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*PRESIDENTIAL ADDRESS, CANADIAN MEDICAL ASSOCIATION

BY H. G. MACKID, M.D., CALGARY, ALTA.

If, in rising to address this national association as its president for the year, I confess to some small feeling of pride, I have little doubt you will forgive me for it. It is a feeling born, and legitimately born, of a deep sense of the honor you have laid upon me; and I trust you will accept the assurance of my heartfelt thanks.

Yet, deeply as I have appreciated the honor, I have felt the responsibilities of the office in an equal, or even a greater, degree. At times during the past year, let it be confessed, the work and worries incident to preparing for this meeting have almost made me regret my election. We all owe a debt of gratitude to the medical men in Edmonton and the city authorities for the arduous work they have done and the excellent help they have rendered.

Gentlemen, I do not propose in this presidential address to take up any one aspect of medicine in particular, as is done in many addresses of this character; nor to give a general review of the progress of medicine during the past year, with which many of you are better acquainted than I am. What I have set before myself is rather to review briefly the work of the association in the past two or three years; to point out the lines along which progress has been made, and along which, as I take it, progress has still to be made; to estimate what part in it all the West has taken and may take, and, finally, to make an appeal for greater unity in thought

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and in aim among the profession in Canada for the advancement of this association. If what I have to say shall render even the slightest service to the cause of the association, and through it to the cause of medicine in Canada, I shall feel myself amply repaid.

The selection of Edmonton for the place of meeting of the association this year is significant. It marks the awakening of the East to the fact that this Western part of the middle West has come to man's estate, and is showing the lustiness of youth. We of Alberta who have grown up, so to speak, with the province, have been ourselves amazed at the strength and rapidity of her growth. But the East had not really recognized the fact. The Easterner knew much of Vancouver and Winnipeg, but little of Calgary and Edmonton. Your selection of Edmonton, therefore, came as a welcome surprise. When it was first suggested, we immediately set our hearts on it. We desired greatly to give you a taste of Western hospitality, and we desired also that you should see us and observe how well we were getting on. Perhaps there is in us some such spirit as that of the boy who insists on his father measuring his height against the door every month.

However all this may be, you are eventually here, and in the name of Edmonton, and of Alberta, I bid you heartily welcome.

This is only the second time that the association has held its annual meeting in Alberta. In 1889 it met at Banff, and there were only eighty-two present.

Only two meetings in the history of the association have been held in the West previous to the present one. Of these, one, as I have said, was held at Banff, twenty-three years ago, in the year 1889. The president was Dr. H. H. Wright, of Ottawa, and the general secretary was Dr. James Bell, of Montreal, both of whom have since died. The vice-president for the North-West Territories at that time was Dr R. G. Brett, of Banff, who is so widely and favorably known throughout the West. The second of these meetings was held in Vancouver in August, 1904. The president was Dr. Tunstall, of Vancouver, and the secretary Dr. George Elliott, of Toronto. Dr. Elliott's annual report gave certain statistics of attendance which are interesting. He said that during the first decade after the organization of the association in 1867, there was an average attendance of seventy-one. In the second decade, from 1877 to 1887, there was an average attendance of 74.8; during the third decade, 107.5; while for the previous seven years, that is from 1897 to 1904, the average attendance was 139.1. In the light of these figures it is interesting to note that the average attendance for the past seven years has been 320, while if we count only the last three meetings since the inauguration of the *Journal* it is 400.

In reading over the minutes of the Vancouver meeting, I came across two resolutions of interest to us. One concerned the question of a Public Health Department for the whole country, the other that of Dominion Registration.

At the Vancouver meeting in 1904, a strong resolution was passed, urging the Dominion Government to establish a department of public health under a minister of the crown; a matter which the association had been urging for three years. Unfortunately, this resolution, as well as others of a like purport, remained without effect. But I am happy to be able to say that matters in this direction now look more favorable. At the first meeting of the Canadian Public Health Association, held last December in Montreal, under the presidency of Professor Starkey, Premier Borden promised that his government would institute a general reform in public health matters, and put that department on a sound and modern footing. In this he was supported by the Hon. Martin Burrell, Minister of Agriculture. We can thus hope that, before long, this very important question will be settled in the manner that this association has been urging for so long.

At the same meeting there was passed a resolution concerning Dominion Registration, to which Dr. Roddick, of Montreal, had given so much of his time. This, too, has now come to pass, but only this year. During the present spring the so-called "Enabling Clause" was finally passed by Ontario, the last of the provinces which had previously been afraid that their provincial autonomy would be endangered; and I am glad to be able to say that we are finally in a position to begin the detail work of arranging for a Dominion Council.

The Roddick Bill aims at the establishing of one set of examinations and one standard of qualifications for the practice of medicine in Canada, in place of the different examinations and varying standards of the individual provinces. It was introduced in the House of Commons in 1902 by Dr. Roddick, then representing St. Antoine Division, Montreal. The bill was passed, but owing to objections raised to certain features by provinces jealous as to their existing rights, it was found impossible to give effect to the act.

About two years ago a meeting of the representatives of the provincial medical councils was held in Montreal, when Dr. Roddick succeeded in securing the consent of all to certain amendments which he proposed to the original Act. These amendments, removing earlier objections, were embodied in a bill which was passed at the 1911 session of the Parliament in Ottawa. It is part of the Act as

it now stands that the provinces give their assent to the principle of the Act through a bill passed in their own legislatures, and it is this step which has now been taken by all the provinces.

When the Dominion Medical Council is finally formed it will be possible for a physician, having passed the examinations prescribed by it, to practise in any province of Canada, instead of, as at present, only in the province or provinces where he has satisfied the requirements of the respective provincial medical councils. The Dominion Medical Council will have full authority over the purely professional subjects, while the provinces will probably exercise authority over the non-professional subjects of the examinations.

I have no doubt that I voice the sentiments of all of you here present, and indeed of the whole profession in Canada, when I say that we all owe a profound debt of gratitude to Dr. Roddick, who has been the direct means, and in a sense the only means, by which this beneficent law has been placed on the statute-books. We realize what a vast amount of time and energy he has expended on this work; how, indeed, he has given many of the best years of his life to it. And in thanking him we desire to record, not alone our appreciation of the work he has done, but also of the sacrifice it has cost him. If it is, in his eyes, any reward that the profession throughout the country feels grateful to him for his work; if it is to him any gratification that the whole of Canada has learned to call this bill the "Roddick Bill"; if it is any pleasure to him to realize that every member of the profession, thinking of this task which he has accomplished, looks up to him with respect largely mixed with affection, let him be assured that all this is true. It is an achievement which perhaps no other medical man in Canada could have brought to pass. The task of reconciling so many diverse and even warring interests in the various provinces of the Dominion; of overcoming prejudice, and of bringing together those of dissimilar views, was only to be accomplished by a man whose professional reputation was high from East to West, and whose tact had become almost proverbial from East to West. People not only gave him affection; they gave him respect. It was the combination of qualities of head and heart in him which finally brought this great matter to a successful conclusion. One of the chief privileges of my office this year lies in the opportunity which it affords me of thus giving public expression, on behalf of the association, to the gratitude which we all feel towards Dr. Roddick.

I have thought that this meeting would be interested in a short review of the recent work of the association. The associa-

tion, it is true, has been in the last ten years steadily increasing in numbers, but the increase up to a recent period has been slow. The establishment of the *Journal* two years ago gave an enormous impetus to its growth. With the inception of the *Journal*, the conditions of membership were radically changed. In former years a member paid $2.00 annual subscription, and paid it only when he attended the annual meetings. It is perfectly clear that with an annual attendance varying from one to three hundred the amount of money in the treasury was rarely sufficient to do more than pay the ordinary expenses of the secretary's office, together with the expenses incident to the annual meeting. The activities of the association along general lines were extremely hampered. Without an official organ and without money, there was very little that could be efficiently done. Now we have changed all that. Thanks to the labors of the Finance Committee of the past two years, we have established an efficient journal of the association, which, under the able editorship of Dr. Andrew Macphail, has already won a place for itself in the periodical literature of the medical world. We have hopes that within a short time we shall be able to make it a weekly instead of a monthly. That will, however, depend upon the support given the association by the profession at large throughout the country. In the second place, the establishment of the *Journal* enabled the association to raise the membership fee to a reasonable amount, and to make membership in the association and the payment of the annual dues a permanent matter. I am instructed by the secretary and by the treasurer to say that this does not mean that the association has grown suddenly rich. In spite of the increased income, the necessary expenses connected with the publication of the *Journal* have eaten up nearly all the revenue. But the profession now has an organ to represent it in Canada; and while it is yet too soon to expect that it can give adequate representation to all the branches of the profession, and though it must naturally fall short as yet of the standard which many of you hope for it, it has nevertheless done extraordinary good work, and is a journal of which we all feel proud.

During the last two years a second big piece of work has been carried on by your officers. I refer to the affiliation of the various Provincial Associations with the Canadian Medical Association. At present all of the provinces save one have declared themselves in favor of affiliation, and have become affiliated. I am convinced that this work will be of the greatest benefit to the profession in Canada.

I pass now to a brief consideration of the needs of the future. Along what lines are advances to be made? To begin with, there is one matter, gentlemen, which I think is of paramount importance to this association, and it is this: the consolidation of the profession in Canada into one strong and united body. That task can be accomplished by no other means than by this national association. We have already done something towards this end. No longer than three years ago we were a very haphazard body. The membership was constituted, for all practical purposes, only by those who came to the annual meeting—from three hundred to four hundred men. And these, of course, varied enormously from year to year, according to the part of the country in which the meeting happened to be held. With this state of affairs, there was no possibility of concerted action. A great step forward was made in the establishment of the *Journal* of the association, and in making membership continuous, and the payment of the fee an annual necessity for continued membership. The establishment of the *Journal* involved, as I happen to know, a very great amount of labor on the part of the Finance Committee, and the thanks of the association are due to the members of the Finance Committee for the last three years, as well as to its able and self-sacrificing editor, Dr. Andrew Macphail. The *Journal* has had a very excellent start. It had to be begun as a monthly, but we look forward to its becoming, before long, a weekly. Canada can afford plenty of good material for a weekly, if material were all that was needed. But, unfortunately, journals cannot live on material alone. The financial burden of the undertaking is very great; and the Finance Committee assures me that unless the membership roll of the association increases very considerably, it will be impossible to stand the expenses of a weekly. When we consider that the *Journal,* as the organ of the Canadian Medical Association, is the one great bond which alone can unite the profession from East to West, we cannot fail to realize the great importance of loyal adherence to the association. It means so much to the profession in Canada as a whole, and to each individual man, that there should exist a strong central body, like the Canadian Medical Association, to look after their interests, that I cannot conceive how any medical man should remain out of it.

This, then, is the great problem—to get the Canadian Medical Association solidly cemented together. How is it to be done? To my mind, it is to be done by an extension of the principle of affiliation. Two years ago the only province that had declared itself in favor of affiliation with the Canadian Medical Association, and

that became affiliated, was Ontario. In the last two years all but one of the provinces have followed Ontario's lead, and the one exception has declared itself unofficially in favor of affiliation at an early date. This is the necessary beginning. But what we have yet to do towards organization, is to create a properly constituted body, a sort of parliament, with proportionate representation from each province. Hitherto we have had the Executive Council, but this body has been chosen in an absolutely casual way at the times of the general meetings by members who happened to be present at the first meeting of the session. The members of the Executive Council should be properly elected by the respective provincial associations, and the council should have more work given to it and greater responsibility placed upon it than in the past.

But this affiliation of the provincial associations with the Dominion Association is only half of what should be done. The principle of affiliation should be extended to embrace the relations of the provincial with the county and city societies. At present this is practically barren ground. The county societies have no relations with the provincial associations. They are casual and independent. Yet there can be no doubt that, to cement the profession together, the bond between the county and provincial societies ought to be quite as close as that between the provincial and national associations.

This then, gentlemen, is what I feel sure we must strive for, and what I ask your co-operation in. Let us begin with the county societies as the centre of things. Let us group, if necessary, several counties into one good district society. Let these elect members as delegates or officers to the respective provincial associations. Where no county societies exist, let the men of that particular region organize one. This has already been proposed for Ontario by Dr. Herbert Bruce, in his recent address as President of the Ontario Medical Association for this year. He said: "I think it very desirable that there should be an increase in the number of small county medical societies, and I should like to suggest that, for this purpose, the province be divided into ten districts corresponding to the ten health districts recently established by the provisions of the new health bill. As there are forty-seven counties in the province, this would mean that each society would include four or five counties, which appears to me to be a practical arrangement. Then the method of securing membership in the Ontario Medical Association would be simplified by accepting the members of these smaller societies, which would obviously be in a better

position to determine their qualifications." It seems to me that Dr. Bruce's proposal is of the greatest importance, and I would urge that a similar plan be adopted by the other provinces. Indeed, I think, gentlemen, that if this address has any value at all, that value lies in the advocacy of the idea just described. This is not the place to go into details of organization, which may well be left to the Executive Council and the general secretary; but I am convinced that a close union of all the county societies with their provincial association is the great need of the immediate future of this association.

But it may be asked by some of you, what, after all, are the advantages to be gained by this scheme of consolidation or affiliation? Are we going to be any better off for it? Perhaps the best reply I can make to such a hypothetical question is to point to the extraordinary success of the American Medical Association. I presume it can safely be said that no national association in the world has accomplished so much in so short a space of time for the general good of the profession as has the American Association. Anyone who has followed its work at all closely cannot but admire the extraordinary amount of good, both for the profession and for the public, which it has accomplished in the last ten to twenty years. The scope of its activities has widened enormously. It would be impossible in an address of this nature to refer in detail to all these activities, but I cannot avoid calling your attention to a few of them. It is well known to you that in the matter of medical education, not many years ago, the States, with the exception of a few prominent universities, were in a deplorable condition as regards their medical schools. The proprietary school, and as a more or less natural result, the diploma mill, flourished. The American Medical Association set itself to clean their Augean stables. Their stables were encumbered with such stuff as the diploma mill, a low standard of professional conduct, commercialism, quack medicines, dishonest proprietary remedies, all sorts of fake cures, and all sorts of patent medicines. They have not rid themselves, by a long way, of these matters of reproach, nor indeed has any country anywhere, but they have waged a very good war against them, and in that they serve us as a very good example. What have they done? They have established permanent, and active, and hard-working committees on medical education, which have reduced the number of the low-class medical schools to nearly half what they were before. They have established a committee on legislation, which, in a great many ways, has been of the greatest assistance in fighting the passage of bills in favor of unqualified sects in medicine, and in

favor of the proprietary interests; they have established committees on such subjects of general interest as anesthesia and the newer remedies, which have given to the profession at large reliable information upon these things. They have organized a very large proportion of the profession in America into a united body; they have published the fullest and most accurate directory of the medical men in the United States and Canada that exists, from which, by the way, our own association has derived much benefit. They have gradually made of the *Journal* of the association the best all-round weekly in the world; certainly the best for the general practitioner. Now the secret of the whole thing, the key-note of its success, has lain in its power to secure the loyal support of the profession throughout the country, and this they have done by the plan of organization that I have outlined above—county societies uniting to form state associations, and state associations uniting to form the national association. It means something to a man to be a member of a county society, for that is the only gateway to membership in the state and national associations. There is no reason why we in Canada should not make a like success with our own Association and our own *Journal*. All we need is a good start, and if we can arouse the enthusiasm and obtain the loyal support of the majority of the profession in Canada, we shall be able to follow out a like successful career. If we can only secure a large enough membership to justify the expenses of making our monthly into a weekly, we can then go ahead at a great pace. The *Journal* will attract new members; it will pay, and more than pay, its own running expenses; it can serve as a medium of publication for the whole profession; it can influence the legislatures to enact good medical laws; it can wage effectual war on the nostrum vendors and the quacks of all descriptions; it can furnish up-to-date information on all subjects of interest to the general practitioner; and it can do a thousand other things which I have not space to mention here. Any tendency to the narrow view, to an exclusive attention to home affairs, to provincial chauvinism, to country or city narrowness, to personal absorption in one's own practice to the exclusion of a larger view of national medical affairs, must be combatted; and I think that I strike no false note in appealing to you all who are here present to act in your own district as missionaries in this problem, to arouse a pride in our association and a willingness to work for it. I think that I can guarantee that so far as the West is concerned that spirit is already strong in us.

Gentlemen, I know you will forgive me, knowing me as you do of old for an enthusiastic Westerner, if I now allow myself, in

closing, a few words upon what seems to me to be the value of the West to the profession of medicine in Canada and to this association, and a few words also upon the future of medicine in the West.

What is the value of the West to medicine? Does not the answer lie in the words, energy and newness and opportunity. The West is young and lusty, and full of life. It has a love of action, and it has a love of newness. It is unhampered by traditions, whether of conduct or of science. It will do the things that it thinks right, whether in conduct or in science. I really do believe that, in medicine as in the rest of human endeavor, the West is going to supply that leaven of originality which, after all, is "the one thing needful." The West thinks boldly and acts boldly, by necessity first, then by conviction, and ultimately by habit. Give the West a little more time to establish herself soundly in the higher education, by means of provincial universities, and she will yield a rich harvest of energetic and trained men who will have in them that invaluable dash of Western originality which makes for really big work.

And now, what is to be the future of medicine in Alberta and the West? I think it will be admitted by everybody that the goal towards which we must strive in the matter of medical education in Canada is the establishment of a first-class medical school in each province of the Dominion, as part of a provincial university. This does not mean that each province must have a medical school as a necessity of itself; it means rather that with the enormous growth in population in Canada, it will become inevitable that each province shall have a medical school, and that we must see to it that that medical school is a first-class one. In Alberta we already have, and have had for the past four years, a provincial university whch is doing excellent work under the able presidency of Professor Tory. We have no doubt that before very long we shall be able to establish a good medical faculty. And I would point out that we have already in Alberta first-class facilities for the education of the medical man. Our hospitals are excellent institutions, and will soon be quite large enough to serve efficiently for the teaching of medicine. What we must aim at is to establish close relations between the university and any proposed beginnings of medical teaching. There is plenty of money in the country with which to endow education. It must be our business to show to our wealthy business men the advantages which must accrue to the province at large from any financial help given to the cause of general education. I place my faith in the growing wealth of this new country, and not less in the inherent generosity of the Westerner. It seems to me in-

evitable that our country will before long, not only have a university and a medical school that one may be proud of, but that these will be amply endowed with money made in the West, and given by the generous men of the West. All this may probably happen in Vancouver before it happens in Alberta, but we shall certainly not be far behind.

Looking forward, as I do, in this hopeful way to the future of medicine in the West, and anticipating as I do the training of medical men in the West, I feel sure that when we do graduate men in medicine out here, these men will do us credit. Like all Westerners, our graduates will have the love of travel, perhaps more so than have they of the East, and perhaps on the average they will have more money to do their travelling with. Already our medical men are well known in the big clinics in this country and abroad, from the mere fact that they visit them so often. This will make for broadness of view. If you get in any man broadness of view combined with energy and the progressive spirit, you get exactly those qualities which make for the advancement of medicine as a whole and the welfare of the patient in particular.

We have, out here, the advantages of a clean slate. We can begin right. We can begin where others leave off, unhampered by conditions that have got set and that are difficult to change. I hail the meeting of this national association in Alberta as a great stimulus. Our own men will be more encouraged to better work and our laymen will have an opportunity of seeing what the profession is doing for Canada.

And now, fellow-members of the Canadian Medical Association, I desire in closing to thank you for your patience. Yet I would not quite finish with nothing but the customary "thanks" in my mouth. Rather would I end with a renewed appeal to all the members here present, and to the whole profession in Canada, to unite themselves heartily together in this national association, for the benefit of the individual and the benefit of the whole.

A MODEL MEDICAL STAFF FOR A MODERN GENERAL HOSPITAL

GOLDWIN W. HOWLAND, M.D., TORONTO.

The general hospitals of most great cities still are staffed on the same ancient and old-fashioned methods that were suitable when the actual amount of specialized knowledge was very little and undeveloped. As a result to-day, with the exception of one or two famous hospitals, very little satisfactory work is being done, and the patients themselves receive only the ordinary treatment, which they might as well obtain from a well-versed general practitioner.

The question as to whether these general hospitals in the large cities are allied to a teaching university has little to do with this condition, for one and all should be endeavoring to increase the medical knowledge of the age and to give their patients the best and most modern treatment.

With the enormous amount of new material constantly being added to the annals of medicine, it is utterly impossible for any ordinary man to successfully accomplish the feat of understanding each division, and one sees in our midst much specialization in many lines, while, curious to say, it is wholly neglected in the staff formation of most, if not all, of the general hospitals.

Truly along the eye, and the ear, the throat and nose, gynecology and obstetrics and several surgical divisions, the specialist is found and separated by the hospital surgeons, but along the line of medicine, despite the fact that the chest, the abdomic, the cardiac and the nerve specialist are more or less definitely designated among the city practitioners, yet in the staffs of our large general hospitals only the skilled general practitioner has any place, and he is wholly unsuited to advance the science of medicine or to keep up-to-date on all the sides and subjects included in that science.

The reason for this lies in the fact, preached over and over again, that to be a successful and skilled practitioner, capable of being a chief in a hospital, it is absolutely necessary that a physician should be skilled in all branches of general medicine and not made narrow in his views or developed into a poor diagnostician by commencing at once or soon after graduation the study of a medical specialty.

This important fact is true and well known, and it is necessary therefore to include it as the basis of construction in a general hospital staff, while at the same time there must be some method of arriving at the specialist position as the culminating object both

of a professional life and as a means of developing medical science and of giving the patient the most modern treatment.

The following plan is the one which appears most natural in order to accomplish all that both friends and enemies of hospital specialism demand:

1. There must in the first place be a senior physician over the whole medical staff, both indoor and outdoor, who has charge of all arrangements and has the duties which fall on every head of a big business.

2. Associated with him there should be two or three eminent physicians, who have graduated from the ranks below, having moved up in the hospital from post to post.

These senior physicians must act as active consultants, having charge of all the cases entering the hospital. But they must, in common with the senior chief physician, have declared the specialty in medicine which they intend to follow, namely, such divisions as infections, chest, abdominal or nervous diseases; and during their period of time as active members of the hospital staff they shall have charge of all the patients which fall into the specialties they have chosen. In the smaller hospital it might be advisable for these senior physicians to interchange their special subjects each year, but in the large hospitals this would be a serious mistake, for the idea there is to develop the final period of a man's existence as a hospital physician so that he may be of the greatest value to the patients, and a yearly interchange would greatly invalidate this plan.

So that the conclusion on this first point is that the senior men on a hospital staff should denote the specialty they wish to adopt and that they should have all the cases under their care which would fall into that department.

Here I may add a note, namely, that such a selection would not mean that in his general consultation work a man would have to be governed by his hospital specialty; truly the work would turn that way, and most advantageously to his patients, but yet this would not by any means force that conclusion.

In the second place, it might be urged that, in the ordinary run of promotion, it might frequently occur that the tastes of the next in order for promotion might not be towards the vacant specialty; but to a man trained in the general plans such a condition means little, and it could always be arranged that he could move to the special department he favors when such a vacancy occurred there, or otherwise remain on the general staff, to be described below.

In the second place, besides this post of specialist, on the indoor department the same men should have charge of parallel special-

ties in connection with the outdoor staff, standing as active consultant there also in the same specialty they adopt on the indoor. Such special departments in the outdoor being held probably twice a week, and having the result of raising the standard of the outdoor department to a very high efficiency.

3. The next post on a hospital medical staff below the chief consultants should be that of ward chiefs.

The assistant physicians, or ward chiefs, should each have charge of certain definite wards in the hospitals. They should be responsible for all the cases entering, for their examination, diagnosis and treatment. The ward chiefs then may be said to represent the general physician and would obtain the experience which it is necessary for every first-class specialist to obtain. When a vacancy occurs in the staff of consultants, they must then determine the specialty they will follow on the hospital staff, and either accept the vacancy offered or refuse, or in accepting they may arrange to transfer to another specialty when that becomes vacant.

The relation of the patients to the consultant and the ward chief is as follows:

The ward chief is in charge of certain wards only, and on diagnosing a case he transfers it to the consultant who has charge of such a specialty, and who is not attached to any special ward. The latter may treat the case or leave the treatment to the ward chief. My experience with hospital registration permits me to add that this transfer can be arranged without the least difficulty by an absolutely simple method, which I need not trouble you with in detail.

By this excellent plan you give your senior and assistant physicians both first-class opportunities for work, you reconcile the difficulties of developing specialists without general training, and you place the senior physician where he should be and is in general practice, namely, as an active consultant.

As to the juniors on the staff, they can, as always, be easily disposed of. Place them in charge of the general outdoor department, seeing all new cases and sending each on their return visit to the special department, when they may either be treated or, if of little interest, returned to the junior for steady treatment.

Finally, the junior should serve for half the year as assistant to a ward chief and half the year as assistant to one of the special medical departments, in addition to the regular work on the general outdoor.

Such an arrangement of the staff will serve to develop all that is good in a man and will make the general hospitals adopting it much more up-to-date and useful than the present hopelessly unfavorable arrangement.

Medicine

GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND, GEO. W. ROSS, WM. D. YOUNG.

Pathology and Diagnosis of Constipation. (Am. Proctologic Society.) By WM. M. BEACH, M.D., OF PITTSBURG, PA.

Pathology of constipation is naturally considered under two general heads, namely:

1. Stasis due to altered secretions.
2. Stasis due to mechanical obstruction.

The first may be the result of neuroses and acute fermentative indigestion, or a bacillary infection. The anerobes may attack the contents of the bowel or the gut wall itself, leading to varying degrees of inflammation in the colon—as ulceration, hypertrophic and atrophic catarrh. The colon impaired functionally or traumatically leads to stasis and consecutive inhibition of the fecal excursion. Such impairment further disturbs the physiologic lines of defence against the auto-intoxications as:

(a) The intestinal mucosa itself;
(b) The liver, and
(c) The antitoxic glands.

Collateral with these phenomena in constipation are such factors as cholelithiasis, hypochlorhydria, cholangitis and appendicitis, as altered secretions incident to coprostasis.

Mechanical obstructions to be reckoned with include:

1. Enteroptosis or Glenard's disease.
2. Gastroptosis.
3. Dilatation of the colon.
4. Certain extra-mural and intra-mural sources of obstruction—as pelvic tumors and displacements, nephroptosis, enlarged glands, intussusception, malignant disease, etc.
5. Acute angulation at the recto-sigmoid junction, hypertrophy of O'Beirne's sphincter, and stiff rectal valves.
6. Disease in the anal canal.

Diagnosis resolves itself into an analysis of the above conditions; to differentiate acute or chronic obstruction and the ordinary functional stasis which may also be accompanied by the various forms of colitis.

Sequelae of Constipation, including Auto-Intoxication. Am. Proctologic Society.) By ALFRED J. ZOBEL, M.D., of San Francisco, Cal.

In this paper the writer mentions many of those conditions which seem to have their origin in chronic constipation with auto-intoxication. He states that experimental evidence has not as yet demonstrated that they actually do so, but close observation and clinical experience tend strongly to confirm the theory.

He writes that while all constipated individuals do not necessarily suffer from those symptoms ascribed to auto-intoxication, yet in his experience most patients with auto-toxic symptoms are constipated. This may be without their knowledge, and they often deny in good faith that they are so; but proctoscopic examination generally proves the sigmoid and rectum to be loaded with fecal matter.

A report is given of the proctoscopic observations made on a number of cases of hypertrophic arthritis. In almost every instance the lower bowel was found filled with a fecal mass, although most of the patients positively stated that they had had an evacuation within an hour or two previous to the time of examination. Thorough colonic flushings invariably brought about relief from pain, and in time marked improvement in their general condition.

These observations are in line with the theory advanced by various authors that arthritis deformans may be due to intestinal auto-intoxication.

Mention is made of the various muscular, arthritic, and neuralgic pains caused by absorption of toxins from the bowels. These are often misunderstood, and treatment instituted for rheumatism.

Congestion, irritation and various disturbances, both functional and organic, of the uterus, tubes and ovaries in the female; the vesicles, urethra and prostate in the male; and the bladder in both, may result from chronic constipation. This is due both to the proximity of these organs to the lower bowel and to their close physiological relationship.

It is noted that albuminuria may arise from intestinal stasis, and mention is made of the opinion advanced by various clinicians that a nephritis may even be caused thereby.

The role of constipation with auto-intoxication as causal factors of epilepsy, neurasthenia, and various mental conditions, as claimed by certain well known and competent observers, is stated here without comment.

The influence of these conditions on the heart, blood vessels and the blood and its effects on the eye, ear, nose and throat are dilated on in this paper, and in support of these statements quotations are culled from the literature that has appeared on this subject during the past five years.

The writer further briefly mentions a few more of those conditions that are supposed to arise from chronic constipation with auto-intoxication, and concludes by agreeing with the trite observation of Boardman Reed that, "When we except the exanthems, malaria, syphilis, tuberculosis, and the diseases caused by traumatisms, by metallic poisons, and by a few other toxic agents or infections from without, practically all the remaining maladies which afflict us and cut short our lives are now directly or indirectly traceable to auto-intoxication."

DIPHTHERIA.

G. I. Cumberlege (*B. M. J.*) is in favor of the oral administration of diphtheria antitoxine. The usual dose is 2,000 units followed by another dose. He has never given more than 4,000 units at a time. He has never seen a sign of serum sickness under the oral method of administration.

CARBOLIC ACID POISONING.

A cupful of alcohol and water, four ounces each, given by the mouth and at once removed by stomach tube, is, according to Burke (*N. Y. M. J.*), the best antidote in carbolic acid poisoning. Apomorphine hypodermically if the tube cannot be used. If alcohol is not at hand, a cupful of clear whiskey, brandy, gin, rum or cider vinegar. These should be repeated every five to ten minutes from four to eight times. Then administer sodium or magnesium sulphate, one-half to a two ounce dose in cupful of water. Stimulate heart, respiration and circulation by atropine sulphate, 1-100 to 1-60 grain. Demulcents as eggs and milk as after treatment.

THERAPEUTIC TIPS

NEVUS.

Bunch (*B. M. J.*) claims to have treated over 2,000 nevi with solid carbon dioxide. He believes this to be the best treatment yet devised. It is less successful in port wine stains with nodular, irregular surface and warty projections than in stellate, capillary, cavernous and flat pigmented nevi.

CHRONIC URETHRITIS.

Asch (*Zeit. für Urologie*) uses paraffine as an injection with ichthyol or tuberol mixed in it. It must be fluid at 40° C., anesthetise with alypin, 5 to 10% of paraffine, liquified by heating, injected and the meatus held for five minutes. The paraffine will remain in the urethra twelve hours.

TOXEMIA OF PREGNANCY.

Wm. M. Brown, Rochester, N.Y., for the toxemia of pregnancy, orders magnesium sulphate, hot packs, venesection, and intravenous infusion of saline or cane sugar solution. He considers veratrum viride may be dangerous as it adds another poison to the toxins present in the body. Delivery is to be considered the last resort. Begin early with vigorous elimination by the use of active cathartics.

NOCTURNAL ENURESIS IN CHILDREN.

J. A. M. A., gives the following prescription, if the urine is too acid: Potassii citratis, drachms, 1ss.; aquae menthol piperitae fl. ounces, 4. A teaspoonful in water, three times a day, after meals. This is for a child 5 years old, but a diet of milk and cereal would about correct the condition.

If the urine is alkaline, leave meat in the diet, and give hexamethylemine, grains xl. Fac. chartulas. A powder, dissolved in one-fourth of a glass of water, four times a day.

ASTHMA.

Kayser (*Thera. Monat*) describes thirteen cases of asthma and allied conditions where calcium chloride proved effectual as a prophylactic. He gave it as follows: Calcium chloride, 20 grm.; simple syrup, 40 grm.; distilled water to 400 grm. The patient took a tablespoonful of this in milk every two hours for eight days. After a day or two the patients all breathed and expectorated easier and their sleep was no longer disturbed. There were no further attacks after the third day, in all but two patients.

ERYSIPELAS.

Chlumsky (*Zentra für innere Med.*) has never had such good results since employing externally a mixture of 2 parts of ground camphor and 1 part phenol, adding 5 per cent. alcohol to the mixture. This makes an oily fluid, free from caustic action, and it is only in delicate skins that there is a slight smarting. It seems to be a special poison to streptococci. He has employed it in hundreds of cases of erysipelas in the past few years. It may cause a blue discolorization of the skin for a time.

VARICOSE ULCERS.—(*Med. Press and Circular*).—The following method for treating varicose ulcers is much recommended by a surgeon as superior to all others. The leg is placed on an inclined plane (45°), the body keeping the horizontal position. After the limb is covered with a fine gauze or linen, ironed on both sides to make it aseptic, a strong compression of the leg is made by an elastic band, beginning at the toes and reaching the knee. In this way ischemia is obtained similar to that by Esmarch's band. As soon as the band has been rolled up the leg, it is removed, and the ulcer treated by the usual topics and a dressing applied; the patient wearing an elastic stocking can get up and walk. The elastic band, by compressing the dilated capillaries as well as the small veins and lymphatics, removes from the tissues the products of congestion, allowing thus fresh blood to circulate in the arteries. A better nutrition of the ulcer is the result, and the healing more rapid. Varicose eczema can also be treated with advantage by the same method.

Reviews

The series of lectures which Prof. Carl von Noorden, of Vienna, is to deliver in several American cities on "New Aspects of Diabetes, Pathology and Treatment," will be issued in book form, October 26th, immediately at the close of the New York lectures, by E. B. Treat & Co., New York, who have published all his other monographs.

Messrs. Rebman Company, of New York, beg to announce now ready:

1. *Surgery of the Brain,* Vol. II., by Fedor Krause, M.D., of Berlin.

2. *Ophthalmology,* Vol. II., by Roemer, M.D.

On the press:

3. *Surgery of the Brain and Spinal Cord,* Vol. III., by Fedor Krause, M.D.

4. *The Diseases of the Oral Cavities,* one volume, by Zinsser, M.D. Fifty-one colored illustrations (four-color process) and 22 (one of which is colored) illustrations of the teeth, spirochetae and trepenomata.

A Text-book of Ophthalmology, in the Form of Clinical Lectures. By Dr. Paul Roemer, Professor of Ophthalmology at Greifswald. New York: Rebman Company, 1123 Broadway.

The work practically covers the whole subject of ophthalmology in a useful and interesting manner. It begins by describing the methods of examination of the various structures of the eye in a normal and an abnormal condition, and the anatomy and physiology of the same. Every part of the eye is treated in a general way more or less fully, but what makes the book of special value to students is the clinical examination of each individual case as it appears in general practice.

The pathology and bacteriology is in no way neglected, and the Wassermann reaction and tuberculin test are fully discussed in their relation to ophthalmology. Treatment, both medical and surgical, is thoroughly up-to-date.

The book is generously and well illustrated, a feature which is of great assistance to one who sees but a limited number of cases.

This work should and will be a great help to students and practitioners of ophthalmology, and will, no doubt, prove of inestimable value to general practitioners, whose knowledge of ophthalmology is necessarily limited.

Surgical Operations. A Handbook for Students and Practitioners. By PROF. FRIEDRICH PELS-LEUSDEN, Chief Surgeon to the University Surgical Clinic and Chief of the University Surgical Polyclinic in the Royal Charity Hospital of Berlin. Only authorized English translation, by Faxton E. Gardner, M.D., New York, with 668 illustrations. Published by Rebman Company, 1123 Broadway, New York.

The object of this book is a desire to link together what the author has taught the students in practical courses and theoretical lectures. It is a well-written, comprehensive volume, which should appeal to students and medical practitioners who require a volume on surgical operations. The chief charm of the work is the post-operative advice. The first part is devoted to a clear and comprehensive article on antisepsis and asepsis and how to obtain asepsis, and a description of chirosote, which is sprayed on the hands or skin after disinfection and holds any germs which remain fast to the skin. The second part deals with anesthesia, and includes the use of ethyl chloride and infiltration of the skin with cocaine, suprarenal extracts and Schleich's solution, infiltration of large nerve trunks, and anesthesia after Oberst, Hackenbruch's technique; venous anesthesia after Bier's method, lumbar anesthesia and general narcosis. Minute directions are given for the use of these various forms of anesthesia.

Part 3 deals with reunion of tissues and the division of tissues, sutures, skin grafting and bone surgery. This is followed by sections concerning surgery of blood vessels, operations on the extremities, head, neck, chest, abdomen, and genito-urinary organs. The directions throughout are minute and the parts on post-operation complications are very instructive.

International Clinics. Vol. 2. 1912. Philadelphia, London and Montreal: J. B. Lippincott Co.

This quarterly number contains several articles of great interest, others that are not particularly original, and a few that might have been omitted.

A symposium on anesthesia includes a prominent series of subjects, including all known forms of relieving operative pain. There is not much that has not been written before, but the short papers are much to the point and clear the situation for the doubtful physician. The article on intraspinal anesthesia, by Steel, is the most interesting of the set. Under *Surgery,* Royster gives a most delightful paper on surgery of the kidney, and his views on prolapsed kidney and stone are well worth reading. The second surgical paper on "Direct Methods of Laryngeal Examination" is interesting for those who adopt this modern art. The best paper in the volume is that on puerperal infection, by Darnall, and his methods of treatment and his conservative views are well described and of the utmost importance. Ballantyne, of Edinburgh, describes in an excellent manner the National Insurance Act of Great Britain and rather encourages the view that the doctors have practically got all they asked.

The papers on nervous disease include (1) by Weedler, on "Ocular Manifestations of Hysteria," of which he gives six classes, *viz.*, eyelids, iris, ciliary, and asthenopia, amblyopia and amaurosis; the work is decidedly of interest. (2) A series of cases described by Mettler, which hardly are of value apart from the clinical cases. (3) "Flexner on Poliomyelitis," which contains little, if any, fresh matter. (4) "Headaches and Tender Points in Diagnosis," by Dickinson, a really good paper, but verily dogmatic. (5) "Spondylotherapy," by Abrams, which is apparently only a reminder of the subject. (6) "The Management of Sunstroke," by Baruch, who lays down the law, in the course of a most interesting discussion, that the frequently-used iced baths recommended by all authorities are the cause of many fatal cases. (7) "Psychic Hypertension," by Madison Taylor, seems to inculcate methods of physical nature to cure nervous derangements, especially motor training in relaxation.

The "Vaccine" paper is presented by Watters, and it is most interesting and enthusiastic. On pellagra, Mizell sketches the role of cotton-seed oil and goes most carefully into the treatment. Finally, Rudolf, of Toronto, gives a masterly paper on the dangers of underfeeding infants, in a common-sense, well-authenticated description, while Vivarska devotes himself to the subject of preventing the bottle-fed baby, which means, in his eyes, in improving the milk supply of the mother so that there can be no excuse to stop nursing.

G. W. H.

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

The retirement of Dr. Adam H. Wright from the Professorship of Obstetrics in the Medical Faculty of the University of Toronto is a noteworthy event in the medical life of that institution.

A graduate in arts and medicine of forty years' standing, a teacher in the old Toronto School of Medicine, and since 1887 on the staff of the University, Dr. Wright's career has been for long years prominently identified with the progress and development of the provincial University, both in its general government and medical aspect.

At the same time he has always taken a leading place in the medical life of Toronto, the Province and Dominion. He has been particularly honored by his confreres, occupying the highest positions in the gift of the old Toronto Clinical Society, the Ontario Medical Association, the Canadian Medical Association, and the Aesculapian Club. He has occupied the position of Chairman of the Ontario Board of Health since 1911.

There is no more popular physician in Canada than Dr. Adam Wright; and he has always particularly endeared himself to the younger generation of practitioners, being the most approachable and lovable of men.

To the student body he was ever kind and encouraging, and was deservedly popular with all his classes; and he enjoyed in the best and highest sense the confidence and esteem of them all.

Canadian medical literature has been enriched by his contributions to city, county, provincial and national societies, particularly in his chosen specialty, in which he has for long been considered a high authority; whilst his Text-Book on Obstetrics remains one of the best and most practical works on the subject.

His many friends will wish him long life, good health, and continued prosperity.

The new Professor of Obstetrics and Gynecology at the University of Toronto is to be Dr. Benjamin P. Watson, of Edinburgh. Although a very young man to be called to such a prominent position, Dr. Watson has won distinction in the Mother Country. A Fellow of the Royal College of Surgeons of Edinburgh, a gold medallist, expertly trained in important hospital appointments, a student and assistant of such eminent men as Sir Alexander Simpson and Dr. Freeland Barbour, Dr. Watson may be counted upon to continue the status of these departments in the University, and, if possible, bring them to a higher degree of excellence.

The fourteenth annual report of the National Sanitarium Association is comforting reading. Prior to the inception of this pioneer work in the treatment of tuberculosis, there was a steady increase in the number of deaths in Ontario from this cause. The good work this Association has accomplished through the medium of its four institutions, as well as the educative influence exhibited, have very materially evidenced themselves in the annual reduction of deaths from this cause. The annual deaths twelve years ago reached 3,405; to-day they stand at a little over 2,000.

Of the 308 patients admitted to the free Gravenhurst institution, the greatest incidence of the disease is seen between the ages of fifteen and fifty, namely 295 cases, so that practically fifteen to forty may be set down as the age period for tuberculosis, sixteen being the number from forty to fifty. Of the total of 159 admitted to the pay institution, 148 were between fifteen and fifty years of age.

The occupations of admissions to the free hospital show these very interesting particulars: Eight book keepers; seventeen clerks;

fifteen domestics; thirty-six housewives; seven machinists; eight operators; twelve students; sixteen tailors; no occupation, twenty-six; laborers, twenty-six; farmers, thirteen. Further examination presents the strong feature that indoor occupation tends to favor infection far in predominance over outdoor life and work.

The statistics regarding inheritance and infection show that inheritance is equally divided on paternal and maternal sides, whilst that from both is a little more than one-half of either. Infection was seen in 26.2%, one-half of these also exhibiting a history of inheritance. Over one-half gave history of neither infection nor inheritance. In connection with this study it would be valuable and interesting to have these details classified from the male and female standpoint, which would evidence more indoor and outdoor life, as females are more given to indoor life than males.

At the Toronto Free Hospital and the King Edward Sanitarium at Weston there were 167 and 64 admissions respectively.

As regards age, in the seven years of the history of the former, out of a total of 1,170, 1,000 were between the ages of 16 and 50; in the latter, in four years, out of 316, 282 were between these ages.

Regarding occupations, the large number of laborers and house-workers is particularly striking. For the present year (1910-1911) there were 32 houseworkers in the Toronto Free Hospital and 18 in the King Edward. The laborers numbered 38 and 10 respectively. As regards indoor and outdoor life, it is rather remarkable that laborers are so largely represented in the statistics; and the appearance of the disease in these must mainly be put down to inclemency of weather, exposure, etc.

Tuberculosis now being a notifiable disease, the difficulty of gathering statistics regarding conditions of discharged cases should now not be so very great. Information as to these "follow-up" cases would prove valuable, and an effort should be made to get this together in some concrete form.

The medical students' days have come once more. The introductory lectures have been given and the embryo disciples of Aesculapius have settled down to their everlasting grinds. One, two, three, four, five years and they will have administered to them the Hippocratic oath and be entitled to pin the caduceus upon their bosoms. Then with a sheepskin in their pockets they will march forth to conquer the world and disease.

The former they will find a difficult task; of the latter, instead of the schoolmaster being abroad in the land, they will find the

medical officer of health in his place, for sanitation, preventive medicine, public medicine is the popular movement of the day and generation. Far-off fields will look green, but there are hospital restrictions; and whole armies of quacks fattening in their pastures.

All these narrow the limitations of legitimate practice, but they can keep their heads up, for is there not always room at the top, though most are content to gain a perch upon the middle rounds of the ladder of fame.

Medicine they will find a noble calling. Some will follow it through life as their vocation. Others will pin on to it an avocation, and still others will not be content to sit still and wait, but will seek new paths for their energies.

Five years of time, study, work, expense, fees, board, books, will be the sum total upon which to begin his medical career—and in an ever-narrowing field of labor, he will be a wise young man who will weigh well whether the future medical field will look as green at the close of student life as at the beginning.

To-day the practice of medicine offers far less inducements than a couple of decades ago. There is no room for the hundreds who annually seek admittance at its portals. Unsettled conditions in Britain, rapidly decreasing incomes in the United States and Canada, attest thereto. The harvest is light and the laborers are many.

Editorial Notes

SMALLPOX IN CANADA

In Vancouver, July 14-20, one case; Halifax, July 7-13, one case; Ottawa, June 9-15, one case; Windsor, Ont., June 12-22, two cases; Montreal, June 16-Aug. 17, 18 cases; Quebec, July 28-Aug. 24, three cases; no deaths.

MEDICAL DEPARTMENT OPENS AT UNIVERSITY OF TORONTO

Sir Hector Cameron delivered the opening lecture at the commencement of the session of 1912-13, on the afternoon of the 3rd of October. His address referred to Lord Lister and his epoch-making discovery. He also addressed some sound advice to the medical students. Dr. Louden, the former President of the University, recalled the time when fifteen years ago he had conferred on Lord Lister the degree of Doctor of Laws. President Falconer presided.

SKIN CLINIC IN NEW YORK

The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a fourteenth series of clinical lectures on diseases of the skin, in the out-patient hall of the hospital on Wednesday afternoons from October 30th to December 18th, 1912, at 4.15 p.m. The course will be free to the medical profession on the presentation of their professional cards.

POLIOMYELITIS AND THE BITING FLY

Professor M. J. Rosenan, of Harvard University, announced at the Congress on Hygiene and Demography, in Washington, Sept. 26, that he had apparently succeeded in transmitting infantile paralysis from sick to well monkeys by the bite of the common biting fly, *stomoxys calcitrans*. This fly resembles in size and appearance the common house fly and is most frequently found in and around stables.

BRITISH COLUMBIA AND MEDICAL EDUCATION

According to Hon. Dr. Young, Minister of Education for British Columbia, there will not be for many long years a medical faculty in connection with the new British Columbia University. The opinion of the medical profession in the Pacific Province is that there is an over-production of medical practitioners in Canada already, and in this they are quite right.

ALCOHOL AND INSANITY

There are 24,655 insane people in the hospitals for the insane in Ireland, an increase of 250 in 1911 over 1910. The report of the Inspectors of Lunatics states that there is practically no relationship between the distribution of insanity in Ireland and drunkenness, as chronic alcoholism is so small in Ireland as to have no great influence on the insanity rate.

MEASLES DEADLIEST OF CONTAGIOUS DISEASES

In the last year reported by the Census Bureau of the United States measles claimed 6,598 children's lives. Two important discoveries have recently been made at the Hygienic Laboratory at Washington by Drs. John F. Anderson and Joseph Goldberger. The epidermal scales shed during convalescence contain no infective material and do not serve to carry the disease, but contagion is really carried by the secretions from the nose and throat. Lower animals may suffer from measles, monkeys having been infected.

GERMAN DOCTORS VISIT TORONTO

Returning from the International Congress of Hygiene and Demography, about 250 prominent German physicians and scientists visited Toronto on the 3rd of October. A civic deputation conducted them to Convocation Hall of the University of Toronto, where they were welcomed by President Falconer and Dr. R. A. Reeve, President of the Academy of Medicine. The city of Toronto entertained them at luncheon. Amongst others who spoke were His Worship Mayor Geary, Mr. Gerhard Heintzman, Dr. Adam H.

Wright, Dr. Chas. J. Hastings, M.O.H., Prof. Dr. Rudolf Lannhoff, Professor His, Professor Loeffler, Dr. Meissner, Dr. Fornet and Professor Gaetner.

ACADEMY OF MEDICINE, TORONTO

The first general meeting of the Academy of Medicine was held on Tuesday evening, October 1st, when Sir Hector Cameron, of Glasgow University, delivered an address on "The Treatment of Abscess" and "Some Historical References to Antisepsis and Asepsis."

Dr. J. W. S. McCullough, Secretary of the Ontario Board of Health, made a presentation of a volume of manuscript clinical records of cases of women patients treated in the Edinburgh Royal Infirmary, 1787-88. Service of Dr. Gregory. Chief Clerk, Simon Fraser.

Dr. R. A. Reeve also made a presentation of B. Siefried Albini, *Explicatio Tabularum Anatomicarum.* Bartholomaei Eustachii, *Anatomici* Summi MDCCXLIV.

INTERNATIONAL CONGRESS OF MEDICINE (LONDON, 1913)

Preparations for the 17th International Congress of Medicine, which is to be held next year in London, England, are going forward rapidly. A circular has recently been issued by the Honorary Secretary, that all those intending to present papers at the Congress should notify him by February 28th, 1913, giving at the same time a short abstract of their paper. In this way a synopsis of the papers to be read will be prepared by official "reporters," and these will be translated into the various languages and published in the Medical Journals before the Congress meets. Those taking part in the Congress will thus come well prepared to participate in the discussions. We would urge upon Canadians the necessity of doing their fair share to make the Congress a success.

It is with pleasure we announce that Dr. T. G. Roddick, of Montreal, Emeritus Professor of Surgery, McGill University, has been appointed a Vice-President of the Congress.

The Canadian National Committee, as at present constituted, is as follows: W. H. B. Aikins, Toronto; A. McPhedran, Toronto; G. E. Armstrong, Montreal; T. G. Roddick, Montreal; H. A. McCallum,

London; H. G. MacKid, Calgary; Jasper Halpenny, Winnipeg; C. K. Clarke, Dean of the Medical Faculty, University of Toronto; J. C. Connell, Dean of the Medical Faculty, Queen's University; H. H. Chown, Dean of the Medical Faculty, Manitoba University; E. P. Lachapelle, Dean of the Medical Faculty, Laval University; F. J. Shepherd, Dean of the Medical Faculty, McGill University, and representatives of the Canadian medical press: Geo. Elliott, *"Dominion Medical Monthly"*; John Ferguson, *"Canada Lancet"*; George O. Hughes, *"Western Canada Medical Journal"*; A. Macphail, *"Canadian Medical Association Journal"*; Harry Morell, *"Western Medical News"*; Adam H. Wright, *Canadian Practitioner and Review"*; W. A. Young, *"Canadian Journal of Medicine and Surgery."*

The Honorary General Secretary is Dr. W. P. Herringham, and any communications in regard to the reading of papers should be addressed to him at the Central Office of the Congress, 13 Hinde St., London W., England.

News Items

Dr. A. C. Estey, M.O.H. of Calgary, Alta., has resigned.

Dr. J. H. Elliott has moved from 611 Spadina Avenue to 11 Spadina Road.

Mr. Carter-Cotton has been elected Chancellor of the British Columbia University.

Dr. Walter McKeown, Toronto, has gone to England and Germany for two months.

Dr. George Badgerow, who has been visiting in Toronto, has returned to London, England.

Dr. Dacre Walker, Andover, Mass., has been visiting Dr. Thos. Walker, St. John. N.B.

Dr. Chas. Hodgetts is acting M.O.H. for Ottawa during Dr. Shirreff's absence recuperating his health.

Sir Hector Cameron, of the University of Glasgow, has been the guest of Mr. Irving H. Cameron, Toronto.

Dr. Harvey Cushing, Baltimore, has officially severed his connection with Johns Hopkins University.

Dr. Thomas H. Quick, Calgary, Alta., was instantly killed in a motor accident on the night of September 30th.

Dr. Frank Scovil, of Brighton, England, has returned from spending a two months' holiday in St. John, N.B.

William Fielding Baines, M.D., died at Hopewell, N.S., August 5th, aged 23 years. He was graduated from Halifax Medical College in 1911.

Dr. R. W. Bruce Smith, Toronto, and Dr. Thos. Walker, St. John, N.B., attended the annual meeting of the American Hospital Association at Detroit.

Up to September 9th there had occurred in Buffalo 220 cases of infantile paralysis, with 26 deaths and permanent crippling in 60 per cent. of the survivors.

Dr. J. W. S. McCullough, Toronto, Secretary of the Ontario Board of Health, has been elected President of the Canadian Public Health Association.

Dr. Percy H. Power died in Vancouver August 28th. He was born in South Africa in 1866, and studied in the University of Dublin, where he graduated in 1887.

Dr. J. D. McKay, Trinity '95, of Marion, Indiana, passed through Toronto recently on his way to London, England, where he will do graduate work in eye, ear, nose and throat.

The following Canadian physicians were recently registered in Paris, France: Dr. T. B. Flint, Ottawa; Drs. J. de Varennes and Arthur Lavoie, Quebec; Drs. J. Kauffmann and Thos. F. Cotton, Montreal.

The President of the University of Toronto invited the Fellows of the Academy of Medicine, Toronto, to attend a reception in honor of the Deutsche Artzliche Studienreise, in Convocation Hall, on Thursday afternoon, October 3rd, at 5 o'clock.

The practice carried on heretofore by Drs. Oldright and Mackenzie, corner Carlton St. and Homewood Ave., Toronto, will be continued at the above address by Dr. Mackenzie. Dr. Oldright will in the future confine himself to practice in consultation.

The work on the Sanitarium at River Glade, N.B., is progressing favorably, and it is expected the building will be finished the latter part of November. Dr. Townsend, the superintendent, has taken up his residence at River Glade and is superintending the work.

Dr. John Jay Taylor, founder and editor of *The Medical Council*, Philadelphia, died at his summer home, Ocean City, N.J., on August 1st, 1912, in his 56th year. *The Medical Council* will be continued under the management of his widow, Mrs. J. J. Taylor, and Dr. Thos. S. Blair as editor.

Dr. Frederick W. Price, Lecturer on Diseases of the Heart at the Medical Graduates' College and Polyclinic, London, England, read a paper on the 8th of October before the Medical Section of the Academy of Medicine, the subject being, "Recent Advances in the Diagnosis, Prognosis and Treatment of Heart Diseases, Illustrated by the Polygraph."

Prof. H. Strauss, of the University of Berlin, will give a lecture, in German, at the New York Post-Graduate Medical School and Hospital, Twentieth Street and Second Avenue, on "Gastric Secretion from the Therapeutic Point of View," on Monday, October 14th, at 4 p.m., and at the same hour on Tuesday, October 15th, a lecture on "The Method and Purpose of Dechlorination in Nephritis." Cards of admission upon application.

Prof. C. von Noorden, of the University of Vienna, will give a series of lectures, in English, at the New York Post-Graduate Medical School and Hospital, on "New Aspects of the Pathology and Treatment of Diabetes," and on "Diagnosis and Treatment of Nephritis," beginning on Tuesday, October 29th, at 4 p.m., and continuing for four consecutive days, at the same hour. Cards of admission upon application.

Publishers Department

WE wish again to remind our readers that at any time they desire to sell their medical practices that the Canadian Medical Exchange, 75 Yonge Street, Toronto, in charge of Dr. Hamill, Medical Broker, offers them every facility for so doing, with a maximum of speed and minimum of publicity. His methods are sure to commend themselves to anyone who takes the trouble to investigate, and he would be pleased to send to anybody interested many letters of recommendation from many physicians whose practices he has sold during the last sixteen years. Dr. Hamill informs us that this is about the best time of year to effect a speedy sale.

THE Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, are to be congratulated on securing the services of Mr. Harold B. Scott as Manager of the Company, to succeed J. C. Bradley, who is retiring from that position. Mr. Scott is a bright, energetic young man, a graduate of Yale University with the degree of A.B. Upon his graduation from college he entered the commercial world, where he has enjoyed a wide, varied and successful experience in developing one of the great industries of our country. He is peculiarly well fitted for the management of a proprietary house, and his connection with Antiphlogistine will doubtless lead The Denver Chemical Mfg. Co. to spell success with larger letters than ever before.

SYMPTOMATIC OR COMPLICATING ANEMIA is that form or condition of blood poverty which results from various constitutional infections and diatheses. Prominent among such causes are, Syphilis, Rheumatism, Paludal Poisoning, Tuberculosis, Carcinoma, etc. In many instances, such an anemia is due to some obscure, latent metabolic perversion, or a slow but persistent intestinal autointoxication of gastro-intestinal origin. While it is an axiomatic principle that successful therapy depends upon the removal of the causative factor, it is more than often wise and eminently judicious to adopt direct hematinic treatment while the underlying cause is

being sought for and combated. Pepto-Mangan (Gude) being bland, non-irritant and readily tolerable, can almost always be given, with distinct advantage to appetite, digestion, nutrition and general well-being, while causative therapy is under way. Neither constipation nor digestive disturbance results from its steady use, and a general hematic gain is practically a certainty, if its use is persisted in.

TYPHOID FEVER.—In a large majority of cases of typhoid fever, there is undoubtedly an intestinal lesion, but other organs are also affected. In a few cases post-mortem examination reveals no lesion whatsoever in the alimentary tract. Typhoid fever differs from some of the infectious diseases in that, during its course, the entire body is exposed to a specific bacillus and that the lesions are, therefore, really several-fold. Many physicians do not admit this fact and speak of and treat enteric fever as if it were an infection to the intestinal canal. In typhoid fever, on the other hand, the patient may be seriously sick with a non-enteric typhoid and yet have an intestine totally free from the typhoid bacilli and from any of the intestinal lesions of the disease. The reports from pathologists show that many cases are now on record in which typhoid fever was present and in which no intestinal lesion was found. If the disease is an infection involving various organs of the economy, the treatment which only has in view the lesions found in the intestinal canal will be inadequate to meet successfully the patient's condition; consequently a close and careful study should be made of any suggestive cause. In the treatment of typhoid fever, the patient should, be in an aseptic, well ventilated light and cheerful room. He should have water at stated intervals. It is a great mistake to neglect this, as when a patient is unconscious he should have water and, of course, does not then ask for it. The medical treatment of enteric fever is largely symptomatic, the patient suffering from the infection produced by the typhoid bacillus. The body is necessarily affected by splenic toxemia; the intestinal glands and other organs are involved. Prominent among the latter symptoms, are emaciation and malnutrition, and this should be combatted by a food which will not overtax the digestive system, and will at the same time supply every element of nutrition. Bovinine is ideally indicated as a food. From the onset, antiseptics are indicated and should be administered more or less throughout the entire course of the disease; but, most of all, keep the patient's temperature down by sponge baths, and the strength and nutrition as near normal as possible.

ESSENCE OF BEEF, CHICKEN, VEAL OR MUTTON.—These preparations consist solely of the juice of the finest fresh English or Scotch meat, extracted by a gentle heat, perfectly free from any additional matter whatever—no water or any extraneous matter being used in the process of preparation. There being no preservatives used, it is necessary that, being once opened, they be used up in at least two days, or even less in very hot weather or in a torrid climate. They are best used as a jelly, administered by a teaspoon, and to this end (if the weather or climate has liquified the Essence), should be placed upon ice until the jelly form is reassumed. It can, however, be given as a liquid in conjunction with other fluids, as the doctor might prescribe. Also it is useful spread upon thin bread and butter or dry toast where this form of administration is advised by the doctor. Being so perfectly pure, it can be given in any case where a highly stimulating food is required, and will be readily assimilated by the weakest digestion, and can be administered when the patient is unable to take any other form of nourishment whatever, and even when in a state of coma. Sir Victor Horsley, at the British Medical Congress, held at Toronto in 1906, in an address on Surgery, remarked: "As regards cardiac stimulation, . . . the heart does not require accelerating as a rule, but it requires feeding: undoubtedly repeated enemata (every two hours) of four ounces of beef tea in which is dissolved Brand's Essence of pancreatinized milk, is the readiest means of beginning, etc." Its great stimulating properties render it of special value in wasting diseases, and some medical men hold that it is as valuable a stimulant in collapse or heart trouble as alcohol, with the very great advantage that the use of Brand's Essence is not followed by the distressing and troublesome *after depression,* as is only too often the case after the use of alcohol.

HEART MUSCLE AFFECTIONS APART FROM VALVULAR DISEASE.—Dr. G. A. Gibson (*The Lancet*) points out that muscular affections of the heart and certain nervous affections of that organ were practically inseparable. The principal causes of degenerative changes in the heart muscle were microbic; chemical poisons—either extraneous or autochthonous; and the cessation of certain internal glandular secretions. A combination of physical and mental overstrain had also to be seriously considered in the etiology. The symptoms were generally those of cardiac inadequacy. Disorders of rate and rhythm counted for less than changes in the arteries them-