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THE PROBLEM OF HOUSING OUR WORKING PEOPLE

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It is apparent that in any question of housing or providing men with a dwelling, especially in a climate like that of Canada, the land on which such habitation is located becomes a necessary factor. It is further apparent that whenever land in relation to population becomes limited, it has a value wholly different from that over which nomadic tribes roam, or where it has been so abundant that governments, upon the condition of occupation and cultivation, grant homesteads of 160 acres, or, as in Alberta, double this amount. Being however limited, it is spoken of as a *natural monopoly*, and immediately assumes an ethical importance when it raises the question of whether or not every human being has a right to such an amount of it as will provide a subsistence for him, provided he will cultivate it or give it his labor. Probably there is no economic question which, owing to the hitherto illimitable areas of uncultivated land, has received so little attention until recent years by the people of this continent as that of the essential qualities inherent in land ownership. As unoccupied land or those vast areas, which served only as a hunting ground of savages, had no value, so it has been where the growth of population in a country, and especially in towns, has concentrated that its essential character of a natural monopoly becomes apparent. That it has not, however, changed in essence, but takes on a value only through human energy applied to production either directly to the land or by industries, which utilize the materials produced from land, is apparent, and the amount of this value determines whether or not it is an unearned increment according as the occupiers of the land are producers of wealth or the fortunate holders of land, which through accident of location has been favorable for the establishment of a town community. When

we learn that a quarter of an acre of land at the corner of two business streets in Chicago was worth only \$2,000 in 1830, and in 1894 was valued at \$1,250,000, we can realize that its owner possesses the unearned increment, since this value equals 4,000 years' labor at \$1.25 per day. But we do not require to go to Chicago to find illustrations of land values taking on a phenomenal increase, since in the city of Ottawa we find with a population of 100,000 concentrated on 4,984. that some hundreds of acres of suburban land are being held, in some cases five miles from Sparks and Elgin corner, at \$500 to \$1,000 an acre, and small lots of 25 feet frontage, or 1-16 of an acre, are held as high as \$400 in every outer ward of the city, or at \$6,000 an acre. When we inquire what has made such prices, I shall not say values, we say:

- 1st. Increase of population.
- 2nd. The limited areas of land within a certain radius creating a natural monopoly.
- 3rd. The assessment of such lands below the prices at which they are held.
- 4th. The laying of taxes upon houses and improved property, or upon the energy or capital of producers.
- 5th. The ability of holders of such lands to pay taxes through, in many cases, the high rentals they are obtaining from houses crowded upon small lots and from the overcrowding of rented houses by as many as 829 persons being crowded into 56 boarding-houses containing 354 rooms.

Hence it at once becomes plain, before we attempt to deal with the questions of houses and of overcrowding, that we must in some manner solve the problem of land values, since it is idle to speak of model workingmen's houses if the value of land or the cost of building materials, upon which rents are based, prevent new houses being constructed, or at such cost as to make rents prohibitive.

Land is the one kind of property about which persons and parties of every kind have discussed and disputed and economists have theorized; but the one element which makes it unique and places it in a category by itself is that *it is not a product of labor.*

The growth of population, especially the building of railways, the general accumulation of wealth through industries and the development of social law and order, are the chief elements causing the growth of land values, and these have to a degree never before experienced been operative in Canada during the past ten years, while the benefit to holders of land in cities and the injury to those not holding it have both been made especially apparent.

In the beginnings of society the community had common possession of the land, and only as it became more valuable did the more energetic, industrious and powerful become possessors of it; but in the earliest known codes, as that of King Hammurabi of Babylon, 2250 B.C., the common right of the people to the land is recognized, since the duty of the holder, whether as owner or occupant, of any of the irrigated and intensely cultivated land in the delta of Babylon is set forth in the words of Ordinance No. 42: "If anyone takes over a field to till it and obtains no harvest therefrom, if it be proved that he did no work on the field, he must deliver grain just as much as his neighbor raised to the owner of the field." On the other hand, and beautifully illustrative of how the capitalist and money-lender even under our laws in Canada become the possessors of land, is the story in the 47th Chapter of Genesis, of how that earliest and greatest of all the fathers of trusts, Joseph, operated in the land of Egypt. We are told that after he had taken all the people's money for food and then their cattle they again came to him offering their lands and their bodies for corn. In verse 19: "So Joseph bought all the land of Egypt for Pharaoh; for the Egyptians sold every man his field because the famine was sore upon them; and the land became Pharaoh's. And as for the people, he removed them to the cities from one end of the border even to the other end thereof." "Then Joseph said unto the people, 'Behold, I have bought you this day and your land for Pharaoh.'"

So this benevolent agent of the Pharaoh took the land, gave the people seed to sow, and thenceforth *tied* the people to the despot by a statute concerning the land of Egypt until this day that Pharaoh should have the fifth.

In order to get some idea of the distribution of population the table may be given of births by wards during the six months from November 1st to April 30th:

Rideau Ward	47
Ottawa Ward	91
St. George	*75
By Ward	48
Central	94
Wellington	106
Dalhousie	†225
Capital	121
Victoria	95
<hr/>	
Total	902
Total from two institutions	349
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Grand total	1,251

*Also 229 Maternity Hospital and Salvation Army Home.

†Also 121 Misericordia Hospital.

Turning to our problem in Ottawa, I have obtained from the reports of several departments at the City Hall figures which supply us with materials for investigation.

No.	Ward.	Pop.	Acreage.	Persons per acre.	Children between ages 5 and 21.	Per cent. of Pop.
	Ottawa	95,570	4,984	19.1	23,922	25.0
1.	Victoria	7,554	651	11.6	1,895	25.0
2.	Dalhousie ..	17,292	1,096	15.7	4,897	28.8
3.	Wellington .	13,571	325	41.7	2,857	21.0
4.	Central	12,937	424	30.5	2,033	11.0
5.	Capital	10,376	1,164	8.9	2,845	27.4
6.	St. George's.	12,792	572	22.4	2,848	22.2
7.	By Ward....	7,863	202	38.9	2,271	28.7
8.	Ottawa	9,946	228	43.6	3,010	30.2
9.	Rideau	3,239	322	10.0	1,176	36.3
Other Cities:						
	Glasgow ...	784,496	12,688	60.1		
	Liverpool	45.0		
	Sheffield	19.0		
	Edinburgh	29.0		
Percentage of population of Glasgow:						
	5 to 20 years			29.7	per cent.	
	0 to 5 years			11.24	per cent.	50.5
	20 to 25 years			9.58	per cent.	

The city area contains 4,984 acres, divided into nine wards, upon which are distributed 100,000 persons. The tables show, however, that the density of population per acre varies very greatly, there being 10 persons per acre in Rideau Ward, 43 in Ottawa Ward, and 41 in Wellington Ward. It might naturally be assumed that the character of the population of these several wards would be much the same, but examination discloses quite remarkable variations in the percentage of distribution by ages. Thus the number of persons between the ages of five and twenty-one years for the whole city is 25 per cent. of the total, but in Rideau Ward the percentage is as high as 36.3 per cent., while in Central Ward it is as low as 11 per cent. I have not been able to obtain an absolutely exact statement of the number of houses in each ward, but roughly they are as follows:

Ward.	No of Houses.	Persons per House.
City	180,023	5.4
Victoria	1,463	5.1
Dalhousie	3,547	5.6
Wellington	2,494	5.4
Capital	2,427	4.1
Central	2,031	6.37
St. George	2,292	5.5
By	1,400	5.6
Ottawa	1,797	5.3
Rideau	572	5.6

An analysis of the table shows some curious variations. Thus the total population to a house is low in Capital Ward, it being better by 130 compared with standard 5.4 to the average house. Again, Central is worse by 13—or 87 compared with 100 if taken as standard. The other wards do not greatly vary; but if we take the highest, Central Ward, compared with the lowest, Capital, we have a difference of over 50 per cent. As both have better class houses, we must find the explanation in the fact that many of the population in Central live in apartments. Such figures fail, however, to give us the essential details of the number of rooms to a house. Thus, if a ward had only cottages and another had three-story houses, it is plain that crowding might be three times as great in the former as in the latter, if rooms were counted, and yet there would be no more houses to a ward. As an illustration of the effects of overcrowding may be given the study of fifteen houses, where one or more tuberculous patients were during the past year under the supervision of the Association for the Prevention of Tuberculosis. In seven of these houses the mother was sick, in five the father was sick, while the remainder were children of families. In all there were 117 persons in 86 rooms, or an average of 1.3 persons to a room. The character of the houses may be judged from the fact that in six of them there was no cellar, five of them were tenements, and in one case, where there were six persons, the front room was used as a grocery, and another house had boarders.

A further complication of the question of the number of persons to a house rests in the fact that an unusual number of apartment houses are to be found in Ottawa. I have not the total, but their number may be judged from the fact that during the past nine months permits for twenty-three (23) apartments were issued, as compared with forty-four (44) for double houses, and 228 for single ones. It will be apparent, when 20 tenements to an acre and ten families and more to a tenement, or over 600 persons to an acre are found in New York tenements, that house congestion may exist in a ward where there is much vacant land, while in a ward having houses on large lots the whole area may be occupied and yet not have a large population per acre. Again, another ward may be occupied with houses of two stories on many small lots, while the persons per acre may be large. The houses need not necessarily have a congested population, although it is probable that some of such are liable to be so. A comparison of Wellington with Ottawa Ward illustrates the possible difference

since we find an almost equal density per acre, and yet the proportion of persons between 5 and 21 years varies between 21 in the former and 30.2 per cent. in the latter. Enquiry shows that in the case of Wellington Ward there seems to be a large number of grown persons, probably employees, both young men and women, living in apartments and boarding-houses, while in Ottawa Ward there is a large family population with many children. The type of the population illustrated in Wellington Ward is accentuated in Central Ward, which is probably explained by its being the oldest of the wards occupied with houses of well-to-do citizens who have resided many years in the city and whose families are grown up, as well as by its having many apartment houses. The remarkable percentage of persons between 5 and 21 years in Rideau illustrates the presence of an area occupied almost wholly by houses, mostly single houses, having in them young families, and presents in its small population per acre an example of a normal suburban development. The abnormally high percentage of persons between 5 and 21 is in fact, however, explained by the presence of an orphanage having yearly in it some 200 infants. Now the study of these figures would be incomplete for our purpose were we unable to indicate their bearing upon the health of the occupants of houses. In the absence of an accurate house census this becomes difficult, but I have been able, through the kindness of our Medical Officer of Health, to give the death rate by wards for the first six months of 1913. It is as follows:

TOTAL DEATHS IN OTTAWA FROM NOV. 1, 1912, TO APRIL 30, 1913.

Ward.	Pop.	Total deaths	Institution.
	1912.	in 6 months.	
Ottawa	9,946	170	St. Charles Home and Water Street Hospital.
Rideau	3,239	57	36 from House of Bethlehem.
St. George	12,792	179	31 from Ottawa Maternity Hospital.
By	7,863	47	
Capital	10,376	31	Old Men's Home.
Central	12,937	97	St. Luke's Hospital.
Wellington	13,571	107	
Dalhousie	17,292	194	36 at Misericordia Hospital.
Victoria	7,554	16	

DEATHS BY WARDS IN OTTAWA FROM NOV. 1ST, 1912, TO APRIL 30TH, 1913.

Ward.	Under 6 months 1 yr. to 2 yrs.				Stillborn.	Total.
	6 mos.	to 1 yr.	2 yrs.	to 5.		
Rideau	33	3	2	0	5	43
Ottawa	22	6	2	3	12	45
St. George's	31	4	6	9	23	73
By	7	8	4	3	1	23
Central	7	0	1	1	3	12
Wellington	16	3	3	1	5	15
Dalhousie	50	10	3	5	19	87
Capital	11	2	2	3	5	23
Victoria	8	1	3	1	3	16
Total	185	37	26	26	76	350

But what congestion may mean is illustrated by the following figures of an investigation of 56 boarding-houses occupied mostly by foreigners and of the inmates of houses where cases of tuberculosis were:

56 BOARDING HOUSES WITH 829 PERSONS.

	No.	Occu.	Average.	Highest in a house.
(1) 5-room house	18	235	14	20
(2) 6-room house	19	279	15	23
(3) 7-room house	7	98	12	20
(4) 8-room house	7	127	18	50
(5) 9-room house	5	90	18	25

But how essential it is to study these death returns in detail is shown in the fact that in the population in Rideau Ward of 3,238 in 1912, a total of 57 deaths were returned for the six months from November 1st to April 30th. Of these, 36 were under one year, and exactly this number was returned from the House of Bethlehem. Only two other deaths, apart from five stillborn, were under five years, leaving 12 deaths only over this age. Taking all but 36 as the death rate for six months, we have 21, or 42 per year, or an annual rate of 14 per 1,000 in a population of 3,300, including stillborn, or 10.6 per 1,000 as normal for Rideau Ward.

Or again we may take as the type of a purely residential district of a high class both as to the class of houses and the type of the resident, what is known as Capital Ward. It has a population of 10,376, and a rate of 27.4 from 5 to 21 per 1,000. The total deaths returned for six months were 31 and 23 under 5 years. It has the Old Men's Home within it, which has some

thirty inmates, and had five deaths in the last half year. If the total deaths are doubled for the year we would have 62 in 10,376, or only six per thousand. Similarly the infant death rate per thousand is phenomenally low.

We have in the preceding paragraphs set forth some of the principles underlying the problem of housing the people, and have illustrated some of the facts relating to the problem as it exists in Ottawa. But ample illustrations from statistics have been given to show both the nature of the problems involved and the urgent necessity for a complete house survey being made in order that our people should know conditions as they actually exist and in what direction they must move in order to apply remedies for existing evils.

In the paper by Lawrence Veiller of New York, Secretary of the National Housing Association of New York, on "Room Overcrowding and the Lodger Evil," he remarks that:

"So far as the physical effects of room overcrowding are concerned we have at hand considerable information: The results of studies made in Great Britain and other countries showing the increased death rate, the lesser height and weight and the less developed physical condition of the children reared in one room than of those in two rooms, and similarly the less advantageous condition of those reared in two rooms than those reared in three rooms, and so on.

"It does not require scientific investigation nor special wisdom to realize that a higher death rate, greater industrial inefficiency and inferior physical condition will be found among the poorest elements of the community, who, because of their poverty, can only afford one room to live in, and that often the poorest kind of accommodation to be found in the city; that their children should compare unfavorably with the children of families whose economic position enables them to live in more commodious quarters is not a matter of surprise.

"May it not be that they live in one room because they are poor and weak, not that they are poor and weak because they live in one room?

"With regard to the civil effects of room overcrowding, we are on sure ground. The social worker is in a position to observe every day in the year the bad results from this kind of living, the serious effect it has upon good citizenship; how difficult it becomes for the person living under these conditions to have an interest in the welfare of the city.

"The bad social effects of this method of living are only too easily observed. It can hardly be called living; it is merely existence, and nothing more.

"My own belief is that our failure to remedy conditions heretofore has been due largely to the fact that we have not recognized with sufficient clearness that the lodger evil is the root of our room overcrowding problem.

"My solution for this evil, therefore, is that we hold the landlord primarily responsible for the taking in of lodgers into the apartments of families who occupy his building. While it may seem a novel proposition to hold the landlord responsible for something which many people feel he cannot be responsible for, yet it is in reality no new thing. For over ten years now in New York we have held the landlord responsible for the moral character of his tenants, and we have done this most successfully.

"What I propose now is that we should apply this same principle to the problem under consideration; that we should prohibit the taking of lodgers and boarders into an apartment without the consent in writing of our health officials, and that we should then hold the owner of the house responsible through heavy penalty for any violation of this provision. Let us not be deceived by any false claims on the part of the landlord that he cannot know what is going on inside the apartments of the individual families in his building."

As regards its solution, it must be apparent that there are several methods which enter into the problems as already outlined:

1st. The adoption of town by-laws for lessening present overcrowding evils through health authorities insisting upon the removal to other premises of those present in any house exceeding what may be deemed proper; but the difficulty attaching to this, as fully illustrated in New York and elsewhere, lies in the fact that there are few vacant houses for those to go to. Within ten years the population of Ottawa has increased from 60,000 to 100,000, and by 5,000 within two years. Can anyone say that, on the basis of five to a family, 1,000 houses have been erected in the city within this period? As a matter of fact the building permits show for the first nine months of 1913 the following: Single dwellings, 228; double dwellings, 44, and apartments, 23, which, roughly estimated, will provide for 2,000 persons. It is of interest to note that 130 permits during the same period were issued for workshops, offices, churches, stables, garages, etc. If

houses had not been built to such extent it is obvious that the increased population could not be forced out of existing houses.

2nd. What then is to be done? It is quite apparent that the solution for this must be found in one or two ways, either by the lessening of land values to a point making it possible for workmen to purchase land whereon to build, or by builders purchasing land and erecting houses which can be rented. If, however, this be adopted then it means that rents in keeping with the cost of land, plus that of the building and builders' profits, must be charged. Assuming, from the experience of the Model Houses Association two years ago, the minimum cost of land and house to be \$2,000, even at six per cent. this means \$10, or with taxes a \$11 rental per month.

3rd. A third scheme is possible, viz.: the purchase of land outside existing subdivided areas by either private or company initiative or by the municipality at a lower price and then selling or leasing lots to purchasers on which to build houses, or by erecting buildings and selling or leasing at low rates as is done by the Sanitary Housing Company, Washington, D.C., whose charter allows only five per cent. to be charged in rentals on the actual investment.

Whatever scheme is selected, it is plain, however, as Prof. Eberstadt of Berlin, Germany, says, that "All our difficulties of housing in Germany spring from the price of land." "Building sites in Germany carry about four to seven times the price which is paid in England." "The inflation of land values in Germany is altogether an artificial one, and contrary to the laws of public economy." He further says: "My investigations, on the other hand, show that land may be turned into a monopoly, and therefore we have to shape our institutions to prevent this. I should, therefore, in case of a tax, propose that a duty be imposed, not uniform, but on a sliding scale, beginning with low rates and gradually rising with the price, thereby awarding, as it were, a premium to the owner selling at a fair price, and laying a charge on the owner selling at a high price. The high price of land in many German cities has resulted in what is called the Barrack system, or apartment houses for the working classes. On the other hand, in a notable number, some 300 cities own the large proportion of their land, and in these instances every facility is given for proper housing of the workers. Not only are loans granted for a considerable percentage of the cost at a low rate of

interest, but land is also sold or let at cheaper prices, always with rigid restrictions as to resale in order to prevent speculation."

To take an example, the city of Ulm has during the past twenty years bought 1,200 acres, or one-quarter of the area of Ottawa, and it is stated has in this land the foundation of that city's great expansion through continued low rates. As a matter of fact the profits made from the sale or lease of lands in many cities of Germany have enabled them to carry on municipal institutions almost without any direct taxing of the people.

We have in Canada one fortunate example of a city owning a portion of its own acreage in Regina. The city came into some 300 acres located north of the C.P.R. tracks through, I am informed, a tax sale. This land has been surveyed into blocks, its streets are graded and have water pipes and sewers laid, while parcels are being sold for purely business purposes at \$30 a foot frontage to manufacturers on the condition of buildings being erected within a year under penalty of forfeiture. I learn that already the city has made \$1,250,000 out of sales of land, collects taxes on this as on other property, and has reduced the town tax rate to 14 mills. The common basis upon which city land is leased in Germany is two per cent. interest of the actual value for sixty years, the city allowing from 30 per cent. to 100 per cent. of the improvement value at the end of this time to be retained. The city of Frankfort owns some 75 per cent. of its whole area or 6,000 hectares, and either directly or through co-operative loan associations advances money for building purposes at a rate of 3½ per cent.

We thus see that the economic principle of communal interest is there fully developed in the sense that it is realized that every dollar that is saved to the workman not only makes him more effective through being more contented, but also because he has more money to clothe, feed and educate his family and so maintain strength and health, and so loses less through sickness and is not a charge upon the municipality or charity. It does not matter much as to the method by which this end is attained, and in the western cities of Calgary, Edmonton and Vancouver the simplest system is adopted of placing the taxation on land values for municipal purposes and little or none upon improvements, and thereby simply and automatically regulating land values, since land unimproved becomes a loss to the owner and either forces a sale or improvements. But assuming that a city such as Ottawa proposes to look not only to the welfare of its present citizens, but

also to its future development, it is essential that some system be applied to its extension and at times to the re-adjustment of its existing plan or absence of plan. Already Calgary has engaged Mr. Mawson, an English landscape engineer, at £2,000, to plan its future extensions, while in Prince Rupert we see a city rising, where five years ago was a dense forest on a rugged mountain side, fully planned and laid out before a single lot was sold. We have then in Ottawa, as is apparent, two problems: the immediate one of supplying land at a moderate price for workingmen's houses and that of providing for the extension of the Capital of the north by securing outside areas at moderate prices and fitting them into the larger plan of what is by Nature and the promise of our future destined to be the central glory of Canada.

We have during the past two or three years, through the activities of the Garden Cities and Town Planning Associations of Great Britain, had different experts visit Ottawa and other cities of Canada and point out what is not only possible, but also what has been done in England during the past fifteen years. The three months' tour through Canada of Mr. Henry Vivian, M.P. for Birkenhead, Chairman for the Co-partnership Tenants Co., will be recalled. I found in the *Garden Cities and Town Planning Magazine* reference to this visit and to Mr. Vivian's address at the annual meeting of the Association, in which it is stated: "Many of those at the meeting were much surprised to hear of the appalling slum evils existing in some of the larger Canadian cities, described so graphically by Mr. Vivian." It is probable with the statistics already given regarding overcrowding in the foreign quarters that Mr. Vivian had some sections of Ottawa in mind; but whether this be true or not it is sufficient that we recognize them and their cause and endeavor to remove such opprobrium from our city. I have elsewhere referred to the phenomenon of the urban growth of Canada during the past decade of 62.5 per cent., while that of Ottawa for the same period has been quite this amount. Compared with such figures is the remarkable fact of rural Ontario losing constructively over 25 per cent. of her population during the decade. This forces upon our attention another factor dependent upon both these phenomena affecting our immediate welfare, namely, the remarkable increase in the cost of living as illustrated in the following table. It may be stated that wholesale prices were, as compared with the average between 1890-1899, taken as 100 for 272 articles:

Wholesale prices July, 1913.	135.9	Wholesale prices 1890-1899...	100.
" " Aug., 1912 ..	133.	" " Aug., 1913 ..	136.2
Individual items were:			
Cattle and beef	177.9	Hog products	189.2
Sheep and mutton	139.6	Poultry	213.5
Dairy products	138.2	Fish	151.2
Breadstuffs	126.0	Dried fruits	163.7
Lumber	179.4	House furnishings	146.9
Furs	358.0		

Twenty years ago the inevitable degenerative effects of urban congestion in several Canadian cities where land booms had taken place were impressed upon me and strengthened by the remarkable studies of Charles Booth and others in British cities. It is now over fifteen years since Ebenezer Howard of London, England, became impressed with the demand for some method of de-urbanization, and worked out the principle underlying the back-to-the-land movement exemplified in his book on Garden Cities.

As it has been in England that industrialism from the eighteenth century to the present has seen the largest and most extended growth and had produced earliest the evils of urban overcrowding and house congestion, so it has been there that the efforts to ameliorate or remove these evils have been most systematized.

The mediæval and now obsolete idea, crystallized in the Poor Law dating from Elizabeth's time, was that the evils were inevitable, and that the State should provide for the worn-out products of the system as for disabled soldiers. Later many sanitary by-laws for regulating the number of inmates and the sanitary condition of the houses followed; but not till the twentieth century have we witnessed the great evolution of the "social conscience," which is realizing in practical legislation the scientific means of preventing, rather than attempting to cure, slum conditions, which a *laissez faire* philosophy had permitted to grow up, and which we in Canada are already witnessing the fruits of.

The ideals set forth by Ebenezer Howard have been reduced to a practical form in the Imperial Housing and Town Planning Act of 1909.

Mr. Nettleford of Birmingham has in "Practical Housing" summarized very well both the scope and provisions of the Act.

He states the objects of Town Planning to be.

1st. To facilitate and encourage thorough co-operation between all concerned in the provision and supervision of accommodation for the people in order to provide town populations with the light, air and space essential to human health.

2nd. To ensure the exercise of foresight in reserving plenty of room, where eventually main thoroughfares will be required. To take into account everything that makes life worth living, to consider the surroundings of a house as well as the house itself.

Mr. Nettleford then sets forth the skeleton plan of the future town with its areas set apart for factories, warehouses, shops, playgrounds, public buildings, dwellings and public streets. The cost as shown by Ebenezer Howard, as by Mr. Nettleford of the land, primarily determines the rental; but many other things, as the narrower paved roads for residential streets with broad boulevards, will serve to lessen the cost. At Letchworth, Hampstead, and other Garden Cities, newly laid out on cheap land at some few miles from London, it is seen to be quite possible to have either semi-detached or separate houses at from six to ten dollars rental per month with every town convenience, while these cities bring the factories to the town instead of crowding the workpeople into poor areas on expensive land in cities, and supply in the public buildings and places of entertainment social advantages adequate for every legitimate need. Mr. Nettleford says "that in England at any rate healthy homes and cheerful surroundings cannot be provided at rents within the means of the poorer classes on land that cost more than £300 per acre." He says: "Millions of the poorer classes in this country are housed on land, the capital value of which is £3,000 per acre or more, and very large numbers of our town dwellers are living upon land worth £10,000 and over." It will be noted that the average small lot in Ottawa of, say, 25 by 100 feet, would mean sixteen houses per acre, which at \$400 per lot would mean \$6,400 per acre, as compared with the lot on the \$1,500 or £300 acre in England. The Ottawa suburban lot thus becomes more than five times the price, and when the high cost of materials and labor is added it serves to explain largely the scarcity of houses and the high rents so frequently referred to in the press.

Nettleford makes the remark "These two national extravagances:

"1st. The unmethodical use of land and the destruction of the people's health are so large and at the same time so common that few people take any notice, and still fewer take the trouble to master the figures involved." Mr. Nettleford very admirably sets forth how this wanton waste may be stopped "by the introduction into public affairs of better organization and more co-ordination" in such items as:

- (1) Reduction in cost of estate development.
- (2) The bringing into the market of more land for housing purposes.
- (3) Co-operation between local authorities and owners, and between land owners amongst themselves.
- (4) The pooling and re-distribution of small plots of land.
- (5) Harmony between buildings on adjacent sites.
- (6) Prevention of evils instead of heavy compensation for their cure later on.
- (7) The assistance of first-rate men in town planning with business experience.

Speaking of the end aimed at in town planning, the Hon. Alfred Lyttleton says in the case of the Garden City of Hampstead:—

1st. We wish in the first place to have pretty and wholesome dwellings, with gardens and open spaces of land.

2nd. We wish to have an orderly and well-designed plan of the estate so that each house may be placed with a regard to every other house.

3rd. We wish to make the life of the Hampstead suburb a life in which men shall have an understanding of each other, in which the poor will teach the rich, and in which the rich, let us hope, shall help the poor to help themselves.

I cannot do better than conclude my remarks than by briefly indicating how far the Government has gone in the Housing and Town Planning Act of 1909 in Great Britain. It is divided into four parts:—

I. Housing of the working classes.

II. Town planning.

III. County Medical Officers and Health and Housing Committees.

IV. Supplemental.

Necessarily they deal with municipal house building, slum reform, slum prevention, financial, general and rural. Amongst the several provisions are:—

1st. Part III. gives power to local authorities to buy land and lease it to building societies, which it may at the same time assist by laying out streets, sewers, etc.

2nd. The Act gives power to the municipal authorities to sell land and use its proceeds for developing streets and for town planning.

3rd. Schedule 1 simplifies procedure for the purchase of land by arbitration if necessary. This is by a single arbitrator appointed by the Local Government Board.

4th. Provision for long loans to municipal authorities by the Public Works Department of Government.

5th. Provides that by any four inhabitant householders applying to the Local Government Board, the Board can set up an enquiry into the housing needs of any municipality.

6th. If enquiry shows that a town improvement scheme is the best method of dealing with an insanitary area in any town, then the local authorities may carry out the approved scheme at the expense of the owners of insanitary houses, if proved necessary.

7. All new land leases and building permits provide that the same shall be constructed and kept in a sanitary repair by the landlord.

8th. Power is given local authorities to close any house unfit for human habitation and make reasonable recompensation for expense of moving to those turned out.

9th. The Local Government Board's decision as what land in any town planning scheme is likely to be used for building purposes is final as well as for removing buildings or obstructions in any such scheme, and to the local authority to purchase compulsorily.

10th. Compensation for injury to property in any such scheme may be given.

In this brief summary we see how the provisions of many old Acts dealing with municipal housing and sanitation have been enlarged so that individual citizens, the local authorities and the Government may each initiate action toward housing reform and town planning. It is much that in England, where the rights of the individual citizen have ever been upheld as the palladium of the people's liberties, these broad powers have become operative and that the restriction of the number of houses per acre, the provision for playgrounds for the children and open spaces for the people have, as Mr. Nettleford says, "captured the imagination of the British people, unimaginative as we undoubtedly are." A dozen garden cities have risen up at Bournemouth, Port Sunlight, Letchworth and Hampstead, and many times this number are being planned.

We in Canada are late in the field, because our urgent needs for comprehensive housing and town planning legislation have only recently become evident. It is with much satisfaction that we refer to the legislation enacted in three Provinces within the past two years—Nova Scotia, New Brunswick and Ontario. That of New Brunswick is an admirable Act, providing very well for the planning of new areas and for the even compulsory purchase by municipalities of land for town purposes. The town planning

scheme must first be initiated by the local authority, which when it makes an application to the Government must make out a *prima facie* case for its scheme, when the Governor-in-Council may authorize the municipality to adopt or modify any scheme submitted. While no specific reference is made to any provision for the municipality purchasing land for selling or leasing to individuals or companies for building purposes, yet the Act provides for the local authority appointing commissioners, to be approved by the Government, to whom it is to be delegated all the powers conferred under the Act upon the municipality, it is evident that a determined effort has been made to deal with the problem.

The Nova Scotia Act, while good, is not so ample or specific in its provisions as that of New Brunswick, but is nevertheless superior to that of Ontario, which, strangely, is made applicable only to cities over 50,000, it being quite forgotten that the time to plan, whether a house or a city, is when its foundations are being laid. I can conceive of nothing wherein an expert Government Board, whether Federal or Provincial, could do more toward the sanitary, economic or æsthetic future of our Canadian people than in having submitted to it the plans of any town at the stage when it begins erecting permanent structures, whether of stone, brick or cement.

As to the urgent demands which the figures given would seem to make upon the people of Ottawa for providing houses for its poorer people, it seems peculiarly appropriate that at the moment when the Federal Government has appointed a Town Planning Commission to study its æsthetic future, some committee of large-minded and large-hearted citizens should meet to not only discuss, but also to act in the matter of urging and insuring the purchase by the municipality as well as by private initiative of land whereon to begin construction, either by individuals or companies, of houses for the working people. Nowhere that I know of in Canada is there more wealth, directly the accumulation of the labor of working people, nowhere where employers come more closely into touch with their employees, and no where, I am sure, judging from our splendid charities, where there will be a more ready response if organized efforts to this end are made by a resolution requesting the Mayor to call a public meeting, at which the facts I have collected and many others can be made yet more public by selected speakers, with the hope that what has been discussed shall take an organized form, and Ottawa, if not leading, may at least be prominent in all which will make for the welfare of all her people and the glory of our capital city.

ERYSIPELAS

BY SEWARD ERDMAN, M.D., NEW YORK.

Observations upon 800 cases of erysipelas (J. A. M. A., Dec. 6, 1913) in the wards of Bellevue Hospital, New York, which were under Dr. Erdman's care for an aggregate of forty-two weeks, during seven periods of service from February, 1909, to April, 1913, are set forth in this paper.

Erysipelas has had various forms of treatment exploited and lauded. In these 800 cases Dr. Erdman had specially in mind the determination of the average febrile period of the various forms of the disease.

In 500 uncomplicated facial erysipelas cases the average duration was 6.67 days; general body and migratory cases, fifty-six, 14.44 days; thirty-three leg cases, 10.88 days; two hundred and twenty-one complicated cases, including facial, body and extremity types, with some concurrent disease, average duration about two weeks. From this the author concludes: facial erysipelas is a self-limited disease, with an average febrile course of less than seven days.

In facial erysipelas the fever is generally high, from 102 to 104, remarkably remittent and irregular in type in the majority of cases, terminating by lysis. There were records of eight afebrile cases.

In adults males were affected 2:1. It is a disease mostly of the colder and spring months, the facial types being thrice as numerous in the colder months. A point of entry is favored in colds in the head with abrasion of the nasal mucous membrane.

There were 63 cases in infants under two years, or 8 per cent.; from 2 to 16 years, 1 per cent.; from 20 to 55 years, 88 per cent.

The facial cases, seven-eighths of all, showed the point of entry in the great majority in the nasal mucous membrane. More than 10 per cent. of the cases gave a history of previous attacks.

In the series of 800 cases there were ninety-three deaths, or 11.625 per cent. The mortality was highest in body cases, 50.0 per cent.

In the treatment of these 800 cases there was no internal treatment such as iron and quinine, except sedatives, stimulants and cathartics as might be needed.

Locally the routine treatment was the use of continually wet cold compresses. Beside each bed was a bowl of boric acid solution in which ice was placed, and cloths frequently moistened with the solution were continuously kept on the face.

In migratory cases in which there is involvement of the body, these wet dressings are not recommended, but occasionally ichthyol or picric acid solution is applied.

The use of phenol and mercuric chloride solutions are dangerous, and do not limit the spread of the lesion, and accomplish no more than plain water or boric acid. Ichthyol, which is the most widely used local application, does not give the patient as much relief as cold compresses, and besides it is dirty and not curative.

Vaccine treatment was used in ninety-five cases out of the 800, with eleven deaths, a mortality of 11.5 per cent.

Phylacogen was used in one season in twenty cases, with two deaths, or 10 per cent.

THE ACADEMY OF MEDICINE, TORONTO

At the December meeting of the Medical Section of the Academy of Medicine, the programme provided by the Fellows was a clinical one. The cases and reports of cases were all of special interest and brought out a good discussion.

ELEPHANTIASIS.

Dr. H. B. Anderson exhibited a case of Elephantiasis. This patient, a stenographer and unmarried, was twenty-nine years of age. In her previous history she had typhoid and malaria fevers, and at present she is troubled with headache due to eye strain. This case had been before the Academy, Oct. 7th, and at that time the statement of the case was that at fifteen years of age her ankles began to swell, and this enlargement had continued for the last fourteen years, until at the first exhibition before the Fellows of the Academy there was found a uniform swelling of the legs with no pitting on pressure and no puffiness. The swelling was confined to the lower extremities. One leg, the left one, was very much enlarged, its circumference at the middle of the thigh being 24 inches and circumference of the calf 23 inches, the right thigh 20½ inches and the right calf 19 inches. The swelling on both sides extended up to the groin. The blood examination was nega-

tive, no filaria being found either of diurna or nocturna variety. Also there was no eosinophilia.

On the treatment of rest, bandaging and the use of Thiosinamin, marked improvement was the result. In two months the measurements were reduced by a maximum of eight inches and a minimum of six. As a great deal of improvement took place before the administration of the medicine, probably by compressing the lymph from the lymph places, it was difficult to say how much of the improvement was due to the Thiosinamin. There is no doubt the case is due to filaria, but this parasite was not found in the blood.

MUSCULAR DYSTROPHY.

Dr. Julian Loudon presented a case of muscular dystrophy. Relating shortly the peculiarities of the disease, Dr. Loudon said that muscular dystrophy was a disease of the muscles, differing from the spinal forms such as progressive muscular atrophy, and in children spinal muscular atrophy. The general characteristics of this disease to note are, first, the heredity; second, distribution of the atrophy; third, absence of fibrillary twitching; fourth, diminution in electrical excitability but no typical reaction of degeneration, this showing to faradism as well as to galvanism. The disease he classified under the headings:—

1. Simple atrophic. 2. Pseudo hypertrophic; here there is atrophy with the false hypertrophy. 3. Erb's Juvenile or scapular form. 4. Facio scapulo humeral form, where the muscles of the face, especially around the mouth, and sometimes around the eyelid, are involved. 5. Pelvic type. 6. Myotonia atrophica. 7. Transitional form. 8. Distal type.

A characteristic sign for diagnosis is that these patients, when arising from the recumbent to a standing posture, turn first into a prone position and drawing up the feet rise in that way. The gait is waddling and the pelvis is raised unduly. Also the gait is high stepping, and it is difficult for the patient to climb stairs.

The case presented was Erb's Juvenile form of the muscular dystrophy. She had no atrophy of the muscles in the lower extremities, and the ordinary superficial reflexes showed no change from normal. This young girl had three sisters married and quite healthy; three sisters younger than herself, quite healthy. She showed a marked lordosis and drooping of the shoulders, with weakness of the shoulder girdle. The protruding abdomen and waddling gait were features of the case. It was a case of congenital disease.

LUPUS VULGARIS.

Dr. King Smith presented a case of Lupus Vulgaris. The patient, a female, had had lupus for nineteen years, and it now had progressed over a greater part of the lower right side of the body and upper right thigh.

PEMPHIGUS VEGETANS.

Dr. King Smith also reported a case of pemphigus vegetans which had presented difficulties in diagnosis. The patient was shown to the International Medical Congress. Some disagreed about the diagnosis, but Mr. Malcolm Morris called it pemphigus vegetans. The case was unique in that it had lasted seven years.

RADIUM THERAPY

ANGIOMA.

Dr. G. S. Young presented a case of Angioma which had not yielded to operation, but had been successfully treated with radium which Dr. W. H. B. Aikins had applied. This patient Dr. Young saw some nine months previous to the date of exhibition. He came to Dr. Young at that time with a growth that had been present for a number of years but now began to be painful. In the preceding seven or eight years this man had had two operations performed for the relief of the condition, but improvement was only temporary. The tumor, before radium treatment, projected about one inch from the surface of the face and extended over a large area. At the last operation this entire growth was removed, but it was not very long until it was as large, if not larger, than before. Inside of two weeks after radium treatment was begun the growth had markedly decreased in size, and the patient now is completely cured. The result was certainly spectacular. The treatment of this case was by the application of radium for forty hours and the injection of twenty-one hypodermics of radium salt.

PAPILLOMA OF THE MOUTH.

Dr. Aikins then presented a case which had been referred to him by Dr. B. Z. Milner. This was a young lady, Act. 23, first seen in April, 1913.

In December, 1911, the patient had noticed a small lump in the upper gum on the right side. The lump became larger, and she consulted Dr. Milner in February, 1912, but not again until November, 1912, when Dr. Milner excised the mass and removed the wisdom tooth. The pathologist's report was a benign papilloma.

When the patient commenced treatment there was a mass of spongy tissue on the alveolar margin of the upper jaw, and also some on the lower. The tissue broke down very rapidly with bleeding. Under two applications of a tube of radium the papillomatous mass has disappeared and left a smooth healed margin.

This case illustrates very well the action of radium on ordinary warty growths. In the same way warts on the skin can be made to disappear readily and without discomfort.

EPITHELIOMA OF THE SKIN.

The patient was a man aged seventy-seven, referred by Dr. Chas. Foster in February of this year. About three years ago the ulcer appeared below the right ear. It increased in size slowly, and when the patient was first seen it was one and one-half inches by five-eighths inch in area. The edges were hard, thickened and everted and the condition was definitely epitheliomatous. The lower edge of the auricle was also involved. After three heavy exposures to radium, healing gradually took place and was completed in about two months.

RODENT ULCER.

Mr. W., aged seventy-seven. An ulcerated lesion began about twenty years ago in the nasal fold of the left side of the face. When seen in April of this year it was one inch in diameter, with very thickened, hard, raised edges. The ulcerated part extended through almost to the mucous membrane of the lip.

Various treatments had been used, such as cauterization, caustics, ointments, etc. He had X-ray treatment seven years ago. Radium was used at intervals, and complete healing has occurred.

Dr. Aikins also gave lantern views of several cases he had treated:—

1. Angioma of the upper eyelid in a young infant, which caused considerable deformity. Within two months after the use of radium the mass had almost entirely disappeared.

2. A case of lupus vulgaris, which was referred by Dr. James Third, of Kingston, in May, 1911. The condition was of about ten years' duration. It began on the mucous membrane of the left nostril and gradually spread. Various treatments were used, as cauterization, electrolysis, X-rays, curettage.

In 1905 her general health was very poor, and the condition extended, and perforated the septum. Since then the skin at the alar margins had become involved, and shortly before Dr. Aikins

saw her nodules had appeared on the left cheek. The nose when first seen presented a most distressing appearance, the margins of the nostrils being covered with large unhealthy granulations. There was a free foul discharge from the nostrils. Very heavy destructive doses of radium were employed, and as a result the diseased tissue has been removed, and the nostrils now present a healed margin. The disease present inside the nasal cavity was treated by radium tubes, which were inserted into the nostrils. On the cheek the nodules present have cicatrized. The patient's general health is not very good, and close watch has to be kept over the condition for fear of a recurrence of the disease. The present local appearance is regarded as very satisfactory.

3. The patient, who had been referred by Dr. H. L. Anderson, of Niagara-on-the-Lake, Ont., in September, 1911, had an epithelioma behind the left ear, which had started some four years previously. At the date mentioned the area was as large as a fifty-cent piece, with raised, hard everted edges. The part was eurented under cocaine and a radium plaque with one lead screen left in position subsequently for twelve hours. When seen a month later there was still an area three-eighths of an inch in diameter, which had not yet healed, but was quite healthy-looking. The healing process continued, and the condition had remained satisfactory since then. Photographs were shown to illustrate the condition before and after treatment.

4. Lantern slides were given showing the results obtained by radium treatment in a very large nevus which caused great disfigurement. The patient was a young man. The skin of the face was of a deep purple red, studded with angiomatic nodules. There was considerable involvement of the lip extending through to the mucous membrane. On pressure the blood could be driven out to a certain extent but not entirely. The second photograph showed the result six months after radium treatment was begun. The nodular appearance has disappeared, the distorted lip was much improved, and the color had faded to a very considerable extent, so that the patient was more than satisfied with the result.

PROGRESSIVE MUSCULAR ATROPHY.

Dr. J. H. Elliot presented a case of progressive muscular atrophy. The patient was one from Dr. Anderson's service in St. Michael's Hospital. Previous to this he had been compelled to give up his employment as a boilermaker because of weakness in his hands, making it impossible for him to hold and work the

compressed air riveter apparatus. An examination of this patient showed that he could not grasp firmly with the hand, and there was weakness of the muscles of the forearm and marked atrophy of the interossei muscles. The biceps and triceps muscles were also weakened, and in addition to the atrophy there were sensory changes. Tactile sensation was not lost, but very much altered. He could not distinguish readily whether he was being pricked with the head or with the point of a pin. When pinched, he felt it, but there was little pain. The sensation of heat and cold was practically lost. The most pronounced changes were in the distribution of the ulnar nerve. The most marked disturbance was in the right hand, the left being stronger and exhibiting very little atrophy. The left foot was weaker than the right, and both feet showed a partial anesthesia. There was no progress of the disease during the two months in hospital, but there had been no further loss of strength. There was no Rombergism present; the pupil reflexes were normal. The clinical picture is that of progressive muscular atrophy, but with the added sensory changes there is the question whether this is not a case of syringomyelia. The Wassermann reaction was negative.

Dr. Loudon, discussing the case, said he had had opportunities to see the patient before the meeting and that this loss of sensation was not only to heat and cold but to all forms of sensation, therefore this could not be a case of syringomyelia. From the symptoms presented he would think of some peripheral lesion involving both the sensory and the motor sides. For example, it might be a case of cervical rib, and he would not care to say it was not cervical rib until an X-ray had been taken. If not cervical rib then he would consider it a case of syphilitic disease, but this seems to be ruled out by a negative Wassermann. The other disease one would think of was lead poisoning. He did not consider it a case of syringomyelia nor a spinal cord condition and it is not progressive muscular atrophy.

Dr. Graham Chambers asked whether the anesthesia corresponded to the peripheral type or to the central type. In reply it was stated that the anesthesia was distributed over both hands and both legs fairly equally, and on the right hand it was distributed especially over the area of distribution of the ulnar nerve.

THORACIC ANEURISM.

Dr. J. H. Elliot gave the following history of an aneurism case and presented the specimen removed from the autopsy. A

man who had been ill three months came into St. Michael's Hospital because of pain in the chest. He was in the hospital some eighteen months and then died of hemoptysis. The post-mortem finding was an enormous dilation of the ascending arch of the aorta. During life there was no diastolic murmur, but there was a systolic one over the area of the aneurism. Death was due to perforation into the lower part of the upper lobe of the lung and hemorrhage into the lung. The clinical fact of interest is that he developed this enormous aneurism in three months' time. The Wassermann was positive and the X-ray showed the shadow of the tumor.

HICCUGH.

Dr. Brefney O'Reilly reported a case of hiccough. This occurred in a female patient under treatment for cirrhosis of the liver. It was a very serious form, in which all the usual routine treatment proved of no value. When it seemed as if there was no hope and the patient was dying, the ears were searched and wax was removed. Since that there has been no return of the hiccough.

ASTHMA.

Dr. O'Reilly also reported a case of asthma caused by the presence of a parrot. Paroxysms occurred whenever the patient was in the same room as the parrot. She was completely relieved when the offending etiological factor was removed.

Dr. Fotheringham reported a case of asthma which was brought on as a result of eating strong cheese. When the cheese was prohibited there was no more asthma.

Dr. Marlow showed a specimen of a hard concretion which had been coughed up by a woman who had had asthma for eight years. During this period she was subject to paroxysmal attacks of coughing, and it was during one of these attacks that she coughed up this little calcereous substance one-half inch in length. These attacks had developed frequently, and after losing one of her false teeth, but she had forgotten about this until after she had coughed up this specimen. Dr. Elliott considered this a concretion formed in the lung itself and later cast off.

Dr. J. H. Elliott referred to a patient who had asthmatic attacks only when she went out in the wind. It was found that her attacks were due to emanations from horses.

Dr. J. F. TenEyck reported two cases of asthma, in each of which a cure was effected by change of place of residence.

THERAPEUTIC NOTES

Broncho-Pneumonia in Children.—Goldman (*N.Y.M.J.*) considers pneumonia cannot be cut short by drugs, and that good nursing is essential. Recovery depends upon previous condition of health, surrounding hygienic conditions, and causation—whether secondary to some other infectious disease or not. Support the patient's strength with nourishing diet, and let the temperature and pulse be the guides in employing stimulants. The ice pack will reduce the temperature in quick time. When there is mucous rattling with increased respiration and dyspnea and cyanosis, *keep* the respiratory centre alive. The heroic measure of plunging the child into a warm bath and then wrapping it up in a cold sheet, pouring hot and cold water alternately from a height on the patient's chest—Goldman has seen this do great good in causing the child to cough and expel the mucus.

Mammary Abscess.—J. A. Henton White (*Practitioner*) has had experience with pituitary extract in mammary abscess, and has found it useful. In a few minutes after injecting pituitary extract the flow of milk is much increased through contraction of the muscular fibres of the lacteal ducts. When the ducts contain pus and are blocked, this action is a useful one; and the author has seen, in two or three instances, a threatened abscess undergo absorption soon after injecting the extract.

Pneumonia.—Lindsay (*B.M.J.*, June 7, 1913) reports on one hundred cases of pneumonia. On any signs of circulatory weakness, strychnine hypodermically, and ammonia, digitalis and sometimes caffeine by the mouth. Alcohol was used in thirty-nine of the cases. It is only in the more serious cases alcohol should be used, and then sparingly and in moderate or small quantity. Brandy was the usual stimulant in doses of three or four ounces. Oxygen should be given where there is unusual dyspnea or cyanosis, the gas being passed through alcohol. In every case tepid sponging is vigorously practised, and cold sponging when indicated. Antipyretics, expectorants or bleeding was not em-

ployed in the series of cases. After the crisis all medication is stopped and the patient put on some tonic and a liberal diet. Lindsay has never used ice-poultices or ice-bags, a method of treatment not gaining in favor. As regards alcohol, Lindsay inclines to its use in moderate quantity in severe cases.

Retrodisplacement of Uterus.— J. M. Caballero (*Revue de Gyn.*) has applied the following technique in 350 cases and praises its advantages. The tip of the kinked round ligament he sutures to the fascia of the rectus after it has been brought up through a tunnel parallel with the farther end of each tube. By this method the uterus is left freely movable, so in a later pregnancy there is no disturbance; and there is no alteration in the direction of the uterus to the axis of the pelvis.

Controlling Hemorrhage in Thyroidectomy.— E. O. Jones (*Surg. Gyn. & Obs.*) has the following procedure: The usual transverse collar incision divides the skin and platysma. The upper flap is freed to the upper border of the thyroid cartilage. At a point opposite the middle of this cartilage the fascia over the vertical muscles is slit in a longitudinal direction, a finger's breadth inside the border of the sternomastoid muscle. The slit is extended upwards and downwards about two inches. The fascia of sternohyoid and sternomastoid is drawn outward, and the sternohyoid and sternothyroid muscles inwards with narrow-bladed retractors. The finger is pushed down through this space until the carotid is felt, and then, by blunt dissection the fascia just to the median side is penetrated and then the finger is in the loose areolar tissue in front of the longus colli. Then retractors with longer blades are substituted; and the sternomastoid and carotid sheath are drawn well outward while the vertical muscles and thyroid gland are displaced inward. Now the carotid tubercle should be located. About a finger's breadth below this the artery is sought with two pairs of blunt dissecting forceps. When a short arc is freed, a ligature is passed around with an aneurism needle. This is tied, and parts allowed to fall back to their place. The operation can then be proceeded with in the usual manner.

Reviews

Fellowship Examination Papers; Dental Examination Papers.

Price, one shilling each. Edinburgh: E. and S. Livingstone.

The former is a compilation of papers for several years for the diplomas of the Royal College of Surgeons, Edinburgh; the latter for the diplomas of the same college, and the Royal Faculty of Physicians and Surgeons, Glasgow. Prospective candidates may study the gist of these papers with much advantage.

International Clinics. Vol. IV. Twenty-third Series, 1913.

Philadelphia, London and Montreal (Unity Building), J. B. Lippincott Co.

Valuable papers on Diagnosis and Treatment, Medicine, Neurology, Surgery, Eugenics, make up this volume. The volume is well illustrated.

Catechism Series. Medicine Part I. Second Edition, Revised and Enlarged: Bacteriology, Parts I. and II., Second Edition, Revised and Enlarged. Price, one shilling net, each. Edinburgh: E. and S. Livingstone.

Medical students in the past have found these practical question-and-answer series of the utmost help and value. They still continue in popularity and can be heartily recommended.

Genito-Urinary Diseases and Syphilis. By EDGAR G. BAL-LENGER, M.D., Adjunct Clinical Professor of Genito-Urinary Diseases, Atlanta Medical College; Editor *Journal-Record of Medicine*; Urologist to Westley Memorial Hospital; Genito-Urinary Surgeon to Davis-Fisher Sanatorium; Urologist to Hospital for Nervous Diseases, etc., Atlanta, Ga., assisted by Omar F. Elder, M.D. The Wasserman Reaction, by Edgar Paullin, M.D. Second Edition Revised. 527 pages, with 109 illustrations and 5 colored plates. Price, \$5.00 net. E. W. Allen & Co., Atlanta, Ga.

This book will be found a practical and up-to-date exposition of the subjects of which it treats. There have been so many recent advances in this branch of medicine as to call for the production of a second edition. It cannot be called, nor does it aim to be, a comprehensive work, but it sets out in a clear and concise manner the essentials, and the medical student will not fail to appreciate the book. Practitioners can read it with much profit and advantage.

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And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Is the Ontario Medical Association Going to Withdraw from Affiliation with the Canadian Medical Association?

A notice of motion presented at the nominal meeting of the former in London last year looks toward this end; and an editorial in the December issue of the *Canadian Practitioner and Review* brings the matter into active medical politics. In that editorial the history of the foundation of the Ontario Medical Association is given; and some reasons advanced for such divulsive action, namely, "considerable friction" between the executives of the two bodies, and the too frequent setting aside the annual meeting of the Ontario Medical Association. Doubtless the latter is the main reason, though "considerable friction" may point to unsatisfactory financial arrangements. As the editorial referred to professes a desire for a dispassionate discussion, there would seem to be no reason to doubt that all matters could be arranged to better satisfaction in a very amicable way, and the two associations proceed to fulfil their destiny with mutual admiration for and help to each other.

It was at the annual meeting of the Canadian Medical Association in Vancouver in 1904 that the question of re-organization

of the national medical body was first officially broached. At that meeting the then General Secretary, in his annual report, suggested re-organization, believing that the existing provincial, county, district and city societies could easily be made branches of the Canadian Medical Association. The same report suggested the annual publication of a volume of transactions, to finance which the Treasurer was to be authorized to render accounts to all regular and transient members at that time.

At the annual meeting of the following year (1905), in Halifax, Professor McPhedran moved for a Special Committee on re-organization; and after much care, preparation and labor, a new Constitution and By-laws were formally passed at the meeting in Montreal in 1907, under the chairmanship of Mr. Irving H. Cameron.

The most harassing problem to solve, between the national medical body and its provincial branches, was the financial arrangements, and many at that time thought, and still think, that the Canadian Medical Association should be financed as a separate organization and so have no mixing of the finances with the provincial bodies at all. This would have been on a line with the successful American Medical Association.

The Ontario Medical Association has got the worst of it as regards meetings. This has probably been due to unwise selection of the places of meeting of the Canadian Medical Association. In 1910 there was no meeting of the Ontario Medical Association—the Canadian met in Toronto; in 1913, there was again no meeting—the Canadian met in London. By the unwritten law of civic selection, and considering the jumps the C.M.A. makes, Ottawa should be the place of meeting of the national medical body in 1915. This would be a sore touch for the Ontario Medical Association.

Just consider where the Canadian Medical has convened in the last dozen years: Winnipeg, 1901; Montreal, 1902; London, 1903; Vancouver, 1904; Halifax, 1905; Toronto, 1906 (no Ontario—no Canadian: B.M.A.); Montreal, 1907; Ottawa, 1908; Winnipeg, 1909; Toronto, 1910; Montreal, 1911; Edmonton, 1912; London, 1913—St. John, 1914. The Canadian Medical may then be expected to meet in Ontario practically every third or fourth year, following the history of the past twelve years.

No province can present as many places for meeting as Ontario; and it should not be lost sight of that the medical population of Ontario is three-eighths of the total medical population of the

Dominion, approximately one-half. Therefore, it would seem that Ontario should be entitled to her just quota of meetings of the Canadian Medical Association. But it is quite obvious this will not do, as where Ontario would have to suspend her provincial meeting every two or three years, other provinces would only have to set aside theirs once every six to ten years—and those provinces are supposed to be very strong for the National Medical Association.

What is the solution? Shall the Canadian Medical Association choose a permanent home for itself in Ottawa, like the Dominion Medical Council and the Canadian Medical Protective Association, leaving each provincial medical body to hold its annual meeting at will? Or would it be a more equitable arrangement to divide the Dominion into four districts—Maritime Provinces, Quebec, Ontario, Western Canada, and hold the annual meetings successively in those districts: 1914 in Maritime Provinces in St. John; 1915 in Montreal or Quebec; 1916 in Ontario—Ottawa, Kingston, Toronto, Hamilton or London; 1917 in Victoria, Vancouver, Winnipeg, or Edmonton?

There is another point upon which the Executive, or Financial Committee of the Canadian Medical Association deserves criticism—the complete organization of the profession as was expected under the scheme of reorganization of the C.M.A. The formation of county and city branches of the provincial societies or the admission of the already formed county and city societies into full membership has been tardy in the extreme. Had this been projected immediately after the adoption of the new Constitution and By-laws, six years ago, the profession in Canada would now have been a well-organized body. Their energies and enthusiasm, however, have been directed into another channel.

So far as the reorganization of the C.M.A. and the formation of an Executive Council and Finance Committee in that body were concerned, the very purpose ever in view was the full and complete consideration of all matters of importance to the Association and the profession at large. “Snap verdicts” upon any and every question were to be forever obviated. If the provincial societies had patterned their Constitutions after the Canadian Medical Association’s, affiliation, as well as everything else of vital importance to the existence of any society, could never be exploited by a handful of enthusiasts and partisans to any cause.

Editorial Notes

ANTIVIVISECTION HYSTERIA

At the close of the year which marks the twenty-fifth anniversary of the founding of the Pasteur Institute, it is fitting to look back and with grateful appreciation survey the incalculable benefits which have come to us through the labor of such men as Pasteur, Tyndall, and Lister. We cannot here attempt an exhaustive account of all the triumphs that have come to medicine and surgery through the discovery of bacterial origin of infectious diseases, and through the aseptic methods and antitoxin serum therapy based upon this discovery. We must be satisfied to single out a few of the most significant facts.

Let figures tell their eloquent tale:

MORTALITY AMONG PERSONS AFFLICTED WITH SEVERAL DISEASES.

Disease.	Before	After
	Introduction of Serum Therapy and Asepsis.	
Rabies	About 16	Practically 0
Lockjaw	About 80	Practically 0
Diphtheria	About 30	About 8
Meningitis	About 80	About 20
Plague	5	0.4
Puerperal fever in hospitals	5 to 57	0.1
Compound fractures	67	Less than 1

Ex-President Taft, in an address before the Medical Club of Philadelphia, on May 4th, 1911, said: "Of the volunteer regiments mobilized during the Spanish-American war, ninety per cent. became infected with typhoid fever within eight weeks from the date of mobilization. To-day, two months after mobilization, with modern health regulation and the use of vaccination against typhoid, not one case of typhoid fever has appeared in the entire force except that of one teamster, who was not vaccinated."

Regarding the ravages of yellow fever during the French Panama Canal enterprise, before the cause of the disease was understood, we quote from an article by Dr. Orenstein, as published in our issue of November 9th, 1912: "The family of a French chief engineer consisted of five; four died of yellow fever. Of the five members of the family of the superintendent of the railroad,

three died of yellow fever. Of twenty-five Sisters of Charity who came to Ancon Hospital, twenty died of yellow fever."

Contrast with this the following figures, taken from the American period of work, when the mode of transmission of yellow fever by the *Stegomyia* mosquito was known and precautions were taken accordingly: "From July 1st, 1904, to June 1st, 1905, 77 cases of yellow fever originated on the Isthmus. In June, 1905, 62 cases; in July, 42; in August, 27; in September, 6; in October, 3; in November, 2; in December (in Colon), 1. During 1906 there was only one case of yellow fever on the Isthmus, in Colon. Since then not a single case of yellow fever has occurred on the Isthmus, although a continuous influx of non-immunes is taking place."

We would like to extend this list of triumphs further, but space is lacking, and there is another matter on which we wish to touch. We will introduce it by a few further significant figures:

MORTALITY AMONG ANIMALS AFFLICTED.

Disease.	Before Introduction of New Methods.	After
Anthrax:		
Sheep, on certain French farms	10	1
Cattle, on certain French farms	5	1
Distemper in dogs (Karl Hopf's kennels)	50	2
Malignant jaundice of dogs (South Africa)	50-100	Practically 0*

*Among animals treated.

Other diseases of animals which have been successfully attacked by methods built upon Pasteur's work are rinderpest, pleuropneumonia of cattle, Texas cattle fever, swine erysipelas, glanders, etc.

There are, unfortunately, some ill-informed, and, we add without hesitation, ill-balanced people, who seek to oppose the wonderful progress here recorded because it has been gained through experimentation upon animals.

To the consideration of the more thoughtful among these we would commend the last quoted figures, which show that animals themselves have amply benefited from such experimentation. True, this argument will seem unnecessary to the unbiased reader who has perused the earlier paragraphs of our comments. But we are now speaking to the biased reader.

As for the hysterical and irresponsible antivivisectionist, we will attempt no missionary work on him (or her), but shall feel that our function is fulfilled when we have warned the other members of the community of the viciousness of the mental attitude and

the methods resorted to by such misguided persons. Those who wish to inform themselves in detail on this point are referred to a pamphlet by Dr. W. W. Keen, "The Influence of Antivivisection on Character," published by the American Medical Association. From this, to illustrate our point, we will merely quote an anonymous letter received by Dr. Keen:

"Arch Fiend:

"I have read with horror your article in the *Ladies' Home Journal* on vivisection.

"I hope your mother, if she is living, will die in the most terrible torture, and if she is dead, that she will never know rest for having given life to such a vile monster as you—is the nightly prayer of a dozen women who indite this."

This, written to a man who is following in the footsteps of Pasteur, doing the noble work of the medical profession.—*Scientific American*.

Pernicious Anemia.—Windesheim (*Mün. Med. Woch.*) repeatedly injected, intragluteally, ten c.c. of fresh warm human blood taken from the basilic vein and obtained the most gratifying results in a case of pernicious anemia.

Botulismus.—L. Büger (*Med. Klinik, Berlin*) reports twelve cases of meat-poisoning following ham or sausage ingestion from one pig, with five deaths. The treatment is different to that of ordinary meat-poisoning, on account of paralysis of stomach and bowels; and purgatives and emetics only lie in the stomach and add to the poisoning. As the sausage or meat lies in the stomach indefinitely, repeated rinsing out of the stomach is indispensable. This should be done even though days elapse before symptoms arise or the nature of the condition be understood. If the experiments of Kobs are confirmed, then ordinary diphtheria antitoxin will supersede the specific antitobotulismus serum, as the former is more readily obtained. Other useful measures are venesection, saline infusion, high rectal injections, massage and faradization of the abdomen, inhalation of oxygen and artificial respiration. No feeding by the mouth should be practised, as aspiration pneumonia has been revealed at necropsy.

News Items

Dr. R. G. Brett, Banff, is visiting in eastern Canada.

Dr. Harvey Smith, Winnipeg, has returned from a visit east.

Dr. Charles F. Martin, Montreal, has left for a trip round the world.

Dr. Thomas R. Henry, of Harriston, Ont., has moved to Oakville, Ontario.

Brantford, Ontario, has purchased a smallpox hospital at a cost of \$5,800.

Dr. A. D. McKelvey, Toronto, is confining his practice to ear, nose and throat work.

Dr. Gray, of Montreal, has been appointed superintendent of a hospital at Canora, Sask.

Winnipeg has again refused a by-law to provide \$275,000 for the General Hospital of that city.

Toronto recently made a supplementary grant of over \$8,000 to the Hospital for Sick Children.

The Dominion Government is erecting a four-story hospital building at the Grosse Isle Quarantine Station.

Dr. J. Orlando Orr, after a serious illness, is again attending to his duties as Secretary-Manager of the C.N.E.

Dr. Arthur Fisher, Montreal, father of the Hon. Sydney Fisher, died recently in Montreal, at the age of 98 years.

Mr. John Ross Robertson has donated \$10,000 for furnishing the new wing of the Hospital for Sick Children, Toronto.

The ratepayers of Toronto refused to pass by-laws for \$500,000 for the purposes of two, east and west, hospitals in the city.

Professor McPhedran was called to New York on the 5th of January to act as consultant physician to Sir James Whitney.

Professor J. George Adami, Montreal, addressed a meeting of the medical profession of Denver, Col., about the middle of December.

Dr. C. F. Smith, C.P.R. physician at Medicine Hat for a number of years, died the 28th of November, in St. Paul, Minn., of pneumonia.

The University of Alberta has commenced the training of medical students. During the present year only first-year students are taking lectures.

The new private building of the Toronto General Hospital was formally opened on the 6th of January. It has accommodation for over 150 patients.

To attend to his duties in twenty-eight municipalities in Northern Ontario, the officer of health of that district covered over 35,000 miles of territory.

Dr. Helen MacMurchy has returned from an inspection tour of private hospitals in Ontario, and reports that the new hospital legislation has proven beneficial.

After an absence of fifty years, Dr. Walker, who was surgeon to the expedition which discovered the fate of Sir John Franklin in 1859, is visiting in Victoria, B.C.

Dr. Edmund Boyd wishes to announce to the profession that he will confine his practice to the care of diseases of the throat, nose and ear. 142 Carlton Street, Toronto.

Dr. R. W. Garrett, Professor of Obstetrics and Gynecology in Queen's University, Kingston, has had to relinquish active practice and seek rest and recuperation in a sanatorium.

A Public Health Association has been formed in the county of Elgin, Ontario. Dr. Dorland, of Rodney, was elected President; and Dr. Shannon, of St. Thomas, Secretary-Treasurer.

The Dominion Government is taking precautions to prevent the introduction of smallpox into Manitoba from the United States. Medical inspectors have been appointed at different points along the boundary line.

By the death of Dr. John Caven, Toronto, on the 10th of December, Toronto lost one of its eminent and best-beloved physicians. He was born in 1860, and was for a number of years Professor of Pathology in the University of Toronto.

Colonel Carleton James, M.D., Director-General, Medical Services, Ottawa, delivered an address before the Academy of Medicine, Toronto, on the evening of the 6th of January, the title being the Relation of the Medical Profession to the Defence of the Country.

Dr. James D. Balfour, London, Ontario, one of the leading practitioners of that city, died early the morning of the 6th of January, of pneumonia. He was a graduate of the Western Medical College, of the class of 1887, and was a superintendent for a number of years of Victoria Hospital of that city.

Toronto's births, marriages and deaths showed an increase in 1913 over 1912. The births totalled 14,086, as against 11,100; marriages, 6,421, as compared with 6,153; deaths, 6,949, as compared with 6,313. All contagious diseases, with the exception of measles and typhoid, showed a decrease. Typhoid was fifty-two, the same as in 1912.