

# Dominion Medical Monthly

And Ontario Medical Journal

Volume 43

TORONTO, JULY, 1914

Number 1

## Bacterial Vaccines

### (BACTERINS)

#### Acne Vaccine (Acne Bacterin).

For the treatment of non-pustular acne characterized by the presence of comedones.

#### Acne Vaccine, Combined (Acne Bacterin, Combined).

For the treatment of the pustular types of acne.

#### Catarrhal Vaccine, Combined.

For the treatment of catarrhal infections.

#### Colon Vaccine (Colon Bacterin).

For the treatment of colon infections, such as those of the genito-urinary and biliary tracts.

#### Combined Bacterial Vaccine (Van Cott).

For the treatment of erysipelas, puerperal sepsis, phlegmon, mastoiditis, malignant endocarditis acute tonsillitis, etc.

#### Furunculosis Vaccine.

For the treatment of boils, carbuncles, impetigo contagiosa and sycosis staphylogenes.

#### Gonococcus Vaccine (Gonococcus Bacterin).

For the treatment of acute gonorrhoea and its complications.

#### Gonococcus Vaccine, Combined (Gonococcus Bacterin, Combined).

For the treatment of gonorrhoeal infections complicated by the presence of staphylococci.

#### Pertussis Vaccine (Pertussis Bacterin).

#### Pertussis Vaccine, Combined (Pertussis Bacterin, Combined).

For the prophylaxis and treatment of whooping-cough.

#### Staphylococcus Vaccine (Albus) (Staphylococcus Albus Bacterin).

#### Staphylococcus Vaccine (Aureus) (Staphylococcus Aureus Bacterin).

#### Staphylococcus Vaccine (Citreus) (Staphylococcus Citreus Bacterin).

#### Staphylococcus Vaccine, Combined (Staphylococcus Bacterin, Combined).

For the treatment of furunculosis and carbuncle, sycosis, suppurative acne, eczema, felons, osteomyelitis, etc.

#### Streptococcus Vaccine (Streptococcus Bacterin).

For the treatment of erysipelas, puerperal septicemia, cellulitis, septic endocarditis, lymphangitis, the secondary infections of pulmonary tuberculosis, etc.

#### Urethritis Vaccine, Combined (Urethritis Bacterin, Combined).

For the treatment of urethral infections due to a variety of strains of bacteria in combination with the gonococcus.

### PRICES OF ALL VACCINES LISTED ABOVE.

Rubber-stoppered glass bulbs of 1 Cc.,	-	package of four, \$1.00
Graduated syringe containers,	-	package of four, 2.00
Graduated syringe container	-	package of one, .50

#### Meningococcus Vaccine (Prophylactic): Meningococcus Bacterin (Prophylactic).

For prophylactic treatment against meningitis.

#### Typhoid Vaccine (Prophylactic).

#### Typhoid-Paratyphoid Vaccine (Prophylactic).

For prophylactic treatment against typhoid fever.

### PRICES OF THE THREE VACCINES ABOVE LISTED.

Rubber-stoppered glass bulbs of 1 Cc.,	-	package of three, \$0.75
Graduated syringe containers,	-	package of three, 1.50
Graduated syringe container,	-	package of one, .75
Hospital package,	-	30 bulbs, 3.50

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Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated, a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues ; in its full strength it does not coagulate serous albumen.

For those purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

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In febrile conditions, nothing is comparable to Listerine as a mouth wash ; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine," 128 pages descriptive of the antiseptic, may be had upon application to the manufacturers,

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TORONTO, ONTARIO.

# Dominion Medical Monthly

And Ontario Medical Journal

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No. 1

## Original Articles

### "THE BALLAD OF THE SERVICES," AND ALLIED STUDIES

BY JAMES S. SPRAGUE, M.D., BELLEVILLE, ONTARIO.

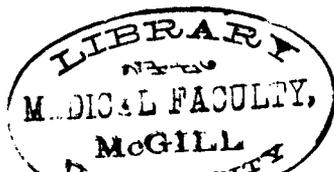
*Di prohibite minas; di, talem*

*Avertite casum, et placidi servate pios.—Virg. Lib. III.*

Sir James Paget said: "And so in toil, yet not in weariness, they pursue their way, sowing seed of which they reckon not whether they shall reap any fruit, content because they are in the path of duty; blest if only they see or think they minister to the welfare of their fellow-men."

From *British Medical Journal* I present Townataskim's interpretation of our medical services in foreign lands, so well praised in the prolegomena or words of Sir James, which evidently were the incentive for these lines:

Poets sing of battle's splendour, how their heroes fought and died for their country, for their freedom, in their youth and manly pride. Homer chanted deeds of glory, and undying halos flung round the gods and men of Hellas, when the world was fresh and young. Deeds since then of fame and prowess, brightened many a battlefield; noble hearts like Spartan victors, fighting, sank upon their shield. Yet how many hearts were broken, when the tidings came afar, that the loved ones slept forever, on the crimsoned field of war. But the heroes few remember when the laurel wreaths are given, have in noble duties perished, or in purer pathways striven. Who in sickness and in sorrow cheered the soldier on his way, o'er the burning sands of Egypt, in the tropics day by day? When the scorching sunlight smote him, when the fever racked his brain, who then eased the throbbing temples, cooled his lips, relieved the pain? When his life's blood quick was gushing, and the spirit near its flight, who then stopped the precious fountain, changing



darkness into light? Ah! my brothers, scant the glory we for toil and labor reap; yet, we'll onward, brave and fearless, let our records angels keep. In the battle smoke and thunder, facing death with dauntless breast, striving in thy sphere and duty, take thy glory—or thy rest.

“He enlists who takes the shilling,” and the result is well illustrated in “*Qui prend s’engage*,” of which Una Artevelde Taylor is the authoress, and was published by the *Westminster Gazette*, but a more elaborate description of the work of press-gangs can be found in the classical works of Tobias Smollett, M.D. (1721-1771), especially in “*Roderick Random*” and “*Peregrine Pickle*”: Morning and Maytime. The sungold glinted through larch-grove and oakwood all bathed in dew. On woodspurge and windflower, lilac-tinted, on crimson of orchis and hyacinth blue.—“*Qui prend s’engage!*” We took the King’s Shilling! In days to come, beat of the drum, dust of the road, long noonday marches, a flag to follow, glad or unwilling, defeat or, maybe, triumph arches. Reaped the cornfields, late poppies redden in withered grass where the dim mists rise, the laggard twilight is grey and leaden, in larch-grove and oakwood the rose-dusk dies. “*Qui prend s’engage!*” We wore the King’s Color! A thirsty land of drought and sand, white tents at night and a hot wind fretting, sleep, when the blare of the camp grows duller, a brief, brief dream when the sun is setting.

Autumn and nightfall. My old playfellow, the owls are hooting in larch-grove and oak, a sleepy moon hangs, round and yellow, over the field where the weed-fires smoke.—Deserted, we two!—Wrists bound, wounds aching, a last parade with the King’s Brigade, beat of the drum, the King’s flag flying, a stain on the turf when the day is breaking—“*Qui prend s’engage*,” living or dying.

These lines by Miss Taylor were sent to me in 1897 by Sergeant Anderson, King’s Royal Rifles, Chaerata, India. It cannot be said in the words of Kipling, that the surgeon, “lifted up my ’ead, an’ ’e plugged me where I bled, an’ ’e guv me ’arf a pint of water, green.” No! It is not on record that either deserter made this statement.

In this our copy relative to the surgeon in warfare I recall the assertion of Homer, who tells us Patroclus, from the thigh of Euryphylus, “cut out the biting shaft; and from the wound with tepid water cleansed the clotted blood; then, pounded in his hands the root (mandragora) applied astringent, anodyne, which all his pain allayed; the wound was dried and stanching the blood.”

Although, according to Kipling, "When 'Omer smote 'is bloom-in' lyre, 'e'd 'eard men sing by land and sea, and wot 'e thought 'e would require, 'e went and took, the same as me"—even as I am doing in the presentation of these *analecta de bellis et chirurgis*. I, too, must admit I am a poacher in obscure volumes, and especially pleasing and instructive is it for me to learn that even Virgil and Horace, my old friends, were plagiarists of no mean order, and the scholiasts, learned in the classics have proved that there is but little in literature that is new; in fact, as Knox says: "the thoughts we are thinking, our fathers have thought." The favorite writer Montaigne (1533-1592), whom Dr. Wm. Osler admires, tells us: "There is more ado to interpret interpretations than to interpret things, and more books upon books than upon all other subjects; we do nothing but comment upon one another." Yes, he who gave us the Iliad, records the fact that Machaon and Podalarius, sons of Aesculapius, were very much honored and important personages connected with the Greek army. In the third great siege of Troy, Paris "the spouse of Helen dealing darts around," struck Machaon in the right shoulder. Nestor, the old war king, carried him—the great Machaon—from the battlefield in his own regal chariot, and this event having been noticed by the faithful Achilles, skulking in his ship, he gave orders to Patroclus to make inquiries. The poet, when narrating this event, wrote this eulogium:

"A wise physician skilled our wounds to heal,  
Is more than armies to the public weal."

For this *cento medicalis* I may state that the Great Machaon, as history informs us by Virgil, was one of those resolute men who by device were the first to behold Troy within her gates, and evidently died in the siege. Podalarius survived Neptunian Troy's downfall, performed the successful operation of venesection for the daughter of a king (the first recorded case, says Sprengel, *Hist. de la Med.*, Vol. 1, page 131, Pod. Anth. Class. Dic.), and married her, as history informs us.

Yes, "Of two famed surgeons, Podalarius stands  
This hour surrounded by the Trojan bands,  
And great Machaon, wounded in his tent,  
Now wants the succor which so oft he lent."

—Pope's Translation of the Iliad.

During the Persian wars with the Asiatic States, Darius I. (521-485 B.C.), self styled "King of the Civilized World," and

“King of Kings,” had Greek doctors in his suite. His successors also had the same surgeons. Ctesias of Cnidus, from 414-398 B.C., was in the service of Persian kings; he is remembered not only as surgeon, but as a great historian, even as Herodotus or Zenophon, of the Persian wars, in which wars prisoners were treated with kindness and marked favor. The Arcanian, Philip, was physician and surgeon to the Great Alexander, and history gives us a fine illustration of Philip’s fidelity, honor and skill. The illustrious Galen, by command of Marcus Aurelius, accompanied him in his northern campaigns. Such, in brief, illustrates the nobility of surgery in the earliest years.

In the British Museum, London, there is a book, whose title is “Viaticum, the Pathway to the Surgeon’s Chest,” by John Woodall, Surgeon. It is stated that he was elected to fulfill the office of supervising and arranging the medicine chests for the navy. Each chest contained a treatise, and directions were given relative to the employment of the remedies, closing with the following admonition and advice to young surgeons:

“Let surgeons’ mates, to whom I write,  
Be warned by me, their friend,  
And not too rashly give a dose,  
Which then’s too late to mend.

“For many a good man leaves his life  
Through errors of that kind,  
Which I wish young men would avoid,  
And bear my words in mind.

“Tho’ sulphur, salts and mercury,  
Have healing medicine store,  
Yet know they are poison, and can kill;  
Prepare them well before.”

“Despite the seeming impertinence of this doggerel, Woodall was a right good surgeon in those days of the press-gangs; he introduced lemon-juice into the navy for the prevention of scurvy”—(Captain Cook did it before his time—“used tobacco juice enemas for intestinal obstruction, as results of his own experience. He devised the trephine, suggested amputation for gangrenous limbs and the use of ligatures for large trunks of blood vessels.” Again referring to “press” or impress “gangs,” I am told that within the last half century—men, honest men, have been dragged

as beasts on shipboard of British men-of-war vessels, thus confirming the seafaring life so classically described by Dr. Smollett and writers of a later period.

“Who are the heroes?” Dr. Marsh, Pensacola, asks, and defines who they are: “Who are the heroes? Are they those alone, who ‘mid crash of shot and bullets’ call, plunge madly on in face of fiercest foe, and win their cause, or for it fall? Are heroes only those who rush in sudden fray, and do some gallant deed of quick portent? Is heroism not more really shown by those whose lives from day to day are spent in baffling with the ills of life, and who go with forewarned vision to the dreadful things which silently creep upon the lives of men and take them hence with unseen wings? The first in life’s eventful morn moor the frail bark of helpless birth into safe haven from the storm of pain and sore distress, and last when shadows deepen into night of death, and breath is stilled and form gives o’er the struggle, and passive peace doth spread her brooding wings, and with soft fingers woos the last long smile of sweet content, on passive face, whose battles all are o’er, with no more foes to face, no pains to ease, for God hath said, “Peace, be still,” and “Peace hath come to go no more.” These are the heroes, for they seek no titles rare, they claim no scroll on which their names to score; but with fleeting recompense of gratitude, which lasts until the bill is rendered, and which like dew before the morning sun is then forgot and sour-faced visage their recompense in lieu thereof.”

That the military verse of Edgar Wallace, a correspondent of *London Daily Mail*, has the true Kipling ring is apparent enough in the following specimen of his work: “A tent is pitched at the base; a wagon that comes from the night; a stretcher—and on it a case; a surgeon, who’s holding a light. The infantry’s bearing the brunt—O, hark to the wind-carried cheer! A mutter of guns at the front; a whimper of sobs at the rear. And it’s *War!*—‘Orderly, hold the light; you can lay him down on the table; so, easily—gently! Thanks—you may go.’ And it’s *War!* but the part that is not for show.

“A tent with a table athwart, a table that is laid out for one; a waterproof cover—and nought but the limp, mangled work of a gun. A bottle that’s stuck by a pole, a guttering dip in the neck; the flickering light of a soul on the wondering eyes of the Wreck. And it’s *War!* ‘Orderly, hold his hand; I’m not going to hurt you, so don’t be afraid. A ricochet! God! what a mess it has made.’ And it’s *War!* and a very unhealthy trade.

"The clink of a stopper and glass ;  
     A sigh as the chloroform drips ;  
 A trickle of—what? on the grass,  
     And bluer and bluer the lips,  
 The lashes have hidden the stare.  
     A rent, and the clothes fall away . . . .  
 A touch and the wound is laid bare . . . .  
     A' cut, and the face has turned grey . . . .  
 And it's *War!* 'Orderly, take it out.  
     It's hard for his child and it's rough on his wife.  
     There might have been—sooner—a chance for his life.'  
     But it's *War!* 'Orderly, clean this knife!'"

Is it for scenes such as Wallace has so faithfully described that our sons are being taught the goose-step drill in our public school grounds and to satisfy the maws of the great guns, grape and case shot? "To intrude an unskilled hand to such a piece of Divine mechanism as the human body is indeed a fearful responsibility," says Lord Lisgar. "Act upon thoughts as they come and strike the iron while hot. If I have done anything it has been done by acting upon thoughts as they occurred to me."

H. Kemp, in the *Forum*, gives us the song of the guns:

"I sing the song of the great, clean guns that belch forth death at will. "Ah, but the wailing mothers, the lifeless forms and still!  
 "I sing the song of the billowing flags, the bugles that cry before.  
 "Ah, but the skeletons' flapping rags, the lips that speak no more!  
 "I sing the clash of bayonets, of sabres that flash and cleave. And wilt thou sing the maimed ones, too, that go with pinned-up sleeve? "I sing acclaimed generals that bring the victory home.  
 "Ah, but the broken bodies that drip like honeycomb! "I sing of hosts triumphant, long ranks of marching men. "And wilt thou sing the shadowy hosts that never come back again?"

Horace, in *Lib. I., Sat. 111*, as an old soldier, having fought under Brutus at Philippi, and thereby lost his patrimonial estate, tells us, "When creatures first at nature's birth, dumb, and unseemly crawled on earth; for acorns and for beds of leaves, they strove with fists, and then with staves; next use with iron arms supplied, and wars were fought, and warriors died; then speech was found, then language rose, and peaceful words succeeded blows." Yet Quintus Horatius Flaccus (born B.C. 65) in his works scarcely names his battles.

The following (by The Khan), entitled "Be Jingo," fully explains itself—and should be preserved by Col. Sam Hughes when

he and others meet Wellington and Blucher—extra Jordan—even Bonaparte; or even Lords Roberts and Kitchener:

“BE JINGO.”  
(By the Khan.)

“I like to see the Grenadiers,  
The Boys, I mean, that swept the West,  
Stand up and tell of scenes of war,  
With kindling eye and martial crest;  
Of fearful scenes that they’ve gone through,  
Of things they did and didn’t do.  
Be Jingo, we were at Batoche,  
And “fit” at Fish Creek, too, by gosh.

“I like the flush of honest pride,  
I like to mark their martial air.  
I like the broad and swelling breast,  
The forage cap set on a hair.  
You talk to them of Cut Knife Hill,  
The answer through your soul would thrill:  
Be Jingo, we were at Batoche,  
And “fit” at Fish Creek, too, by gosh.

“And when they climb the golden stairs,  
And meet the men of Waterloo,  
When they begin again to tell  
How they made Bonaparte look blue,  
The boys will simply wait awhile  
Then answer with a withering smile:  
Be Jingo, we were at Batoche,  
And “fit” at Fish Creek, too, by gosh.

J. J. C. Clarke gives his version of a vision which was one of the ideals of Dr. W. H. Drummond, author of *The Habitant*, etc.:  
“ . . . ‘Oh! the fighting races don’t die out, if they seldom die in bed, for love is first in their hearts, no doubt,’ said Burke; then Kelly said, ‘When Michael, the Irish Archangel, stands (the angel with the sword) and the battle dead from a hundred lands are ranged in one big horde, our line, that for Gabriel’s trumpet waits, will stretch three deep that day from Jehosophat to the

Golden Gates—Kelly and Burke and Shea,' 'Well, here's thank God for the race and the sod,' said Kelly and Burke and Shea." " . . . *La guerre*" (wrote Von Moltke) "*est une institution de Dieu. En elle les plus nobles vertus trouvent leur épanouissement. Sans la guerre le monde se perdrait dans le materialisme,*" and in the words of Joseph de Maistre we learn: "*Lorsque l'âme humaine a perdue son ressort par la mollesse, l'incrédulité, et les vices gangréneux qui sont l'excès de la civilisation, elle ne peut être retrempee que dans le sang.*" It may be stated the careful study of Price Collier's "*The West in the East*" and the works of Captain Mahan, U.S.N., President Lowell's volumes, and Lord Courzon's *Travels in China and Japan* will afford the Aesclepiadae and the student of ethnology and civilization much profitable study. Is civilization a failure? Is the Caucasian race played out? To use Lord Rosebery's words, "Are the nations still rattling into barbarism?" Are the two hundred or more sects in India, although fatalists, on the preparation to slaughter their neighbors, whose very shadow would pollute their only morsel? No!

The incentives most prominent in the establishment of war are found in the following four lines:

"The gold supplied the sword and shield  
For others in their cause to wield;  
And others, courage, others, pain,  
Brought them security and gain."

War has been, is, and ever will be the "Great Illusion," and the definition of it in all its hellish features Israel Zangwill has given us:

"*To safeguard peace we must prepare for war.*  
I know that maxim; it was forged in hell.  
This wealth of ships and guns and men inflames the vulgar,  
And makes the very war it guards against.  
The God of War is now a man of business,  
With vested capital,  
So much sunk Capital, such countless callings.  
The *Army, Navy, MEDICINE, the CHURCH—*  
*To bless and bury—Music, Engineering,*  
*Red-tape, Departments, Commissariats.*  
*Stores, Transports, Ammunition, Coaling-Stations,*  
*Fortifications, Cannon-foundries, Shipyards,*

Arsenals, Ranges, Drill-halls, Floating Docks,  
 War-loan Promoters, Military Tailors,  
 Camp-followers, Canteens, War Correspondents,  
 Horse-breeders, Armorers, Torpedo-builders,  
 Pipeclay and Medal Vendors, Big Drum-Makers,  
 Gold Lace Embroiderers, Opticians, Buglers,  
 Tent-makers, Banner-weavers, Powder-mixers,  
 Crutches and Cork Limb Manufacturers,  
 Balloonists, Mappists, Heliographers,  
 Inventors, Flying Men, and diving Demons,  
 Beelzebub and all his hosts, who, whether  
 In Water, Earth or Air, among them pocket,  
 When trade is brisk, a million pounds a week."

"Humanity has no excuse for war," said Sir Oliver Lodge, but Ruskin says: "All the pure and noble arts of peace are founded on war. No great art ever rose on earth but among a nation of soldiers. There is no art among a shepherd people, if it remains at peace. There is no art among an agricultural people, if it remains at peace. Commerce is barely consistent with fine art, but cannot produce it. Manufacture not only is unable to produce it, but invariably destroys whatever seeds of it exist. There is no great art possible to a nation but that which is based on battle." With Kipling in his "Recessional," you and I, who have studied—not simply read—Schmidt's Ancient History, James' Romance of Chivalry, Baine's Wars, etc., etc.—will agree: "Lo! all our pomp of yesterday is one with Nineveh and Tyre." Glory leads to the only goal—*ad urnam*. "War is hell!" said plucky Phil Sheridan. In 1910, while in company with Captain Adams and an old friend (Cragg), I was visiting the graves of three army surgeons (Welch, Houghtaling and Van Velsor, associates in my earliest practice), in the cemetery of Humboldt, Iowa, I repeated or recalled the lines of Townataskim, named in the introductory to this medley. I said: "Captain, you who know what life was in Libbyville prison, is this poetry true?" His reply, "True, yes; but not half told; it cannot be told; it never was told." To Cragg, the graves of whose three (maternal) uncles were near by, I said: "Are these lines true?" His reply was: "I cannot give an answer, yet if grandmother, whose grave is over there, and mother, whose grave is near, and my three uncles could arise and appear, shattered as the three were to shreds, I know their reply: 'Yes, it was "hell!"'"

and pensions never pacified or soothed broken hearts." Is it the pibroch sounding, or is it the war drum I am hearing this bright-day Sabbath morning? Yes, it is the turnout of the battalion to church—even one of Christ's churches! Inconsistency, thy name is war, and war is an illusion, and what is the church, illusion, delusion or hallucination? From the days of bull-hide shields and the arquebuse to the Martini, mooney and molluscous men, with sacerdotal fee-faw-fums, have not discouraged war. Have they foresworn their obligations? To the praise and honor of our profession, it has been recorded in reports of the British War Office that in no department of the service, numbers being considered, can one find a larger number of holders of the coveted V. C. than in that marked Medical. Yes, we claim our fellows—the guardian angels of those who were at Agincourt, in Egypt—even Dargai, previous and other struggles. They were the bravest, the tenderest, the loving and the daring, each better far than any hundred men of war in the ranks or carpet-knights at home. I will not tell you how "Donal' Campbell—Donal' Bane—sailed away across the ocean with the tartans of Clan Gordon, to the Indies' distant shore, but on Dargai's lonely hillside, Donal' Campbell met the foeman, and the glen of Athol Moray will never see him more. O! the wailing of the women, O! the storm of bitter sorrow sweeping like the wintry torrent through Athol Moray's glen." Dr. W. H. Drummond's "Donal' Campbell" will tell the full story.

Burns, in "Jolly Beggars," gives us a good picture of the veteran: "And now that I must beg with a wooden arm and leg and many a tatter'd rag hanging o'er my bum, I'm as happy with my wallet, my bottle and my collet as when I used in scarlet to follow a drum. What though with hoary locks I must stand the winter shocks, beneath the woods and rocks oft'times for a home, when t'other bag I sell, and t'other bottle tell, I could charge a troop of hell at the sound of a drum." The "child" of the regiment sang: "The godly old chaplain left him (the drummer) in the lurch, the sword I forsook for the sake of the church; he ventured the soul, and I risked the body, 'twas then I proved false to my sodger laddie. Full soon I grew sick of my sanctified sot, the regiment at large for a husband I got; from the gilded spontoon to the fife I was ready, I asked no more but a sodger laddie."

Robert Reid's "From the trenches" gives us the *illusion* in true colors, which, in part, I present, especially for my Scotch friends:

“ . . . There was Sandy McNab of Glen Dochart and Roy  
 frae the Angus braes,  
 And a pair o’ bonnier fechtters ne’er fac’d their country’s faes;  
 With big Neil Gunn, frae the Beauley—as ruckle and stieve a loon  
 As ever gralloched a raebuck, when the keeper was fou’ i’ the  
 toon.

“ . . . And they tell me I’m named in despatches, an’ sure  
 o’ the great V.C.,  
 But what I hae done to deserve the like it beats me yet to see;  
 For the corp o’ the commonest fechtin’ man is mair than enuech  
 to tyne,  
 But to pairt wi’ a leerin’ piper! losh, it never ance crossed my  
 mind!

“And what to do wi’t gin I get it pits a’ my brains in a creel,  
 I’ve as much use for a toy like that as a cairt for an extra wheel;  
 But Jennie, the limmer, micht like to see’t, and give me a kiss or  
 twa  
 To get weirin’t some day in her bosom—where it dootless would  
 look braw!

“But God forgie me for thinkin’ o’ ocht o’ the kind this day,  
 When the twa best freens man ever had are naething but sense-  
 less clay;  
 And oh! for my twa leal comrades ance more at my side to see,  
 And their crosses, and a’ sic havers, micht gang to the deil for  
 me.”

With Grotius, author of the great book, “War and Peace,” let  
 your prayer and my prayer be his noble prayer: “May God write  
 these lessons—He who alone can—on the hearts of all those who  
 have the affairs of Christendom in their hands. And may He give  
 to those persons a mind fitted to understand and to respect rights,  
 human and divine, and lead them to recollect always that the minis-  
 tration committed to them is no less than that they are the gov-  
 ernors of man, a creature most dear to God.”

These selections are presented as but segments from the swirl  
 of time and tide, as considerations more or less medical, and as  
 reminders, too, that we are more and more, as a profession, becom-  
 ing the advisers, friends and *counsellors* of the rulers of the  
 nations, and know full well the diseases contracted from camp fol-

lowers—not least in the retinue of any campaign, whose combatants have escaped the sword and shell, yet often carry homeward and to their sacred homes a relentless pestilence to wife and children—or to their hirelings (the Hetairae).

*Such is War, the Great Illusion.*

P.S.—I may present more copy of the “*Arma Virumque*” and relentless wrath of heroes.—S.

187 George St., Belleville, Ont.

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### ENUCLEATION OF THE TONSIL

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Guthrie (Thomas), *Liverpool Medico-Chr. Journal*, January, 1914. The author describes the technique of Sluder's method of enucleating tonsils by means of a guillotine with a specially strengthened and rigid shaft. The tonsil is dislocated from its normal position, upward and forward, until its lower pole rests on and is pressed through the ring by the alveolar eminence. The remainder of the tonsil is then squeezed through by pressure of the operator's finger on the anterior pillar of the fauces and soft palate. The tonsil usually yields to the pressure rather suddenly, and when this is felt to have occurred, the knife is pressed home.

After a little experience there are very few cases in which one fails to secure complete removal by this method, and it has the advantages of rapidity and of entailing much less risk of damage to surrounding structures than any of the dissection methods. In those cases in which enucleation by Sluder's method is impossible, or at least uncertain, the author prefers to dissect out the upper pole with a blunt or half-sharp dissector and complete the removal by means of a snare.

The reasons advanced for preferring Sluder's method of enucleation by dissection in the vast majority of cases are: The absolute efficiency of the operation, together with the fact that it is much less severe than a dissection operation.

Much lighter and shorter anaesthesia is required, the after-pain and discomfort are on the average less, and the risk of hemorrhage is lessened.—*Medical Chronicle*.

## THE ACADEMY OF MEDICINE

The April meeting of the Surgical Section of the Academy of Medicine was held on the 21st ult., the chairman, Dr. Wallace Scott, presiding.

Dr. W. H. Harris presented a patient upon whom he had operated for traumatic Jacksonian epilepsy, with the following notes:

Mr. Spencer, aged 38 years. Born in England, and lived there till five years ago, when he came to Canada.

*Family history.*—Father died at age of 40 from cancer of cheek. Otherwise the history is negative. Mother, brother, wife and child living and healthy.

*Personal history.*—No previous illness, no history of specific disease. Smokes moderately, but does not use alcohol. A painter by trade. While engaged at his work fourteen years ago he fell 30 feet, receiving injuries from which he remained unconscious for a week and in the hospital six weeks. He does not know on which part of his head he was injured.

Two months after the accident he began to have attacks of numbness in the fingers of his left hand. The numbness was followed by flexion of the fingers, and this by flexion of the elbow. Sometimes the contractions would involve the face on the left side. About two minutes after the onset of the numbness and twitching consciousness was lost.

No pain associated with the onset, only a feeling of tightness on the left side of face and head.

At times the attack began in the face and consciousness was lost without the arm involvement.

Frequently incontinence of urine and biting of the tongue occurred during the attack. The seizures were usually at night. For the first year they occurred two or three times in 24 hours. He took treatment for nine years as an outdoor patient at Bootle Borough Hospital, England.

The seizures lessened in frequency, and for some time they had occurred once in three or four weeks. Physical examination reveals no abnormality except that the deep reflexes on the left side are slightly more active than those on the right.

We operated on him at Grace Hospital on the 1st day of December, 1913.

A surface flap on the right side of his head was turned down, four trephine holes were made and the intervening bone cut by a wire saw.

A piece of bone about 2 inches square was removed, exposing the right Rolandic area.

Sub-dural adhesions were found over the area of the operation, together with a fragmentary irregularity of the inner surface of the skull.

The adhesions were broken down. Considerable fluid escaped. The dura was sutured with catgut. The bone was not replaced. A piece of gauze was used for drainage. The skin sutured with silkworm gut.

Following the operation, about 5.30 p.m., the patient had a severe general convulsive seizure, followed by unconsciousness.

At 8.50 the same evening he had another attack, and this was repeated at 3.45 the following morning. Since this time he has had no further attacks to our knowledge.

To summarize, here we have the history of an injury followed by unconsciousness.

In the course of time cramps of a certain group of muscles appeared, and these were followed by complete epileptic seizures.

The operative findings were sufficient to warrant surgical interference.

The time elapsed since the operation is not sufficient to suggest that the patient has been cured.

#### DISCUSSION.

Dr. Wallace Scott referred to a case of Mr. Balance with a similar history, and on operation a tumor was found, which was removed, with an excellent result.

Dr. George Wilson agreed that the time since operation was not sufficient to enable one to express an opinion as to prognosis. Most of these cases do well for a time, but frequently the symptoms return. In view of the fact that consciousness was lost, this was not a true case of Jacksonian epilepsy. In Jacksonian epilepsy consciousness is retained and the patient watches the progress of the fit. It is an easy matter to remove sub-dural adhesions, but nothing so far known to surgery will prevent their forming again. Several substances such as gold leaf and cargile membrane have been tried, but thus far they have failed. Those cases give the best prognosis where some pathological lesions other than adhesions are present, as a subdural cyst or depressed spicule of bone. Removal of these usually cures the patient.

Dr. Bryans reported a case of difficult labor, as a result of which the baby had a large hematoma. Shortly after birth twitching on right side and a convulsive seizure came on in right arm and leg. This occurred daily at first, then became more and more frequent until at the end of about a year these attacks were so frequent that something had to be done. A section of the skull was removed about one and one-half inches square. Nothing special was found underneath it, but the baby has had but one attack since the operation, and now, four years afterwards, the child is in perfect health.

Dr. Cotton referred to a case of his that Dr. Anderson had seen. This man, now twenty-one years of age, when eight years old, while playing on the ice, had a severe fall and became unconscious for several days. At eighteen or nineteen years of age there came on a peculiar sensation in one leg, and this was followed by convulsions, which kept up for two years. These convulsions came on about once every two months. Later he came under Dr. Anderson's charge at St. Michael's Hospital. Then he had sixty fits in two weeks. He came under my care afterwards. I operated on him and found a subdural cyst. He has been perfectly well since. This was four years ago.

Dr. Harris, in reply, said there was just one criticism he could answer, and that was that of Dr. Geo. Wilson. "Medical literature says these seizures are very frequently followed by unconsciousness."

Dr. F. W. Marlow presented a case of fracture of the humerus. "The patient was a young man, whom I saw with Dr. Herbert Hamilton last April 8th, one year ago. This man had the habit of walking along the street with his hands in his pockets. He slipped and stepped off the raised part of the sidewalk, and before he could get his hands out of his pockets he fell on his elbow and fractured the left humerus. Dr. Hamilton and I saw him together and put his arm up temporarily in cotton and bandages. The following day an X-ray picture was taken. This showed a fracture of the humerus running from 2 inches below the head to a point about 3 inches above the elbow. With the assistance of Dr. Hamilton and Dr. Philip, I made a large incision over the outer part of the arm. Plating was considered, but the bone was found to be brittle and we then decided to make use of wiring. We first put a wire around the upper part of the bone dealing with the fracture extending up into the head. Then we attempted to drill, but when we tried to do so the bone was so brittle that it broke off in pieces. We got two holes drilled through the lower fragment and middle

fragment and put in two silver wires. The apposition was fairly good. After this treatment there was a slight amount of overlapping of the bones, but the arm was fairly straight. Following the operation there was a great deal of oozing. After the stitches were taken out the arm was put up in plaster. After putting on the plaster we made a window for dressing purposes, as a serious oozing continued. Later on the wound healed over and remained healed for some months. Then there developed a small sinus. With a probe one could readily feel a piece of the wire. I twisted the knot off and the wound healed up. Shortly after this, however, it broke down again, and subsequently a small fragment of bone was discharged. That was probably the cause of the trouble and not the wire. Since the piece of bone came out the wound has healed up and has remained healed.

"One other interesting feature of this case was that at the time of the fracture there was slight musculospiral disability, but this was not very marked. Gradually the disability got worse until the patient had a musculospiral paralysis. I was satisfied that the wire had not included the musculospiral nerve, as at the time of the operation I kept very close to the bone. As time went on and he began to do a little work the paralysis entirely disappeared and left him with a perfectly useful arm."

Dr. Herbert Hamilton did not know that he had anything to add except that both the patient and Dr. Marlow ought to be congratulated on the patience which they exhibited throughout the course of that summer and autumn. "With the development of a musculospiral paralysis and the marked wrist drop, I thought at the time that the musculospiral nerve was included in the scar tissue. In that first X-ray plate there is a very marked round triangular piece of bone entirely detached from the shaft. At the time of the operation that portion of the bone gave a great deal of trouble. The young man is now working at his trade with good use of his arm."

Dr. Powell said: "Dr. Marlow has raised the old question of the method of fixation. Having used wire, pegs and other means, I have come to think that kangaroo tendon is the least harmful and most useful material we have. In regard to the involvement of the musculospiral nerve, this lesion was, no doubt, due to compression and scar formation, or it probably may have been an irritative lesion, with loss of power for a time."

Dr. Hunter said: "Would it not be much better to leave such a fracture as that alone and merely treat it in the ordinary way?" Dr. Hunter referred to a case of a lad ten years of age run over

by a heavy wagon, the wheel of which passed between the wrist and the elbow, causing a fracture of the ulna and radius. He made a wooden box and put the arm in it and picked out what loose pieces of bone he could. Dr. B. E. McKenzie transplanted some of the tendons afterwards. The boy now has a useful arm. This arm was simply kept clean.

Dr. Wilson said the fact that the musculospiral paralysis came on slowly proved that it was compression paralysis, the nerve having got caught in the scar tissue. The reaction of degeneration can be tested any time after ten days. A response to Faradism indicates incomplete division, and the patient will probably recover in six or eight weeks. No response to Faradism and a sluggish response to galvanism with ACC KCC or equal to it shows that degeneration has set in. This reaction shows that there is complete division and there will be no improvement without operation. Consequently a definite prognosis can be given after ten days.

Dr. Clarence Starr congratulated Dr. Marlow on the satisfactory result obtained, both functionally and anatomically. "The question of interest here is the length of time the man was disabled. The question we ought to face is whether we are shortening the time of disability or lengthening it. My own view is that in fractures of this kind, even with fragments separated from the bulk of the bone, better results are obtained without operative interference. I would be pretty dogmatic in stating that fixation of that arm by splints alone would have given quicker results and equally good function. Personally I do not think there is any fixation like the plaster spica in these cases. This form of fixation becomes comfortable after twenty-four hours and gives better fixation than any other form. I doubt that that piece of bone would have come out at all or caused a sinus if the arm had not been opened up. Often in a simple fracture, where a fragment is broken off and apparently torn from the periosteum, union afterwards is quite good. Fractures which are not opened up and not exposed unite more rapidly than those which are cut into. I would not have any hesitation in stating that that patient, if he had been treated by ordinary methods, would have shown better results.

"The musculospiral paralysis coming on is often overlooked at the time of injury. Dr. Marlow says in this case there was a slight amount of musculospiral involvement, but as it was not serious the musculospiral was, therefore, not divided. It was contused, however. In my experience in cases of fractures of the humerus, I have rarely found the musculospiral nerve completely divided. This only happens where the limb is run over and where the tissues

are all destroyed. Often, however, this nerve is contused and musculospiral paralysis follows, with the usual wrist-drop, but that always subsides, and if the wrist is held in an extended position strength returns earlier. Robert Jones of Liverpool says recovery takes place in half the time if the extensor muscles are relaxed. He puts the arm in those cases in a position of hyperextension."

Dr. Wallace Scott said he had had considerable experience plating and wiring bones. He believed that if possible to hold any fractures in position by outside means, this means should be used. The indication for operative treatment is only in those cases where the bones cannot be held in apposition. He thought the first X-ray plate showed the fragment in good apposition. Another indication for plating or wiring bones is in cases of un-united fracture or delayed union. "Dr. Marlow is to be congratulated on getting union the way he did. The aim of the surgeon in fracture cases should be to get good functional results. It does not matter if the bone is not the same shape as before, if it has good function."

Dr. Scott reported the case of a man who had his elbow run over. This man lost the lower end of his humerus, and there is an un-united fracture of the ulna and an outward dislocation of the radius. Notwithstanding this unsatisfactory anatomical condition the man can use the arm perfectly well, and the elbow seems just as good as if it had never been injured.

Dr. Cotton said: "This is one of the long bones of the body, and so is easy to work into position. In this case I would have put on Aiken's splint, using a poroplastic splint for the inside of the arm and running it well up under the axilla. Applying extension and counter extension, one can keep the bones in good apposition. We have had a good many of these cases at Grace Hospital, and have treated them in that way and with good results. Our experience is that bones are much longer in uniting and becoming solid with plating than they are without it."

Dr. W. J. Wilson explained that the Aiken splint is a piece of hoop iron which is made to extend over the shoulder and down to the wrist, an angular splint with two bends in it.

Dr. Marlow, in closing the discussion, said he was glad that this man had been treated in the way he had shown, if for nothing else than to evoke such a hearty discussion. "One question I am asked about is the disappearance of the paralysis. The paralysis began to clear up in ten weeks after its onset, and so far as this man being incapacitated for a long time is concerned, I may say he was ready to go to work as soon as the paralysis disappeared, and I think, no matter what method of treatment had been used, if

the same amount of paralysis had been present, he would not have been at work any sooner than he was by the method of treatment I adopted. It is very interesting to me to hear these expressions of opinion with regard to treatment of these fractures. This discussion has brought out the fact that surgeons are going back to the old method of treating fractures, that is, without plating. I believe the old method is the ideal way to treat all fractures if they can be treated in that way. In this case we were anxious to get results and anxious to put that bone in fixation. It is quite possible that by any other method the results might have been just as satisfactory.

"I remember last May, at Washington, hearing John B. Murphy discussing fractures. He made the statement that since he had been plating fractures so frequently he had attained very good anatomical results, but not the functional results he had by other means."

Dr. Julian Loudon showed an X-ray plate of a case of cervical rib. He said the case was of interest from the fact that this condition is quite often overlooked. These cervical or supernumeral ribs are simply ribs growing out of the last cervical vertebrae. The rib grows out and gets underneath the brachial plexus and causes symptoms of pain down the ulnar side of the arm. Other symptoms are wasting of the interossei muscles and sometimes wasting of the hyperthenar eminences.

"This patient had constant pain for two years, pain that did not respond to any treatment. I had an X-ray taken to see if there was a cervical rib. The photograph showed two cervical ribs, one on each side. These ribs are nearly always bilateral. This patient was between thirty-five and forty years of age, the time of life when these ribs usually cause trouble. These are congenital deformities and may never produce any symptoms.

Dr. George Wilson explained why in cervical ribs the pain occurs about the age of forty. He told of the statement of Prof. Arthur Keith. This teacher used to tell us that at that age the individual tends to lose muscular tone. At this age there is a general sagging, and with this dropping down there is a dragging on the first dorsal nerve. In some of these cases the rib goes around to the sternum, and unless one counts the ribs an X-ray will not help much. The ones I have seen have all been of the motor type. I have seen some eight cervical ribs, and none of them showed any sensory loss."

Dr. Clarence Starr said the three cases he had in mind had sensory changes only.

Dr. W. J. Wilson wished to know the proof that this rib was the cause of the pain.

Dr. Loudon, in reply, said: "That very thing is bothering me at the present time. The pain is constant. It should have left that position and not remained there so constantly when there was nothing to account for it. There are, of course, one hundred different causes of pain in the arm. One has to think of tubercle or new growth at the apex of the lung, syphilitic conditions, rheumatism, gout, etc. I tried to eliminate these causes first, and then, finding a cervical rib present, have put down the cause of pain to that. In this case the pain was mostly over the outside of the arm, also the arm was painful on deep pressure, making one think that there might be a neuritis present. The pain never leaves the arm. I would not be certain that the cervical ribs are the cause of it had I not tried to exclude every other cause."

At the conclusion of the discussion the election of officers for the ensuing year was held and resulted as follows without a ballot being taken:

Chairman—Dr. Clarence L. Starr.

Secretary—Dr. Malcolm H. Cameron.

Editor—Dr. Geo. Ewart Wilson.

GEO. EWART WILSON.

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### ONTARIO HEALTH OFFICERS' ASSOCIATION

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The Ontario Health Officers' Association held its third annual conference in Convocation Hall on Thursday and Friday, the 7th and 8th of May last, under the presidency of Dr. Charles J. Hastings, Medical Officer of Health for the City of Toronto. There were about 300 members present, and the programme of papers was a most interesting and instructive one.

On the first morning of the meeting papers were given by Dr. T. W. Vardon, of Galt, on the "Difficulties of the Medical Officer of Health in Town and Country," and by Dr. John W. S. McCullough, Chief Officer of Health, on the "Duties of the Medical Officer of Health in Ontario." These papers were productive of very free discussion.

A luncheon was given by the City of Toronto on the first day, when an address of welcome was given by His Worship the Mayor. This was replied to by Drs. McCullough, of Toronto, Brien, of

Essex, and Powers, of Rockland. Controller McCarthy and others also made short addresses.

At the second session the President's address was given by Dr. Hastings, indicating "The value of public health matters from the social and economic sides." Dr. H. W. Hill, of the Institute of Public Health, London, gave a very exhaustive paper on "The Transmission of Typhoid Fever," and Dr. J. A. Amyot, Director of Laboratories, gave a capital "Interpretation of a Sanitary Analysis of Well Water." The discussion upon these subjects was prolonged, many questions were asked, and we feel sure that the members derived great benefit from these papers.

In the evening the public meeting was held in Convocation Hall, where a series of moving pictures, illustrating public health questions, was given by the Provincial Board of Health. This was followed by a most lucid address upon "Therapeutic Vaccines and Sera," by Dr. J. G. Fitzgerald, Associate Professor of Hygiene, University of Toronto. The doctor described the difference between vaccines, serums and antitoxins, and incidentally pointed out the great value to the Province from the work of the Provincial Board of Health in placing the means of prevention of rabies and typhoid fever, as well as the treatment of diphtheria, within reach of the general public at greatly reduced prices. The doctor pointed out that in the treatment of diphtheria, especially in cities, the very poor and the very rich were unlikely to suffer from the non-use of antitoxin in proper doses, the poor being supplied by the Board of Health and the rich by their own ample means. In the case of those of the middle class, the price of antitoxin has been so great that adequate use of it has not heretofore been made. He pointed out that in the Isolation Hospital in Toronto the death rate from diphtheria is 6.45 per cent., while the rate throughout the city is 16 per cent.

The recent action of the Provincial Board of Health in making arrangements for a supply of this product has cut the price to about one-quarter of that heretofore in existence.

There was a large attendance at the public meeting and the audience was amply repaid.

On Friday morning two papers were given upon milk. The first, on "Milk Supply of Smaller Cities and Towns," by Dr. D. A. McKillop, Medical Health Officer of St. Thomas; the second, "How Toronto Controls Her Milk Supply," by Hoyes Lloyd, B.A.Sc., of Toronto. Both of these papers were most practical and were freely discussed.

The question of the fees paid the Medical Officers of Health in small towns and rural districts was brought up by Dr. W. E. Crain, of Crysler. It was pointed out that in the rural districts, especially, the Medical Officer of Health, although his tenure of office has been made secure under the Public Health Act, still continues to receive a very inadequate salary. The discussion was for the purpose of pointing out some way in which this injustice could be remedied. The subject provoked a very vehement discussion. Some members took the view that a minimum salary for these officers should be laid down by the Legislature; others took the view that the Medical Officer of Health's salary would be increased when he showed the public that he was earning more money than he now received. Finally a committee of seven members, one from each health district of the Province, was appointed to discuss this question and report upon it at the next meeting of the Association. The members of the committee are: Dr. J. W. Brien, of Essex; Dr. T. W. Vardon, of Galt; Dr. Emerson Bull, of Lambton Mills; Dr. T. W. G. McKay, of Oshawa; Dr. W. E. Crain, of Crysler; Dr. W. J. Cook, of Sudbury; Dr. C. N. Laurie, of Port Arthur.

The Question Drawer was opened by Drs. Amyot and McCullough, who gave answers to a large number of questions.

At the luncheon, given by the Provincial Board in the Parliament Buildings, the Rev. John McNeill, of Cooke's Church, delighted the audience by his humorous remarks.

In the afternoon of the second day there were two papers in reference to schools and school children; the first, on "Sanitation," by Dr. S. F. Millen, Medical Officer of Health, Woodslee, and the second on "Inspection of School Children for Efficiency," by Dr. W. E. Struthers, Chief Medical Inspector, Toronto Public Schools. Dr. Millen made some severe criticisms upon the sanitary conditions of schools throughout the Province, backing up his statements by facts and figures; while Dr. Struthers gave a full description of some of the means undertaken by the Board of Education of Toronto for the improvement of the physical conditions of the children in the Public Schools. These papers were ably discussed, the remarks of the various speakers showing the greatly increased interest taken in public health matters by the members of the Association.

A committee on papers for the next meeting of the Association was appointed, to consist of: Dr. D. B. Bentley, of Sarnia; Dr. A. E. Speers, of Burlington; Dr. T. A. Bertram, of Dundas; Dr. J. W. S. McCullough, of Toronto.

Dr. R. W. Hall, Medical Officer of Health, Chatham, and Dr. A. W. McPherson, Peterborough, were appointed President and Vice-President respectively.

This Association is now on a very substantial footing, the attendance of such a large number indicating the great interest taken in public health questions.

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### ONTARIO MEDICAL ASSOCIATION

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"In the official programme you have in your hands," said Dr. C. F. McGillivray, President of the Ontario Medical Association, in the annual address to the Association, "you will see that notice of motion has been given for the separation of this Association from the Canadian Medical Association. The Provincial Association of Ontario was the first to affiliate with the National Association, and all the other Provinces, with the exception of Quebec, have followed her good example. Is Ontario to be the first to separate, and will the other Provinces follow her bad example? President after President of yours in his annual address has urged the formation of city and county associations all over the Province, and that such associations become affiliated with the Provincial Association, just as the Provincial Associations are affiliated with the National, and further, that membership in the city and county associations would entitle to membership in the Provincial Association, just as membership in the Provincial Association would entitle to membership in the National. Thus the various Medical Associations of the whole Dominion would be cemented together by bonds of common interest. The whole scheme will be guillotined if this Association approves of the motion of separation, of which notice has been given. The whole question will be before you this afternoon for discussion. Let wise and sane counsels prevail. If permitted to make a suggestion, I would suggest that prudent representatives from both Associations be appointed, that they meet, adjust their differences, make a new agreement if deemed wise, and report to their several Associations for approval at the first possible opportunity. But, whatever you do, don't to-day approve of a motion of separation. Ever remember that the friends of the one are the friends of the other."

#### PRESIDENT'S ADVICE FRUITFUL.

The advice of the President evidently bore fruit. When the matter of the separation of the Ontario Medical Association from

the Canadian Medical Association, which was moved by Dr. A. H. Wright, was finally discussed, it was decided, upon the motion of Dr. Wallace, of Hamilton, seconded by Dr. N. A. Powell, of Toronto, that a committee should be appointed to consider the whole question and report to the Association at the next annual meeting.

Referring to the workmen's compensation bill, the President said the weak spot in the act was that no provision had been made for those who by their presence may save life or limb. "This omission to provide medical help for the injured is the weak spot of the act, and if the weak spot be not strengthened the whole act may prove unworkable."

Referring to the utterance of Sir James Whitney at the opening of the Toronto General Hospital, that "The Provincial Legislature has decided to appoint a Commission to investigate the whole subject of medical education and the practice of medicine in the Province," the President said the announcement was a satisfying one. "Whether or not," said the speaker, "such a Commission would be helpful in solving the vexed problem of what is absolutely essential in the way of medical education of the future practitioner is very doubtful, for the views of those physicians graduated by the College of Physicians and Surgeons and the views of the irregular practitioners are as far apart as the poles." He illustrated this by telling of two men, one a graduate of Queen's in arts and medicine, who, after six years, stands on the threshold of the practice of medicine, knowing his own limitations; the other, who has barely reached the fourth reader in the public school, and never got within hailing distance of the high school, went into life, married a nurse, is said to have taken a six months' course in chiropracy by correspondence, then hung out his shingle in a Western town as a fully-fledged, duly-qualified chiropractor. "How long will this deplorable difference in the medical education or lack of medical education of the regular and irregular practitioner be allowed to continue?" asked the President. He suggested that the Commission should clearly declare—first, what is meant by the practice of medicine; second, what primary education is required before entering upon the study of medicine; third, what technical education is required after the study of medicine has been begun.

#### NEW HOSPITAL FOR INSANE.

The President, in his closing remarks, told of the new hospital for the insane which is in course of erection at Whitby, and of the advances made in such hospitals.

"Disturbed patients, restrained by drugs, locked doors and iron bars, all have disappeared. Restraint has disappeared, straight-jackets have been burned, and rugs are used for therapeutics only; bars are gone from the windows and locks from the doors. The people are losing their dread of these hospitals."

Dr. J. T. Fotheringham cited a case of lockjaw cured by carbolic acid, and other papers were given by Dr. C. D. Parfitt, Dr. P. Goldsmith, Dr. D. G. Wishart, Dr. B. O'Reilly, Dr. H. B. Anderson, Dr. J. S. N. Magwood. A paper on "Acute Intestinal Obstruction" was given by Dr. F. N. G. Starr, and a discussion was commenced by Dr. Rutherford of Stratford. Dr. N. A. Powell gave a paper upon "Some Complications in Hysterectomy for Fibroids," which was followed by a discussion.

#### COMMITTEE ON RELATIONS.

Upon the motion of Dr. Wallace, of Hamilton, seconded by Dr. N. A. Powell, of Toronto, the following resolution was passed:

"That a committee of nine be appointed to confer upon the future relations of the Ontario Medical Association and the Canadian Medical Association, and to suggest what changes might be necessary for mutual advantage."

The following comprise the committee appointed: Drs. Mullin and Wallace, Hamilton; Dr. Shillington, Ottawa; Dr. Wilson, Niagara Falls; Dr. McGregor, London; Drs. J. H. Hamilton, Gibb Wishart, Clarence Starr and H. B. Anderson, Toronto.

At the evening session Dr. Finney, of Johns Hopkins University, Baltimore, gave an address upon "The Cause of Failure in Operations for Cholelithiasis," and Dr. B. P. Watson an address in Obstetrics.

Dr. D. Gibb Wishart, of Toronto, was elected President of the Ontario Medical Association for the coming year at the second day's meeting. The Vice-Presidents in order are as follows: Dr. A. T. Shillington; Dr. J. T. I. Halliday, Peterboro; Dr. J. A. Marquis, Brant, and Dr. Francis Williams, Bracebridge. The Secretary, Dr. F. Arnold Clarkson, was re-elected, as was the Treasurer, Dr. J. H. Elliott. The following representatives were elected to the Canadian Medical Association: Drs. H. B. Anderson, A. T. Shillington and Ingersoll Olmstead.

Some discussion followed on the workmen's compensation bill, and it was finally decided to refer the matter to a committee, who will bring in a report.

The whole of the morning was devoted to clinical work, and there were many operations at the General, the Hospital for Sick Children, and demonstrations at the Pathological Building.

In the afternoon an address in medicine was given by Dr. E. Libman, of Mount Sinai Hospital, New York. In the evening a dinner was given at the Royal Canadian Yacht Club.

The next convention of the association will be held in Peterboro.

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**Acute Nephritis in Children.**—J. Renault and G. Siguret (*Annales de Med. et Chir. Infant.*) prescribe bed rest and exclusive milk diet. This is all that is needed in mild cases. When symptoms show the kidneys less permeable to salt and urea, diuresis is promoted and kidney congestion reduced by dry cupping in Petit's triangle, repeatedly applied: Venesection in severer cases and older children, leeches over each kidney or wet cupping in the lumbar region. Moist heat to the chest fifteen to twenty minutes, they say, relieves congestion of the kidneys. They advise against mustard pastes, etc., but have found the full bath at 38C. for fifteen minutes, repeated every three hours, useful, that is, where there are no heart contra-indications. A wet cloth should be kept on the head during the bath. Drugs are too much of a strain on the kidneys, and diuresis is best promoted by reducing the intake of salt and water. If not enough, a cold enema may be given every hour, and decoctions of onions, cherry stalks, or grape juice in small quantities. Calcium chloride may help—0.2 gm. a day for each year of age. Sugars, lactose and glucose may be given to promote elimination of nitrogen—10 to 50 gm. of first in the day—200 or 250 cc. of a 45 per 1,000 solution of the latter. Very little water should be allowed the first two days, then unsalted gruels, gradually adding a little milk, until nothing but milk is given—1.5 liter in twenty-four hours, always warm, sweetened or not. Gradually add other food without salt. A little salt may be allowed after a month, if no edema. Repose in bed, constant warmth and scrupulous disinfection of mouth, throat and nose every day, are the most important measures. Lumbar puncture may prove useful in case of convulsions.

## THERAPEUTIC NOTES

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**Septicemia.**—A. C. Burnham (*Annals of Surgery*) believes vaccines are of benefit in many cases not overwhelmed at the onset by the severity of the infection. Clinically, they seem to benefit a majority of the cases. In early stages, antistreptococcic serum is of great value. It should be given in sufficient dosage during the period of invasion. This in the early stages, together with the autogenous vaccines, as soon as they can be prepared from blood cultures, is particularly beneficial. Neither are free from danger, and the dosage and intervals need to be carefully worked out. The open air treatment increases the resistance of the patient.

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**Chronic Osteoarthritis.**—P. W. Roberts (*Med. Rec.*) considers that the problem presented is to remove discernable foci of infection, then to improve local nutrition, correct such deformities as put undue strain on weight-bearing joints, and place painful parts at rest. Where there is a focus of infection present, it should be removed. For the future, vaccine treatment offers much which is hopeful. Roberts has followed as the essentials of treatment, the administration of glandular preparations, rest, a diet reducing the intake of calcium, and the use of the bipolar high frequency current.

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**Osteomalacia.**—D. Cavarzani (*Zentra. für Gyn.*) reports another case treated with epinephrin, which now makes a total of forty-six cases. He believes the combination of hypophysis extract with the epinephrin treatment might enhance the value of the latter. Lime in the food has something to do.

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**Appendicitis.**—P. Syms (*N. Y. M. J.*) says surgeons are agreed that operating on chronic or interval cases, in the early hours of acute cases, and in the very late stages, is a safe procedure. They are not agreed on the method and manner of operating. Neither are they agreed on the best time for operating in acute cases. Syms believes in immediate operation: in the first twenty-four hours. He does not believe that all cases are localized at first. He agrees with Ochsner that, from the very first, drugs, cathartics

and food should be withheld from these patients. A gangrenous, perforated, leaking appendix should be removed at the first possible moment. The method of operating is more important than the time, and prompt operation is safer than delay.

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**Acute ileocolitis.**—Snyder (*Lancet—Clinic*) says it is imperative that the intestinal tract be cleaned out at once at the onset of the disease with castor oil by mouth and normal saline solution for irrigation of the bowel. The stomach should be washed if there is persistent and troublesome vomiting. This should be followed by broken doses of calomel until one-half to one grain is given, and still later by oil. It is not necessary to give this every day. If the toxemia seems of a grave nature, a hypodermoclysis of salt solution should be given without delay. All food should be stopped. In the majority of all cases the toxemia promptly subsides and the disease becomes a purely local one, then only demanding rest.

When the peristalsis continues the author uses opium more and more freely. He asserts that without its use the disease is often unnecessarily prolonged. When once the canal is free of toxic, decomposing and irritating food residue, opium should be called into quick service. Snyder is only afraid of opium when its use has been postponed until the resistance of the child is at a very low ebb or when it is used in insufficient doses. He then cites the case of a child one year old, seen in consultation, where the attending physician was giving three drops of paregoric every four hours. This dose would not control peristalsis in a flea suffering from a similar disease. When it is given, it should be given early and often. In addition to rest in bed, withholding food, and giving opiates, the surroundings should be made peaceful and quiet. The chamber should be avoided as far as possible—napkins being preferable. Water should be allowed freely, especially in the early part of the attack.

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**Puerperal Streptococemia.**—Harrar (*Am. Jour. Obs.*) describes his technique of injection of magnesium sulphate, which has reduced the mortality in puerperal bacteriemia, especially in the most fatal form, streptococemia. This injection is a 2 per cent. solution of chemically pure magnesium sulphate. It is made with freshly-prepared distilled water; filtered, sterilized in half-litre flasks in an autoclave. For the injection, a simplified salvarsan

apparatus is preferred. The ordinary infusion set will answer the purpose.

By direct puncture the same vein can be used a number of times, and it is important not to cut down on the vein. The vein should be made markedly prominent. Then there is no trouble in getting into it. A constricting rubber tube is placed temporarily about the arm just tight enough that a faint pulsation may be felt at the wrist. It should not be too tight. The needle should be inserted in an oblique direction. That one has entered the vein will be shown by the spurting of blood. Then the rubber tube of the reservoir with the solution is slipped over the shoulder of the needle. The reservoir should have not more than one foot elevation. About 400 cc. of the solution will run in in about 20 minutes with this elevation, that is much slower than the ordinary saline solution. If the patient feels faint a small hot whiskey, or aromatic spirits of ammonia is indicated. The injections should be repeated every second day, or every third, according to the temperature chart.

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**Pneumonia.**—Cruikshank (*N. Y. State J. of M.*) recalls Seibert's article, which quoted the experiences of a number of German physicians, and whom Seibert followed in treating pneumonia with much larger doses of camphor than hitherto employed. Seibert gave as much as 12 cc. of a 20 per cent. camphorated oil every twelve hours to adults suffering from pneumonia. To children he gave 6 cc. four years old or more. Out of thirty-six patients so treated all but one recovered. That one was 68 years, weighed 200 pounds, and had a fatty heart. The camphor is considered to aid in the destruction of the pneumococci in the blood stream.

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**Gangrene of Lungs.**—G. Guisez (*Bull. de l'Acad. de Med.*) injects from 20 to 25 cc. of medicated oil directly into the bronchus. In ten patients with gangrene of the lungs all recovered under this treatment. They had single or double gangrene, with fever and extreme prostration. The local processes healed up and the expectoration ceased. Others have confirmed these findings, but cases of tuberculosis are more refractory. Improvement, however, has been noted. Among other drugs used, Guisez employed a 5 or 10 per cent. solution of guaiacol in oil.

## Reviews

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*Infant Feeding.* By CLIFFORD G. GRULEE, A.M., M.D., Assistant Professor of Pediatrics at Rush Medical College, Chief of Pediatric Staff, Cook County Hospital. Second edition, thoroughly revised. Octavo of 314 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1914. Cloth, \$3.00 net. Sole Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

The second edition of this excellent book is issued at an opportune time, for careful infant feeding in the summer months curtails infant mortality. Whatever scientific knowledge has been accumulated in the past two years on this subject is herein embodied. The original book was based on a course of lectures delivered by the author during three years' time at Rush Medical College.

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*Psychoanalysis: Its Theories and Practical Application.* By A. A. BRILL, Ph.B., M.D., Chief of Clinic of Psychiatry and Clinical Assistant in Neurology, Columbia University Medical School; Chief of the Neurological Department of the Bronx Hospital and Dispensary. Second edition, thoroughly revised. Octavo of 393 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$3.00 net. Sole Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

To this edition is added new illustrative material of a practical and instructive character. There are analyzed dreams, interesting cases and two new chapters. The book has been considerably enlarged and thoroughly revised. There is also a glossary of psychoanalytic and psychosexual terms. None of the essential principles of the original book has been modified.

# Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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## COMMENT FROM MONTH TO MONTH

The Annual Meeting of the Ontario Medical Association did not appear to be as good a success as in former years. Possibly the meeting of the Medical Officers of Health a week or two previously may have had something to do with it; possibly the serious dissatisfaction said to prevail amongst a considerable number of members with the arrangements of affiliation with the Canadian Medical Association. Or could it be the lack of unity in scattering the members in different directions at hospital clinics and operations? How barren of results seems a meeting where papers and discussions are pretty nearly eliminated!

The promised "storm" of the lay press aborted. The notice of motion to withdraw from affiliation with the national medical body was referred to a special committee: two members favorable thereto; two antagonist; five, disinterested. That this committee may be able to so arrange matters to the entire satisfaction and mutual benefit of the two associations will be the wish of all who have a keen and abiding faith in the welfare of both.

There was evidence, however, that the Ontario Medical Association is becoming more popular throughout the province. When three cities vie with one another in securing an annual meeting,

there is strong hope for the future of the Association. Hamilton, Ottawa and Peterborough would have taken the next annual meeting gladly. Peterborough carried the day and will get the meeting. Whilst no one has any objection to Peterborough, under the circumstances that Ottawa has always been a strong supporter of the Canadian Medical Association, it would have been wise to have selected the capital city; for it is the first time that this, one of the largest cities in the province, has invited the provincial body to convene there. It has many attractions and would have brought the eastern members of the profession into closer touch with the Association.

The Association is to be congratulated upon electing Dr. D. J. Gibb Wishart, Toronto, to the Presidency. He has had a large experience in medical society work and will make an excellent head for organization for next year's meeting.

Medical literature in Canada cannot, as yet, be said to have taken unto itself much form. True, we are a very young country, and are more concerned in developing that country and making homes than in creating a medical literature, or for that matter, a general literature. As it has been in general literature, so is it in medical literature: when an author gains a foothold, he hies him away to foreign lands.

It has been no unusual occurrence to see much of Canada's best medical literature, appearing in different forms, from the press of foreign countries. There seems to be a want of pride in creating a Canadian medical literature.

Foreign medical journals have given expression from time to time to their appreciation of Canadian medical journals. They have considered that, for our population and years, we have a very good medical press. Would that medical men on our native heath voiced a like appreciation!

Why do Canadians in the medical profession still continue to build up the medical literature of foreign countries? Do they not think it pre-eminently time they turned their attention to home production?

Fostering home production in medical literature will soon compel notice from foreign contemporaries.

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■ **The Necessity of a Daily Medical Bulletin** issued under the authority of either some prominent medical association, university, or medical journal, as either the *B. M. J.* or the *Journal of the American Medical Association*, is each year becoming more and

more imperative. Something of this character must needs soon be established to offset and forestall and counteract the wilfully garbled or slovenly reported new discoveries of medical science in the daily press.

The importance to the physician of being authentically informed before, or even concurrently with the public, of new methods of treatment especially, is seen in the following case:

Some weeks ago a patient under treatment for asthma and bronchitis submitted a newspaper clipping to her physician and asked for similar treatment. The physician had knowledge of the treatment through the same medium, but not from the scientific press. Whether the treatment was applicable to a case of this character does not even appear in the abstract under "Gangrene of the Lungs" in this issue, but the fact that the patient had noticed it in the public press assures the medical press how widely these appetizing morsels of news are consumed by the people.

The foregoing is only an isolated case. Some day there must be a conference of physicians and editors on this matter of newspaper medicine, as the output of this class of news, compared with ten years ago, is becoming enormous.

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**Hypophysis Extract in Gynecology.** — F. Jayle (*Presse Médicale*) has given a systematic course of injections of a solution of desiccated and prepared beef hypophysis (posterior lobe) in fifty cases, and recites in detail the results in ten typical cases. In chronic afebrile gynecologic affections, the results were excellent. In young women with lesions of the ovaries, tubes or peritoneum, the results were most marked. Also in cases of climacteric hemorrhage and in congestions of the pelvis, good results were obtained. It can also effectively supplement conservative operations.

## Editorial Notes

### A DOCTOR'S LIFE IN WESTERN CANADA

The country doctor at home—and, in fact, all members of the public health service—often have to do duty under difficulties, but they are as nothing compared with the experiences of men out in the great wild west of Canada. It was our privilege the other day to see a letter from one who has spent about fifteen months in an isolated station, and we think some account of his work will be of interest. The writer says:—"Often in the course of my practice in the country I have many weird and peculiar experiences, and I think some of my old professors and doctors unfamiliar with anything other than city work would look askance at some of the things I have to do, especially in my obstetrical work, of which I do a considerable amount, as the Westerners are very prolific. Many times I have to be nurse and doctor and get my own meals. Among the German and Russian settlers, who live in small shacks, sometimes only one room, I have some funny experiences. Some of the families cannot speak English, and my knowledge of German, etc., is very limited, and the motions I have to go through would make one think I was a Jew. However, they are very grateful as a rule, and one gets some almost helpless cases, as they try everything in the calendar first before sending for a doctor. I have some very long drives to make sometimes; will drive forty or fifty miles on one trip. Of course, during the summer it is not so unpleasant, as I drive a car, and the roads and trails, when they are good, are unsurpassed. But now, since winter has set in, with the mercury hanging around 30 degrees and 40 degrees below zero, and a blinding blizzard on, and the trails obscured, believe me when I say, it is awful. It seems that when the weather is roughest and the nights coldest and darkest, then do I have the most work to do."

The "night bell" at home is not a welcome sound to the tired practitioner after a hard day's work. Yet few get such experiences as the following:—"A few nights ago I was called out to a case in the country—a very cold night. The road was scarcely broken; I was feeling tired and anxious to go to bed. It was midnight when the call came in. I got my team and sleigh and got out to the place; luckily it was only a few miles. I had to remain there for two or three hours, leaving there about 4 a.m.

In the meantime a cold north-east wind arose and the air was full of frost and fog; small particles of frost seemed to make the air thick, and objects were indiscernible till they were right before you, then they seemed distorted beyond recognition. I had to cross a stretch of open prairie; the trail was almost impossible to negotiate, and I was facing this biting, stinging wind. I trusted to the horses, but they failed to keep the trail, and although I knew I wasn't far from town, yet I was completely lost. Nothing to guide me, the horses floundered around in the drifts until they pulled up in a barnyard some four miles out of my course. It was bitter cold, but we plodded on through the snow. I got out occasionally and lit matches looking for a trail. After ploughing through the drifts for over an hour we struck a trail and the horses were as delighted as I. I gave them their heads and it was with difficulty that I was able to restrain them from running away. They covered the distance in no time and came into the barn covered with frost and looking like ghosts. It was 35 degrees below zero. That was only one of many experiences I have had, which go to make up the life of a country doctor. I tell you, a man must be thoroughly imbued with the missionary spirit to practise medicine out here at times. Then, so often you are in doubt whether you will ever be paid for the trip." These are the men who are making life possible for emigrants to the West, and they, when the "boom" comes, will see to it that cities and houses are built upon sound sanitary principles.—*The Sanitary Record.*

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### CENTRES OF INFECTION

Those who like to study coincidences were recently given food for thought by Sir Thomas Oliver, Professor of Medicine at Durham University. Dealing principally with cancer, Sir Thomas referred to places and districts where this disease appeared to centre itself. As illustrating the theory he was suggesting, various circumstances were quoted. In Norway there is a village with eight hundred inhabitants, and until a few years ago, when eight cancer cases were reported, there was never known to be more than one case per year. The eight "grouped themselves round a particular sufferer." Another instance quoted was that of a French village of four hundred inhabitants. Here eleven deaths occurred in seven years, all being located in the same block of houses. Three years later there were seventeen cancer patients in these houses.

In another house in a different locality five deaths occurred from cancer in one house over a period of thirty years. All these patients belonged to different families. A list of 1,062 houses in Paris in which persons had died of malignant disease was drawn up, and a watch instituted. Already in twelve of them two successive cases of cancer have been noted. Another remarkable series of cases occurred in a short street, not one-twelfth of a mile long, in a small town. The houses in this street were entirely residential, In fifteen years (1893-1908) there died of malignant disease in this street nineteen persons and a dog. Several of the houses accounted for more than one case each. Sir Thomas comments: "As in nearly all the patients there was no hereditary history of the disease, the large number of deaths . . . has suggested that the matter is more than a coincidence." Doubtless many of our readers could multiply instances, not only with regard to cancer, but also other infectious diseases. There are houses, or blocks of houses, in many towns which are always regarded as danger zones, and, though they are repeatedly disinfected and cleansed, if epidemic comes that way; it is sure to find lodgment in these centres. Can anyone explain why?—*The Sanitary Record*.

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### HAY-FEVER

H. L. Ulrich, Minneapolis (*Journal A. M. A.*, April 18), says that hay-fever does not receive the attention it deserves from the practitioner, and there is a growing conviction that hay-fever not only is a local manifestation, but also involves reactions that bring it into the domain of constitutional disease. He notices the work of Dunbar, who established the fact that it is a pollen toxicosis, though his pollantin is losing favor as a cure. The active immunity induced by Noon and Freeman is mentioned as well as the demonstration by Clowes of the immune bodies of the hay-fever of this country. The clinical picture of the disease is reviewed as described by Bostock, whose description seems, according to Ulrich, to be rather mild in comparison to our autumnal catarrh. Ulrich quotes it, however, to call attention to the irregularity of the symptoms as compared with other infectious diseases which suggest to him more the hypersensibility of nerve and tissue groups to an irregular protein intoxication, the portal of entry of which is the nose. For two years he has been observing ragweed

because he finds that it is the only flowering plant which has a wind-borne pollen during the period between July 1 and September 15. Goldenrod is dismissed as a causative factor because its pollen is not wind-borne. The ragweed pollen is distributed when the sun warms up the air held in its oily envelope and its production is most prodigious. Ulrich is convinced that it is constantly in the air of the country and the city and estimates that 1 gm. contains 172,800,000 pollen grains. He has made extracts according to Dunbar's method and treated twelve cases with considerable success in giving relief from the symptoms. He is convinced from the manner of its production and its short duration that he was producing a refractory or inhibitory phase of hypersensitivity. The difficulty of proving this statement lies in the lack of experimental evidence, and the growing belief seems to exist that the anti stages of anaphylaxis are more difficult to produce and more temporary than is the case in infectious processes. Ulrich differs from Dunbar, Clowes and some others in believing it to be a protein toxin instead of a microbe. Two clinical studies suggest themselves from his point of view. "1. If it can be shown that the muscle-reactions in hay-fever patients are modified just as they are in spasmophilias we shall have added another link to the chain of evidence. 2. Recent reports of eosinophilia in animals sensitized to foreign proteins have led observers to think that an increase in oxyphils in the blood is an indication of this condition. If this can be shown to occur in hay-fever, another clinical test can be added to our list. As a matter of fact, Dr. George D. Head has verbally communicated to me that eosinophilia is a common occurrence in those cases giving asthmatic symptoms. In one of my cases under complete control I had the blood studied before and during the season. At no time did eosinophils go above 4.5 per cent." In conclusion, Ulrich says, there are three ways of meeting autumnal hay-fever: 1. The eradication of ragweed. 2. The removal of the patient from the ragweed environment. 3. The production of an anti-hypersensitivity. The first of these is more practicable than is commonly realized. Ragweed can be exterminated. The second method is available only to the favored few, while in the third he sees a glimmer of hope for the many thus afflicted.

## News Items

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Winnipeg is going to spend over \$300,000 in its health work during the fiscal year.

Dr. Max O. Klotz, President of the Ontario College of Physicians and Surgeons, has sailed for Europe.

Dr. R. B. Miller, of McGill is transferring his allegiance to the Western University, London, Ontario.

Dr. Harry Morrell, Regina, has been appointed Director of the Pathological Laboratory of the Regina General Hospital.

Dr. Howard T. Barnes, of McGill University, has been appointed Professor of Physics in the new University of British Columbia.

The Ontario County Medical Association has been organized with Dr. J. S. Mellow, Port Perry, President; Secretary-Treasurer, Dr. J. Moore, Brooklyn.

Mr. G. R. Mines, M.A., recently connected with the University of Toronto, has been appointed to the Morley Drake Chair of Physiology at McGill University.

John George Adami, Professor of Pathology, University of McGill, Montreal, has been awarded the Fothergill gold medal by the Medical Society of London, England, for 1914.

Montreal medical fraternity is feeling with keen regret the loss of Dr. A. E. Barlow in the terrible disaster of the Empress of Ireland. The splendid heroism and work of Dr. Grant is comforting.

The Canadian Medical Association meeting in St. John, N.B., should be remembered, July 7th to 10th. The President, Dr. Murray Maclaren, and the General Secretary, Dr. W. W. Francis, visited the Ontario Medical meeting in Toronto, in the interests of the former.

There will be a vacancy for a house surgeon in the service of Oto-Laryngology in the Toronto General Hospital on the first of September next. The service is for a period of eighteen months, with residence in hospital. Applicants must have had previous hospital experience as internes, and must have spent at least two years in private practice. This position offers unique facilities for beginning the study of the specialty. Applications accompanied by certificates, etc., should be made at once to Dr. D. J. Gibb Wishart, Chief of Service.