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# The Canada Lancet

VOL. LI.

TORONTO, JULY, 1918

No. 11

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## EDITORIAL

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### INFANT MORTALITY.

Few subjects at any time, and especially at this time, should receive more attention than that of infant mortality. When figures are used properly they are most illuminating and helpful, and the following statement of facts throws much light upon this important topic:

Montreal has been much impressed with the evidence of the necessity for advance in child welfare work, contained in the fact presented for its consideration that fifty thousand children have died there during the past thirteen years, before they attained their first anniversary. Thirty-five hundred infants died during last year alone.

Toronto, by the judicious establishment of health centres, has reduced its baby death rate to less than half that of Montreal. Whereas, in Montreal, 178 babies out of every thousand die in the first twelve months, in Toronto only 80 out of each thousand so lose their lives. The city of Toronto spends 70 cents per capita of its population on scientific public health protection. Last year Montreal spent just 35 cents.

Neglect to furnish proper care for the child in health and disease is an offence in law on the part of the parent or guardian. This being the case, the municipality should not be allowed to escape its duty to the child. The fact that one large city has an infant death rate of one-half of that prevailing in another large city proves beyond question that the latter is at fault, and is not doing its duty. When any given disease or group of diseases is preventable, "why not", as the late King Edward said, "prevent it?" On the basis of the value of human life to the state, it should be good economy to spend money to save the children. Then

we think the home-grown baby is better than one imported from Galicia, etc.

The following figures prove beyond a shadow of doubt what can be done in other places by what has been done in Toronto. The deaths under one year of age are as follows:

1904	903	1911	1,432
1905	935	1912	1,584
1906	918	1913	1,877
1907	976	1914	1,556
1908	1,215	1915	1,398
1909	1,410	1916	1,349
1910	1,402	1917	1,115

It will be noticed that the number of infantile deaths in Toronto kept on increasing up to 1913, since which time it has steadily dropped. The population, of course, was also increasing, but the terrible toll of child life in 1913 resulted in emphatic action being taken by the Health Department, which redoubled its efforts in connection with the milk supply and reorganized the child welfare division along the lines on which that important branch is now operating. How the above figures work out when the increase in population is taken into consideration is shown by the following table, on the basis of every 100,000 of the population:

1904	398	1911	382
1905	392	1912	386
1906	362	1913	421
1907	358	1914	331
1908	423	1915	300
1909	452	1916	293
1910	410	1917	235

If anyone doubted the efficacy of the Health Department's campaign to safeguard life, the foregoing figures would be convincing. The reduction during the past four years, during which the infant welfare department has been in operation in reorganized form is splendid. Putting 1913 to one side as an abnormal year, and going back to 1911 for a comparison, it may be pointed out that the infant death rate of 382 per hundred thousand of population, which then prevailed, would have meant, continued in 1917, that 1,810 babies under one year of age would have been carried to their graves last year. Instead of that, there were only 1,115—a saving of 695 lives.

According to Dr. P. H. Bryce, medical inspector of immigration, the

following is the Dominion mortality rate of the babies in the largest centres :

City.	Population.	Deaths per 1,000 for 1917.
Vancouver . . . . .	97,995	61
Calgary . . . . .	60,000	77
Toronto . . . . .	473,000	80
Edmonton . . . . .	53,794	99
Winnipeg . . . . .	200,090	108
St. John . . . . .	49,480	118
Montreal . . . . .	575,000	185
Ottawa . . . . .	100,561	222

Miss Mary Powell, director of child welfare work for the Provincial Board of Health, is urging that Canada should immediately inaugurate a more systematic and comprehensive policy in child conservation. She states that of 1,000 babies born in a year in Ontario, 108 die before they reach their first birthday anniversary. In 1916, the second year of the great war, no fewer than 7,000 babies under one year of age died in Ontario, whereas in England last year the infant mortality was the lowest on record. This gratifying circumstance Miss Powell attributes to the scientific measures immediately adopted by the Imperial Government in child welfare work. In the one year in the Motherland the number of milk stations and that of nurses doing baby welfare work was doubled.

#### THE CAUSES OF FEEBLE-MINDEDNESS.

Toronto was favored by a visit from Dr. Elmer E. Southard, who is professor of neuropathology in the Harvard Medical School, and is also director of the Boston Psychopathic Hospital. While in Toronto he gave an address on "Mental Deficiency."

He pointed out that about 5 per cent. of the existing feeble-mindedness could be traced to syphilis. He also said that heredity did not play as large a part in causation as many were disposed to think. On the other hand, the lecturer said that many of the causes of the condition were preventable.

The weak-minded can be divided, he said, into three classes: Cases that are due to heredity, cases caused by brain disease, and those arising from bodily disease affecting the brain. This may be put in another form by saying: lack of brain to begin life with, arrest of brain growth from disease in it, or in some organ of the body; and a perverted or "twisted" condition of the brain. According to the perversion or twist will be the hallucinations, illusions, and delusions found to prevail.

Altogether too much mystery and confusion has been thrown around the subject of insanity. The whole affair comes down to be one of a poor brain or a deranged one. The form of insanity will be determined by the way in which the brain is diseased, or the part of it that is affected. The degree of mental failure will give us idiocy, imbecility, or dementia; while the form may be simple feeble-mindedness, delusional insanity with much power of reasoning, or profound depression as in some forms of dementia præcox.

All forms of insanity should be treated as clinical manifestations of a defective, diseased or perverted brain, when we generally accept this simple way of approaching insanity, much of the difficulty hitherto experienced in its study will disappear. Many of the causes of insanity are now well known to be preventable. The old view that it was an affliction for some wickedness has been abandoned. The doctrine of *Flagellum Dei pro peccatis mundi* is now a thing of the past. In the same way that many of the causes of Bright's disease, or liver disease are preventable, so also, many of the causes of a poor or perverted state of the mind are within our control. It is here that the views of Dr. Southard are of special value.

We are glad to note that the lecturer gave no countenance to the belief in maternal impressions. As there is no nerve tissue in the foetal cord there could be no "impression." All that takes place is one of nourishment through the vessels connecting the placenta and the foetus. In this way only can the mother "impress" the child. But the child may start its intrauterine life with faulty germ cells or sperm cells, and it is here that heredity plays its rôle. The best nourishment a healthy mother can give her unborn child may fail when it is expended on imperfect sperm or germ cells. But this is not a question of maternal "impression."

We congratulate Dr. Southard on the very sane view he took of his subject. Such lectures will do much to bring the subject of mental derangements *ab nubibus ad terram*.

To show how the public is now waking up to the importance of this question, we quote the following resolutions moved and carried at the recent meeting of the Anglican Church Synod, held in Toronto:

"That this Synod of the Church of England in Toronto, while recording its sincere satisfaction with the steps already taken by the Provincial Government looking towards the care of the feeble-minded, and especially expressing its satisfaction at the appointment of a commissioner to examine the whole problem throughout the province and to report accordingly, hereby reaffirms the resolution passed at a previous session of the Synod, to the effect that the known existence of large

numbers of feeble-minded persons in the province, both children and adults, not cared for in any institution provided for the purpose, constitutes a grave menace to the moral and physical welfare of the community, and demands immediate action on the part of the Government. And further, this Synod is of opinion that no solution of the problem will be deemed adequate which does not make the fullest provision for adults as well as for children and young persons."

This resolution will be sent to the Provincial Government, and the second one to the Dominion Government:

"Whereas the report of the Psychiatric Clinic of the Toronto General Hospital has shown that 56 per cent. of those examined at the clinic and shown to be feeble-minded, were born outside Canada, having come in through immigration, and whereas the above fact constitutes a grave menace to the moral and physical welfare of the community, be it therefore resolved that this Synod earnestly requests the Government of this Dominion to take immediately such steps as may be deemed advisable to safeguard our country from this menace, and to prevent the entrance of such undesirable immigrants."

There are 10,000 feeble-minded persons now in Ontario, and of these 2,000 are in Toronto.

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#### PATENT MEDICINES.

If a dealer sells goods and does not give full weight or measure he can be indicted for fraud. If any person sold a ring under a guarantee that it was 18-karat, and it was found to be only plated, he could be attacked as a criminal. When anyone advertises a cure for consumption or cancer, or paralysis, it is high time that the properly constituted authorities should look into the merits of the preparation and ascertain if the vendor can deliver the goods.

Medical men know the limitations that exist in the cure of disease. It is well known that a lung that is tunnelled with cavities cannot be cured by any known drug. It is well known that the vast majority of ruptures cannot be cured without proper surgical treatment. It is well known that a cancer in the breast, with implication of the glands in the axilla and neck, cannot be cured. It is well known that the paralytic from of transverse myelitis cannot be made to "take up his bed and walk." These are the very sort of diseases that cures are advertised for in the lay press all over the country. Every one of these should be examined, and stamped as frauds and driven from the market, where the vendor cannot make good his claim before a competent judge. There is no excuse for permitting persons, without a knowledge of medicine, or who are absolutely devoid of honesty, to enter upon such a traffic and

impose upon suffering humanity. The days of the "cure-all" must cease.

We put this case up to the law-makers. There should be a statute strictly prohibiting the advertising of virtues in a remedy it does not possess, or the cure of organic diseases that are well known to belong to a class that are most difficult of cure.

With praiseworthy energy the Board of License Commissioners has taken up the subject of patent medicines. This investigation, however, we take it, will be limited mainly to the alcohol content. This, however, is very important, for when the "kick" is taken out of these nostrums they soon fall flat. The one who is fond of his "drop" likes the medicine with the highest percentage of alcohol; and for a liberal supply of it will give a certificate of how it cured him of some terrible disease. It is most wonderful what a small quantity of "aloes" and a large quantity of "whiskey" have done for some people.

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#### VENEREAL DISEASES.

After July 1 Ontario druggists will not be allowed to sell alleged remedies for venereal diseases. Only qualified medical practitioners will be allowed to attend patients suffering from these diseases and prescribe for their alleviation, and any person convicted of illegally prescribing will be fined from \$100 to \$500, according to the seriousness of the offence.

Where a medical officer of health in any community learns that a person is suffering from this disease he has the authority to compel the person in question to submit to a medical examination by a duly qualified medical practitioner immediately. If the report says the patient is infected, then he must continue treatment, and produce evidence of such treatment to the medical officer of health. Hospitals are under obligation to treat patients suffering in this way, on pain of forfeiture of their grants from the province. If any person is found guilty of stating, either publicly or privately, verbally or in writing, directly or indirectly, that a certain person has been notified, dealt with, or examined under this Act, whether such statement is or is not true, a penalty of \$200, or three months' imprisonment, will be imposed.

These regulations are of a very far-reaching character. In the first place, all patent and proprietary medicines for the treatment of any form of venereal disease must cease to be sold by the druggist. "Ricord's Specific," "Big G," etc., will disappear from the fences and bill-board, and the columns of the newspapers. This will be a great step in advance. These diseases are communicable, and the public should be protected. This can only be done by having these diseases properly treated under

proper directions to safeguard others. There are many complications that the ordinary stock remedies in the drug store cannot deal properly with. Further, the treatment should be continued until the person is cured. It is here that the treatment by remedies sold over the counter falls down. Careful steps are taken to obviate making the patient's condition known to others.

Hospitals must provide facilities for the treatment of these cases. It is the intention to furnish suitable drugs and special preparations for the handling of venereal cases. The Provincial Board of Health is working out plans for supplying free to local boards, medical preparations and hospitals, the requisite drugs, medicines, etc. All this should lessen the sum total of these diseases and their evil effects in the community. It may be found well in due time to carry the law further and demand a clean bill of health prior to marriage. It is known that women may have four or five immature syphilitic babies.

At the meeting of the Ontario educationists in Toronto a short time ago, Dr. Winnifred Cullis, who was acting professor of physiology in the University of Toronto, made a strong plea for the teaching of correct views to the children. "As a physiologist, as a woman, as a citizen, I beg you to teach your children the great facts of life," she said. If children were not taught by their parents, they must be taught by the teachers in the schools. They should teach the whole truth about the human body. They must be perfectly candid in their teaching. Better that children know these facts properly than that they learn them from evil associates. In England social diseases were responsible for many infant deaths.

Dr. Clarke, of the General Hospital, and Dr. Gordon Bates presented startling figures on the ravages of venereal disease. The former stated that there were 14,000 cases at the hospital clinics for the treatment of syphilis alone, and more than 14 per cent. of the people who visited the clinics were sufferers. In the hospitals little tots of one and a half years had been under treatment. In the public wards about ten per cent. were suffering from venereal disease and were not aware of it.

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#### THE GERMAN MIND.

National psychology is profoundly interesting. Ribot, the eminent French savant, wrote a book on the Psychology of the Crowd. But it should be remembered that the so-called psychology of a crowd is after all the manifestation of the psychology of a leader, or several leaders. There is, however, one flesh of man, another flesh of birds, and another of fishes; and so there is a widely different type of mind in different races. One of the worst of all known races is the Hun.



Beginning with the Assyrian, whose murderous and mutilating propensities were the dread of ancient days, we find these characteristics go with them when the Huns were driven into Europe. We find it in the hordes who followed Attila, "the Curse of God." We find it running all down the centuries of Prussian history, and history records the deeds of no greater monster and robber of the rights of others than that of the so-called Frederick the Great of Prussia.

Wellington bears testimony that of all the soldiers he had met there were none so callous, brutal and thievish as the Prussian. Recently a flood of light has been thrown upon the German mind in a book on Degenerate Germany, by Henry De Halsalle. It should be read by every one who desires to acquire a true explanation for the crimes against humanity committed by the Germans in this war; and we do not mean only the German soldier, for we include in our indictment the vast majority of the people living in Germany, and brought up under German teaching.

Samuel Taylor Coleridge, who was a great scholar, poet and philosopher, and who knew much of the German character, used the following words, and let us say here that the Latin word *nimis* means "too much." Here are his words: "There is a *nimiety*, a too-much-ness, in all Germans. It is the national fault." After a hundred years we are discovering it. They are too covetous, too selfish, too untruthful, too insolent, too barbarous, too stupid, and too servile. It is now the duty of the Allies to teach them a "*nimiety*" of humility.

One of the outstanding features in the German character is its readiness to yield to suggestion. Thus it was that when Nietzsche, a madman, told them they were the superman of the world, they accepted it. When the deaf historian, Treitschke, told them that Britain was a nation of weaklings, they believed it. When Bernhardt told them they were the bravest people in the world and could conquer any other people, they all said "Amen." When the Emperor himself said they were "the salt of the earth" and "of all the peoples my Germans are the most moral," they lifted themselves to the seventh heaven. Thus, what was in them by heredity, through long training and practice, has been very fully evolved.

As a result of this combination of social psychology, bad to begin with, and training, and practice, we have the modern Hun; in no sense Nietzsche's superman, but a modern Briareus, or superbrute. The old Roman historian, Tacitus, spoke of the Germans as brutal, drunken and gluttonous. Prince Von Bülow admits that "envy is the German's old vice," and an old Prussian chronicler says: "Envy, hatred, and malice are in all German hearts." "The Germans," observed Heine, one of that

country's great writers, "are more vindictive than the Latins. They are idealists even in their hatred. We Germans hate thoroughly, lastingly," And Captain Napier, one of Wellington's officers, writing to his mother, said: "I can assure you that from the general of the Germans down to the smallest drummer-boy in the legion, the earth never groaned with such a set of infamous murdering villains." Wonder no longer then at the murder of Edith Cavell, of Captain Fryatt, at the sinking of the Lusitania, at the outrages in Belgium, at the carrying into captivity of the French maidens, of the bombing of hospitals, or the murdering of prisoners. All these brutalities are the products of a low racial psychology, implemented by debasing teachings and suggestions from the leaders and rulers of the people.

It could not be otherwise; for the teachings of Germany's rulers are that the struggle for existence is the controlling force in the world; and that man can only attain to his highest through conquest, war and vanquishing all opposition. This is a wholly wrong national psychology. The German psychology is that of the negro; and so Henry De Halsalle declares it to be. Thomas Carlyle, who praised the Germans beyond their deserts, said, "Of all nations the German lies with the most scrupulosity and detail." The cruelties inflicted by the Germans on weak nations cannot be surpassed by any savage race. The German theory is to over-master others by terrorism. The biting words of Ammianus Marcellinus, written of the Germans in the days of the Roman Empire, could be applied to the Hun of to-day. The psychology has come down unchanged. Like the Assyrian, "the *German* comes down like a wolf on the fold."

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#### THE VISIT OF SIR ARBUTHNOT LANE AND COL. H. A. BRUCE, F. R. C. S.

Col. Bruce brought words of confidence that the Canadian soldiers, doctors and nurses would give a good account of themselves in the future as they had done in the past. He also said that the Canadian soldier was a sober-living man, and upheld the finest traditions of the British army in his observance of discipline.

The bombing of hospitals by the enemy was a deliberate act. In many cases the work of the hospitals had to be carried on with windows darkened. In one case this bombing was kept up for six nights, killing patients, doctors, nurses, and their own prisoners in the hospitals. The nurses have assumed the bearing of front-line soldiers. The great fortitude and heroism of the nurses under such conditions is something which cannot be spoken of too highly. They go about their duties with a coolness that would do credit to the seasoned troops.

Col. Bruce spoke also of the great efficiency of the medical service during the German offensive. The splendid organization was equal to the strain so suddenly thrown upon it, and removed the wounded so quickly that all congestion was avoided, the injured were made as comfortable as possible, and none were left behind uncared for.

In regard to the treatment of the wounded in the war vast strides have been made by the surgeons in recent months and the British Medical Services have revolutionized the state of affairs which used to exist when every wound was regarded as septic or poisoned. This has been effected by the despatch of special squads of doctors right up to the front lines and the wounded are operated on and the wounds closed immediately. About 90 per cent. of the wounded now have their wounds healed by first intention. That is that the wound remains healthy and does not produce pus. The Dakin-Carrel treatment, which was invented to deal with badly infected wounds earlier in the war, and which is most successful for that purpose, is not so necessary now because the wounded are treated so soon after they are hit.

Col. Bruce stated that the Germans so studiously violated the Geneva rules that it became necessary to remove the Red Cross sign and every indication that any place was used as a hospital. To indicate that a building or tent was a hospital was only to invite an air attack from the enemy.

He spoke in very high terms of praise of the many doctors the United States had loaned to Britain and France, and the very efficient manner in which they did their work. He also spoke in very high terms of praise of the American troops. They were a splendid body of men, and would do great credit to their country.

Sir Arbuthnot Lane, Bart., was given a great ovation when he rose to address the special meeting of the Academy of Medicine which had been called to hear him and Col. Bruce. He is consulting surgeon to Guy's Hospital, London. He has taken a very active part in the surgery of the present war.

As the sculptor carves in stone and wood, so the modern surgeons carve in flesh and bone that the loved features may be restored to the soldiers who have been wounded in battle, said Sir Arbuthnot Lane, who represents the British military medical profession on a special mission to the United States.

It was found that between two and three per cent. of the soldiers are wounded in the face. Consider what this means. If a soldier lost a leg or an arm he would be made much of at home, but when half his face is gone his very children recoil with horror, and no matter what the

depth of affection his wife may have for him she would regard him with loathing.

What do you do about it? We give him back his old features. This is a new branch of surgery that is developing very fast. When a soldier is wounded in the face we try to get a photograph of him as he was when he left his home. The photograph is given to a sculptor, who makes in clay and plaster a model of the man's features as they were known to his family, and this model is then passed to the surgeons and dentists who have the work of translating into flesh and bone the cold work of the sculptor. Flesh, bone and cartilage is taken from different parts of his body, because we find that these tissues grow best when taken from the same man, and the surgeons make jaws, noses and cheeks, and end by giving the man back the face which he had when he went to the war.

Sir Arbuthnot said that the making of noses out of human flesh was practised for the most part by the Austrian surgeons prior to the war, for one of the national customs of the Austrians is to bite off each others noses, which takes the place there of the practice of throwing acid to destroy features in other parts of the world.

It is all a very new science. The work was commenced under my direction at Bramshott Camp and has now been transferred to Sidecup Hospital, near London, where recently the work has been subdivided so that Great Britain, Canada, Australia and New Zealand are all sending specialists to compete with each other in making the new science more wonderful than ever.

Speaking of his connection with Canada and Canadians, Sir Arbuthnot recalled that as a boy he went to school at Halifax, where his father, the late Brigadier-Surgeon Lane, served during the time of the Fenian raid. I visited Halifax on this trip, and I was surprised to find that it is just the same town as it always was. I remembered the different buildings very well, and that part of the city where we lived was not much injured by the explosion.

During the time when he held command of the Canadian Hospital at Bramshott, Sir Arbuthnot met many Canadian doctors and nurses. They are all delightful. They are so keen about their work. They used to save up a large number of cases for me to operate on and they wanted to see everything. But that is just like the Canadians, he added with a smile, they are keen about everything which they do.

Sir Arbuthnot went on to speak of the method of restoring these facial deformities. In the case of a lost eye a piece of cartilage is implanted and on this the glass sits, and has all the movements of the other eye.

Pieces of bone are inserted into the broken or smashed jaw. These inserts of bone, taken from other parts of the body, grow well and restore the usefulness of the jaw.

When large portions of skin are lost, skin from another part is taken and wrapped over some Stent's Compound, the outside in contact with it. This is then buried in a cavity made by the surgeon. In a few days the skin has become vitally attached to the inside of the cavity. The Stent's Compound may now be removed, and the skin employed to restore that which had been lost.

He spoke of the very excellent work that had been done by two Canadians, namely, Majors Waldron and Risdon. They are both University of Toronto men. They are engaged at the Queen's Hospital, Sidecup, Kent, England, in the work of reconstructing soldiers' faces that have been mutilated and disfigured in the war.

Major Waldron graduated in medicine and dentistry in Toronto in 1911, and then spent four and a half years studying ear, nose, throat and oral surgery at Johns Hopkins University. Enlisting in England in 1915, he was later sent to France by Sir Guy Carleton in order to organize a Canadian department in that branch. Twice has the hospital, which he later established, outgrown its quarters and is now accommodated in an old mansion with 90 acres at Sidecup, Major Waldron being in command.

After graduation from the Royal College of Dental Surgeons in Toronto, Capt. Risdon took a course in orthodontia in Philadelphia and St. Louis, and practised in Toronto. Then he studied medicine, graduating in 1914, later resuming his study of oral surgery in New York and Chicago. He went overseas with the 198th Battalion in February, 1917.

Sir Arbuthnot Lane was very enthusiastic over the achievements of this new departure in surgery. It had a very wide range of applicability to other parts of the body than the face. The insertion of bone, and the transplanting of skin and mucous membrane had proven a great boon to army surgery.

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#### JOHN ROSS ROBERTSON.

We do not here speak of the late Mr. John Ross Robertson as a newspaper man, nor as a politician. In the former he was very successful. In the latter sphere he sat in the Ottawa House for a few sessions. He refused the honor of knighthood, and also the dignity of a Senatorship. He preferred the plain title of "Mr." and "bore without abuse the grand old name of gentleman."

We wish to remember him as one who gave himself wholly and unreservedly to the welfare of sick and suffering children. He was a

veritable St. Nicholas. In this work he made no stint of head, heart, body or purse. Of him it can truly be said:

So when a great man dies,  
For years beyond our ken,  
The light he leaves behind lies  
Along the paths of men.

The Children's Hospital is his chief monument. A member of the British Parliament in speaking of Sir Christopher Wren, and St. Paul's Cathedral, said: "If you wish to see his monument, look around." In like manner, if one wishes to see Mr. Robertson's monument, look at the Children's Hospital and its home for nurses.

He was unostentatious in his manner, and never sought praise for what he did. He believed in the doctrine that good acts need not be in a hurry to receive their commendation. They could afford to wait. His motto was:

"I shall pass through this world but once. Any good, therefore, that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer, nor neglect it, for I shall not pass this way again."

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#### ESSENCE OF GINGER.

There has been a marked demand for this drug, because it acts as an excellent booze drink. The ginger in it is of minor importance to the purchaser, as he is really after the alcohol. Ginger, however, in unduly large doses may prove very dangerous. For this reason druggists should not sell it, as there is the temptation to drink too much for the sake of the alcohol. We would advise druggists to refuse this drug, unless in such cases as can be shown that it is for proper domestic purposes, and then in small quantities.

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#### THE TRANSFUSION OF BLOOD.

Blood is now being bottled and kept in stock at the army front for ready use. Sir Arbuthnot Lane, Col. H. A. Bruce and Col. W. J. Mayo have reported excellent results from its use. Col. Bruce said recently that he had made use of it in 320 cases during a comparatively short period, and with most gratifying results. The blood is bottled as the citrate of blood, and can be kept for a considerable length of time. The advantage of this method is that it is always ready, whereas a "donor" may not always be found in a hurry.

## A FEDERAL DEPARTMENT OF HEALTH.

To Dr. Michael Steele, M.P., we extend our greetings. He is doing a useful work in urging the establishment of a Department of Public Health for Canada. The number of lives that could be saved and the amount of sickness that could be averted would far more than pay for the cost, and then the people would have the benefit of the good results of the expenditure. Dr. Steele claims that 50,000 deaths occur each year that might be prevented. He also contends that 500,000 people suffer from sicknesses that are preventable. Somewhere in the neighborhood of 15,000 children die each year in Canada that should be saved. The best method of building up our population is by saving the lives of our own people.

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## WOOD ALCOHOL.

One of the most dangerous of drugs on the market is wood alcohol. It can be bought over the counter in drug stores without an order. This state of affairs must not be permitted to continue, and we urge upon the proper authorities to deal with the question in some effective manner. If necessary, a statute should be passed that would control its sale. Now that it has become difficult to obtain whiskey and brandy, there is bound to be an increasing demand for wood alcohol, even at the risk of blindness, or the expense of a funeral for the family. The situation is quite intolerable.

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## RESEARCH WORK.

It must have been very gratifying to all the friends of the University of Toronto to learn through the columns of the press recently that a large sum of money is to be donated to the university for the purpose of providing for research work. One of the greatest functions of a university is to lead, but to do so effectively demands money. Research work comes high. There must be suitable laboratories, and these must be equipped with the best of appliances. Then there must be highly trained persons in charge of the work, and these should be adequately paid.

## ORIGINAL CONTRIBUTIONS

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### PHYSICAL TREATMENT OF WOUNDED SOLDIERS.

BY MAJOR H. G. NYBLETT, C.A.M.C.,

Late Officer in Charge, Remedial Gymnasium and School of Remedial Re-education,  
Military Convalescent Hospital, Epsom.

INCE the first year of the war a comparatively unknown branch of medicine has sprung into prominence. Not as rapidly or as prominently as should have been, but after a hard struggle is at last forcing recognition.

Towards the middle of 1915 a number of casualties of graver types were convalescing. The wounds were healed, but the disabilities remained. These disabilities were the result of many causes. Direct destruction of tissue, injuries to nerves, joints and also disabilities of nerve function or joint function due to indirect causes, and lastly purely functional disabilities without visible traumatism.

The realization of what could be done in the way of curing these cases developed very slowly. These convalescents were sent to convalescent hospitals. An instructor of physical training and bayonet fighting was sent to instruct these casualties. He had, however, had no instruction in anatomy and was only trained to harden a fit man.

Naturally these instructors did not appreciate the conditions of a wounded man. In some cases men who had been doing work in the line of physical development previous to the war were obtained, but these were very few in number and belonged to various schools, such as the Swedish, German, Danish or individual schools, such as Sandow's. There was no system common to all and each one could not see the benefits of the other schools. As an army instructor stated, he "used to put the men through till they dropped, not realizing how much harm I might do."

In some of the gymnasias the men were given most severe exercises. The instructors did not know the bad results of an over-tired muscle. The medical officers, with very few exceptions, looked with more or less contempt on such disorganized effort, and very often were afraid to send a case of serious disability to the gymnasium, not knowing what treatment he would receive and realizing that he would be treated by incompetent instructors and not overlooked by competent medical officers. The patients were sent to the gymnasium. The disability in many cases was diagnosed and prescribed for by an instructor who was not a medical officer, and could not tell whether the disability was organic or functional.



The same applied to the massage and electrical departments. Very few medical men have been trained in these branches of medicine. A specialist in one of the largest British hospitals stated that one of their greatest difficulties had been to get medical men trained in electrical medicine. The profession realize this so little that they think an X-ray man is an electro-therapist, but actually he knows no more of electro-therapeutics than a surgeon knows of diseases of the eye. As a result of this, large departments were run without a medical officer in charge, and again the diagnosis and prescribing were done by the head masseur or masseuse.

These people were competent and were doing invaluable work, but it was like allowing a pharmaceutical chemist to prescribe as well as fill the prescription.

For this reason one of the most valuable branches of medicine and surgery failed woefully to fulfil its work. Only a medical officer who thoroughly understands the branches of physical treatment is qualified to prescribe and before prescribing a very thorough diagnosis must have been made.

As a result of this lack of organization, faddists tried to develop their own ideas and many and curious were the results.

In some gymnasias step dancing was taught, in others wand work or bar work, often throwing severe strains on tired muscles. Again, some instructors believed in long hard exercises, especially those of the old army school. In all of these systems there was some good, but many were developed to make a strong man rather than a healthy man, and none had been developed to meet the necessities of war casualties, and men were returned to command depots with disabilities that could have been improved greatly.

The director of physical training and bayonet fighting, realizing that by the aid of systematic instruction a vast improvement would result in the percentage of men to return to the front, after a long period of hard work succeeded in getting an organization to instruct instructors, and early in September, 1917, selected a class of thirty physical training instructors. These men were all instructors with Aldershot or Shorncliffe certificates. They were first sent to Shorncliffe for a refresher course in physical training.

All these instructors were themselves casualties, and all had had many months' experience in instruction in command depots. Having been themselves casualties, they could appreciate the mental attitude of the wounded man.

These instructors were then sent to the Military Convalescent Hospital, Epsom, and thus was organized the first school of remedial gym-

nastics ever formed in the British army. The teaching staff consisted of an officer of the C.A.G.S., with very considerable training in physical instruction on this side of the Atlantic; a staff sergeant instructor of the A.G.S., who is probably one of the most thorough teachers of the Swedish (or Ling) school in England, having spent some years under the Swedes in training, and a medical officer in charge.

This work was greatly assisted by the commandant M. C. Hospital, Epsom, who appreciated the benefits resulting from this work and afforded all facilities in his power and was keenly interested in the results. The course given at this school is as thorough as is possible with the necessity of turning out the instructors in as short a time as possible, owing to the urgent need of instructors in the hospitals and command depots. The course is based on the Swedish system, which in actual results has outclassed all others and is the growth of over a hundred years. The idea of this system is not to make a Sampson or Goliath, but to develop an absolutely normal, healthy, active man with absolute control of his muscles and nerves. To strengthen without weakening. In many systems the muscles are built up at the expense of the heart, etc., as is instanced by the number of athletes who develop heart lesions. Little apparatus is used, and that of a simple type, and none of it mechanical, as the Zander machines, for the desire is to gain or regain the nerve control of the muscles and to teach them to respond quickly and accurately to the mental control.

Thus is taught re-education of the part damaged, the end being to make the wounded man regain the mental control of the damaged muscles or else to teach other muscles to perform the work of a muscle that is incurably disabled. To accomplish this it was necessary for the P. T. instructors to have a working knowledge of anatomy and physiology, and they were given daily lectures and grinds on these subjects and examinations.

In a two-month course it is impossible to take up more than one branch of physical training, for that period is all too short for one branch, but it is necessary that these instructors should appreciate the allied branches and how all branches work in together; therefore they received lectures and demonstrations in electro-therapeutics, hydro-therapy, heart lectures and demonstrations in electro-therapeutics, hydro-therapy, heat and massage, but in these subjects they are only told and not actually taught, as there is quite sufficient work to do in one branch unless two or three years are to be devoted to learning these allied branches.

Lectures are also given in kinesiology, theoretical and practical, and resistive movements, the results of fatigue, the regeneration of tissue, the results of scar tissue, the methods of aiding, controlling or overcoming

movement, and the use of apparatus. As I said before, mechanical apparatus is not used, but resistive apparatus is of the greatest use, together with wall bars, spear-boards, pulleys, nautical wheels and many other kinds of apparatus. In all these the movement is controlled by the patient himself and not by the apparatus.

For the first month the work in the school is theoretical, the tables of exercises have to be learned and sufficient of the theory to enable the instructor to take an intelligent view of the actual work in the gymnasium during the second month, when, under the personal supervision of the older instructors, the school has to take the classes.

The great advantage of Epsom as a school of instruction is that it is probably one of the largest remedial gymnasia in England, the roll of attendance being in the neighborhood of 1,000, and in many months the average daily attendance is between 600 and 700. This gives the school the opportunity to learn practically how to handle all classes of disabilities from the men in classes to individual treatment.

After finishing the course some of the instructors are retained at Epsom, where they have further experience and are then sent to other hospitals, while the others are sent to command depots, where they can carry out further treatment of B men.

In view of the work done and the value of this work, not only in returning soldiers to the front, but also to civil life, the following facts may be of interest. It is estimated that 5 per cent. disability means a pension of \$30 per annum. Thus if a disability is improved 5 per cent. it means a saving to the country of this amount. If 10,000 men are improved 5 per cent. (and this is only a drop in a bucket) the saving would be \$300,000 per annum, or in 20 years \$6,000,000, plus interest.

Three instructors were sent on trial to a venereal hospital, where, as is commonly the case, it was very difficult to maintain discipline. Special tables (now adopted in Canada) were tabulated in the gymnasium at Epsom and the instructors taught them. The result was an improvement in discipline of 90 per cent.

Two instructors were sent to an hospital. In less than two months 5 per cent. more men were being returned to the command depots.

One of the improvements particularly noted is the mental condition. Many casualties after some weeks in hospital become both mentally and physically inert.

It is not necessary for an instructor to become a psychologist, or to teach him psychology. If he is a suitable instructor he will soon recognize this part of the work and apply it intelligently without becoming a faddist.

Men have come in mental and physical wrecks, who for weeks have

been going downhill. In six weeks to two months they have left the gymnasium mentally and physically alert and bright. It is only trained instructors who could have accomplished these results, and it was a feeling of great pride to all concerned to have been connected with the first school of remedial gymnastics in the British army.

One of the features borne in mind is the danger of turning instructors into "quacks" after the war. This is an important one, as if taught a smattering of remedial gymnastics, massage, electricity, psychology, when thrown on their own resources will utilize their knowledge for money-making. At the same time, after the war, they will be a most valuable asset to the country if employed as gymnastic instructors in the schools if they will recognize disabilities in children. The advantage of the work done at Epsom is that a definite system of instruction has been inaugurated. Up to the time of leaving, three classes of N. C. O.'s had been turned out and one class of medical officers.

In as new a branch as this many improvements can be brought in, but care must be taken not to break away from the foundation and allow each instructor or medical officer to inaugurate improvements of his own. If an instructor, medical or N. C. O., bring out improvements they should be thoroughly tried out before being incorporated and for this purpose trained inspectors should visit the gymnasia to urge on the unambitious and hold down the too ambitious, and himself gather ideas from all and systematize them.

There has been too much of a tendency to turn out instructors in massage and electro-therapeutics, or as more generally termed, masseuse, in too brief a time, and much harm has resulted. The very shortest time a masseuse can be trained who is also capable of doing electrical work is six months. If a shorter period is taken a dangerous and incompetent operator is the result, and every day one sees the result of such incompetency. As a result of this failures occur continually owing to faulty technique, for there is no branch of medicine more absolutely scientific than electrical medicine, and none that has more failures due to faulty technique.

Again in this lies the failure of medical men to study this branch, for the medical man who can prescribe electrical treatment scientifically is very rare. Not only this, but to obtain results very many of the treatments must be given by the medical officer himself, and in the case of nerve lesions continual tests must be made to recognize the improvement and prognosis. Too often radiant heat is used on account of simplicity, when other treatment would give better results. Too often ionization, the water used for solutions, is not tested and consequently the desired result is not obtained.

The Almeric Paget Military Massage Institute has turned out many masseuse, and very satisfactory has been their work. They are educated, capable women who are taught their own limitations. This fact has increased their usefulness and one cannot speak too highly in their praise for the work thrown on them is increased by the inability of medical officers to assist them, and consequently they have often to prescribe the treatment themselves.

In Canada we have had no schools of electro-therapeutics or of massage. In England there is to be established in connection with Cambridge University a school of electro-therapeutics for post-graduates in medicine requiring a six months' course and giving a degree.

In hydro-therapy some very useful results are being obtained. The tendency, however is to simplify the technique and a great variety of baths is falling into disuse. Hot, cold, contrast, immersion and spray now nearly cover the list, but these are giving valuable results. The necessity of all branches of physical therapeutics being more closely allied is being more fully realized, for the one branch is only a preparation for the others, and all work in together from massage to remedial gymnastics. One of the greatest mistakes is to consider a convalescent hospital simply as a resting-place for convalescents. It is when a patient with disabilities arrives at a convalescent hospital that active treatment commences. Every convalescent hospital should actually be an orthopædic hospital; not necessarily for operative treatment, but for the cure of disabilities and with freer scope than is usually allowed in the way of anæsthetics, for examinations and the application of plaster casts.

Also in the active treatment hospitals the earlier application of massage and remedial gymnastics would shorten the convalescence. This is now being taken up in many of these hospitals and will be found of untold benefit.

Close attention will have to be paid to the mental aspect of all patients, for they gradually adopt the idea that having "done their bit", they need not trouble any further. It is only by giving them an active interest that this inertia can be overcome, for the rest in a hospital encourages this, and employment must be found. Great improvement has resulted in many when put to work in the gardens, but many need driving for a considerable time.

In respect to functional disabilities some wonderful work is being done in one large orthopædic hospital by mental suggestion. One masseuse after another was tried out without satisfactory results till at last one was found with the necessary personality. She worked in a room alone and quiet. In a case of functional paralysis, for instance, she

would test the muscle concerned and after showing the patient that the part concerned could move, would keep his attention concentrated on that movement till he gradually moved the part himself. In this way some wonderful results have been obtained. Unfortunately this power is given only to a few.

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## PERSONAL AND NEWS ITEMS

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Hon. Dr. H. S. Beland was recently in England on his way home to Canada. He was a prisoner in Belgium for nearly four years.

Lieut.-Col. Chas. H. Gilmour, who has been home on leave for a short time from Orpington Hospital, is likely to be retained in Toronto on surgical duties.

The extra amount of \$22,500 required for the Medical Health Department of Toronto was refused at a recent meeting of the city council.

Dr. (Capt.) Morley Gorman, of Postville, has been awarded the Military Cross in recognition of his medical services for several years.

Capt. Thomas Morrison, formerly of Hamilton, and a member of the C.A.M.C., who was overseas with the 9th Battalion, has been appointed assistant director of medical services in the Niagara camp. He will be mainly responsible for the health of the men at Niagara.

Dr. C. K. Clarke, for many years medical superintendent of the Toronto General Hospital, has been appointed chief executive officer of the newly-formed National Mental and Hygiene Association. Dr. Clarke will retain his connection with the outdoor department of the hospital.

Major Cluney McPherson, director of the medical service in the Newfoundland Militia Department, has been honored with the distinction of C.M.G.

The results of the examinations in the fourth year in medicine at McGill show that J. N. Nathanson, of Ottawa, won the Joseph Hills prize for the best examination in therapeutics, while one of the McGill Medical Society senior prizes for the best essay written during the year was won by J. M. Frawley, of Sudbury, Ont.

Dr. E. C. MacFarlane, who has been practising at Stratford for several months, has enlisted with the Army Medical Corps at London. He is a North Easthope boy and a graduate of Western University.

Household goods valued at \$720; jewelry and clothing, \$435; insurance, \$550 (and \$388 in the bank, make up the estate of Dr. Theophilus V. Hutchinson, formerly Medical Officer of Health at London, who died at 8 Walmer Road, Toronto, March 8th last.

Drastic methods employed by the German medical authorities in treating nervous patients in military hospitals in Munich resulted in revolts by the patients, in which wards were wrecked, according to the *Koelnische Volks Zeitung*. At Rosenheim the hospital was burned by the rebellious patients. The paper adds that electric shocks of such strength are employed that the patients screamed in terror.

Capt. (Dr.) Beaumont S. Cornell, of Athens, Ont., who graduated from Toronto in 1916, and has been serving in the C.A.M.C., has recently been reported as wounded.

Mr. and Mrs. Robert Baldwin, Paris, have received word that their daughter, Nursing Sister Mary D. Y. Baldwin, had died of wounds at No. 3 Canadian Stationary Hospital, Boulogne, France, on May 30th. Miss Baldwin spent the greater part of her life in Paris, but graduated from Victoria Hospital, London, Ont., and enlisted in that city for overseas service. She had been in France since July 25th, 1917.

Another big British hospital was bombed by German airmen recently and once more many medical workers and some patients were killed or wounded. The hospital caught fire after a large section of the building had been demolished by a bomb. A few women nurses were among the slain, and their bodies, together with those of a considerable number more of the personnel and patients, are buried in the ruins, according to the latest reports.

London has had a small epidemic of smallpox, but the energetic measures of Dr. Hill, Medical Officer of Health, soon brought the disease under control. The latest case was that of a teacher in the Collegiate Institute.

Lieut.-Col. R. Casgrain, just gazetted a colonel with the C.A.M.C., graduated from Trinity Medical School, and was practising in Windsor when he organized and took over No. 3 Stationary Hospital, which went to Lemios. While there he was taken seriously ill in October, 1915, and invalided back to England. Since then he has acted as O.C. of the Canadian Convalescent Hospital at Bushey Park, but latterly had been in command of a French-Canadian hospital at St. Cloud, on the outskirts of Paris. Col. Casgrain was previously mentioned in despatches for valiant service.

A circular instructing license inspectors to warn doctors and druggists of changes in the Ontario Temperance Act that have not been properly observed, is being sent out by the Ontario License Board. The circular, to which reference was made some time ago, orders the inspectors to prosecute doctors who do not attach certificates to orders for alcohol stating that the quantity prescribed is the minimum amount

needed, and druggists, merchants, etc., who do not keep a record of all sales of tinctures, essences, etc.

Major Edward S. Jeffrey, who graduated in medicine at the University the year war was declared and went overseas shortly afterward with No. 2 Field Ambulance, has been gazetted deputy assistant director of the Medical Corps. This is another recognition of the untiring services rendered by Major Jeffrey ever since his enlistment as a staff sergeant with the C.A.M.C. at Toronto. He was given a commission after arriving in England, and has won the other promotions at the front. In September, 1916, he was reported as wounded, but remaining on duty, and received the Military Cross for his splendid work at Vimy Ridge. Major Jeffrey is a son of Mrs. Andrew Jeffrey, 107 Carlton St.

The fact that the girls confined in the Mercer Reformatory are still locked in their rooms, although the jury of two years ago condemned the system, was commented upon by the grand jury, and the recommendation made that a system of locks be installed which could be operated by electricity from the office. This would do away with the danger of the girls being locked in their rooms in case of fire and no means found of liberating them.

Essence of ginger has become a very popular article of late. Samples have been found to contain 88 per cent. proof spirit. There is a determined effort to put down the sale of this dangerous drug. Drinking it in large amounts has caused a number of deaths.

Surgeon-General G. Sterling Ryerson has retired from the chair of ophthalmology and otology in the University of Toronto, after a service as a teacher in these branches for thirty-seven years. He is at present touring and speaking in the northwestern and Pacific States for the American Red Cross. He expects to return home in September.

Dr. Arundel, a medical officer of the Royal Air Force, 62 Indian Grove, was slightly injured about the head and face when knocked down by a motor car driven by Mr. R. Bawdry, of Ancaster, Ont., at the corner of King and Queen Streets. He was rendered unconscious, but recovered after medical treatment by Dr. McKenna.

There are nearly 6,000 blind people in Canada. And the result of this is that provision is now being made to help these poor sufferers intellectually and in other ways. In the Canadian National Institute for the Blind out country possesses one of its most valuable agencies for lightening the burdens of those who are so sorely afflicted. Out of the 4,500 blind adults in the Dominion, 3,000 have no work, and of the 500 people blinded by the Halifax explosion, many are mothers of small families who must do their daily work in total darkness. Here is a fine



and pressing opportunity for the warmest sympathy and the most practical philanthropy.

J. C. Watt has been appointed an associate professor in anatomy, University of Toronto, and W. G. Smith a professor in psychology.

Word has been received by cable of the arrival in England from Palestine of Captain D. E. S. Wishart, who has just completed three years with the R.A.M.C., and has been upon almost continuous service in the front line, in the near East, during that period.

Col. Alexander Primrose, C.B., of 100 College Street, Toronto, professor of surgery at the University of Toronto, has been created a C.B. He went overseas with the University Hospital, and served in Greece and England, where he was consultant to the Canadian forces. His only son, Lieut. H. P. Primrose, was killed in action in May, two years ago.

Capt. Ernest C. Dickson, who described a new disease called bolulism at the Medical Congress in Hamilton, is a graduate of the University of Toronto, where he took his arts course at University College with class '04 and his medical degree two years later. He recently enlisted with the C.A.M.C., but prior to that was professor of pathology at Leland-Stanford University, California, and had been able to make some observations on the subject of botulism as seen there.

Lieut.-Col. P. W. H. McKeown, whose promotion to colonel has just been gazetted, was a well-known member of the medical profession in Toronto, and practised on College Street prior to going overseas. Originally an officer of No. 4 Can. General Hospital, he went with that unit to Saloniki, and later was appointed to the Medical Board in England. Since then he has again taken a hospital command.

Further promotion has come to Dr. Gordon Heyd, son of Mr. and Mrs. L. F. Heyd, Toronto. He went over with the United States forces as a captain, received his majority, and is now in charge of a hospital of 2,500 beds in France. Before receiving his commission he was a practitioner in New York.

Dr. D. A. Carmichael, who has been acting as assistant superintendent at the Caledonia Sanitorium, Gravenhurst, has been offered and has accepted the superintendency of the Jordan Memorial Sanitorium, of New Brunswick, succeeding Dr. David Townsend, who has joined the U.S.A.M.C.

At a special meeting of the Board of Governors of the Western University held recently, the resignation of Capt. (Dr.) Hill, Medical Officer of Health for London, was accepted. He will leave at the end of the month to become director of the Public Health Association of the State of Minnesota. Every effort was made to have Capt. Hill recon-

sider his resignation, but he explained that the field offered is much larger, and he would accept.

Dr. Valentine Mott, traveller and surgeon, who was one of the early exponents in the United States of the Pasteur treatment for hydrophobia, died suddenly at his home in New York on 20th June, of angina pectoris, aged 65 years. He was sent to Paris in 1887 as the representative of the Pasteur Institute, and studied methods of prophylactic treatment with Louis Pasteur and was entrusted with the first inoculated rabbit allowed to leave the Paris laboratory to be brought to America.

Dr. Carrel, who has done such good work on the treatment of wounds, has installed his laboratory in the Base Hospital, No. 8, which was donated to France by the Canadian Government.

Major J. G. Fitzgerald, M.D., is now in France acting as a pathologist. He was for a time doing work at the cerebro-spinal laboratory.

Capt. R. S. Armour, M.B., R.A.M.C., of Campbellford, Ont., has been mentioned in despatches for meritorious conduct. He is at present in charge of a hospital in East Africa.

Capt. D. Cassidy, R.A.M.C., has been awarded the Military Cross for bravery in going down a mine to render aid to men who had been gassed.

Capt. Gordon W. Armstrong, who has served in France and Mesopotamia in the R.A.M.C., has been awarded the D.S.O. for working in the open under shell fire, giving aid to the wounded and carrying an officer from the danger zone.

Capt. Gerald Allison, R.A.M.C., of Picton, Ont., has returned again for duty at the front. He has served in Egypt, Gallipoli, India and France.

Lieut.-Col. R. Ker, C.A.M.C., who was home on furlough, has been asked to report at Halifax, where he has been made assistant director of medical services, in charge of the transportation of wounded soldiers from overseas.

Capt. H. Crussweller, of Windsor, Ont., in the R.A.M.C., is reported missing. It is thought he was made a prisoner in the recent offensive.

It has now been definitely proven that trench fever is communicated by lice. It may be also communicated by direct injections of blood.

surgeon-general of the U. S. army estimates that at least 24,000 nurses will be required for the army before the end of the war.

Dr. Henry MacNaughton-Jones, who has been a frequent contributor to medical literature, died on 26th April in London, at the age of 73.

Sir Thomas R. Fraser, who has been professor of materia medica in Edinburgh University since 1878, following the late Sir Robert Christison, has tendered his resignation.

The second Red Cross drive in the United States is for \$100,000,000. It is expected that New York City will be good for \$25,000,000.

No. 2 of volume I. of a new journal devoted to the study of dementia praecox. The make-up of the journal is attractive and the articles are readable.

Dr. Hastings, the energetic Medical Health Officer for Toronto, has a new problem in the form of a shortage of houses for the people. He is in favor of small houses rather than more apartment houses, and we agree with him to the fullest.

Some discussion arose in the Toronto Board of Control about granting a city order for hospital care to foreigners of enemy countries. We say it should not be done. Let them pay or get their friends to pay for them.

The University of Alberta is giving a course of instruction to the nurses who have charge of health matters. It is proposed also to give them such training as will enable them to properly inspect the public schools.

Dr. Michael Steele, member of the Federal Parliament for South Perth, has been requested by a largely signed petition to resign his seat in the House of Commons. There are 850 names on the petition. The cause for this action on the part of his constituents was the stand taken by Dr. Steele in the matter of exemption for farmers' sons. He is given the alternative choice of using his vote and influence to have the order cancelled calling out farmers' sons from 20 to 22 years of age.

The Board of Health for Ottawa has decided to take active measures to control infant mortality, and to insist that births must be registered within 48 hours. Physicians must report contagious diseases within the same time.

Sir James Grant, M.D., Ottawa, is the only living member of the original Ontario Medical Council of 1866, and of the Confederation Parliament of 1867.

According to the report of Dr. C. R. Paquin, the infant mortality has fallen from 1,471 in 1916 to 1,070 in 1917.

The revenue last year for the Winnipeg General Hospital was \$417,292, and the expenditures were \$476,507. There were 4,387 general operations, and 22,130 in the X-ray and hydro-therapeutic department.

During last year respiratory diseases were very severe in Nova Scotia. Measles caused 241 deaths, as against 46 of an average for the previous seven years. Pulmonary tuberculosis became more active and there were more cases. Pneumonia was also much more severe than usual, and there were a larger number of cases.

New Brunswick has adopted a good Public Health Act. It provides for the prevention of infectious diseases, the saving of child life, the furnishing of treatment at the hospitals, to keep a proper record of vital statistics, to insure pure food, and adequate government machinery to carry out the provisions of the Act.

The McLaughlin Companies, of Oshawa, have donated to the town a fine maternity hospital, called the Llewellyn Maternity Hospital.

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## OBITUARY

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### JAMES BINGHAM, M.D.

On June 6th there passed away in Peterboro Dr. James Bingham, one of the oldest and best-known residents of the district, aged 96 years. The late Dr. Bingham was born in Armagh, Ireland, and, in 1845, came to Canada to reside. He first settled in Bowmanville and later removed to Toronto, where he studied classics at the Academy, where the Queen's Hotel now stands. In 1865 he graduated from Queen's College, Kingston, and opened up his medical career at Wolfe's Island. Later he removed to Peterboro, where he married Harriet Burnham Choate, who predeceased him exactly 43 years ago to the day. For the past 40 years the late Dr. Bingham resided continuously in Peterboro, and for ten years held the position of Medical Officer of Health for that city. He leaves one daughter, Mrs. George Stevenson, Rosedale, Toronto.

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### J. P. SIVEWRIGHT, M.D.

Dr. J. P. Sivewright, for the past 40 years a practising physician and surgeon of Chatham, dropped dead at noon of 21st June in Turner's drug store, whither he had gone for medicine to relieve an acute attack of apoplexy. He was 65 years of age, and a son of the late Dr. J. H. Sivewright, who was one of the early practitioners in Chatham. The late physician gave up his practice two years ago, and took a post-graduate course in New York. He returned to the city a few weeks ago and resumed his practice. One son, formerly of the Klondike, who recently enlisted in the United States navy, and one daughter, of New York; one sister, Mrs. Crosby, of Toronto, survive.

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### BOYLE TRAVERS, M.D.

Dr. Travers died at his home in St. John, N.B., in his 94th year. He was well known throughout New Brunswick, and was highly esteemed as a practitioner.

## JOHN W. ANDERSON, M.D.

Dr. Anderson was house surgeon in the Victoria Hospital, Halifax. He was a young man of much promise, and was preparing to enter the R.A.M.C. He was only one week ill with pneumonia.

## COLIN McLARTY, M.D.

Dr. McLarty, an old and highly respected physician of St. Thomas, died there on 25th June. He had been ill for a long time. He had a large general and consulting practice throughout the county of Elgin.

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**BOOK REVIEWS**

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**PARASITES AND DISEASE.**

Animal Parasites and Human Disease. By Asa C. Chandler, M.S., Ph.D., Instructor in Zoology, Oregon Agricultural College, Cornwallis, Oregon. First thousand. New York: John Wiley and Sons, 432 Fourth Avenue. London: Chapman and Hall, 1918. Price, \$4.50.

During the past thirty years vast strides have been made in the relationship of bacteria and animal parasites to the causation of disease. This work deals with animal parasites. The index of the contents reveals the scope the author proposes following. The first part takes up the protozoa, the second treats of worms, and the third considers the arthropods. Under these three divisions the author covers the entire field of the diseases caused by animal parasites. A very casual glance through this work will show that it contains information that was much needed. Here in a volume of medium size is collected together the very latest information on several groups of diseases of much importance. Under the protozoa we find spirochetes, Leishman bodies, trypanosomes, flagellates, amebæ, malaria and sporozoa. The worms includes the flukes, tapeworms, hookworms, roundworms, trichinæ, filariæ, and leeches. Among the arthropods the author places mites, ticks, bedbugs, lice, fleas, mosquitoes, blood-sucking flies and maggots. The life history of these parasites is traced in a most fascinating way and makes reading that is more interesting than any of our best fiction. After tracing the life history the author goes fully into the prevention and treatment. It is here that one finds collected all the useful and reliable information upon these very vital topics. It is a great pleasure to read how scientists have unearthed the habits of the many animal parasites that are disease producers, and how their ravages in most instances can now be met both along the lines of prevention and cure. We offer our warmest congratu-

lations to the author on the completion of his work; and to the publishers for their pains in giving the readers so attractive a volume.

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### SYPHILIS.

Syphilis and Public Health. By Edward B. Vedder, A.M., M.D., Lieutenant-Colonel, Medical Corps, United States Army. Published by permission of the Surgeon-General, United States Army. Philadelphia and New York: Lea and Febiger, 1918. Price, \$2.25.

Syphilis, according to Sir William Osler, holds fourth, perhaps even third, place among the killing diseases. This fact fully justifies all the attention that has been given to the disease. The author discusses first the prevalence of the disease in different countries. He then takes up the sources of infection and the methods of transmission. Then follow good suggestions on personal prophylaxis. Next the author takes up public health measures. There is an appendix on technic. If it is true that about 90 per cent. of all cases of syphilis is acquired by sexual intercourse, this route of transmission becomes very important in the study of prevention. The author attaches much value to the use of an ointment containing 33 per cent. calomel made up with lanoline, and thoroughly applied after intercourse. The suggestions with regard to syphilis and the army are very valuable and timely. We can very strongly recommend this book as most timely.

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### DIABETIC MANUAL.

A Diabetic Manual for the Mutual Use of Doctor and Patient. By Elliott P. Joslin, M.D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital; Collaborator to the Nutrition Laboratory of the Carnegie Institution of Washington, in Boston; Major, M.R.C. Illustrated. Philadelphia and New York: Lea and Febiger, 1918. Price, \$1.75.

It is not necessary to state that Professor Joslin has won for himself a first place among the present-day writers on diabetes. His work has been of a most original character, and his deductions from his wide experience have proven trustworthy, and are coming to be more and more accepted as authoritative. Part one of this book is a diabetic primer. In part two there is an outline of treatment of the severer cases. Part three contains diabetic tables and recipes. Part four outlines the methods of testing for sugar and acid. This small volume fills a useful place, as it gives the essentials in a readable and condensed form. It will prove a very useful book of reference for the busy practitioner; and also a very useful book in the hands of the victim of diabetes. Each can find much that will be helpful in the treatment of this disease. Very cordial words of praise are fully deserved this most useful book.

## DISEASES IN OUR ARMY.

Shall Disease Triumph in Our Army? A Plea for the Reorganization of the Medical Department of the United States Army. By Major Louis Livingston Seaman, Late Surgeon-Major, U. S., V. E. Published by American Defence Society, National Headquarters, 44 East 23rd Street, New York.

This small manual gives a very full and interesting account of how Japan has managed the medical, surgical and sanitary care of her army. It is most interesting to note to what a very high degree of efficiency preventive measures have been carried out in the Japanese army.

## RECALLED TO LIFE.

A Journal Devoted to the Care, Re-education and Return to Civil Life of Disabled Sailors and Soldiers. Editor, Lord Charnwood, No. 3. London: Bale, Sons and Danielson, Oxford House, 83-91 Great Titchfield Street, Oxford Street, W.I. Price, 2 shillings net.

This number contains much very useful information on the after-treatment of wounded and disabled soldiers. Much of the matter that makes up the number is along the line of orthapædic or corrective surgery. The articles to be found in this journal will prove very helpful to all who are engaged in this work with returned soldiers.

## COMMISSION OF CONSERVATION.

Report of the Ninth Annual Meeting held at Ottawa, November 27-28, 1917. Sir Clifford Sifton, Chairman, and James White, Assistant Chairman, Deputy Head, Press Service of the Commission of Conservation, Ottawa.

"Within a very few years there will be a demand for every horsepower that can be developed on the St. Lawrence River to which Canada is entitled to use upon the Canadian side," states Sir Clifford Sifton in the ninth annual report of the Commission of Conservation, which has just been issued. "The situation with regard to Niagara will undoubtedly be duplicated," declares Sir Clifford, "and if we are foolish enough to allow vested interests to be created on the other side of the line we shall inevitably find ourselves handicapped and embarrassed as we now are with respect to Niagara power." He contends that a thorough study of the situation reveals that there is only one sound method of developing these powers, viz., under "an international commission under which the best use of the powers will be made, the most economical development effected and a just and equitable division of the power will take place for the benefit of the people who are directly concerned in its use."

Special prominence is laid in the report on power and fuel problems. Following a comprehensive review of the progress of conservation in 1917 by Sir Clifford Sifton, are addresses on "Peat as a Source of Fuel,"

by Dr. Eugene Haanel; "The Fuel Situation in Canada," by Fuel Controller C. A. Magrath; "Power Possibilities on the St. Lawrence," by A. V. White; "The Niagara Power Situation," by the same author, and a comprehensive treatment of the subject of railway electrification by S. T. Dodd, of the General Electric Company; and W. F. Tye, C.E.

The results of the scientific investigations of the Commission to find out how best to regenerate the immense areas of cut-over pulpwood lands in Eastern Canada are also given. Dr. C. Gordon Hewitt deals with the "Conservation of Wild Life in Canada," and Mr. J. P. Babcock with the "Salmon Fishery of the Fraser River District." In addition, a full account of the work accomplished by the Commission during the year in regard to water-powers, town-planning, mining, agriculture and game conservation is given. An interesting feature is a chart showing how the German metal-buying combination controlled the metal markets of the world before the war.

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## MISCELLANEOUS

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### PUBLIC HEALTH ASSOCIATION.

The Duke of Devonshire, Governor-General of Canada, opened the convention in Hamilton on 27th May. The attendance of delegates was good, and the meeting was an enthusiastic one.

Dr. Gordon Bates, of Toronto, gave an address on venereal diseases and pointed out that these diseases were intimately connected with other questions of public welfare. An organized attack must be made against prostitution. Many of the soldiers were infected before they joined the army. The problem was a national one. He thought an increase in the number of model boarding-houses for girls would be an advantage, and expressed the view that the dancing hall was a focus of immorality and infection.

Mrs. A. E. Huestis and Mrs. L. A. Hamilton spoke of the work done for soldiers' recreation and women's welfare. It was pointed out that \$1,600 has been raised to furnish bowling greens for the convalescents.

Dr. W. H. Hattie said that some changes in the health regulations were forecasted in the appointment of a committee of six doctors to report on the quarantining of communicable diseases.

Dr. P. H. Bryce, of Ottawa, urged the advantages of state insurance.

The dinner in the evening was a marked success, the speakers being Hon. George Smith, Provincial Secretary, Alberta, and Dr. Grace Meigs,



of Washington, D.C. She quoted President Wilson to the effect that next to winning the war, the most important thing was properly caring for the children. This year the aim was to save the lives of one hundred thousand children. The attention devoted to child welfare was a notable feature of the meeting.

Hon. Mr. Smith told of the work his Province was doing with reference to public health. Municipal hospitals were being organized throughout the Province. A public health nursing scheme had also been introduced. They needed more nurses and were willing to pay them a thousand a year. These nurses would make inspections of the schools and report on the cases of abnormal children. A hospital had been established near Calgary for consumptive soldiers.

The Toronto Department of Health had a very fine exhibit of interest to health officers. It showed various tests for water and milk, and displayed samples of vaccines and sera.

The Connaught Laboratory, of Toronto University, had an exhibit showing the preparation of anti-tetanus serum. Over 140,000 packages had already been sent overseas, rendering in this way the greatest possible service to the army. There was also an exhibit from the London Board of Health. Dr. Maude Abbott, of Montreal, had charge of the pathological specimens that attracted much attention.

"Mental Hygiene" was the subject of a paper by Dr. Clarence Hincks, of Toronto, who gave startling statistics showing the alarming prevalence of mental incapacity and suggesting measures for remedying the situation. He stated that there were 30,000 mental defectives in Canada, and that 60 per cent. of the prisoners in Sing Sing were mentally abnormal. Venereal disease played a prominent part, and a campaign of education was badly needed.

Dr. Ernest Dickson, late professor of pathology in Leland-Stanford University, now a captain in the Canadian Expeditionary Force, gave an address on food poisoning. He pointed out the danger arising from meats and other foods that had become infected with the bacillus botulinus. The safety lay in thorough cooking, as the organism was readily destroyed by heat.

Capt. Dickson stated that botulism was the recurrence of the "sausage disease" prevalent in southern Germany a hundred years ago. It was then and for many years afterwards thought to be due to meat eating, but it has been found that people eating home canned vegetables and fruit contract it.

The food is poisoned before it is eaten. The toxin is destroyed by heating. If all home canning is cooked no cases develop. All home

canned vegetables and fruit should be regarded as suspicious until more is known about the disease, said Capt. Dickson.

Capt. Dickson made it clear that he was not discouraging the use of home canned vegetables and fruit, which aided conservation, but was warning medical men of certain effects following this increased use observable in California.

The society decided definitely on the organization of a section devoted to social hygiene. It also appointed a committee for the purpose of organizing a Canadian national committee to combat venereal diseases. The principle of mothers' pensions was also approved of. It was also thought that the Dominion Government should appoint a commission to go fully into the question of venereal diseases and their prevention. The association also approved of a permanent committee comprised of a federal director of public health and the chief health officers of each Province, to deal with health laws. A section was formed to deal with town planning, and that an effort should be made to correlate the federal and provincial work along this line.

Considerable attention was given by the association to the question of sanitation of public carrying vehicles, such as railway coaches, boats, etc., and the transportation of corpses, the inspection of meats and milk and other foods, the floor and cubic space for patients in hospitals, and the modes of ventilation, etc.

The Public Health Association elected the following officers: President, Dr. J. A. Hutchinson, Montreal; vice-president, Dr. H. W. Hill, London, Mrs. L. A. Hamilton, Toronto; acting secretary, Dr. R. D. Defries, Toronto; treasurer, Dr. G. D. Porter, Toronto.

The Ontario Health Officers' Association elected the following officers for the ensuing year: President, Dr. G. R. Cruickshanks, Windsor; 1st vice-president, Dr. W. A. McAuley, Copper Cliff; 2nd vice-president, Dr. Dickman, Port Hope; secretary, Dr. J. W. S. McCullough, Provincial Board of Health.

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#### THE TUBERCULOSIS CONVENTION.

The attendance at this convention was large, as many had visited Hamilton to attend the other medical meetings. His Worship, Mayor Booker, welcomed the delegates to the meeting.

Dr. George D. Porter, secretary of the executive council of the Canadian Association for the Prevention of Tuberculosis, read the 18th annual report, giving a very comprehensive account of the year's work. Satisfactory progress was indicated, the accommodation for the tuberculous, owing to the returned soldier problem, having greatly increased.

He briefly reviewed the work, comparing it now with what it was nine years ago, when the association last met in this city. At that time there were six institutions in Canada; now there are forty, besides those opened by the invalided soldiers' commission. Then the accommodation throughout Canada was 350 beds; now it is about 3,000. The money spent nine years ago in maintaining these institutions was less than \$150,000 per year; this year's reports, aside from that spent by the invalided soldiers' commission, show more than \$900,000. Three millions have been spent in plants in Canada, and this is considerably less than the amount spent on ordinary hospitals with the same accommodation.

The sanatorium in Hamilton was the first local or county institution in Canada, and is a fine example of voluntary organization and civic spirit, having proved an inspiration to other counties and cities, as evidenced by the springing up elsewhere of like institutions. A tribute was paid to Mrs. P. D. Crerar for her interest in the local work.

Despite the war, education by publicity has been carried on widely, thanks to the federal agent. Dr. Wilfrid Grenfell has distributed literature in Labrador and Newfoundland.

Reference was made to the opening of the sanatorium in London and the new hospital in Quebec City, which would accommodate 100 patients, and to other local sanatoria.

It was stated that records of rejects from tuberculosis would be obtained from the army and these cases followed up in an educational way, as done in the United States.

Increase of food production was urged as a means of keeping up the vitality of the people and lessening the dangers of tuberculosis. The aptness of the French poster: "The German eagle must be conquered; tuberculosis should be also."

The report concluded with a quotation from Dr. Thomas Nuttall, urging for the industrial and poorer classes more airy and commodious dwellings and hygienic conditions in the homes and workshops of the land.

Capt. H. W. Hill, London, spoke on the "Role of Health Officers in the Control of Tuberculosis." This disease, said Capt. Hill, was one which should be handled along the same lines as other infectious diseases—finding and blocking the sources of infection; educating the public, and aiding in the search for any system of protective operations which would induce the human body to resist the disease.

The routine procedure was outlined briefly by Capt. Hill, finding out whether the case was an open or infectious case, or a closed one; isolating it, if necessary, and if not advising treatment, and keeping the case under supervision. Children, fortunately, were almost never open

cases. The policy followed by Captain Hill was to advise sanatorium treatment, and to watch the child if still going to school. Open cases found in a family resulted in examining the other members and their close associates. A very sharp line was drawn between open and closed cases. The local courts strongly supported Capt. Hill's compulsory treatment of tuberculosis, an enlightened police magistrate backing up every effort of the health department. Why then, asked Capt. Hill, could not syphilis be treated in the same way?

J. A. Machado, president of the Canadian Association for the Prevention of Tuberculosis, and a prominent worker along these lines, read an excellent address. He advocated the federation of all the agencies co-operating in this great work. The vital importance of educating school children in all matters of health was urged, that they might become strong and sturdy citizens, and fit for their part in the world's work. The speaker paid a high tribute to the work being done by the invalided soldiers' commission, which had opened the eyes of thinking people to the splendid accomplishments possible in the treatment of tuberculosis.

The concise technical address of Dr. J. H. Pryor, Buffalo, on Heliotherapy by the Rollier Method, as Applied to Surgical Tuberculosis, was of much interest to the profession. Excellent pictures illustrated this talk. A brief description of the treatment was given this treatment, involving much more than heliotherapy, and being a great addition to benefit measures in various forms of tuberculosis. Dr. Pryor described the routine employed, the difficulties of the treatment, and the results obtained, with particular reference to bone, peritoneal and gland cases.

The treatment of tuberculosis did not begin and end with fresh air and exercise, nor fresh air and rest, but the three properly proportioned brought results, declared Dr. A. F. Miller, of Kentville, N.S. While admitting that sanitoriums had not measured up to the expectation of the public, he showed that the public did not really understand their functions. Standing by themselves they cannot reduce to any appreciable extent the spread of the disease. He contended that the State should provide local clinics for those who took home treatment before or after sanitarium treatment. With good after care in the homes of the patients, sanitariums will try and carry out the work intended they should do.

Differential Diagnosis was the theme of a paper contributed by Dr. J. H. Pritchard, of Battle Creek, and read by Dr. D. D. Craig. Sanitarium Treatment and Results was the subject of an address delivered by Dr. A. F. Miller, of Kentville, N.S. This was followed by a paper by Dr. C. D. Parritt, of Gravenhurst, on Artificial Preumothorax. A re-

sume of cases, most of which were non-pulmonary, was given in an interesting paper read on Tuberculin Treatment by Dr. J. H. Elliott, of Toronto.

While visiting the Mountain Sanatorium the visiting doctors were entertained at tea by the Hamilton association.

The Canadian Association for the Prevention of Tuberculosis elected officers, the following being chosen: J. A. Machado, Ottawa, president; Sir George Burn, Ottawa, hon. treasurer; Dr. Geo. D. Porter, secretary. J. J. Evel, Lieut.-Col. McKelvey Bell, Mrs. P. D. Crerar and E. L. A. Chubbett were added to the list of vice-presidents. Dr. Byert, Ste. Agathe, and Dr. A. R. Miller, Nova Scotia, were added to the Executive Committee.

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THE ONTARIO MEDICAL ASSOCIATION AND CANADIAN MEDICAL ASSOCIATION.—THE ADDRESS OF THE PREMIER OF ONTARIO.

Sir William Hearst stated that regulations on venereal disease, following the examination into the subject by Commissioner Hodgins, would be issued within a few days. Without the aid of the profession, however, all action on the part of the Government would be unavailing. To show the prevalence of syphilis, he stated that since July, 1917, 123 cases had been detected by the Toronto laboratory from 42 towns.

He gave a digest of Chief Justice Hodgins' findings in the matter of those, outside the medical profession, who undertook to treat disease. He prefaced it by a eulogy to the great and noble Profession of medicine and the many eminent men who were members. A tribute was paid, also, to the magnificent work done on the battlefield by the Canadian physicians, surgeons and nurses.

He then said that the Government had avoided introducing legislation based on the Hodgins' report last session in order to give time for the profession and public to understand the recommendations made. He was frank in pointing out that the commissioner has a large body of public opinion behind him in declaring that osteopaths and others practising physical therapy were entitled to some credit for their work, while he would not go as far as to claim that osteopathy was a cure for all the ills of the body. There was prejudice on the part of the medical profession towards these cults as their was extravagance in the claims put forward by their adherents.

Continuing, Sir William said that the Government recognized a movement to place all these different branches of science under some form of regulation in order that the public might be protected against imposters. Judge Hodgins had recommended that those in practice on

the thirteenth of June, 1913 should be given a certain time to procure a certificate from a proper school, if not in Canada, then outside of Canada. Similarly a branch of the University might be established in connection with the Toronto General Hospital to give such training in the drugless healing art as might be found advisable.

He ventured the opinion that the fact of the osteopath, being the principal man outside the medical profession to treat disease, was because the regular practising physician did not supply sufficient manipulative means. In short, the osteopath employed too much of this treatment; the regular practitioner not enough.

The recommendation, in brief, of the Chief Justice was that osteopaths practising on June 30 in Ontario be licensed to continue, providing that in six months' time they obtain from the American Osteopathic Association a certificate qualifying them to pass the examination required; and those practising after June 30 be not allowed to practise without a license from the College of Physicians and Surgeons.

The Prime Minister pointed out where the trained legal mind of the judge had reported against the Medical Council having power to discipline a physician who had been found not guilty of an offence by a court of law. Such matters as that and the application of the surplus of the College of Physicians and Surgeons, it was expected, would be dealt with when the time came to enact legislation; also an endeavor to establish a tariff of fees.

Sir William had no expression of personal opinion to make on Chief Justice Hodgins' recommendations, stating that he was open-minded; and stated that it was the intention of the Government to frame legislation as perfect as possible to meet the needs and to protect the medical profession and the people of Ontario. Towards this end there should be the closest co-operation between the Government and the medical profession.

The Prime Minister touched briefly on the advance made towards preventing the spread of venereal diseases. Regulations under the Act were now being drafted, and would be announced shortly. It was hoped that before long the report of the same commissioner on the care of the feeble-minded would be ready.

In conclusion, Sir William said the president of the association had suggested the relation of the medical profession to the Government as a subject for his address. He had not followed the suggestion entirely. But with the war going on with increasing intensity, the duty of the medical profession was the duty that devolved upon every citizen at the present time to place his all at the service of the State. With men in France at the moment he was speaking resisting even unto death the

onslaught of the enemy, fighting that Canada and Ontario might be a better place to live in, there was only one duty, and that was to serve so that the name of Canada would go down in history as a nation that knew how to fight, suffer and how to die.

#### MR. PAUL ON THE MEDICAL VAMPIRE.

In introducing Frederick Paul, editor of *Toronto Saturday Night*, Capt. Hill facetiously assured the audience that the speaker's subject, "The Trail of the Medical Vampire," did not refer to anyone present.

Mr. Paul's address, of a highly diverting character, dealt with widely advertised cure-alls, and the men who died millionaires through the gullibility of the quack-loving public. He cited several outstanding instances of medical frauds, causing considerable merriment by his pithy remarks.

The speaker discussed, also, the beauty remedies beloved by a large number of the feminine public, and told the constituents of several well-known ones.

"The bigger the liar, the more successful the nostrum-seller," was a remark which called forth applause, as did also his statement that it was easier to start a university in the United States than a grog-shop in England, the last assertion referring to mail-order frauds.

From the cruder frauds, with their "sucker" lists, Mr. Paul passed on to the more subtle forms of quackery, his statement of figures spent annually on these medicines in the United States being decidedly startling.

As a remedy for the quack medicine fraud, he advocated the cutting out of publicity regarding them. Until the law intervened, the press would continue to print this information, of nostrums which run the gamut from the useless to the deadly. The slimy trail of the medical vampire would be obliterated only when medical men such as are now in session take the matter up.

#### DR. BARKER ON HEART MURMURS.

A very timely address was given by Dr. L. F. Barker, of Baltimore, who spoke on "The Significance of Heart Murmurs found on Examination of Candidates for Military Service." Dr. Barker stated that under improved methods of standardization a large proportion of men suffering from heart murmurs and now not fit for active service would be rendered wholly or in part fit. The methods of determining which of the men with an apparent heart murmur was fit for military duty, also those incapacitated for full duty but eligible for part was dealt with by the speaker. Some of the murmurs heard in the region of the heart are outside of the heart and are made by other organs near. These, however, have no effect upon the man's capacity for military service.

The presence of an inorganic murmur, if due to a relative insufficiency of a valve, or if associated with any enlargement of the heart, was a case for rejection, he thought. If it was not associated with such phenomena, and the heart responded normally two minutes after the conventional exercise of hopping on one foot and then on the other was indulged in by the recruit, then the applicant should be accepted.

The presence of a murmur due to anæmia of a toxic influence was not in itself sufficient cause for rejection. Certain types of murmur were of no pathological significance.

Dr. Barker stated that some recruits, despite the presence of organic murmurs, were better fitted to stand exercise than others whose examination revealed no murmur at all. In connection with the exercise the recruit took under examination, a good response to the same did not rule out of the realm of probability the existence of organic trouble with the valve of the heart.

Many men with organic diseases of the heart valve need not be unconditionally rejected, he claimed.

Dr. Barker's paper was technical, and he did not refer to the Canadian army directly. He did say, however, that in the United States army the presence of an organic murmur was the cause of an unconditional rejection of a recruit. That regulation, he intimated, would be relaxed as the war went on, and apparently Dr. Barker considered it too severe.

#### GENERAL SURGICAL OBSERVATIONS, WITH SPECIAL REFERENCE TO ORTHOPAEDICS.

Col. I. H. Cameron, C.A.M.C., took up this subject in a most unique and interest manner. He held that orthopaedics was a term of much wider application than that usually given to it. He was of the opinion that orthopaedic surgery was only a part of general surgery.

Col. I. H. Cameron stated that the returned man had the idea that the State owed him everything and that he, in return, owed the State nothing.

"The State never owed him anything, and now it owes him the equality of the law."

Mollycoddling of the returned men was disapproved of by the speaker, who stated that well-meaning people who formed organization to look after the soldiers were responsible for the present conditions. As a solution, Col. Comeran advised the cutting out of foolish sentiment, treating the returned men like young brothers, helping them to regain their self-respect, giving them better literature and providing educational films for the comedy ones now exhibited.

"How many returned men are trying to regain their health in order



to get back to the front or to take their places in the industrial ranks?" asked the speaker. He stated that the answer was in the 5,000 agriculturists who invaded Ottawa recently to keep the young men on the farms. "I do not know how to account for this lack of moral fibre, but place the blame on the present weak sentimentality," said Col. Cameron.

#### THE PROBLEM OF CANCER.

Crowding the assembly-room of the Royal Connaught to its limit, more than a thousand people cheered to the echo Major Charles H. Mayo, Rochester, Minn., noted as one of the most famous surgeons in the world, as he rose to deliver a speech on cancer. The address was given at the closing night session of the Ontario Medical Association and the closing night session of the Medical War Congress.

Major Mayo declared that the cause of cancer was a cell in a multicellular organ that had lost its control, that had lost its community existence, and reverted back to primitive life and became parasitic. In multicellular life each cell had its relation to the other, each had its bit to do, its responsibility to carry, and in return had to receive like in return. Carrying the analogy to ordinary life, Major Mayo declared that the future human existence would be such a community life.

"Cancer continues to be one of the greatest modern scourges," he said. "It seems to be on the increase, especially among highly civilized people." It was in lower forms of life; he had seen it in chickens, and he believed that it was common among dogs. The greatest advance in the knowledge of the disease came from the study of the individual cell.

Two hundred thousand people had it "in this country," said Major Mayo, and 80,000 people died yearly from it. Apparently he was referring to the United States. The disease recently occurred in persons under twenty years of age.

Talking about smoking, he said that the lower lip holds up the pipe, becomes anæmic and gets heated. Some of the cells play out and reversion of one of them occurs.

The use of the X-ray may cause the disease, he stated. Talking of radium as a remedy, Major Mayo stated that it acts locally and was easily applied to such tissues and types of growth as had a rich blood supply.

In multicellular organisms every cell carried with it a cell intelligence, a brain, and a given proper environment, and if the cell intelligence failed to carry the protoplasm to the new cell, the reversion of type was the cause of the disease.

#### INTRA-CRANIAL PRESSURE.

"Intra-cranial Pressure" was discussed at the general meeting of the association in the afternoon. It was treated from the standpoint of

physiology, medicine and surgery. Dr. J. J. R. MacLeod, of Cleveland, discussed the physical principles underlying the circulation of blood in the intra-cranial cavity. Dr. W. F. Hamilton and Dr. A. E. Garrow, both of Montreal, delivered interesting addresses on the subject.

#### THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

Dr. R. W. Powell, the president, was absent, and Dr. J. F. Argue presented the report of the standing of this association. It was of a most satisfactory character. This association has proven very useful since its organization. It has defended many suits brought against its members, and almost invariably has vindicated the defendant. It has been the means of preventing many actions at law.

The following officers were elected: Dr. R. W. Powell, Ottawa, president; Dr. J. A. Camirand, Sherbrooke, Que., vice-president; Dr. J. Fenton Argue, Ottawa, secretary-treasurer.

#### RESOLUTIONS.

The expected resolution was passed at a meeting of the surgical section asking the Government to take steps to control the issue of licenses to surgeons, and requiring them to take three extra years of study, either in a hospital or with a qualified surgeon.

Another resolution was adopted asking that a Canadian Army Medical Corps museum be established, such as the one shown at the congress, so that doctors may study specimens of wounds sustained by men in active service. A copy of the resolution is to be sent to Sir Edward Kemp.

That in view of the enormous amount of responsibility thrown upon the medical profession in Canada as a result of the war the remuneration of medical officers should be made commensurate with their services was the principal resolution passed. It was pointed out that a stenographer received \$3 per day, while a doctor with the rank of captain got \$6.

#### EXHIBITS.

There were many very fine exhibits of books, instruments of all sorts, and methods for the physical training of stiffened points and muscles. There were several excellent moving picture exhibitions of operations for various conditions. The several health exhibits were also very attractive and educative. The child welfare exhibition was very creditable.

Equally interesting was a portable X-ray unit, belonging to the United States army, placed in the rotunda of the Royal Connaught, in charge of Capt. C. P. Reed. This is a new instrument and its first exhibition to the public in either the United States or Canada. It can be

packed into a motor truck in seven minutes, or unpacked and set up ready for duty in the same time. The motor truck in which it had come 960 miles from a place in New York State stood outside the hotel, containing the dynamo which gave the apparatus its electric power.

It is intended of this X-ray unit that it shall be taken to first-line dressing stations. It has a detachable operating table, placed on which the patient can be photographed. Mathematical tables have been completed by which the surgeon can determine instantly how far beneath the surface of the skin is the foreign substance to be removed. The apparatus is another tribute to the extraordinary ingenuity of the citizens of the United States.

#### ENTERTAINMENTS.

There were several general dinners, at which very many of the members were present. Those who visited the Mountain Sanatorium were entertained at tea. There were many class reunions and dinners. At the first general dinner, Sir William Hearst and Mr. Frederick Paul were the speakers. Every opportunity was furnished for enjoyment as well as for the hearing of papers and discussions.

#### THE ELECTION OF OFFICERS.

The following were elected as the officers of the Ontario Medical Association for the ensuing year: Dr. G. S. Cameron, Peterboro, president; Dr. J. H. Mullen, Hamilton, 1st vice-president; Dr. J. F. Argue, Ottawa, 2nd vice-president; Dr. Gordon Bates, Toronto, treasurer; Dr. T. C. Routley, Toronto, secretary; Dr. F. C. Harrison, Toronto, assistant secretary.

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#### TWO BRITISH WOMEN SCIENTISTS.

It is mentioned in the press that a valuable contribution to medical science has been made by Dr. Annie Homer, formerly a member of Toronto University staff. Dr. Homer, it will be remembered in academic circles, was a predecessor to Dr. Winnifred Cullis, who spent last year in lecturing at the University and a graduate at the same Alma Mater, Newnham College, Cambridge, but took her doctor's degree at Trinity College, Dublin. She came out to the Medical School in 1912 to lecture in biochemistry under Dr. McCallum, and was also a Medical Research Fellow and a worker in the anti-toxin laboratory of the university. When war was declared she returned to England immediately to do work in connection with the preparation of sera for use in the army and navy at the Lister Institute. Her latest discovery under the title "Improve-

ments in the Technique of the Concentration of Antitoxic Sera," has just been made public in the *Journal of Hygiene*, issued by the Cambridge Press.

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#### PROFESSOR POZZI MURDERED.

The slayer of Prof. Samuel Pozzi, the celebrated surgeon, of Paris, and former Senator, who was killed at his home on 13th June, was Maurice Manchu, a revenue official. Manchu also took his own life. The Havas Agency learns that Prof. Pozzi performed an operation on Manchu late in 1917, and that Manchu had frequently complained that the operation had not restored his health. Letters found on the person of the assassin prove that he had premeditated his crime and carefully arranged all the details.

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#### MEDICAL COUNCIL ELECTS ITS OFFICERS.

The Medical Council of Canada, at its concluding sitting, decided to hold the next annual meeting in Ottawa on the third Tuesday of June, 1919, and elected the following officers for the current year: Hon. president, Sir T. G. Roddick (re-elected), Montreal; president, Dr. R. Eden Walker, New Westminster, B.C.; vice-president, Dr. J. C. Connell, Kingston, Ont.; registrar, Dr. R. W. Powell, Ottawa (re-elected); general counsel, F. H. Chrysler, K.C., Ottawa; auditor, G. L. Blatch, F.C.A., Ottawa.

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#### 991 HOSPITAL CASUALTIES.

The Germans bombarded British hospitals in France seven times between May 15th and June 1st, according to a statement made in the House of Commons by J. I. MacPherson, Under-Secretary to the War Office. The casualties numbered 991. There are as follows: Killed—Officer 11, other ranks 318, nursing sisters 5, Women's Auxiliary Corps 8, civilians 6. Wounded—Officers 18, other ranks 534, nursing sisters 11, Women's Auxiliary Corps 7, civilians 73.

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#### CANADIAN HOSPITAL BOMBARDED.

The Canadian Stationary Hospital under Colonel Rezin, after coming through the German preliminary offensive and handling over thirty thousand patients, was recently bombed from the air in the middle of the night.

The main building was struck close to the main stairway and burst

into flames. Sisters Pringle, McPherson, Baldwin and ten officer patients, together with the operating staff, were buried in the ruins.

Sisters M. Hodge and E. G. Thompson, in the adjacent wards, removed all the patients and remained on duty, Nurse Thompson escaping without a scratch. Sister Walker led the patients out over the debris. Other sisters on duty were; Nurses Potter, Gleeson, Sutherland, McLeish, McDougall, Kennedy, Chisholm and W. W. McPherson. The entire building was gutted.

The condition of Sister Lowe, wounded in another raided hospital, is still critical. Most of the sisters in these recent ordeals received leave, although they expressed readiness to remain.

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#### ONTARIO LICENTIATES.

The list of successful candidates at the final examinations of the College of Physicians and Surgeons of Ontario follows:

George H. Agnew, Toronto; William S. Aitchison, Elora, Ont.; Ernest Le R. Armstrong, London, Ont.

Henry MacK. Barnes, Gananoque, Ont.; Walter H. Batten, Toronto; John A. McL. Bell, Teeterville, Ont.; William P. Boles, Stratford; Gladys L. Boyd, Toronto; Bryce A. Brown, Cornwall; Chas. C. Brown, Stayner, Ont.; MaBelle Audrey C. Bulmer, Toronto; Newton S. Burrows, Guelph.

Robert F. Cain, Sault Ste. Marie; Isidore M. Cherniak, Windsor; John B. Christain, Toronto; John F. G. Colling, London, Ont.; Hendry C. Connell, Kingston; Joseph C. Copp, Clinton, Ont.; Albert E. H. Couch, Woodstock; Michael A. Cox, Toronto; Elliott C. A. Crawford, Kingston; Robert P. Cromarty, Toronto.

William R. Dowd, Ottawa; William P. Downes, Hamilton.

Lewis C. Edmonds, Toronto; John R. L. Eede, Leamington, Ont.; Isaac Erb, Stratford.

George R. D. Farmer, Ancaster, Ont.; Harry Feader, Toronto; Lloyd W. M. Freele, Idlerton, Ont.

William A. S. Geddes, Ailsa Craig, Ont.

Henry R. Hargrave, Toronto; William Harris, Toronto; George A. Henry, Sudbury; William H. Holmes, Toronto.

Robert B. Kennedy, Essex, Ont.; Manford R. Kerr, Kingston.

Aleck D. Lapp, Toronto; Samuel C. Leonard, Bright, Ont.; James W. Leach, Meaford; Irwin McM. Lloyd, Newmarket; Henry W. B. Locke, Toronto; Donald MacK. Low, Lindsay.

Phillips M. Macdonnell, Montreal; Harold G. Macfarlane, Ridgetown, Ont.; Roy H. Malyon, Uxbridge; Frank R. Mitchell, Toronto; Murray C. Marrison, London, Ont.; John A. McArthur, Greenbank, Ont.; J. Harold C. McClelland, Toronto; John McDonald, Stratford; Ambrose G. McGhie, Kingston; Gordon L. McGuffin, London, Ont.; James G. McKee, Elk Lake, Ont.; Harry J. McNally, Kitchener.

James H. Nesbitt, Downsview, Ont.; Edwin W. Nettleton, Toronto.  
Trevor Owen, Toronto.

E. Lawrence Page, Kingston; Wilfrid R. Parks, Toronto; Clifton W. Pennecott, London, Ont.; Clarence V. Pratt, Toronto; Leonard C. Purvis, Ottawa.

Roy W. Rankin, North Bay; Ernest C. Riseborough, Ridgetown; James M. Robertson, Toronto.

John G. Seaton, Lakeside, Ont.; Fletcher B. Sharp, Napanee; Andrew G. Shiell, London, Ont.; James W. Sinclair, Toronto; Joseph R. Smith, Harrow, Ont.; Roy Percy Smith, Dundas; Lily R. Snider, St. Catharines; Melville H. Soules, Toronto; B. G. Stephenson, Toronto; George H. Stevenson, Stoney Creek, Ont.; Lewis D. Stevenson, Kingston; George R. Stewart, Beamsville, Ont.; James G. Strachan, Toronto; Harold W. Street, Owen Sound; Robert R. Struthers, Sudbury; Lionel M. Stuart, Galt.

Eldred C. Tate, Wilton Grove, Ont.; Stephen E. T. West, Angus, Ont.; Edward H. Wood, Greenport, N.Y.; Arthur Thomson, Scarboro Junction; Calvin A. Ames, Toronto.

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#### FOURTH YEAR UNIVERSITY MEDICAL EXAMINATIONS.

W. P. J. Alexander, Miss A. J. Anderson, D. B. Avison (clinical medicine, pathology and path. chemistry), J. C. S. Battley, F. J. Bell, Miss H. Y. Bell (clinical medicine), L. G. Brayley, M. H. Bunt, E. A. Carleton, T. P. Carter (clinical medicine), W. M. Connell, W. D. Cornwall, E. B. Clouse (clinical medicine), Miss M. L. Cowan, H. C. Cruikshank, C. J. Devins, H. V. Dobson, D. Esser (pathology and path. chemistry), S. J. Evelyn, F. W. Forge, N. Found, F. deF. Free, F. W. Graef, D. Halliday (therapeutics), J. V. Hayes, R. D. Hewson, J. C. Hill, G. S. Jeffrey, Miss C. I. M. Kennedy, Miss M. G. Kerr (clinical medicine), N. N. Kirkup (therapeutics), Miss E. L. Kitely, H. B. Lane (clinical medicine, pathology and path. chemistry and medical juris. and tox.), H. Lipsett (pathology and path. Chemistry), F. D. Locke, W. D. Logie (pathology and pathological chemistry), Miss B. V. Marvin, J. R. Miller, D. Muir (clinical medicine), Miss H. M. Muir, W. S. McClinton (pathology, path. chemistry and therapeutics), A. L. McLean (clinical medi-

cine, pathology and path. chemistry), Miss L. G. Neelands, R. S. Paterson, L. A. Pequegnat, A. Podnos (pathology and path. chemistry), W. L. Spratt (clinical medicine, clinical surgery, pathology and path. chemistry), E. L. Stoll, C. B. Stover, M. E. Tiffin (clinical medicine), C. O. Young.

The following students have been granted the examinations of the fourth year on account of active military service: C. P. Fitzpatrick, G. R. Jones, M. W. Kemp (must complete work in pathology), H. G. Stevenson, B. C. Sullivan, W. D. Swan, G. T. Zumstein.

V. B. Dowler is granted aegrotat standing in the subjects of the fourth year.

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#### VITAL STATISTICS.

An increase in the birth rate and a corresponding decrease in the mortality rate is the outstanding feature of the vital statistics for May in Toronto. Although measles and whooping cough claimed a larger number of victims last month, as compared with May, 1917, the deaths from contagious diseases of other forms were considerably lower, the deaths from tuberculosis alone showing a decrease of seven. The figures were: Births, 1,185; marriages, 407; deaths, 522. In May, 1917: Births, 1,080; marriages, 433; deaths, 568. Deaths from contagious diseases were: Scarlet fever, 1; diphtheria, 3; measles, 5; whooping cough, 5; tuberculosis, 25; spinal meningitis, 2. Last year's figures were: Scarlet fever, 0; diphtheria, 3; measles, 3; whooping cough, 1; tuberculosis, 32; spinal meningitis, 2.

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#### DR. C. K. CLARKE'S NEW POSITION.

Dr. C. K. Clarke, medical superintendent of the Toronto General Hospital, who has been appointed medical director of the new National Mental and Hygienic Association, will not sever his connection with the General Hospital, of which he will remain as superintendent of the out-patient department.

It will not be until late in the fall that he will commence his work in connection with the National Association.

The National Association will have under its direction all matters in connection with the care of the insane, the feeble-minded, and such matters as social diseases, which have an important place in the public health.

The time for the commencement of the National Association work has not yet been decided on, but it would be some time in the fall.

He will not sever his connection with the General Hospital, but will be there right along.

### NEW PHYSICIANS' OFFICES.

A large, modern private house, near the corner of College Street and Queen's Park, within a block of the new Toronto General Hospital, has been converted into suites of physicians' offices, each office being modern in every respect, with hot and cold water and electrical connections for sterilizer, etc. A telephone switch-board, with nurse in attendance, has also been installed. There are still one or two vacancies and any physician desiring to secure a centrally located office should apply at once to the housekeeper at 143 College Street. Telephone, Col. 590.

### PAY OF THE ARMY DOCTOR.

The following information is from one who knows:

U. S. 1st Lieutenant—\$2,000 per annum, plus 10 per cent. for overseas service, equals \$2,200 per annum.

Canadian Captain—\$1,733.75 per annum for overseas service.

Canadian Major—\$2,190 for overseas services, including messing.

Thus we see that a Canadian field officer who, at least, is supposed to be a trained soldier fit to take over a command, is paid less than an American lieutenant, who is totally untrained.

In mentioning this I can state from actual experience that even with the small allowance made to wives (to which the U. S. officers are also entitled) (see the *Medical Council Magazine*, June, 1918, page 462), it is becoming an actual hardship for a married man with three or four of a family to exist.

The pay has not been raised since the war commenced. The C. A. M. C. is actually paid less now than the P. A. M. C. was paid before the war, although living has gone up to a tremendous extent.

A major is at present earning the same amount of money as a bricklayer in Western Canada, and by overtime the bricklayer can make more than a major can.

There have been so many rumors of an increase that all officers have given up all hopes.

## MEDICAL PREPARATIONS

### CONVALESCENCE FROM THE EXANTHEMATA.

The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice, of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school-room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable



diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct. It is well known, however, that in all but the mildest cases, the adolescent subject of scarlatina, or measles, is usually more or less debilitated or devitalized, when convalescence is established. Special care should be taken to avoid the administration of any tonic or reconstituent which is likely to disturb the child's digestion or, by inducing constipation, to minimize the appetite or desire for food.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue and promptly efficient in restoring appetite, strength, color and general well-being.

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#### HAYDEN'S VIRBURNUM COMPOUND.

Hayden's Virburnum Compound was first introduced in 1867, and for fifty years it has enjoyed an ever-increasing demand, due to the confidence accorded it by the medical profession for its therapeutic dependability in gynecological and obstetrical conditions.

It gains and retains confidence by the results it manifests therapeutically, the only convincing test of the value of a medicinal remedy and upon this basis we invite your consideration.

Accord Hayden's Virburnum Compound a trial in your next dysmenorrheal patient, and you will be convinced. Dose: One or two teaspoonfuls three times a day or as required. Administer in three or six teaspoonfuls of hot water.

A supply of the genuine H. V. C., with literature, will be sent you on request. New York Pharmaceutical Company, Bedford Springs, Bedford, Mass.

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#### THE CATHETER.

The catheter unskilfully or carelessly employed is a dangerous instrument, and before its use it is better where there is retention of urine to resort to all palliative measures first, as hot hitz bats, suppositories of belladonna and opium, hot rectal injections and colonic flushings, and to the administration of sanmetto in teaspoonful doses every hour for first three or four hours, and then every two hours until reasonable time for relief. Never withdraw the entire amount of urine at once, as it might be followed by hemorrhage from the bladder or kidneys, or a complete suppression of urine ending fatally. Always follow urethral or bladder instrumentation with irrigation or injections of the milder silver salts, and the administration of sanmetto to soothe and relieve the irritation or inflammation of the urinary canal.