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MISSING

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EDITORIAL

LAX MEDICAL EXAMINATIONS.

It has become apparent that some have been accepted for overseas service in the Canadian army that were below the standard of health or physical build required to enable them to endure the fatigue and hardships of a soldier's life. While it is necessary to secure recruits to keep up the wastage of the war, it is not well to accept those who will prove unfit. Such recruits in the end only prove a handicap on the efficient members of the force.

To overcome this condition, Canadian enlistees will be submitted to two careful medical tests. The first one takes place when he enlists, and the second one at a later date, and is conducted by a board of three examiners. It is felt that this precaution will sift out any who should not be sent to Europe. It is a great expense to train a soldier, and it is very regrettable if, after the time and money so expended, he is found unfit. The sifting should therefore be done at the earliest date possible.

In one of his reports Colonel H. A. Bruce directs special attention to this fact. Out of 1,330 permanent base duty men, there were 636 discharges. During one month between 900 and 1,000 were found fit for base duty only, made up thus: Over age, 413; under age, 128; extreme flat feet, 90; defective sight, 78; severe hernia, 32; extensive varicose veins, 40; old disabilities (rheumatism, bronchitis, asthma, etc.), 31; defective hearing, 21; missing fingers, toes, etc., 16; mental disturbances, 3.

It is quite clear that men should not be sent overseas who are only capable of doing base duty. The stress and storm of war will produce a sufficient number for this sort of work. There will be many who will be incapacitated by sickness and wounds from serving on the firing line, and who would be able to do base duty. The new regulation will do much to correct this.

COL. H. A. BRUCE'S REPORT.

The latest despatches tell us that a medical board, composed of General J. F. Fotheringham, Col. A. E. Ross, Col. E. C. Ashton, Lt.-Col. J. M. Elder and Sir William Baptie (chairman), will investigate and report upon the various matters raised by Col. H. A. Bruce. These names are well known to Canadians and their findings will carry weight and steady the public mind, which, we fear, had become a bit agitated about hospital matters in Britain and the treatment which the Canadians were receiving. It is stated that this board will hear the statements by Col. H. A. Bruce and General Carleton Jones.

We are informed by despatches to the press that the opinion of every Canadian in any hospital in Britain is to be obtained. Fifteen officers have been appointed for this purpose, and it is expected this will take one month. Each man will be asked whether he would prefer to be sent at once to a Canadian hospital or to an Imperial one. Other questions will be how long it is likely before he will be able to resume active duty, or if he should be sent to Canada for treatment?

Two very important matters were raised by Colonel Bruce's report. The first was segregation of the Canadians into Canadian hospitals for treatment. This was urged on the ground of greater economy and giving better satisfaction to the men themselves. The second matter of moment is that the control of the Red Cross Funds be placed under military authority. All the Red Cross hospitals should be under the military, as is the case of the Ontario hospital at Orpington. It is said that the Red Cross hospitals cost 48 cents per day, while the military hospitals cost 32 to 43 cents per day.

All these points will come before Sir William Baptie and his colleagues. Until this medical board reports we would advise all to wait with patience. If there are any defects in the system a satisfactory solution will no doubt be found. In the meantime General Jones and Colonel Bruce both remain on duty, and there is reason for hoping that ample work will be found for both. In the meantime we can state on good authority that the Canadians are well cared for when in the hospitals.

THE WOMAN'S HOSPITAL.

There is a hospital near Salonica that merits mention. It is known as the Scottish Hospital. It is entirely managed by women. The surgeons, nurses, chauffeurs, cooks, carpenters, porters, orderlies, druggists, everyone are women. This hospital was organized by Scottish women and offered to the British Government, but the offer was declined.

The ladies then made the offer to the French Government, by which it was accepted with thanks. The hospital was assigned to the Balkan region. During the severity of winter and in the midst of plague-stricken and war-cursed Serbia these Scottish women endured the greatest possible hardships without flinching. In the midst of all these trials they kept their hospital intact and it is still doing splendid work. This is one of the most unique achievements of the war.

INFECTION WOUNDS IN WAR.

Professor Broca, M.D., reported in *The Medical Press and Circular*, makes some very excellent observations on this topic. One of his categorical assertions is that "It was a mistake to suppose that wounds in warfare could be made or expected to run an aseptic course. While it does happen occasionally that a portion of a shell may be driven into the tissues and the wound remain free from infection. This is certainly the exception. Even in clean cut small bullet wounds the probabilities of infection are very great."

Then he remarks that too much has been made of the difference between bullet wounds and shell wounds. It has been too commonly held that the former are innocuous. Infection in bullet wounds occurs far more frequently than surgeons had been led to believe from the standard works on surgery. It is necessary to discount a good deal what has been said about the humane wounds made by these small bullets, which, it has been contended, are rendered aseptic by their rapid passage through the air. It has often been said that these conical bullets separate the tissues rather than lacerating them. This, again, is a mistake, as vessels and nerves are frequently torn, and fatal hæmorrhage may follow a very small wound. But the point of exit is frequently lacerated and is a source for the entry of infection. The condition of the body is another source of infection, as many times men are wounded who have been unable to have had a bath for weeks.

But these small bullets carry with them vastly more frequently than is thought particles of the clothing, or other foreign matter into the wound. It is quite a common experience to find bits of rag in the suppurating wounds. Sometimes pus is found round a bullet, piece of shrapnel, or shell, that was thought to be aseptic, as there was no local disturbance nor fever. In many of these cases serious trouble may come on later.

Experience in the present war has made it clear that it was a mistake to plug wounds or to close them with sutures. To put any form of clip in the surgeon's kit is to tempt him to go wrong. In wounds of

the scalp and face it is permissible to adjust the parts and bring them fairly well into opposition. Even in such cases the surgeon must be ready on the approach of any disquieting symptoms to cut the sutures, and open up the parts freely. The proper way is to leave widely open all contused wounds.

Dr. Roca then states that the ideal plan would be to remove all foreign bodies from wounds of the extremities, and establish adequate drainage. This is very difficult to carry out in actual practice, even after a successful engagement where the army moves forward, and the wounded are picked up without delay. The laying open of all wounds showing commencement of inflammation, and the injection of anti-tetanic serum have done much good. The moment a wound begins to show reddening, oozing, or inflammation there should be no delay, as there are all gradations from slight to fatal infections.

In many cases a wound that is at first small and could have been readily opened up freely may, through infection, spread and demand extensive incisions and may cause the death of the soldier. While it has been abundantly proven that surgeons have erred in trusting too much to primary asepsis, it would not be wise to revert to the other and ancient custom of opening up all wounds.

THE INSANITY OF MRS. EDDY.

Let us presume that Mrs. Mary Baker Eddy believed what she said and wrote, then there is no escape from the conclusion that she was mentally unbalanced. The proofs of this statement are so manifold and ample that he who runs may read them. We will now set forth the evidence in the case.

On 7th November, 1862, she wrote to *The Portland Evening Courier* as follows:

“Three weeks ago I quitted my nurse and sick room *en route* for Portland. The belief of my recovery had died out of the hearts of those who were most anxious for it. With this mental and physical depression, I visited P. P. Quimby, and in less than one week from that time I ascended by a stairway of one hundred and eighty-two steps to the dome of the city hall, and am improving *ad infinitum*.”

On February 15th, 1866, writing from Lynn about the illness just referred to, she said: “Two weeks ago I fell on the sidewalk and struck my back on the ice and was taken up for dead, came to consciousness amid a storm of vapors from cologne, chloroform, ether, camphor, etc., but to find myself the helpless cripple I was before I saw Dr. Quimby. They physician attending said I had taken the last step I ever should,

but in two days I got out of my bed *alone*, and *will* walk, but yet I confess I am frightened, and out of that nervous heat my friends are forming, spite of me, the terrible spinal affection from which I have suffered so long and hopelessly."

Here we have the clear-cut case of a neurotic girl, who fancied a whole lot, and quite misunderstood her real condition. Our asylums are full of people with such notions.

Georgine Milmine wrote a very good life of Mrs. Eddy. She tells us that when Mrs. Eddy was Mrs. Glover she taught school for a short time and made the children march around the room and sing:

We will tell Mrs. Glover
How much we love her;
By the light of the moon
We will come to her.

This is just the sort of thing that insane people do who are afflicted with that brand of insanity that "kings it makes gods, and meaner creatures kings."

In 1894 Mrs. Eddy wrote and copyrighted a poem which she called "Christ and Christmas." This poem has a picture labelled "Christian Unity." This picture represents Jesus seated on a stone holding the right hand of Mary. In her left hand is a scroll called "Christian Science." On the head of both Jesus and the woman there is a halo. The insane are very fond of bedecking themselves or their pictures with a crown and a halo. She publicly said of it, "'Christ and Christmas' voices God through song and object lesson." This claim would be regarded by all, except those under "influence," as undiluted egotism and vanity.

But for a piece of assumption that quite rivals the mad folk who think themselves Jesus we have this from the latest edition of *Science and Health*, page 147, line 24: "Our Master healed the sick, practised Christian healing, and taught the generalities of its divine principle to his students, but he left no definite rule for demonstrating this principle of healing and preventing disease. This rule remained to be disclosed in Christian science. A pure affection takes form in goodness, but science alone reveals the divine principle of goodness and demonstrates its rules."

If persons with such notions devoted their attention to other affairs than speculating about religion they would be confined in some institution.

In *Science and Health*, which is Mrs. Eddy's chief writing, at page 558, begins the chapter on the Apocalypse. On page 559, line 19, we have these words: "Mortals, obey the heavenly evangel. Take divine

science. Read this book from beginning to end. Study it, ponder it, etc." No one can read this chapter without coming to the conclusion that Mrs. Eddy claims that the book which was in the Angel's hand was *Science and Health*; and that the woman in the vision was Mrs. Eddy herself. This is the acme of a grandiose delusion.

Once more from her own book, *Science and Health*. On page 110, line 17, we read: "No human pen nor tongue taught me the science contained in this book, *Science and Health*; and neither tongue nor pen can overthrow it." This should seal the fate of Mrs. Eddy's mental statue. If her followers maintain that she was sane, then they must admit that she was a notorious imposter. There is no escaping the conclusion that she was the one or the other. Our opinion is that she was of unsound mind.

TORONTO STATISTICS.

Only 34 persons died from contagious disease in the city of Toronto last month, compared with 34 in the corresponding period in 1915, and 59 in September, 1916. This is mainly due to the fact that there was a drop of fourteen in the number of victims of tuberculosis. Diphtheria claimed five fewer victims than in September, but one more than in October of last year.

The details as furnished by the city clerk are as follows:

	Oct., '16	Oct., '15.	Sept., '16.
Diphtheria	6	5	11
Measles	0	4	0
Whooping cough	1	1	5
Typhoid fever	2	1	5
Tuberculosis	22	22	36
Infantile paralysis ...	1	0	0
Spinal meningitis ...	1	1	2

A FAMOUS NURSE DEAD.

Sir William Osler, of Oxford University, announcing by cable the death of Miss Louisa Parsons, training nurse, who studied under Florence Nightingale, and was one of the founders of Johns Hopkins Hospital. She also opened the University of Maryland Hospital. Miss Parsons accompanied Lord Wolseley's Egyptian expedition in 1882, receiving decorations from the Khedive of Egypt and Queen Victoria. Contracting typhoid from the expedition, she came to America. She also helped Clara H. Barton in the relief work after the Beaufort, S.C., flood. She also saw service in the Spanish-American and Boer Wars.

ORIGINAL CONTRIBUTIONS

THE LAW AND THE DOCTOR.*

BY WILLIAM RENWICK RIDDELL, LL.D., Etc.

Justice of the Supreme Court of Ontario.

IN accepting with much pleasure, as I did, the invitation of your president to address your Academy again, I requested information as to the matter with which my address should deal; and I have been furnished with a list of subjects upon which some members desire me to speak.

The subjects have a familiar ring; I have met them time and again; but they are of sempiternal interest to the medical profession, and deserve respectful treatment.

Many difficulties disappear if, leaving the separate fact, the superficial, we seek after the principle, the essential. That the medical men may understand, or at least may rightly appreciate, the rules of law, he must consider the basis of law, not along the individual dictate—(were it not that I might be misunderstood I would say “prescription”).

Law and medicine rest upon wholly different bases, and should, and in the nature of things must.

Medicine—I mean true scientific medicine—endeavors by all honest means to discover the workings of nature. Control over nature she has none, and can have none. Whether inherent in the very essence of things, as the pantheist thinks, or implanted therein by an Almighty God, as the Christian holds—whether “it must needs have been so,” or the Supreme says, “I willed it to be so”—there is a system, a manner of working, a result following a cause, inexorable, certain, inevitable.¹ It is upon that philosophy that all Natural Science is founded, and if that foundation fail, chaos is come again. No man can change the sequence of cause and effect in nature. He may indeed remove obstacles against the working of some cause or remove the cause itself, or add or substitute other causes; but he cannot himself make a cause operate differently from the rigid rule laid down for it by the nature of things or the Creator.

The rules of cause and effect in nature are generally called the “laws of nature”; and it is to some extent at least due to this terminology that medical men are often led astray in their conception of the law of the land—the rules governing in legal matters.

* An address before the Academy of Medicine, Toronto, November 7th, 1916.

The law of the land is in its origin based upon custom. Whether at all, and if at all to what extent, custom is based upon nature we need not enquire; it would lead us into another field, interesting indeed, but of little importance in the present discussion.

When man got tired of the primeval method of determining rights, and found it necessary to prevent the vindication of rights by personal and private brute force, it was necessary for him to find some judge or arbitrator to determine between man and man. The arbitrator must proceed according to some rule, and the rule he should apply he found in the same way as you and I determine how to act in the ordinary affairs of life.

Wherever men have associated together for any length of time a course of conduct develops suitable in their view to their environment and the association. That course of conduct is a custom, and customs are from the earliest recorded time and earlier, and this in trivial as in important matters. How one man is to accost, to salute, another is a matter of custom, not only in the most polite and advanced, but in the most uncivilized and backward societies. Thieves have their etiquette as well as members of the Synod, and stevedores as well as members of the Academy of Medicine.

When the judge was called upon to determine the rights of two contending parties, he sought for the true rule of right, and found it in the customs of his people. What they had been accustomed to do was right for them, however it might be for another people.

Some customs there were which it was not thought by the people worth while to enforce, some virtues which were left in the realm of conscience. Even yet we have no law to enforce courtesy or charity;² we leave the cad to the reprobation of those whose opinion is worth having, and the ungenerous to his own conscience.

But customs which the people thought worth enforcing became the rules of law. These depended upon the people themselves. An illogical people had illogical customs, a generous people, generous customs; but whatever the custom was, that was the law.

That is what is meant by such maxims as "Custom is the life of the law," "Custom becomes law," "*Mos regit legem*," "*Mos pro lege*," "*leges moribus serviunt*," "*Cousuctudo est optimus interpres legum*," etc., etc.

An advancing community grows out of its old customs. What satisfied and suited the early folk irked their descendants. The law was unsatisfactory. In an advancing community the law is always unsatisfactory. Now law, to be law, should be fixed and certain, *misera est servitus ubi jus est vagum aut incertum*.³ Where a custom has once

been determined to be law it would not do to permit a mere individual to say that it shall no longer be the law. In every society except the most backward there is a law-making person or body, and that person or body has the duty of making the law fit the needs of the society. The legislator abolishes so much of the common law—that is, the body of customs—as is necessary, and thus modifies the common law.

England, and those countries which derive their legal system from England (among them ourselves), have carried out this idea consistently. The customs which have been laid down as law remain law unless and until modifying legislation is passed; and the law is modified only so much and so far as the legislation says, either in express terms or by necessary implication.

In the course of time a very great quantity of legislation has been passed, so that in many instances an express statutory rule has been laid down. Doubts as to the exact meaning of such legislation there may be, just as there were doubts as to the exact custom; but in all but a comparatively small number of cases the law is clear. Sometimes difficulty arises in the interpretation of language employed,⁴ and the judge must do the best he can to determine its exact meaning. Sometimes it is not quite certain what the common law, *i.e.*, the custom, was, and the judge must do his best to find out. But once the meaning of legislation is determined, the custom clearly made out, the duty of the judge is plain. He cannot change one jot or tittle of the law so determined. He may like it or dislike it; it may seem to him wise or unwise, just or unjust, reasonable or ridiculous; his duty is to apply it, and that only.

Law is man-made, not in the sense of being made by the judge deciding a case, but in the sense of having been made for him by man. The lawyer, then, is in interpreting the work of man, the mind of a community, recent or long past.

Let us take now the two professions and compare them. A medical man is attending a patient. He examines him to discover accurately his exact state, to apply the proper remedy, *i.e.*, to remove some obstacle to the proper and normal operation of organs or to strengthen some operating cause. He has been taught certain supposed "laws of nature", perhaps verified by high authority. These he believes *sub modo*, for he knows there may have been a mistake, and it is not only right, but his duty, to suspect their complete accuracy. He must observe and again observe and ever observe; and if he finds that the "law" has been in fact wrongly formulated the circumstance that it has received the assent of the most eminent authorities, nay, of all, is of no avail. No authority can make, unmake, or modify a law of nature. Sulphuric acid has the same effect on calcium carbonate in Fiji as in Potsdam, and it is just

as unsafe to trifle with typhoid or explosives in Togoland as in Toronto.

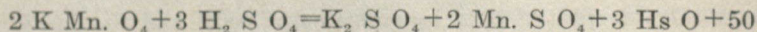
No medical man will arise in indignation and condemn the "law of nature" which he has found and which, as he thinks, will be harmful. We are told that when the Ptolemaic system of astronomy was explained to a certain King of Spain,

The Sphere,

With centric and eccentric scribbled o'er,
Cycle and epicycle, orb in orb,

he said that if the Almighty had consulted him before creating the universe he could have given Him some useful hints. But even that King did not suppose that he could change any of the order of the universe.

Nor are the laws of nature the subject of politics. When the man of science finds that potassium permanganate with sulphuric acid produces oxygen and he wants hydrogen, he does not form a society for the Protection of Hydrogen and make it an issue at the next election. All the voters in the world cannot change the formula:



and all the King's horses and all the King's men will not get free hydrogen from these re-agents. (I suppose I am hopelessly archaic in my nomenclature, but that was good chemistry forty years ago, when I took my degree of B.Sc.)⁵

The lawyer, judge or otherwise (it is not well to draw too subtle distinctions) investigating a case tries to find the law applicable. He will delve into statutes, decisions, text writers' dicta, endeavour by all means and with all industry to determine what is the precise state of the law.

Often, like the scientist, he may fail; but, unlike the scientist, he cannot experiment and find out. He is in the position of a chemist without apparatus, who must do the best he can by analogy and reasoning, with generally a good deal of conjecture added.

But assume that he has found it; it would be silly for him to fight against it in his particular case; it is not made by judges at the present day and they cannot change it.

So far, the doctor and the lawyer are on the same plane; but now there is a difference. A law of nature is not made by man and cannot be altered by man; a "law" in the sense in which the word is used in the courts is purely man-made and can be altered by the same power.

If anyone, doctor, lawyer, tinker, tailor, soldier, sailor, is not satisfied with the law as already laid down, it is his right to try to have it altered. But let him try in the proper quarter and in the proper way: get at the Legislature, the only efficient power. It is as idle for a doctor

or other person dissatisfied with a rule of law to gird at the judge or at the lawyers as it would be for a lawyer to make it a reproach to the medical profession that arsenic is poison, or smallpox infectious. The remedies are different. In medicine, apply other laws of nature; in law, get the law changed.

Another distinction between law and medicine is often lost sight of. The object of the profession of medicine is to cure the individual, to make or keep someone well (I am not losing sight of public hygiene). It is to the doctor a matter of perfect indifference what may be the moral character, the disposition, the past, of the person committed to his care; he may be a Bill Sykes, a Seth Pecksniff, or a Ned Cheeryble; the most hardened ruffian or a model citizen; he may have been injured in trying to murder or to burglarize, or in an heroic attempt to save life. The doctor's skill and care are given to one as to the other, and no distinction is made. Perhaps the doctor would be filled with disgust and righteous indignation, or with sincerest admiration, if he were to allow himself to contemplate his patient; but he does not; his business is to cure bad or good, vicious or virtuous, the most despicable or the most admirable.

I have just read an account of a soldier who deserted again and again in the face of the enemy. At length he was condemned to death. In despair he tried to kill himself, but succeeded only in blowing away a part of his face and jaw. He was put in the doctor's care to be guarded against infection, to be treated with all skill, to be nursed back to strength, and then to be stood against the wall and shot.⁶

With the individual as an individual the lawyer has nothing to do; it is when he comes in contact with others that the lawyer's study begins. What are his rights? That means, what is he entitled to receive at the hands of others? What is he entitled to keep from others? What may he do to others? What are his duties? That means, what must he do to or for others, what must he refrain from doing to others? Rights and duties are the whole of the law.

When Robinson Crusoe was on his island with but the company of his parrot and his goats, a doctor might find a place for his science. The lonely man might be sick or hurt, and the physician or surgeon would be a god-send. But there was no room for the lawyer. Crusoe had no rights to enforce against others, no duties to be enforced on him in favour of others. It may indeed be that in the course of evolution of humanity the lower animals will in time be vested with rights against their lord, but so far they have none. The trifling protection they now have is due not to any legal right they may have—no one has ever heard of a horse or a dog suing his master for damages—but to the sentiment of pity in the human mind. This is quite distinct from a right.

Let me explain by an example. If a man hurt another he may be sued and compelled to pay money to him he has injured, and he cannot minimize the offence by killing him. A horse his owner should not hurt; but the horse cannot get damages, and it is a less offence to kill a horse than to torture him. The stray dog and cat which no one wants will be killed by the Society for the Prevention of Cruelty to Animals with the hearty approval of everybody; but no one is allowed to kill them by degree. There is no Society for the Prevention of Cruelty to Imbeciles which will be allowed to kill them to put them out of their misery, no permissible euthanasia to put an end to a living death.

But once another human being arrived on the island there were relative rights and duties; the right of Friday to be allowed to live, the duty of Crusoe to let him live. Life, liberty and a pursuit of happiness were the rights of each, and it was the duty of each to respect the right of the other.

The law, whether custom or legislative, looks to the community; and the rules of law are the rules which are believed, rightly or wrongly, to be for the benefit of a community. An individual as individual may do as he likes, so long as he does not interfere with the well-being of the community.

These considerations, commonplace as some may consider them, are often overlooked. I think they will solve many of the difficulties medical men feel in respect of the law.

Now let me take some concrete cases. A very eminent medical man says to me: "It would be interesting to note the working of the legal mind regarding such a question as this: 'Why should the legal definition of insanity and responsibility remain at variance with the medical conception, which is founded on experience rather than theory?'"

My answer is, there is no legal definition of insanity. No doubt there are a dozen or more medical definitions and half a hundred medical conceptions of insanity. To practically every man will the word "insanity" carry a connotation differing from that of every other. But to the law the fact that a man is insane is as indifferent as that he has a broken leg. The doctor with his patient is wholly occupied with his condition and how best to remedy it, irrespective of how others may be affected; the law is concerned with how he will perform his duties toward others, and insist on his own rights, but is wholly indifferent to his condition of health in itself.

"If it should happen that a judge were to be called in by a medical man to assist in the treatment of an insane man, he would necessarily follow out the methods of medical treatment. And so where a medical man is called upon to assist in the administration of the law, he must

adapt himself for that occasion to the principles of the law. Neither judge nor doctor need, while assisting in the province of the other, abandon the views he holds in his own province, nor does he. To the medical man the insane person is a sick man to be treated for his disease, and it is a matter of indifference whether he is a criminal or not; to the judge it is a matter of indifference whether a prisoner or a litigant be insane or not, the question is, is he capable of making a contract, is he responsible for his acts?" When we come to responsibility, the position is not quite the same.

There are as a rule only three cases in which want of mental capacity will come in question: responsibility for crime, capacity to make a will, and capacity to enter into a contract. Curiously enough, it is in only the first that we find medical men finding fault with the law. In the other cases I have never seen or heard any complaint. Nor has there been any complaint that those supposed to be insane are civilly liable in damages for their acts, just as one who unintentionally struck another would be. It is only when the responsibility criminally for acts comes in question that we find any collision of views; and that, I venture to think, is largely due to the intensive view the medical man naturally and properly takes of the individual.

Let us now enquire what our law says:

"No person shall be convicted of an offence by reason of an act done or omitted by him when laboring under natural imbecility or disease of the mind to such an extent as to render him incapable of appreciating the nature and quality of the act or omission and of knowing that such an act or omission was wrong."⁸

There are several things to bear in mind in this law:

It is only those whose minds are defective *ab origine* and those whose minds are diseased who are to be excused. The man who makes himself drunk with alcohol or drugs is not favored, although, indeed, if the intention be an element of the crime his state may be enquired into to determine if he had any, and, if any, what intention. In that I think all will agree the law is right.

Then, if the mind is so defective or diseased that the person cannot appreciate the nature of his act, all will agree that the unfortunate should not be punished criminally, whatever pecuniary penalty he may have to pay.

Again, if he knows well what he is doing, appreciates the nature and quality of his act or omission, but from his abnormal state of mind is not capable of knowing that the act or omission is wrong, he should be excused.

It will be seen that it is the extent of mental power which the law

considers, not the use made of it. For example, if the mind of the accused is of such a character that he is capable of understanding the nature of an act he will not be excused, whether he is sane or insane, if he allows passion to overcome him, prejudice or hatred to sway his conduct. Again, if his mind is of such a character that he is capable of understanding that an act is wrong, *i.e.*, forbidden by the law, he is not excused, sane or insane, if he sets up his own standard against the standard set up by his country and does that which is forbidden by the law, because he thinks it right.

Would it not be of the most evil consequence if anyone were to be allowed to decide for himself whether any act were right or wrong? In the realm of conscience that is the case; but society will not allow acts to be done with impunity which may be fully approved by the conscience of the actor, but which are forbidden by law. Charlotte Corday had the approval of her conscience when she killed Marat;⁹ would her act be tolerated by any civilized people? Some of the Mormons have been impelled by a sense of religious duty to have more than one wife; do we overlook that act? Or take a nearer case still. Not long ago a man of German descent was charged with treason in this city. Would it be any defence that he thought all he did was called for by his love for Fatherland?

For its own protection, for the protection of society and of the individual, the state has laid down certain rules of conduct; these must be obeyed, or there is anarchy.

Our test, then, of responsibility is mental capacity; and so far I fancy most medical men will agree that the test is not unfair.

But it is sometimes objected: What about the man whose mind is such that he has a perfect apprehension of the act and its unlawfulness, but has an irresistible impulse to do the act, who says: "*Video meliora proboque deteriora sequor*," and, knowing that an act is morally wrong and against the law, is constrained by his diseased brain to do the act which he himself reprobates? There is a difference between irresistible impulse and an impulse which is not resisted. We have all had the latter kind of impulse. Nay, the fear of the most severe punishment is not always successful in causing effective resistance to an impulse to do wrong. How many have said, "I'll kill him if I swing for it"; and have done it? Bill Sykes had an impulse to kill Nancy, which he did not resist. No doubt he would have said with more than a mere modicum of truth that he could not resist. Should he therefore go free? No one would say so. The fact that the mind is defective congenitally or diseased does not make it the less true that many of the so-called irresistible impulses are not truly irresistible, but only unresisted.

I once charged a jury in a murder case in which the defence of insanity and irresistible impulse was set up. "The law says to men who say they are afflicted with irresistible impulse, 'if you cannot resist an impulse in any other way, we will hang a rope up in front of your eyes and perhaps that will help,'"

Would it not be unsafe to leave open a defence grounded on supposed irresistible impulse? (I shall assume that there is such a thing). If such a defence is open to the insane, it must needs be open to the sane; and the undoubted fact that as a rule in the insane the power of self-control is weakened and they are (speaking generally) prone to act on impulses.

I am not at all concerned to defend our law. I did not make it. If anyone does not like it, let him make an appeal to the proper quarter and get it changed. But before he does so let him consider not alone the accused, but the safety of the community; let him carefully study the works of those who have seen the matter on both sides and let him consider whether it is not better to have the law as it is than to open such a line of defence, pregnant as it is of danger and liable to great abuse.¹⁰ In our system, the Minister of Justice considers each case on its own merits. He has everyone convicted of murder examined by independent experts, and there never has been a case in which a prisoner has been executed in whom there was real reason to fear insanity or weakness of mind as the actual cause of the crime.

And, finally, the people of Canada would never agree to a change in the law. The defence of insanity has, in my experience and observation, had much more consideration from the judge than from the jury.

Another eminent practitioner asks, "Why has not the doctor the same right as the lawyer to refuse to disclose what his patient tells him?" My answer is: "He has"—and you cannot get up a quarrel with the lawyers or a grievance against them over that.

There is no such thing in our law as a *solicitor's privilege* to refuse to answer questions concerning what his client tells him. What does exist is the privilege of the client, and for the protection of the client, not for the protection, glory or advantage of the solicitor. If the client consent to the disclosure, the solicitor cannot refuse; the rule may be waived by the client, but not by the adviser.

The rule is based on the impossibility of conducting legal business without professional assistance and on the necessity in order to make that assistance effectual, of securing full and unreserved intercourse between the two. It has existed certainly as long as compulsory evidence (say since Queen Elizabeth's time), although for a time the theory seems to have involved a regard for the oath of the lawyer. For a cen-

tury and a half the reason of the law has always been laid down as I have given it.

But even the privilege of a client does not obtain in all cases. While every communication within the ordinary scope of professional employment is privileged, communications in furtherance of a fraud or crime are not privileged, whether the solicitor is a party to or ignorant of the illegal object.

Moreover, the communication must be made to the solicitor as solicitor. No privilege exists simply because one of the parties is of the legal profession; and, to make it even more clear that it is not the solicitor who has the privilege, let me add that "once privileged always privileged", and nothing the solicitor can do, either by getting rid of his client, taking up cases against him, suing him, or anything else, enables the solicitor to get rid of the privilege of the client.

Do you like that law? or would you prefer to have your lawyer allowed to tell what he has found out from you—perhaps after he has turned against you? This privilege does not in our law exist in the case of any other relation than that of solicitor and client, and another to be mentioned later—"no pledge of privacy or oath of secrecy can avail against demand for the truth in a court of justice"—a communication to a clerk, a trustee, a banker, a journalist, what not, cannot come under the rule as to privilege. Members of a secret society bound by oath or sacred honour not to disclose what took place in the lodge room have before now been forced to tell in court what took place in their secret chamber.

The privilege also exists in the case of husband and wife. Neither can be obliged to disclose any communication between them during coverture.

Sometimes the privilege is claimed by clergymen, whether they call themselves priests or not. Not infrequently they say that even with the consent of the penitent they would not disclose the confession. Our law knows no such privilege. Nevertheless, when I was at the Bar I never tried to force a clergyman to disclose what was communicated to him by anyone who sought him as a clergyman; and on the Bench I have always advised counsel not to press for an answer against an objection based on religious grounds.

In some countries these communications are privileged in the same way as communications to a solicitor; every country has the law it desires.

There is in our country no such thing as privilege of a medical man to answer any question, any more than any other expert; there is no magic in writing the letters M.D. after one's name.

The claims sometimes made of privilege go much beyond anything found in the case of solicitors. For example, a medical man writes: "A doctor was asked, in the box, 'Did you treat Mr. A. for morphinism?' He refused to answer. Was he right? If not, why are lawyers and priests exempt under similar circumstances?"

These questions indicate a total misunderstanding of the fact; and if medical men, who are supposed to be better educated than the ordinary citizen, believe that such a privilege as is here suggested exists in the lawyer and priest, what must be the opinion of the mass of the people? "For if they do such things in the green tree, what shall be done in the dry?"

I have always said that there is no privilege in the priests; although from the tenderness with which our courts treat all honest religious belief the priest or minister is generally not pressed by counsel. I do not know of any instance in Canada of a priest or minister being committed for contempt. Cases have been known in England, whose courts we generally follow.

Nor would the solicitor be permitted to refuse to answer such a question. The privilege, so-called, does not allow a solicitor to refuse to answer all questions concerning his client; it extends only to oral and written communications between the client and himself, passing in professional confidence. A question similar to that which the doctor is said to have refused to answer would be, "Did you bring an action for breach of promise for her?" "Did you defend her in a divorce proceedings?" "Did you appear for her in the police court on a charge of indecent conduct?" and the like. No solicitor would venture to refuse to answer such a question; if he did, he would have occasion to repent his temerity behind the bars of the common gaol. The doctor spoken of by my friend was utterly wrong in law—if the fact be exactly stated.

There are many cases of confidential communication between intimate friends, between merchant and banker,¹¹ master and clerk, in which the person in whom confidence is placed would not voluntarily disclose the secret communicated in confidence. No gentleman would. He may protest against being compelled to do so, even if he is not prepared to go so far as a well-known person of the highest station, who is said, when called as a witness against a lady, to have "perjured himself like a gentleman." A doctor may be in the same position; he often is; and he will naturally feel a repugnance to make known what was told him by a confiding patient. His proper course is to state candidly to the judge his objection and the reason for it. Unless the question is of great moment the judge will advise counsel not to press for an answer. In most instances, indeed, counsel will *proprio motu*, withdraw the question. Not always; you will find an occasional cad even at the Bar.

But if the question be at all crucial the best counsel will, in the interest of his client, require an answer. The judge has no power to do more than advise. The doctor must answer or be committed for contempt.

My friend's doctor was undoubtedly wrong in law, and I should have unhesitatingly sent him to think it over in the seclusion of a cell.

In morals everyone must judge for himself when he will set himself against the law of his country—a law made for him and for me, but made by neither of us. The passive resister of England values the approval of his conscience more than he fears the penalty of the law; there have been and still are many martyrs to what they consider an unjust law; and there may arise cases in which a doctor will feel that as a gentleman he should rather suffer punishment than betray, even unwillingly, a trust. But he is no different from any other gentleman, and he will have this feeling not because he is a doctor, but because he is a gentleman.

If such a case arise he may in his seclusion from the world say with the old Cavalier:¹²

Stone walls do not a prison make,
Nor iron bars a cage,
Minds innocent and quiet take
That for an hermitage.

I have been wondering under what circumstances could such a question be asked of a medical man. There are two sets of circumstances under which I can conceive of its being put; first, if the patient were trying to get damages from some one, and her past condition became material. If that was the case, a doctor would be simply dishonest if he helped to conceal the fact. It should not be forgotten that a witness, expert or otherwise, who assists a party—patient or otherwise—to obtain an undue advantage might just as well put his hand in the defendant's pocket and steal the money.

Or the patient may have been a witness, and it became necessary to test how far she was to be relied upon. Her treatment for morphinomania, especially if unsuccessful, would be most material, and should be disclosed. The court is a place where fact is to be inquired into; and, hard as it may be, that a man's—more so a woman's—faults or weaknesses should be laid open, it would be harder if injustice should be done by concealment.

What I have said answers in principle several of the questions suggested to me; and I do not go into minute details.

Do medical men really desire the law to be as it is in some jurisdictions—to have a change made in it so that the same rule shall apply

to them as to solicitors? If so, the proper course is to apply to the Legislatures.

As a true friend of the medical profession I would give the same advice as that given by *Punch* to those about to marry: "Don't". The privilege, so-called, as I have endeavored to show, is no right given to the solicitor; it is a duty imposed upon him; and, *crede experto*, it is an onerous, disagreeable duty, and one which most solicitors would gladly be rid of if it were consistent with the good of the public. It is no advantage to them, but rather a burden.

It might be well, too, to consider whether the people are so enamoured of the expert evidence of medical men as to be likely to give them a special rank differing from all other expert witnesses—engineers, chemists, scientists of all kinds. (It may not be without interest to know that our lawyers cannot be expert witnesses in our courts. The only experts are the judges who decide the case.)¹³

I have been asked to say something about expert evidence, but I addressed this body on that subject November 8th, 1910. The address appeared in the *Canada Lancet* and the *Canadian Journal of Medicine and Surgery* of the following month, and is readily available. The address received considerable attention in the medical press of England and the United States, and some criticisms were made upon it; but I see no reason to change one word of it; it still presents my best thought, and those interested are referred to the medical journals.

Several matters, too, are suggested for discussion, the proper subject of lectures by a professor of legal medicine, an expert in medicine not in law. While I venture to hope that I have qualifications in medical jurisprudence,¹⁴ I make no claim to special knowledge on the medical side, and I leave such questions to those who do.

One set of questions has to do with the law of evidence, a purely legal matter; but as medical men are likely to meet it now and then I deal with it briefly; I mean what are called ante-mortem statements.

The general rule of law is that nothing said out of court by one person can be used as evidence against another; but there are a few exceptions, one of which is that "in trials for murder and manslaughter the dying declaration of the deceased, made under a sense of impending death, are admissible to prove the circumstances of the crime." This has been the law certainly for about two centuries and a half. You will note that the declaration is allowed in evidence (1) only in cases of homicide, (2) only that of the person slain, and (3) of him only when made under a sense of impending death.

When a patient has been assaulted and will probably die, the doctor will be well advised to have a magistrate or other officer of the law sent

for, and leave the proceedings in his hands. In the absence of such the doctor should make the patient understand that he will not recover; if possible, obtain from him some acknowledgement of his appreciation of that fact (as any hope of recovery will vitiate the ante-mortem statement); take down in writing what the patient says of the circumstances of the crime, (oral declarations are admissible, but not so effective as written); have him sign if possible, and in any case read the statement to him and procure his assent. It is best to take down all the patient says, no matter how seemingly irrelevant it may be; and it is imperative that the doctor shall assure himself that the patient is *compos mentis*—that he is saying what he means and knows what he is doing.

There is no law to compel a medical man to do anything in the matter, however bad a citizen he might show himself to be by neglecting to do as I have stated.

Most of the other questions may be answered in principle by saying that medical men are members of the body politic, citizens of a free country; they have the same interest in their country and their fellow countrymen as other citizens; they are not members of a caste having special privileges; they have precisely the same rights and duties as others. When I am asked, "Should a doctor do this or do that?" my answer is, "Find out what an honest man sincerely desirous of doing the right thing, sincerely anxious for his country's well-being, influenced by no improper motive or dishonourable intention—what that man would do in the circumstances, that let the doctor do, and his skirts are clear."

In many cases it is not a matter of law at all, but of prudent conduct and decent regard for others. A married man consults a physician for what is euphemistically called a social disease; should the doctor tell the wife? There is no law as to that; no legal duty cast upon the medical man to keep the secret or to disclose it to the wife. What would an honourable, right feeling man do? Would he allow an innocent woman to become infected with loathsome disease and made an invalid for life (I have seen such), or should he tell what may save her—tell what the husband should himself tell, and would if he were not a selfish hound? I have no answer; the law has no answer. Let each find an answer for himself in his own soul.

Many medical men are troubled as to their duty when they are in the presence of a probable crime. Much has been said and written on this subject. A very interesting article from the *British Medical Journal* is reprinted in the *Canada Lancet* for May, 1916, and will well repay perusal.

Let me say at once that in most cases of the kind there is no question

of law at all, but a question on the one hand of medical ethics, and on the other hand of the duty every man owes to the society of which he is a member.

Take an example or two:

A doctor sees a man break his leg, and is called on by the man in agony to help him, surgically or otherwise. He may pass by on the other side, like the priest and Levite; he is not answerable to the law. So a medical man may refuse to attend anyone, however sick and however willing and able to pay.¹⁵

A man standing on the wharf sees another's child fall in, which he might easily save by a little effort. The law does not compel him to lift a finger; he may stand and laugh at the child's struggles, ending in death, and he has committed no offence against the law.

Many years ago when representing the Crown in a trial for murder, it was proved that the man who had been shot lay all night at a neighbour's gate, that the neighbour heard his shrieks and groans, but did not come near him till the morning, when he found him at the point of death. I diligently examined the authorities in criminal law to see if I could not charge this callous brute with a crime. I could not.

Most cases of the doctor's association with a crime are of the same nature. The law lays no duty upon him—no legal duty, the neglect of which is an offence against the law—let him clear his soul before God and his fellowman.

There are cases indeed in which the law is not silent, for example, anyone who though absent at the time of the commission of the crime, procures, counsels, commands or abets another to commit it, is equally guilty with the actual offender. But the mere knowledge that an offence is to be committed is not enough, so long as there is nothing done to encourage or aid its commission. Some years ago I prosecuted, in Belleville, a halfbreed Indian¹⁶ for the murder of a white man. The white man's wife knew that he was to be murdered, but did nothing to encourage the Indian (who was in love with her) nor did she inform the authorities. I had her charged with murder, but she was rightly acquitted. Except under special circumstances, there is no duty *in law* cast upon one man to protect another.

Again, anyone who knowing a crime to have been committed by another, receives, relieves, comforts or assists the criminal, say, for example, to escape or to evade the pursuit of justice, is guilty of an offence. There is no obligation *in law* on anyone to discover an offence, but if he knows it to have been committed he must walk warily. Mere knowledge is not fatal; some act is necessary, and that act must tend to enable the criminal to elude justice, "must tend to prevent the principal from being brought to justice".

Outside of these offences against the law, the medical man is left to his own conscience. All that was said by the judges in the instances mentioned in the article already spoken of was an expression of opinion not of the legal duty, but the moral duty, the duty as a good citizen, of the medical man. And that every medical man must judge of for himself.

Now let me take some concrete cases proposed for my discussion :

“A man tries to break into a house and is fired upon and wounded; he goes to a doctor’s office for treatment and tells how he came by his wound and what he was doing, should the doctor report the case?” I answer that *more Scottico* by another, “A man tries to break into a house and is fired upon and wounded; he goes into a neighbour’s house for linen to bind up his wounds, and tells how he came by his wound and what he was doing—should the neighbour report the case?”

“A man is attending a woman who has aborted and is very ill. He suspects criminal interference. Should he go on and treat the case and make no inquiries, or should he try to find out all about how she was operated on and by whom?”

Change the question by saying “friend” instead of “doctor”, and find the answer.

Of course, the doctor would go on treating the case. If he was prudent he would insist on another medical man being called in; but there is no law to compel him to do anything in the way of finding out the crime, if any. What he will do will depend on his conception of his duty to his country.

I shall at the proper time be very glad to give you my own views of the moral and civic duty of the medical man in such circumstances; but this is not the time. I am discussing “The Law and the Doctor”, not “The Doctor’s Duty as a Citizen”. That duty each must determine for himself. Sometimes it will be hard to say which of two courses is the better; sometimes one would choose the one, while another of equal intelligence, honesty and patriotism would choose the other.¹⁷

It may be that I am rather inclined toward magnifying the duty of the physician to his country and his countrymen in general; but I am quite sure that he must always in this enquiry be on his guard against the individualistic view. His patient must not be allowed by his nearness to hide the rest of the world; and the doctor should not swallow up the citizen.

In conclusion, you must allow me to say how glad I am to be permitted to meet you once more, to address you on subjects in which you and I have an equal interest. I try always to speak to you (as to all men) the plain truth as I understand it; but there is no one to whom the honour, the well-being and the well-doing of the medical profession is

more dear, and no one who will be more delighted to be of service to you in any way.

At this time, when the world is in travail and the Empire calls all her sons, the medical men have been ever forward in devoted and unselfish service. Let me, as a Canadian and a Briton, express appreciation and gratitude; and hope that ere long the sun will shine again on a happy and prosperous Canada at peace.

NOTES.

(1). The conception of the inexorability of the laws of nature is essentially modern. It has not yet made its way everywhere, but most of the opposition to its full acceptance is concerning the past, not the present. In medicine, in the amulet days, the laws of nature were considered modifiable by human—and diabolical—means.

It is often said that all such matters are questions of evidence; but that is not wholly true. A few centuries ago, the favoured one could, by reciting some incantation, call to his assistance a legion of angels, good, bad or indifferent. Aladdin could, by rubbing his lamp, call the all-powerful genie to his service. Who would believe such things now? In the old law not long ago many a poor old woman suffered death—a legal murder—because legal evidence proved she was a witch, and God said, "Thou shalt not suffer a witch to live." Now, if fifty witnesses swore they saw an old woman ride a broomstick through the sky, no judge would allow the matter to go to a jury, and no jury would convict.

It is not simply evidence—the whole manner of looking upon nature has suffered a revolution.

(2). There is and always will be duties of imperfect obligation, which the law will not think it worth while to enforce. The sneering back-biter will be allowed to pursue his dirty way unchecked by law till his slander does someone harm or he accuses someone of actual crime.

What the law will and will not prevent depends on the people. In our country anyone is at liberty to malign the dead so long as he says nothing about the living. That is because we have not thought it worth while to protect the reputation of one who has gone where he cannot be harmed by detraction. Other peoples have the same regard for the dead as for the living; with them, *de mortuis nil nisi bonum—aut justum*; with us, *de mortuis omnia*.

(3). This well-known legal maxim may be stated thus: Obedience to law becomes a hardship where the law is vague or uncertain. "The glorious uncertainty of the law"—really a blot, not a glory—does not obtain in one case out of a thousand. In almost every case the real dispute is one of fact, not of law.

(4). In every language there must be ambiguity, except in the very simplest conception. No matter how careful a legislation or a judge may be, he cannot express his meaning with perfect clearness without a multitude of words, and sometimes not even then. The cumbrousness of statutes and judgments is explained by this fact. If anyone thinks he can express without ambiguity any enactment in fewer or simpler words, let him try it—not simply talk about it.

(5). While there were some with the degree of B.A.Sc., before 1876, I think I was the first to receive the degree of B.Sc., from a Canadian university (Victoria University, 1876).

(6). General Sutherland, one of the leaders of the American Sympathizers in 1838, was condemned to death by a court-martial in this city. While in the old Toronto gaol on the northwest corner of King and Church Streets, waiting for execution, he opened an artery in an attempt, which nearly proved successful, to commit suicide. He was discovered in time, the hemorrhage stayed, and his life saved. Ultimately he was set free and allowed to return to the United States; but his attempt at suicide had nothing to do with the Royal clemency. Our Canadians would have joyfully hanged him, but the Home Government was more merciful. I have told the story of this general in an article in the Canadian Magazine for November, 1914, "A Patriot General."

(7). The quotation is from an article of my own, written at the request of the Honourable the Provincial Secretary, but at the instance of my dear friend, Dr. Bruce Smith. When Bruce Smith died, Ontario lost a useful and faithful public servant, the medical profession an ornament, I, in common with many of you, an interesting and delightful friend.

The article is headed, "Insanity in its Legal Aspects", and will be found in the "Bulletin of the Ontario Hospitals for the Insane," Vol. V., No. 2, January, 1912, pp. 3-10. I would invite the attention of the profession to the treatment of the subject in that article. My medical friends must not take offence if I say to them that they cannot and should not segregate themselves from the rest of the community. When a judge has appendicitis he receives the same treatment and is carved with the same knife as any other "layman"; the lawyer does not expect a doctor to treat him differently "in medicine" from anyone else. Why should a medical man, where he is a "layman"—that is, in law—expect different treatment or a different rule from any other laymen? *Esprit du corps*, pride in our profession, are good things; but they must not be allowed to degenerate into claims of special rights and privileges—not to say Prussian arrogance.

(8). This is section 19 (1) of the Criminal Code of Canada; but the statute is only a re-statement of the previously existing law as authoritatively laid down in the case of Daniel McNaghten, who, in 1843, shot and killed Edward Drummond, when insane and labouring under morbid delusions. All the judges attended the House of Lords and gave their opinion as to what the law was; and ever since the law so laid down has been followed in the British Empire. The opinions may be seen in Vol. 10 of Clark and Finnelly's Reports of Cases in the House of Lords, pp. 200 seq., or in Vol. 4 of Howell's State Trials, New Series, pp. 847 seq.

The history of the evolution of the legal concept of responsibility is most interesting. Some day if I am asked I shall gladly address you on that subject.

(9). The murder but the other day of Jaures in Paris, and of the Prime Minister of Austria, that of Lincoln by Wilkes Booth, of Garfield by Guiteau, etc., will occur to everyone.

(10). I would advise all to read the very valuable treatise, "The Criminal Responsibility of Lunatics," by Heinrich Oppenheim, M.D., of Heidelberg, LL.D. of London University, M.R.C.S. (Lond.), F.R.S. Med., etc. After a most interesting and exhaustive discussion of the law of various countries, he states as his final conclusion, p. 246:

"Without . . . claiming for the provision of the English law either theoretical perfection or a practical comprehensiveness wide enough to do complete justice in every conceivable case, I believe I am justified in maintaining that it is as safe and satisfactory a working rule as has yet been devised."

Let me add that no law ever has been framed or ever will or can be framed by man which will "do complete justice in every conceivable case."

(11). The right and duty of a banker to keep his customer's account secret like a similar duty on the part of a telegraph company, has nothing in common with the privilege we are discussing. All that disappears in court proceedings.

(12). Richard Lovelace, who for his devotion to the King, Charles I., was committed to the Gatehouse at Westminster, 1642, and there wrote his famous song from which I quote. He fought in the service of France and afterwards of his own King. After the death of Charles he pined away and died in misery, poor, ragged and consumptive.

(13). As law is man-made, there must be someone to decide what it is—experiment won't help—and that someone is the judge. Lawyers as experts may argue before him as to what is the law, but they cannot be sworn to swear to what it is. The judge must decide on his own opinion; and he is the only true expert. Where the law of another country (except England, whose law Ontario judges are assumed to know) is to be investigated in an action, the evidence of lawyers skilled in the law of that country will be received as expert evidence. Our judges are experts only in our own law.

(14). The terminology I employ is not universally adopted. In the sense in which I employ the terms Medical Jurisprudence has to do with the law relating to medical men and medical cases; Legal Medicine with medical questions in

matters which are or may be the subject of litigation or which may come up in the course of litigation.

Let me illustrate by an example. A man is poisoned and dies. A medical man attends him. Legal Medicine has to do with the symptoms or evidence of poisoning; Medical Jurisprudence with the propriety of the doctor's conduct of the case, with whether this or that medical fact was evidence, etc. A Chair of Legal Medicine calls for a medical man with a legal turn of mind; one of Medical Jurisprudence for a lawyer with some knowledge of medicine. It is to me as absurd to have a medical man teach a branch of jurisprudence as for a lawyer to teach a branch of medicine—or for either to teach land surveying or theology—but quot homines, tot sententiæ.

(15). This is not so in some countries. In some places it is taught that the monopoly given by law to the medical man may well place on him the obligation to exercise the monopolized art when called upon to do so.

In the ancient law of most countries the position of most men determined their rights and duties. This was so anciently in England; but now only the common innkeeper and the common carrier are obliged to serve all comers. The barrister is by the etiquette of his profession obliged to take any brief offered him, unless it be against some client of his, but may demand in advance any retaining fee he pleases; and thus he may in practice prevent his retainer in cases he does not like.

The change in law is a change from status to contract. The relative rights and duties between man and man are determined by the bargains they make, not their station in life or their profession.

(16). The prisoner was Peter Edwin Davis, who murdered William Emory, in September, 1899. Davis was said to be the grandson of a favorite officer of the Emperor Napoleon, who, when his sovereign was sent to St. Helena, came to Canada, went to the wilds of North Hastings, and there married the only daughter of an Indian chief. The only daughter of that union married a white man by the name of Davis, and several children (amongst them the prisoner) were the issue of this union. Peter Edwin Davis was a stalwart, muscular young man, over six feet in height, straight as a pine, swarthy and with lank black hair. The trial took place before Chief Justice Armour at Belleville, April, 1890, and the prisoners were brilliantly defended by R. C. Clute, Q.C. (now Mr. Justice Clute, of the Supreme Court of Ontario), and the late S. B. Burdett, Q.C. I prosecuted for the Crown.

The evidence proved to a demonstration that Mrs. Emory knew her husband was to be slain, but there was nothing to show that she approved of it or took any part in it. She was accordingly acquitted. Davis was convicted and hanged, dying as stolidly as he had lived. He showed no desire for life or fear of death. Mrs. Emory haunted the neighborhood of the gaol until the execution. She afterwards married again. A brief account of this case—singular in many points of view—will be found in the *Canada Law Journal* for 1898 (34 *Can. L. J.*, pp. 68 seq.).

(17). It is an utter fallacy to assert that because one cause of conduct is reasonable, honourable, etc., the opposite must be unreasonable, dishonourable, etc. We have recently had an instance of a hot politician asserting that the members of the opposite party were not loyal, basing his assertion on the fact that his own party was. Hundreds of instances could be cited of this silly practice—in politics, in religion, even in matters affecting the war.

ON THE SELECTION OF AN OPERATION FOR ENUCLEATION OF THE EYEBALL.

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THE question of what operation is best for the prevention of sympathetic ophthalmia in cases where it is necessary to remove an eye for disease or injury, is one which frequently presents itself to the

ophthalmic surgeon, and this article is written with the view of endeavoring to define the conditions governing the choice of operation.

Formerly there was but one operation, simple enucleation, but with the introduction of evisection, Mules' operation, and the implantation of a glass or metal sphere, a choice is offered. It has always seemed a brutal and unscientific procedure to remove an eyeball, leaving a sunken socket in which an artificial eye lay motionless and staring.

Fortunately one can now give an artificial eye some semblance of life by giving it prominence and some motion. To my mind the modified simple enucleation is indicated where symptoms of sympathetic irritation or inflammation have appeared in the other eye. The four recti should be caught up by a needle armed with catgut before they are detached from the globe and afterwards drawn together.

„ It is surprising how much motion is transmitted to an artificial eye by this method of suturing the muscles. The conjunctival opening should be closed by a purse-string suture. Hemorrhage is usually slight and can be controlled by sponges wrung out in hot water, care should, however, be exercised that the water is not too hot, as I have seen a bad burn of the conjunctiva, followed by sloughing, caused in this way. Where the eye has been hyperæmic for some time the bleeding is more severe and may be controlled by dioxygen or adrenalin solution. A case has recently been reported of extensive sloughing and deformity in a "bleeder." Such cases are, fortunately, rare.

Evisceration has never been for me the operation of election (Mules operation). The objection to it is the great reaction and pain following, together with the not infrequent extrusion of the glass sphere. Its advantage is the retention of a natural movable ball, the prevention of the sinking of the caruncle and the prominence given the artificial eye.

It has been suggested that paraffin should be used in place of the glass sphere, and it has been practised with some success by Ramsay, but this method has not met with general acceptance.

In my opinion the best and *safest* method of removal of the eyeball is modified enucleation, with the implantation of a gold sphere in the capsule of Tenon. Gold is preferable to glass because it has been found that the fluids of the orbit change the character of the glass in course of time, and that it becomes crystalline and friable. Silver has the disadvantage in that it causes argyrosis and blackens the conjunctiva. Great care must be taken to prevent extrusion of the sphere. This can be avoided by quilting the capsule and muscles. It has been proposed to transplant masses of fat, but it has been found in practice that the fat is liable to absorb in time.

CURRENT MEDICAL LITERATURE

CHRONIC LEAD POISONING.

The early symptoms are often very obscure. Various symptoms of indigestion are first noticed with progressive emaciation and mental depression, with anemia and a contraction of the peripheral capillaries. Sometimes a blanching of the fundus of the eye or amaurosis due to a similar contraction of the capillaries is an early symptom. Then a twisting, grinding pain around the umbilicus comes on and gradually becomes more severe. It may be relieved by pressure. The abdomen is hard and restricted. As a rule the bowels are obstinately constipated, but occasionally there may be scanty, hard, clay colored, painful evacuations. The urine is diminished or suppressed, the skin sallow, cold, and clammy, the breath fetid, mouth and throat dry, and a blue line on the edge of the gums next the teeth, most noticeable next to the incisors, which are discolored and brown. This blue line may be developed as early as three days after ingestion of the poison. The gums are tender and bleed easily. The pulse is generally decreased in frequency. As the case progresses, or after repeated attacks, paralysis begins to appear, affecting chiefly the extensor muscles of the forearm, though not limited to them, sometimes extending to the interossei, and generally affecting first those muscles which are most imperfectly supplied with blood. The paralysis is symmetrical, generally affecting the corresponding muscles in both arms, and is often preceding by numbness of the fingers and hands. The affected muscles become more or less atrophied, leading to general debility ("lead palsy"). The nervous system becomes affected, and headache, vertigo, amblyopia, amaurosis, delirium (sometimes furious) and epileptoid convulsions precede death. Albuminuria is frequently, and jaundice occasionally, present. In many cases severe pain in the joints is one of the most prominent symptoms, probably due in some manner to interference with the functions of the kidneys.

Treatment—For the removal of lead from the tissues with which it has entered into a more or less stable combination potassium (or sodium) iodide in doses of 10 grains three times a day has long been recognized as one of the best. It is but just to say that its efficacy has recently been called in question by some of our best clinicians. Warm sulphur baths have been found useful. Atropine or morphine and atropine may be given hypodermically for relief of the colic. Cocain hypodermically has also been successfully used to relieve both the pain and constipation. Calomel and gamboge, castor oil, or olive oil, may be given to overcome the

constipation. Belladonna or hyoseyamus may be added with advantage to either of the cathartics. Alum sometimes acts well as a cathartic in these cases. As a prophylactic measure tea as a drink and a dose of sulphur occasionally, both act by precipitating lead from solution.'—Riley's *Toxicology*.)

DIAGNOSIS AND MEDICAL TREATMENT OF GASTRODUODENITIS.

Dr. F. B. Erwin, of Wellston, Oklahoma, states that the nervous phenomena in these cases were so very prominent that many had at first been diagnosed hysteria, neurasthenia, and other nervous diseases. They had even been diagnosed as gallstones. The patient complained of general weakness, occipital headache, hot flashes, numbness of limbs, nausea with occasional vomiting, disturgance of vision, pain in the region of stomach and duodenum, from one to two hours after eating, belching considerable quantities of gas, palpitation of the heart and many similar symptoms. Upon physical examination, the patient frequently presented a pale, rather sallow, listless expression; the heart action in the incipient stage was usually fairly good, with the exception of being easily irritated; there was some tenderness in the region of the stomach and duodenum; kidney action was increased at the time of attacks of pain; acidity of the urine was increased; bowels in the first few months were usually constipated; blood pressure was slightly lowered; superficial reflexes were increased considerably and the deep reflexes slightly.

The treatment of these cases was largely dietetic, with a small amount of medicine the first few weeks. The medicinal treatment should be so adjusted as to check and change the too acid condition of the stomach and return it to normal. A mild alkaline preparation should be given every two or three hours for a few days. At the same time strychnine should be given three or four times daily. A gentle laxative should be used every two to four nights. No severe purgative should be prescribed at any time, for the reason that it irritated and aggravated the condition. Strychnine had an excellent tonic action upon the muscular striæ of the intestinal wall when given three or four times a day. The length of time for medicinal treatment would depend upon the stage of the disease and the reactive power of the patient. The diet should be largely carbohydrates and fats, so as to place as little work as possible upon the stomach and duodenum. It should be taken every three or four hours for a time in small quantities. Cream, butter fat, toasted light bread, and such foods were easily digested. No fried foods or acid should be allowed.—*New York Medical Journal*.

PERSONAL AND NEWS ITEMS

The death of the wife of Col. A. E. Ross, M.D., M.P.P., A.D.M.S., occurred recently at Allandale. Her remains were taken to Kingston for interment. Dr. Ross, who is abroad at present in the C.A.M.C., will receive the sympathy of his many friends.

The University of Toronto Base Hospital, No. 4, has rendered great service to the Allied forces at Salonica. It has treated over 29,000 cases, and has been the centre of scientific work among the hospitals in Greece. It has treated all soldiers of the Allies. It has been truly Imperial.

M. Cammaerts, the noted writer and authority on all things Belgian, stated recently that there had been 500 nurses and devoted women murdered in Belgium, in as foul and brutal manner as was Miss Edith Cavell.

The British Medical Journal states that the pictures that have been drawn with regard to the medical treatment of Canadians has been very unfair and inaccurate. The *B. M. J.* states the battalion medical work of the C.A.M.C. in France is very good, as is also the field ambulance work.

Dr. J. M. Rogers, of Ingersoll, has been selected as a candidate for the Ontario Legislature, representing South Oxford.

Dr. H. H. Argue, of Toronto, has been awarded the Military Cross for conspicuous bravery in action. Dr. Argue was formerly assistant superintendent of Toronto General Hospital. He was appointed a lieutenant in the Canadian Army Medical Corps on April 26th, 1915, and was seconded for service with the expeditionary force.

Dr. H. H. Moorehouse, of Toronto, has received word that his son, Capt. Victor Moorehouse, M.D., C.A.M.C., has won the Military Cross for gallant service on the field, where he was acting as inspector of field ambulances. He is 29 years of age, and graduated from the University four years ago. He was at Cambridge when the war broke out.

D. King Smith, M.D., Toronto, in the C.A.M.C., overseas, has been promoted from major to lieutenant-colonel.

Dr. R. E. Clapp, ex-M.P.P., has been appointed Registrar of the Surrogate and County Courts of Bruce at a salary of \$2,500. The office is at Walkerton.

In order to provide greater comforts and less suffering for invalided soldiers returning home the Minister of Railways has arranged to convert a number of Intercolonial passenger cars into hospital cars. These will be used for transporting the more serious cases, such as soldiers suffering from paralysis, or others coming under the head of "stretcher

cases," from the port of landing to the interior convalescent homes or sanatoria. The new hospital cars will be fully equipped for the designed purpose. The action is being taken on the recommendation of the Military Hospitals Commission.

The trustees of the Kitchener-Waterloo Hospital endorsed the proposal of the governors of the Hamilton General Hospital to make application to the Ontario Government for an increase of the annual grant to all of the provincial institutions. It is proposed to organize a large delegation to wait on the Cabinet at an early date to present the claims of the hospital authorities. It is contended that owing to the high cost of maintenance and the treatment of soldiers and their families free of cost, the grants received from the Government are inadequate.

The Hamilton Sanitarium and the Queen Alexandra Sanitarium, London, are to receive aid from the Ontario Government. The Hospital Commission, and the cities, and become sanatoria for tubercular soldiers.

The Military Hospitals Commission, through its medical superintendent, Lieut.-Col. Thompson, M.P., has announced the appointment of Lieut. Col. McKenzie Forbes to take charge of the work of the commission in Montreal, Quebec, Lake Edward and Ste. Agathe.

It has been decided to establish in each unit of military hospitals command a discharge board to examine convalescent soldiers who are eligible for pension. Two of these boards for Manitoba and British Columbia have been named as follows: For Manitoba, Dr. Chown, Dr. Popham and Dr. Galloway, of Winnipeg; for British Columbia, Dr. O. M. Jones, Dr. R. L. Fraser and Dr. W. J. C. Tomalin, the latter board will be located at Victoria.

The physicians of Glasgow and the west of Scotland have agreed to charge a double fee for all calls between 9 p.m. and 9 a.m. This is to act as a deterrent against unnecessary night calls, owing to the dark streets, and the order preventing the use of lights. The doctors decided to notify those in charge of the insurance fund that night visits should be limited to only the most urgent cases.

Lieut.-Col. (Dr.) Clarence Starr, Toronto, who has had charge of orthopaedic work in Canada, is now at the Canadian special hospital at Ramsgate preparing for setting up in Canada several similar institutions. Col. Robert Jones, director of military orthopaedic work in Great Britain, is establishing hospitals similar to the Canadian hospital at Ramsgate all over Britain. Canada thus has led the way in one of the most successful medical enterprises of the war.

Lieut.-Col. Evans G. Davis, commander of No. 3 Stationary Hospital, cabled from France that there is no truth in the rumor that the corps is to be disbanded because of lack of winter accommodations. The

hospital has already moved into huts, and will continue in service. No. 3 was raised in Western Ontario.

The Toronto institution for the care of incurable children held its annual meeting recently. The general receipts amounted to \$2,016, and those from estates to \$5,397. The expenditures were \$8,996. The institution receives the interest of \$15,000 from the bequest of Mrs. Massey Treble. Thirty-five children had been cared for during the year.

Dr. John R. Irwin, a Cobourg physician who has served for a year with the British Medical Corps, returned recently from the front. A few weeks ago he was awarded the Military Cross, which decoration he received at Buckingham Palace from the King, for conspicuous bravery in imperilling his life by going down a mine shaft to give aid to some imprisoned men.

It has come to light that there was a well-organized plan by Germany to induce some people to emigrate from Switzerland to Canada, and bring with them the germs of the foot and mouth disease of cattle, and spread the plague throughout Canada.

Dr. W. H. B. Aikins has been elected president of the American Radium Society.

Mrs. Georgiana Bergeron, wife of John Bergeron, of Aldenville, Mass., has given birth to triplets in the Providence Hospital by a Caesarian operation performed by Dr. E. F. Sullivan.

Hon. W. J. Hanna said a short time ago that the asylum at Whitby would be used for returned soldiers and could almost at once accommodate 500, and in five months could accept about seven hundred more.

The following have gone to France as medical officers: Lieuts. C. H. Leitch, A. Mowatt, A. S. Robertson, B. A. Taylor, H. H. Watson, J. M. Morton, R. Brown, T. Kennedy, F. A. Forneri, W. M. Harding, Chaplain Green, Hon. Capt. A. B. Ransom, Nurses G. E. Apter, L. Beer, A. H. Cameron, K. Reid, L. K. Stinson, A. M. Crawford, G. Spalding.

Lieut.-Col. Watt, Winnipeg, formerly of Ramsgate special hospital, has been appointed assistant director of medical services, London, vice Lieut.-Col. J. McCombe, resigned.

Lieut. E. R. Gilmer, son of Mr. and Mrs. William Gilmer, Atwood, Ont., who was a student in medicine at the University of Toronto before he went overseas, has been reported missing since October 12, and believed to have been killed. He was an officer of the 1st Royal Irish Fusiliers.

Lieut.-Col. E. B. Hardy, of Toronto, and Capt. Howard B. Jeffs, of North Toronto, two C.A.M.C. officers, have been decorated for gallantry

and devotion to duty on the field. The former received the D.S.O. and the latter the Military Cross.

Lieut. G. T. Davidson, son of Dr. Alexander Davidson, of Toronto, was reported missing some time ago. So far no definite word has been received, and the prolonged suspense is very trying to the parents. Lt. Davidson joined the Calgary Rifles and saw active service in a number of places.

The Council of the city of Kitchener unanimously decided to offer the sanitarium at Freeport to the authorities at Ottawa as a hospital for tuberculous soldiers. The offer has been accepted.

A fire, which started in the chimney of the St. Elizabeth Hospital, Farnham, Que., caused the death of eighteen persons. The loss is estimated at 9100,000.

Capt. Arthur W. M. Ellis, son of Prof. W. H. Ellis, Dean of the Faculty of Applied Science, Toronto University, has been appointed to succeed Col. Dr. G. G. Nasmith, C.M.G., as officer in charge of the sanitary arrangements of the Canadian overseas forces at the front. Capt. Ellis will be assisted by Capt. George Campbell, also of Toronto.

Capt. Charasse, M.D., R.A.M.C., son of the Bishop of Liverpool, received the Victoria Cross for gallant work done on the battlefield in attendance on wounded Canadians.

The position of head of the surgical section of the Ontario Military Hospital at Orpington, England, has been proffered to Dr. Hadley Williams, F.R.C.S., of London, Ont., who has accepted. Dr. Williams is senior clinician of the Western University Medical Department, and on the staff of both hospitals there. The appointment carries with the rank of lieutenant-colonel.

Capt. (Dr.) J. E. Barry was presented by his assistants and patients with a cigarette case on the occasion of his preparation to leave for overseas service. Capt. Barry is a very popular medical officer.

A number of recommendations affecting arrangements in Canada have been made. These are, that immediate steps be taken to provide hospitals with a thousand beds each in Halifax, Montreal, Toronto, Winnipeg and Vancouver, with a smaller one in Ottawa, and that these provide accommodation for a limited number of officers; that for the purpose of assisting in the organization of these hospitals a number of Canadian medical officers who have had experience at the front be detailed for duty in Canada; that all ranks before leaving Canada be examined by an independent medical board, a number of these boards to be established in various parts of Canada.

The Hospital for Incurables held its annual meeting recently. The reports of work done, and finances were very satisfactory. During the

year 329 patients had been cared for, and 221 remained in the institution at the end of the year. The receipts from all sources were \$66,579, and the disbursements amounted to 867,542.

Dr. E. C. Rosenow, of Rochester, Minn.; Dr. E. B. Towne, of Boston, and Dr. G. W. Wheeler, of New York, claim to have isolated the organism of infantile spinal paralysis. It is said to be a polymorphous streptococcus. Cultures of the germs injected into animals have caused the disease.

The following majors of the Army Medical Service are gazetted lieutenant-colonels: A. B. Osborne, C. H. Gilmour. These captains are gazetted majors; G. P. Howlett, H. Smith. Lieut. A. Dyas is gazetted captain.

The rule of two examinations has been put in operation in the Canadian A. M. C. The recruit is examined before he enlists, and again by a board of three at a later date.

Lieut.-Col. Richardson has been appointed president of the standing Medical Board at Exhibition Camp, and expects an overseas appointment in the near future.

A very interesting case has been tried in England as to the ownership of a prescription. A doctor gave a prescription to a patient who entered action against the druggist, who declined to give back the prescription. It was held by the judge that the doctor only gave it as a direction to the druggist, and that it had no other effect than to render it necessary for the doctor to go personally to the drug store. The patient, therefore, has no ownership in a prescription.

Dr. R. W. Lovett, Dr. M. J. Rosenan and Dr. F. W. Peabody have been appointed a commission by Harvard University to study and report upon infantile paralysis.

In Poland, as the result of the war, there is now only one doctor to 40,000 of the population.

Dr. Frances Evelyn Windsor has been appointed a member of the C.A.M.C. She graduated from the University of Toronto in 1908, and went overseas some time ago.

Dr. Horace Yeomans, of Belleville, had two sons at the front. Horace, aged 18, won the D.C.M., but was later killed in action. Frederick, now 19, has won the military medal.

Dr. and Mrs. F. L. Grasett, of Toronto, are in England visiting their son, who is with the artillery. They intend to remain in England for some time.

Dr. F. W. Schofield, formerly connected with the Ontario Health Department, has gone to Corea to take charge of the bacteriological laboratory in a hospital.

Dr. W. J. Hunter Emory has returned to Toronto and resumed practice again. He has been in California for several years.

The Military Cross has been awarded to Capt. G. W. Treleaven, of Winnipeg; Capt. G. Wiswall, Halifax; Capt. A. Ross, Capt. F. J. Tees, Montreal; Capt. H. W. Wadge, Winnipeg; Lt. W. C. Cornell, Toronto; Capt. W. J. MacAlister, Capt. J. B. MacGregor, Capt. C. W. Johnstone, all of the C.A.M.C. The Distinguished Conduct Medal has been awarded to Hon. Lt.-Quartermaster W. G. Russell, C.A.M.C. The Military Medal has been bestowed on Lance-Corp. J. Cameron, Sergeant J. D. Nixon, and Pte. L. Saintonge, all of the C.A.M.C.

Dr. D. Braden Kyle, of Philadelphia, the noted laryngologist, died on 23rd October. He had written a very useful text-book on diseases of the nose and throat.

Dr. John Lovett Morse states that 300,000 babies die in the United States annually, and that there are many more that are ill. Most of this is caused by diseased milk from unhealthy cows, or that becomes bad in keeping.

Dr. G. Sterling Ryerson has returned from attending the annual meeting of the American College of Surgeons and the Clinical Congress at Philadelphia. While in Philadelphia he was the guest of Dr. Webster Fox.

Dr. R. M. Sterrett, for many years associated with the advertising of Antiphlogistine, sends greeting to his many friends, announcing his resignation as advertising manager of the Denver Chemical Mfg. Co., effective January 1st.

Dr. Bryce Kendrick, of Blenheim, Ont., was severely injured on 24th November, while riding on a train in a heavy snowstorm on the Pere Marquette Railway. The engine and car he was on ran head-on into a coming freight train.

The wife of Dr. H. H. Chown, Dean of the Medical College, Winnipeg, and professor of surgery, died on 20th November.

OBITUARY

S. W. McCONOCHIE.

In the recent death of Dr. S. W. McConochie on 7th November, Hamilton lost one of her finest and best men. He was a man of the highest principle and great generosity of spirit, and one to whom the needy and those in trouble never came in vain. He was a man of un-

usual refinement, to whom anything approaching the coarse was a positive offence. Dr. McConochie was the son of the late Samuel McConochie, of Bowmanville, Ont., a man of sterling character, and one who had been most successful in his business relations in life. Dr. McConochie's boyhood and early manhood were spent in Bowmanville, where he took an active part in the work of the Presbyterian Sunday school till he left to enter on his college career. In medicine he graduated with high honors, being silver medallist. He then went abroad, taking post-graduate courses in London, Edinburgh and Dublin, obtaining the highest degrees. Returning to Canada he settled in Hamilton, where he soon had an extensive practice. He was devoted to such outdoor sports as golf, curling, tennis and bowling. He was interred in Bowmanville.

CHARLES P. BISSETT.

Dr. Charles P. Bissett, ex-M.P.P., of St. Peters, N.S., one of the foremost men in the public life of the Province, died at his home there on 19th November, after a lingering illness. He was born at River Bourgeois in June, 1866.

F. L. HOWLAND.

The death of Dr. F. L. Howland, of Huntsville, removes a well-known pioneer from that district. Dr. Howland was the very incarnation of Muskoka. He settled in Huntsville before the time of railroads, and it was largely through his efforts that the railway was extended north from Gravenhurst. He founded *The Forester*, of Huntsville. In religion he was a Baptist, but was a great aid to all students of whatever faith. He was always a man of strong convictions. He was in his 74th year at the time of his death.

ALEXANDER BEITH.

Dr. Alexander Beith, of Bowmanville, died there on 10th November, in the 75th year of his age. He was interred in the Bowmanville cemetery. Of few men can it be said with greater confidence that he was a true man and a noble citizen. He did honor to himself, his country, and his profession. For very many years he had a large practice in Bowmanville and the adjoining country.

CAPT. G. HERBERT BOWLBY.

Dr. Bowlby met with a most tragic death on 12th November. Dr. Bowlby held the rank of captain in the C.A.M.C., and was doing duty in the Shoreham area. It is supposed he accidentally fell over the cliff and seafoord. He was a son of the late Dr. D. S. Bowlby and was 51 years of age. He was a graduate of the University of Toronto, and also a member of the Royal College of Surgeons of England. He was for a time Mayor of Berlin, now Kitchener. When the war broke out he offered his services and went overseas in 1915. He is survived by his wife, who is a daughter of Mr. Seagram, of Waterloo. By his death Kitchener loses a fine public-spirited citizen.

 JAMES HENRY.

Dr. James Henry, oldest practitioner in the county of Dufferin, died on 30th October, from a paralytic stroke, at the age of 73. Deceased practised his profession here 53 years. He was five times Mayor, was high and public school trustee, coroner for the counties of Dufferin, Peel and Wellington, C. P. R. surgeon, was battalion surgeon of the 36th Regiment, retiring with rank of surgeon-major, and a member of the Ontario Medical Council for about twenty-five years. He was born at Sand Hill, county of Peel, in 1843, the son of Dr. Thomas Henry. He is survived by six sons and two daughters. One of his sons is Dr. Thos. H. Henry, of Orangeville. The late Dr. Henry was educated at the Toronto School of Medicine and graduated from the University of Toronto in the year 1863. When he located in Orangeville it was a hamlet of only 300 people. He was in religion an Anglican. He was a man of wide sympathies and enjoyed the confidence of a very large circle of friends in the community. He was a perfect gentleman.

 JOHN H. GIMBY.

Dr. Gimby, of Sault Ste. Marie, Ont., died on 27th September. He had been in failing health for some months prior to his death, but was compelled to relinquish practice since the 1st of July. He was educated in the Toronto School of Medicine and graduated from Victoria University in 1800.

 JAMES KNOWLES BERTRAM.

Dr. J. K. Bertram was killed in action in the Somme region on 22nd

September. He was in his 26th year, and was adjutant in 20th Battalion, C.E.F. For a time he was with the First Brigade headquarters staff, R.M.C., 1910, and the McGill Medicals of 1016. He was the only son of Dr. T. A. Bertram, of Dundas, Ont.

THOMAS J. McDONALD

The death has occurred in South Africa of Dr. Thomas J. McDonald, who was not only well known in his native district of Barrie, Ont., Ivy having been his birthplace, but also in England and in California, where he practised medicine. The late Dr. McDonald, who was in his 48th year, left Barrie to take his post-graduate course in England. There he met his first wife, Miss Healy, a daughter of Major Healy, a landed proprietor of Foulks Court, Ireland. Shortly after his marriage he brought his wife to Canada and settled for a time in Barrie, but the climate did not suit his wife and he went into practice in California. There the same trouble compelled him to return to England, where he practised at Peel, in the Isle of Man. His first wife died about thirteen years ago, and a few years later Dr. McDonald married Miss Webb, of Kent, England. The late Dr. McDonald had himself eventually to seek a change of climate in South Africa in the hope that he might recover from a chest complaint. Only last spring his wife and four children rejoined him there. In every district in which he practised the late Dr. McDonald earned for himself a high reputation as a physician.

C. R. CHARTERIS.

Dr. C. R. Charteris, 51 years old, late Acting Medical Officer of Health of Chatham, Ont., and past president of the Ontario Library Association, died suddenly at his home on 26th November from heart disease. He is survived by his wife, one son and one daughter.

EDGAR H. McVICKER.

"It is awfully hard to write this letter, but I think it best, for some way or other I have the feeling that I will not come out alive. It is a funny feeling, but in no way does it deter me from wanting to go into action with my regiment. If I am killed you will know that I died doing my duty to the best of my ability, and never shirking what I saw was my duty."

The above excerpt from a letter which has been forwarded to Mr. S.

McVicker, secretary and treasurer of the Standard Silver Company, of Toronto, Limited, tells how his son, Surgeon-Lieutenant Edgar H. McVicker, M.B., had a premonition of his death. He met his death the following day while bending over a wounded soldier in the first advance "aid post." He was struck on the head by a bursting shell and died instantly.

Lieut. McVicker graduated in medicine from the University of Toronto in May, 1915. He was awarded the degree of M.C.P.S.O. in June of the same year, and for five months was house surgeon at St. Michael's Hospital. On October 9th, 1915, he received his appointment as a lieutenant in the Royal Army Medical Corps. He sailed for England, Nov. 11th, 1915. Crossed from England to France, January 13th, 1916, and on February 8th left the camp in France for the trenches, and until the day of his death, Sept. 9th, 1916, he never left the trenches except for one day. A week was granted but after one day's respite he was ordered back to the trenches again.

MARSHALL SUTTON.

Dr. Marshall Sutton, of Cooksville, who had been suffering for some time from serious injuries sustained in a runaway accident last summer, was found dead in his bed on the morning of 24th November. It is thought that the immediate cause of death was apoplexy.

The late Dr. Sutton was born at Clandeboye, Middlesex county, 66 years ago. After graduating from the Guelph high school he taught in a public school for a few years. In 1878 he received his degree from the Toronto School of Medicine, later taking up post-graduate work in London and Edinburgh. For some time he resided in North Dakota, but for the last 23 years had practised his profession in Cooksville.

His wife and two sons, Dr. A. B. Sutton, of Port Credit, and Lieut. H. C. Sutton, of the Imperial army, survive him. He was a member of the Masonic Order, and coroner for Peel county.

BOOK REVIEWS

BACTERIOLOGY, BLOOD WORK AND PARASITOLOGY.

Practical Bacteriology, Blood Work and Animal Parasitology, including Bacteriology Keys, Zoological Tables and Explanatory Clinical Notes. By E. R. Stitt, A.B., Ph.G., M.D., Medical Director, U. S. Navy; Graduate London School of Tropical Medicine; Head of Department of Tropical Medicine, U. S.

Naval Medical School; Professor of Tropical Medicine, Georgetown University; Professor of Tropical Medicine, George Washington University; Lecturer on Tropical Medicine, Jefferson Medical College; Member, National Board of Medical Examiners; Member, Advisory Board, Hygiene Laboratory; formerly Associate Professor of Medical Zoology, University of Philippines. Fourth edition, revised and enlarged, with 4 plates and 115 illustrations, containing 505 figures. Philadelphia: P. Blakiston's Son and Company. Price, \$2.00 net.

This neat volume of five hundred pages is a veritable storehouse of information on bacteriology, blood work and parasitology. The working technique is set forth with clearness. One is impressed with the terse manner the author adopts, so that it may be said that the book is a statement of facts all the way through, but facts that are well established and may be accepted as the code of the laboratory worker.

It would be impossible to mention the excellent features of all the chapters, but the one on immunity should be specially named. In this chapter will be found a lucid and concise account of the intricacies surrounding the theory of immunity. Receptors, toxin molecules, haptophores, toxophores, complements, etc., are clearly pictured and explained. The method of the production of immune sera, the agglutination tests, precipitin reactions, the deviation of the complement, fixation of the complement, the Wassermann test, the opsonic power, the preparation of vaccines, anaphylaxis, etc., are discussed in this chapter.

We have never met with a clearer exposition of these interesting but difficult problems. In like manner the practical methods of making blood examinations are set forth. Parasitology is also fully reviewed from every standpoint. Much attention is given to microscopy, staining, culturing, etc. The illustrations are numerous and well chosen for the purpose of elucidating the text. We very cordially recommend this book, as one of the very best working laboratory guides that one could desire. The book has met with much favor in the past, and this edition is certain to maintain the popularity of the work.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS.

With especial Reference to the Application of Remedial Measures to Disease and Their Employment upon a Rational Basis. By Hobart Amory Hare, B.Sc., M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia; Physician to the Jefferson Medical College Hospital; one-time Clinical Professor of Diseases of Children in the University of Pennsylvania. Sixteenth edition, revised and enlarged. Imperial octavo, 1009 pages, with 149 engravings and 17 plates. Philadelphia and New York: Lea & Febiger, Publishers, 1916. Cloth, \$4.75 net.

With the appearance of its sixteenth edition, Hare's Practical Therapeutics enters upon another stage in its long and successful career.

By reason of the ingenuity of its plan, the consummate skill with which it has been carried out, and the author's appreciation of the needs of the physician at the bedside, it has stood out conspicuously as a book which has never been approached in its field, and each successive issue has only emphasized and increased its usefulness.

In the present edition the official preparations of the new U. S. Pharmacopœia and the new British Pharmacopœia have been introduced; and every article has been revised in an attempt to bring the text into complete conformity with the views generally accepted by the best physicians of the day.

In dealing with general therapeutic considerations the author lays stress upon these points: 1, The maintenance of vital resistance by proper feeding; 2, the elimination of effete materials by the kidneys, bowels and skin; 3, the relief of annoying symptoms which sap the patients' vitality and often obscure the true state of the system; 4, that sufficient physical and mental rest and sleep are obtained if possible. The author gives an able review of our knowledge of the action of drugs. This section of the book is a most interesting one, and merits careful study by all who wish to possess a clear idea of the physiological action of drugs.

There is much useful information on the many preparations, weights and measures, dosage, absorption, combination of drugs, idiosyncrasy, indications, classification, incompatibility, etc. All this sort of information is brought as close up to date as possible, and from the best of authorities, as well as the author's own large experience.

Dr. H. A. Hare is widely known as a very practical teacher and writer. It is this quality, coupled with sound views, that makes his books so popular.

COMMISSION OF CONSERVATION.

Report of the Seventeenth Annual Meeting held at Ottawa, January 18th and 19th, 1916. Sir Clifford Sifton, K.C.M.G., Chairman, and James White, Assistant Chairman and Deputy Head.

This volume contains many interesting addresses on topics concerning the welfare of the country on such subjects as the forests, the fur animals, birds, fish, towns, sewage disposal. The volumes that appear from the Commission from time to time are of a most valuable character, and are disseminating very useful information throughout the country.

MANUAL OF CHEMISTRY.

A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-book Specially Adapted for Students of Medicine, Pharmacy and Dentistry. By W. Simon, Ph.D., M.D., late Professor of Chemistry in the College of Physicians and Surgeons of Baltimore, and in the Baltimore College of Dental Surgeons; and Daniel Base, Ph.D., Professor of Chemistry in the Maryland College of Pharmacy, Department of the University of Maryland, Baltimore. With 55 illustrations, one colored spectra plate, and 6 colored plates, representing 48 clinical reactions. Philadelphia and New York: Lea & Febiger, 1916.

This thoroughly reliable text-book on chemistry, of 650 printed pages, gives the main essentials of the very important and interesting subject. A work must be popular and meet a real want to run through seventeen editions. The present edition has been brought out entirely by the efforts of Dr. Base, owing to the illness and death of Dr. Simon. The early portion of the book is devoted to the properties of matter and heat. This is followed by chapters on general chemistry. The third section is on analytical chemistry. The fourth section is devoted to the carbon compounds. It is quite unnecessary to say a single word in praise of a work so well and favorably known as Dr. Simon's book on chemistry. The publishers have shown their usual good taste in the selection of paper and the style of binding. The illustrations are very fine. For the medical student and practitioner this is an ideal work on chemistry, and we consequently recommend it cordially.

MORTALITY STATISTICS, 1914.

Department of Commerce, Bureau of the Census, Sam. L. Rogers, Director. Fifteenth Annual Report. Washington Government Printing Office, 1916.

This volume gives the mortality statistics of the United States. There is first a general summary and the mortality, according to districts, and, after this, according to diseases. The volume is a large one and full of useful information.

THE MURPHY CLINICS.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. Edited by P. G. Skillern, Jr., M.D., of Philadelphia. October, 1916. Published by W. B. Saunders Company. Price, per year, \$8.00.

This is an excellent number and maintains the reputation of former issues in this series. The articles are all good and of a timely character. It is well illustrated.

SHAKESPEARE IN MEDICINE.

Being the Annual Oration of the Medical Society of London, 1916. By Sir St. Clair Thomson, M.D., F.R.C.P., Lond.; F.R.C.S., Eng. Reprinted from the Transactions of the Medical Society of London. Vol. xxxix., 1916. London: Harrison and Sons, St. Martin's Lane, W.C.

This is a most delightful pamphlet. The distinguished author has covered the ground of Shakespeare in Medicine in a most charming manner. When one reads such an address as this it becomes apparent that Shakespeare had an unusual sort of mind—"myriad minded" as it has been called. We hope that many will read this address.

 MISCELLANEOUS

ACADEMY OF MEDICINE, TORONTO.

The stated meeting of the Academy of Medicine, Toronto, was held in the Mining Building of the University of Toronto, on Tuesday, Oct. 3rd, at 8.30 o'clock. The guest of the evening was Professor A. J. Carlson, professor of physiology, University of Chicago, who addressed the Academy upon the subject: "Some recent Contributions to the Physiology and Pathology of the Stomach," illustrated by lantern slides.

Dr. Carlson did not feel himself a stranger in Toronto, as he is associated with a number of Toronto graduates in the University of Chicago.

Professor Carlson's experimental work on the stomach was made possible by finding a man who as a child had a stenosis of the œsophagus due to caustic potash, and who had since been fed through a gastrostomy opening.

A series of slides were shown demonstrating the muscular contractions of the empty stomach, secured by an inflated rubber balloon in the normal stomach and connected through a tube in the œsophagus to a tambour and trocar proper.

As digestion proceeds there is an increase in the vigor of the muscular contraction leading to an almost tonic condition. This develops with the emptying of the stomach and is synchronous with the sensation of hunger. There is no doubt but that the phenomenon of hunger is due to this increased "tonus" of the stomach, and is not due to vagus or sympathetic control being present in the isolated stomach. It is present when the cerebrum is removed, but not when the optic thalamus is destroyed.

Stimulation of the gastric mucosa relieves these contractions, swallowing saliva induced by chewing hard paraffin, for example, the swal-

lowing of normal gastric juice, etc., while water has much less effect. Smoking a rather strong cigar was shown in one experiment to exhibit these "hunger" contractions. Massage of the abdomen acted similarly as did the application of a tight belt.

The activity of nerve muscular mechanisms in general is lessened during sleep, while the contractions of the empty stomach are increased during sleep. All external stimuli so far investigated lessen these contractions, none increase them. All increase in contraction seems to come from the gastric mucosa itself as reflex through the optic thalamus. Hæmorrhage increases the hunger contractions, as demonstrated by rapid withdrawal of blood from carotid of a dog.

Cases showing, clinically, bulimia, polyphragia, when investigated showed hypotonic contractions of the stomach, *i.e.*, excessive "hunger" contraction. Pyloric stenosis induces hypotonic contractions.

In some experimental work on gastric and duodenal ulcer induced in laboratory animals the results showed that those in contact with normal acid gastric secretion healed with the same rapidity as those not so exposed, and quite as rapidly as those in the duodenum quite cut off from acid secretion and exposed only to the alkaline secretions found there.

ONTARIO VITAL STATISTICS.

The prompt measures taken by the provincial authorities in co-operation with municipal officers to meet the menace of infantile paralysis are beginning to show results. Only 31 cases were reported to the Provincial Board of Health during October, compared with 76 cases in September. In both months the death rate was the same, but in several cases the deaths undoubtedly resulted from cases reported in September. The fact that the cases are scattered over 31 counties shows that there is little indication of an epidemic. Western Ontario, which suffered the worst in the earlier months, is practically free of the disease. Essex, Huron and Kent have only one case each; Lambton, Middlesex and Oxford, two each.

The returns for October show that scarlet fever, diphtheria and whooping cough have been more prevalent, while measles and typhoid have decreased. Six fresh cases of smallpox have broken out. During September Ontario was free of the disease, for the first time in twenty years.

The detailed returns show:

Diseases.	Oct., 1916.		Oct., 1915.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	6	0	5	0
Scarlet fever	73	0	57	3
Diphtheria	362	35	310	13
Measles	248	1	400	6
Whooping cough	253	1	61	2
Typhoid fever	127	14	155	27
Tuberculosis	141	64	114	61
Infantile paralysis	31	7	4	1
Cerebro-spinal meningitis	12	9	10	9
	<hr/>	<hr/>	<hr/>	<hr/>
	1,253	131	1,116	132

"THE MOONSHINE CULTS OF HEALERS."

The following from the pen of Dr. James S. Sprague, of Belleville, appeared recently in *The Toronto Daily Star*. It is worth reproducing:

"To the ordinary, but more especially to the reader who knows some Latin and has a fair acquaintance with the potentiality of words, the word 'cult,' made use of by fakirs and their fellow-land pirates, it would clearly appear, has been mendaciously used and abused and with a pseudo or unctuous plausibility for one purpose, and that is the evident ensnarement of the innocents and imbeciles. From *Medico-Legal Journal*, New York (August, 1916), I quote the words of Dr. Adlerman: 'We can safely make the following deduction: Every time the population of this country is doubled the insane are multiplied by three and the feeble-minded children by four.' It is to these facts I attribute the origin and existence of the ten so-named and presented cults, and others equally as daring and self-pretentious that fly by night or walk our streets in mid-day.

"Dr. Robt. Rentoul, in the *British Medical Journal*, states in England there exists a mental derelict, or imbecile, in some form, among 150 of its people. Dr. Shepherd, McGill University, is of the opinion that it may be wisdom to allow such cults birth and existence, for thereby our asylums and other retreats for imbecility would not become over-crowded. *The Medical Summary*, Philadelphia, August, 1916, presents a list, not one-half of the cults in existence in the United States, that are 'coming this way'—wanting recognition, even license to practise medicine. Over twenty million people in that country are treated by drugless 'healers.' There are nearly 200,000 doctors in the United States—university men—and they must live off of about 60,000,000 people and protect the national health, the army and navy, and the fakirs and cults from self-injury and protect the cults' imbeciles or weakling followers.

"The Emmanuel Movement was designed by several doctors in divinity of the Hub of Massachusetts to restore the 'Angelic conjunction' of the Middle or Dark Ages—that is, half priest and half doctor; but medicine remembered those days of the attempted strangulation and paralyzation by the church and the amplexation was not made, as above report has it. We need not name New Thought, Weltmerism, Psychotherapeutics, Pandiculation, Blue Grass Therapy, and other delusions or cults as evidence of the madneses of the unwashed and unredeemed who traffic in most sacred things, mind and body, and yet our laws allow them an existence, and it may be advisable, for our asylums would become too congested, and the dear and ever credulous dear people imagine other cults, other moonshine things of thamaturgy or witchcraft charms and amulets, hallowed wax, and other vain things."

CANADIAN LOSSES.

Up till October 11 the total number of casualties among officers and men of the Canadian Expeditionary Forces was 52,026, according to figures compiled by the Casualty Record Office. The number is made up as follows:

Killed in action	8,134
Died of wounds	3,120
Died of sickness	452
Presumed dead	1,009
Missing	1,372
Wounded	37,939

GERMAN WAR LOSSES.

The German war losses up to the end of September are as follows:

Dead	32,282
Prisoners and missing	32,259
Wounded	115,343

These added to those reported in previous months, including the corrections reported in September, total since the war:

Dead	870,182
Prisoners and missing	428,829
Wounded	2,257,007

The figures included all the German nationalities—Prussians, Bavarians, Saxons and Wurttembergers. They did not include naval casualties or casualties among colonial troops.

It should be noted that the figures do not constitute an estimate by the British authorities. They merely represent the casualties announced

in the German official lists. Also that the casualties are those reported during the month of September, and not reported as having been incurred in September.

QUEEN'S UNIVERSITY MEDICAL GRADUATES.

By holding an extra war session during the summer and fall Queen's Medical College has been able to graduate fifty-six new doctors six months earlier than otherwise. Most of the graduates will enter the Canadian and Royal Army Medical Corps at once. The list is:

Degree of M.B.—L. N. Armstrong, Kingston; H. M. Barnes, B.A., Gananoque; W. J. D. Black, Kingston; O. K. Blackett, Port of Spain, Trinidad, B.W.I.; J. P. Bonfield, Ottawa; H. A. Boyce, Harrowsmith; Bruce Cannon, B.A., Kingston; J. M. Clark, Seugog; G. H. T. Clarke, Manzanilla, Trinidad, B.W.I.; C. B. Corbett, Ottawa; R. F. Davidson, Toronto; J. R. Davies, Vancouver, B.C.; W. P. Downes, B.A., Hamilton; J. H. Fraser, B.A., Dalkeith; C. D. Gallagher, Kingston; Chilvers Gooch, Brooking, Sask.; E. J. Gordon, Highgate; Harry Hedden, Dunnville; R. K. Johnstone, Inverary; A. L. Leatherbarrow, Hampton Station, N. B.; W. H. Lloyd, Kingston; Benjamin Lyon, Kingston; J. O. MacDinald, B.S.C., Strathroy; P. M. MacDonell, M.A., Kingston; H. G. MacFarlane, Ridgetown; E. C. Mick, Powassan; G. F. McFadden, B.A., Sudbury; B. T. McGhie, Kingston; A. G. McGhie, Kingston; W. W. McKay, Pembroke; H. R. Nicklin, Newton; E. W. Nolan, Toronto; F. A. O'Reilly, Wolfe Island; C. A. Palmer, St. Ann's Bay, Jamaica, B.W.I.; J. R. Patterson, Peterboro; J. E. Power, Duluth, Minn.; F. L. Reid, Kingston; W. G. Robertson, Renfrew; J. P. Sweeney, Charlottetown, P.E.I.; A. J. Tripp, Fitzroy Harbor; R. J. Tucker, Paisley; J. B. Willoughby, Llyndhurst; J. A. Young, B.A., Griswold, Man.

Degree of M.D., C.M.—E. J. Brennan, M.B., North Bay; T. F. Carter, M.B., San Fernando, Trinidad, B.W.I.; W. T. Case, M.B., Georgetown, British Guiana; E. C. A. Crawford, Melville, Sask.; G. F. Denyes, Odessa; D. R. Fletcher, Ceylon; W. R. Grant, M.B., Sintaluta, Sask.; G. H. Johnston, B.A., Cataraque; J. E. Cane, M.B., Kingston; J. A. Labelle, M.B., Ottawa; G. F. Laughlin, Point Anne; H. M. MacDonald, M.B., Owen Sound; D. K. F. Mundell, Kingston; W. C. Page, B.A., Kingston; G. S. Purvis, Viking, Alta.; C. M. Sellery, B.A., Cobourg; K. M. Shorey, Napanee; G. F. Sills, Tweed; L. D. Stevenson, B.A., Dunfermline, Scotland; A. B. Whytock, B.A., Madoc.

Medal in Medicine—Henry Hedden, Dunnville; A. B. Whytaek, Madoc.

Medal in Surgery—K. M. Shorey, Napanee.

THE ARMY DOCTOR.

The following poem was written by Miss Maud Broomhall, of Toronto. We take from *The Mail and Empire*:

Stirred by love for his fellow-man
And the passion for duty that through him ran,
Eager of hand and foot he went,
And his heart on service was keenly bent.

Steady and calm, his fearless eye
Shed not a tear as he said good-bye,
For he's seen a vision of pain and strife
Where men were fighting, life for life.

His aim, not to flaunt acquired skill,
But to cure where the shot had failed to kill,
And comfort and ease the dying hour
Where death had gripped past human power.

Thus it was, with his nerve keyed high,
With pulse athrob and dauntless eye,
He met the heroes of pain and death
Who sing for the flag with their last faint breath.

They brought him men from the blood-soaked field,
Where they lay like leaves, till his own brain reeled
As he saw the suff'ring where shot and shell
Had rent and torn till the pain was hell.

But he gave them all of his strength and skill,
From morn till night, and again until
A new morn dawned with shadows grey
And brought the toil of another day.

Untired and nerveless, on he worked,
And under his knife it seemed there lurked
Miraculous power, strange and queer,
Staying the lives of his fellows dear.

He sang them songs of mirth and love,
And many a soul e're it went above
Gave thanks for the cheer that was given that day,
And he asked of earth no better pay.

And so, methinks, at the trump's last call
He'll stand in line with the victors all,
And writ in gold on his crown will be:
"My son, you have done it unto Me."

BLAKISTON'S VISITING LIST.

The Physician's Visiting List for 1917 includes an entirely new dose list prepared in accordance with the new United States Pharmacopoeia. This will prove an exceedingly useful feature, as there were many changes, improvements in standards, new drugs and other material inserted. This list gives the dose in both the apothecary and metric systems and the solubility and important incompatibilities when called for.

Several other new tables have been inserted, such as isolation periods in infectious diseases, table of mortality, etc. Limp leather, pocket, and flap. Price, \$1.25. Philadelphia: P. Blakiston's Son & Co.

MEDICAL PREPARATIONS

A WIDELY USEFUL SOAP.

There are a number of so-called antiseptic soaps. Probably the most generally serviceable of these is Germicidal Soap, formula of Dr. Charles T. McClintock, which has been not inaptly designated "the soap of a hundred uses"—a soap made from pure vegetable oils and containing the powerful antiseptic mercuric iodide. As indicative of the germicidal power of this soap it may be said that a solution of it containing one part of mercuric iodide in five thousand parts of diluent will destroy pus germs in less than five minutes. It is undoubtedly the most available antiseptic for the general practitioner. There are no solutions to carry. The soap is always ready for use. It does not stain linen or tarnish polished instruments.

Some of the uses to which Germicidal Soap is adapted are these: To prepare antiseptic solutions, to sterilize the hands, instruments and site of operation; to cleanse wounds, ulcers, etc.; to lubricate sounds, specula and catheters; to destroy infecting organisms in skin diseases; to disinfect surface lesions; to control itching in skin affections; to make solutions for the vaginal touche; to destroy offensive odors; to cleanse the hair and scalp and remove and prevent dandruff; to disinfect vessels, utensils, etc.; to wash and sterilize bed linen used in the sick room. It is apparent from the foregoing that the soap is at once an antiseptic, disinfectant, deodorant, sterilizer, lubricant and cleanser.

As most physicians probably know, Germicidal Soap, McClintock, is manufactured by Parke, Davis & Co. It is supplied in two strengths, containing, respectively, one per cent. and two per cent. of mercuric iodide. It is well to specify "P. D. & Co." when ordering from the druggist.