very best style. On the whole, this may be regarded as an exceedingly satisfactory work on the diseases of children and their treatment.

## SURGERY: ITS PRINCIPLES AND PRACTICE. VOLUME II.

In Five Volumes. By sixty-six eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: cloth, $7 net; half morocco, $8 net. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

The first volume of this work was received by us some time ago. We are pleased to welcome the second volume. Dr. Keen is doing all that could be expected to build up a thoroughly sound and masterly work on the science and art of surgery. So far as the first two volumes are concerned, he has succeeded to the fullest. It would not be a profitable task to go into details, but suffice it to say that this volume treats of bones, joints, fractures, dislocations, orthopedics, muscles, lymphatics, skin, nerves, and spine. This is certainly a large field to cover in one volume, but by wise selections of contributors and by careful editing, all unnecessary duplication of effort has been avoided. Each section is handled by one who is highly qualified to say what is latest and best upon it. When the work is completed it will be a splendid surgical library.

## THE TREATMENT AND PREVENTION OF TUBERCULOSIS.

The Third Annual Report of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, February, 1905, to February, 1906. Edited by Joseph Walsh, A.M., M.D. Published by the Phipps Institute, Philadelphia.

These annual reports are bound to do much good for the cause of preventing tuberculosis. This volume contains a vast amount of information upon the subject of tuberculosis. Attention is paid to the Maragliano serum treatment, but the results are not too encouraging. We would advise those who wish to keep themselves posted on tuberculosis to study this report.

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## FRACTURES AND DISLOCATIONS.

A Practical Treatise on Fractures and Dislocations, by Lewis A. Stimson, B.A., M.D., LL.D., Professor of Surgery in Cornell University Medical College, New York; Surgeon to the New York and Hudson Street Hospitals; Consulting Surgeon to Bellevue, St. John's, and Christ Hospitals; Corresponding Member of the Société de Chirurgie of Paris. Fifth Edition, Revised and Enlarged, with 352 Illustrations and 52 Plates in monotint. Lea Brothers & Co., New York and Philadelphia. Price, cloth, $5; leather, $6; half morocco, $6.50.

Professor Stimson's work on fractures and dislocations has been long before the medical readers, and it has stood the test of time perfectly. As the years go by, new editions appear with improvements and as the times demand. The fifth edition is now before us, and shows that the author has left nothing undone to keep his valuable work up to date, and that the publishers have been equally painstaking to give effect to the author's good work by the use of excellent paper, clear typography, and finest illustrations. No one who does surgery should be without this work. Every general practitioner is constantly encountering fractures and dislocations and here is his guide.

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## PRACTICAL FEVER NURSING.

By Edward C. Register, M.D., Professor of the Practice of Medicine in the North Carolina Medical College; Chief Physician to St. Peter's Hospital, etc. Octavo volume of 352 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50 net. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

This work is addressed to nurses, but we think the author is too modest in his claims, and we think it would be an excellent addition to the library of any physician. The book is full of useful information on the nursing of fever patients, which means a good part of the treatment of such cases. The book should, therefore, meet with a favorable reception at the hands of the medical profession.

## A MANUAL OF DISEASES OF THE NOSE, THROAT, AND EAR.

By E. Baldwin Gleason, M.D., Clinical Professor of Otology at the Medico-Chirurgical College, Philadelphia; Aurist to the Medico-Chirurgical Hospital; Surgeon-in-Chief of the Nose, Throat and Ear Department of the Northern Dispensary, etc. 12mo of 556 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible leather, $2.50 net. Canadian Agents, J. A. Carveth & Co., Limited, Toronto.

This book has been prepared specially for the student, but is also a first-class work for the busy practitioner, as it gives everything he is likely to meet with in his practice. It is a concise and trustworthy book on its own subjects. Dr. Gleason is a well-known writer, and in this book has materially enhanced his reputation as an author. We recommend the work with confidence.

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## GYNÆCOLOGY AND ABDOMINAL SURGERY. VOLUME I.

In two large octavos. Edited by Howard A. Kelly, M.D., Professor of Gynæcologic Surgery at Johns Hopkins University; and Charles P. Noble, M.D., Clinical Professor of Gynæcology at the Woman's Medical College, Philadelphia. Large octavo volume of 851 pages, with 405 original illustrations by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: cloth, $8 net; half morocco, $9.50 net. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

When a work appears from the joint pens of two such authors as Professors Kelly and Noble, we may expect something really good. A painstaking review of the volume before us fully justifies this expectation. Of recent years the subjects of gynæcology and abdominal surgery have occupied a large share of the attention of surgeons. It is a field in which great advances have been made. Perhaps in few other departments of the healing art has there been more genuine progress than in those covered in this volume. The authors have done their very best to give their readers the very best that is possible, and this means much with two such authors. The work is got up in most attractive form. On the whole it can be recommended in the most confident manner. The work is first-class in every way.

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## NEW JERSEY HEALTH REPORT.

The Thirteenth Annual Report of the Board of Health of the State of New Jersey, 1906, and the Annual Report of the Bureau of Statistics. Trenton, N.J.: The John L. Murphy Publishing Company, Printers, 1907.

The annual reports of the Board of Health of the State of New Jersey are always good. This one, like its predecessors, contains many very fine papers on topics of public health. The dissemination of such useful information is doing good.

## AMERICAN EDITION OF NOTHNAGLE'S PRACTICE—INTESTINES AND PERITONEUM.

By Dr. Hermann Nothnagel, of Vienna. Edited, with additions, by H. D. Rolleston, M.D., F.R.C.P., Physician to St. George's Hospital, London, England. Second Edition. Octavo of 1,059 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 net; half morocco, $6 net. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

When any volume of over 1,000 pages soon passes into a second edition it must have real merit. This can be said in no small measure of this volume of Nothnagel's Encyclopedia of Practical Medicine. The teachings throughout this volume are sound and practical. It covers an important field, and makes a splendid companion to the surgical side so ably handled by Drs. Kelly and Noble. There need be no hesitation to secure a copy.

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## FIVE HUNDRED SURGICAL SUGGESTIONS.

Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief *American Journal of Surgery*, and Eli Moschcowitz, A.B., M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Associate Editor *American Journal of Surgery*. Second Series. Duodecimo, 125 pages. New York: Surgery Publishing Co., 92 William Street, 1907. Price, $1.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been suggested by the authors' own observations. Many of them are bits of wisdom that are not to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical and borderline affections, and to him, also, we commend the many diagnostic hints between the covers of this little book.

As before, the publication has been prepared in a manner worthy of its unique contents. It is a pocket manual de luxe!—printed in attractive Cheltenham type, on antique India tint paper, with marginal headings and subheads in contrasting ink, and with an artistic binding of heavy cloth, gold-lettered.

We warmly commend this book. Those wearied by searching for information through ponderous text-books and lengthy articles will find actual refreshment in Surgical Suggestions, every one of the 500 paragraphs of which is a separate and useful bit of practical knowledge.

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## THE MAJOR SYMPTOMS OF HYSTERIA.

Fifteen Lectures given in the Medical School of Harvard University. By Pierre Janet, M.D., Professor of Psychology in the Collége de France; Director of the Psychological Laboratory in the Clinic of the Salpétrière. New York: The MacMillan Company. London: MacMillan & Co. Toronto: The MacMillan Company, 27 Richmond street west. Price, $1 75 net.

These lectures were delivered during October and November of 1906. The author is a noted authority upon the topics covered in this book. In these lectures he discusses the whole question of hysteria in its many aspects. Dr. Janet is well qualified for the task, as he has been a careful observer of the hysteria and a close student of the literature upon it. He has a lucid form of expression, which adds greatly to the pleasure of reading these lectures. He deals with the phenomena of mind, sensation, motion, and the special senses met with in this disorder. The book is an interesting study in neurology and psychology.

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## TRACHEO-BRONCHOSCOPY, ESOPHAGOSCOPY, AND GASTROSCOPY.

By Dr. Chevalier Jackson, Pittsburg, Pa. Large octavo, 200 pages, 83 illustrations, 5 full-page colored plates; bound in cloth. Price, $4 net (Foreign, 17 sh., 17 mks., 21 fr.). Sold only by subscription direct to the publishers, The Laryngoscope Co., 3858 Westminster Place, St. Louis, Mo. 1907.

The first part of this work deals with tracheo-bronchoscopy; the second part with esophagoscopy, and the third part with gastroscopy. The illustrations and plates are excellent. A very superior quality of paper has been chosen, which gives the art aspects of the work a fine effect. Full explanations accompany the cuts and plates. The work is a most interesting one, and is a fine addition to the growing literature on the subject of Roentgenography.

## EGBERT'S HYGIENE AND SANITATION.

By Seneca Egbert, M.D., Professor of Hygiene in the Medico-Chirurgical College, Philadelphia. New (fourth) edition, thoroughly revised. 12mo, 498 pages, with 93 illustrations. Cloth, $2.25 net. Lea Brothers & Co., Philadelphia and New York, 1907.

Professor Egbert has presented in this convenient and moderate-sized volume the essentials of Hygiene and Sanitation, subjects of the most far-reaching importance. His long experience as a teacher is conspicuous in the clear, well-arranged and well-assorted knowledge conveyed in his pages.

The book enjoys a high position as a text-book and equally serves the practitioner for quick reference. Its popularity is shown in the number of its editions, each of which has been brought thoroughly abreast of the subject at the date of issue, a statement fully applicable to this new revision fresh from the press.

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## PARK'S MODERN SURGERY.

The Principles and Practice of Modern Surgery. By Roswell Park, M.D., Professor of Surgery in the University of Buffalo, Buffalo, N.Y. In one very handsome imperial octavo volume of 1,072 pages, with 722 engravings and 60 full-page plates in colors and monochrome. Cloth, $7 net; leather, $8 net. Lea Brothers & Co., Philadelphia and New York, 1907.

The sign of a great and growing subject is found in its literature, the measure of its activity and growth. This is particularly applicable to surgery, endless and unresting in its advance and possibilities. However, no justification is necessary in the case of a work from the pen of so eminent and mature a surgeon as Professor Park. He is peculiarly qualified upon both main divisions, as always an enthusiastic worker in surgical pathology, and as an equally resourceful and successful practitioner of the art. Thus he has been able to produce a book which is well balanced, complete, and with all its information well interrelated. His skill as a teacher of the first rank is manifest in his orderly arrangement and clear exposition. Accordingly his work possesses a wide range of importance, for it affords the student a logical training, thereby minimizing the labor both for him and his teacher, and serves the general practitioner and surgeon equally as well as an authoritative guide in the most directly responsible branch of all professional work.

This new individual book is the successor of the Surgery by American Authors edited by Professor Park, which ran through three editions. His collaborators therein have most willingly placed their work and accompanying illustrations at his service. As Professor Park is equally

at home in the surgical literature in English, German and French, the three languages to which everything in the civilized world must come for dissemination, his Modern Surgery may be trusted as an authoritative exposition of the world's most advanced views and practice at the present time.

We are more than usually ready to say a good word for this work by Dr. Park. It contains a very complete exposition of modern surgery in every detail. Dr. Park is a surgeon of very wide reading and experience and knows well how to make a good book.

# MISCELLANEOUS.

## THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

### The President's Report.

Dr. R. W. Powell, in submitting the sixth annual report of this Association, among other things, said:

It is gratifying to report to you, gentlemen, that we have not been called upon to defend a single case of malpractice since our last annual meeting, with the exception of a case that has come before us since I received our Solicitor's report for the year, which I will present and which I will refer to shortly. You will remember that I have repeatedly urged that the fact of such an organization as ours becoming known throughout the country would be the strongest deterrent we could possibly have against harassing and frivolous actions for malpractice being instituted against members of our profession and would inevitably put an end to blackmail.

This opinion seems to have been borne out since we organized in 1901. In the various cases that have been reported to you from time to time you will have observed that we have been uniformly successful in our defence and the profession has come to understand that it is a useful thing to have an organization behind them, supplied with funds to carry on a defence, while the public are coming to understand that they cannot frighten one of our members into settling alleged damages for fear of publicity and law costs.

We are conscious also that in joining this Association we are the means of assisting a confrere in distress and upholding his good name and reputation in the community, which, after all, is his sole capital.

A writ has recently been issued against one of our oldest members, of which we have been duly notified in August and we have already retained counsel to defend at the trial this autumn.

The case is one which might happen to any of us, viz., an allegation that in the performance of a laparotomy the defendant removed the uterus and adnexa without consent. For this crime he is sued for $10,000. The facts of the case as deposed for our information before we agreed to defend, are clear and decisive, and leave no room for doubt in our opinion that he was not guilty of the charge laid against him, and that we will succeed in his defence seems manifest. We will report the result at our seventh annual meeting.

Now that our membership has grown, I think that new applications should be duly nominated and if you consider it not too cumbersome, also seconded by members of our Association, but a resolution will have to be submitted in order to properly effect this change.

I would caution members against sending their dues without a covering note stating from whom they are sent. We have had some difficulty in tracing such remittances.

The permanency of membership and the principle adopted of drawing for annual dues and thus saving members trouble of remitting personally has been quite successful save in a few instances where annoyance has been felt and expressed as if the executive at Ottawa was personally to blame, whereas we are only carrying out the resolutions of the Association and I believe preserving our membership, because I know in our early years a large number of men dropped off from time to time because they were careless about remitting and we had no authority to draw. One case in particular I recall, where a member lapsed for two seasons and then a case was instituted against him and he found he was beyond the pale of the Protective Association. Though he succeeded in his defence, I believe it cost him $500.

It is the intention of the Executive to carry out the by-law with regard to annual dues and to make drafts on all members who have not remitted by February 1st, as we find that by postponing till towards spring quite a number of men are away from home.

In submitting the Auditor's and Treasurer's report I am gratified indeed to be able to say that our membership has increased to 528, being an increase over last year of 57, and that financially we start the year with a substantial bank balance of close on $2,000.

This, of course, is largely due to our not having had any law costs to speak of, except a settlement in a British Columbia case not accruing properly to the business of the year.

Our Solicitor's report is submitted.

Respectfully submitted,

R. W. POWELL, President.

180 Cooper St., Ottawa, August 20th, 1907.

## SOLICITOR'S REPORT.

To R. W. Powell, Esq., M.D., President of the Canadian Medical Protective Association:

Dear Sir,—I have again to report to you very briefly upon the affairs of the Canadian Medical Protective Association, so far as they have come before me as the Solicitor of the Association.

Practically, no litigation has taken place during the year.

A claim in the Lower Court in British Columbia was successfully defended and the action was dismissed with costs; as the costs could not be collected from the plaintiff, the taxed costs of defending the action were paid by the Association.

A number of claims against members have been threatened, and there has been correspondence and advice to members in reference to them, but so far as I am aware there is not now a single pending claim against a member of the Association. Yours truly,

F. H. CHRYSLER.

Central Chambers, Ottawa, July 9th, 1907.

## COMPARATIVE STATEMENT OF MEMBERS.

| Province of— | 1902. | 1903. | 1904. | 1905. | 1906. | 1907. |
|---|---|---|---|---|---|---|
| Ontario | 124 | 139 | 217 | 225 | 295 | 348 |
| Quebec | 52 | 35 | 29 | 42 | 56 | 57 |
| Nova Scotia | 19 | 17 | 8 | 13 | 23 | 18 |
| New Brunswick | 14 | 14 | 10 | 23 | 26 | 27 |
| Manitoba | 13 | 10 | 4 | 10 | 11 | 13 |
| Prince Edward Island | 2 | ... | ... | ... | 1 | 2 |
| Saskatchewan | N.W.T. 4 | 10 | 5 | 13 | 23 | 18 |
| Alberta | | | | | | 6 |
| British Columbia | 14 | 28 | 15 | 25 | 36 | 39 |
| Total | 242 | 253 | 288 | 351 | 471 | 528 |

Increase, 1903 over 1902, 11.
1904 " 1903, 35.
1905 " 1904, 63.
1906 " 1905, 120.
1907 " 1906, 57.

GEO. S. DAVISON, Auditor.

Ottawa, July 31st, 1907.

RECEIPTS.

| | | | | |
|---|---|---|---|---|
| 1906—July 31, To balance in Royal Bank | | | $829 38 | |
| " Office | | | 8 00 | |
| | | | | $37 38 |
| 1907—July 31, Received from members in— | | | | |
| Alberta: | | | | |
| 18 members | $3 00 | | $54 00 | |
| British Columbia: | | | | |
| 36 members | 3 00 | $108 00 | | |
| 3 members | 1 50 | 4 50 | | |
| | | | 112 50 | |
| Manitoba: | | | | |
| 13 members | 3 00 | | 39 00 | |
| New Brunswick: | | | | |
| 24 members | 3 00 | 72 00 | | |
| 3 members | 1 50 | 4 50 | | |
| | | | 76 50 | |
| Nova Scotia: | | | | |
| 18 members | 3 00 | | 54 00 | |
| Ontario: | | | | |
| 1 member | 6 00 | 6 00 | | |
| 1 member | 4 50 | 4 50 | | |
| 2 members | 4 00 | 8 00 | | |
| 323 members | 3 00 | 969 00 | | |
| 2 members | 2 00 | 4 00 | | |
| 17 members | 1 50 | 25 50 | | |
| 2 members | 1 00 | 2 00 | | |
| | | | 1,019 00 | |
| Prince Edward Island: | | | | |
| 2 members | 3 00 | | 6 00 | |
| Quebec: | | | | |
| 55 members | 3 00 | 165 00 | | |
| 2 members | 1 50 | 3 00 | | |
| | | | 168 00 | |
| Saskatchewan: | | | | |
| 6 members | 3 00 | | 18 00 | |
| | | | | 1,547 00 |
| Savings Bank account, interest to date | | | | 19 49 |
| Gain on bank charges | | | | 24 05 |
| | | | | $2,427 92 |

DISBURSEMENTS.

| | |
|---|---|
| 1906—Aug. 16, By paid Auditor, G. S. Davison | $15 00 |
| 1907—President's expenses, annual meeting, Toronto, 1906 | 22 00 |

| | | |
|---|---|---|
| Printing accounts | $101 60 | |
| Postage | 47 05 | |
| Clerical assistance | 39 25 | |
| Rent of office | 13 00 | |
| Petty expenses | 9 63 | |
| Publications—Wood & Co., New York | 13 25 | |
| | | 223 78 |
| Legal expenses, Chrysler, Bethune & Larmonth— | | |
| Disbursements and costs *re* Munro | 76 55 | |
| Account of their office from July, 1906, to June 30th, 1907 | 50 00 | |
| | | 126 55 |
| Bank charges on cheques | 9 20 | |
| Bank charges on drafts | 26 25 | |
| | | 35 45 |
| Auditor, G. S. Davison, to 31st July, 1907 | | 20 00 |
| | | 442 78 |
| Balance in Royal Bank of Canada— | | |
| Current account | 65 65 | |
| Savings Bank | 1,919 49 | |
| | | 1,985 14 |
| | | $2,427 92 |

J. Fenton Argue, Secretary-Treasurer.

Certified correct, G. S. Davison, Auditor.

Ottawa, Ont., 15th August, 1907.

### Officers.

The following executive officers were re-elected: President, R. W. Powell, M.D., Ottawa; Vice-Presdent, J. O. Camarind, M.D., Sherbrooke; Secretary-Treasurer, J. Fenton Argue, M.D., Ottawa; Solicitor, F. H. Chrysler, K.C., Ottawa.

It was decided that the qualifications for admission to the Association would be that for the Canadian Medical Association, and that those seeking admission must be nominated by two members. This will exclude all irregular practitioners, and those who subscribe to any special dogma.

A vote of thanks was most cordially tendered the officers who had rendered such excellent services to the Association.

## THE CANADIAN MEDICAL ASSOCIATION, 11TH, 12TH, 13TH SEPTEMBER, 1907.

The annual meeting of the Canadian Medical Association is now a thing of the past, and we may look back and pass in review some of its more important features. It is an easy task to find fault and say harsh things, because such acts do not require any exercise of mental effort. On this occasion we shall rather try to point out what is good; for this alone is worth preserving.

In the first place, the amenities of the occasion were all that could be desired. The people of Montreal everywhere were kind and obliging, and did all that lay in their power to make the visitors feel at home. There was a luncheon at the Royal Victoria Hospital and another at the Montreal General Hospital, after, in each instance, a clinic had been given on a number of interesting cases. There was a pleasant concert and suitable refreshments at the Students' Union after the Presidential address. Dr. and Mrs. Roddick gave a very enjoyable garden party at which a large number put in an appearance. There was a luncheon for the lady visitors at the Hunt Club, which was well attended. Sir George and Lady Drummond gave an afternoon tea to the visiting ladies at Huntleywood, their country residence, to which a special C.P.R. train conveyed the guests. Dr. Lapthorn Smith on two occasions gave an early breakfast and then took his guests to the hospital, where they saw a number of interesting operations and cases. As a wind-up to these functions there was a smoking concert on the last evening of the convention. All of these were well patronized and thoroughly enjoyed by all.

Turning to the business side of the annual gathering, it may be said that the attendance was not quite as large as was expected; but the programme was an excellent one. The papers read were equal to those read at any similar national gathering, and will be read with interest as they appear from time to time in the various journals. The publishing of these papers may do something towards removing the reproach that is sometimes hurled at our Canadian journals that they are quite mediocre. We hope after this that some of our friends will think better of our journals.

A very important event was the adoption of a new constitution and a new set of by-laws for the Association. This may mark a new era in its history. The only clause over which there was any lengthy discussion was the one refrrring to the publication of an Association journal. As the clause stood it appeared to some that it made it obligatory on the Association to proceed at once with the publication of such a journal. Drs. Young and Ferguson, of Toronto, spoke from the standpoint of experience that such an undertaking would require a large amount of

ready money, or a large bona fide subscript' · list, and that neither of these was to hand. Dr. R. A. Reeve then offered the amendment that the publication be entered upon only when it may be deemed expedient. In this form the clause was carried.

At a later date we purpose giving our readers the full text of the amended constitution.

The annual meeting next year will be held in Ottawa. This we think was a very wise choice. It is now many years since Ottawa had a visit from the Association; it is the capital of the country, and has many points of attraction, and the Association next year will come under the full play of the new constitution. We hope the Canadian Medical Association will take on a new lease of life, and become a great power for good in this country.

The three addresses, namely, the presidential and those on surgery and medicine, were of a very high order of merit.

Dr. A. McPhedran, in his presidential address, covered a wide range of topics. He thought that the time had come when there ought to be a thorough reorganization of the Association, and that it should become much more national in character and move with greater activity on matters of importance to the profession and the public.

He pointed out the vast importance of sanitation and referred to the outbreak of typhoid fever at the Petewawa military camp. Such a condition, he thought, should not occur, and contended that Canada should do as well in such matters as Japan had done.

He made a strong appeal for the publication of a journal to officially represent the Association, and referred to the good work the journals of the British Medical and the American Medical Associations were doing.

He also urged the view of a continuous membership and that each member be asked to pay his fee whether he attended the annual meeting or not.

He then directed attention to the value and importance of research work. It was stated that this had been sadly neglected in the past. The time would seem opportune now to begin to do better. Every discovery, however small it might be, was an asset to the country. He felt that the Canadian Medical Association should take the lead in such work.

The question of a general registration for the whole country touched upon, and due praise was accorded Dr. Roddick for his labors in this regard.

The president referred, with pride, to the fact that all the medical colleges in Canada were the faculties of some University, and that there were not now any proprietary medical schools.

Dr. Omstead, in his address on surgery, took up the more recent advances in surgery. During his address he referred to what we might safely regard as actual gains.

Dr. Rolleston, of London, Eng., gave the address in medicine. He chose as his subject the more recent researches on the pathology and functions of the suprarenal glands, especially its medulla. The paper was one of much merit and highly scientific in tone.

The medical section and the section of laboratory workers held a joint meeting for the purpose of discussing the subject of cerebro-spinal meningitis. A resolution was adopted that as it was an infectious disease it should be placed upon the list of those which should be reported.

True to its past record, the Association again recommended that there ought to be a Department of Health for Canada. The subject was introduced by Dr. R. W. Powell, of Ottawa, who said he was given to understand that there were good grounds for believing that this would come about, and asked the Association to reaffirm its position on this matter.

There was some discussion on the report of the reorganization committee with regard to the publication of a journal. The clause was so amended as to leave it optoinal to enter upon such an enterprise when deemed advisable. A committee was appointed by the President, consisting of Dr. MacLaren of St. John, Drs. McPhail and McRae of Montreal, Drs. F. N. G. Starr and Young of Toronto, and Dr. O. M. Jones, Victoria, to report at the next annual meeting.

The scientific work of the Association was all that could be desired. The papers were of such a character as to reflect credit upon Canadian medical practice. These papers will appear in whole or in abstract in future issues of THE CANADA LANCET.

The closing session of the Canadian Medical Association's convention was held at McGill University in the morning, when it was decided to hold the next meeting in Ottawa. Officers for the ensuing year were elected as follows:

President, Dr. Fred Montizambert, Ottawa, the Director-General of Public Health; General Secretary, Dr. George Elliott, Toronto; Treasurer, Dr. H. B. Small, Ottawa.

Provincial Vice-Presidents—Prince Edward Island, Alex. McNeill, Summerside; Nova Scotia, M. A. Curry, Halifax; New Brunswick, D. Ross, Florenceville; Quebec, H. R. England, Montreal; Ontario, W. H. B. Aikins, Toronto; Manitoba, Harvey Smith, Winnipeg; Saskatchewan, Dr. Kemp, Indian Head; Alberta, R. D. Sansom, Calgary; British Columbia, J. M. Pearson, Vancouver.

Local Secretaries—Prince Edward Island, R. D. McLaughlin, Morell; Nova Scotia, R. E. Mathers, Halifax; New Brunswick, J. V. Anglin, St. John; Quebec, A. H. Gordon, Montreal; Ontario, Dr. Hackney, Ottawa; Manitoba, Gordon Bell, Winnipeg; Saskatchewan, R. J. McKee, Esterhazy; Alberta, Dr. Dow, Calgary; British Columbia, R. E. Walker, New Westminster.

Executive Council—R. W. Powell, E. B. Echlin, E. Thomas Gibson.

The registered attendance was a little over 200.

## MEDICAL PREPARATIONS, ETC.

### ANTIPHLOGISTINE VERSUS OPIUM.

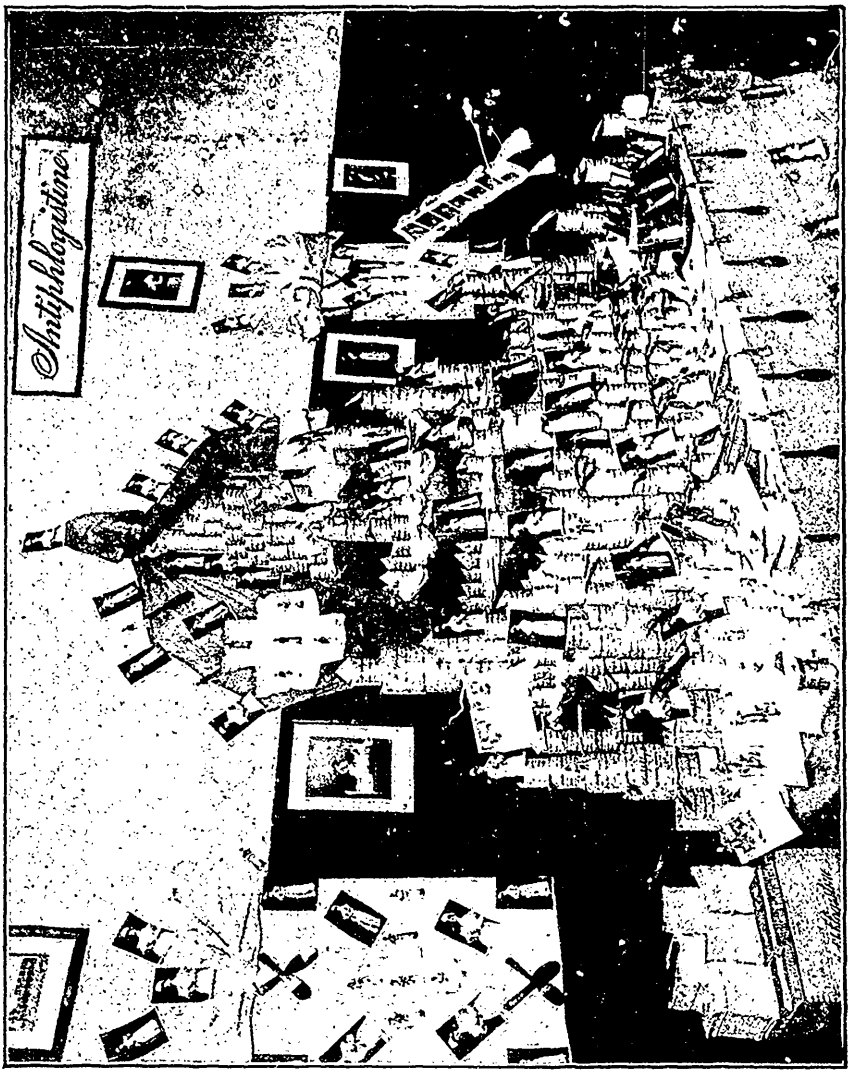
Inflamed states of the various organs of the body frequently give rise to pain of such urgent character as to demand active steps looking to its relief. Upon seeing the patient for the first time (he has called his physician because his suffering has become intolerable), the medical attendant is met with a peremptory demand for relief from the suffering.

With a willingness which frequently overrides their better judgment, some physicians resort to the hypodermic needle indiscriminately, and, in too many cases, a greater evil has followed the lesser one. The free habit of using morphine or some other form of opium is not a judicious practice, and for several reasons. The exact seat of an inflammation, for instance, might become difficult to locate, and thus a clear diagnosis interfered with. But the greater objection to the use of opium is the possibility of adding a recruit to the ever growing army of habitues.

Every time there occurs to a doctor the apparent need for opium he should deliberate well before resort is had to the needle. If, after careful consideration, his best judgment advises the use of opium, it should be given in some form by mouth. If the needle is used the patient at once knows what he is getting, but he is not so likely to acquire this information if it be given otherwise.

For relieving the pain of the inflammations Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete, but the edge of the suffering is taken off within a short time and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way—which likelihood is the greatest disadvantage of opium.

In the future let your morphine become stale, and keep your Antiphlogistine fresh—use it in inflammation.—*The Medical Era.*




The Antiphlogistine Exhibit (Canadian Medical Association, Montreal, Sept. 1911)

## A SUGGESTION.

The new Glyco-Thymoline eye bath, which is constructed from a single piece of aluminum, has been found of exceptional service when used as a vessel to heat hypodermic solutions to the proper temperature. This little hint comes from a physician who has frequently found himself wanting just such a device. The Glyco-Thymoline people will be glad to send you one of these cups if you desire it.