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No. 1

✻ Original Contributions ✻

MEDICAL JOURNALISM—WHAT IS IT AND WHAT SHOULD BE ITS AIMS?*

BY W. A. YOUNG, M.D., TORONTO, L.R.C.P. (LOND.), ENG.

Gentlemen of the American Medical Editors' Association:

My first word of greeting to you to-day is a simple "Thank you" for the gracious compliment you have paid to Canadian medical journalism, and the honor you have done to myself in asking me to preside at the forty-first annual meeting of the American Medical Editors' Association. I am charmed to come to St. Louis, delighted to be with you again as an Association, and sincerely hope that, in the capacity of President, I may be of some service to you.

I feel that every member present is enthusiastic in trying to make this year's meeting of our Association a success, and so, encouraged by the bright faces before me, I answer your kindly greeting with a gratitude, as one has said, "That can perish only when the gathering shadows shall have settled into the night that comes to purple the better morn."

We are here to exchange ideas on (in its broadest sense) Medical Journalism, and to promote that spirit of camaraderie out of which true harmony on all essential points is born. There is so much inspiration in community of spirit; not in any sense the mistaken view of harmony, like a blind game of "follow

*Presidential Address, delivered at the American Medical Editors' Association, St. Louis, Mo., June 4th and 6th, 1910.

the leader," such as children play, but rather a base of ideas and a conception of ideals, up to which the Medical Journalism of America must respond as a unit, in order to command the respect of the medical profession at large, and take its place as the journalism of the library table rather than as the overflow of the waste-paper basket.

First, let us ask, what business, art or craft do we aim to carry on? We answer, truly, in its broad sense, Journalism; in its concrete form, Scientific Medical Journalism. Let us for a while look at the larger term first. Let us accept the compliment the little gods give us, no less than the invincible Oxford Dictionary defines literature as "The most seductive, the most deceiving and the most dangerous of all professions." Of course, we have all learned that "Journalism is literature in a hurry."

Lord Macaulay once remarked that, "The only true history of a country is to be found in its newspapers. The press has before it one of the most glorious missions in which human agencies were ever employed. Its mission is to enlighten, to civilize, and to morally transform the world."

Colonel Alexander Kelly McClure, in speaking of his early editorial efforts, says: "There was pardonable boyish pride in seeing my name given with studied prominence as Editor and Proprietor, and the reading of my own editorials was as soothing as the soft, sweet strains of music on distant waters in summer evening time. They were to my mind most exquisite in diction and logic, and it was a source of keen regret that they were so 'cabined, cribbed and confined' within the narrowest provincial lines, whereby the world lost so much that it greatly needed. Then to me life was a song, with my generously self-admired newspaper as the chorus. There came rude awakenings, of course, from those blissful dreams, as the shock of editorial conflict gradually taught me that journalism was one unending lesson, in a school that has no vacations."

Journalism, in this day of universities and flying machines, must indeed have a wide viewpoint embodying forsooth "the idealism of a Plato, the realism of an Aristotle, the scepticism of the Epicureans and the materialism of the Stoics."

Last summer it was my privilege to be in old London during part of the great Press Conference. Every day I scanned eagerly the newspaper reports of the proceedings, which, by the way,

were remarkable for wisdom and solid matter, but rather devoid of flashes of wit. They only came (like the gleams of sunshine) at long intervals, those June days, and with hesitation. Lord Morley, who once edited the *Pall Mall Gazette*, was present at the Conference. One of his sentences seems unique. He said, "Literature occupies rather the position of a judge, while journalism has to be more or less of an advocate."

From what was many years ago regarded, and with some reason, as the license of the press, has grown up the well-defined duty of reputable journalism to maintain with dignity and firmness its mission as public censor, and to-day American journalism is not only the great educator of the people, but it is the faithful handmaid of law and order and of public and private morals. Like all great callings, from which even the sacredness of the pulpit is not exempt, there are those who bring persistent dishonor upon journalism, and pervert its powers to ambition and greed; but discounted by all its imperfections, it is to-day the greatest of our great factors in maintaining the best attributes of our civilization and preserving social order and the majesty of law; and the duties of the journalist to-day have reached a standard of dignity and magnitude, of which even the wildest enthusiast of fifty years ago would not have dreamed.

As a writer says: "The grave responsibility of journalism may be appreciated when it is remembered that the journal of to-day is the greatest educator of the people who are to maintain our free institutions. Widely as our schools have extended, until they are accessible to the humblest of the land, the newspaper and magazine, as educators, reach vastly more people than all the colleges and schools of the nation."

At the London Conference, to which I have just referred, Tay Pay O'Connor (bless his impetuous Irish pen!) said: "Journalism is not precluded from being literature; the work done under the inspiration and fire of the moment sometimes has in it qualities far greater than those in the polished prose of the man of letters." We all know that. Lord Milner referred with pride to his early connection with journalism, and paid tribute to the value of the training in giving "perception to the actuality of things."

Journalism to-day is surely its own inspiration to better

efforts in its wide field and scope; from newspaperdom (in whose realm Charles A. Dana, when once asked what was the first essential in a newspaper editor, said, laughing: "Raise Cain and sell papers") up through the sphere of the eclectic magazines and monthlies, who stand

"For the truth that lacks assistance,
For the wrong that needs resistance,
For the future in the distance,
And the good that they can do."

Let us pass from contemplation in the realm of our great exemplar and guide, journalism, in its greatest sense, to our own smaller domain of Scientific Medical Journalism, upborne on the wings of the beauty of thought, transcribed to the music of words by that king of actors, Sir Henry Irving, in his address before an assemblage of journalists and publishers. He said: "You are in touch with the elemental forces of nature, war, pestilence and famine; you are transported by this printed sheet, as it were the fairy carpet of the Arabian, from capital to capital, from the exultation of one people to the bitter resentment and chagrin of another. You behold on every side every quality of humanity, everything that piques the sense of mystery, everything that inspires pity, dread or anger. It is a vast and ever-changing panorama of the raw material of art and literature.

"I suppose there is no profession which makes such heavy calls upon the bodily and mental vigor of its servants as the profession of the journalist. Whoever nods, he must be always fresh and alert. Whoever is content with the ideas of yesterday, the journalist must be equipped with the ideas of to-morrow."

Sir Henry Irving continued: "I have heard it said that in diplomacy the press is sometimes indiscreetly ahead of events; but you must remember that nothing is so characteristic of the modern spirit as the art of publishing things before they happen. Nowadays all the world is on tiptoe, and the soul of journalism must be prophetic, because it has to do for a curious and wide-eyed public what was done for a much simpler generation by the alchemists and astrologer."

Now, let us stop swinging in the high treetops that almost reach the sky, and contemplate the little nest of our own making,

as it nestles down in the sheltering boughs. Of what service should the Medical Journal be to the physician? The busy city doctor, who has the large hospitals, the fine libraries and the clubs (scientific and social) to instruct and inspire him, needs a Medical Journal, the original articles and editorials contained in which he can peruse at his leisure, in addition to glancing over any recent medical appointments that may have been made, personal items, etc. He also stands in need of a medium in which oftentimes to give of his best thought to others. The country doctor needs a Medical Journal to keep him in touch with what is doing in the various medical and surgical hospitals of the large cities, and peruse the book reviews published to help him to choose the newest and best authorities, where books are scarce and economy a necessity. Original communications, as they appear in the different journals, are a privilege to the country physician, as he is not in a position to attend the meetings in the cities of Medical Academies, Societies, etc. Even the advertisements in an up-to-date and well-edited Medical Journal make interesting reading for the country practitioner, as he cannot drop in at will to the medical supply houses found in large centres. Are our journals fulfilling their sphere by emulating the example of style and finish set before them by the eclectic journals of to-day? Editorially and commercially, are they trying to raise the standard of expression, even though journalism is only "literature in a hurry?"

If there is one class of men from whom most is expected, men who are looked to for information as one would turn up the pages of the latest encyclopedia, it is the publisher of a Medical Journal. He is supposed to have at his finger tips at all times and seasons information on all subjects, from the latest developments in medical politics to the most recent treatment of "sleeping sickness." The publication of a Medical Journal that expects to cater to the vagaries of a large number of readers needs constant and arduous work.

Often the work brings ample reward, for medical journalism gives the position and fashions the fame of many a physician.

In medical journalism, to make a success of it, one must start at the bottom. Never was it known that anyone made a success of a business or a trade without having conquered it in its initial stages.

Consequently, the medical editors should make a study of newspaper and journalistic work. Horace Greeley once said that the best newspaper man was "the boy who had slept on papers and ate ink." Again, the medical editor should be a physician who stands high in the esteem of his confreres in the practice of medicine, and not a doctor driven to starvation or compelled to live on his wits.

Before passing from the criticism of the scientific editorial department, I would respectfully suggest that all collaborators be urged to simplicity of style. Surely, we can all strive after the two moderate virtues of simplicity and directness. Affectation is the most detestable of qualities in character and manners, and I think it is odious, too, in journalism. In this connection a story comes to mind:

Of the two celebrated barristers, Balfour and Erskine, the former's style was gorgeously verbose, while the latter's, on the contrary, was crisp and vigorous. Coming into court one day, Erskine noticed that Balfour's ankle was bandaged.

"Why, what's the matter?" asked Erskine.

Instead of replying, "I fell from a gate," Balfour answered in his usual roundabout way: "I was taking a romantic ramble in my brother's garden," he said, "and on coming to a gate, I discovered that I had to climb over it, by which I came into contact with the first bar and grazed the epidermis of my leg, which has caused a slight extravasation of the blood."

"You may thank your lucky stars," replied Erskine, "that your brother's gate was not as lofty as your style, or you would have broken your neck."

What may be said in the larger sense of the press may also be uttered regarding journalism, and applies to medical journalism. If the mission of the journalist is to enlighten and civilize the world, that of the medical journalist is a responsible one, as to him falls the honor of moulding the medical opinion of his own and other communities, bearing the torchlight through the darkened passages of those diseases as yet unilluminated by the light of a successful therapy. When I look back over the past twenty-two years, which cover my Medical Journal experience, I do so with mixed feelings. The establishment of such a journal is no sinecure, and the problem of its scientific conduct not easy of solution.

“Oh, I’m having lots of sorrow, and my soul is full of woe;
My state of mind is not at all serene.
I see so many things that need reforming here below,
I guess I’ll have to start a magazine.

I’m totally disheartened by the methods of finance;
I’m astonished by the wickedness I’ve seen;
In everything but literature I’ve struck a losing chance,
I guess I’ll have to start a magazine..

In politics I’ve had a somewhat unavailing run;
Of course they did the trick with a machine.
I want to tell the doctors how the deed was done.
I guess I’ll have to start a magazine.

So rally, all ye scribes; the fashion now prevailing heed,
We’ll surely smite the Pharisees, I ween.
The doctors won’t have any time to do a thing but read
When everybody starts a magazine.”

As I have already stated, it is no easy matter to establish a Medical Journal, especially in these days when the Postoffice Department are insisting from year to year upon such regulations as to subscribers that it is well-nigh impossible to live up to. It takes almost unending patience to put up with the vexation of spirit consequent upon such annoyances.

We should make Medical Journals attractive typographically. I am strongly of the opinion that a scientific journal need not necessarily be sombre in its appearance, but on the contrary, bright and attractive, both from the standpoint of illustrations in the text and from the viewpoint of a mechanic.

Despite the additional cost, why not let us make it a practice of using a nicely calendered paper, one that will take half-tone illustrations without our having to resort to the use of coated stock? The extra postage would be but a bagatelle, and I venture to think that we would more than make it up through new subscribers obtained, who would prefer a properly finished journal from a mechanical standpoint to, say, the foreign edition of a certain English medical weekly, which makes anything but an attractive appearance as a publication. Apart from the added interest to readers, a handsomely gotten up Medical Journal unquestionably attracts advertisers, as the more keenly

a journal is read, the more valuable it is from an advertising standpoint. We should pay particular attention to our advertising pages, and pay the highest prices for the best "ad." compositors obtainable, as in no other way can we expect to retain them from year to year. In our office, for over ten years, we have made a special point of writing our advertisers and requesting them to send in frequent changes of copy, and never hesitate to undertake the expense of re-setting their page or half-page just as often as desired. In this connection, I would like to refer, in passing, to the oft-quoted subject of keeping our advertising pages clean.

Gentlemen, the next few words I am compelled to speak by force of circumstances I fain would be glad to omit. But, as publishers and medical editors, we have our dignity as a brotherhood to maintain.

We have not come to the time when any member of this Association has to submit to dictation from any self-appointed triumvirate in Chicago or elsewhere as to what we shall or shall not allow in our advertising pages. Thank God, we live in America, the Land of the Free, and we are open to use our own judgment as to what, in our opinion, is ethical or otherwise. I would wish to be the very last to state that the American Medical Association has not done noble work for the profession and in furthering, or, shall I say, trying to further, the interests of journalism; but, fellow-members, I think most of you will admit that there is such a thing as going too far, when one man, whose own skirts, some say, need perhaps a little disinfecting, lays the law down for this Association as to what we shall or shall not publish, in the way of advertising, then and there I rebel and refuse to accept his dictum.

Before we were medical editors we were physicians in good standing, gowned and hooded by the best universities in this land and in the land across the sea, and, if we do not know the meaning of the word "ethical," the sooner, as an Association, we repeat in unison the Oxford undergraduate's poem to Dr. Osler and close our sessions, the better:

"Brothers, I am sixty-one,
And my work on earth is done;
Peace should follow after storm—
Reach me down the chloroform"

It often seems a marvel that so many medical journals, covering practically the same ground, are able to live and pay the printer, as all draw their support from the same fountain head. I sometimes wonder whether, instead of multiplying, the use of the same amount of energy, expended in furthering the interests and adding to the support of publications already in existence, would not tend in the right direction and result in the material improvement of journalistic literature. However, nowadays it is the survival of the fittest. Let you and I do our part in raising the standard of medical thought, expurgating from our pages everything that is questionable, burying in oblivion the unethical and unprofessional, ever upholding the dignity of the healing art and advancing the cause of medical knowledge. Let us always try and sift out of the mass of material that reaches us that which is most promising, keeping as our beacon light the interests of those who support us, by contributing to their literary edification, pleasure and betterment.

Let us study, if possible, to gain a few additional hours in the week for reading. Lord Macauley, from youth to age, was continuously occupied in "gorging and enfeebling" his intellect by the unlimited consumption of every species of literature from the masterpieces of the age of Pericles to the latest rubbish from the circulating library. It is not told of him that his intellect suffered by the process, and, though it will be hardly claimed for him that he was a great critic, none will deny that he possessed the keenest susceptibilities for literary excellence in many languages and in every form.

We must all confess to unnumbered errors in judgment and very faulty style in expression, but

"If one of you linger
Over my pages in the long, long night,
And on some lone line lay a calloused finger,
Saying, 'It's human—true, it hits me right';
Then will I count this loving toil well spent,
Then will I dream awhile—content, content!"

145 College Street, Toronto.
May Twenty-sixth.

CEREBRAL HEMORRHAGE*

BY JOHN V. SHOEMAKER,

Professor of Materia Medica, Therapeutics, Clinical Medicine and Diseases of the Skin
in the Medico-Chirurgical College and Hospital of Philadelphia.

The patient was suffering from an unconscious condition produced by hemorrhage into the brain substance. J. G., age 49, occupation paper handler, nativity U. S. A.

Family History.—His father and mother are both dead, cause being tuberculosis. He has two brothers and three sisters. The brothers are both living and well. One sister died of paralysis and the other two from an unknown cause.

Social History.—He is married and has one child. His wife is living and apparently in good health, but his child died about fifteen years ago from pneumonia.

Habits.—His habits are irregular. He works very hard, being on his feet all day, and eats his meals at irregular periods. He drinks tea or coffee with each meal. As to alcoholic liquors and tobacco, he partakes very moderately.

Previous Personal History.—As a child he suffered from the ordinary diseases of childhood, having had measles, scarlet fever and whooping cough. Otherwise he has always enjoyed good health. He denies having had any venereal disease.

Present Illness.—This patient was missed from his work for about three or four days, and when looked up he was found unconscious in a room and was immediately sent to the hospital in this state. He states that before he became unconscious he had a feeling of fullness in his head, headache, depression and choreiform movements. When brought to the hospital he was very cyanotic, and there was great difficulty in arousing him. His breathing was slow, noisy, stertorous and attended with a puffing sound during expiration, and one side of his face was paralyzed. He remained dull; his pupils were dilated and sphincters were relaxed.

Physical Signs.—There is paralysis on the left side of the

*Delivered in the Clinical Amphitheatre Medico-Chirurgical Hospital.

face, also involving the tongue, interfering with his speech. The right arm and leg are likewise paralyzed. No abnormal signs can be elicited over the chest or abdomen.

Urinalysis showed nothing abnormal and reads as follows:

Color	amber.
Sediment	flocculent.
Sp. Gr	1022.
Odor	aromatic.
Reaction	acid.
Albumin	negative.
Glucose	negative.
Indican	strong trace.
Phosphates	none.
Indican.....	strong trace.
Casts	hyaline.
Cylindroids	numerous.
Epithelial cells	few.
Urates	moderate.
Leucocytes	moderate.

EXAMINATION OF BLOOD.

Erythrocytes	4,684,000
Leucocytes	10,680
Hemoglobin	82 per cent.

Diagnosis and Differential Diagnosis.—From the symptoms present we can diagnose this case as cerebral hemorrhage. In diagnosing this affection it is necessary to differentiate it from epilepsy, opium poisoning, acute alcoholism, uremia, embolism and thrombosis.

In epilepsy there is a history of previous convulsions; in opium poisoning the coma comes on gradually, and when not too profound the patient can be aroused when shaken or shouted at, and the pupils are uniformly contracted. In alcoholism there is an odor of whiskey on the breath and in uremia the presence of dropsy and the finding of albumin and casts should suggest the disease.

CEREBRAL HEMORRHAGE.

1. Prodromes not very frequent.
2. Loss of consciousness.
3. Onset develops quickly.
4. Attack occurs while patient is exerting himself.

5. Pulse slow and full, blood pressure increased, breathing stertorous and face flushed.

THROMBOSIS.

1. Prodromes, as transient attacks of weakness, numbness, vertigo and headache frequent.
2. Consciousness usually present.
3. Slow development of paralysis.
4. Attack occurs while patient is asleep.
5. Pulse weak, breathing quiet, face not flushed.

CEREBRAL HEMORRHAGE.

1. Cardiac hypertrophy, arterio-sclerosis, increased arterial tension. In children previous infectious disease.
2. Temperature during attack is subnormal, followed by a rise especially on the paralyzed side.
3. Duration is as a rule longer, coma of long duration gives a very unfavorable prognosis.

EMBOLISM.

1. Previous development of cardiac disease following acute rheumatism, sepsis, chronic valvular disease, aneurysm, pregnancy.
2. Temperature normal or slightly disturbed.
3. Attack as a rule is short, if there is a protracted embolic infarction the duration is long; usually the circulation adjusts itself promptly.

Pathology.—In intercerebral hemorrhage the blood will be found to have infiltrated the brain substance and if extensive it may have penetrated into the ventricles. The hemorrhage may be outside of the dura mater, between it and the bone, or between the dura and the arachnoid, or within the pia arachnoid. The favorite seats of hemorrhage are the optic thalami, the caudate and lenticular nuclei and the adjacent white matter of the internal capsule and centrum ovale. When hemorrhage takes place in the white matter the extravasation is more or less diffuse than in the gray, where hematoma are apt to form. The substance of the brain is soon softened. If the hemorrhage has not been extensive the blood may occupy a single space or several small spaces form separations of the nerve fibres. Other changes

take place according to the duration of the case. The substance of the brain is altered and the neuroglia usually becomes soft where there is extensive hemorrhage. Hemorrhages may occur in the crura, or pons, or the fourth ventricle and also in the cerebellum, not infrequently from the superior cerebellar artery.

The extravasated blood changes color and gradually grows lighter, while reactive inflammation around the lesion results in the formation of a wall. The cyst, for such it has become through fatty degeneration of its contents, may remain as such, or when the lesion is a small one, connective tissue may form within, and a scar result. Especially is this the case with small clots on the surface of the convolutions, which may leave only a staining of the membranes. After healing has taken place, the hemisphere is usually reduced in size, and this reduction is not merely equivalent to the amount of nerve tissue that has been destroyed, but represents also the secondary degeneration that occurs in the nerve fibres whose course has been interrupted by the lesion. This is both ascending and descending, and frequently causes sclerosis that involves not only the brain, but extends throughout the pyramidal columns.

Etiology.—Cerebral hemorrhage is generally of arterial or of capillary origin. It is rarely venous, and in the latter case is due almost always either to traumatism or rupture. The small hemorrhage may be due to some alteration of the vessel walls or of the degree of the blood pressure, causing extravasation of the blood into the surrounding tissues. The principal causes are hyperemia, particularly if associated with an inflammatory condition of the brain or convulsions.

Disease of the artery involved is responsible for the vast majority of the cerebral hemorrhages. In more than one-half of all cases the lenticulo striate artery gives way and damages the lenticular nucleus and internal capsule.

The predisposing causes are alcoholism, syphilis and gout. Age is also a predisposing factor, most of the ruptures occurring after fifty, while the occupations and dissipations of men furnish additional predisposing elements which accounts for its greater frequency in the male sex. Hereditary influences may also be a factor, as may also the infectious fevers.

Among the exciting causes are mental excitement, coitus,

excessive straining and the lifting of heavy weights; debauch in eating and drinking, owing to the fact that they temporarily increase intravascular pressure. Other causes are fatty degeneration and erosion of the intima, characteristic of advanced age. Endarteritis is thus the most frequent cause.

Treatment.—In these cases our object should be to lower arterial tension as soon as possible, and in all cases as we did for this patient we gave him at once two minims of spiritus glycerylis nitratis 1% solution hypodermically.

Next he was given fʒiiss of a saturated solution of magnesium sulphate to cleanse out his bowels and deplete the system.

Spiritus glycerylis nitratis m i of a 1% solution was administered every three hours hypodermically for thirty-six hours, when the patient became conscious and arterial tension was much lower. The spiritus glycerylis nitratis not only lowered arterial tension but it also acted as valuable diuretic and as a diaphoretic.

At the end of thirty-six hours we placed him on potassii iodidi, gr. x, three times daily, and spiritus glycerylis nitratis hypodermically only every six hours night and day. We will continue this treatment until the paralysis is lessened or removed. Other vascular sedatives that may be employed are aconite, veratrum and sodium nitrite. The iodides are employed for their alterative virtue and to hasten absorption of the clot.

The diet is all important, nothing but liquids should be given.

In plethoric patients, blood letting is often resorted to, and is certainly very valuable to relieve the congestion of the brain and lower the high arterial tension.

Prognosis.—The prognosis in this patient is very good as regards recovery. I believe the paralysis will entirely clear up, but he is always in danger of having another hemorrhage which might be fatal.



THE CANADIAN MEDICAL ASSOCIATION

THE forty-third annual meeting of the Canadian Medical Association convened at Toronto on June 1st, and remained in session, with a break of one day, till the afternoon of June 4th. The different sessions met in the various buildings of the University of Toronto under the able presidency of Dr. Adam H. Wright.

In point of attendance, the 1910 meeting of our Dominion Association was one of the very best in its history. The papers read and the quality and character of the discussions could hardly have been improved upon, and not only the President, but the different committees, deserve congratulations on the result of their labors. It is eminently satisfactory that the Canadian Medical Association seems to have taken on a new lease of life, and we earnestly trust that this will manifest itself more and more from year to year. In beginning the afternoon's proceedings on Wednesday, June 1st, Dr. R. J. Blanchard, of Winnipeg, the retiring President, asked Dr. Adam H. Wright, of this city, the new President, to take the chair. The latter called on Rev. Dr. Hazlewood to open the meeting with prayer, and then addresses of welcome were delivered by Dr. Pyne, Minister of Education for the Province; Acting Mayor Ward for the City, and President Falconer for the University.

Dr. Wright, in his presidential address, said in part:

"It is supposed by some," he said at the outset, "that the general practitioner will soon become extinct. Although that seemed possible or probable a few years ago in some cities, such as New York, Chicago, etc., it appears that the pendulum is swinging the other way, and the family physician is now considered a necessity in most homes. There is perhaps no member of an ordinary community who comes more prominently into view than the doctor. He must run the gauntlet of criticisms very varied in character. Sometimes these criticisms are harsh and unjust, but on the whole we have no cause to complain."

YOUR CHILD WILL DIE.

After describing the celebrated picture, "The Doctor," painted nineteen years ago by Sir Luke Fildes, Dr. Wright continued: "We do not pretend that the majority of physicians are saints or heroes; but we do contend that the practice of our profession furnishes grand opportunities for good work in the interests of suffering humanity. We are proud to think that in all parts of Canada there are physicians who make the most of such opportunities.

"Some may wonder whether Fildes' doctor will continue to exist. We are told that therapeutics is becoming unpopular because there has been in the past, and is now, too much empiricism in our methods of treatment. The all-important subjects among the final branches are diagnosis, prognosis and pathology. It is supposed by some that the modern physician will struggle longer and puzzle more over his diagnosis, and then in a case such as Fildes' sick child, he will turn to the mother with a bland smile on his wise face, and say to her: 'Madam, this is really a most interesting case. It has been very puzzling, but I am pleased to be able to say I have made a diagnosis and prognosis. This child has malignant endocarditis and will die in about five or six hours. I can do nothing more for you now, but I shall call in the morning to make a post-mortem examination.'

THE PROBLEM OF MEDICAL EDUCATION.

Dr. Wright holds that one of the most vexed questions of the present day is the medical education of the general practitioner. "The amount of work in all departments," he observed, "has increased so enormously during recent years that students are bewildered, confused and disheartened. The students of to-day bolt more, and cram more, and observe less, and think less, than did those of ten to twenty years ago. There seems to be little continuity between the teaching of the primary and final subjects. In the early years the students are now swallowing pure and applied science in masses too big for their assimilative organs; or, in other words, are largely memorizing facts without understanding them. It is believed by many that this unfortunate condition of things exists in many, if not most of the best medical colleges in North America, as well as in the old world."

BECOMING MERE MECHANICS.

The students nowadays were not taught to observe so carefully the evident symptoms of disease as formerly, and were becoming mere mechanics. The higher and more intellectual means of drawing conclusions by inductive reasoning, as Dr. Shepherd, of Montreal, had pointed out, were to-day almost neglected.

"On the other hand," pursued Dr. Wright, "we have scientists who think that such ideas are entirely wrong and not even worthy of consideration. Some of our advanced educationalists are even growing a little tired of Johns Hopkins, because those Baltimore men still stick to the old-fashioned idea that the student should be encouraged to observe and think and reason. We are told that they hope soon to be able to manufacture machine-made physicians and surgeons who will be vastly superior to the home-made article."

WORK HAS DOUBLED.

Dr. Wright went on to quote from many eminent authorities to show that the work demanded of students to-day was practically double that required fifteen years ago. In the student's first year the attempt was undertaken to make him a man of science; he was stuffed with facts so that he had no leisure for independent thought.

"While our college professors," continued Dr. Wright, "are studying methods in medical education, many of our general practitioners are watching the situation with a very deep and intelligent interest. We think the majority of physicians consider it unwise to endeavor to stuff a quart of material into a pint pot. Many of them also believe that our teachers should teach less in order that our learners may learn more. A certain proportion favor Fletcherization because of their belief that the intellectual pabulum given to our students should be properly digested and thoroughly assimilated."

UNDIGNIFIED AND DISHONEST.

The relationship between the general practitioner and the specialist, Dr. Wright pointed out, had been much discussed in the past. "It would appear," he remarked, "that a large proportion of surgeons in the United States are in the habit of

giving percentages or commissions to physicians who send them patients, without the knowledge of the latter. I hope it is not necessary to tell members of this association that such conduct is undignified, unethical and dishonest. It is quite true that the division of fees between the general practitioner and the operating surgeon is frequently or perhaps generally unfair to the former. How can a more fair division be made? We are inclined to think the general practitioners must find that out for themselves."

FILLED WITH WONDER.

Dr. Wright was inclined to wax satirical at certain developments in the attitude of the specialists.

"The general practitioner takes great interest in the work of the specialist," he asserted. "When he goes into a modern hospital theatre while a surgical operation is being performed he beholds something which fills him with wonder and admiration. He asks: 'What are these which are arrayed in white robes? and whence came they?'" The master of ceremonies answers: 'These are they who have discovered something "more rational" than antiseptic surgery as practised by Lister.' The general practitioner does not object to a uniform. The surgeon may wear a nightcap, a mask, a nightgown, mittens and top boots in his well-equipped hospital with all sorts of new apparatus and laboratory appliances if he pleases

OVERSHADOW REAL ESSENTIALS.

"There is grave danger, however, that the undue exaltation of modern histrionics may overshadow the real essentials in connection with the prevention of sepsis. We want men of the Lister type to teach our students and practitioners. The wondrous charm of Lister's simplicity in his methods of teaching and operating is one of the most delightful things the world has ever contemplated. Some of our shining lights nowadays, in hospitals and medical societies, appear to aim at giving exhibitions of their skill instead of imparting some practical knowledge to the every-day doctor—knowledge that will help him while working on the side lines or in the backwoods, where theatrical costumes can scarcely come into general use."

WANT MEDICAL RECIPROCITY.

After an extended reference to the progress that was being made by the profession in Western Canada, in common with all other lines of activity, Dr. Wright concluded: "We are all happy now over the present condition of our Association. We are filled with hope for the future. We are becoming national in the true sense of the term. May I add—we are growing more imperialistic. We really want not only Dominion registration, but also reciprocity with the profession of our dear Mother Country. Although we are plunged in grief over the appalling calamity that has befallen our great Empire, our wish, our song, our hymn, our prayer is still—God Save the King."

What amounted to practically a symposium on the question of pure milk and the dangers to which the modern community is liable through the infection of the supply of milk with various communicable disease forms, took place. The report of the Milk Commission, in a volume of some thirty-six pages, was taken as read and distributed among the deeply interested members of the Association who were present.

In introducing the report, Dr. J. C. O. Hastings said that the reason for existence of the Milk Commission lay in the present lamentably large infant mortality, and the fact that at least fifty per cent. of those who die under the age of five years do so from some kind of infantile diarrhoea or kindred preventable diseases, and that under the age of two years the proportion was ninety per cent. There was no problem in preventive medicine of greater significance than that of removing the dangers which exist in the ordinary market milk. Because one child had died from rabies, every dog in Western Ontario had been muzzled. Why were not some stringent measures taken to save the five thousand children under five years of age who at a conservative estimate might have been saved to Canada by preventive measures last year out of the ten thousand who died. Certificates were required before druggists, doctors and even undertakers could practise, but any ignorant foreigner or man who was willing to do the work could come in and milk the cows and send out the milk which filled the coffins of the undertaker.

The Commission had tried to secure legislation from the Dominion Parliament and the local House. The Federal House

was limited to the power of defining what certified milk, milk, and officially pasteurized milk were, but they had assured the Commission that when these definitions had been sufficiently adjusted by them to the satisfaction of Professor A. McGill, Dominion Analyst, they would be incorporated into the Adulteration Act. They had also tried to co-operate with the dealers, and they had found these, when properly approached, quite willing to do all they could. Two years ago a pint of certified milk could not be purchased in Toronto, while now 470 quarts are sold daily, as well as 36,448 quarts of officially pasteurized milk, 4,956 quarts of pasteurized cream, and nearly two hundred quarts from the plant of the Hospital for Sick Children. Altogether 42,074 quarts of what they could guarantee as being free from disease-producing germs were being sold daily in Toronto, almost one-half of its milk supply.

The Commission resented the statement that pasteurization paid a premium on dirt. The milk presented for pasteurization had to come up to a certain standard. Experiments at the Hospital for Sick Children had shown during the last week 30, 61, 8, 50 and 60 bacteria to the cubic centimetre after pasteurization. He had little hesitation in making the statement that through the efforts of the Commission, working in co-operation with the Department of Inland Revenue of the Dominion Parliament, the local houses and municipal bodies and the dealers, they would, in a short time, have the safest milk supply of any country on the face of the earth.

Dr. Charles E. North, of New York, one of the highest recognized authorities on the question of pure milk and water and on sewage disposal in North America, said that the milk supply of the city of Toronto was better than that of most other cities on the continent, as outlined in the Commission's report. He himself was a member of the New York Milk Committee, which was organized with the sole object of improving the milk supply in the city of New York because the Board of Health was limited in its efficiency by political restrictions and lack of money and medical commissions to certify milk. He strongly advised pasteurization in view of the issues involved. Part of the solution of the problem, he thought, lay in taking the dairy business out of the hands of the farmer, who could not be expected to be a dairy expert. He also mentioned a case of where 700 cases of

scarlet fever were traced to one raw milk dealer. Out of three hundred guinea pigs he had injected with New York milk samples, half had died with raw milk, one with pasteurized milk, and that commercially treated, and none with certified milk.

Professor A. McGill, Dominion Analyst, explained the necessity of specific definitions being given. The scientific definitions and the legal ones must be made alike. But there was little use defining pasteurized milk according to its processes legally if there was no recognized scientific method of discovering by tests whether these processes had been used. They could discover the bacterial contents in those milks, and go on that basis if that were made the legal definition. Inspection of every plant would be very difficult and expensive in order to discover whether the processes had been followed.

Dr. Rutherford, Dominion Veterinarian, said that any abnormality in the cow as regards its health or diet was liable to give rise to changes in the qualities and properties of milk, and so affect those who drank it. He mentioned a number of diets that would cause disturbing influences in the health of those who afterwards drank the milk of the cows partaking of them. Milk should never be taken from cows suffering from chronic sepsis or retention of the placental membrane, and the following diseases were communicable through the milk to human beings: Cowpox, anthrax, rabies (possibly), foot-and-mouth disease, trembles, actinomycosis, and last of all and worst of all, tuberculosis. Scarlet fever also was traceable to cows.

Tuberculosis should be attacked in the cow, and as that was the most common method of its transmission to humanity the stamping out of the disease amongst cattle would remove one of the great sources amongst human beings. Afterwards, when there were no tuberculous cows, the transmission of tuberculosis would cease to be a problem. The sale of milk from cows not known to be free from tuberculosis is a crime against society, and any community that permits the sale is accessory to the crime. "What, then," said Dr. Rutherford, "must we say about communities that continue to authorize the sale from cows known not to be free from the disease?"

Dr. C. J. Fagan, of British Columbia, told of what good results were flowing from their system of dairy inspection, and

that on account of the tuberculin test the percentage of effective stock was on the increase.

Dr. Fraser, of Toronto, suggested that a much smaller time should be taken in getting the milk from the cow to the consumer.

The evening session was made exceedingly interesting to the medical men present by a very able and exhaustive address on chronic Bright's disease by Dr. W. P. Herringham, of London, Eng., based on a long series of observations of that disease in its many phases.

Dr. R. A. Reeve, Chairman of the Executive Council, read the report of that body. A recommendation was made to the Provincial branches that membership in full standing should be limited to those who also belonged to the Canadian Medical Association.

The Council also recommended that the Association should bring out a journal forthwith, with Dr. McPhail, of Montreal, as editor, and further recommended that the Association journal should absorb the *Montreal Medical Journal*. The report was received and adopted, after some discussion.

Dr. T. G. Roddick produced an amended bill on Dominion registration, asking for the Association to accede to its various clauses. The clauses in which it differs from the one presented on a former occasion were read one by one, and accepted, with slight amendments. The principal change was that the Dominion Council should not fix the qualifications necessary for matriculation in the study of medicine, and for obtaining the Provincial license, this being regulated as heretofore by the Provincial authorities.

The following were elected for the ensuing year to the Executive Council: Drs. C. J. Fagan, Victoria, B.C.; D. Ingersoll Olmsted, Hamilton; Geo. E. Armstrong, Montreal; A. T. Shillington, Ottawa; James Bell, Montreal; F. N. G. Starr, Toronto; J. T. Fotheringham, Toronto; J. H. Elliott, Toronto; John Stewart, Halifax, N.S.; Dr. A. McPhedran, Toronto; Dr. R. A. Reeve, Toronto; Dr. Murray Maclaren, St. John, N.B.; Alex. McNeill, Charlottetown; J. D. Lafferty, Calgary; and F. G. Finley, Montreal.

The annual executive session of the Ontario Medical Association met in the forenoon of the first day, and decided that

their proportion of the \$5 fee paid the two associations should be 50 cents per member, and that associated members should pay \$2 a year to the Ontario Association.

Dr. John B. Murphy, of Chicago, delivered his splendid address on the afternoon of the second day. The address was entitled "The Surgery of the Joints," and during its delivery the Convocation Hall was well filled.

The Symposium on Exophthalmic Goitre, taken part in by Dr. Alex. McPhedran, Toronto; Dr. F. H. Shepherd, Montreal, and Dr. S. P. Beebe, of New York, also attracted an unusually large audience.

Dr. Henry C. Coe, of New York, delivered a most interesting address at the evening session, on "The Old and New Gynecology." In the course of it he expressed some satisfaction that the tendency to follow surgical fads and fancies seemed to be passing, and that a more conservative era had supervened. He thought that in the gynecology of the future the surgical aspect would be less prominent, and more attention would be paid to diagnosis and all that it involved. He stated that no man had a right to perform at the expense of a patient any operation which he could not do well; in other words, that none but a trained specialist should do it.

Speaking on the subject of marriage, he said that he believed the day would come when state control of marriage would be recognized as wise. There must be a survival of the fittest, and it remained for them to take every precaution which would enhance the chances of new arrivals in the world being fit. This was not a fanciful scheme, and in some of its details was being worked out even now. It was a shame that so much attention was paid to cattle in this respect, and so little to human beings.

Dr. J. C. Connell, dean of the medical faculty of Queen's University, Kingston, in making an address on medical education, compared the conditions of twenty-five years ago, as shown by the college calendars, with those of the present. The changing years had brought with them, in the place of the old teaching of students by general practitioners in active practice, an instruction in a rapidly increasing number of subjects by men who were specialists in the subjects they lectured on. An overburdened curriculum and a higher matriculation standard did not tend, however, to making the student of to-day much better.

equipped than the one of twenty-five years ago. There was too much for him to cover, and, although the progress of science made some additions necessary, they should be careful not to run to fads and fancies. Principles and methods should be taught rather than a great mass of details. It was of the utmost importance to cause him to think and observe for himself. He concluded by a suggestion for the organization within the Association of a permanent committee on medical education.

It was moved by Dr. C. J. Fagan, seconded by Dr. A. McPhedran, that, considering the importance of anti-toxin in the reduction of the death-rate of diphtheria, its present prohibitive cost, and the lack of means to test the purity or potency of sera sold and used in Canada, the Dominion Government should be petitioned to establish a laboratory, with all the necessary accompaniments for the production of anti-toxin and other sera, and to distribute them throughout Canada at the cost of production.

At the meeting of the Canadian Medical Protective Association, held on Thursday afternoon, on account of the illness of Dr. R. W. Powell, of Ottawa, he was unable to be present, and Dr. Edwin King took the chair. The report showed seven hundred members to have joined the Association, which only found it necessary to defend one case of alleged malpractice during the year. The finances are in a flourishing condition. The same officers were re-elected.

Dr. J. H. Elliott, of Toronto, spoke in the medical section on the value of tuberculin in pulmonary tuberculosis. It had a therapeutic value in certain chronic cases unassociated with fever, but its limitations had to be thoroughly understood. It was only a limited number of carefully-selected cases in which it could be made of use.

The address by Dr. A. F. Miller, Kentville, N.S., on "The Blood in Pulmonary Tuberculosis," was remarkable in that the investigations on which the paper was based covered a period of six years, and represented an enormous amount of work. It had been conducted in collaboration with Dr. L. Brown and Dr. J. S. Lupton, of Saranac Lake, the latter gentleman having passed away during its progress. Many hundreds of cases were examined by these gentlemen, with the object of finding what changes occurred in the blood during tuberculosis, and, while the

results were mainly negative, it was valuable on account of the great field covered.

Dr. John Stewart, of Halifax, N.S., submitted a long report to the Executive Committee, making important recommendations regarding the inspection of children in public schools. One recommendation was that the Minister of Education, or the Council of Education, should appoint a public inspector, and that each Province should have an expert medical adviser appointed to organize a complete system of medical inspection, and that these men should co-ordinate their efforts as far as possible with those of the public health service. The report also asked that the Canadian Medical Association approve of the system adopted by British Columbia this year for the medical inspection of schools. Then, in view of the large number of matters affecting public health, a Department of Public Health Inspection should be added to the permanent organization of the Canadian Medical Association.

Dr. Herbert Bruce gave a large dinner at the Toronto Club on Thursday evening, at which a number of the leading out-of-town members of the Canadian Medical Association and prominent local medical men were present.

The following officers were elected for the ensuing year:

President, Dr. Geo. E. Armstrong, Montreal; Vice-Presidents of Affiliated Societies, the Presidents of Provincial Societies ex-officio; General Secretary, Dr. E. W. Archibald, Montreal; Treasurer, Dr. H. B. Small, Ottawa; Local Secretaries of Affiliated Societies, the Secretaries of Provincial Societies, ex-officio; Vice-President for Quebec, Dr. Simard, Quebec; Local Secretary, Dr. Campbell Howard, Montreal.

Finance Committee—Chairman, Dr. James Bell, Montreal; Dr. J. L. Fotheringham, Toronto; Dr. Murray Maclaren, St. John; Dr. S. J. Tunstall, Vancouver; Dr. F. W. G. Starr, Toronto; Dr. R. J. Blanchard, Winnipeg, and Dr. F. G. Finley, Montreal.

Special Committee on Medical Inspection of Schools—Chairman, Dr. John Stewart, Halifax; Secretary, Dr. Helen MacMurchy, Toronto; Dr. Jasper Halpenny, Winnipeg; Dr. A. McPhedran, Toronto; Dr. C. J. Fagan, Victoria, B.C., and Dr. J. D. Lafferty, Calgary.

Committee on Medical Education—Chairman, Dr. R. A.

Reeve, Toronto; Dr. James Bell, Montreal; Dr. F. G. Finley, Montreal; Dr. F. N. G. Starr, Montreal; Dr. Murray Maclaren, St. John, N.B.; Dr. C. J. Fagan, Victoria, B.C., and Dr. George E. Armstrong, Montreal.

Committee on Medical Legislation—Dr. A. T. Shillington, Ottawa, with power to add.

Public Health and Hygiene—Dr. A. T. Shillington, Ottawa, with power to add.

Amendments to Constitution and By-laws—Dr. H. F. Small, Ottawa, Chairman, with power to add.

Reports of Officers—Ingersoll Olmsted, Hamilton, with power to add.

Necrology—Dr. J. H. Elliott, Toronto, with power to add.

On Friday morning Dr. J. A. Amyot delivered a splendid address on "Rabies" before the Section of Pathology. "At present," he said, "it is confined to the western part of the Province. The district extends from Hamilton to Essex Centre, right through London, and the whole section between. It is to be found from London to Goderich, and there is some of it at Owen Sound. There has been one human death as the result of rabies, that of the boy who died at Dundas. I performed the post-mortem examination in this case, and there is not the slightest doubt that the boy died of hydrophobia. There were five deaths in Canada previous to this outbreak."

The necessity of adhering closely to the regulation of not allowing dogs to be transported from one part of Ontario to another, and taken out of the Province, especially into summer holiday districts like Muskoka, arises from the danger of infecting wild animals, like foxes and wolves, which, in their natural habits are timid and fearful of man. If they become infected with rabies, they become bold and run into settlements. In that way there would be a constant source of supply for perhaps years to come.

The instance in Colorado of where rabies got among the skunks is a very enlightening one, because these usually timid animals invaded houses and towns and bit people.

During the past eight months Manitoba and Saskatchewan have been infected from dogs transported from Ontario, dogs that showed no symptoms at the time they left here, but developed it later.

Since the 4th of March, one hundred and thirty-seven animal brains have been examined in the laboratory of the Board of Health. Of these, some sixty-five or seventy have proven positive cases of rabies. The especial value of this has been that individuals bitten by these animals were able with certainty of its necessity to take the prescribed treatment. Sixty-one cases have so far been given the Pasteur vaccination treatment. This is not the treatment for the developed disease, but preventive vaccination. So far no ill-effects of any kind have been noticed in any of the patients treated.

Professor J. J. Mackenzie, in commenting on Dr. Amyot's address, mentioned that he had found the same bodies mentioned by Negri while studying a former outbreak in Ontario, which occurred in 1895. He had looked upon them as degeneration products, and so termed them in an address in Great Britain in 1897.

An address by Dr. J. Wood, of Kingston, Ontario, on "Appendicitis in Children," in the section of surgery, was fruitful in causing a discussion. This was, in effect, that the medical profession must awake to the fact that this disease in children must not be treated in the same way as for adults. The whole prognosis and diagnosis of the disease was wrong at the present time. Six of the largest hospitals in Europe, in 1907, had had a mortality of 19.23 per cent. amongst children, and only 2.9 per cent. amongst adults. This mortality could only be reduced by coming to an accurate understanding of the different nature of appendicitis in children.

The social side of the meeting of the Canadian Medical Association was not by any means neglected. There was a most enjoyable smoker at St. George's Hall, Elm Street, on the Tuesday evening, which was largely attended. On Wednesday those given to bowling and golf were entertained most hospitably at the Victoria Lawn Bowling and Toronto Golf Clubs respectively. The visiting ladies were also looked after by the Ladies' Committee, and were entertained by Mrs. Adam H. Wright at Lambton Golf and Country Club on Friday, automobiles being provided from Convocation Hall.

A very enjoyable trip was that on June 2nd to Niagara Falls per S.S. Turbinia to Port Dalhousie, thence by electric cars to the Falls, where dinner was served at the Clifton House. The

medical profession of Guelph invited the Association to be their guests at the Royal City on Saturday, June 4th. This courtesy was greatly appreciated and was taken advantage of by over three hundred members and friends. A special train left the Union Station at 11.30 a.m., reaching Guelph in time for lunch, which was served on the lawns of Homewood Sanitarium. We have been favored with several views taken by Dr. N. A. Powell on that occasion, and reproduce them on the opposite page. To show the trouble that our confreres in Guelph went to in order to make the day enjoyable for their guests, one of our illustrations shows an improvised bridge built across the river Speed, leading directly to Homewood and saving thereby a considerable journey. This bridge was made of planks supported on timbers which were buoyed up by a series of empty barrels, thus making a safe and comfortable crossing. After luncheon was served an informal reception was held by the genial medical superintendent, Dr. A. T. Hobbs, who was courtesy personified and left nothing undone to make it pleasant for the visitors. A visit was also paid the same afternoon to the Agricultural College, not far distant, where again they were greeted with the right hand of fellowship from Principal Creelman. A most interesting time was spent at the College, considerable attention being paid to the Macdonald Institute and the Massey Library, the gift of the Massey estate. It may be interesting to our readers to know that at the Macdonald Institute each year over 300 young women are thoroughly taught how to become farmers' wives, being trained in every branch of housekeeping, from how to make good butter to the dustless method of housecleaning. Refreshments were again served before the visitors left for home, one and all pronouncing the trip most enjoyable. The JOURNAL desires to take this opportunity of expressing to our professional brethren in Guelph the thanks of the Canadian Medical Association for a delightful day.



SOME OF THE BEAUTY SPOTS AT GUELPH VISITED BY THE CANADIAN MEDICAL ASSOCIATION

1. Administration Building Homewood Sanitarium. 2. Improvised bridge to "Homewood" erected for the visitors. 3. The Massey Hall Library of The Royal Agricultural College. 4. Luncheon served on the lawns.

Canadian Journal of Medicine and Surgery

Editor:

J. J. Cassidy, M.B.
45 Bloor St. E., Toronto

Managing Editor:

W. A. Young, M.D., F.R.C.P., Lond.
145 College St., Toronto

Surgery:

F. N. G. STARR, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; Surgeon, Hospital for Sick Children, Toronto; N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Toronto University; Senior Assistant in charge, Emergency Department, Toronto General Hospital.

Clinical Surgery:

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Physiology:

A. B. EADIE, M.D., Toronto.

Federal Jurisprudence and Taxation:

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Physiotherapy:

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Pharmacology and Therapeutics:

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Pediatrics:

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; A. R. GORNBON, M.D., Toronto; Senior Medical Assistant, Toronto General Hospital; HELEN MACMURCHY, M.D., Toronto, Editor, The Canadian Nurse.

Dermatology:

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Medicine:

J. J. CASSIDY, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; and DR. J. H. ELLIOTT, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont.; Assoc. Med. and Clinical Medicine, University of Toronto; Senior Medical Assistant, St. Michael's Hospital.

Clinical Medicine:

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARRER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto; Physician, St. Michael's Hospital.

Bacteriology:

J. G. FITZGERALD, M.D., Lecturer in Bacteriology, University of Toronto.

Mental and Nervous Diseases:

N. H. BEEMER, M.D., Mimico Insane Asylum. CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Chemistry and Obstetrics:

GEO. T. MCKENZIE, M.D., M.R.C.S., Eng., Chatham, Ont.; and C. F. MOORE, M.D., Toronto.

Pathology:

W. H. PEPLER, M.D., C.M., Surgeon Canadian Pacific R.R., Toronto; Junior Medical Assistant, St. Michael's Hospital; and J. J. MCKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology:

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear:

PERRY G. GOLDSMITH, M.D., St. Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the first of the month previous to publication.

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THE PREVENTIVE USE OF ANTITETANIC SERUM

INFECTIONS of wounds with tetanus, through injuries resulting from the explosion of blank cartridges or from gunshot wounds, may occur in Canada early in July, as an outcome of the usual Dominion Day celebration. The fact that the poison of tetanus is developed at the site of infection gives the greatest importance to the local treatment of such traumatisms. A careful toilet of the suspected wound should be made, a major anesthetic being administered if necessary. Thorough cauterization with the nitrate of silver is recommended by Tizzoni, as the best germicide for the bacillus of tetanus; but complete excision of the wound is a more trustworthy procedure, as the germ of tetanus is thus removed, together with the soiled tissues, in which it is imbedded.

The immunizing use of antitetanic serum can also be recommended in such cases. This serum has been successfully employed in arresting the spread of tetanus among horses occupying infected stables. Therefore, there should be no hesitation in administering it to patients suffering from suspected traumatisms, especially such as have been defiled with street dust, garden mould, or stable manure, in all of which the bacillus of Nicolaier is present. Antitetanic serum should be used as an immunizing agent at the first dressing of a suspected wound. Injec-

tions of this serum, while of service in preventing the development of tetanus, are of little or no therapeutic efficacy, once the infection of tetanus has been declared.

J. J. C.

THE USE OF THE ELECTRO-CAUTERY IN CASES OF INOPERABLE UTERINE CANCER

IN a paper, published in the May number of the *Buffalo Medical Journal*, Dr. Chase, Brooklyn, N.Y., shows that the use of the electro-cautery is very valuable in uterine cancer. The principal advantages of this method of treatment are: First—If done as it should be, under anesthesia, little or no pain follows its use. Second—Owing to the agency of heat in the involved parts, short of actual disintegration, inhibition, if not destruction, of pathogenic germs ensues. Third—The absorbent vessels are effectively closed. Fourth—The systemic infection is usually diminished, sometimes disappearing for a longer or shorter period of time. Fifth—Occasionally, more frequently in cases in which the neck of the uterus is involved, unexpected recovery has followed its use. Another good feature in this method of treating cancer of the womb is that the surgeon can reapply it from time to time when he deems it expedient to do so. Relapsing cases, if treated with daily douches of permanganate of potassium, or the cresol compounds, followed by zinc-oxide gauze dressings, may be carried to the end, with greatly diminished and, in some instances, little, pain.

Besides, the exhausting influence of repeated hemorrhages is lessened and the general comfort of the patient promoted by this treatment. To protect the patient's vagina during the operation asbestos paper is used. Boldt has devised a tubular speculum for use in such cases. It is so constructed, that a stream of cold water traverses the hollow spaces in the speculum, preventing the risk of burning the vagina. The electro-cautery, with suitable platinum knives, is used with great satisfaction, though the Pacquelin cautery, with similar platinum accessories, is quite effective.

Dr. Chase advises that the operator should apply the knife at a dull-red heat, so as not to provoke hemorrhage, which arises from a too rapid burning of the tissues. Another reason for applying a low grade of heat for a considerable time is to devitalize, as far as possible, any cancer cells present in adjacent tissues. He says also, that, with care and experience in operating on this class of cases, a surgeon may remove the neck of the womb and most of the body of the womb (when involved), leaving little more than a shell of peritoneum.

The nature of the operation will be determined by the amount of tissue involved. If the cervix uteri is intact, or nearly so, it may be drawn downwards by a double volsellum or a double tenaculum opening outwards can be introduced within the cervical canal for a similar purpose. The incision with the cautery knife should be made, if possible, above the growth, if need be reaching to the utero-vaginal junction.

The traction should be even and constant, while the cautery knife slowly eats its way through the tissues near the circumference of the corpus uteri, but inside the peritoneal covering. To make the cautery knife effective it should be moved slowly up and down or in a lateral direction, at the same time keeping it free from the eschar, otherwise it is likely to provoke hemorrhage and delay progress. If hemorrhage occurs, a small gauze sponge saturated with diluted acetic acid or a solution of adrenalin, applied with pressure, usually controls the bleeding, until the slow application of the cautery closes the blood vessels. If infected portions of uterine tissue remain, a round dome-shaped instrument can be introduced into the uterus and further cauterizing done. Infected areas of tissue on the vaginal walls may be removed by the curved platinum knife. When the disease is far advanced, and the vagina considerably involved, the cancerous structure should, as far as possible, be removed by the same method. It should be done, however, by slow, progressive steps, or by the application of a strong curette, followed by the cautery knife. Dr. Chase says that, even in these advanced cases, enough of the cancer can be removed to quiet or obtund pain, check or control hemorrhage, and lessen the discharge from the diseased surfaces, thereby diminishing pain and the tendency to exhaustion. Daily irrigation and dressing of the parts must be persisted in.

Many cases of uterine cancer, unfortunately, are

not treated until the disease has made considerable inroads, and the chances of cure are very poor.

Dr. Chase's valuable paper shows that, even when it has reached the so-called inoperable stage, something more should be done for uterine cancer than to order vaginal douches and the internal administration of opiates. The use of the thermo-cautery is becoming recognized as a most effective method of treating uterine cancer, when the period for radical measures has passed.

J. J. C.

**AN UNNECESSARY EXPENSE OF THE COLLEGE OF
PHYSICIANS AND SURGEONS OF ONTARIO**

THE examinations of the College of Physicians and Surgeons are held at Toronto, Kingston and London, the examining board having to travel up and down the Province in order to hold examinations at these different centres. If these examinations were held at one centre only, candidates, not residents of that city, would pay the travelling and hotel expenses which they incurred while undergoing the test, and the expenses of the examining board would be considerably reduced.

It is doubtless convenient for the medical faculties of Kingston and London to receive the examiners of the College, instead of sending their students to Toronto, and it is natural that these medical faculties should strive in every way to help their own students, by lessening their expenses, and by having the

clinical examinations illustrated with such meagre clinical material as their pupils have had opportunities to study.

We do not think that any broad-minded physician of Ontario would put an obstacle in the path of a worthy candidate for the professional license in this Province; but there is no good reason why the College of Physicians and Surgeons of Ontario should spend the money of its members to coddle feeble or struggling medical faculties who do not provide a proper equipment or enough hospital material for carrying on the teaching of medicine.

J. J. C.

FORTY-THIRD MEETING OF THE CANADIAN MEDICAL ASSOCIATION

THE forty-third annual meeting of the Canadian Medical Association, held, under the presidency of Dr. Adam Wright, in the buildings of the University of Toronto, June 1st, 2nd, 3rd and 4th, was quite successful. About four hundred and thirty members registered. Over eighty papers were read. Dr. J. B. Murphy, Chicago, gave an interesting talk about the management of joint diseases. His remarks were copiously illustrated with photographs. Dr. Herringham, London, England, lectured acceptably on chronic Bright's disease. The symposium on exophthalmic goitre, in which Dr. McPhedran, Toronto, Dr. Beebe, New York, and Dr. Shepherd,

Montreal, discussed different sides of the subject, was an exhaustive presentation of a rare disease.

The festivities of the meeting were well planned and efficiently carried out. The members of the Association resident at Toronto entertained the visiting physicians at a smoking concert in St. George's Hall, May 31st. Dr. Bruce Riordan, Dr. Adam Wright, and Dr. Thos. B. Richardson presided in turn and introduced the speakers and singers. Among those who spoke were Dr. H. R. Casgrain, Windsor, President of the Ontario Medical Association, and Dr. L. P. Normand, President of the Quebec College of Physicians and Surgeons.

On Thursday, June 2nd, at 1 p.m., the members of the Association and their ladies went by steamer *Turbinia* to Port Dalhousie, and thence, by electric cars, to Niagara Falls. Luncheon was served on board the boat, and at the Clifton House, Niagara Falls, full justice was done to an excellent dinner. Returning, the party reached Toronto about 1 a.m. Friday. Though the weather was chilly for the season, there was no hitch in the proceedings of the Entertainment Committee, which were entirely successful.

On Saturday, June 4th, the members of the Association, their ladies and some friends, went by special C. P. R. train to Guelph. Arriving at 1 p.m., the party were entertained at luncheon by the managers of the Homewood Sanitarium. An opportunity was afterwards afforded to inspect in a leisurely way this well-appointed institution. The rest of the afternoon

was spent in sightseeing at the Guelph Agricultural College. Tea was served there, on the lawn in front of the buildings, by the young lady students of the Macdonald Institute, who provided a bountiful and well-prepared repast.

The medical profession of Guelph deserve great praise for this very notable addition to the pleasures of the forty-third annual meeting.

The next annual meeting of the Canadian Medical Association will be held at Montreal, under the presidency of Dr. George Armstrong of that city.

J. J. C.

WHO GOT THE MONEY AND HOW DID THEY GET IT?

IN the name of economy, the proposal to have published in detail the accounts of the College of Physicians and Surgeons of Ontario was defeated (*vide* Announcement 1909-1910, page 380). Let every member of the College refer to this discussion and then turn to pages 295 to 304, where they can peruse such *vitaly* interesting facts as the following:

Railway to Colborne.....	\$2.55
Hotel and bus, Colborne.....	.75
Railway to Trenton Junction.....	.50
Bus fare and hotel bill, Trenton.....	1.00
Railway bill and hotel fare at Trenton.....	1.00
Railway to Belleville.....	.25

Oh, yes! waste the funds of the profession on page after page of such "tommy rot" as this. But,

as our good friend, the member for East Toronto, might say, " 'Literatoor' comes high, my dear Fellows; there's another think coming to you." But keep num on what you get out of it yourselves.

The Boys got the money by charging six days for a four days' session (see Announcement 1907-1908, page 233).

The Boys got the money by charging travelling days extra (see Announcement 1907-1908, page 233), in spite of the fact that the by-laws say "Necessarily absent from home." How many of them are "necessarily absent" half a day in travelling? Ask your representative how long *he* was "necessarily absent."

The Boys got the money by charging extra for Committee meetings *held during the session* (Announcement 1909-1910, page 322): "There were certain Committees had a meeting during the time of the session and were paid \$15.00 for that meeting, *besides the general allowance.*" No wonder that Dr. Temple, who seems invariably to have fought for what is right, said to the Council, "We should try to show the public and our profession that we are not grafters." But had he any hope that the Council could, even if it would?

The Council is called to meet on Tuesday afternoon at two o'clock. This arrangement was evidently intended in the good *old* days, that now seem to be gone, to save the funds of the Council by permitting the members to leave home Tuesday morning and arrive in the city in time for the afternoon meeting.

In *those* days the travelling days were *not extra*. But, as Dr. Hardy said in his letter to us, and which appeared in our May issue, "The work of the Council has grown greatly." He did not tell us that the work was so great that the Council *had to* hold meetings *at night*. We learn from the Announcement that the members of the Council are so *zealous* and so *overworked* that they have to hold special Committee meetings even *the day before* the Council assembles (1909--1910, page 322): Dr. Moorhouse—"At the commencement of the last session this Committee (the special Committee on Reciprocity) were called to meet on Monday, *the day preceding the session.*"

What all-absorbing zeal! The idea of Dr. Temple trying to exhort *such* men to show the profession that they were not grafters! Would a detailed account show us how many more members rushed zealously to their duties on Monday or how many failed to tear themselves away on Saturday?

Pen cannot describe the anguish of that Monday—long labor of love—but we get a faint idea from this little gem conceived and brought forth by the special Committee called for *the day preceding the session* (page 295, Announcement 1909-1910): "The Committee on Reciprocity with Great Britain begs to report that they have met and discussed the question, and that, owing to the very great importance of the question, feel that it requires further time for consideration, and therefore requests that the Committee be continued. (Sgd.) Edmund E. King, Chairman."

“Full many a gem of purest ray serene
The dark unfathomed caves of ocean bear:
Full many a flower is born to blush unseen
And waste its sweetness on the desert air.”

This Canadian flower would not blush if it could and could not if it would. This gem of purest ray serene we have rescued from the dark, unfathomed depths of the Announcement and the ruthless (?) hands of Dr. Temple, the Chairman of the Finance Committee, who righteously, we think, objected strenuously to paying \$45.00 for it, thinking, quite properly, that that sum belonged to the profession.

We quote the section of the Finance Committee's report, page 332, Announcement 1909, referred to by Dr. MacCallum in last month's issue. The University representative is indeed smooth. He actually tries to bunco us to our faces: “Your Committee recommend that the indemnity to members for the present session be \$120.00, and that members necessarily requiring additional days in travelling, to and from the meeting, be allowed \$20.00 for each of such additional days. The usual mileage rate of five cents per mile each way is also recommended. For each day's absence from the meetings of the Council the sum of \$20.00 shall be deducted.”

The Boys were not satisfied to be paid for the four days that they were actually at the Council meeting, so they said, “Call it six for a starter.” The next step was to make the remuneration \$30.00 per day by this ingenuous little recommendation: but, for

fear that the profession should "get on to" it, they added "for each day's absence the sum of \$20.00 shall be deducted." Does not this work out beautifully? *A member can be present but one day of the meeting and still draw \$60.00.* Why cannot these men say plainly, "We are entitled to \$30.00 a day" and not have to resort to such miserable subterfuge as this?

Perhaps the father of that foxy resolution would not care to have his name generally divulged any more than the new boy at the local boarding school.

"What is your name?" queried the master.

"George Jones."

"Who is your father?"

"Here, stop that!" cried the young hopeful. "That's what all the row's about at home."

Where is the Auditor? Does he ever investigate whether the members are entitled *by by-law* to the amounts they are paid? One of our County Judges recently made some rather severe strictures regarding auditors. We wonder what he would think of the finances of the Council of the College of Physicians and Surgeons of Ontario?

Of course, the members of the Council should be paid, and paid liberally, but why this overestimation of their services? This reminds us of the value placed by the little boy upon a certain bucket of water.

It is said of General Ingalls, U.S.A., that soon after the Civil War he visited a friend in the South. Taking a walk one morning he met a boy coming up from the river with a fine string of fish.

"What will you take for your fish?" asked the general.

"Thirty cents," was the reply.

"Thirty cents!" repeated the general in astonishment.

"Why, if you were in New York you could get \$3 for them."

The boy looked critically at the officer for a moment, and then said, scornfully:

"Yes, suh; en I reckon if I had a bucket of water in hell I could get a million for it."

Isn't the whole thing *TULLY*?

W. A. Y.

THE 1910 MEETING OF THE AMERICAN MEDICAL EDITORS' ASSOCIATION

It can truthfully be said that the city of St. Louis, Mo., was during the week of June 6th full of quills and overrun with medical scribes. The 1910 meeting of the American Medical Editors' Association convened at the Planters' Hotel, June 4th and 6th, and never before in the history of the Association was the attendance quite as good or the interest taken in the deliberations quite as enthusiastic.

The American Medical Editors' Association includes in its membership over two hundred medical editors, representing the most influential medical publications of the United States and Canada. The meeting this year was under the presidency of Dr. W. A. Young, of Toronto, who at the opening session greeted the members present and bade them welcome. The programme, as it appeared in the June issue, was carried out in its entirety, only two or three papers having to be "taken as read," owing to their authors being unable, at the last moment, to get away

from home. The papers were of the very highest quality and the discussions lively and instructive.

The usual banquet was held on Monday evening, at the Planters' Hotel, when nearly one hundred covers were laid. At the guests' table, with the President, were President-elect (A.M.A.) Dr. Welch, of Johns Hopkins University; Col. Gorgas, retiring President of the American Medical Association; Dr. C. H. Hughes, of St. Louis, Chairman of the Local Committee of Arrangements; Dr. H. O. Marcy, of Boston, the oldest living President of the American Medical Editors' Association; Dr. Joseph MacDonald, Jr., of New York, President-elect of the American Medical Editors' Association; ex-President Dr. C. F. Taylor, of Philadelphia; Surgeon-General Wyman, of the United States Hospital Marine Service; Mr. Frederick L. Hoffman, statistician of the Prudential Life Insurance Company, Newark; Hon. I. V. Barth, of St. Louis; ex-President Dr. T. D. Crothers, of Hartford, and ex-President Dr. Winslow Anderson, of San Francisco. The addresses delivered at the banquet were excellent, being interspersed with vocal selections from a splendid quartette. A presentation of sterling silver was made to President-elect Dr. MacDonald, of New York, in acknowledgment of his untiring and unselfish services as secretary-treasurer of the Association for the past eight years. Dr. MacDonald was taken entirely by surprise and made a most feeling reply, thanking the Association for their token of goodwill and assuring one and all that what he had done

in the past was as nothing to what he intended to try to do in the future. For the first time in the history of the Association ladies were guests at the banquet, and their presence, in lovely evening gowns, added a new charm to an always delightful social event. The banquet closed with the singing of "Auld Lang Syne."

A great part of the success of the meeting was due to the kindness and the untiring efforts of Dr. C. H. Hughes, of St. Louis, who left no stone unturned to give the members a thoroughly enjoyable time.

Messrs. Haley and Sultan very kindly entertained the members to a two hours automobile drive around Forest Park, on Sunday afternoon, a courtesy which was greatly appreciated.

W. A. Y.

"THE MONTREAL MEDICAL JOURNAL" BECOMES "THE JOURNAL OF THE CANADIAN MEDICAL ASSOCIATION"

President—Dr. George E. Armstrong.MONTREAL
General Secretary—Dr. E. W. Archibald....MONTREAL
Chairman Finance Committee—Dr. James Bell
.....MONTREAL
Editor—Dr. Alexander McPhail....MONTREAL
Place of meeting, 1911MONTREAL
Journal.....The MONTREAL Medical Journal

What a scoop for Montreal!

Has the Canadian Medical Association become a Montreal institution? From the above table it would look a little that way, wouldn't it?

Where does the University of Toronto come in, and is it not rather a pity that our National Association, which seems to have come back to life more or less, should become so intimately associated with McGill university interests?

These are somewhat pertinent questions, in view of the adoption by the Canadian Medical Association last month of the report of the Executive Committee, recommending the Association to definitely establish an official organ by leasing the *Montreal Medical Journal* and paying six per cent. interest on an invested capital of six thousand dollars.

It seems too bad that our Association must acknowledge its inability to establish a journal of its own, instead of leasing another publication (the official organ of McGill University) at a cost of *one dollar* per day.

We feel that this is a mistake from first to last and that the Canadian Medical Association have entered upon a course that is, to say the least of it, unwise.

W. A. Y.

THE AMERICAN MEDICAL ASSOCIATION

To those who attend regularly from year to year the annual meeting of the American Medical Association, the privilege and pleasure are difficult to fittingly express in curt phrase.

There is always much in community of spirit, more of profit perhaps in communion of minds allied

by study and life work until akin in viewpoint; and, in the acquaintance that ripens into friendship with the years, there is most of all.

About four thousand doctors registered at the 1910 meeting in St. Louis, and the large Odeon Theatre, where the opening session was held under the retiring President, Col. Gorgas, and the President-elect, Dr. Welch, was crowded. Never did finer speeches grace an occasion. The Governor of the State of Illinois seemed to touch every point at issue and that might be of interest to the medical men of the United States. The Mayor of the city of St. Louis gave the visitors a hearty welcome, and each speaker acquitted himself most fittingly. The various sections, into which the meeting then divided itself, were full of interest to their devotees and were attended faithfully, though, to be truthful, perhaps this close adherence to duty was partially due to the disagreeable weather experienced. Some of the epithets hurled at the comet and the sky fireworks would be somewhat rude to repeat; suffice it to say we did not see any saintly souls sitting around quoting Whitcomb Riley's little rhyme,



“When God sends rain—then rain's my choice.”

The visitors simply used strong short words conveying their thoughts, without necessitating a musical accompaniment. The weather conditions were certainly, to say the least of it, most unfortunate, there being only one and a half days that were anything like being fine and warm. The Entertainment

Committee had prepared a series of delightful social events, so that we feel more sorry for our kindest of hosts than we can think of doing for our own disappointment. With all due respect to the Hotel Committee, we must admit that there was considerable ground for the grumbling heard in reference to the extravagant prices charged by the majority of the better hotels, rates which, we are given to understand, were considerably in advance of those usually charged at this season of the year.

It was a great disappointment to the Canadians who attended this year's meeting of the American Medical Association that, owing to the dates chosen by the Canadian Medical Association and the distance lying between Toronto and St. Louis, it was impossible to be present at both conventions. We earnestly trust that another year the Committees having charge of this detail will see to it that the dates of the C. M. A. and the A. M. A. do not clash. As we took opportunity of expressing ourselves editorially years ago, we still look forward to the day when the Canadian Medical Association and the American Medical Association may be merged into one great Medical Association of America, which will meet annually and stand before the world as a unit, for the uplifting of a high standard of attainment in medical science and will lead the vanguard of original medical research.

W. A. Y.

	Editorial Notes	
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Highly Colored Confectionery

Bulletin No. 200 (Laboratory of the Inland Revenue Department, Ottawa) contains a report upon 149 samples of candy, purchased throughout Canada in December last. This inspection, we are informed, had special reference to the freedom of the coloring matter used in dyeing candies from metallic impurity, and in particular from arsenic. The report says: "It is gratifying to find that only a single sample gave any reaction for arsenic, and this a quite negligible trace, entirely harmless." The report emphasizes the importance of keeping candy in close receptacles, instead of covering it with a piece of muslin. Several of the samples were dirty and fly-specked, evidently having been exposed in the shop. The sugar used in the cheaper grades of candy contained from 50 to 70 per cent. of cane sugar for the softer varieties, and from 70 to 85 per cent. for the harder kinds. The other ingredients were of a harmless character.

Friars' Balsam (Compound Tincture of Benzoin)

Bulletin No. 199 (Laboratory of the Inland Revenue Department, Ottawa) contains the results of the analysis of seventy samples of Friars' Balsam (Tincture Benzoini Composita), collected throughout Canada in September and October of last year.

This preparation is used for many conditions requiring anti-septic, astringent and stimulating dressings. It is often applied to wounds of the skin, the alcohol evaporating and leaving upon the injured parts a protective film of balsams. A piece of lint or absorbent cotton saturated with the compound tincture of benzoin has been used to close the punctures of the skin after tenotomy. The compound tincture, diluted with water in various

proportions, is used as an application in catarrhal affections of the pharynx and larynx, and to relieve the hoarseness of vocalists and public speakers.

The report says: "The tests prescribed by the British Pharmacopeia are:

- "1. Specific gravity, about 0.900.
- "2. Total solids, 17 to 18 per cent.
- "3. Absolute alcohol, about 75 per cent.

Tinctures made in the laboratory at Ottawa according to B. P. directions, gave results as follows.

Time of maceration	2 Days.	3½ Days.
Specific gravity	0.8981	0.8924
Total dry solids	14.6	15.4
Alcohol (vol. p.c.)	74.32	74.96

It will be noted that even the tinctures made in the Ottawa laboratory did not yield the amount of dry solids required by the B. P. (viz., 17-18 p.m.). A percentage of 17 was only reached in seven samples of the tinctures analyzed. Solids varied from 8.6 to 19.46 per cent., five (5) samples containing less than 10 per cent. The alcohol used was generally of proper strength, and was genuine in 69 samples. One sample was made with methyl alcohol. The report shows that Friars' Balsam, as dispensed in Canada, is generally trustworthy.

Some Views on Hygiene Held by Benjamin Franklin

The American philosopher, Benjamin Franklin, says Dr. William Pepper in the April, 1910, number of the *University of Pennsylvania Medical Bulletin*, evidently advocated an open-air mode of life, making people swallow down the bitter pill by giving it a sugar coating of jest or humor. So we find him in his bagatelle, "The Art of Procuring Pleasant Dreams," telling us: "It is recorded of Methusalem, who, being the longest liver, may be supposed to have best preserved his health, that he slept always in the open air, for, when he had lived five hundred

years, an angel said to him, 'Arise, Methusalem, and build thee an house, for thou shalt live yet five hundred years longer.' But Methusalem answered, and said: 'If I am to live but five hundred years longer, it is not worth while to build me a house. I will sleep in the air, as I have been used to do.' " The modern treatment of tuberculosis may have been based on this view of Franklin's. The taking or catching of colds was a favorite topic of Franklin's, and his nearest approach to a real medical article is on this subject. He repeatedly stated, that colds were caught by being in close, unventilated rooms, in which were other people who, possibly, were already afflicted. He recognized the epidemicity and contagiousness of colds. He thought that damp clothes might cause colds, but that clothes wet with sea water would not, because, as he says, no clothes could be wet as water itself, and we do not catch cold while bathing and swimming.

The Legal Responsibilities of Hospital Authorities

Are the trustees of public hospitals responsible for injuries sustained through the negligent conduct of an operation done at their hospital? According to the decision of the Court of Appeal in *Hellyer v. the Governors of St. Bartholomew's Hospital* (London), 1909, 2 K.B., 820, the governors were not responsible for injuries sustained by the plaintiff, and the action did not lie.

Similar decisions have been given in *McDonald v. Massachusetts General Hospital* (21 American Rep., 529), and in *Glavin v. Rhode Island Hospital* (34 American Rep., 675). The result arrived at in these decisions appeared to be that the authorities of public hospitals do not undertake the duties of physicians, but they do undertake to see that the patients shall have competent medical advice and assistance. They must also take reasonable care to assure themselves that the surgeons, physicians and nurses employed at their hospital are competent,

and that proper apparatus and appliances are supplied. The nurses and others assisting at an operation cease, for the time being, to be the servants of the governors of the hospital, as they are under the sole orders of the operating surgeon, who, until the operation is completely finished, is supreme. From English and American judicial decisions, it would appear, therefore, that responsibility for damages for injuries sustained through the negligent conduct of an operation at a public hospital rests with the operating surgeon.

Low Body Temperatures in Health and After Fever

Dr. J. Cantlie remarks (vide the *Journal of Tropical Medicine and Hygiene*, March 15, 1910,) that the subject of low body temperature has never been systematically dealt with, either clinically or physiologically, and it may be that there is little to be learned therefrom. From observations made on his own temperature in a tropical climate, he found that at 12 noon and 12 midnight the temperature was 98.4° F.; that in the early morning, 5 to 7 a.m., the average temperature registered from 96.8° F. to 97° F., and that the temperature gradually rose until it reached normal at noon. During the afternoon the temperature rose until it attained from 98.6° F. to 99.2° F., and fell gradually until it reached normal at midnight. Dr. Cantlie thinks that the temperature of the body demands further investigation by physiologists, for it seems that our knowledge of body temperature in health is limited to two facts: (1) That at 12 noon and 12 midnight, the temperature is 98.4° F., and (2) that an increase to a small extent occurs after noon, and a fall to a more marked extent occurs after 12 midnight. The extent of these variations in the present state of our knowledge is mere guesswork, and more especially are we ignorant of the after-midnight decrease. There is therefore a considerable fluctuation of body temperatures in health; but it is remarkable, how the early morning fall in health below normal is out of proportion

to the small increase of temperature in the afternoon hours.

In febrile conditions, Dr. Cautlie contends, from a study of 80 temperature charts, that the increase and subsequent fall of temperature is in relation of ten to one; that is to say, that for every degree of temperature above normal there is a subsequent fall below normal of one-tenth of a degree Fahrenheit. He says: "That there must be such a fall seems inevitable, for the expenditure of heat seems to require a subsequent conservation of body heat to compensate for the previous loss. A long-continued high temperature is succeeded by a long-continued low temperature, to an amount corresponding to the previous increase and consequent loss of heat, just as a temporary accession of temperature is immediately succeeded by a temporary fall below normal."

As some patients have their thermometers in constant use, they should be told that their attack of fever will be followed by a low temperature, and that they must not be alarmed, if their morning temperature and their evening temperature as well fail to reach anywhere near normal. Dr. Cautlie thinks that, while the temperature remains below normal in patients recovering from fever, "tonic" treatment is required, whether in the shape of drugs, food, or perhaps stimulants.

J. J. C.

PERSONALS

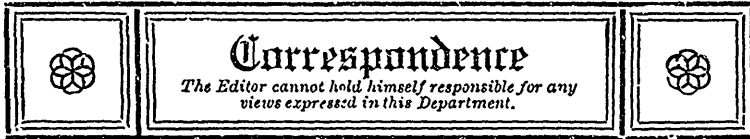
Dr. Stanley Ryerson, of 143 College Street, Toronto was married on June 15th. The JOURNAL extends hearty congratulations.

Dr. C. R. Dickson has received the appointment of Secretary of the Canadian Red Cross Society, vice Dr. Chas. Hodgetts, resigned.

Dr. E. C. Burson, of Toronto, is to be congratulated on his marriage last month to Miss Gooderham, daughter of Colonel Gooderham.

Among the Toronto physicians who expect to attend the meeting of the British Medical Association at London, Eng., this month are Drs. H. A. Bruce, F. N. G. Starr and Adam H. Wright.

The marriage took place at Rochester, Minn., on May 28th, of Dr. Don Balfour, a prominent young physician practising at Hamilton, Ont., to Miss Carrie Louise Mayo, daughter of Dr. J. W. Mayo, the well-known surgeon.



LETTER TO DEAN, MEDICAL FACULTY, UNIVERSITY OF TORONTO.

May 6th, 1910.

Dr. Clarke, Dean Medical Faculty, University of Toronto:

DEAR DOCTOR CLARKE,—As Dean of the Medical Faculty of the University of Toronto may I ask you to kindly instruct Dr. James M. MacCallum, the representative of the University of Toronto to the Medical Council, to have access to the books of the College of Physicians and Surgeons?

As you are aware, the Medical Council has been subjected of recent months to considerable criticism regarding their business methods, and, judging from the support we have been receiving from the medical profession all over the Province, our humble efforts to straighten out such matters have met with universal approval. The writer has been given to understand by both the President and the Treasurer of the College of Physicians and Surgeons that the only way we can have access to the books is through one of our representatives in the Council.

Could you conveniently let me hear from you by as nearly return mail as possible, as the month of May is running away very quickly and we are anxious to get certain material ready for the June issue?

With the writer's kind regards.

Yours very truly,

W. A. YOUNG,
Managing Editor.

REPLY FROM DEAN, DR. CLARKE.

Toronto, May 16th, 1910.

Dr. W. A. Young, Managing Editor CANADIAN JOURNAL OF
MEDICINE AND SURGERY:

DEAR DR. YOUNG,—In reply to yours of 6th, I would say that there is not the slightest reason why Dr. J. M. MacCallum should not supply you with all data regarding the Medical

Council which he thinks might be of interest to the medical public. There should be nothing to conceal in regard to questions which affect the whole medical profession.

Yours truly,

C. K. CLARKE, *Dean*

DR. JAMES MACCALLUM'S REPLY.

DEAR DR. YOUNG,—I am in receipt of your letter to the Dean of the Medical Faculty, asking him to instruct me to furnish you with information concerning the finances of the Ontario Council, and his letter in reply.

For you there is a proper way to obtain this information, viz., by having your representative ask upon the floor of the Council for a return giving it.

I am on record as favoring the publication in detail of these accounts. I shall again move in the Council that they be so published. As a member of the Council I am entitled to the information you ask for, and I shall get it, for my own use—not for yours. I do not think it fair play not to give accused members a chance for explanation. Accusations, though disproved, live in the public memory as facts.

The genius who evolved the scheme of increasing the indemnity of members of the Council, by calling the sessions a six-day session when it is only four, should get out before the electorate put him out in October next. A bright future awaits him in the realms of "frenzied finance." There can be no defence of this scheme. Whether the members are entitled to more than \$20 a day is a matter for difference of opinion. There may also fairly be a difference of opinion as to how much time should be allowed for travelling. I find it hard to believe that the majority of the members have charged a day coming and a day going. That means a very serious annual inroad on the funds of the Council.

You have asked why I did not have the moral courage to move to have the matter investigated. The report that I furnished you with shows that, when I proposed to do so, the President declared that he would rule me out of order. What would you have me do? Heave a brick at the presiding officer, when he declares me out of order? Does moral courage require

that under such circumstances I should slug him, or accept his rulings? Which?

I shall get all the information that I can, and shall use it in the Council itself in the effort to correct any abuses which may have crept in. I believe that the Council will itself correct any abuse to which its attention is called. That is "the red herring" I "am drawing across the track"; that is my "little game," which you are so desirous of knowing. If it does not do so, it can be left to you, Mr. Editor, and to the profession to see to it that the necessary changes are made at the next election, in the personnel of the Council, which will put an end to any and all abuses.

You have been breathing forth vituperation and philanthropic offers to the Council. Here's a sporting offer to you of the dollars to doughnuts kind which should appeal to you. If I prove wrong in my belief that the Council will itself correct any abuses found to exist I will give you all information to which, as a member of the Council, I am entitled. If I prove to be right you will kindly repeat in extra large type the belief of your correspondent that I am a champion log-roller, and your own belief already publicly expressed that I am smooth—and very, very mild-mannered. I need your certificate that I am not the wild man-eating cannibal from Borneo.

JAMES MACCALLUM.

LETTER FROM DR. J. S. HART, MEMBER FOR WEST TORONTO
TERRITORIAL DIVISION.

Toronto, June 17, 1910.

To W. A. Young, M. D., Managing Editor CANADIAN JOURNAL
OF MEDICINE AND SURGERY:

DEAR SIR.—In the June issue of the JOURNAL, in your editorial on the finances of the College of Physicians and Surgeons, you quote a conversation with me. I am quoted as saying that to make public the details of Council finance would be embarrassing to me. I am warned also that I may be more embarrassed should I appear before my constituents with my reticence unexplained.

I placed myself in a very false light before you in that conversation if I did not make you understand that I had only one cause for hesitation in yielding to your request—consideration

for the proprieties of procedure. My embarrassment was not that I feared any disclosure regarding myself, but that, if there should be any member of the Council not wishing such information as you desired being published he should not be able to say that I had improperly, when the Council was not in session, divulged what, as an individual member, was not my right to make public.

I would like to say also that I conferred with those versed in parliamentary procedure, and was confirmed in my opinion that the proper course was to wait the next meeting of the Council.

I wish you every success in your effort to discover "who got it," and, notwithstanding the "fling" you took at me, I shall go on working toward the same end, but in my own time and way.

I should greatly appreciate the confidence of yourself and all my other constituents, but can only secure that regard by following my own best judgment.

J. S. HART.

W. A. YOUNG, M.D.:

Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—In the June number of the JOURNAL you make some very pointed remarks, and I mistake very much the temper of the medical profession in Ontario if they are not all very anxious to know where that twenty thousand dollars went to between the years from 1907 to 1909. At the same time it will be well to remember that the life of the medical profession in any Province is bound up in its Medical Council. And if an annual assessment of two dollars is not sufficient for the necessary and lawful expenses of this Council, let the annual assessment be increased. But before we go in for this increase is it not possible to very much reduce the expenses of this Council? We need not increase the fees charged to the students (God knows they are already heavy enough). But we can very materially lessen the expenses connected with the examinations. Unless as a position to a friend or a matter of graft the office of examiner is very much overdone. Some thirty years ago the examinations were

divided into primary and final. Why is it necessary to maintain this?

Mr. Editor, are the examinations in the primaries not very much uncalled for? Let there be four examiners who will examine on the four final subjects, viz., Medicine, Surgery, Midwifery and Hygiene. Cut out all the other subjects, and when a man has made his fifth year and is ready for his life work, with the diploma of his alma mater in his hand, let him pay all the required fees in a lump sum and come up for examination. Let them all come up to Toronto at the same date and be examined clinically and orally, thus saving the fees and travelling expenses of the balance of the thirty examiners who are now on the Examining Board.

The members of our Council tell us that the more technical subjects of the medical curriculum can only be successfully examined by men who are engaged in teaching those subjects. True, no doubt. Then why not accept the men who have received the approval of their universities? Are the universities less honest than individuals? The Council exists primarily for the benefit of the medical profession, but, if it does not go further an intelligent public may very much restrict its usefulness. Our charter is watched with jealous eyes, and if we once acquire the reputation of being grafters we will find that all our troubles are part of our own making. Yours truly,

W. J. DERBY.

Plantagenet, Ont., June 6th, 1910.



THE LATE DR. SECOND OF KINCARDINE

THE following tribute to the memory of the late Dr. Second, of Kincardine, appeared recently in The Toronto Star and is worthy of reproduction. The editorial is entitled "The Country Doctor":

"Up in Kincardine they are telling many a touching story about the big, kindly heart of Dr. Second, who died there the other day. They are thinking of a monument for him. It is remarked that 'he had no passion for making money, and no genius for saving it,' yet he was held in such esteem that the *Review*, offhand, is able to recall a baker's dozen of Kincardine boys who were named after him.

"The country doctor of the old type is a passing figure in Ontario, but his picture is enshrined in many hearts. To be sure there was nothing businesslike about these Doctor Seconds. They let their clothing run to seed. They had old-fashioned ideas. But their patients swore by them, and their relation to the families in which they ministered was more than that of physician; it was that of counsellor and friend. And often the counsellor and friend 'forgave' the debt that the physician had piled up.

"There were no automobiles then, and the roads were not those of to-day, but miles away a new life was to see the light, and the doctor went out through the storm. It is vain to conjecture what thoughts were his as he drove out into the night. He had much to think upon, for the secrets of a whole community were in his keeping, and he kept them well. He shared with man's Maker the knowledge of man's infirmities.

"It is all, in a limited sense, true of the physician of to-day. But the alert city doctor, with all his equipment of instruments and learning, with his modern methods, with his quick decisiveness, lacks, by the very nature of city life, that intimate knowledge of his patients which contributed so much to the old 'family doctor's' success. He prescribes, sometimes, over the telephone. His visits are hurried. He cannot know the life of his patients

as the Doctor Secords knew it. And all his training and resource and power of analysis may be foiled at the critical moment by the bit of history that he was never told.

"Dr. Secord, of Kincardine, was apparently a grand old man, very human, too outspoken, perhaps, but much beloved. The *Review* remarks that 'he kept up to the times so far as he regarded it as progress, but he refused to be stampeded by fads. He was not opposed to surgical operations as such, but you could depend upon this—if he recommended it there was nothing else left. He was vehement in his antagonism to the knife as a rule, but tolerant to its use as an exception.'

"In 'The Experiences of a Backwoods Preacher,' the Rev. J. H. Hilts reveals the kindly nature of the man:

"He attended me and my family during the nine years of our residence in that town, and when I would ask him about his bill he would turn off to some other subject, but before I left the place I told him I would like to know how matters stood between us. He said: "You owe me nothing; I am working my way to kingdom come by doctoring old ministers free of charge." I hope he may succeed in reaching that place; but I also hope that he may not find another "old minister," or young one either, that will draw as largely on his good nature and his science as I have done.'

"There could be no better monument to this and other Dr. Secords than the stories which are told of their faithfulness, their kindness, and their sympathy. Their methods were antiquated, their manners were sometimes rough, but their hearts were warm, and many there are who revere their memory."

THE DEATH OF PROFESSOR KOCH, THE EMINENT BACTERIOLOGIST

THE greatest bacteriologist of the age, in the person of Professor Koch, died on May 27th at Baden Baden from heart disease. There is no doubt that it is largely due to him that science rests to-day on a firm basis. Dr. Koch was born in Klausthal, Hanover, in 1843. He studied medicine at Göttingen, and prac-

tised at Rockwitz and Wolstein. It was in the latter place that he began his researches in bacteriology.

As early as 1876 he isolated the anthrax bacillus, and later proposed a method of preventing that disease by inoculation. In 1882 he discovered the tubercular germ, and next year, while chief of the German commission sent to Egypt and India to investigate cholera, discovered the cholera spirillum, or comma bacillus. In 1885 he became a professor at the University of Berlin, and prosecuted there his researches in tuberculosis. In 1890 the report got abroad that Dr. Koch had found a cure for consumption and physicians and patients flocked to him.

In 1905 Dr. Koch was awarded the Nobel prize for his achievements in physiology, and in the same year went to Africa to study sleeping sickness. He was the author of many works on bacteriology.



A GREAT VICTORY FOR THE M. J. BREITENBACH CO., MANUFACTURERS OF GUDE'S PEPTO-MANGAN

As, in the realm of logic, one fact is worth a thousand theories, so, in connection with the practice of substitution by the druggist, one concrete instance will more clearly convince the physician of the reality and prevalence of this evil than will many arguments. In Montreal, Canada, one H. E. Lyons, who conducts three retail drug stores, and who calls himself the "King of Cut-rate Druggists," has evidently been a persistent offender. Before a police magistrate of the city mentioned he was recently convicted of the criminal offence of attempting to obtain money under false pretences, in that he deliberately dispensed a preparation of iron and manganese of his own manufacture instead of Pepto-Mangan, which was plainly specified on the physician's prescription. The evidence in the case was so definite and conclusive that the presiding judge had no hesitation in finding the defendant criminally guilty. Much credit for this exemplary result must be accorded to Messrs. Leeming-Miles Co., Ltd., Canadian agents for M. J. Breitenbach Co., manufacturers of Pepto-Mangan, who obtained and caused to be presented the evidence necessary to bring about this conviction. It is to be hoped that the laws in the United States may be modified to conform substantially to those of Canada, and thus permit the prosecution and conviction of such offenders under the criminal statutes.

DR. DONALD ARMOUR'S SUCCESS

At the recent dinner in London, England, held by the Canada Club, the gentleman presiding was Dr. Donald Armour, still remembered by the students of the early nineties as "Don" Armour. Dr. Armour went through his course in medicine at Toronto, and then, after the custom of young Canadian medicos,

who can scrape up the resources, took a post-graduate course abroad. His success as a student was so phenomenal that England refused to part with him. He has practised his calling with ever-growing fame. His intellectual capacity is inherited, for he is the son of the late Chief Justice Armour, one of the most clear-headed and able jurists that this continent has produced. He was born at Cobourg, Ont., in 1869, and educated at Upper Canada College and Toronto University. He is entitled to append to his name "M.B., M.R.C.P., F.R.C.S." In 1904 he was appointed Arris and Gale lecturer at the Royal College of Surgeons, London, England, a most important position; and two years later was awarded the Jacksonian prize in surgery in the same institution. In 1908 he was appointed Hunterian professor in surgery at the Royal College of Surgeons. He is in frequent requisition as a consulting surgeon where intricate problems are involved, and is Surgeon to the National Hospital for the Paralyzed and Epileptic, to the Belgrave Hospital for Children, to the West London Hospital, and also to the King's Colonial Yeomanry. He married Miss Louise Mitchell, of Washington, D.C., U.S.A.—*Toronto Saturday Night.*



BOOK REVIEWS

Examination of the Function of the Intestines by means of the Test Diet; its application in medical practice and its diagnostic and therapeutic value. By PROF. DR. ADOLF SCHMIDT HALLE, A.S. Authorized translation from the second revised and enlarged German edition by Charles D. Aaron, M.D., Professor of Diseases of the Stomach and Intestines, in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. Philadelphia: F. A. Davis Company, Publishers. 1909. Net, \$1.50.

This second edition of the Test-diet in Intestinal Diseases is a decided improvement on the previous issue. It is enlarged from 91 to 126 pages, and instead of one plate with three figures we have three plates with fifteen figures.

In Prof. Schmidt's methods inspection is more relied on than any other method, and no complicated laboratory work is undertaken or required. There is nothing but any physician may do, as the methods are all simple.

Professor Schmidt draws many practical conclusions from his examinations, and we are sure this work will prove very useful when the physician is trying to work out problems connected with the stomach, liver, pancreas and intestinal canal.

W. J. W.

White Magic. By DAVID GRAHAM PHILLIPS. Illustrated. New York: D. Appleton & Co.

The author seems to be trying to play on a harp of one string. While his melody lacks variety, it nevertheless is "love's own sweet song," but a new setting. Those who cling to old melodies will not like it. Those who like a surprise will find this story a prize package.

W. A. Y.

Esquisses Cliniques de Physiothérapie (Clinical outlines of physiotherapy). Traitement rationnel des maladies chroniques. le Docteur J. A. Riviere. Bouchy et Cie., 11 Rue Hélène. 1910.

This work of Dr. Riviere takes its place among those publications devoted to the advocacy of natural therapeutics. He calls to the attention of his readers the fact that therapeutic agents are in fact nowise different from pathogenic ones; they differ only in their dosage. Therapeutic agents are physical, chemical, or biological. The first have been generally neglected in therapeutics. It is only in recent times that their utility has been recognized and their field of action enlarged; their employment to-day constitutes a therapeutic agency widely extended and of great importance. The work has for its object to render popular the personal ideas of the author, founded upon an experience of twenty years. Impressed by the universality of the law which rules in nature, he accords to the *vix medicatrix naturae* a role of great importance in cure. He argues that if in the normal state the human machine has a power to maintain health one should expect that when derangement occurs it would have power of elimination of residual products and toxins to permit the human machine to return to its normal state. Physiotherapy finds its explanation in the increased activity of normal cells; the waste products are set free from the system and the scavenger work is rendered active. Water and elementary activity are as necessary for the cure of chronic affections as they are indispensable in the treatment of acute maladies.

In a methodical manner this book brings together the views upon physiotherapy of which the author has been a pioneer. Eleven chapters set forth the therapeutic use of electricity, air, light, water, heat, movement. The fifteen following chapters treat the affections of infancy, of anemia, of pulmonary and cardiac affections, of arthritis, neurasthenia, obesity, arteriosclerosis, diseases of the digestive tract, of the skin and of the uterus. An important chapter is devoted to the physiotherapeutic treatment of cancer, and the volume closes with interesting considerations of the moral element as affecting disease.

The book is a fair representation of the modern view which tends to press drug treatment somewhat into the background and

to bring into the light the conditions which permit nature to assert herself by the removal of the barriers which prevent her normal action.

B. E. M.

Cancer of the Womb; Its Symptoms, Diagnosis, Prognosis and Treatment. By FREDERICK JOHN McCANN, M.D. (Edin.), F.R.C.S. (Eng.), M.R.C.P. (Lond.); Physician to In-Patients, Samaritan Free Hospital for Women, London; Lecturer on Gynecology, Medical Graduates' College and Polyclinic, London; Honorary President Section of Obstetrics and Gynecology, Fifteenth International Medical Congress, Lisbon, 1906. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Square, E.C. 172 pages and 46 illustrations.

Dr. McCann states that in this book he has endeavored to give a concise account of our present knowledge in regard to cancer of the womb, each type of the condition being illustrated by one or more clinical instances and a plate representing a microscopical section of the growth. The first chapter is devoted to a detailed description of the anatomical conditions present in the uterus. As regards the etiology, the majority of pathologists are now of opinion that cancer is a disease of the epithelium characterized by excessive and atypical growth, together with, in the later stages, an inflammatory reaction in the stroma of the affected tissue, and the various hypotheses which have been advanced from time to time in explanation of this epithelial growth are dealt with. In this connection the author protests against instruction of the general public in the early signs and symptoms of cancer, owing to the fact that it can only give rise to injurious mental disturbance, especially in women. Uterine cancer is discussed under the principal headings of "Cancer of the Cervix" and "Cancer of the Body of the Womb." Dr. McCann emphasizes the importance of a due appreciation of the initial symptoms of the disease in view of the fact that many cases may be cured if operation is undertaken at an early stage. In the chapter on surgical treatment of uterine cancer he describes supra-vaginal amputation of the cervix, abdominal total extirpation of the cervix, vaginal hysterectomy, and Schuchardt's operation. He advocates the extended abdominal operation as

practised by Wertheim and others, owing to the fact that the majority of recurrences are localized to the vaginal scar, and recommends that in future the upper half of the vagina should be removed in all operations for cancer of the cervix, whether undertaken by the vaginal or abdominal routes. The treatment of inoperable uterine cancer is then considered, and the book concludes with a chapter on the after-treatment of operations. Some of the plates illustrating the book are extremely good. It may be procured from the Canada Law Book Company, 32-34 Toronto Street, Toronto, at 40% discount.

Student's Handbook of Operative Surgery. By WILLIAM IRELAND DE C. WHEELER (Mod.), B.A., M.D. (Dub. Univer.), F.R.C.S.I.; Surgeon to Mercer's Hospital; Member of Council, Royal College of Surgeons, Ireland; ex-Demonstrator of Anatomy, Trinity College, Dublin. Second edition. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910. Crown 8vo; 296 pages; 157 illustrations. Price, 7s. 6d. net.

This book has been carefully revised and brought up to date, short descriptions and illustrations of several operations which were not mentioned in the previous edition having been added, together with about fifty new drawings. The book will prove useful to students who are preparing for the preliminary examinations in practical surgery.

H. A. B.

Anatomy and Physiology for Nurses. By LEROY LEWIS, M.D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. Second Revised Edition. 12 mo of 344 pages, with 161 illustrations. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, \$1.75 net. Canadian Agents: The J. F. Hartz Co., Ltd.

The second edition of Dr. Lewis' work has been considerably enlarged and thoroughly revised. It contains a great deal of useful material for nurses during their course of study. The author has very wisely made the text as simple as possible, and at the same time quite comprehensive in character, and we can heartily commend the book to both probationers and graduates.