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EDITORIAL

THE OSTEOPATHS ARE BUSY.

"Eternal vigilance is the price of liberty" has been familiar to the ears of all. This is true in a very special sense with regard to medicine. The profession of medicine has been looked upon as "anyone's games." We take this opportunity of calling the attention of the medical profession to the actual conditions that now exist.

Within the past few years many persons with little or no education in medical subjects have commenced practising various branches of medicine under various names. We have the optometrists, who look after refraction, we have the osteopaths, who are supposed to look after our bones, but really our spines, by which they reach the purse, and we have the chiropractors, who also look after the spinal column and those nerves which have wandered away from their proper places and have become physiological "vagrants."

The following advertisement is a good example of the claims put forth by a chiropractor; and we give it in full as it appeared in a leaflet that was scattered around:—

"Dr G. R. Baird, chiropractor. Ninety-five per cent. of humanity die forty years too soon, and all on account of not having the displacement in their spinal column reduced. You would never suffer an ache or pain, or experience a 'sick day' if your nerves were free to act and the only way these nerves can be released from deadly pressure is by unique hand adjustment. Which is a Ki-ro-prak-tic adjustment. Consultation free. 921 College St."

When an educated physician or surgeon reads the foregoing a somewhat similar feeling comes over him to that which the worthy divine felt when he passed a public-house and saw it named "Saint John the Divine's Hotel."

The public do not know any better than to believe this rubbish. We have known lawyers, business men, and ministers of the Gospel who have been carried away by the clap-trap of osteopathy, etc. They

thought that some of their nerves sneaked around the corner of one of the spinal bones, and took unto themselves new courses, and that in some mysterious way these rebels had to be "squeezed, pulled, or forced back into their own places once more." The painful part of all this is that such fraud is allowed to go on. If any merchant sold a child soft cheese for butter and charged for the latter he would speedily be taken up for fraud.

Those who were before the Committee of the Legislature, when the Osteopaths' Bill was up for consideration, will be able to recall the arguments of two lawyers. Hon. S. H. Blake argued for the osteopaths and Mr. Bradford for the chiropractors. The argument of Mr. Blake was that the osteopaths had been in practice for some years, were violating no law and had a vested right. The argument of Mr. Bradford was that the chiropractors were not seeking legislation and wished to be left alone. In a few years they will put up the same argument as that advanced by Hon. S. H. Blake, in behalf of the osteopaths, namely, that they have a vested right. It is in this way that these "irregulars" can creep in.

One more point. The medical profession has taken the high ground that it opposes such legislation on account of the good of the public. But in this the public does not always sympathize with it. Very many of the people, and often influential persons, wish the privilege of going to such "irregulars," and do not hesitate to say that they are doing a vast amount of good.

Some time ago a school of ophthalmology was incorporated. This school now has the power to give instructions on "ophthalmology," and issue diplomas. The country may soon be flooded with persons holding such diplomas who know nothing about the diseases to which the human body is heir, and who could not give any opinion as to how Bright's disease may affect the eyes.

In the same way the osteopaths may secure legislation, likewise the chiropractors. It is necessary for the medical practitioners of the province to be alert. They should take time by the forelock and interview the members of their districts and explain the true condition of things. In this way some very bad legislation may be prevented. Osteopathy and chiropractics are only massage and rubbing plus suggestion. Such things are as old as the hills. There is no doubt the Greek runners and wrestlers rubbed their legs. Massage is only one part of general therapeutics, and not a whole system of medicine.

It would be a most painful and humiliating experience, if, after the province, cities and individuals have given so much towards making medical education efficient, acts should be placed upon the statute

books that would permit almost any sort of uneducated persons to humbug the people with their brutally untrue statements about nerves being out of place and their ability to put these back into place again. It is the sacred duty of our legislators to avert this. Every one who wishes to treat disease ought to be compelled to take a full medical course. He may thereafter call himself an osteopath or a chiropractor, sobeit that he does not issue untrue statements to the public. When any one states that all our trouble is due to some trouble with the spine then he either wilfully or ignorantly utters a gross falsehood. This privilege should not be granted him. The Greeks said "A liar is hateful alike to gods and men."

A NATIONAL HEALTH DEPARTMENT.

We have often called the attention of the medical profession and the public to the advantages of a national health bureau. We do so again, and hope that the time is not far distant when this shall come into existence. We ever stood firmly in support of a National Medical Council and now we have one. This shows that the public are looking forward in the line of true progress.

We hope the time is almost at hand when Canada can boast of a Health Department. It is to be hoped that the Roddick of this great reform shall soon appear on the scene. To us it appears that the arguments are all one way, and that way is the affirmative.

In the first place there would be a definite plan running through the work of the health of the country. It is not feasible that the best results can come from a system where the Department of Agriculture and that of Indian Affairs and the Interior and Inland Revenue are all dabbling in health matters and spending money on it. This plan lacks definite purpose and unity of method. No great business would be conducted on such a basis.

Then, in the matter of economy, it would be much better to have one department. Duplication of effort would be avoided, and the direction of attention to those aspects of national health work most in need of consideration would be much more likely . For the same outlay of money more and better results would be secured. There should be one directing head, as in any great industrial or financial concern.

But lastly, and by far the most weighty argument, is that the health of the people is by far the greatest asset of a country. Taking the estimate of the Committee of One Hundred that each life on an average is worth $1,735, the total value of the lives fo the Canadian people would be $13,012,500,000. This is the larger asset by a good deal than comes

under any of the present departments. The same Committee of One Hundred spoke of the great loss to a nation due to sickness. We all know what a large amount of this can be prevented.

Some might think of the cost of a new department. This ought not to weigh for a moment. Prevention is far cheaper than cure. The death and sickness loss in Canada is greater each year than the National revenue; and out of this all the departments are maintained. Grant that the department in salaries, printing, travelling expenses and everything cost $100,000, the country would only require to avoid a mere fraction of its present death and sickness rate to save the whole amount.

This great advance must come. There is no time when it could come to greater advantage than now while the country is young, when it is in the developing age, when it is filling up with people, and when its national machinery is being installed. Let not the cry of provincial rights interfere. This horse in some respects has been ridden too far already.

THE WESTERN UNIVERSITY, LONDON.

This university is located in London, which is in the centre of the Garden of Ontario. The city now has a prosperous population approaching 50,000. For this university there is a great future. "Some are born great, some achieve greatness, and some have greatness thrust upon them," said Shakespeare. The Western University may be said to have been born great because of its location, already it has achieved greatness in the work it has done, and it surely has friends enough to still further thrust greatness upon her.

The City of London is now large enough and wealthy enough to make a large and prompt grant to the University. A city cannot have any form of industry that will do it so much good as a successful educational college with its professors and students living in it and lending a life to it that can come in no other way. Edinburgh and Heidelberg would be of little account without their seats of learning, and Toronto would rather give up her largest industry than her University and colleges that have grown up in connection therewith. So we hold that the City of London should come to the assistance of the University in her midst.

The scientific work of the University might well receive the careful consideration of the Provincial Government. In this regard what we say applies to all the universities in Ontario. They are all aiding in the great work of education, and should receive help from the province.

But the wealthy have their duty to perform. Those that have been fortunate enough to accumulate wealth should never forget that they owe certain obligations to the people among whom they have lived and with whom they have done business from which they have acquired riches. Let these learn the glorious "luxury of doing good." There are many citizens in London who have much influence with the people. These citizens could organize themselves into a committee for the purpose of raising funds. One thousand persons giving one hundred dollars would yield the handsome sum of 100,000, and so on with larger and smaller contributions. The whole thing only requires an effort. We have referred to this subject on former occasions, and do so again, because, at the graduation exercises this year, it was mentioned that an effort should be made to raise a million dollars.

FRAUDULENT ADVERTISING.

At the recent meeting for the Prevention and Control of Consumption, which was held in Toronto, Dr. F. F. Wesbrook, of the University of Minnesota, said some very severe, but very necessary, things about newspapers which insert advertisements of cures for many diseases, and especially for consumption. He condemned in the severest terms the misleading advertisements of charlatans and quacks. He said it was time people ceased to be drugged and murdered in this manner.

These views of Dr. Wesbrook must appeal to all thinking people as most timely. One need only pick up the daily newspapers to see to what an extent misleading statements are being made. This should not be allowed. Every one who puts forth a claim should be called upon by the law of the land to deliver the goods. No one is permitted to sell "shoddy" for broadcloth. Neither should he be permitted to sell some ordinary cough mixture as a "cure" for consumption.

This is a far more serious offence against the sick person than the crime of picking the pocket of a well person. We all remember the words of Shakespeare that "He who steals my purse steals trash," but when it comes to "filching from him his good name" the case was quite different. In the matter of health it is a most serious thing to mislead the sufferer so that he puts his trust in an impotent means of treatment, and, thereby, loses time. Who would forgive the expert who knowingly gave a false certificate of the soundness of a vessel about to go to sea?

CHINESE MEDICINE.

China has enjoyed the reputation of being the most conservative country in the world. We do not mean this in a political sense, but in the non-progressive sense. What she had she held. A bad custom was better than the change from it to a good custom. In fact, anything rather than that of making a change. This is now showing signs of giving way, and particularly so in medicine.

In the past centuries disease in China was regarded as the work of some wrathful and evil spirit. It was held in that country that ills of every kind were of supernatural origin, and the work of the physician was that of appeasing these angry spirits and finding charms for this purpose. Throughout China at the present day the people burn gold and silver paper with incense, and beat gongs and make noises with the view of warding off cholera, plague, etc., and frightening away malignant spirits.

Mystery has been one of the features of Chinese medicine. Nearly everything is a secret. Medicines have ben obtained from the most remarkable sources, and are often of a most disgusting character. But all this was for the effect of impressing the mind by way of the mysterious. The Chinese will not tell of the prevalence of disease in any locality, and the only way to find out is by noting the number of coffins sold, as they object to any registration of deaths or notification of sickness.

The Chinese in the past have kept secret the prevalency of any epidemic disease. It is in this way that some of the fearful epidemics have spread in the past and invaded other countries, causing terrible loss of life. The Chinese have strenuously resisted every attempt at notification and isolation of contagious diseases. It has been thought that any such thing would still further enrage the evil spirits.

But there are indications at the present moment that sweeping changes are about to take place, and the great awakening of the Chinese nation now in progress is likely to be followed by marked improvements in the medical treatment of the sick as well as in the prevention of disease generally. The educated Chinese are fully aware of the great superiority of Western medical and surgical methods, and during the recent revolutionary riots some of the lower classes had also occasion to view very favorably the surgical assistance given to them by the foreign medical men.

The number of qualified medical men in China with European or American training is on the increase. Several medical schools with

foreign professors have been set up in various places for the purpose of educating suitable natives in the science and practice of modern medicine and surgery.

HEALTH OF DIFFERENT OCCUPATIONS.

In the cities of Ontario there is now a good deal of data to show that clergymen are the healthiest, judged by the duration of life. Of twenty-eight who died during the year eighteen were over 60 years of age, and of these eighteen no fewer than fifteen were over 70. Eight of this group were over 80. There were twenty deaths among lawyers. Of these, twelve were over 60, and nine of the twelve over 70. Four were over 80. There were 25 deaths among physicians in th Ontario cities. Thirteen had passed 60, five of these were over 70, and six were octogenarians.

Gardeners, shoemakers, builders, carpenters, manufacturers, managers, school teachers, gave a good average. These occupations are evidently healthful. On the other hand, clerks, watchmen, laborers, government officials, painters, did not live so long, as a much smaller percentage reached 60. The average longevity of the housewife was very good.

More than one-third of all the deaths in the Ontario cities occur among children under 15 years. Over 20 per cent. of all deaths in the province was among children under one year. This means that of every eight born one will die in its first year. Much of this waste of life could be prevented. Means will, no doubt, be sought out to lower this death rate.

HOSPITALS, REFUGES AND ORPHANAGES OF ONTARIO.

The report of Dr. Bruce Smith for 1911 is to hand, and it reveals much increase and progress in the work done among these institutions. The numbers are 79 hospitals, 36 refuges, 31 orphanages, 3 homes for incurables, 2 convalescent homes, 2 Magdalen asylums, 29 county house refuges, 6 sanatoria for consumptives.

The total number of patients treated during the year were 58,098. There were 3,529 deaths, or a percentage of 6.07 of those treated. The total days in the hospitals were 1,1279,175. The provincial grant was $180,822.90, the donations amounted to $213,245.56, and the amount from other sources was $1,607,518.62. The grand total expenditure was $2,049,797.39. The average daily cost was $1.30. This latter is steadily

increasing. In 1900 it was 83 cents; in 1905 it was $1.13; in 1910 it had risen to $1.26, and last year it was $1.30. This is due to the cost of food and help steadily increasing. Better hospitals also demand better equipment.

The Government grant is at the rate of 20 cents a day for 120 days on all patients in hospitals not ten years in existence, and on-patients from the hospitals do not receive more than 70 cents a day when the hospitals have ben more than ten years in operation. For children from 1 to 12 years of age 7 cents a day is allowed.

With regard to sanatoria the Government makes a grant of $4,000 on the erection and satisfactory equipment of a sanatorium, and thereafter pays $3.00 a week on patients from whom the institution does not receive more than $4.90 per week.

The report refers to the new additions to the Western and St. Michael's Hospitals in fitting terms. Mention is also made of the satisfactory progress that has ben made on the new General Hospital.

Dr. Bruce Smith very properly denounces the process of hand-picking of cases that has been too much in vogue among hospitals. He takes the position that hospitals should make an effort to meet the needs of the sick, and that a consumptive should not be allowed to die in a hay loft, nor one with erysipelas in a fence corner. With this view we have always been in accord.

The local sanatoria for tuberculosis took care of 1,284 patients. There is much activity in this work, and a number of counties and cities have decided to erect sanatoria at an early date. Many sanatoria scattered throughout the province is the ideal plan. The death rate from consumption is given as follows per 100,000 of the population: Austria, 350; Servia, 275; Ireland, 215; Norway, 276; Germany, 185; United States, 167; England, 121; Ontario, 102. The figure for Ontario is bound to be materially reduced in the near future.

A VALUABLE STATEMENT ON TUBERCULOSIS.

At the recent International Conference on Tuberculosis there was a lengthy and able discussion on the place of sera in the treatment of the disease. Professor Gabriel Bertrand, of the Pasteur Institute, among other things, said:—

"Frankly speaking, the whole question must be taken up again from the base. Suppose that a serum is found that acts upon the Koch bacilli and that it has killed all the bacilli in an invalid. The day after everything will have to be begun over again. The invlid will

encounter these bacillia again at once and, at once, given a favorable medium, these bacilli will commence to develop again.

"In principle the problem consists in this: The study of a normal individual in whom the tuberculous bacillus does not grow, and of a consumptive individual individual in whom the bacillus flourishes, to compare the two, to establish wherein they differ and then to search a means of changing the one into the other.

"After the grand discovery of an anti-diptheric serum, it seemed for a time that the fatal era of microbes was at an end, that the ravages of the tuberculosis and cancer, etc., could at last be prevented. It seemed as if there was nothing more to do than to prepare, on the lines of Behring or Roux, a serum against each of these deadly germs.

"Unfortunately, these hopes have had to be greatly limited where a disease is due to a germ, that is so widely diffused that it is impossible to withdraw the medium in which it flourishes entirely from its access. Would it not be better instead of extirpating the germ again and again to work on the medium and make it unsuitable for the propagation of the germ?"

A DISGRACE TO TORONTO.

For some time the kindergarten class of one of the public schools has been conducted in the basement of the schoolroom of a church. The teacher of the class complained of the unhealthy condition of the room due to dampness.

Dr. John Noble, a member of the Board of Education, visited the said room and reported that "it was not fit for children to be in for six minutes a day, let alone six hours a day."

This must cease or some legal methods must be found to put an end to confining teachers and young children in such a room.

TORONTO AND THE CITY POOR PATIENTS.

At the recent session of the Ontario Legislation, an Act was passed that the Government grant would be paid on all patients from whom the hospitals did not receive more than $1.00 per day. This appeared to the Government a perfectly proper thing to do, and all who have any connection with hospital management will heartily approve of it.

The cost of hospital maintenance of patients is steadily increasing. For the whole province it was 83 cents in 1900, $1.13 in 1905, $1.26 in

1910, and $1.30 in 1911. This clearly shows the need for the increase. It is absolutely wrong for any municipality to place its pauper sick in hospital and for these at less than the cost of maintenance secure free medical and surgical treatment.

When the poor of the various municipalities are cared for at less than cost, the difference must be found somewhere. The income from private patients and donations is liable to be swallowed up to meet this loss, and the hospitals are kept in a state of chronic lack of money. This interferes with growth and improvement.

Municipalities must learn to do their duty in this regard. It is admittedly more costly to care for patients now than in years gone by. There is so much more surgery done, and dressings and special nursing entail a heavy outlay of money.

The municipalities must in future do more for hospitals than they have in the past. In this case of Toronto the city is escaping very easily only to be called upon to pay $1.00 per day for adult pauper patients, medical or surgical, and have no concern in the management of the hospitals.

THE OLD TORONTO GENERAL HOSPITAL.

There is an agitation to keep on using the old Toronto General Hospital after the new General Hospital has been opened. This we believe would be a very serious mistake. The building has long outlived its usefulness as a hospital. It is old, ill-arranged for medical and surgical work, and is a thorough fire-trap.

We do not object to the eastern portion of the city enjoying the privilege of hospital accommodation; this, we feel sure, is bound to come. We think the present site of the old General Hospital might be used. We are quite sure that the east end of the city would be best served by a new building.

Viewed from all aspects, we do not hesitate to express the opinion that the old General Hospital should not be continued as a hospital, but that a new building should be erected on a portion of the present site and used only for paying patients. This would meet the requirements of the east end and enable the medical men of that part of the city to have hospital accommodation. The present management of the General Hospital should keep control of the new building.

SAVE THE BABY.

Such is the heading of an eight-page pamphlet issued by the Health

Department of Fort William. The information contained in these pages is valuable and will prove a distinct help to mothers in the care and feeding of their infants. Dr. Robert E. Wodehouse is doing excellent work for his fellow citizens. The pamphlet deals with feeding, artificial foods, feeding bottles, care of foods, flies, the comfort of the baby, diarrhoea, and dangerous baby mixtures on the market. We cannot speak too highly of this distribution of useful information.

THE MEDICAL DEVOTEES OF HUNGARY.

One of the latest of societies is that named "The Medical Devotees." The object of this society is to further the ends of scientific medicine. Certain conditions are laid down for membership. The following are the essential conditions.

Members must be physicians or surgeons in good standing, they must be at least 60 years of age; they must be in fairly good health; they are not to be called upon to pay dues but may contribute voluntarily, and they shall agree to submit to experiment on scientific lines.

The management of the society is, so far as investigations are concerned, in the control of the National Medical Association. In the event of a member's death his body may be used for postmortem study.

MEDICAL SCHOOLS IN EUROPE.

Quite recently the Carnegie Foundation has issued a report on the medical schools in Britain, Germany, France and Austria.

The report is favorable to the character of the teaching given in these schools. It states that in all of them anatomy is taught in a dissecting room and disease by the study of sick people.

The first place is given to Germany for thorough methods in teaching and equipment. It states that there is a startling difference between the medical schools of Europe and many of those in America. In Europe the examinations are severely practical.

In Germany the law is very lax and quackery abounds, because any one may prescribe and sell medicine.

NEW HEALTH DISTRICTS FOR ONTARIO.

The Province of Ontario has been divided into seven health districts. There will be five of these in the older portions of the province and two in the newer. The Act permits of ten districts, but three are left in abeyance for the present, pending the growth in Northern Ontario.

ORIGINAL CONTRIBUTIONS

RHEUMATOID ARTHRITIS: ITS COINCIDENCE WITH VISCERAL PTOSIS, AND THE VALUE OF X-RAY IN DEMONSTRATING AETIOLOGY.

C. STEWART WRIGHT, M.B., RECENT GRADUATE OF THE ORTHOPEDIC DEPARTMENT OF CARNEY HOSPITAL, BOSTON, ASSISTANT SURGEON TORONTO ORTHOEPEDIC HOSPITAL.

IN presenting this subject I am willing to allow the term, Rheumatoid Arthritis, to be applied in a very broad sense as more or less representing the chronic arthritic conditions which have not a known specific origin and would cover, therefore, what is generally termed "chronic rheumatism."

Cause.—That various causes of these conditions have been presented is well known, the uric acid diathesis holding its sway for a time, neuropathic, traumatic, etc. Laterally the idea has more and more prevailed that these conditions are due to bacterial infections which have a slow, but continuous action, in contrast to the overwhelming action of similar elements in the acute diseases, such as typhoid, diphtheria, etc., of known organisms; in fact, this side of the aetiology has been so well established that I will not dwell upon it.

The foci of infection vary and we are all aware of cures or alleviations of this condition following treatment of chronic septic affections of the cranial sinuses, teeth, tonsils, bladder, uterus, appendix, gall bladder, etc.

As an example of one of these conditions figures 1, 2 and 3 illustrate one of the infectious, atrophic variety of ten years' duration, which was due to tonsillar infection, and which responded to the treatment of the cause so rapidly that ten weeks after this man, who had been bed-ridden for five years, was again upon his feet and able to leave the Hospital (Fig. 4). May I add that no anaesthetic was given, or force beyond massage and braces used in straightening the limbs.

Cure Depends on the Cause.—The response to the removal of the cause was spontaneous and rapid. Five months since treatment began the patient writes that improvement continues and that he is walking without supports. This is a definite case and illustrates what I believe to be true of practically all of these chronic joint diseases and of many other chronic diseases, namely, that their cause can be found in some source of infection or toxic absorption, bacterial or chemical, and that our ability to cure will depend on our search for, ability to find the cause and to remove it.

Value of X-Ray.—In many cases, such as these mentioned above, the cause may be very evident and easily removed; in many others after diligent search by ordinary means no such cause can be found. It is in such that the X-Ray as a means of examining the location and function of the viscera comes to our assistance and has been found as demonstrated by Goldthwait* to be a very valuable aid in determining

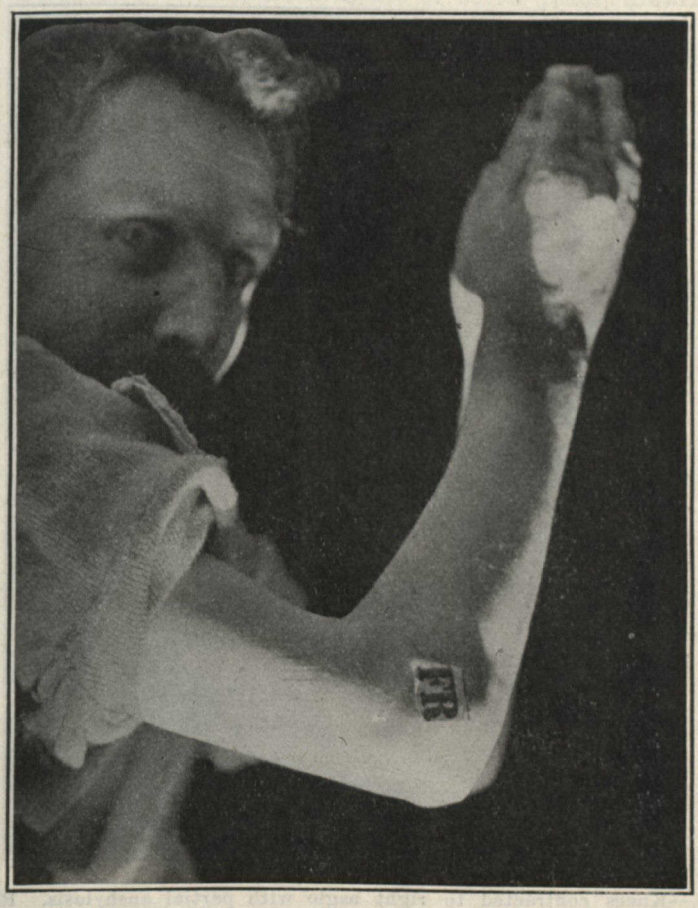

Fig. 1.—Elbows at right angles. Partial fibrous anchylosis.

the cause of many obscure cases. Since easily observed, known septic foci have been demonstrated as a causative factor in this disease we have not to draw on our imagination very strongly to suppose that if the intestinal tract is functionating badly it may act as a septic or toxic focus; in fact, many cases have responded very rapidly to treatment of the alimentary tract. I have in mind a patient shown me by Dr.

Painter, of Boston, whose joint trouble was a direct index to the amount of attention paid to the regularity of the bowels.

That the intestines should function to the best advantage it is necessary that they should be normal, or nearly so in position. In many obscure cases of chronic joint disease the viscera have been shown to be greatly out of place. Figs 5 and 6 illustrate a fairly normal

Fig. 2.—Knees contracted to right angle with partial anshylosis. Rheumatoid arthritis.

position of the stomach and colon. Figs. 7 and 8 show ptosis of the stomach and colon, and also represent cases of arthritis. Space forbids further illustration, but many more may be had by looking up the references.* By the same method as locating position, the function may also be tested, and almost invariably when malposition is present the function is impaired.

Explanation Cases.—1. In a case of Still's disease involving almost all the joints in a boy about twelve years old observed at the Massachusetts General Hospital, in which the stomach was shown to be in the pelvis, the bismuth meal would be found in the stomach sixteen to twenty-four hours after ingestion.

2. In the case of a woman aged thirty-five, observed at Carney Hospital, with severe atrophic arthritis of seven years' duration, the

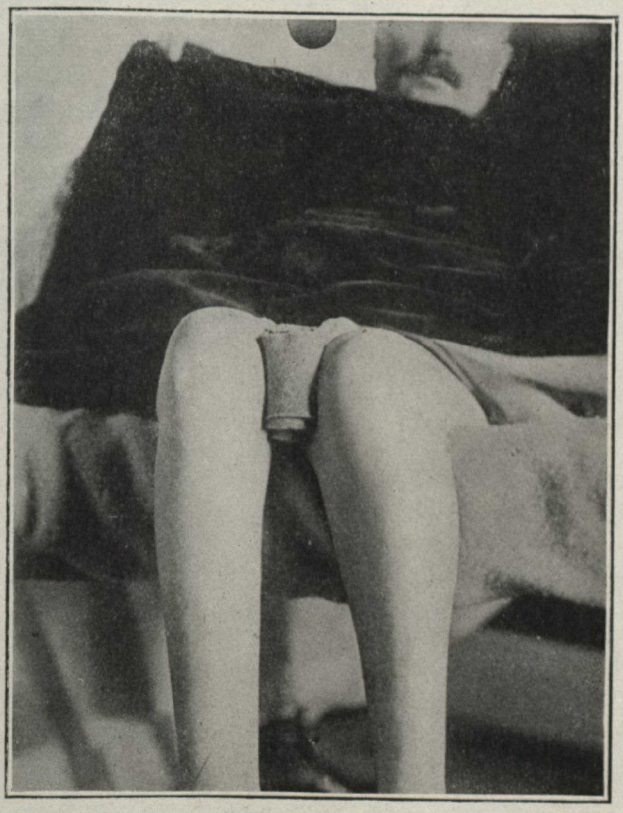

Fig. 3.—Showing marked adduction rheumatoid arthritis.

stomach was shown to be quite low in the pelvis. During the seven years, pregnancy had occurred three or four times with the result that after the fourth month the patient claimed always to have a marked remission of joint symptoms, only to return after delivery. Of course, it is argued, and perhaps generally accepted, that the physiological activities are greater during pregnancy, but since improvement came only after the third or fourth month it would seem that the mechanical effect of lifting the stomach into a better functional position was the

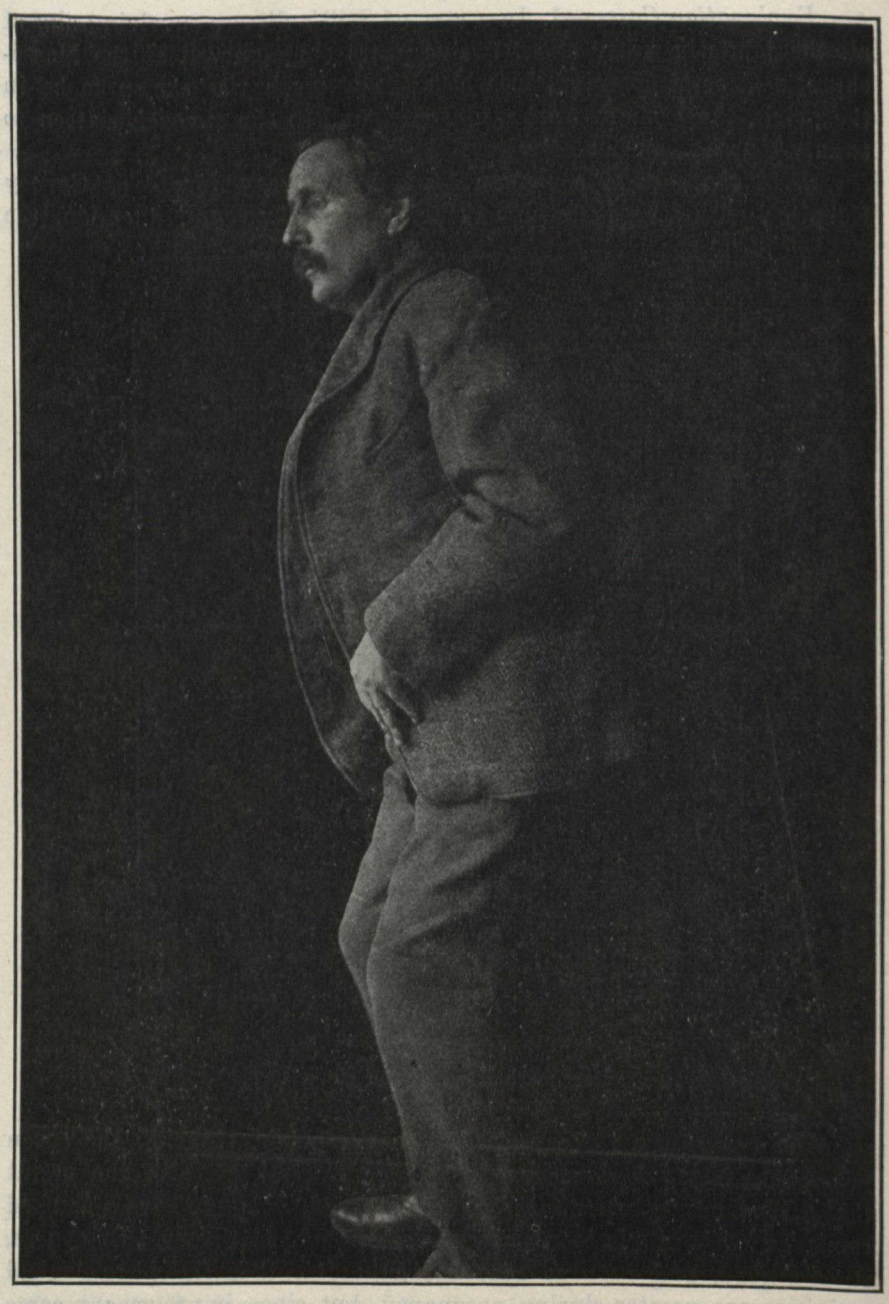

Fig. 4.—Ten weeks after beginning of treatment, same as Figs. Nos. 1, 2 and 3.

greater factor in effecting the remission. Also, in the treatment the adjustment of position after meals to properly allow the stomach to empty itself, produced, in less than two weeks a marked improvement, more noticeable to the patient than to ourselves; especially in the fine movements, and the use so gained in the hands and fingers.

It barely need be stated that food remaining in the stomach for so long a period would become a poison rather than a food, or should the mechanical obstruction or retardation be in the ilium or colon producing unnatural stasis with accompanying putrefaction or bacterial activity with possible ulcerative effects on the intestinal tract, could

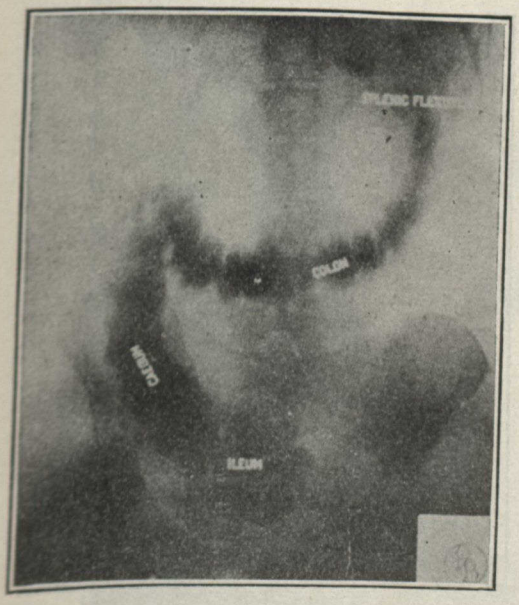

Fig. 6.

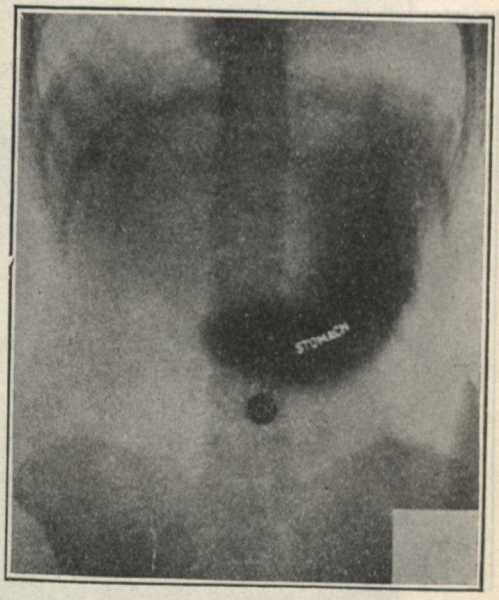

Fig. 5.

produce similar results. Just what toxine is produced may depend on the individual, the bacteria present, the part of bowel affected, etc., and just how the toxine affects the individual's tissues may be accidental. As intimated, many of these chronic diseases may be related in origin and the fact that the joints are affected in one, blood vessels, eyes, spinal cord, or brain in another, producing arteriosclerosis, cataracts, disseminated sclerosis, or mental deficiency may be no more easily explained than that alcohol makes an agreeable person of one individual and a lunatic or demon of another, or that peripheral neuritis follows its abuse in one, while an trophic or hypertrophic liver in another.

Relation to Other Chronic Diseases.—To illustrate further this rela-

tionship Figs. 9, 10 and 11 show X-rays of a case of disseminated sclerosis in a woman of thirty, of four years' standing, during which period two children were born, with the period of pregnancy showing a remission similar to the arthritic patient described. This, owing to the nature of the disease, is perhaps not of absolute importance, but is at least suggestive. Part of the stomach in the standing position (Fig. 10) comes below the brim of the true pelvis. No other active foci of infection could be demonstrated.

Experimental Arthritis.—It scarcely needs repeating that toxic absorption can produce arthritis from whatever part of the alimentary

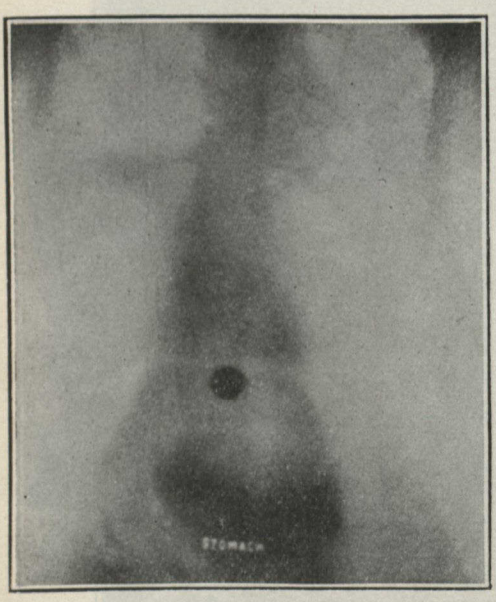

Fig. 7.

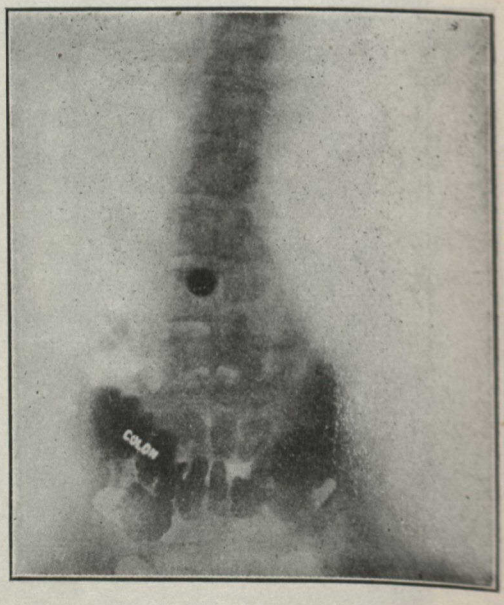

Fig. 8.

canal it may occur. The following history may be of interest: Patient, aged twenty-five, operated on for stiff hip of unknown origin, but not tubercular, became infected from a bowel discharge two days after operation. Reaction was very severe. Repeated cultures showed pure colon bacilli infection; blood cultures were negative. All the joints of the lower extremity and the elbows became severely painful. Pus discharged for months. The result was ankylosis of both hips and knees, ankles partially. After the local infection cleared up there was a constant tendency to improvement in the less affected joints. Both hips and one knee were stiff and one knee was beginning to bend when I last saw the patient six months ago. I understand improvemet since

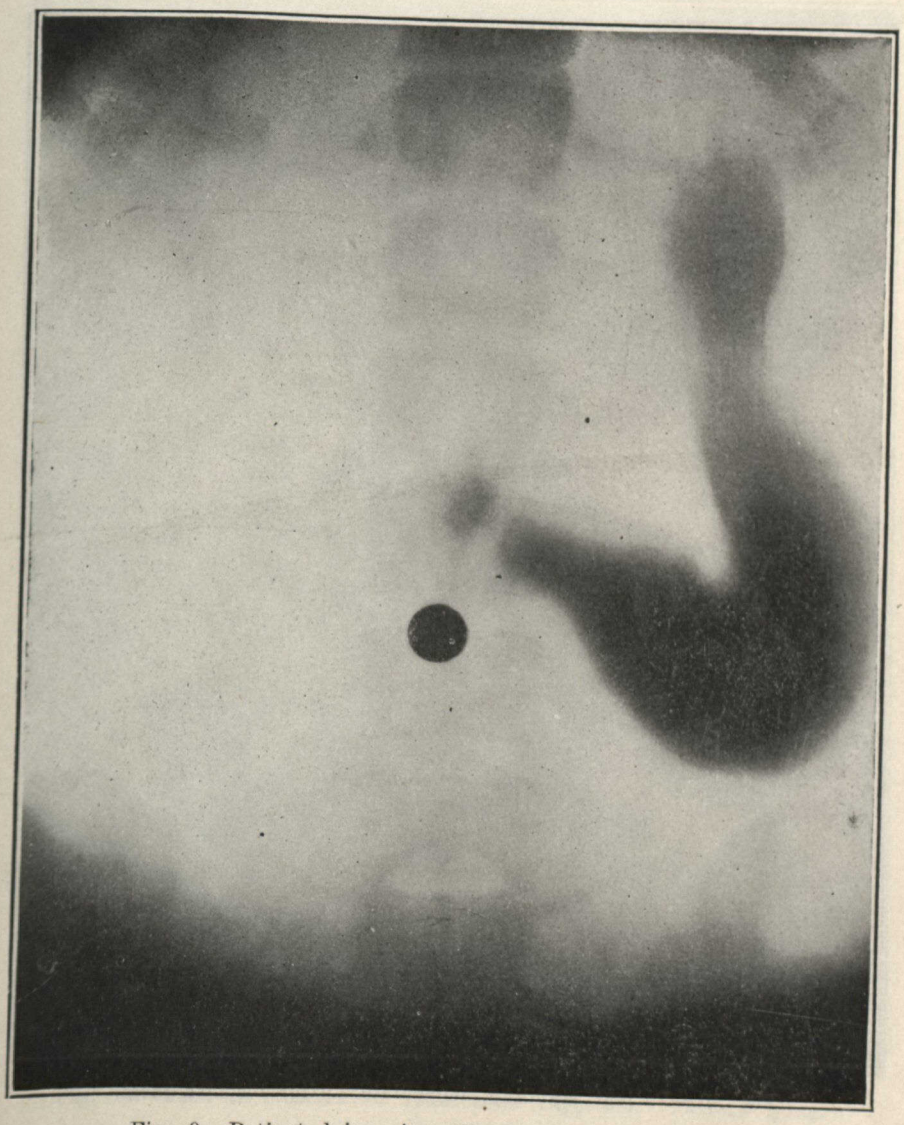

Fig. 9.—Patient lying, immediately after bismuth meal.

had been continuous. This case establishes two facts: first, that colon bacilli toxines will produce arthritis with ankylosis; second, when the cause is removed there is tendency to cure. Absorptoin from the bowel, of course, would be slow relatively to infection of this type in normal tissues, but I see no reason why the action should be different and the final result similar.

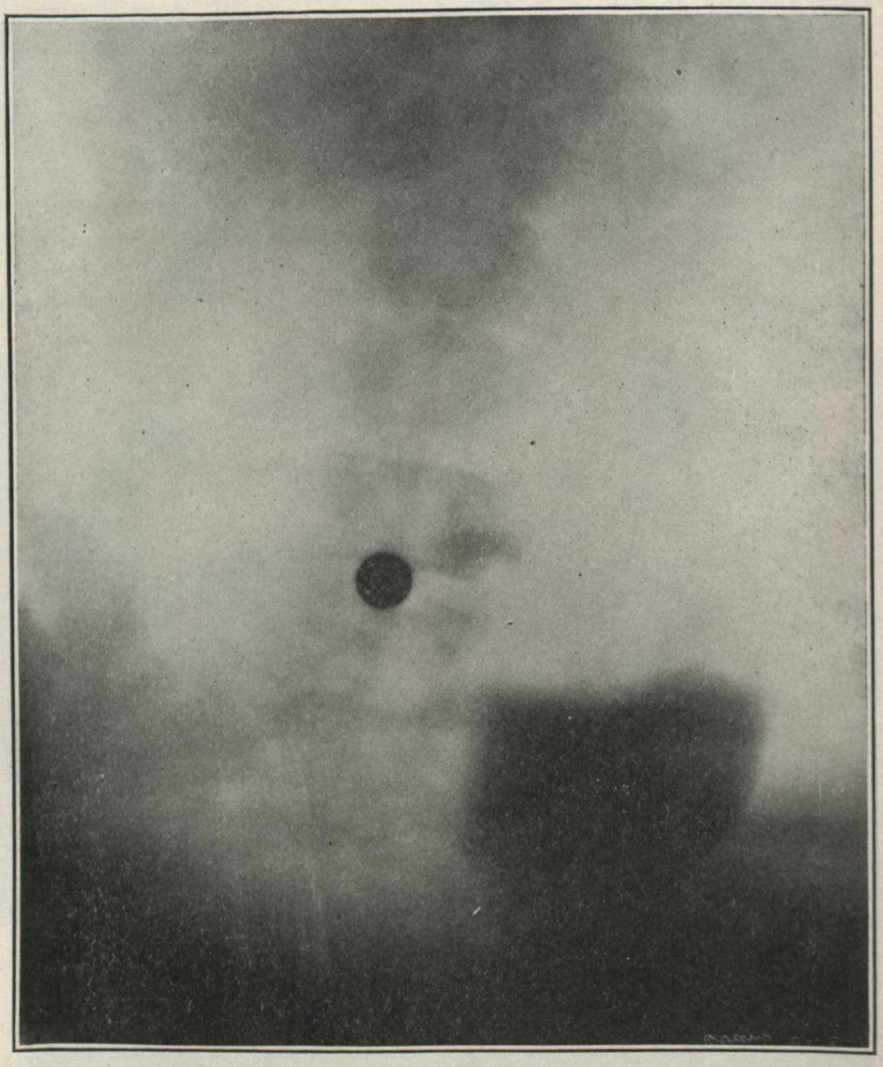

Fig. 10.—Patient standing, immediately after bismuth meal.

Cause of Ptosis.—This phase has been exhaustively presented by Goldthwait* so that it will be necessary to make but brief reference. In the first place, it is shown that faulty attitude alone, for example, in the drooped and round shouldered posture, will make at least two inches difference in the position of the stomach, as compared with the erect position. The effect is produced largely by the support given by the cervical fascia, having through the pericardium its attachment to

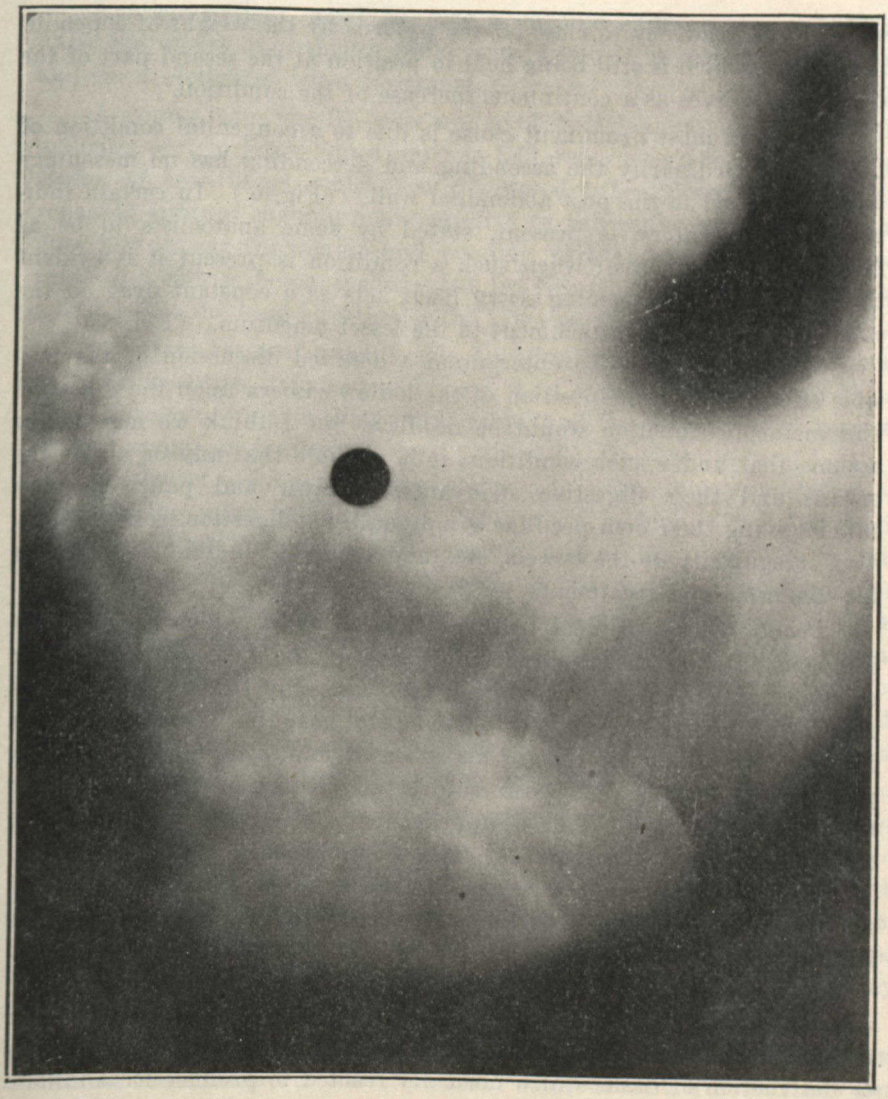

Fig. 11.—Food in stomach 12 hours after ingestion. Patient lying.

the diaphragm, and also to the laxity of the abdominal muscles in the stooped position. The stomach and first part of the duodenum have a messentery, which is partially moveable but the second part is ordinarily fixed. If the faulty attitude is persistent, or the abdominal muscles become relaxed, making deficient support the possibility of part of the stomach sagging so that part of the organ becomes lower than the natural outlet, is readily observed (Fig. 9). Then the accumulation

of food and tendency to close off the pylorus by the weight of a pendulous organ, which is still being held in position at the second part of the duodenum, serves as a continuous increase of the condition.

A second most prominent cause is due to a congenital condition of the colon. Ordinarily the ascending and descending has no mesentery and is attached to the post abdominal wall. (Fig. 6.) In certain individuals a mesentery is present, stated by some anatomists to be as frequent as one in five; when such a condition is present it is evident that the colon while coming down itself acts as a constant drag on the stomach, through the attachment to the lesser omentum. (Fig. 8.)

General Results.—To enter upon a detailed discussion of the possible effects of such malposition of the hollow viscera upon the digestive and metabolic function would be needless, but I think we may fairly assume that under such conditions it is possible that any or all of the organs and their digestive adjuvants, as liver and pancreas, may suffer, giving their own peculiar symptoms, as indigestion, colic, biliousness, irregularity or the bowels, etc., and requiring individual attention for diagnosis and treatment.

Peculiarities.—Clinical features of these cases, which are more or less constant, are the apparent innocence of the real septic foci; for example, in a tonsillar case—and the case illustrated (Fig. 4) is typical of many—the patient claimed to have no throat symptoms for ten years, being the time of his on-set of joint symptoms. However, previous to that he had been subject to frequent attacks of severe tonsilitis and quinsy. This disappearance of the local symptoms with the joint invasion in gonorrheal cases would seem a parallel condition.

The tonsils, of course, serve as guards to the infection from the mouth and in resisting infection are performing their function. The inflammation indicates active resistance to infection and apparently when the guards become exhausted, or for other reasons, a drain into the system becomes established demonstrating itself in an arthritis or otherwise, the local focus remains inactive. Whether this is due to loss or destruction of tissue which normally reacted to produce local inflammation, or due to the freedom of the avenue of absorption into the system is not clear.

Another fairly common observation in these cases is some history of a different type of tissue bearing the chronic affection preceding the on-set of joint disease; for example, patient, age 69, arithritis eight years, fairly constant with slight remissions, but progressive in general, worse in the winter and cold and damp weather. Previous to the on-set of arthritis had a chronic bronchitis for four years, subject to the same influences of temperature, which promptly disappeared with the on-set of arthritis and never returned.

Another patient, aged 50, was a chronic sufferer from headache until the on-set of arthritis four years ago. It is not a severe case, and she is delighted with the transfer.

A young man, age 27, now under observation, coincident with his arthritis of two years' duration has had rales over the intra-scapular region of both lungs, which was diagnosed tuberculosis. He has had repeated sputum examinations negative to tuberculosis. Physically he does not appear tubercular and pending further bacteriological examination, which is being investigated by Dr. G. W. Ross, I am of the opinion that the lung affection is the same as that causing the arthritis.

In severe cases of considerable duration the mental force is almost without exception impaired and more than once we have had to abandon treatment owing to this complication, and I mention it here because of its bearing on treatment.

Treatment.—From what has been said it is clear that remarks under this heading must be indicative rather than specific. The first indication is to establish a cause if possible, and as this may be a matter requiring considerable time and research the patient should be in a hospital as in this way only can we have proper control. This is especially important due to the mental impairment so often present as the patient can so much more easily be carried over periods of exacerbation which are certain to occur, before a final goal is reached. Beyond these principles each condition requires individual consideration.

The individual requirement will, of course, depend on the cause. A cause of abscess of the superior maxilla with operation and drainage resulting in a cure is reported by Goadly.† In the case illustrated (Fig. 4) removal of the tonsils was the principle means adopted with gratifying results. In cases of intestinal origin not responding to ordinary means, as laxatives, diet, lavage and enemeta, position and perhaps mechanical support to adjunct posture, Goldthwait* has had colotomy performed with entire relief of symptoms.

Other cases have responded very markedly to vaccine treatment and the indications are that this form of treatment will find a wider field in this malady.

Various forms of electrical treatment have in some cases been of decided advantage. nI correcting deformities, baking with electrical radiant heat, the Bier bandage, hot and cold fomentations, and massage with gentle passive motion, is of marked value, while various mechanical means applied depend upon the requirements; in fact, the whole basis of treatment so varies with the individual needs that no general line can be laid down and in the medicinal treatment this is particularly

true. However, from my own observations and study of the work of others I feel that it is time that this disease complex should be lifted out of the incurable class, as it is apparently at present so universally regarded.

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* Joel E. Goldthwait, M.D., and Lloyd T. Brown, M.D., Boston Medical and Surgical Journal, May 26, 1910.
The Cause of Gastroptosis and Enteroptosis with their Possible Importance as a Causative Factor in the Rheumatoid Diseases.
† Kenneth Goadly, D.P.H. The Practitioner, London, Jan., 1912.

THE INTERNATIONAL COLLECTIVE INVESTIGATION ON OZAENA.

BY D. J. GIBB WISHART, B.A., M.D., C.M., L.R.C.P., LOND.,

Surgeon for Diseases of the Throat and Nose and Ear, Toronto General Hospital.

(Read before the Ontario Medical Association, May, 1912.)

OZAENA, the disease characterised by slow development and leading to atrophy, crust formation and foetor, without ulceration, at the present day remains a mysterious disease, in spite of much laborious work by eminent investigators.

Numerous hypotheses, instead of serving to elucidate, have led to confusion of ideas which greatly hinders definite research. It has become more and more evident that we lack an essential basis, and that certain fundamental questions must be solved before we can enter upon the further study of this difficult subject.

Our numerous bacteriological investigations have no foundation on which to rest until the infectiousness of ozaena is established.

The many ingenious attempts to represent ozaena as having the characters of an inherited constitutional disease are valueless as long as the hereditary transmissibility of ozaena is unproved.

Infectious or hereditary? To this question laboratory research has vouchsafed no reply, nor has clinical observation of the individual yielded important proof relative thereto.

A comprehensive question such as this is not to be settled by the examination of single individuals, but by dealing with them collectively. We must study ozaena as a disease of the people.

In the above words Professor Alexander of Vienna appealed last September to the Third International Laryngological Congress in Ber-

lin, which the writer had the honor of attending as a delegate from the Canadian Medical Association, with the result that not only was the collective investigation ordered, but it has since been thoroughly organized so far as the continents of Europe and North America are concerned. The task for Great Britain and her overseas dominions has been placed in the hands of Dr. Brown Kelly, of Glasgow, who has associated with himself Drs. St. Clair Thompson and Logan Turner. All three of these attended the gathering of the British Medical Association in this city a few years ago, and in their hands the work will be well done.

This British National Committee has placed itself in communication with the various provinces of our Dominion and appointed certain representatives. Dr. Birkett of Montreal has charge of the investigation for Quebec and the Maritime Provinces, Dr. Prouse for Manitoba, Dr. Boucher for British Columbia, and the writer for Ontario.

Each organizer is allowed to appoint a small sub-committee and instructed to conduct examinations in all schools, orphanages, institutions for blind and deaf mutes, homes for incurables, hospitals, lunatic asylums, sanatoria for consumptives, creches, military barracks, and all other institutions containing large numbers of persons.

It is hoped that in the above way the co-operation of such a host of workers will be secured, that the investigation will result in clearing up the difficulties referred to in the words already quoted from Professor Alexander.

Assistance will be welcome from every medical man who is desirous and capable of taking part in the work, or who has material bearing on the subject, and particularly from the medical officers in charge of the various institutions.

The next Congress will meet in Copenhagen in 1915, and the Central Committee are desirous that all reports should be in their possession within two years from now.

Dr. S. M. Hay, after his return from his holidays, will limit his work to surgery and consultations.

A CURIOUS CASE OF MONOCULAR DIPLOPIA.

BY G. STERLING RYERSON, M.D., C.M., L.R.S.C.E., F.R.S.A. LOND., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN THE MEDICAL FACULTY, UNIVERSITY OF TORONTO.

DIPLOPIA is by no means rare. It arises from paralysis or paresis of ecular muscles. The following case of diplopia in each eye is in my experience quite unique. A lady consulted me on August 5th, 1891, for diplopia. She had a convergent strabismus of one line and partial paralysis of the left external rectus of some standing. Vision normal. She suffered from muscular rheumatism and after a course of salicylate of sodium it quite disappeared. She returned on June 12th, 1912, nearly twenty-one years later, complaining of confusion of vision. Tests showed her vision to be, right eye, 15|40, left eye, 15|70, *but with the right eye she sees a double row of test letters downward and to the left and with the left eye a double row upwards and to the right.* In other words she has monocular diplopia in each eye. The diplopia disappeared with plus one glass for each eye. I can only account for this curious condition by supposing that there is some unusual condition of the media. The ophthalmoscope shows no change in the lens nor in the media nor in the fundus. Examination with phorometer shows one degree of left exorphoria.

Sir James Crichton-Browne, in his Presidential address to the Child Study Society at the University of London, said: In woman the posterior region of the brain receives a richer flow of arterial blood, in men the anterior region. The work of the two regions of the brain is different. The posterior region is mainly sensory and concerned with seeing and hearing. The anterior region includes the speech center, the higher inhibitory centers, which are concerned with will, and the association centers, concerned with appetites and desires based upon internal sensations.

There is, Sir James thinks, a correspondence between the richer blood supply of the posterior region of the brain in women and their delicate powers of sensuous perception, rapidity of thought, and emotional sensibility, and between the richer blood supply of the anterior region in men and their greater originality on higher levels of intellectual work, their calmer judgment, and their stronger will.

CURRENT MEDICAL LITERATURE

MEDICINE.

UNDER THE CHARGE OF A. J. MACKENZIE, B.A., M.B., TORONTO.

TREATMENT OF PASSIVE CONGESTION OF THE LIVER.

Vires (*Journ. des prat.*, 1912, xxvi) draws attention to this condition under the following headings: (1) Symptomatology: Congestion of the liver as a result of heart disease is of two forms—(*a*) congestive, (*b*) sclerotic. The first terms shows itself by a systole, increase of venous tension, oedema, anasarca, serous effusion, yellowish tint of skin, dyspnoea, and pain in the right hypochondrium. The liver is enlarged, and in some cases pulsation of the liver synchronous with the cardiac systole can be felt at the right costal margin; the jugular veins are frequently dilated. All these symptoms may disappear with local or general blood-letting and the production of diarrhoea. In the sclerotic or cirrhotic form the patient is often an old cardiac case, frequently tuberculous or syphilitic, and always alcoholic. The abdomen is enlarged from ascites, the veins dilated; the liver is hard and enlarged, the spleen moderately hypertrophied. Pains radiate to the shoulders and often cause insomnia, and death results from cachexia, as a result of cardio-hepato-renal inadequacy. Death may result from haemorrhage passing into a typhoid state. Certain clinical forms have been described: (*a*) Hepatic asytole of Hanot, dependent on mitral disease. There is no oedema of the lower limbs or fluid in the abdomen, no albuminuria, but simply a feeling of heaviness in the region of the liver, which is enlarged and painful. Dyspnoea is usual, and numerous crepitations are found at the base of the lungs. (*b*) Rheumatismal adherent pericardium. If the right auricle is fixed by adhesions it dilates; the venae cavae enlarge, and icterus, ascites, and dyspnoea arise. (*c*) Tuberculous type. Cardiac and hepatic adhesions result, the peritoneum becomes affected, and effusion forms. (2) Etiology: Mitral disease, myocarditis, pleural adhesions, bronchopneumonia, pulmonary seleroses. (3) Anatomy (*a*) Congestive Type: The liver is enlarged, darkish in color, and on section blood exudes in abundance; the portal areas are intact. (*b*) Cirrhotic: The liver is enlarged and hard, and creaks on section, and abundance of blood escapes from the veins. (4) Treatment: In the congestive cardiac form the venous tension should be lowered by local or general blood-letting, and drastic purgatives employed. Rest should be absolute, both physical and mental. According to the severity of the symtoms, boiled water and then boiled milk

and water, and finally milk, should be drunk. After these remedies had ben employed digitaline should be given for three consecutive days in doses of 1 mg. the first day and ½ mg. on the two following days. A large amount of albuminuria is the only contraindication to digitaline. Theobromine (1.50 gram in three cachets per diem) should be given for its diuretic effect. The function of the liver being in abeyance, large intestinal lavages of boiled or alkaline water should be employed. In the cirrhotic form, the specific cause—as syphilis, tuberculosis, and alcohol—should be appropriately treated. When ascites has developed to a serious extent puncture is indicated. Digitalis is not often necessary, but may be given in pills, three a day, each pill containing 0.10 gram of aqueous extract of ergot, 0.10 gram of powdered quills, 0.25 gram of calomel, and 0.25 gram of powdered digitalis. —*British Medical Journal.*

THE LAST ILLNESS OF LORD BYRON.

There is no doubt that the literary estimation by the public of Lory Byron's work was for many years depressed and vitiated by a moral judgment on his character. It is only within our own times that as a poet and an artist he is coming into possession of his own. We are not altogether in favor of pathological analyses of the world's great men, but in the genius of Byron there was undoubtedly a morbid element. In his case, therefore, a reverend and scientific examination from the pathological point of view may help us to a juster appreciation. Dr. John Knott attempts this task in an article in the January number of the *St. Paul Medical Journal.* The autopsy on Byron made by Drs. Bruno and Millingen showed that he had suffered from a marked chronic lepto-meningitis. The *dura mater* was very thick and firmly adherent to the bone; its vessels were unduly large, the cranial sutures were obliterated, and the two tables united into one. The heart was thin and flabby, like that of an old person. From Major Parry's description of Byron's last illness, as quoted by Dr. Knott, there seems to be little doubt that the medical treatment he received was ill chosen. Suffering from a low fever, with a body and mind exhausted from a hard and strenuous life, he was bled and bled again, till he died of sheer exhaustion. Of how many was this the tale if the medical history were only known! The meningitis, obviously of long standing, seems to furnish sufficient explanation of the poet's violent headaches, his occasional outbursts of temper, his morbid view of life. "Poor Byron!" as Lady Blessington said.—*Medical Press.*

PARATHYROID GLANDS.

N. Ginsburg, Philadelphia (*Journal A. M. A.*, June 1), discusses the possibility of the removal of the parathyroids by confusing them with the closely contiguous lymph-nodes and the dangerous conse quences that might result when removing one or more lobes of the thyroid. The lymph-nodes are numerous in that region and the positive recognition of a parathyroid by its separate arterial twig no longer holds true since numerous lymph-nodes are similarly provided with vessels springing from the inferior thyroid artery. This is especially true in the case of the small pretracheal lymph-nodes lying just below the lower poles of the lobes of the thyroid gland, and he illustrates this in his paper. A magnifying glass is aften necessary to facilitate the recognition, even with the employment of colored injection fluids to distend the smaller blood-vessels. It is really not so important, he thinks, that they should be recognized and isolated during surgical operations on the thyroid gland, as a knowledge of their usual position would prevent interference with them. The rarity of postoperative tetany in the practice of surgeons who have operated on a large number of goiters is clinical proof of this. The necessity for immediate auto or heterotransplantation is therefore rather remote with the impossibility of recognizing an excised parathyroid at an operation, its identification being certain only after careful histologic examination, emphasizes the futuility of attempting to reimplant the gland. The failure of tetany to develop in cases of total thyroidectomy with ligation of both thyroid arteries has been already before explained by him on the basis that existence of an anterior and posterior pharyngeal arterial anastomosis sufficed to preserve the vitality of the parathyroid. Some of the lymph-nodes found contiguous to the thyroid gland have given evidence of tuberculous involvement and it is not unlikely that tuberculosis of these lmphoid structures may have been confused with a similar pathologic state reported as occurring in the parathrolds.

SOME RESULTS OF HEREDITY.

Like generates like. The son inherits the good and evil traits of the parent and of the parents' parents even unto many generations. While the instances to prove these facts are too numerous to mention, it may be well to quote some of the more striking.

Dr. Havelock Ellis has described a German family, of whom 834 persons were known to have been descended from a physically strong but mentally weak, drunken woman. The very large majority of these

persons were prostitutes, drunkards, tramps, paupers and criminals. Some were murderers, and to support this horde of undesirables the German Government has been put to an expense of more than $1,250,000.

Most physicians are familiar with the notorious Jukes family, 130 of whom have been convicted of crime. The cost of this family to the country has been considerably in excess of $1,000,000.

Heredity fortunately is not all of the degrading type. Of the many splendid examples of the beneficence of transmitting good traits to posterity one is found in the descendants of Jonathan Edwards, not one of whom was ever convicted of crime and most of whom have occupied positions of honor and trust.

For the sake of comparison we append two tables as object lessons:

Max Jukes. (Born 1720.)	Jonathan Edwards. (Born 1703.)
1,200 descendants identified.	1,394 descendants identified.
300 in the poorhouse.	295 college graduates.
300 died in childhood.	1 Vice-President.
440 viciously diseased.	3 United States Senators.
400 physical wrecks.	12 college presidents.
50 notorious prostitutes.	65 college professors.
7 murderers.	60 physicians.
60 habitual thieves—averaged 12 years in jail.	100 clergymen.
	75 army and navy officers.
	60 prominent authors.
	100 lawyers.
	30 judges.
	80 public officeholders.

We know of no better proof of the need for the adoption of stricter marriage laws.—*Medical Times*, June, 1912.

LUNG VENTILATION DURING CHLOROFORM NARCOSIS.

Buckmaster and Gardner, investigating this question through the aid of plethysmographical experiments in cats, show clearly that the initial effect of chloroform is to produce a marked diminution in the average depth and generally a slight increase in the frequency of respiration. Subsequently the depth of respiration becomes constant at a lower level. The cessation of respiration, which is an initial danger point in chloroform anesthesia, and may result in death, is the direct effect of deep and rapid respiration prior to anesthesia, and the higher

the percentage of the drug administered, the more likely it is to occur. This can be rendered negligible by a low percentage of chloroform, though the authors believe that some trace of an initial danger point is rarely absent. They ascribe the cessation of breathing on administration of chloroform after deep and rapid respiration to the diminished carbon dioxide content of the blood which the latter entails, the chemical stimulus necessary to keep the respiratory centre in activity being thereby reduced. The effect of the anesthetic would be, in addition, to reduce the excitability of the centre to carbon dioxide, so that the quantity of this gas, even after a minute or two of reduced respiration consequent on the administration of the drug, would not be sufficient to maintain respiration, which would accordingly cease. In support of this hypothesis the author's present experiments showing that with a deep and rapid respiration the carbon dioxide content of the blood is much less than with normal lung ventilation. Animals allowed to recover partially from chloroform (to the point when reflexes are well marked and voluntary movements begin), but with their lung ventilation still at a low level, show apparently an increased tolerance to the drug, the initial effects on the respiration, upon resuming the chloroform, being much less marked, even with very high percentages of the drug, that at the first induction of anesthesia. The view having recently been expressed that during chloroform narcosis the blood retins unimpaired up to the time of death its normal capacity of absorbing oxygen, and that if the amount of this gas diminishes in the blood, the decrease is solely due to the slowing of the respiration, the authors undertook to settle this point definitely. Upon measuring the gas content of the blood before and during anesthesia they found the fall in oxygen content during the second stage of anesthesia to be about forty per cent., and in the initial stages often even greater than this. The hemoglobin is thus only partly saturated with oxygen during narcosis, the amount present indicating an oxygen tension in the blood of 45.5 mm., as compared with 99.49 mm. in the normal cat. Further experimentation showed that during narcosis diminished respiration alone does not reduce to any noteworthy extent the oxygen content of the blood. The authors therefore conclude that the diminution of oxygen content is not mainly due to diminished respiration, but to the action of the drug on the red corpuscles. They had already demonstrated and recorded the fact that as much as ninety-seven per cent. of the chloroform in the blood may be associated with the red cells.

HAEMOPTYSIS AND ITS SIGNIFICANCE.

Dr. John B. Hawes, of Boston, who is connected with the Massashusetts Hospital for Consumptives, concludes his article in *The Boston Medical and Surgical Journal* of 16th May as follows:—

1. At the Out-Patient Department of the Massachusetts General Hospital from July, 1903, to Jan. 1, 1912, 114 patients came to the hospital because of hemoptysis.

2. Of these 114 patients, 9 were children fifteen years old or less. In 6 of these pulmonary tuberculosis was considered to be the cause of the bleeding.

3. Seventy-eight patients, or 68.3 per cent. of the total number, were either strongly suspected or proven to have pulmonary tuberculosis.

4. Of these 78 patients, 11 were at once admitted into the hospital on account of active hemorrhage while in the out-patient department. Here they were given careful study, treatment and advice.

5. Twenty-eight of these patients, or 35.8 per cent. of the total number diagnosed as pulmonary tuberculosis or strongly suspected of having it, never returned and thus received no adequate treatment for their condition.

6. In order to properly handle patients with pulmonary tuberculosis, or patients suspected of having it, in large out-patient clinics or dispensaries, there should be a special department devoted to this work.

7. The general practitioner should bear in mind that unless there is definite evidence to the contrary and a source for the bleeding found in the gums, throat, nose or elsewhere, a hemorrhage from the mouth means pulmonary tuberculosis and should be treated accordingly.

MEDICAL TREATMENT OF SCHOOL CHILDREN.

The British Government are taking a new departure this year by the introduction into the estimates of a provision of £60,000 for the medical treatment of school children in England and Wales, and a circular explanatory of the objects aimed at has been issued by the Board of Education. The work in respect of which grants will be made may be described generally as preparatory to, or associated with, medical treatment, including the "following-up" of defects, discovered at the inspection, with a view to securing treatment by voluntary or other agencies. While grants will not be payable in respect of routine

inspection, the Board will, in assessing the grant for treatment, take into account the character, completeness and efficiency of this part of the work. The fact that any considerable proportion of the children in an area are not inspected will alone disqualify for a grant. It is urged that the medical officer must pay more frequent visits than is at present usually the custom, and emphasis is laid on the necessity of the routine inspection being held at the school and in school hours, and of a full record being made of each child, whilst children found defective and spinal cases are separately noted. The question of providing treatment disclosed as necessary by examination is now exercising the minds of many local authorities anxious to carry their work to its logical conclusion. They are all hampered by lack of funds; the burden upon the rates is becoming intolerable, and private subscriptions are inadequate. The Government may, of course, supply funds from imperial resources, but it is evident that a sum vastly exceeding the present grant will be needed if the task is to be carried through with anything like completeness.—*Medical Press.*

THE PROBLEM OF THE PREVENTION OF INSANITY.

Dr. August, Hoch, of Ward's Island, read a paper with the above title at the Medical Society of the County of Kings. He pointed out that very often the necessity for doing something to prevent insanity was painted in rather strong colors, and that the statement was made that there was a rapid increase of insanity. Such an actual increase is by no means proven, and it is extremely unlikely that a progressive inheritable degeneracy would go on at a rate indicated by the increasing admission to the hospitals. But these are reasons enough why we should take as active measures as possible. Even conservatively speaking, at least 20 to 30 per cent. of the cases admitted to the hospitals are due to syphilis and alcohol. Both of these causes are theoretically manageable, though much ignorance, prejudice and selfishness stand in the way of practical management. In the other psychoses the problem is less simple. Though physical causes, such as bodily diseases, unhealthy living, over-exertion, are all of some importance, yet by far the greater weight should be placed on mental causes and constitutional abnormalities. In order to understand this in each case, much study which goes below the mere surface is needed. General rules of prevention are difficult to give; individualization is necessary, and a much greater responsibility must be developed in the physicians towards slighter mental abnormalities which are often danger signals; and in

general, the physicians should take mental symptoms, wherever they occur, much more seriously than they do at present. A mental breakdown not infrequently represents merely a final break in the compensation which more often than is commonly supposed could have been avoided. Heredity is, of course, important, but over it we should not lose our faith in the possibility of training, and in this direction, particularly, the importance of childhood, during which the reactions are essentially formed, is too little considered; and not the least important factor in the training of childhood is the correct shaping of the sexual instinct which naturally must have its beginnings with birth and not only puberty as is commonly assumed. All this can only improve when medical schools recognize their duty in the direction of proper training of physicians by giving instruction which is guided, not only by a desire to teach the diagnosis of some forms of insanity, but by the wider aspects of the mental health of the community.

LA COMPRESSION INSPIRATOIRE DU THORAX.

Prof. Mouriquand, of Lyons, is *Progrés Medical*, 20th January, gives a very instructive paper on a useful method of palpation of the deep inspiration, and by pressure over the upper part of the thorax. This original method, which Prof. Mouriquand has carefully controlled with the X-rays, enables the physician to palpate the spleen, the liver, and even the kidneys, with much more accuracy than the ordinary clinical methods of palpation. In women the downward movement of these organs, during deep inspiration and compression of the thorax, is much more marked than in men, but both in men and women Prof. Mouriquand's method gives useful data which cannot be obtained by the classical methods of palpation.

SURGERY

UNDER THE CHARGE OF A. H. PERFECT, M.B., SURGEON TO THE TORONTO WESTERN HOSPITAL.

THE SURGICAL TREATMENT OF GASTRIC ULCER.

Dr. W. D. Haines, of Cincinnati, said that one of the principal phases in the surgical treatment of gastric ulcer was the adoption of some plan which would effectively relieve the distress of the patient, free him from the handicap of ulcer symptoms in his wage earning capacity, and diminish his chances of becoming a subject of cancer of the stomach. In a limited experience with the recurrence of symptoms after operation for gastric ulcer, he was wholly unable to distinguish

at the time of operation the type of ulcer which would be cured and remain cured by a gastrojejunostomy from the type to whcih this operation would afford but brief relief from ulcer symptoms.

Removal of the ulcer bearing area, as recommended by Rodman, while in many respects an ideal operation, carried a prohibitive mortality and had not been generally accepted by the profession as the best method. Excision of the individual ulcer, in conjunction with gastroduodenostomy or gastrojejunostomy, was an operation that was rapidly gaining favor with American surgeons. Excision had many commendable features; it was applicable to a solitary ulcer situated in any part of the stomach wall, it added very little to the risk, and the final results were more satisfactory. Due weight should be given to the physical condition of the individual case before determining upon the type of operation to be performed. Some of these ulcer patients were much reduced in weight and their powers of resistance were greatly enfeebled in consequence of long physical suffering, poor nourishment, and mental depression. The class of cases and their successful management taxed the ingenuity of the experienced, and contributed a large percentage to the death list in the surgical treatment of gastric ulcer. The rapidity with which some of these half starved ulcer patients recuperated after efficient stomach drainage was established had enabled him to convert in a short space of time an almost helpless risk into a comparatively safe risk for a secondary or casual operation, excision and resection of the ulcer bearing area. Rarely indeed had he seen a case of chronic gastric ulcer which did not show some degree of gallbladder or pancreatic involvement. With a view of relieving this phase of gastric ulcer pathology, Dr. S. H. Smith and he had for the past two and a half years been draining the gallbladder in connection with the work on the stomach. The immediate results had been very gratifying, and the subsequent history of those cases which they had been able to trace showed that they had derived permanent benefit from this additional procedure, and such as to warrant further continuance of this practice.

Dr. James F. Percy, of Galesburg, said the essayist spoke about drainage operations in stomach surgery. Recent work had shown that none of these operations was a drainage operation in the ordinary sense. If one made a hole in the bottom of the stomach and attached bowel to it, the mechanical processes of digestion would go on just the same. In other words, the organ did not empty itself until a certain number of minutes or hours after the food was put in. One merely switched the pylorus, but it was not a drainage operation in the strict sense. One might relieve the so called pyloric area from irritation and

in that way produce benefit. But back of all this was the great question, what caused gastri culcer? None of our recent literature threw any light on that question. As the essayist had said, the gallbladder might be at the back of a number of these infections. Other men had told us that the appendix was the cause of these lesions, but we were not absolutely sure. One of the saddest chapters, were it ever written, would be the neurotic side of stomach surgery. If a case had a neurotic basis, it was more important than anything else in determining operation, unless there was some gross lesion that any practitioner could diagnosticate.

Dr. Van Buren Knott, of Sioux City, said that a few years ago we were taught that the main indication in the treatment of gastric ulcer was to re-establish gastric drainage; that if the stomach was properly drained by gastroenterostomy, made at the lowest point of the stomach, the drainage being more or less perfect, the symptoms of distress incident to the ulcer would disappear. We now know that this was fallacious. Drainage of the stomach at the lowest point did not necessarily relieve the condition of ulcer. It had been said that gastroenterostomy made proximal to pylorus or ulcerated area would relieve the ulcer from the irritation due to or incident to the efforts of the stomach to carry on its part of digestion, but this was not true. If a gastroenterostomy was made, the food would go to the pyloric end of the stomach, irritate the ulcer on the way back through the peristaltic waves, so it did not accomplish what was thought in removing the irritation from the diseased area. The treatment of ulcer of the stomach must be based on more logical grounds in the future than in the past. Ulcer of the stomach should be treated in the same way as a diseased area anywhere, that was by removal, if possible.

Dr. Arthur T. Mann, of Minneapolis, said it was the surgeon's duty to make an early diagnosis of gallstones. The diagnosis we made now was not one of the presence of gallstones, but a diagnosis based upon the complications of gallstones. The characteristic pain, nausea and vomiting, and inflammation around the gallbladder, were all late and and not early manifestations of gallstones, and he thought we had to direct our attention, as we did to appendicitis twenty years ago, to making a diagnosis of appendicitis when there was an abscess, when there was a peritonitis, and so on, and it was the same with gallstones. We had to take a step in advance and make a diagnosis when the gallstones were forming. The symptoms of the early presence or early formation of gallstones were very obscure. This had to be worked out as was done with appendicitis. The symptoms were not in the gallbladder but in the stomach.

The motility of the stomach was perfect, or nearly so, and when a gastroenterostomy was made in the stomach in which the motility was normal, the food went out from the pylorus, and many observers, notably Dr. William J. Mayo, had found that the gostroenterostomy opening closed or became so narrow that function was interfered with, but as long as the pyloric opening was good and efficient, and the motility of the stomach was good, function went on. Therefore, before resorting to operation for gastric ulcer, it was only important to deter- the acidity of the stomach and its capacity for the Ewald meal and the motor meal, but if the motility of the stomach was good, a gastroenterostomy would be efficient.

Doctor Haines, in closing, stated that his paper was written merely for the purpose of driving home the argument that the test meal, as it was used to-day, was an artificial process, pure and simple. In other words, the influence of the mind upon the secretion of the stomach was just the same as it was upon the secretion of the kidney or the mammary gland or any other glandular tissue in the body. We must seek the real cause of the symptoms. Surgeons had been operating on the stomach when they should have been looking at the right tube or appendix, the right kidney, the duodenum, the gallbladder, etc.—*New York Medical Journal,* 4th May.

THE SURGICAL TREATMENT OF LOCOMOTOR ATAXIA.

At the Metropolitan Counties Branch of the British Medical Association Dr. L. N. Denslow read a paper on the surgical treatment of locomotor ataxia. He said that he found that in male subjects in every case of this disease an abnormal condition of the urethra existed, and that by treatment directed to that condition many of the symptoms of the disease—for example, the pains, ataxic gait, visceral crises, and incontinence of urine and faeces—might be cured or alleviated and the disease itself at least held in check. There seemed no doubt that all cases of tabes were ultimately due to syphilis, whether congenital or acquired. But, admitting this as an essential, certain other conditions had to be reckoned with. Thus, syphilis alone might not suffice to cause the disease; other factors might be needed to call it forth, and among these urethral irritation in the male occupied the most prominent place. In tabes they had to do with a neuron defect (involving chiefly the peripheral sensory neurons) acquired through the agency of the syphilitic virus. Now they might suppose, as a plausible theory, that the continuous peripheral irritation, whether arising in the urethra or other regions

of the body, produced changes in the posterior spinal roots and posterior columns. He did not, of course, pretend for a moment that the degenerated tissue of the cord could be regenerated. What he did claim was to save not only what was left, but to relieve the tension from the remaining sound tissue. He would insist that in some cases of tabes symptoms occurred with a severity out of all proportion to the actual pathological changes found. These symptoms were apparently caused by such changes creating a zone of irritability beyond the initial point. It was, in the first place, of the utmost importance to discover the exact condition of the urethra, as upon that would depend the treatment to be adopted. A urethroscope or an Otis urethrometer was used for this purpose. The lesions usually found in the urethra were erosions, granulations and strictures. Besides, a highly sensitive condition, either local or general, was often discoverable, and this had to be reckoned with in applying local treatment. When the urethra was sensitive, it might be necessary to use a local anaesthetic before introducing the urethrometer or urethroscope. As to the strictures, those situated in the anterior part of the urethra near the meatus were best incised and dilated regularly and gradually up to No. 18 (English), or even a higher number, two or three times a week for several weeks. Dr. Denslow considered this procedure of the greatest importance in the treatment of tabes. His rule was that when a sound did not drop into the urethra of its own weight it should not be passed. Should the stricture be in the lower three-quarters of the pendulous or in the deep urethra, the conservative plan of gradual dilatation gave the best results. In all cases 5 grains of urotropin were given three or four times daily in a tumbler of water. Constipation was the rule in tabes. This was best treated with cascara sagrada, or any of the waters containing sulphate of sodium or magnesium. He found that liquid petroleum in half-ounce doses acted both as a lubricant and disinfectant. Under no circumstances should strychnine or any spinal stimulant be administered: that but added to the irritation, which it should be their utmost endeavour to remove. As to the exhibition of such drugs as pyramidon, aspirin, or any of the other synthetics to allay the lightning pains, they were seldom needed after a few days of urethral treatment. Under no circumstances should morphine be given. From an experience of 59 cases—34 in New York, 19 in Paris, and 6 in London—he had been successful in making a clinical cure in 27 cases. During his practice in New York many more cases were in an utterly hopeless condition but could not be refused treatment and were not counted. Of the 19 Paris cases treated at the Charcot Clinique, referred to him by the late Professor Raymond, 16 were old chronic hospital cases. In 7 of

these a clinical cure could be claimed, while 10 others were greatly improved; 2 received no benefit. Of the 34 New York cases, 18 could be considered clinical cures. Of the 6 London cases sent him by Dr. Harry Campbell, 2 could be considered clinical cures while the other 4 were greatly relieved. This series of 59 cases showed a clinical cure of almost 50 per cent., with 12 others greatly relieved of their pains, ataxia, and urinary troubes.—*British Medical Journal*, May 11th.

GYNÆCOLOGY

UNDER THE CHARGE OF S. M. HAY, M.D., C.M., GYNAECOLOGIST TO THE TORONTO WESTERN HOSPITAL.

GONORRHEA IN GIRLS.

Louise Morrow and Olga Bridgman, Geneva, Ill., (*Journal A.M.A.*, May 25), report on the treatment of 300 cases of gonorrheal infection in girls admitted to the Illinois State Training School for Girls. The average annual admissions are 200, 55 per cent. of which are thus infected at the time of entrance. It is of all degrees of severity, from the generally mild, innocent infection to the virulent and obstinate cases seen in the prostitute and habitual masturbator. A thorough physical and microscopic examination is made of each case on admission, and microscopic examinations of infected cases are made at least once a month from the beginning of its treatment till its end. The patients are kept under treatment for two months after all the germs have disappeared from the discharged, and, after treatment, monthly examinations are still made and records kept. In giving the treatment the speculum is used wherever possible, but in the very young patients and some of those with undoubtedly inocent infection, this is impracticable, and these cases are more difficult on this account. Formerly, these children were treated with douches without any good effects, and the authors condemn douches in general in the treatment of these cases. Instillations of argyrol and 1 per cent. silver nitrate by long medicine droppers are not much better. The authors sum up their method as follows: "1. For cases in which the speculum can be used, semi-weekly treatments, once with 25 per cent. silver nitrate to the cervix and 10 per cent. to the vagina, followed by an application of petrolatum, and once by a 25 per cent. paste of iodoform in glycerin have given the best results. This treatment is not improved by the use of gonococeus vaccine.

2. For little girls and in virgins with an innocent affection, local cleanliness and the use of gonococcus vaccine give the bet results. Because of the tendency to recurrence of the infection, however, this is not entirely satisfactory. 3. Vaccine is of the greatest use in cases with joint complications. Here it is most invaluable."

TREATMENT OF CONDYLOMATA ACUMINATA.

Watson finds the use of lactic acid to be the only treatment which is effective and free from objection. In the case of pedunculated growths, he cuts them off with scissors and applies pure lactic acid to the base after the bleeding has stopped. Other growths are best treated by the continuous use of a wet dressing of one per cent. lactic acid, or the occasional application of stronger solutions. Where there are several large masses each should be isolated by surrounding it with lint soaked in 0.5 to one per cent. acid. In addition, the base of the growths may be touched every few days with the pure acid. When there is a large field of small growths the use of wet dressings is the best means of applying the acid. The dressings are changed as frequently as the discharge necessitates and the parts bathed with a mild antiseptic solution. By this treatment the largest growths wither and fall off, small ones cease to grow, and cure results without the formation of cicatrices and without pain. The sole possible disadvantage is the occasional ocurrence of an erythematous eruption over the area of application and thereabout. This may be prevented by occasional intermission of treatment for a day or two, and by the free use of petrolatum on the healthy parts.—*New York Med. Jour.*

LARGE BILATERAL BARTHOLIN CYSTS.

Solomon Weiner, in *American Journal of Obstetrics,* February, 1912, states:

Bilateral Bartholin cysts may sometimes, as in the case Weiner reports, become so large as to actually obstruct the introitus vaginae. The only correct treatment, even in complicating pregnancy, is total extirpation. The conditions with which Bartholin cysts of large size may be confused are hernia, hydrocele of the canal of Nuck, cyst of Gaertner's duct and solid tumors of the labium (fibroma, myoma, lipoma). Abscess, hematoma and malignant growths will hardly offer any difficulties of diagnosis. In doubtful cases it is wiser to trust to a careful exploratory incision to determine the diagnosis and theraphy, rather than to the aspirating needle.—*Am. Jour. of Surg.*

INTERPRETATION OF UTERINE CURETTINGS.

Robert T. Frank, New York, in *The American Journal of Obstetrics,* February, 1912, calls attention to the all too frequent routine curettage. From his own study and that based upon Hitschmann's and Adler's he is led to the following conclusions:

1. That *anatomical* evidence of inflammation is demonstrable in less than 38 per cent. of all cases.

2. That many cases which anatomically show the presence of inflammation give no corresponding *clinical* symptoms.

3. That a majority of cases which show the conventional symptoms of "endrometritis" (eucorrhea or bleeding) are wanting in demonstrable microscopic signs of inflammation.

4. That, therefore, in most cases , we are obliged to search for other etiological factors to account for the symptom complex hitherto called "chronic endometritis."

The author points out especially the relationship between uterine hemorrhages and disturbances in ovarian function.—*Am. Jour. Surgery.*

RUPTURED PUS-TUBE A CAUSE OF DIFFUSE PERITONITIS.

A. P. Stover (*Jour. A.M.A.,* 1911, lvii., 1694) says that spontaneous rupture of a pus-tube is a rare occurrence, and rupture followed by diffuse septic infection of peritoneum is still less common. In 1910, Lamouroux published seventy-seven cases besides one of his own. The writer reports two cases of diffuse septic peritonitis following the sudden evacuation of pus from a pyosalpinx. From the character of the adhesions in Case II., the process must have been of long standing. Case I. was evidently a recent infection, as was shown by the adnexa being normal in contour, but slightly enlarged and thickened, and the adhesions being light and easily broken up. The treatment of a case of ruptured pyosalpinx is the same as that for acute diffuse septic peritonitis from any other source.—Feby., 1912, *American Journal of Obs. and Diseases of Women and Children.*

PERITONEAL ADHESIONS.

E.H. Richardson (*Ann. Surg.,* 1911, liv., 758) states that it is futile to attempt to banish abdominal adhesions, since the processes involved in their formation are identical with those concerned in peritoneal repair. In dealing with peritoneal adhesions, the surgeon has recourse to three classes of procedures: (1) measures which prevent

their formation; (2) measures which restrict their formation to the harmless variety; (3) measures which aid in their absorption. Injury or death of the highly vulnerable surface endothelium is sufficient to set in motion the chain of pathological events which may terminate in dense adhesions. Etiologically, there are a number and variety of factors involved, but they can all be grouped under the two heads—sepsis and trauma. As specific prophylactic and curative measures, emphasis should be given to: (1) rigid asepsis; (2) the use of moist hot gauze; (3) careful covering of all raw surfaces; (4) avoiding unnecessary exposure; (5) restricting trauma; (6) gastroenterostomy and enteroenterostomy; (7) returning the viscera to their proper anatomical relationship; (8) spreading out the omentum over the visceral surfaces before closing the abdomen; (9) careful closure of the peritoneum. A number of additional safeguards are available which have been tested and proven to be of value under certain conditions. The most reliable of these for general use are: (1) viable grafts of omentum or peritoneum; (2) lubricants; (3) judicious ante- and postoperative theraphy—especially with reference to posture, catharsis, enemata, and length of stay in bed. The field of specific chemotheraphy offers the brightest hope for future progress—*Am. Jour. of Obs. and Dis. of Wom. and Chil.*, Feby., 1912.

TREATMENT OF ACUTE PERITONITIS.

Henry Hartmann (*Ann. gyn et d'obstét.*, Oct., 1911) says that from exclusively medical treatment applied to acute peritonitis, we have advaced to exclusively surgical treatment. By this means the results of treatment have improved during the past few years. It is now realized that the peritoneum has powers fo defence against organisms which simply require aid in their action. This demands a precise and early diagnosis. In operating we need not attempt a complete cleansing of the cavity, which is impossible on account of its extent and the recesses connected with it, but may trust to the powers of defense of the peritoneum after evacuating the principal part of the infective contents, removing the cause of infection. The operation should be done rapidly and simply. The initial focus should be destroyed with the least possible interference. When drainage is indicated the tube should extend down to the bottom of Douglas' culdesac, and the patient be kept in a half-sitting position. Slow injection of serum by the rectum is of signal service in after-treatment.—*Am. Jour. of Obs. and Dis. of Women and Children*, Feby., 1912.

THE TREATMENT OF ECTOPIC GESTATION.

Edwin B. Cragin (*Surgery, Gynaecology and Obstetrics*, March, 1912) believes there should be but one method of treatment as soon as the diagnosis of unruptured ectopic gestation is positively made—*i.e.*, removal of the pregnant tube by operation. If the patient is seee at the time of tubal rupture, or abortion, operate and check the hemorrhage as soon as coreful preparation can be made, unless the patient is in such extreme shock that the operation in itself would probably prove fatal. In this case, watch the patient carefully, noting the condition of the pulse at short intervals, to see if the patient is in better condition. If the patient should lose ground operate at once and rapidly, seeking to check the hemorrhage with as little manipulation as possible. Intravenous infusion is useful.

The affected tube should in preference be removed, as it may be a constant source of danger of a repeated ectopic gestation. All the blood clots need not be removed. Flushing the peritoneal cavity with warm solution is serviceable. After rupture or abortion of an early ectopic gestation the treatment depends upon the intraperitoneal rupture and the presence of suppuration. The length of time elapsing between the occurrence of the rupture and when the surgeon first sees the patient is also of importance.

In the treatment of advanced ectopic gestation, *i.e.*, after six months, the question arises as to whether it might not, in the interest of the fetus, be worth while to wait and deliver it alive. Cragin's rule has been to wait till two or three weeks before full term and before spurious pains set in, and then operate. The placenta is left in situ and is permitted to gradually separate from its attachments. This is safer than the complete removal of the placenta, as hemorrhage may be uncontrollable. In cases where the fetus has been dead a month or more, and the sac not infected, separation of the placenta is easy and can be practised at the time of operation.—*Am. Jour. of Surgery*, May, 1912.

STRANGULATED FEMORAL HERNIA.

Following the rule of sexual frequency all nine of the cases referred to by John Douglas (*Jour. A. M. A.*, 1912, lviii., 172) are women. He says that because of the danger of strangulation and inability to cure by other than operative measures, operation should be advised when a diagnosis of femoral hernia is made. Sufficiently early diagnosis and operation would prevent the necessity of intestinal

resection, and thus lessen the mortality. Intractable vomiting with pain, either abdominal or localized in the groin, especially in women, should indicate careful examination of the femoral rings, even before it is obvious that intestinal obstruction exists. Operation should be performed as soon as the diagnosis of strangulated femoral hernia is made, if gentle attempts at reduction fail. If the strangulated intestine is damaged beyond viability, resection and anastomosis should be performed. When there is a sufficiently long mesentery not to hamper the operation, this may be done through the primary incision made over the femoral ring; otherwise, a secondary abdominal incision should be made. Except in the most desperate cases, when the patient's condition is so extremely bad that it is impossible to perform an anastomosis, an enterostomy, even as a temporary resort, should not be done. —*Am. Jour. of Obs. and Diseases of Wom. and Children,* May, 1912.

POST-OPERATIVE MECHANICAL OBSTRUCTION OF THE INTESTINE OCCURRING SOON AFTER OPERATION.

Four cases of this type have been observed by A. M. Judd (*Long Island Med. Jour.,* v912, vi. 9). He believes from the study of the symptomatology of these bowel obstruction cases, many go to their graves under the diagnosis of and treatment instituted for the condition ca'ed acute dilation of the stomach. There are three causes to be assigned for the condition. First, direct obstruction due to adhesions and kinking of the gut, a loop being adherent to an adjacent loop, to the parietal peritoneum, to one of the solid organs occupying the abdomen which has been abraded of its peritoneum either through handling or operative work, or to drainage gauze. Second, indirect obstruction through the omentum having formed adhesions and thereby pulling sufficiently upon the colon to cause kinking and obstruction. Third paralysis. This latter cause is usually spoken of as nonmechanical, but the author feels that the paralysis of a muscle is a mechanical factor. Where the diagnosis between these, acute dilation of the stomach and obstruction of the bowels, is doubtful, he urges only a short trial of treatment directed toward dilation, *i.e.,* stomach washing, posture and the administration of eserine and strychnine and enemata, and then the relief of the probable adhesions by operative measures through the primary wound or the stasis of the paralytic form of the obstruction by enterotomy.—*Am. Jour. of Obs. and Diseases of Wom. and Children,* May, 1912.

PERSONAL AND NEWS ITEMS

ONTARIO.

Sir James Grant, M.D., of Ottawa, attended the meeting of the Ontario Medical Association. He was in the enjoyment of excellent health, and took a keen interest in the work of the meeting.

Dr. Sprague, Toronto, has sold his residence on Beverley Street, and will soon occupy his home on Prince Arthur Avenue.

Dr. Raikes, of Midland, and Miss Hansan, a nurse of British Columbia, are engaged to be married in August. They met each other on the way to this country on board the steamer Scotian. Miss Hilda Hansan was a nurse in South Africa in the army of General French.

The question of a new isolation hospital has come up again in Hamilton. Dr. Roberts, Medical Health Officer, urged that a building with accommodation for 75 beds be erected. This would probably cost $40,000. It was suggested that the present Isolation Hospital might be turned into a children's hospital. Something is likely to be done soon.

A short time ago there were seven cases of smallpox in Woodstock. This will cost a good deal more than many vaccinations. One of the cases was in a boarding-house where as many as one hundred persons lunched. It was feared there would be a number of other cases.

The report of Dr. Bruce Smith, provincial inspector, lauds the management of the Hamilton City Hospital, but condemns several things in connection with the buildings, as a result of which it is expected that steps will be taken to make a start on the proposed buildings on the new Mountain site. The inspector, however, does not favor the location.

Dr. C. G. Richardson, of Aurora, has sold his practice and has removed to Toronto.

The Western University, London, graduated thirty-eight in medicine this year. This is the largest graduating class in the history of the University, and shows good growth in this department.

Drs. R. W. Mann and A. K. Haywood are in Europe doing post-graduate work. The latter has passed the Conjoint Board of the Physicians and Surgeons of London.

Dr. Orr, Toronto, has gone to Britain for a holiday, and sailed on the Royal George.

There are a number of medical practitioners and citizens in the east end of Toronto who are seeking hospital accommodation. They think the General Hospital on Gerrard and Sumach is too far west.

They are inclined to favor the Isolation Hospital, if a new isolation hospital is erected, in the northern part of the city.

Dr. and Mrs. Alton Garratt spent the month of June in Dr. Ryerson's cottage on Sturgeon Lake.

The Toronto vital statistics for May show that there were 934 births, 362 marriages, and 537 deaths. The number of contagious diseases reported were: scarlet fever, 6; diphtheria, 20; measles, 4; whooping cough, 8; typhoid fever, 2; tuberculosis, 43.

Professional nurses in Toronto charge $18, $21, and $25 per week for ordinary cases, obstetrical cases, and mental cases respectively. There is a movement on foot to raise these fees by the addition of $3 all round.

Dr. E. E. King, of Toronto, went out on the street to request some young fellows who were disturbing the neighborhood of his residence to desist, and was attacked by three of them. He did not receive much harm, however.

For the first five months of 1911 there were 131 cases of typhoid fever in Toronto. For the same period this year the number has fallen to 48. This is a very good showing.

Dr. and Mrs. Temple and Miss Frances Temple have sailed for England.

Dr. Smirle Lawson, who has been house surgeon at the General Hospital for the last three years, is leaving for New York to take a further post-graduate course.

While Dr. Proudfoot, of Russell, was at the Hamilton Station on 6th June an attempt was made by one Louis Sigal to rob him. The would-be robber was captured.

Dr. William Oldright, of Toronto, has returned from his trip of several months to the West Indies.

Dr. J. R. Roberston, of Stratford, has returned from his trip abroad. He was in Britain and around the Mediterranean.

Dr. W. O. Stevenson, who was for some time in St. Luke's Hospital, Chicago, has located in Hamilton, Ont.

Dr. A. W. Maybury, of Toronto, is in London, at the Nose and Throat Hospital, doing work there.

Dr. John T. Gilmour, Warden of the Central Prison, Toronto and Guelph, has been made a member of the Committee on Organization at the National Charities Conference.

Dr. H. M. Little, son of Lt.-Col. J. W. Little, of London, has been appointed by the Board of Governors of McGill University to one of the highest positions in the medical faculty. He will be assistant professor of obstetrics and lecturer on gynecology.

Complete returns from the tag day collections last month have been reported to the Ladies' Auxiliary of the Berlin-Waterloo Hospital, amounting to $2,338.04.

Dr. R. A. Falconer, President of the University of Toronto, has left the city to attend the Imperial University Conference in London, England. This is the third session of the conference which Dr. Osler was largely instrumental in establishing, and it is attended by the heads of all the leading universities in the British Empire.

The Provincial Secretary announced that Dr. A. A. Weagant, Ottawa; Dr. Thos. E. Kaiser, Oshawa, and Dr. Henry R. Casgrain, Windsor, had been appointed to the Provincial Board of Health to fill the vacancies caused through the resignations of Drs. Molloney, Clinton and Bentley, who have taken positions of district officers of health. About one year and a half of the term of office remains to be served. the appointments take effect at once.

In the latter part of June Dr. Herbert W. Baker, of Toronto, was married to Miss Alina Beatrice Gammage, of Chatham, Ont.

Dr. Gerald O'Reilly, of Hamilton, was operated on three weeks ago for gall stones. He is making satisfactory progress to recovery.

At the annual meeting of the Pharmacists for Ontario, it was stated that the Dominion Act of Mackenzie King re the sale of poisons and certain drugs had materially lessened the sale of cocaine and morphine.

Through the death of Dr. Daniel Clark, of 375 Huron Street, the well-known physician, on June 4, nine Toronto institutions fall heir to a sum of approximately $65,000. The instiutions are as follows:—St. Andrew's Institute, in connection with St. Andrew's Presbyterian Church, King Street west, the Sick Children's Hospital, the Home for Incurables, the Home for Aged Men, the Home for Aged Women, the Old Folks' Home, the House of Industry, the Hospital for Consumptives, near Toronto, and the Salvation Army, for its work in Toronto. The shares will be equal.

Dr. W. P. Caven has recently contributed $200 to the National Sanitarium Asociation, to be set apart for the establishment of a Medical Library in connection with the Muskoka Hospitals, dealing chiefly with the subject of tuberculosis.

The Local Chapter of the Daughters of the Empire at Orangeville have purchased a fine building, which will shortly be opened as an hospital. The Dufferin County Councillors inspected the building and were shown through it by the ladies having the matter in charge, and to-day made a grant of $300 as an initial contribution to the worthy object.

The University of Toronto conferred this year 622 degrees, 29 being in medicine.

The County Carlton General Hospital in Ottawa will have an addition made to it furnishing accommodation for 14 beds.

Dr. W. C. Baker begs to announce that he has opened Simcoe Hall, Barrie, Canada, as a sanatorium for the treatment of nervous and general diseases and respectfully solicits the patronage of the medical profession.

Dr. Charles F. Durand, late protologist to the German Hospital, Buffalo, N.Y., begs to announce to the profession that he has opened on office at No. 590 Huron Street, Toronto; Telephone, Hillcrest 2173. Practice will be limited to disease of the rectrum.

QUEBEC.

On 17th June last, examinations were held in Montreal for the purpose of securing ten competent persons for the position of regional sanitary inspectors. No one was allowed to write at the examinations who did not have a diploma of public hygiene. The examinations were written, oral and practical in the laboratory. The candidates were also tested on their knowledge of administrative work. All candidates had to be efficient in both French and English. To obtain less than 50 per cent. of the marks on the written examination would exclude from the other tests. The written examinations were held in Quebec and Montreal, but the oral and laboratory examinations only in Montreal.

Dr. J. W. Stirling, of Montreal, has returned from a very pleasant trip in Europe.

Dr. T. G. Roddick recently had a trip to Atlantic City and has returned to Montreal.

The thirteenth annual meeting of the American Therapeutic Society met in Montreal on 31st May. There were forty physicians present from all parts of the Continent.

A second case of leprosy was recently said to be in Montreal. It occurred in a Chinaman who had been in the city for three years.

The Board of the Royal Victoria Hospital, Montreal, refused certificates to two house surgeons who did not remain with the institution for the six months agreed upon.

The Minister of Interior has added eleven new inspectors to the inspection staff for Quebec under the Immigration Department.

MARITIME PROVINCES.

The campaign to raise $400,000 for Dalhousie University, of which Halifax citizens were asked to subscribe $200,000, has closed. Lord Strathcona has agreed to give $15,000. It was found that Halifax had given $195,000, and places outside this city also $195,000, making a total to date of $390,000. The meeting of one hundred workers agreed to make the total aimed at $500,000, and steps will be taken to secure this amount without delay in this province and elsewhere in Canada.

The management of the Contagious Disease Hospital in Halifax has decided not to admit patients from the marine and military departments, as there was not accommodation for such, and that the patients from the Army and Navy should make use of their own hospital.

A hospital is to be erected in connection with the Dr. Miller Sanitarium in Kentville, N.S., at a cost of $3,000. Several cottages are to be built.

Th physicians and surgeons of New Brunswick have elected the following officers: President, Dr. A. F. Emory, St. John; Treasurer, Dr. Thomas Walker, St. John; Registrar, Dr. S. S. Skinner, St. John.

WESTERN PROVINCES.

Dr. Fagan, of Victoria, B.C., has urged upon the Government to establish a laboratory for the preparation of diphtheria antitoxin and typhoid fever vaccine. This would secure purity and reliability.

The City of Regina has appointed Dr. Bow as its Medical Health Officer at a salary of $2,500 a year.

Invermay, Saskatchewan, wishes a health officer at a salary of $700 and may engage in outside practice.

Dr. Charlton is back to work in the Provincial Laboratory of Saskatchewan, after his absence for a time.

Drs. W. W. Turnbull, O. C. Dorham and George Stephens have been appointed district physicians in Winnipeg, anid will assist the city medical officer.

The Anti-tuberculosis Society of Saskatchewan has decided to erect a sanitarium at Fort Qu'Appelle at a cost of $200,000.

A new hospital is to be erected in Alberni. The building is to be a two-story one. It will contain both public and pjrivate wards.

The Winnipeg Sanitarium at Elmwood is nearing completion.

The real estate men of Winnipeg propose endowing a public ward in the Children's Hospital in memory of Messrs. Mark Fortune, Hugo Ross and Thomas Beattie, drowned on the Titanic.

FROM ABROAD.

Boston is to have an hospital for "the blues," the first of the kind in the world. The institution will be a branch of the Boston State Hospital for the Insane, and will be conducted on the theory that all cases of mental depression are simply forms of physical sickness, which can be alleviated with proper treatment. Patients will be differentiated and classified according to the kinds of mental diseases they show, and remedies will be sought for each class of patients.

Dr. Karl Von Ruck, of Ashville, N.C., claims to have discovered a vaccine that will destroy the tubercle bacillus and render the person immune. He does not claim for his vaccine the power to cure advanced cases. He claims that there are no dangers in its use. The vaccine contains all the soluble proteid constituents of the bacillus and some fatty extractive matter. He states that at an early date the method of preparation will be made known.

Senator J. A. Ghent, M.D., of Washington State, recently paid a visit to Toronto, where he spent his early years and where he was educated. He is the son of the late Dr. Byron E. Ghent, who practised in Toronto for many years. About twenty years ago Dr. J. A. Ghent settled in the city of Seattle and built up a large practice, and has become a senator for the State.

Mr. Grant, a Unionist member, moved, and Chancellor Lloyd George consented that steps be taken by the Government to secure the co-operation of the medical profession in the working out of the National Insurance Act. Mr. Lloyd George mentioned that negotiations to this end were on foot, but they might call for an additional expenditure of £3,000,000.

The British Admiralty appropriated in 1911 £8,000 and this year £68,000 for a hospital ship.

On May 9th the portrait of Dr. Robert Saundly was presented to the Governors of the Birmingham Hospital. Dr. Saundby has severed his long connection with the institution.

In Ireland in 1870 the number of lunatics per 100,000 of the population was 189, and in 1910 that figure had increased to 558.

Dr. William Taylor, Consulting Surgeon to the Cardiff Hospital, Wales, died recently and was buried at sea. He was in his 82nd year.

Sir Julius Charles Wernhar, head of the De Beers Diamond Syndicate, who died in London on 31st May, has left $2,500,000 to charity.

The lot of hospitals is not always a happy one. The Seattle Hospital is sued by a former patient because he claims he lost the hearing in one ear because of a draught on it.

The Royal College of Surgeons gave a dinner to the Lord Mayor of London, Sir Thomas Barr Crosby, M.D., F.R.C.S., on 3rd May. Dr. Crosby is the first medical man to hold the position of Lord Mayor.

The death rate from tuberculosis in Ireland per 100,000 is much higher than in the other portions of Britain. There are no county medical health officers and the reporting of cases is very imperfectly carried out.

Dr. J. Solis-Cohen, of Philadelphia, had the degree of M.D. conferred on him by Temple University and Jefferson Medical College in the early part of June.

In the third annual report of the Committee on Prevention of Blindness of New York Association for the Blind the statement is made that 25 per cent. of the blindness in schools is due to ophthalmia neonatorum.

The Department of Health of the City of New York has inaugurated a system of reporting cases of venereal diseases. These cases are treated as strictly confidential. There are facilities for making free bacterial tests for physicians. A Venereal Hospital is to be established. It is hoped that a good deal will thus be done for lessening the frequency of these diseases.

Dr. David L. Edsall, who resigned from the chair of the practice of medicine at the University of Pennsylvania in February, 1911, and since that time has been professor of preventive medicine at Washington University, St. Louis, has been appointed Jackson professor of clinical medicine at Harvard Medical School, to succeed Dr. Frederick Cheever Shattuck.

By the will of Benjamin Guggenheim, of New York, who was lost in the Titantic disaster, more than $100,000 is left to charitable objects. Among these are the following: Mount Sinai Hospital, $10,000; St. John's Guild Floating Hospital, Montefiore Home and Hospital for Chronic Invalids, and the Home for Aged and Infirm Hebrews, to each, $5,000.

The new buildings of the Tuberculosis Preventorium for Children, at Farmingdale, N.J., were formally opened on April 25, in the presence of some 1,700 persons.

Report from Wahington, D.C., on May 6, states that figures recently published by the bureau of statistics of the United States Department of Commerce and Labor indicate that during the period of twelve years from 1900 to 1911, inclusive, there have been imported into this country about 40,000,000 oz. of quinine and nearly 50,000,000 lb. of cinchona and other quinine-bearing barks, aggregating about $14,000,000 in value. It is estimated that during the current fiscal year

the total importation of conchona bark will probably amount to about 3,500,000 lb., valued at about $250,000, and of quinia and its various salts, about 3,000,000 oz., valued at approximately $500,000.

Sir Frederick Charles Wallis, B.A., M.B., B.C., Cantab., F.R.C.S. Eng., who died on April 26th at London, was born in 1859. After graduating from Caius College, Cambridge, he studied medicine at St. Bartholemew's Hospital Medical School, becoming M.R.C.S. in 1883, and F.R.C.S. in 1885. He was surgeon to Charing Cross Hospital, St. Mark's Hospital, and the Grosvenor Hospital; and consulting surgeon to several other British medical institutions. He was knighted in 1911.

The will of the late Dr. Musser, of Philadelphia, contains a bequest of $15,000 to the University of Pennsylvania "for the endowment of a fellowship in honor of the late Dr. Robert M. Girvin."

The physicians of Madison County, Ill., have taken steps to replace a suitable monument and otherwise care for the grave of Dr. Ruben Mack, who was the first physician in the county and who died in 1832.

The College of Physicians and Surgeons, of Chicago, announces that in future it will sever its connection with the University of Illinois. This is because the University could not arrange to provide for the medical school as it did for the other departments.

Kaiser William of Germany has issued the statement that it is thirty years since Robert Koch announced his discovery of the tubercle bacillus. He, therefore, names the Institute for Infectious Diseases after Robert Koch.

Mrs. Winslow's Soothing Syrup formerly contained morphia as sold on the British market. This made it necessary to print on the label the word "Poison." The venders then substituted potassium bromide for the morphia.

In a number of the large manufacturing establishments in Chicago a tuberculosis clinic has been started. Persons affected with the disease are placed under observation and, if necessary, segregated.

The British Medical Association has taken the stand that all medical men should sign a pledge that they will not work the terms of the National Insurance Act until the same are put right in the interests of the medical profession.

In Great Britain a commission has been appointed to enquire into the sale of "patent medicines." This has caused the manufacturers of these "proprietaries" to come together and issue a statement. The tax on proprietary medicines last year amounted to $1,600,000. This gives an idea of the volume of the business done. They object to publishing on the label the composition of the "medicine," claiming that it would not protect the public and would enable others to make up the

same preparations. But there is no doubt but that making known the formulæ would protect the public.

The *Deutscher Kongress fur innere Medicin* has taken up the question of the many foods and drugs advertised in medical journals. A report will be made as to their value as foods and drugs. None will be considered if the formulæ are not published, where misleading claims are put forth, where the composition differs in several samples, where mixtures bear some new name, or where they are exploited to the detriment of the public.

On 26th June ladies of prominence and title sold flowers in London to raise money for the King Edward Hospital. These ladies took this way of celebrating Queen Alexandra's birthday.

The *Australiasian Medical Journal* has a timely editorial on the abuse of drugs in which it contends that vigorous steps should be taken to curtail the use of narcotic drugs. The article thinks medical men are often to blame for giving morphine too readily and not safeguarding the habit of "repeating."

Medical affairs in Australia are ever on the ascendant. The medical societies are active and good work is done in them. The hospitals are enlarging and improving their facilities rapidly. The universities are constantly improving the standard of medical education. The legislation on public health is of an advanced character.

In the United States in the decade from 1901 to 1910 the death rate from tuberculosis fell from 197 per 100,000 of the population to 160.

Kala Azar has been spreading in Madras for the past nine years. According to Dr. W. S. Patton, who has studied the disease very much, it is spread by the bite of the common bedbug, *cimex rotundatus*.

At the American Association of Milk Commissions Dr. Mazyck P. Ravenel, of Madison, Wisconsin, proved in a very able manner that children do contract bovin tuberculosis, and that the carrier of the infection is milk from diseased cows. This proves that milk can be a real danger.

In Beluchistan, according to the *Boston Medical and Surgical Journal*, there is a custom by which the doctor must take the first dose of the medicine he prescribes to his patients. If this custom is not needed to avoid intentional poisoning it may save the patient from much foolish taking of medicine.

Mr. Peter A. B. Widener, of Philadelphia, has given $4,000,000

as an endowment fund to the Hospital for Crippled Children, in memory of his son, George D. Widener, who lost his life on the Titanic.

Dr. J. T. R. Frommel, of Munich, died recently of appendicitis. He was a noted teacher and writer on obstetrics. He was assistant to Schroeder in Berlin, and then went to the chair of obstetrics in Elangen. He settled a few years ago in private practice in Munich.

The medical inspection and treatment of children in London, England, costs as follows: Free meals, £81,450; medical inspection and treatment, £45, 675; schools for the blind, £9,590; for the deaf, £17,165; the mentally defective, £55,000; physically defective, £43,000; epileptics, £2,460.

Mr. C. H. Lightoller, second officer of the Titanic, writes to Mr. R. W. Graham, of New York, thus: Dear Sir,—In reply to yours of April 30th, I am very sorry to say that Assistant Surgeon John E. Simpson was on the Titanic. I deeply regret your loss, which is also mine. I may say I was practically the last man to speak to Dr. Simpson, and on this occasion he was walking along the boat-deck in company with Messrs. M'Elroy and Barker, Dr. O'Loughlin, and four assistant pursers. They were all perfectly calm in the knowledge that they had done their duty, and were still assisting by showing a calm and cool exterior to the passengers. Each one individually came up to me and shook hands. We merely exchanged the words, "Good-bye, old man!" This occurred shortly before the end, and I am not aware that he was seen by any one after.

Some time ago the government of Victoria, Australia, appointed a committee to investigate and report upon syphilis. The committee suggests that the moral and medical aspects of the disease should be studied separately. It is also recommended that a good class of reading matter on these subjects should be prepared and given wide circulation, and the instruction should be undertaken by competent persons.

In Victoria, Australia, the new Public Health Act contains these provisions: The regulation of the width of streets, proper sites for public buildings approved by health officers, inspection of dwelling houses so as to prevent the erection of improper ones, the adequate disinfection of houses, the segregation of house mates where tuberculosis exists.

The birth-rate in Tasmania last year was 30.9 and the infant mortality 65 per 1,000. The islands heads all countries in having the largest natural growth in population.

The British legislation for the feeble-minded provides for assistance in education up to 16 years of age. It is made a misdemeanor for any one to marry a feeble-minded person within the meaning of the act, or to aid in such a marriage, or for any clergyman to officiate at such.

Dr. L. G. Rowntree, a graduate of Western University, London, Ont., who has been doing research work at John Hopkins for several years, has recently been appointed there to the chair of Chemical Therapeutics.

Some time ago Dr. E. A. Bashford, of London, and well known as an authority on cancer, contributed an article to the *British Medical Journal,* in which he commented adversely on Dr. Robert Bell's method of treatment. The latter brought an action against Dr. Bashford and was awarded a verdict of $10,000.

Dr. F. W. Forbes Ross claims that a one per cent. solution of quinine and ura-hydrochloride is a perfect local anaesthetic. It has no depressing effects.

Dr. Berger has started an institution for the teaching and translation of foreign medical literature. The institution is at 12 Knausstrasse, Berlin-Friedenau. The English, Esperanto, French, Italian, Polish, Russian, Swedish and Spanish languages will receive due attention.

A high act of generosity was announced recently, when Mrs. Walter Russell Hall, of Sydney, a widow, whose husband amassed a great fortune by gold mining, and was one of the survivors of the famous Eureka stockade riots, has given £1,000,000 to be held in trust, the income to be devoted to the relief in Australia of poverty and the advancement of education and religion. She has stipulated that half a million is to go to New South Wales, and a quarter million each to Victoria and Queensland institutions.

A course of lectures will be given by M. Calot from 5th to 11th August, at the Orthopedic Institute in Paris from 8 in the morning to 7 in the evening, on coxalgia, Potts' disease, tumours, congenital luxations, maladies of the bones and joints, etc.

Dr. Robert Bell obtained a verdict of $10,000 in a libel suit against Dr. E. A. Bashford. Dr. Bell had given up the use of the knife in the cure of cancer and his treatment was described as quackery in an article in The *British Medical Journal* written by Dr. Bashford.

Boston is to have the only hospital in the world devoted exclusively to the treatment of appendicitis. It will be opened next October. A large section of the historic Phillips estate, on Beacon street, has been given for the hospital, together with a building large enough for the care of both ward and private patients.

That tuberculosis i nthe United States causes an estimated monetary loss to society of $570,000,000 annually, not including the losses to the victims of the disease, was the statement made by Irving Fisher, professor of economics at Yale University, before the National Association

for the Study and Prevention of Tuberculosis. This includes the loss of earnings suffered by the families whose wage earners are crippled and then killed by the disease.

At the eighty-first annual commencement of Wesleyan University at Middletown, Conn., held on June 19th, the degree of doctor of laws was conferred upon Dr. Amos J. Givens, proprietor of Givens Sanitarium for nervous diseases at Stamford, Conn.

OBITUARY

DANIEL CLARK, M.D., M.C.P.S.

Dr. Daniel Clark died at his home, 375 Huron Street, Toronto, on 4th June, 1912, at the age of 78. He had suffered from chronic nephritis for several years, and for some months had been confined to his room.

He was born in Granton, Inverness-shire, Scotland, on August 29th, 1835, his father being Alexander Clark, a native of Morayshire, and a farmer by occupation. His mother was Anne McIntosh and was born in Banffshire. In 1841 the family came to Canada and settled at Port Dover, where the young man remained till 1850. With the exception of three months at school, he had been obliged to educate himself up to this period.

In 1850 he went to the gold fields in California, making his way there by Central America. He worked at placer mining until late in 1851, when he had considerable gold. He then returned and attended the Grammar School at Simcoe until 1853. He then came to Toronto, where he studied classics, mathematics and philosophy for four year. At the same time he was pursuing his medical studies in the Toronto School of Medicine. He graduated from Victoria University in 1858. He then went to Europe and studied in Edinburgh, London and Paris. On his return he commenced practice in Princeton, Oxford County. In November, 1859, he was married to Jennie Elizabeth Gissing, a native of Princeton, but of English descent.

In 1864, he entered the American Federal Army as a surgeon in the campaign around Richmond and Petersburg and along the Potomac. When the war was over he again resumed his practice in Princeton. Along with his brother-in-law he established the *Princeton Review*, in which he took a keen interest for a number of years. His contributions to the field of literature were extensive in the department of critical review, for which he was well qualified from wide reading and

acute observation. He also wrote a number of monographs, among which were: "The Insanity Plea," "Text Book of Insanity," "Medical Evidence in Courts of Law," "The Animated Molecule and its Nearest Relatives," "Medical Manias," "Laughter and its Causes," "Canadian Poetic Literature," "Heavyseage and his Poetry," and "The Scars of a Recent Conflict." He also wrote "Pen Photographs," a book of 320 pages, consisting of sketches of men and places seen and visited by him, and was the author of a romance "Josiah Garth," founded on the rebellion of '37.

He was appointed to the medical superintendency of the Asylum in Toronto in 1875, a position which he held until his health failed a few years ago. His close attention to both the scientific and business sides of his duties made him almost valuable in his position and a widely known authority on insanity. So far as it is possible for insane people to have a favorite, he undoubtedly was one with them.

He took an abiding interest in medical education, and was ever on the alert for every opportunity to aid in the raising and improving of the standard of medical colleges and medical curricula. He was one of the regular attendants at medical societies, such as the Toronto Medical Association, of which he at one time was president. In 1875-6 and 1876-7 he was president of the Ontario Medical Council.

He also took much interest in Scottish societies, and was at one time president of both the Caledonian and St. Andrew's Societies.

His wife died a few years ago. Dr. Clark leaves no family, and is survived only by a brother, John Alexander Clark, of Glenmeyer, Ont., and Mrs. Porteous, of Simcoe, Ont. He was interred in the mausoleum at Forest Lawn.

JOHN M. STEWART, M.D.

Dr. Stewart was a native of Kingston and a graduate of Queen's University. Thirty-one years ago he located in Chesley and had resided there ever since. He was beloved by all and placed his professional ability at the poerest; his skill was relied on by the whole communty. No sacrifice was counted to great to relieve suffering and distress, and all knew his kindness of heart, and had experience of his generosity.

He took a deep interest i nall public matters, sat in the Town Council from 1887 till 1897 ,and was Reeve from 1897 till 1902.

He was Liberal candidate for Centre Bruce in 1902, and was defeated by the narrow margin of five votes.

Since then he has devoted himself exclusively to his profession. About five years ago he became afflicted with cardiac trouble, and after

a long and trying illness patiently borne, died on Saturday morning, 25th May. He is survived by his widow and a family of three sons and two daughters.

Very few medical practitioners can hope to hold the confidence and affection of his fellow-citizens as did the late Dr. Stewart. He was esteemed by all who knew him. In the words of Goldsmith, "He learned the luxury of doing good."

JOSEPH W. LANE, M.D.

Joseph W. Lane, M.D., aged 68 years, died on 7th June last. He had been ailing since Easter, but was able to be about as usual until late in the evening.

He was a graduate of Queen's University of the year 1875, and commenced the practice of his profession in Mallorytown that year. He was president of the Ontario Medical Council during the year 1911, and represented Brockville district for the past twelve years. Over thirty years ago he was appointed coroner.

The funeral took place from his late residence in Mallorytown on Sunday afternoon to Brockville Cemetery, and was in charge of Macoy Lodge, A. F. and A. M., No. 242, of which deceased was a member and officer for a number of years.

GEORGE BURNS, M.D.

Dr. Burns died at the house of his sister, Mrs. Wismer, in Aylmer, on 10th June. For many years Dr. Burns practised in Hanover, Kansas, and a few months ago returned to old friends in St. Thomas and district. He was seventy-three years of age. He was a native of Southwold Township.

BOOK REVIEWS

DIAGNOSTIC METHODS.

Chemical, Bacteriological and Microscopilal, a text-book for students and practitioners, by Ralph W. Webster, M.D., Ph.D., Assistant Professor in Pharmacological Therapeutics and Instructor in Medicine in Rush Medical College, University of Chicago; Director of Chicago Clinical Laboratory. Second edition, revised and enlarged with 37 colored plates and 164 other illustrations. Philadelphia: P. Blakeston's Son & Co., 1012 Walnut Street, 1912. Price, $4.50.

This excellent work is one for the laboratory. It discusses the best methods of examining by the microscope and chemical reagents the ex-

cretions, secretions, discharges, and porasites of the body. The sections of the book are devoted to the examination of the sputum, eye and nose discharges, the gastic contents, the faces, porosites, the urine, secretions of the genitol organs, the blood transudates and exudates, and secretions from the mammary glands.

It will be seen from this list of subjects that the author has laid down a heavy task for himself. Under each of these headings the work is very thoroughly performed, and the latest and best methods employed. There is really very much new and original work revealed in these pages. Every secretion, excretion, and discharg is viewed in its widest aspect as tending to throw light upon the disease present, or the departures from the normal standard of health.

Precision in diagnosis is of the utmost importance. All treatment without this is mere empericism. Much of the diagnostic methods in modern medicine deals with the mnute or microscopic objects, and conditions that are revealed by some chemical reagent. Medicine has passed away from that stage where diagnosis assisted in what could be discovered by the ordinary senses.

The illustrations are very good. They evince mucs skill in their preparation and assist the worker in the laboratory to a clear understanding of the conditions. The paper and type are first class. Much praise is due both author and publishers for this splendid book on microscopital and chemical methods in diagnosis.

CASE TAKING.

Systematic Case Taking. A practical guide to the examination and recording of medical cases for the use of medical students. By Henry Lawrence McKisack, M.D., M.R.C.P., Lond., Physician to the Royal Victoria Hospital, Belfast; author of "A Dictionary of Medical Diagnosis." London: Bailliere, Tindall and Cox, 8 Henrietta Street, Covent Garden, 1912. Price, 3s. 6d.

This little book of 156 pages takes up many of the essentials in diagnosis. The first chapter deals with preliminary inquiries. This is followed by one on general examination. The various regions are then taken up in order, such as the thorax, the abdomen, the respiratory system, the circulatory system, the blood, the examination of the urine, and the nervous system. This book is intended for the student, but will help many a physician in busy practice. It clears up the points discussed in a very satisfactory manner. We can very heartily recommend this book, as the author does his work so well that it is a pleasure to follow his methods, and one cannot read what he has to say without profiting thereby.

FALSE MODESTY.

That Protects Vice by Ignorance. By E. B. Lowry, M.D., author of "Confidence," "Truths," "Herself," etc. Chicago: Forbes and Company, 1912. Price, 50 cents.

There is some sound advice in small bulk in this book. It has for its topics: Ignorance, The Virgin's Sacrifice, The Father's Duty to His Son, Rural Pitfalls, Woman's Inhumanity to Woman, The Homeless Girl, Science and Motherhood, The Coming Educational Reformer. To those who are engaged in the work of social purity this is a useful book.

INDIANA HOSPITAL FOR THE INSANE.

Report from the Pathological Department and the Department of Clinical Psychiatry, Central Indiana Hospital for the Insane, 1909-1910 and 1910-1911, Vol. IV. Indianapolis: Wm. B. Burford, 1912.

Some reports are as dry-as-dust, and about as valuable as their weight in sawdust. This is an exception to the rule and is full of valuable and readable information. Open th evolume anywhere and interesting matter will be found. The various types of insanity are carefully studied and much attention paid to etiology. There is a very interesting and instructive article on the treatment of the insane. Many of the chapters end in a summary that sets forth our best modern views in a very terse and reliable manner.

The salary attached to the office is $2,500 a year. The incumbents of these positions will not be permitted to engage in private practice. They will be required to give their whole time to their duties and travel as may be required. These officers are entirely free from local control.

According to the provisions of the Act passed last session, the health districts scheme will not touch cities of 50,000 population and over. Toronto, Hamilton and Ottawa all have efficient health departments.

MISCELLANEOUS MEDICAL NEWS

NEW BUILDING AT WESTON SANITARIUM.

A most important event took place at Weston on 27th May, when the corner stone was laid of a new building for the care and treatment of tubercular children. That the public is in sympathy with this work was manifested by the numbers who gathered to take part in the ceremony. The occasion was graced by a number of distinguished visitors, among whom may be mentioned H.R.H. the Duke of Connaught, the Lieutenant-Governor Sir John Gibson, Bishop Sweeny, Hon. W. J. Hanna, Hon. W. A. Charlton, Mayor Geary, Mr. W. J. Gage, Chancellor Burwash, and many others.

Sir John M. Gibson performed the duties of chairman. He referred in eulogistic terms to the good work that has been done for consumptives both at Weston and Gravenhurst, and commended the cause to the sympathy of the public.

Bishop Sweeny conducted a short service of prayer. The Duke then descended the steps to where the corner stone was in readiness to be placed in position. Mr. Ambrose Kent presented His Royal Highness with the trowel to be used on the occasion, which bore the inscription:—"Presented to His Royal Highness the Duke of Connaught, Governor-General of Canada, on the occasion of his laying the corner stone of the Hospital for Consumptive Children near Toronto, Ont., Monday, May 17th, 1912." With this handsome silver instrument the stone was embedded, and with a few taps of the wooden mallet, the Duke declared the stone to be truly and well laid.

Mr. Gage's Address.

Mr. W. J. Gage then delivered the following address:—

"Standing to-day near the King Edward Sanitarium, the only hospital in Canada that our late illustrious King honored with his name, it would seem specially fitting that the foundation of this new hospital should be laid by your Royal Highness.

"This spot has been marked by several notable events in the crusade against consumption. Upon this ground seven years ago was opened the Toronto Free Hospital for Consumptives for advanced and incurable cases. The late Sir William Broadbent, following his visit to this place wrote in the *British Medical Journal* that the Toronto Free Hospital was the first institution in the world set apart exclusively for the treatment of advanced cases of tuberculosis.

"A fire over a year ago destroyed the buildings of the Toronto Free

Hospital, and we now stand in view of new fire-proof buildings in course of construction adjoining the King Edward Sanitarium.

"To-day on the same grounds we have the honor of asking Your Royal Highness to lay the foundation stone of the first hospital in the world for children suffering from pulmonary tuberculosis. All who take an interest in the fight against tuberculosis must feel a deep sense of gratitude at the great advances made.

"Sixteen years ago, in the beginning of the work of the National Sanitarium Association, our trustees were confronted with the greatest of all difficulties, an indifference on the part of the public, or, where there was any public opinion, it was that of unbelief.

"An editorial writer in one of the leading Toronto papers, referring to our proposal to establish a home for consumptives, expressed the thought of the day by saying these people (the consumptives) were 'under sentence of death.'

"Since that time our two sanatoria in Muskoka and our two at this place have been established, a great educational campaign has been carried on through ex-patients, literature and lectures and boards of education have recently introduced text books into many of the schools of Canada, giving chapters showing how consumption can be cured and how prevented.

"Sixteen years ago, when we opened our first hospital in Muskoka, there was not a single institution in Canada for the care of consumptives and only one in the United States. To-day there are twenty-three in the Dominion, and in this province alone there are some fifteen sanatoria either completed or in course of construction.

"Through an enlightened public opinion and advanced legislation the Province of Ontario is making special provision for its consumptive poor, and it may be confidently asserted that to-day we find in this province a greater number of sanatoria than can be found in any State or Province in Europe or America.

"I am sure it will be a matter of profound satisfaction to Your Royal Highness to learn that the official report of deaths from tuberculosis shows a decrease in this province of nearly 40 per cent. within the past ten years. In the United States during the same period the decrease was only 18 per cent. With all the agencies now at work, in another ten years may we not confidently hope that this decrease will be as least 60 per cent?

"Sixteen years ago, when we opened our first hospital in Muskoka, we were able to care for fifty patients; to-day in our two Muskoka homes and two allied institutions here we have 350 under treatment. Of these 262 do not pay anything toward their own cost of maintenance, and 38

pay $4.90 per week or less, and before the close of the year, with the buildings under construction, we will have provision for 500 patients.

"Altogether a goodly army of nearly 6,000 have entered the several homes of our association, and it is safe to say, of this number who at one time were said to be under sentence of death, 3,000 at least have not only had a reprieve, but a splendid liberty, as they returned to home and friends with restored health. To secure these results over $1,500,000 has been expended upon plant and maintenance.

"We believe that of all the work undertaken by the National Sanitarium Association, the most important is that inaugurated to-day by Your Royal Highness, in making provision for children stricken with this dread disease. We have already some 25 children here housed in temporary quarters.

"I shall not soon forget a visit I made a couple of years ago to the children's ward in this place. There one of the most pitiable objects I ever saw lay in a little cot—so emanciated and wasted through her long struggle with consumption that for months she had been unable to raise her hand to give herself food. She did not even raise her eyes or utter a sound. I remember, too, how my young daughter gave expression to her emotion in a flood of tears, as she looked upon the silent and wasted form of the little one who seemed to be in the very grip of death. That little one (Lillian), whom we thought that day was dying, and whom even the nurses believed was doomed, stands with us the picture of a healthy, happy childhood.

"In all the acts of Jesus, as recorded in the New Testament, there is none that makes a wider appeal to the man or woman who has a sick child, than the story of the raising of Jairus' daughter. Jairus, a ruler of the synagogue, brought the Great Physician to the couch of his dying daughter, and though the multitude laughed the Saviour to scorn, He took her by the hand and said, 'Maid arise.' 'And,' says the apostle, 'her spirit came again and she arose straightway.'

"Twenty years ago the people of this country believed a child stricken with consumption doomed to death, just as surely as the crowd in the days of Jesus laughed at the suggestion that the daughter of Jairus could be restored to life from seeming death.

"To-day we believe Your Royal Highness lays the foundation stone for an institution that will see the story of Lillian repeated a thousandfold. Without irreverence, in no obscure sence, may we not say that the story of Jairus' daughter will be duplicated manifold in the history of this institution.

THE DUKE'S REPLY.

"I am glad to have a second opportunity within a few days of ex-

pressing myself publicly on the question of the white scourge," said His Royal Highness. "The building of which I to-day am laying the corner stone is one more tribute to the generosity and public spirit of the people of Canada, and I am happy to be associated, as was my brother, the lated King Edward, with the National Sanatorium Association.

"If great subscriptions, important buildings, and the interest and work of your leading citizens could stamp out tuberculosis we should soon hear the last of that disease. But they alone will not triumph over it, though they are indispensable.

"To succeed, we must overcome the apathy of the public, try to interest and instruct them, and make them take the simple precautions which science dictates for the maintenance of hygienic conditions. It should not be difficult to interest people in the preservation of their own lives and those of their children, but the apathy and obstinacy of the mass of the population is a phenomenon, which is an everlasting wonder.

"It is now pretty well established that tuberculosis in its earlier stages is curable, and it is probable by the sanatorium system that the best results are to be secured. I pray that this new sanatorium be the means of restoration to health of numbers of your citizens.

"Sanatorium treatment may be considered from the points of view of, first, education and, secondly, therapeutics, though in practice they should be complementary to each other, and are indeed indispensable. The therapeutic measures employed are, broadly, those which tend to diminish infection, and to increase the patient's resistence. To this end the patient should be protected as far as is practicable from continued infection, and should be freed from all debilitating conditions, such as impure air and insufficient food. He should be provided with an abundance of pure air and light. He should have a sufficient amount of nourishing food. The amount of exercise and rest, the time that may be given to employment and recreation, in short, every detail of life must be inquired into carefully, and regulated according to the requirements of each individual patient. To these measures of treatment may be added tuberculin, etc.

"On the preventative side, it is necessary that the patient should receive a sound education in what may be called the hygiene of the treatment. During the course of his treatment he should be taught the meaning and reason of the advice given, and, at the same time, should be instructed in the chief facts relating to his disease, its dangers, the means of their prevention, and rules of life necessary for the maintenance of his own health and the safety of those with whom he is brought into contact. In a sanatorium frequent lectures should be given by the resident staff on these points.

"But though you have the sanatoriums do not forget, and do not let others forget, that prevention is of vital importance. Properly applied methods can stamp out the disease, and I should like to think that some day the Weston Sanatorium should stand here empty: a monument to the good sense of the Canadian public."

HON. W. A. CHARLTON'S WORDS.

Not the least striking address was that of Hon. W. A. Charlton, the Vice-Chairman of the Board of Trustees. He said: "When we have the voice of Royalty speaking kindly words to the helpless poor; when we have the hands of Royalty laying the foundation stone of a home for the weary, sick, and distressed, we know the day of redemption is nigh at hand. Amen."

Short and practical addresses were delivered by Hon. W. J. Hanna and Mayor Geary. These speakers referred to what had been done, and spoke of the duty of the Government, the City of Toronto and the general public. The splendid generosity of such men as Mr. H. C. Hammond and Mr. W. J. Gage came in for appropriate commendation.

THE ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

This association held its annual meeting in Toronto on 21st and 22nd May. The gathering was a very successful one, and much valuable work was done.

J. George Adami, M.D., F.R.S., of Montreal, in his Presidential address, among other things, said:—

"Private philanthropy is insufficient for the great task and Governments and municipalities must take more of the burden upon themselves. He outlined what had been done, and urged that to cope adequately with the ravages of the disease there must be co-operation between Dominion, provinces, municipalities, universities, and special associations. One of the great strongholds of the disease, he said, was in the crowded tenements.

"In impoverished families, impoverished often through the enfeeblement of the bread-winner affected with the disease, it is too often impossible to afford a separate room for the invalid. Too often other members of the family use, and even sleep in, the room along with the patient, and insidiously but surely other members of the family become infected. These are, as I say, the main foci of infection. It is these cases that economically inflict the greatest loss upon the community, for they perpetuate the disease. Segregate them and they are harmless. Until very recently we in Canada did little or nothing for this order of cases. The

Mother Country for long years has taken care of them, and as Koch, Newsholme, and others have shown, it is in consequence of the plentiful provision of workhouses and hospitals throughout the land for such incurable cases that England enjoys her pre-eminence among all countries in the world in the reduction of tuberculosis mortality during the last sixty years."

Dr Craig described the system as worked in Manchester, England, where compulsory notification was in operation. When a case is discovered then a campaign of cleansing is begun after the sanction of the landlord has been obtained, though this may be made compulsory, and a report of the actual conditions is made.

"We in Canada should be in a position to demand a bill of health for every building from the sanitary authorities. In Manchester, the number of cases of tuberculosis located in factories is kept track of, and placards bearing instructions are posted in them. In New York, compulsory notification had followed a four year trial of voluntary notification, and had worked admirably, the death rate being reduced in nineteen years from 4.27 per thousand to 1.81 per thousand. Cases were carefully watched and attended to. Of course, adequate means for doing this must be provided before notification would be of any avail.

"If the patient will not come to the physician, the only alternative is that the physician go to the patient. This is rendered possible only through efficient notification."

Dr. C. A. Hodgetts, of Ottawa, made a strong plea for more sanitary houses for the poor classes. Until this reform is accomplished there will be much tuberculosis among the people. Consumption is a home-bred disease. Its stronghold is the insanitary and overcrowded building. These breeding grounds must be done away with.

Sir James Grant, M.D., K.C.M.G., Ottawa, said:—

"The life immigrating to this country is not more important than the life we have with us. The mortality of infants is undoubtedly greater than it should be. After careful investigation, the chief source of mortality was brought home to the mother, and to-day in Berlin, where nature takes her course, infant mortality has declined from 11 to 2 per cent. What better evidence can possibly be adduced against artificial feeding of infants?

"A ship such as the Titantic foundering with a loss of over 1,600 souls is a shock to the world. We are yearly at present facing a loss of human life in Canada from tuberculosis of fully 8,000 and over 3,000 from typhoid fever. Fortunately, a marked change for the better has taken place. A most worthy project would be the establishment of a provincial farm for inebriates, which would restore many to practical

usefulness, and reduce the death rate from tuberculosis as alcohol is known to be an undoubted factor in the production of the white plague.

"Dust, as a source of disease and particularly tuberculosis, is attracting wide attention, so much so, that an anti-dust campaign is near at hand. The constant inhalation of all kinds of irritating dust, makes the invasion of the tubercle bacillus an easy matter, especially with reference to municipal street dust, and house dust, of ordinarily constant prevalence; hence the fatal termination of many cases of tuberculosis, the result of street dust inhalation, of recently-expectorated tuberculous sputum, dried rapidly under a strong wind. Habitual infections from house dust are the most common sources of spreading this disease. In many cities to-day the principal cleaning of street is done at night, and accomplished as an almost dustless operation in removing by automobile vacuum street cleaners, on the principle of vacuum house-cleaning, which is rapidly taking the place of old and useless methods. Streets are the ventilating flues of cities, and house ventilation depends much on the quality and purity of street air. The widespread reforms now being introduced in civic cleanliness will have a powerful influence in safeguarding the public and lessening the spread of disease, particularly tuberculosis."

Dr. Herman Biggs, the Medical Health Officer of New York, gave an able and lucid address on the prevention of tuberculosis. He dwelt at length on the need for reporting the disease. This should be followed up by an inspection of the homes where the disease exists. These homes should be properly disinfected and often renovated to get rid of the infection. In the case of the very poor, they should be given assistance. Other members in these homes should be examined in order to detect incipient cases. Very delicate and anæmic persons in such homes should be sent to a preventorium with the view of being built up and their resistance increased. It was of the utmost importance that spitting around in public places should be suppressed. It was a fact that the density of the disease cases was much greater in some areas than in others. This went to prove infection and poor hygienic conditions. Lodging-houses should receive attention, and their should be supervision over private cases. Institutional treatment was of value, but should be followed up by some one after the patient's return home. In cities there should be clinics and the cases thus discovered visited.

In large cities there should be a central place where the cases would be reported. This would make the work of inspection easier. Sanitaria are of different sorts, such as the private, the state, and the municipal. It would be almost impossible to reduce the morbidity and death rates of this disease, unless there are places for the detention and treatment

of advanced cases. It is the advanced pulmonary case that gives off so much infection. The work of prevention can only be successfully carried on when there are beds enough for the treatment of incipient cases, and the isolation of the advanced ones.

Open air camps are capable of doing much good. Patients may stay in these during the day and home to sleep at night. Along this line of prevention those institutions that give rest, fresh air and good food to delicate and anaemic children are proving themselves most valuable. Open air schools are now coming into use in some places. In these the children secure the maximum of light and air, and are, in some places given a good dinner. Similar open air homes have been furnished for consumptive families. This work can be carried still further by having farms for arrested cases.

Dr. C. D. Parfitt, of the Gravenhurst Sanitarium, said no sanitarium in Ontario could cure tuberculosis; the patient discharged was only relatively cured. Nevertheless, no chronic organic disease improved so rapidly if given half a chance. The patient, after treatment, required more care than before. The feeling and appearance of robust health might be acquired, but the local disease in the lung would only subside after long care. The patient was prone to enter a fool's paradise of security and in over-exerting himself in freedom, often suffered a serious relapse. A consistently careful life must be lived. Unjust criticsim had been aimed at the Sanitarium treatment. Sanitaria could only begin to do the good work, lay the foundation on which the superstructure of an after cure must be built up. Seven out of every ten cases discharged required tender treatment at home afterwards.

Other valuable papers were read by Dr. R. C. Paterson, of St. Agathe, Que., by Dr. E. S. Harding, of Montreal, and Dr. Oliver Bruce, of London.

Hon. Adam Beck, of London, was elected president of the Canadian Association for the Prevention of Tuberculosis at the closing session in the Margaret Eaton School. He succeeds in office Dr. J. George Adami, of Montreal. Dr. G. D. Porter, of Toronto, was re-elected secretary, and Mr. George Burns, of Ottawa, was given the office of treasurer.

THE ONTARIO MEDICAL ASSOCIATION.

The thirty-second annual meeting of the Ontario Medical Association came to a successful close on 23rd May. The session lasted three days and had a number of important features that will mark it as unique.

The attendance was fair. It is to be regretted that more do not attend, but the quality of the work fully made up for any lack in

numbers. There was an able symposium on Graves' Disease, in which its medical and surgical aspects were well and ably dealt with. Dr. William Aldern Turner, of London, England, contributed the address in medicine. Dr. Turner was not present and the paper was read by Dr. Fotheringham.

In the various sections several papers were read and discussed that showed the advance that is being made along certain lines of work.

Dr. H. A. Bruce in his presidential address took up a number of important topics. With some of his views the profession, as a whole, may not agree, but free speech is the way to arrive at the truth.

At the Medical Building a series of cases were exhibited. Much interest in these was manifested by the members of the association. At the General, St. Michael's and the Western Hospitals and at the Asylum clinics were given and operations performed that were keenly followed. Each of these institutions served a luncheon to the visitors.

Professor Alexis Carell, of Rockfeller Institute, of New York, gave a very able address on the Surgery of the Blood Vessels and Transplantation of Tissues and Organs. This was followed by refreshments.

The City Council tendered a complimentary luncheon to the members of the Association in the University Quadrangle.

Dr. Geo. W. Crile, of Cleveland, gave an address of very great interest on a new principle in surgery which he has called Anoci Association. The feature of this address was to show that all painful sensations and depressing mental influences lowered the vitality, and made the patient less able to stand operations and lengthened the period of recovery.

Dr. Bruce gave a garden party on his grounds. A pleasant feature of the function was that it was graced by the presence of H. R. H. the Duke of Connaught.

The annual dinner at McConkey's was a brilliant success. The addresses of President R. A. Falconer, Mr. Justice Riddell and Archdeacon Cody are worthy of special mention. It is very rarely, indeed, that one has the privilege of hearing three such masterful speeches on any one occasion. Among others who spoke at the banquet were Hon. Dr. J. D. Reid, Hon. Dr. R. A. Pyne, Dr. H. G. McKidd, President of the Canada Medical Association, and Hon. Adam Beck.

Toronto was agreed upon as the next place of meeting. A number of resolutions were adopted and the usual honoraria voted to the secretaries and the treasurer.

The following officers were elected for the coming year:—President, Dr. Chas. MacGillivray, Whitby; First Vice-President, Dr. A. T. Shillington, Ottawa; Second Vice-President, Dr. Taylor, Goderich; Third

Vice-President, Dr. W. T. Park, Woodstock; Fourth Vice-President, Dr. J. H. Hare, Cobalt; Secretary, Dr. F. A. Clarkson, Toronto; Treasurer, Dr. J. H. Eliott, Toronto.

HEALTH MAP OF ENGLAND.

The first report on the incidence of notifiable infectious diseases in England and Wales was issued by Dr. Arthur Newsholme, chief medical officer to the Local Government Board, and from it a health map of England might be compiled.

Dr. Newsholme's order of Dec. 13, 1910, for the weekly report to the Local Government Board by medical officers of health of all cases notified in their district makes this report and those to follow it possible. The information thus collected promises to be extremely valuable in the fight by the public health authorities against disease.

The report, which covers 1911, shows, for instance, that typhus fever is almost extinct in England and Wales, there being only sixty-five cases in the year. There were 265 cases of smallpox.

Scarlet fever was the most prevalent infectious disease, with 104,617 cases, and diphtheria came next with 47,747 cases. Cases of pulmonary tuberculosis reported were 35,107, but the returns were not complete, and full figures for this disease will not be available until the end of 1912. There were 24,939 cases of erysipleas and 13,730 cases of enteric fever. No cases of cholera were reported, and only one case of plague.

The distribution of the diseases as revealed by the report is interesting. Thus twenty-seven of the sixty-five cases of typhus occurred in Liverpool, nine in Hull, and eight in Manchester.

London led in the number of scarlet fever cases, with 10,500. Liverpool was second with 3,663 cases, while Birmingham had 2,560 cases, and Manchester 2,302.

London led in the number of diphtheria cases, its total being 7,404, while Leeds was second with 1,163 cases, and Liverpool third with 1,127 cases.

RE-UNION OF THE CLASS OF 1892.

After being parted for a period of twenty years, the members of the graduating class in medicine of the University of Toronto for 1892 met at McConkey's on the evening of 20th May in a joyful re-union dinner. The gathering was held at that time, as being especially fitting

in connection with the annual meeting of the Ontario Medical Association, which began its three days' session on 21st May.

Dr. H. J. Way, of Chicago, president of the class, was chairman of the occasion, the details being taken care of by Dr. J. N. E. Brown, secretary, of Toronto. Among others at the dinner were Dr. Gear, Erin; Dr. Green, Embro; Dr. Smith, Grimsby; Dr. Forrest, Port Hope; Dr. Harper, Aliston; Dr. Hagerman, Milwaukee; Dr. Grant, Gravenhurst, and Dr. Campbell, Bradford.

It was decided to hold another class re-union in Toronto at the completion of the quarter-century, in May, 1917, five years hence. Officers were elected for the interim as follows: President, Dr. Lachlan McKechnie, Vancouver; Vice-Presidents, Dr. Samuel H. McCoy (Toronto), Dr. Frank Hagerman (Milwaukee), Dr. Hugh McCormack (New Auburn, Wis.), Dr. Geo. Clingan (Virden, Man.); Secretary, Dr. J. N. E. Brown, Toronto; Treasurer, Dr. Geo. Bowles, Toronto; Executive Committee, Drs. C. C. Richardson, D. A. Clark, and H. A. Bruce, all of Toronto.

HAS A HEALTH WEEK.

Practical lessons and moving picture shows for children in order to teach them how to keep healthy, and for ignorant mothers to show them the right way to bring up their babies are among the features of a campaign in England to impress upon everybody the motto that "All things in life depend upon health!"

The National Health Week—a crusade against ignorance, disease, needless suffering and dirt—opened on 17th May. During the week there was an essay competition for school children at Richmond, while at Birkhamstead a "health house" fitted up so as to give practical lessons in keeping well.

In many districts there were moving picture exhibitions illustrating the danger of keeping unclean homes, the peril of consumption, and the harmful character of the house fly. A free cinematograph show for 1,800 persons was given at the Northampton Institute, Finsbury, one film being entitled "The Right and Wrong Girl to Marry."

Mothers, factory girls, boy scouts and school children are all to have special lectures for their individual benefit.

Among the items which children are to be taught as important things to know in every day life are the following:

1. Seven thousand grown people and 2,500 children in England and Wales are totally blind, many of them because when they were

babies their mothers and nurses thought it such a little thing to wash a baby's eyes that it could not matter much whether it were done or not.

2. Wear clothes that can be washed if you have to do dirty work.
3. Help mother by keeping your own room tidy.
4. Don't read bad books nor look at horrid pictures.
5. Wear clogs instead of cheap leather boots.
6. Carry young babies or allow them to lie flat in the perambulator out of doors.
7. Do not use pushcarts.
8. Eat meat once a day, but don't drink tea with it.
9. Don't bother mother to let you sit up late.
10. Don't carry school-fellows as big as yourself.

There are to be baby shows, and the little ones exhibited this year are to be shown again in other years, so that their development can be noted and contrasted with that of others of their age.

A NOTE ON VIVISECTION.

Dear Rose Rambler,—Have you room in your delightful Circle for a hygienic girl? Thank you, I will try to make my visit short, as I know you do not like long introductory letters. While I am speaking about hygience I should like to say something about vivisection. There was mention made of it in last Saturday's page. I believe it is perfectly right, for is it not better to experiment on a few animals than to let hundreds of human beings die from pure ignorance of a cure for their diseases? When Doctor Flexner of the Rokefeller Institute operated on one hundred and twenty-five animals for the purpose of finding an antidote to the deadly cerebro-spinal meningitis and succeeded, it was perfectly justifiable—yet a band of women arose and tried to prevent this good work! They thought only of the animals, not of the benefit the future generations will derive from this wonderful discovery. Which do you think was the more cruel, Rose Rambler, the women or the doctor? Are not human beings of more value than many sparrows? Now please don't think me cruel, for I am not—I cannot even kill a poor little fly without pangs of regret.

The foregoing appeared in the *Globe* a couple of weeks ago. It is very much to the point and shows that there are some who can, and do, think properly on this subject. Civilized countries are killing animals, birds and fishes of all kinds constantly for food, dress and ornaments, and no storm is raised because of this. There are a few hysterical persons who raise a lot of noise over the making of proper experiments with the view of saving life.—Ed. LANCET.

NURSES' CONVENTION, HAMILTON.

Two hundred delegates were in attendance at the conventions of the Canadian Society of Superintendents of Training Schools for Nurses' and the Ontario Graduate Nurses' Association, held in Hamilton a short time ago. At the graduate nurses' meeting, held in the Y. W. C. A., the visitors, who came from all over Canada, were welcomed by Miss B. M. Simpson, president of the Alumni Asociation of Hamilton. Miss Helen Smith extended a welcome on behalf of the Hamilton Chapter. Miss I. F. Pringle, of Toronto, secretary, reported that the membership had passed the 300 mark. Miss L. L. Rogers, Toronto, presented the financial statement, which was most satisfactory. Registration was discussed, and it was agreed that every precaution should be taken to protect graduate nurses against those who had not proper qualifications. Addresses were given by Drs. Harrison and W. H. B. Aikins, of Toronto.

In the afternoon reports were presented and addresses given by Mrs. H. E. Clutterbuck, Mrs. E. J. Jamieson, Miss B. Crosby, Miss Dyke, Miss L. L. Rogers and Miss Stewart, Toronto; Miss Watson, London; Miss Renton, Hamilton. The visitors went to the Mountain Sanitarium, where a clinic was conducted by Dr. Holbrook. Chairman T. H. Pratt, of the Hospital Board, congratulated both organizations on the success of their conventions, and at the closing session Mrs. P. D. Crerar, Hamilton, and Miss C. M. Bowman, Portage la Prairie, spoke.

Officers for the Ontario Gradute Nurses were elected as follows:—President, Miss Bela Crosby, Toronto; 1st Vice-President, Mrs. W. C. Tilley, Toronto; 2nd Vice-President, Miss E. A. Read, London; Recording Secretary, Miss Ina F. Pringle, Toronto; Corresponding Secretary, Miss Jessie Cooper, Toronto; Treasurer, Miss Lina L. Rogers, Toronto; Directors, Misses Mathieson, Eastwood, Ewing, Wardell, Dyke, Grey, Potts, Neilson, Robinson, Rowan, McNeil, Devellin, Julia Stewart and Mesdames Yorke and Paffard.

MONEY DIVIDED AMONG CHARITIES.

At the twenty-eighth annual meeting of the Toronto Savings Bank "Charitable Trust" it was decided to take $1,200 from the year's earnings, to be apportioned as follows:—House of Providence, $150; Sacred Heart Orphanage, $200; Monastery of the Precious Blood, $150; Industrial School for Boys, $125; Industrial School for Girls, $125; St. Vincent's Infant's Home, $150; House of Industry, $18.00; St. Vincent de Paul's Children's Aid Society, $100; Monastery of the Good Shepherd, $100.

Very Rev. John T. Kidd, administrator of the diocese, presided at the meeting, and there were present his Honor Mr. Justice Kelly, Mr. Thomas Flynn, Mr. William Dineen and Mr. M. O'Connor (Treasurer).

XVII. INTERNATIONAL CONGRESS OF MEDICINE.

The second official circular of the Seventeenth International Medical Congress to be held in London, England, August 6th to 12th, 1913, has recently been issued.

The address in Medicine is by Professor Chauffard, the Address in Surgery by Prof. Harvey Cushing, while Prof. Paul Ehrlich is to deliver the Address in Pathology.

The circular contains the Provisional Programme of subjects for discussion in the twenty-three sections constituting the Congress.

It is hoped that the profession in Canada will take full advantage of an event of such great importance in the medical world in particular, as the profession in Canada has been accorded such rceognition by the British authorities in charge of the Congress.

Dr. W. H. B. Aikins, who is Secretary of the Canadian Committee, will be pleased to send these circulars or furnish other information to any one interested. The Secretary's address is 134 Bloor Street, West, Toronto.

HEALTH OFFICERS NAMED.

Six of the seven district health officers have been appointed by the Provincial Government. They are:—Dr. D. B. Bentley, of Sarnia, for the district comprising Essex, Elgin, Kent, Lambton, Middlesex and Oxford; Dr. T. J. McNally, of Owen Sound, for the district comprising Bruce, Dufferin, Grey, Huron, Perth, Wellington and Waterford; Dr. D. A. McClenahan, of Waterdown, for the district comprising Brant, Haldimand, Halton, Lincoln, Norfolk, Peel, Welland, Wentworth and York; Dr. Geo. Clinton, of Belleville, for the district comprising Ontario, Durham, Northumberland, Prince Edward, Hastings, Peterboro', Victoria, Muskoka and Simcoe; Dr. P. J. Moloney, of Cornwall, for the district comprising Lennox and Addington, Frontenac, Leeds, Grenville, Stormont, Dundas, Glengarry, Prescott, Russell, Carleton, Lanark and Renfrew; Dr. R. E. Wodehouse, of Fort William, for the district comprising the districts of Manitoulin, Algoma, Kenora, Thunder Bay and Rainy River. Dr. W. E. George for the district comprising the districts of Parry Sound, Nipissing, Temiskaming and Sudbury with headquarters at North Bay.

The appointments take effect on August 1st, when the doctors report for the prescribed course of study at the University.

MEDICAL GRADUATES, UNIVERSITY OR TORONTO.

The results of the examinations of the University of Toronto Faculty of Medicine have been announced. The gold medalists are R. R. McClenahan and F. M. McPhedran, while the latter also secured the Chappell prize in clinical surgery. Silver medals were awarded to L. J. Breslin and A. L. Wellman in the order named. The results follow:—

Graduates in Arts, in Natural Science, or in the Biological and Physical Sciences.—L. J. Breslin, H. A. W. Brown, H. C. Hall, F. R. Hassard, Miss E. M. Hayes, F. Hutchinson, E. J. Leary, R. R. McClenahan, J. S. McCullough, F. M. McPhedran, C. A. Macpherson, Miss G. Oakley, H. J. Robertson, E. B. Struthers, D. A. Warren, J. H. White.

Group III.: Obstetrics, Paediatrics, Gynaecology and Pathology.—1, F. M. McPhedran; 2, R. R. McClenahan.

Group IV.: Medical Jurisprudence, Toxiology, Hygiene and Psychiatry.—1, H. J. Robertson; 2, R. R. McClenahan; 3, F. M. McPhedran; 4, L. J. Breslin.

Pass.—*G. C. Brink, *H. H. Colwell, *A. J. McIntosh, *C. E. Trow.

The following students have completed supplemental examinations in the following subjects:—

Medicine.—H. E. Ferguson, L. J. Sebert, J. F. Shaw.

Surgery.—H. E. Ferguson, W. B. MacDermott, G. A. O'Leary, I. R. Smith.

Ophthalmology, Otology, Laryniology, and Rhinology.—H. F. Sproule, F. B. Ware.

Clinical Medicine.—H. Bell, W. B. Butt, D. L. Dick, H. E. Ferguson, H. Heffering, T. F. Kelly, W. J. Kirby, J. C. Lee, C. D. McCulloch, W. B. MacDermott, M. MacDonald, T. D. Park, L. J. Sebert, H. F. Sproule.

Clinical Surgery.—H. MacDonald.

Pathology.—H. Bell, H. F. Sproule.

Cynaecology.—W. J. Kirby, G. J. Lee.

Paediatrics.—H. Bell, H. F. Sproule.

The following students are required to pass supplemental examinations in the following subjects before completing the final year:—

Medicine—W. J. Kirby, H. H. Colwell.

Clinical Medicine—A. J. McIntosh, A. H. MacMurchy, W. W. Smith, F. W. Weston.

Surgery.—W. J. Kirby, G. C. Brink, C. E. Trow.

Pathology.—L. J. Sebert, W. W. Smith, H. H. Colwell, C. E. Trow.

Cynaecology.—H. H. Colwell.

Clinical Surgery.—C. D. McCulloch, J. F. Shaw, G. C. Brink.

Ophthalmology, Otology, Laryngology and Rhinology.—A. F. Mavety, H. H. Colwell, C. E. Trow.

Clinical Psychiatry.—A. J. McIntosh, C. E. Trow.

Fourth Year, Five Years' Course.

Medicine, Clinical Medicine, Surgery, Clinical Surgery, Pathology, Practical Pathology, Hygiene, Medical Jurisprudence and Toxicology, Topographical Anatomy, Pathological Chemistry:—

Pass.—S. L. Alexander (Aeg.), W. C. Allison, *H. H. Argue, *J. P. Austin, C. A. Brisco, F. A. Brokenshire, J. F. Burgess, A. J. Butler (Aeg.), T. L. Butters, T. C. Clark, W. D. Cruikshank, *T. D. Cumberland, *G. P. Dunning, *P. E. Faed, O. E. Finch, A. A. Fletcher, *R. O. Frost, R. W. Gliddon, *G. C. Graham, G. G. Greer, *E. R. Hastings, *R. Home, B. F. Keillor, C. F. Knight, *E. P. Lewis, G. W. Lougheed, C. C. Macklin, J. L. Mahoney, *J. C. Morgan, G. S. McAlpine, Miss A. McEwen, A. E. McKibbin, T. H. McKillip, D. B. McLean (Aeg.), S. W. Otton, R. C. Phelps, *W. S. Pickup, L. K. Poyntz, *W. A. Reddick, *S. A. Richardson, W. L. Robinson, H. P. Rogers, *A. C. Roxwell, *T. M. Savage, W. A. Scott, W. B. Seaton (Aeg.), J. D. Shields, K. M. B. Simon, E. A. Smith, H. A. Snetsinger, J. Thomson, J. G. Turnbull, F. M. Walker, G. A. Watson, *G. E. White, H. W. Wookey.

S. L. Alexander is granted aegrotat standing in the following subjects:—Hygiene, Obstetrics, Medical Jurisprudence and Texicology, Topographical Anatomy, Pathological Chemistry.

A. J. Butler is granted aegrotat standing of the fourth year.

D. B. McLean is granted aegrotat standing in the following subjects:—Surgery, Pathology, Hygiene, Medical Jurisprudence and Toxicology, Topographical Anatomy, Pathological Chemistry.

W. B. Seaton is granted aegrotat standing in the following subjects:—Medicine, Surgery, Pathology, Obsetetrics, Gynaecology, Hygiene, Medical Jurisprudence and Toxicology, Topographical, Anatomical, Pathological Chemistry.

The following students are required to take supplemental examinations in the following subjects before completing the fourth year:—

Medicine.—H. H. Argue, J. P. Austin, R. Home, E. P. Lewis, A. C. Rowswell, T. M. Savage.

Clinical Medicine.—J. P. Austin, R. O. Frost, J. G. Morgan, W. S. Picqup, A. C. Rowswell.

Surgery.—T. D. Cumberland, G. P. Dunning, E. P. Pickup, G. E. White.

Clinical Surgery.—E. R. Hastings.

Pathological Chemistry.—G. P. Dunning, W. S. Pickup.

Pathology.—G. P. Dunning, G. C. Graham, E. P. Lewis, W. S. Pickup, S. A. Richardson.

Topographical Anatomy.—P. E. Faed, G. C. Graham.

McGILL GRADUATES IN MEDICINE.

HOLMES GOLD MEDAL, for highest aggregate in all subjects forming the Medical Curriculum: F. H. MacKay, Mount Stewart, P.E.I.

FINAL PRIZE, for highest aggregate in the Fifth Year Subjects: A. P. Davies, Hull, Que.

WOOD GOLD MEDAL, for best examination in all the Clinical Branches: D. S. Lewis, M.Sc., Montreal, Que.

McGILL MEDICAL SOCIETY SENIOR PRIZE: First, A. J. Hébert, Shawinigan Falls, Que.; Second, E. C. Levine, Montreal, Que.

The following gentlemen, 46 in number, received the degrees of M.D., C.M.:—

Sem Grim Beck, B.Sc. (Muhlenberg), Hecktown, Pa.
Charles Reginald Bourne, Victoria, B.C.
Samuel Brown, Hallville, Ont.
John Wesley Crawford, Courtenay, B.C.
Andrew Pritchard Davies, Hull, P.Q.
Leonard L. Derby, Plantagenet, Ont.
Henry Rupert Derome, B.A. (Laval), Montreal.
Reginald Winniett Digby, B.A., Brantford, Ont.
Hamnett Townley Douglas, B.A., Montreal.
Frank Erle Draper, Montreal.
Paul Ewert, A.B. (Oberlin), Gretna, Man.
David Francis Dawson Freeze, Sussex, N.B.
Harry G. Furlong, Norwich, Ont.
Fred Leslie Gregory, Fairfield, Me.
John Harrison, B.A. (Cantab), Georgetown, B. Guiana.
Albert James Barlow Hebert, Shawinigan Falls, P.Q.
Lester Gorham Houle, Charlottetown, P.E.I.
John Stephen Jenkins, Charlottetown, P.E.I.
Samuel Garfield Kean, M.D., Brookfield, Nfld.
Joseph Kolber, B.A., Montreal.
David Sclater Lewis, M.Sc., Montreal.
Charles Harold McCreary, Morrisburg, Ont.

Dalraddy Law McDonald, B.A., Calgary, Alta.
Lloyd Phillips MacHaffie, Cornwall, Ont.
Frederick Holland Mackay, Mt. Stewart, P.E.I.
Laurie Hamilton McKim, Wallace Bridge, N.S.
James Somerled MacLeod, Charlottetown, P.E.I.
William Herbert McMillan, Brockville, Ont.
Louis Wellington MacNutt, Charlottetown, P.E.I.
Robert Sydney Miller, Demerara, B. Guiana.
Patrick Gannon Mulloy, Inkerman, Ont.
John Roderick Oulton, B.A. (Mt. Allison), Lorneville, N.S.
Henry Howard Planche, Cookshire, P.Q.
George Arthur Stuart Ramsay, B.A., Quebec, P.Q.
Harold Russell, Au Sable Forks, N.Y.
John Jacob Rosenbaum, Montreal.
Harold Chapman Steeves, B.A. (Mt. Allison), Hillsboro, N.B.
John William Stewart, Hampstead, Ont.
William Ross Stone, Vancouver, B.C.
Thomas Wellington Sutherland, Saskatoon, Sask.
Frederick Stanley Swaine, B.A. (Mt. Allison), North East. Harbour, N.S.
Edward Julian O'Neal Walcott, Christ Church, Barbados.
Irwin Wallace, Belleville, Ont.
Arthur Brittain Walter, Salt Spring Is., B.C.
Alexander Vernon Webster, Marie, P.E.I.

GRADUATES IN MEDICINE UNIVERSITY OF MANITOBA.

Charles Orby Banting, Wawanesa, Man.; George Victor Bedford, 116 Colony St., Winnipeg; Lambert Breidenbach, 667 Victor St., Winnipeg; Charles Randolph R. Bunn, 595 Broadway, Winnipeg; William Ewert Campbell, 398 Charles St., Winnipeg; Andrew McConnel Davidson, 715 William Ave., Winnipeg; Fred Lawrence Jamieson, 302 Edmonton St., Winnipeg; Lorne H. McConnell, Hamiota, Man.; John Daniel McEachern, 622 Elgin Ave., Winnipeg; Frank Lorne McKinnon, 572 Young St., Winnipeg; James Alois Murison, 414 Beverley St., Winnipeg; Edward Albert Shaw, 635 Agnes St., Winnipeg; Stephan Stephenson, West Selkirk, Man.; Herbert E. A. Story, Virden, Man.; Peter Luther, Stratith, Eyebrow, Sask.; Conden Maurice Strong, 257 Garry St., Winnipeg; David Alexander Tompsett, Goodlands, Man., and Norman Wilfred Warner, 54 Hargrave St., Winnipeg.

GRADUATES OF THE MEDICAL DEPARTMENT OF WESTERN UNIVERSITY.

W. N. Adams, W. H. Birks, A. W. Bodkin, H. Barrett, E. Bice, G. G. Clegg, S. Coulter, J. A. Campbell, E. Collins, W. S. Downham, C. L. Douglas, D. A. Fletcher, D. Garrett, J. P. Green, L. Glenn, R. D. Morand, J. Moriarty, R. J. McRoberts, W. L. McIlwraith, J .R. McRea, A. MacAuley, C. E. MacMehan, H. A. McFadyne, A. T. Nelson, R. Park, N .L. Phoenix, N. T. Schram, P. A. Scollick, M. Shipley, R. J. Shute, E. K. Simpson, H. E. Talbot, G. E. Thompson, C. B. Tran, H. N. Watson, G. C. Wagner, R. J. Washburn and L. R. Yelland.

Gold medalist, J. Moriarty; silver medalist, A. MacAuley.

DR. HAMILL'S MEDICAL EXCHANGE.

Physicians desiring to secure a location for practice in Ontario, Manitoba, Saskatchewan, Alberta, or British Columbia, can secure a list of from 25 to 35 openings in these provinces, some with and some without property, by applying to Dr. Hamill, who conducts the Canadian Medical Exchange, 75 Yonge Street, Toronto, for the purchase and sale of medical practices and property. Bona fide prospective buyers can get particulars free of any offer simply by applying therefor and agreeing in writing that all the information received is confidential and that they will not offer opposition for a reasonable time to any physician whose offer is submitted to them. A partial list of such practices for sale will be found amoung our advertising columns each month, the complexion of which naturally changes with each issue.

AN ACT TO AMEND THE ONTARIO MEDICAL ACT.

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. Subject to the provisions and conditions therein contained the Medical Act, Revised Statutes of Canada, 1906, shall apply to the Province of Ontario.

MEDICAL PREPARATIONS, ETC.

PREPARE THE BABIES FOR HOT WEATHER.

During the month of June it is not a bad plan for the physician to

take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term.

Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hematologic standpoint. The marasmic anemic baby deserves special attention in the way of building up and restoring a circulating fluid which is deficient in red cells and hemoglobin. In the entire Materia Medica there can be found no direct hematic quite as suitable for infants and young children as Pepto-Mangan (Gude). In addition to its distinctly pleasant taste, this hemic tonic is entirely devoid of irritant properties and never disturbs the digestion of the most feeble infant. Being free from astringent action, it does not induce constipation. A few weeks' treatment with appropriate doses of Pepto-Mangan very frequently establishes sufficient resisting power to enable the baby to pass through the hot summer without serious trouble, gastro-intestinal or otherwise.

IDEAL CONDITIONS OF SERUM MANUFACTURE.

If there is one therapeutic agent which, more than another, should be prepared with scrupulous care, that agent is diphtheria antitoxin. Its preparation should never be entrusted to the inexperienced or to those who are hampered by lack of facilities. It should have its origin in the blood of healthy horses—animals whose blood is known to be pure. The welfare of the diphtheritic patient demands a serum from which every element of conjecture is eliminated. In the opinion of many physicians these essentials are best exemplified in the Antidiphtheric Serum of Parke, Davis & Co. Certain it is that this antitoxin is manufactured under conditions that are ideal. Miles removed from the smoke and dust of Detroit, hundreds of feet above the river level, the company maintains a large stock farm, equipped with model stables and supervised by expert veterinarians. Here, in the best possible condition, are kept the horses employed in serum-production. The laboratories in which the antitoxin is prepared, tested and made ready for the market are the admiration of scientific men who visit them.