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Vol. LI

TORONTO, CANADA, MAY, 1918

No. 9



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JOHN FERGUSON M.A., M.D., AND W. EWART FERGUSON, M.B., EDITORS

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No. 9

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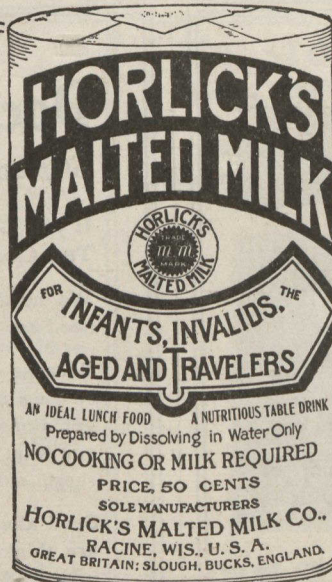
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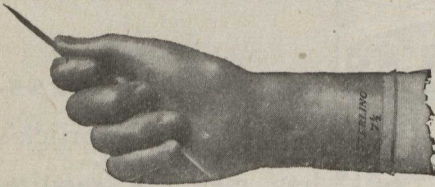
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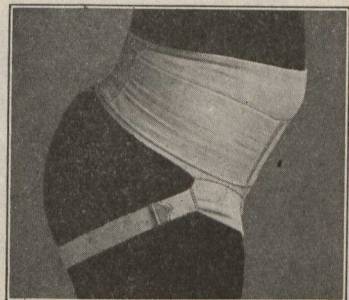
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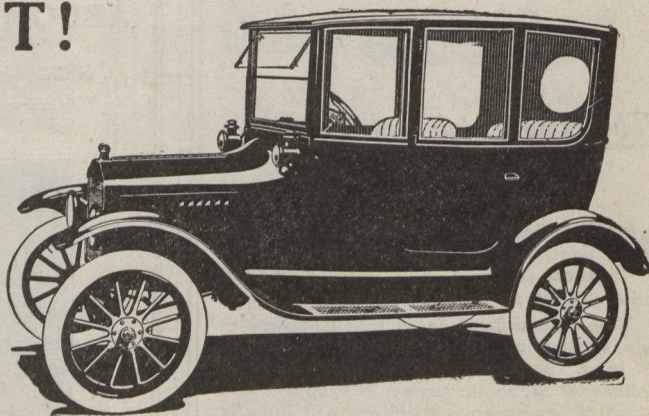
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No. 9

EDITORIAL

THE INTERNATIONAL SURGICAL SOCIETY.

We have received the following resolutions from Dr. W. W. Keen, of Philadelphia, a surgeon of world-wide reputation. He states that he has been requested, and also states that he joins in the request, that the resolutions be published. They read thus:

"It was agreed at a meeting held in Paris on November 3rd, 1917, of delegates of the International Surgical Society from Belgium, France, Great Britain, Serbia and the United States of America, that:

"1. The International Surgical Society be dissolved after the publication of the Volume of Transactions of the Meeting held at New York, April 14th, 1917. Should any money remain after the publication of the volume, such money will be divided pro rata among members. Each member of the Austro-German group will receive his share; but the money belonging to members from other nations will be retained and applied to some object of scientific reparation in Belgium.

"2. A new society will be created after the war on a similar basis, to be called the 'Inter-Allied Surgical Society'. Surgeons of neutral countries may also be elected members."

We very gladly give these resolutions the most prominent position at our command. They are most timely and in order. This movement will put the Hun surgeon and his associates from Austria where they belong, in a class by themselves. Men that belong to the great and beneficent medical profession in any of its branches, and who have not raised their voices against the guilt of Germany during this war, are not fit to associate with members of the medical profession of other nations. Let them alone. Leave them severely alone, and, after the war, mete out to them a full measure of the wrath of cold contempt.

No matter what their attainments may be, still leave them alone. A man may be highly educated and be an abortionist, a fact that would

exclude him from every self-respecting medical society. A man might be a great sailor, but use his knowledge of the sea to be a successful pirate. A man might be a great scientist, and yet condone the brutalities committed by the German soldiers in Belgium, and France, and by German seamen on the high seas!

Yes, we say it with emphasis, how could an eminent New York physician, or surgeon of Philadelphia, meet in friendly concourse, a physician or surgeon of that nation that sank the *Lusitania* and hundreds of other ships without a moment's warning! Shun them in trade, shun them in science, shun them socially, until, as a nation, great and small, they repent in sackcloth and ashes. This sort of treatment will do them good, for it will teach them that there is nothing so despicable as that of being a burglar, and for one powerful nation to ruthlessly over-run another small nation is the worst form of burglary. The German physician, surgeon and scientist must be taught that he cannot belong to a nation that commits burglary, murder, rapine, and every known form of brutality, and also enjoy the privilege of associating with those who belong to the same noble callings who are citizens of countries that love liberty and do justly by their neighbor nations.

Let the surgeons of all the nations, other than those of Germany and her allies, show contempt for the methods of Germany in this war, and refuse to associate with the surgeons of these countries. This would be truly a terrible punishment. Let them wander up and down in their own country; but do not grant to them any status or recognition in any society of the Allied countries. We can do without them, The Assyrian at his worst was mild compared with the Hun.

The great and noble profession of medicine and surgery can go on achieving great things for the relief of human suffering, unaided by Germany. There is nothing in the whole range of the healing art that the trained minds of France, Britain and the United States cannot accomplish. Let the watchword be, "No German can enter here until he can show that he possesses a proper moral nature."

Some may think that this is teaching the doctrine of hate, for which the Germans have been so vigorously condemned. It is not, however. One can despise a person and decline to associate with him, without hating him. German people as a whole have done everything that could be thought of to draw down upon their heads the contempt of right thinking people. When the war began many thought that the cause was mainly to be found among the militarists. Now, however, most people regard the entire German people as guilty, but especially the educated classes—and among these the surgeons.

The Archbishop of York, who visited Toronto recently, uttered in Massey Hall these words: "In this very serious crisis I do ask you to think, men and women, what would it mean if the spirit of Germany were to prevail over the world? Since we went into this war we have seen more clearly what that spirit is." There is no doubt but that his Grace used very guarded language and spoke with much reserve.

President Wilson, during the first week of April, said in a speech that, "There is, therefore, but one response possible from us: Force, force to the utmost, force without stint or limit, the righteous and triumphant force which shall make right the law of the world, and cast every selfish dominion down in the dust."

It is now well known that Germany had decided upon this war long before it was precipitated. The year before it broke out a large number of German doctors and surgeons visited the United States and Canada. It would make most interesting reading of these followers of the healing art would publish their notes on the conditions then existing on this continent in the matter of military preparedness.

It would be also interesting to have the names of the German medical men who were guilty of inoculating French prisoners with tuberculosis. It would be interesting to know how far the medical profession in Germany condones air raids on undefended cities, and the sinking of ships with ordinary passengers on board "without a trace". It would also be interesting to know if the German medical profession was in sympathy with the use of poisonous gases, the disregarding of the Red Cross rules, and the attacks upon hospital ships.

But if any one wishes further evidence against the medical profession of Germany let him read "Captured," by Capt. J. Harvey Douglas, a Toronto man who was wounded and became a prisoner of war in June, 1916. In his book he tells of many instances where prisoners were forced to undergo painful operations with only slight local anæsthesia, limbs amputated so as to leave the bones protruding, arms and legs set in a disgraceful manner, and many other such cruelties. The great Baron Larrey, of Napoleon's army, was once chided for showing kindness to a wounded enemy soldier, and he replied that his business was to save life!

There seems to be only one way open for the future; and that is to leave them to themselves as if they were an unclean thing. Let the German doctors form an international association with the Turkish doctors—fit companions in medicine as they have been in war. The doctors of the nation that committed wholesale assault on Belgian and French women should, by the doctors of all *civilized nations*, be left alone

to fraternize with the doctors of Turkey, whose people have committed wholesale murder of the Armenians. Let this be their fate:

My conscience hath a thousand several tongues,
And every tongue brings in a several tale,
And every tale condemns me for a villian.

THE MEDICAL WEEK IN HAMILTON.

In another portion of this issue we give our readers the programme for the medical week in Hamilton. There is in it something for every doctor, and, therefore, every doctor should attend the meeting. The scientific aspect of the programmes of the several societies is certainly attractive. Then, all may look for a right good time socially. But of the utmost value will be the business side and the organization of the profession, as never before has been the case. The last, but by no means the least valuable, result of the medical week will be that all will come away with a renewed determination to place the medical profession in the position that is its rightful due, namely, the very forefront in the leadership of public opinion for the common good of the people.

We again appeal to the medical profession to look carefully to the future. That there will be very important legislation at an early date affecting the medical profession of Ontario there is no doubt. In June, 1913, the late Sir James Whitney announced that a commission would be appointed to go exhaustively into every aspect of medical practice and investigate the status of every cult or section practising or seeking to practise medicine, or to attend upon the sick. Such a commission was in due time appointed. Mr. Justice Hodgins held many sittings, and gave everyone an opportunity to be heard who wished to lay before him any views upon the practice of medicine.

The regular medical profession was ably represented by the officers of the Ontario Medical Association, of the Toronto Academy of Medicine, and of the Council of the College of Physicians and Surgeons. The medical colleges also placed their views before the commissioner. In addition to these, the Christian Scientists, the osteopaths, the chiropractors, the mano-therapist, the optometrists, the opticians, and the nurses appeared before him. The commissioner also visited many places in the United States, and made extensive enquiry into the various aspects of medical practice in Britain.

He has reported at very considerable length. On the basis of his report there is certain to be a decided change in the medical laws of Ontario. On this point we wish to urge upon the medical profession to take nothing for granted. The medical men of this Province must make up their minds on what they wish, and, then fight for it until they

secure it. The members of the Legislature, no matter how honest and well-intentioned, must be informed as to what is the best thing to do; and this must be done by the doctors of Ontario.

No mistake will be made by assuming that the osteopaths, the chiropractors, the Christian Scientists, will all do their utmost to secure as large a measure of freedom to practise their systems as possible. They will do their best to instill into the ears of the legislators their views. It is, therefore, the duty, the imperative duty, of the medical profession to place before these legislators correct views. This cannot be done in a day, and it must not be left until it is too late. Now is the time to act. "Act, act in the living present," said Longfellow.

The keynote should be that there should be only one portal of entry. There should be a minimum, below which no one should be permitted to practise medicine. When this standard has been attained by all, then each one may thereafter be a dermatologist, an ophthalmologist, an oculist, a surgeon, an obstetrician, or even an *arthrologist*, an *osteopath*, or a *spinal column puncher*, under the name of *chiropractor*, if he so desires. He must, however, pass the Council qualification first.

INSPECTOR OF PRISONS AND ASYLUMS.

Major A. MacKay, M.D., has been appointed by the Government of Ontario to the position of Inspector of Prisons and Asylums and institutions receiving aid under the Hospital and Charitable Institutions Act. In the appointment of Dr. A. MacKay the Government has made a good choice, and the public will receive the benefit of a faithful official. Dr. MacKay was for a time chief medical officer of the Toronto Board of Education looking after the health of the school children of Toronto. He voluntarily gave up this position to go to England with the Ontario Military Hospital. We congratulate Dr. MacKay on his new appointment.

In the department to which Dr. MacKay has been appointed there is much work to be done, and we feel quite assured Dr. MacKay will do it. If sound judgment and urbanity, coupled with energy, make up the essential qualities of a good officer, then we think Dr. MacKay will make good his appointment.

CHRISTIAN SCIENCE AND DISEASE.

It must be taken for granted that when the Christian Scientists bring a lecturer to Toronto that he is recognized as a true exponent of their views on religion and disease; for religion and healing go hand in hand with this cult.

A short time ago the people of Toronto were treated to a lecture by William D. Kilpatrick, who appeared in the Alexandra Theatre. With what he said about the religious opinions of the Christian Scientists we do not propose to say anything, as this is their own business. But we do propose to say something about the erroneous views put forth on disease. The following is quoted from the report of what Mr. Kilpatrick said, as given by the *Mail and Empire*:

"They could remember since Christian Science was discovered how it was ridiculed, laughed and scoffed at, persecuted and prosecuted for its revolutionary teaching that matter could not create or cure disease, and that all true therapeutics lay in an understanding of God or the Divine mind. But to-day they saw almost the complete abandonment of the theory that matter could heal, and this by members of a profession who a few short years ago proclaimed omnipotent powers for their nostrums. Many physicians to-day would declare that they seldom or never administer drugs for curative purposes."

In the first place, the statement "that matter could not create nor cure disease", and that Christian Scientists were ridiculed for teaching this. Now, all true Scientists know that such a view is absolutely wrong. The entire world of science knows that typhoid fever, diphtheria, syphilis, tuberculosis, pneumonia and many other of the scourges of humanity are due to germs, or organisms of some sort; and are as much the result of material causes as when a man has his leg shattered by a high explosive shell. That God may have placed these organisms in the world is another problem altogether, and does not in any way enter into the study of the causes and treatment of the diseases just named. We must deal with the germs and how to get rid of them. The farmer must sow his seed wheat, or he will have no crop; but he does not create the seed grain. The farmers must, however, study the habits of the wheat plant and the soil in which it grows best. In like manner the medical scientist must study the life habits of the disease-producing organisms in order that he may be able to cope with them, both in the matter of prevention and cure.

The next statement we call attention to is "that all true therapeutics lie in an understanding of God or the Divine mind." There is a sense in which this is true, but it is not the sense in which the Christian Scientists employ the term. It is true that the real scientist, the man who toils in the laboratory and the hospital wards, is ever in search of the laws of God. He is ever seeking for the conditions that favor or retard the growth of a certain bacterium. He is searching out the law of the matter. He is searching for the laws of disease, as the astronomer does for the laws of the stellar worlds. By this sort of research he does find

out the Divine mind as revealed through nature, and bacteria are part of nature. This is not, however, the crude sort of metaphysical rubbish that grossly ignorant and fraudulent Mrs. Eddy taught, and had the hardihood to call a discovery in the treatment of disease.

We call attention to the wild statement made regarding drugs. The medical profession has not lost faith in drugs; but, on the contrary, is steadily acquiring a fuller and more complete knowledge of their action and uses; and is all the time discovering new remedies of great power. If Christian Scientists would attempt to conduct their business, or carry on their relations with their neighbors on methods as far from accepted standards as their views of disease are wrong, they would run grave risk of being committed to an asylum.

There is to-day no abandonment by the medical profession that "matter can heal". Matter can and does heal. Diphtheria anti-toxine does heal the child's throat, nitrate of silver does heal gonorrhoeal ophthalmia, chloroform does relieve the pain of an operation, a suitable dressing does soothe the pain of a burn. How long, oh, how long, will it take these Christian Scientists to get some common sense!

AS OTHERS SEE US.

It is sometimes a good thing to view ourselves as others view us. In *The Canadian Courier* for 2nd March, there appeared a short editorial about "Medicine." Among other things it was said that "medicine is protected by law. Every law-protected body tends to become a tyranny." We take it the writer wishes it to be understood that "medicine" has tended to become a tyranny, as he is writing upon this topic. Now, medicine in this country has never shown the slightest tendency "to become a tyranny". It has steadily aimed at a high standard, and has made it increasingly difficult for aspirants to enter through its portals. This, however, was done in the interests of the people, in order that they would receive more skilled attendance. But this is not tyranny. It is humanitarianism. The medical profession has never ceased its opposition to the irregular and uneducated practitioners of every name. It has opposed Christian Scientists, osteopaths, chiropractors, etc., because their methods are wrong, and they are not able to diagnose diseases, and must constantly treat wrongly.

The writer further states that "the last twenty years has proved that mental science and osteopathy are capable of being useful curative agencies". It is always interesting when one who does not understand a subject writes upon it. Mental suggestion in some form is as old as the human race. Charms, driving away evil spirits by means of a fire, singing to the sick one, etc., etc., are all forms of suggestion. When the Christian Scientist says "you are not sick, you only think so," he is just

doing what the ignorant squaw does when she cajoles her injured child by saying, "You are all right now, you will be better at once, or the Great Spirit will cure you now," With regard to osteopathy all one is called upon to say is that there is not one redeeming feature in it. It was founded by one of the most ignorant of men so far as medical science is concerned that ever put pen to paper. The whole conception of diseases and their treatment as enunciated by osteopaths is a travesty on every principle of pathology and therapeutics. The only thing in osteopathy is the rubbing and manipulation; but, then, these are thousands of years old. The system called osteopathy as laid down by A. T. Still is the crudest thing to be found in print.

Then, further, the writer says that "medicine will never keep up with the rest of civilization in its own peculiar field unless it decided to incorporate the best in mental science and osteopathy." Now, the mental therapeutics of the Christian Scientist is not science at all, but base fakirism, planted on a religious stem to hold it up. There is nothing here that medicine can incorporate. Suggestion was known and used long before Christian Science was thought of by Mrs. Eddy. Mental science, apart from Christian Science, has long been known and made use of. From osteopathy there is absolutely nothing to obtain or use. The theory underlying osteopathy is entirely wrong, and must be opposed in the interests of truth and the people. The mode of treatment used by the osteopaths is not osteopathic in any sense. It is just ordinary rubbing, kneading, massaging and manipulation, and these methods of treating disease are very old, indeed. Still planted an old method of treatment on a wholly wrong theory and glorified it by the name of osteopathy. Still never received any education in medicine, physiology, pharmacy, diagnosis, surgery or chemistry. His education, as given in his autobiography, was of the most primitive character. And yet, he had the hardihood to formulate a theory of diseases, their etiology and cure. This is just as humorous as if poor Ham, in David Copperfield, had given us a new theory in astronomy and navigation.

In the issue of *The Courier* for 13th April we find some more criticism of the medical profession. Among other things this is said: "When the doctor sees people everywhere patronizing proprietary medicines or consulting such healing agencies as the chiropractic or Christian Science, he may as well put the blame where it belongs—on himself and his anomalous position before the public."

The foregoing is most misleading. The people are not capable of distinguishing one system from another. Advertise colored water from a dirty roadside ditch and it can be sold in large amounts. Just declare that it will cure cancer, or consumption, or fits, and the gullible will buy it. In the same way if any one set up a new method of treatment for

disease, he is sure to get a following. There are those who are eternally running after some new fad. It is on this principle that Mormonism and Doweyism could grow. This is the reason why Mrs. Eddy could secure a following for her wild metaphysical nonsense, and how it came about that Still could propagate osteopathy though radically wrong in theory.

But the writer goes on to comment about Judge Hodgins' report and says: "Unless the osteopaths now practising on permit are able to organize a faculty and an examining council, they will be treated as unlicensed practitioners and made subject to all the penalties of the Act for illegal practice. This amounts to exclusion for a time at least, and is grossly unfair. Osteopathy has passed beyond the stage where its value can be questioned."

It is not often that one meets with so much error in so few words. It is not unfair to exclude a system that is wrong and takes such a retroactive stand as that of osteopathy. Any value in the system is to be found in the rubbing and manipulation, and this is not a discovery of Still and his followers. But rubbing and manipulation may be potent for evil, if they may be employed in unsuitable cases. Just think of the terrible results that would follow rubbing and manipulating the neck of a child suffering with diphtheria; and, yet, this is the osteopathic plan. Equally bad would be the result of rubbing and manipulation for acute appendicitis. It will be seen at once that these means of treatment must not be left in the hands of those who cannot make diagnosis and who adhere to a false theory of disease, for the very good reason that these means may be wrongly used. This is surely clear. Any set of practitioners that hold that ague can be cured by spinal manipulation should not be permitted to practise. We would advise the writer in *The Canadian Courier* to read up some standard work on osteopathy, when we feel sure he will no longer say that it "has passed the stage where its value can be questioned." When an editorial writer can use such language, the medical profession may expect any sort of argument in defence of osteopathy.

Further, the writer states that "there is nothing radical about the new report. If adopted it may accomplish more injustice than any abuse it corrected. It is the result of evidence of men with no perspective for the rank and file of the profession." One can hardly imagine such language. The report of Judge Hodgins is based on evidence taken from every person or group of persons who wished to be heard. Doctors, osteopaths, chiropractors, nurses, optometrists, etc., were given every opportunity to state their case. Then the report clears the ground and lays the foundation for a workable Medical Act. It lays down the broad principle that if anyone wishes to practise medicine he must first become educated. The report will remove and not create abuses.

ORIGINAL CONTRIBUTIONS

MR. JUSTICE HODGINS' REPORT ON MEDICAL EDUCATION
AND PRACTICE.BY JOHN FERGUSON, M.A., M.D., Toronto.
INTRODUCTORY PART.

HIS LORDSHIP at the very beginning of his reports sets forth that he was commissioned to enquire into the following matters:

(a) All or any matters relating to education for the practice of medicine in or affecting the Province of Ontario.

(b) The constitution, powers, duties and regulations of any body corporate or unincorporated, and of any faculty or department thereof having any relation to medicine, the exercise of the same and the revenue and expenditures thereof.

(c) The situation, legal or otherwise, of such bodies in regard to each other or to the Province.

(d) The establishment, creation, control and regulation of any new body intended to have relation to medicine.

(e) The existing or possible methods of examining, licensing or otherwise authorizing the carrying on by individuals of the practice of any methods having any relation to medicine and the standards prescribed and followed, or proper to be established and followed.

(f) The present position, status and practice of osteopaths, dentists, nurses, opticians, optometrists, chiropractors, Christian Scientists, or others practising or professing medicine.

(g) The existing laws of Ontario in relation to any of the foregoing and their practical operation.

(h) Any matter arising out of the foregoing which it is necessary to investigate with a view of the above enquiries.

To make such recommendations in regard to the above as he might think desirable.

The report states that in the commission calling for the enquiry "it was declared that the term 'medicine' therein should include any science, plan, method or system with or without the use of drugs or appliances, and whether now deemed to be included therein or not, for diagnosis, prescribing for, preventing, alleviating, treating, or curing human disorders, illness, diseases, ailments, pains, wounds, suffering, injury or deformity affecting the human body or any part thereof, or its physical conditions, or believed or imagined so to do, including midwifery, and any treatment prescribed or advised whether to, operated upon or fol-

lowed by the patient himself, intended or professing immediately or ultimately to benefit the patient."

A glance at the foregoing statements and the terms of the commission will show that the scope of the enquiry was wide enough. A careful study of the report bears evidence of the great care with which his Lordship went into every detail, and how painstaking he was to secure the facts bearing upon medical education, and each body or class which sought to practise medicine under any name.

Mr. Justice Hodgins states: "I have endeavored, so far as possible, to elicit the opinions of those representing or supporting any of the many divergent views expressed before me, and to get information from every available source. In so doing, I have visited 14 cities, 5 of them more than once, inspected 17 institutions and heard the evidence or opinions of 207 persons, many of them more than once."

In speaking of the problems that came before him, his Lordship remarks: "I have, therefore, endeavored to consider them all from the point of view of the public, and with an appreciation of the responsibility of the Province for the public health, and its duty, equally important, of allowing the individual citizen reasonable freedom of action."

The importance of this statement cannot be over-estimated. It is the duty of the Province to safeguard public health. This means much more than merely legislating for the control of contagious diseases. It means the proper standard of efficiency of everyone who pretends to treat the sick or the injured. Proper treatment may save the life of a person ill with pneumonia or appendicitis; or, on the other hand, ignorant treatment might lose these lives, and in either case the Province gains or loses according to the results of the treatment. But his Lordship also has in mind the right of the citizen to a reasonable freedom of action. Grant this as a fundamental axiom, it still is the duty of the Province to see to it that anyone who undertakes to treat any bodily or mental ailment has attained to a fixed standard that shall be regarded as the minimum. It would then follow that if the citizen exercises his freedom of choice and calls upon an osteopath, a chiropractor, or a Christian Scientist, he will be certain to secure the benefit of such a training in all the branches of a modern medical curriculum as will render it reasonably likely that the person called in will be able to make a correct diagnosis and administer the proper treatment. Nothing less than this would seem to be the duty of the Province in any legislation that may be placed upon the statute books. It must, therefore, appear to all that efficiency must have first consideration.

On the subject of medical education, the Commissioner makes some important observations. The following two paragraphs are noteworthy:

“Medical education at the present time and for many years back, dating at least from 1865, has been in the hands of the regular medical profession. Since the medical schools were absorbed by the universities, very striking progress has been made in providing facilities for students, the resources of the Government having been, as a matter of fact, placed more or less at the disposal of the universities.”

“Coincident with this, great development has taken place in research and laboratory work, so that at the present time the system of medical education in Ontario is completely in the hands of the universities. The sole and only function of the College of Physicians and Surgeons, which was incorporated in 1869, is and apparently always has been, that of examining for license to practise medicine in Ontario. Even that function has been considerably reduced by the voluntary acceptance of the university examinations in all except three subjects, namely, medicine, surgery and obstetrics. In other words, subject to such curriculum as is fixed by the College of Physicians and Surgeons, proficiency in a knowledge of the research and laboratory branches of medicine are determined wholly by the university, which educates the students, and by the extent of its equipment. It is only in the subjects which form the working knowledge of a physician that the College of Physicians and Surgeons, through its Medical Council, certifies, by its license to practice, the qualifications of the medical man.”

These two paragraphs point out that the Medical Council has only fixed a curriculum and examined students taught by some recognized college. The function of examining students has been gradually reduced until now it covers only three subjects—medicine, surgery and obstetrics. But emphasis is also laid upon the fact that the medical schools have been absorbed by the universities; and that, since that event, the standard of education has been rapidly raised by the extension of research and laboratory work. It is in this way that “the system of medical education in Ontario is completely in the hands of the universities.” It is the universities that have been really framing the curriculum by setting the standard of instruction and study.

The Commissioner refers to the fact that the Medical Act does not contain a definition of the practice of medicine, and that this has caused confusion as to its legal status. As a result of the “prosecutions under the Medical Act and the decision of the Court of Appeal of this Province” the following may be deduced:

“(1) That practising medicine means any method and means or course of treatment known to medical science and adopted and used by medical practitioners registered under the Act, or advised or prescribed

treatment for disease or illness such as would be advised or prescribed by regular practitioners."

"(2) This is subject to a qualification looking to the progressive development of medical science, which, in view of the Court of Appeal, might require this definition to be widened to include other methods and courses of treatment."

"It may be said, however, that in view of the opinion of the Court of Appeal, it would be impossible to convict anyone of contravening the Medical Act unless it were shown that the specific method adopted was one used by registered medical practitioners. Therefore, whatever success the latter could have in prosecuting would naturally depend upon how far they were using and adopting methods that they were denouncing as unsound."

It would appear from this view that if the medical profession regarded massage, manipulations and adjustment as advocated by osteopaths, these latter could be prosecuted as practising medicine. In other words, to successfully prosecute a chiropractor, the medical profession must accept and practise spinal adjustment, in order to bring the chiropractor within the meaning of the Court of Appeal's view, as practising medicine without a legal qualification. Or, if any person adopts any system or method of treatment recognized by the medical profession he must possess a license. So long, therefore, as registered medical practitioners denounce the methods and system of the chiropractor as unsound, and refuse to make use of these methods, they could not successfully prosecute a chiropractor.

Then his Lordship states that "this was the state of affairs at the time Sir James Whitney, Prime Minister of Ontario, undertook, in June, 1913, that the Government would investigate the whole matter of medical education, it being arranged at the same time that no prosecutions were to take place pending the enquiry."

"Whatever might be the position of those outside the regular medical profession at the time when Sir James Whitney made this promise, it is not possible after that date to say that any practitioners have established themselves in Ontario in such a manner as to have secured a status or to have been possessed of anything known as a vested right in practice. It is true that the promise of Sir James Whitney did not alter the law, but it contained in it an indication that matters were to be considered as in solution and were to be determined after the Report of a Commission, which he would appoint, so far as the Legislature approved of its findings."

Here is the foundation for the cessation of all prosecutions against those practising various systems without a license from the Medical

Council of Ontario. This statement of Mr. Justice Hodgins is also very important as setting aside any claim to a vested right on the part of all unlicensed practitioners who have located in the Province since June, 1913. But the Commissioner very properly remarks that "It is, therefore, not possible to group together all those now asking for a change in the law as one united body whose qualifications and medical attainments can be accurately gauged. Regard must be had to the various institutions of learning from which they came; to the State law under which they have been admitted to examination for license; and their opportunity since then of acquiring any further or post-graduate information."

Certainly there are osteopaths and osteopaths. Some have had a better education than others. While we have no fondness for the terrible mess of osteopathic pathology and etiology of disease, as a system of treatment it is not so hopelessly bad as is the methods of the chiropractors and mano-therapists; and for the Christian scientists in medicine they are the worst of all, claiming as they do that disease is a delusion of mortal mind.

Mr. Justice Hodgins now asks the very important question regarding these claimants to recognition: "Have they made out a case for an alteration of the present law, if it be prohibitive, or for a definite pronouncement from the Legislature that they or any of them must be allowed to practise the healing art without let or hindrance, or upon fulfilling some condition?"

Before attempting to answer this question the report goes lengthily into the consideration of the value of physical remedies and physical treatment. Quotations are made from many eminent authorities on the value of physical therapy in the treatment of disabled soldiers. Here undoubtedly a strong case is made out. But it must also be stated that this is the outcome of the observations and teachings of able medical men, and not from any school of so-called drugless healers. The medical profession does not deny the value of thermotherapy, hydrotherapy, kinesitherapy, electrotherapy, radiumtherapy, massotherapy. The contention of the medical profession is that these are all useful in their own place, as parts of a complete system of therapeutics. Opening an abscess is therapeutic as much as salvasan for syphilis. Heat, light, movement, radium, baths, electricity, etc., are all recognized as therapeutic agencies of value; but they do not constitute separate systems. They need not be glorified with a halo around their heads. That experience has shown that physical therapy has been of much benefit to the returned soldier goes without saying; but it also goes without saying that such was more or less known to be the use of such treatment before

the present war made hundreds of thousands of cripples; but the war has given an opportunity for a very extensive application of this method. Here let me state with emphasis that it has no resemblance to that crude thing called osteopathy, founded upon radically erroneous theories of disease.

His Lordship remarks that "A man with joints or muscles stiffened, contracted or paralyzed is turned out of the surgeon's hands only partly cured. His life's happiness depends upon restored power of motion, and it is the duty of the medical profession, and of the State, in this epidemic of wounds to secure that for him."

This statement must commend itself to all. It recognizes a need, it recognizes the proper line of treatment, and it recognizes the share of the medical profession in the carrying it to a successful issue. The Commissioner further goes on to state thus:

"To my mind, the institution of these facilities for the combined physical treatment, and the effective incorporation into the system of medical education of practical instruction in their use and theory, are the most pressing of the medical problems connected with medical education which exist to-day; and I have no doubt their importance is being and will be more quickly recognized as the inflow of our incapacitated soldiers increases. Its consideration is forced upon us now by passing events, but it is not a mere temporary expedient, but rather a scientific and rational attempt to give nature a chance to do its own healing work."

No adverse criticism can be offered to the foregoing. It points out a need that must be met. Justice Hodgins then goes on to point out how it may be accomplished, and makes the following statement:

"There are two different though closely related requirements to be met. One is adequate and up-to-date provision in the larger centres of population for the daily use of these methods of relief and encouragement not only to the returned soldier, but to those suffering from the results of industrial and other accidents, as well as those whose disabilities have hitherto been regarded as chronic. The other is the complete fitting-up, in connection with the physics departments of the universities, of rooms with modern equipment in all its branches of this therapy, so that both students and medical men can be instructed not only in therapy and practice, but in intelligent research and investigation of the principles of physics underlying them."

The second recommendation in the above quotation should certainly be carried out. No individual could undertake the great expense of complete equipment with suitable accommodation for such treatment. There are some forms of treatment that must be carried out at certain stations. The Pasteur treatment for hydrophobia is an example at

point. Stations for proper physical treatment may well come to be recognized as of this class, justifying community treatment, or treatment given at certain places provided for by the municipality or the state, or the college.

Continuing this subject the Commissioner states that in the institution referred to "there should be an assembling of all the accessories needed for all physical treatment, and with such spacious, suitable and comfortable operating and rest-rooms that the whole surroundings would be convenient and also thoroughly attractive. The contribution made by the appeal of cheerful and airy quarters to the recovery of the sick is being made more evident every day, and in all modern buildings where health is being mended this important factor is predominant."

This is beginning to approach the Utopian, and we hope that the idea enunciated by his Lordship will be embodied in the forthcoming legislation. The report further urges the "physical clinic" as most valuable; and the opinions of a number of very competent observers are given in support of the view. The Commissioner concludes this part of his report with the following remarks:

"The Toronto General Hospital will not be complete, even for civilian and provincial needs, without an addition to its valuable equipment; and without such an addition physical therapy in the modern understanding of the term cannot be properly taught medical students and medical men."

"For this reason chiefly I urge the matter. And second in importance is the equipment of a department in the physical building, with a complete outfit for the purposes of research, experiment and the teaching of both students and post-graduates. To this latter class this will be an unqualified boon."

"I hope to see a proper and obligatory course established at once in Ontario in physical therapy, accompanied by a proper institute for combined therapeutic agents, and an adequate physical laboratory for testing, understanding and improving these modern aids to the restoration of health, without which the course will be largely illusory."

In support of these wise and timely suggestions the medical profession should be a unit. There is no gainsaying the fact that there is merit in physical therapeutics. The fact that it has not been taken up as much as it should have been has allowed it to fall into the hands of the ignorant or very imperfect operator, or the callous and mercenary exploiter. Because it is admitted that massage and manipulation are often very helpful, it does not follow that there is any merit in the theories the osteopath and the chiropractor have built on sublaxations.

II. OSTEOPATHY.

Mr. Justice Hodgins in his report gives approximately the number of osteopaths in practice in June, 1913, and the number that have located in Ontario since that date. There are probably not more than 130 all told.

On the material side the Commissioner states that the incomes or investments of their societies are very small: "The reason given is that, lacking legislative recognition, they cannot grow. I refer to this fact because it indicates, notwithstanding the reason given, a lack of enthusiasm over the subject and of faith in its success. This is no doubt largely due to the fact that the members, educated abroad and coming into Ontario, have nothing to attach themselves to except voluntary societies, the motive power of which was absent until the present Commission was appointed."

The Commissioner then goes fully into the status of osteopathy in the United States, and the sort of education given by its colleges. The following very interesting paragraph contains much suggestive matter:

"Four factors have recently emerged: (1) the effort on the part of the osteopathic colleges to obtain recognition for their courses as equal to those in ordinary medical colleges by raising their standards; (2) the lengthening of their courses, the stress laid on microscopic and bacteriological research, and the inclusion of pharmacy and materia medica in some cases; (3) the realization by the osteopathic profession that this new departure endangers their identity and requires great effort to secure for the colleges students of intensive osteopathy; (4) a division in the ranks of osteopathy as to whether it is worth while to perpetuate the difference between it and medical science, in view of the similarity of studies and the length of course now required."

The foregoing confirms what I have said on former occasions when discussing osteopathy. It was on these occasions pointed out that as the osteopathic colleges lengthened their courses there would be a falling away in their students, as they would not care to spend four years in an osteopathic college, when about the same time would complete their course in a regular medical college. Further, I pointed out that some osteopathic colleges had introduced some teaching on pharmacy, and that this went far to destroy the pretended distinction founded on the non-use of drugs.

The Commissioner then mentions that there are no osteopathic colleges in Canada, and goes on to state as follows:

"That being so, why should we require less than they do, and why should we allow anyone to practise osteopathy in Ontario who would be debarred in the State of New York? Our standards of medical educa-

tion are admitted to be as high as those who stand first in the official register of that State. It would, therefore, be a backward step if Ontario were to fail to recognize both the upward tendency of osteopathic teaching and the tacit recognition of high standards of medical education evidenced by its acceptance of registration in the most stringent state of the American Union."

"Another pertinent enquiry may be thus stated: Why should there be created here a condition which the parent bodies themselves are endeavoring after long years to eliminate, and that just at a time when the movement towards an understanding seems about to be successful?"

"The result, in my judgment, of declining to permit separate educational requirements here will prevent, in this Province, the establishment of a state of affairs which would prove a stumbling block in our way, if in the United States a solution of the problem is satisfactorily reached."

His Lordship then states that the trend of things points to one of two results—the osteopathic colleges will to all intents become medical colleges, or the medical colleges will adopt a course of physical therapeutics and thus supersede the osteopathic colleges. It is also pointed out that as we have no osteopathic college in this country, we must depend upon the standards of those in the United States, and that we should accept none but the highest.

He then passes under review the standing of the osteopaths in Alberta, Saskatchewan and British Columbia, where they are recognized legally. In Alberta candidates are examined in all regular medical subjects except surgery, where only diagnosis and minor operations are taken up, and medicine for which osteopathy is substituted. There are 11 in the Province. In British Columbia candidates are admitted who have a diploma from a college of osteopathy recognized by the American Osteopathic Association. They are required to pass an examination on minor surgery, neurology and the principles and practice of osteopathy. Three have been admitted by examination. In Saskatchewan there is a board to examine candidates of osteopathy. Those in practice prior to 1914 may be admitted on production of a diploma satisfactory to the board. Three have been admitted by examination; and there were 12 others, of whom 5 have left.

After some further observations on the conditions in the Western Provinces, the report goes on to state as follows:

"The complications which will necessarily arise here are more comparable to those which are confronting medical education in the United States; and I cannot but think that more light is to be gained by con-

sidering and weighing them than by following the lead of the Western Provinces of Canada."

"The inadvisability of enacting any legislation now in the direction of allowing one class of a learned profession to practise it without the range of study required of others is emphasized when one reflects that a statute of that kind passed now would only provide Ontario with osteopaths of the older and less advanced school."

His Lordship further advances the following reason why osteopaths should not be admitted, namely:

"It is this, that owing to the war, there will be a shortage of men properly and adequately trained in medicine. Till this shortage is overcome we ought not to permit the field to be occupied or filled by those whose education and experience has been acquired outside of Canada, and on lines that, even now, are not fully settled, and as to the correctness of whose fundamental conceptions there will exist grave difference, even among professed believers in their own system."

For the foregoing opinions there can be nothing but praise. They are sound. The experience of the Western Provinces is too limited and too short to be of any value. Then the osteopaths we would let in would in almost every instance come from colleges of the two-year type, and, finally, there should not be two standards of education for those who treat the sick.

The Commissioner mentions several practical objections to granting legal status to the osteopaths, and creating a new subdivision in the profession of medicine. These may be briefly summarized thus: The want of cohesion among those practising osteopathy in Ontario. Their small number, the absence of real financial support, the practical impossibility of arranging for clinical instruction, and the objection to have others than regular medical men sign death certificates. With regard to clinical teaching the situation is this that the osteopaths have no hospital of their own or college, and it would be most difficult to arrange for clinics in any hospital now admitting students. Assuming that an osteopathic college existed, the Commissioner states the case thus:

"Assuming such a teaching body to exist, can a member of it go into any of our hospitals and instruct his pupils by the bedside? To do that he assumes that he is the physician in charge of the case. Is this permitted in any of our hospitals, or will the attending physician allow an osteopath to instruct a class by the bedside of his patient? If so, it must be in isolated cases and under unusual conditions, and that, in itself, defeats the object of clinical instruction, which is to establish contact with all kinds of diseases in various stages, such as a general hospital affords, and not merely familiarity with an occasional case."

"Upon the best consideration I can give to this important subject, I can see no escape from the conclusion that treating osteopaths as a separate class in regard to their medical training would be, especially at this juncture, a very great mistake."

"We have in Ontario no vested rights, no investment of any money, no large body committed to and pushing its propaganda, no graduate of an Ontario college of osteopathy."

These three paragraphs should seal the fate of the osteopaths. They point out clearly that clinical teaching is well nigh an impossibility. That it would be a mistake to establish a separate college in regard to medical training, and that there are no vested rights.

With regard to the osteopaths now in practice in Ontario the honorable Commissioner lays down the following course:

"I would recommend that those practising in Ontario on the 30th day of June, 1913, be licensed to continue as osteopaths only, provided that within six months they produce a certificate, under the seal of the American Osteopathic Association, that the association is satisfied, after due consideration of the case, that the person named in the certificate would be qualified to pass such an examination as is required in that one of the States of the American Union which recognizes osteopathic practice, having the highest standard."

"The license thus granted shall not permit the holder to use or administer drugs, nor to perform surgery with the use of instruments, nor to sign death certificates, nor to use the term 'Doctor' either in full or otherwise indicated, and must be limited to osteopathic methods and practice."

The number that might secure such a certificate as that referred to here would be about 75. The Commissioner states: "I am rather loathe to make the practice here of any physician dependent upon a certificate which is necessarily vague as to qualification and education." The report points out, however, that the American Osteopathic Association has taken a stand for higher education, and its certificate may be taken as sufficient guarantee. The report continues to state: "It is probably the best that can be got, and if the admission of these older men be somewhat of an indulgence, it will not hurt the medical profession, and their numbers will prevent any great harm being done to the public."

This puts the case, so far as the osteopaths are concerned, in a definite form that can give rise to no mistake. When these recommendations find their place, as they no doubt will, in a properly framed statute, the solution of the difficulty will be satisfactory and final. Osteopathy will soon become a thing of the past in Ontario.

III. CHIROPRACTIC AND MANOTHERAPY.

These two cults are carefully considered, especially chiropractic. After a complete examination into the system of the chiropractic school of healing on the vital aspects of diagnosis and treatment, and the hearing of much evidence, the honorable Commissioner concludes as follows:

"The admission indicates how dangerous it would be to sanction the practise in Ontario of those who adopt the chiropractic belief, unless it is possible to distinguish between fakirs and others. This seems impossible to do, if those who practise it are divided as to what is pure and what is adulterated."

This comment refers to the admission by one of the exponents of chiropractic that there were bogus schools and fake practitioners. The report then continues thus:

"I cannot bring myself to the point of accepting, as part of our legalized medical provision for the sick, a system which denies the need of diagnosis, refers 95 per cent. of disease to one and the same cause, and turns its back resolutely upon all modern medical scientific methods as being founded on nothing and unworthy even to be discussed."

This very properly and definitely closes the case against one of the most grossly ignorant forms of medical treatment that has ever been conceived of by the wit of man. Chiropractic is not one whit better than the ignorant treatment of the Indian who dances around the tent of the sick man and makes a huge noise to frighten the evil spirit away.

Manotherapy is dismissed in the report by a few lines, which are ample for its merits. It is only a fake way of making money out of the ignorance or gullibility of the public.

IV. CHRISTIAN SCIENTISTS.

In dealing with the Christian Scientists, Mr. Justice Hodgins is very clear. He contends that if they intervene to treat the sick they should be able to recognize disease so as to protect the public. "They should, therefore, conform to present and future health regulations, and should, where they act for gain, be required to possess sufficient medical knowledge to recognize diseases pronounced by the health authorities to be communicable."

"Subject to that, and in so far as what they do is solely an exercise or practice in good faith of the tenets of their religion, no satisfactory reason has been alleged for putting them or any church or body in the category of practising physicians. But their rights should be carefully restricted to the *bona fide* exercise of the tenets of their religion, and they should possess no other or different right or immunity from that enjoyed by the clergyman or minister who is called in for the spiritual

benefit of a member of his communion, and whose ministrations often react beneficially on physical suffering."

"It should also be provided that when a person claims to be practising the religious tenets of any church, for gain, and the practice is apart from the church building or the home of the person treated, the onus of bringing himself or herself within the exception shall lie on the person so claiming to be practising such religious tenets."

The report states that, in the case of children, "necessaries should continue to mean and include medical attendance by a registered physician." This "ought to be clearly maintained and explicitly stated."

The Commissioner then recommends that:

"A penalty of fine or imprisonment, or both, sufficiently heavy to deter people from incurring it, should be imposed upon anyone practising such religious tenets upon or in reference to any person suffering from any disease dealt with as contagious or infectious in the Public Health Act, unless before such practice is begun notice in writing is given to the local health authorities of the presence of such disease."

To demand such knowledge at the hands of the Christian Scientists will certainly end their career as "healers". It requires long and careful study to be able to recognize contagious and infectious diseases, and to be able to distinguish these diseases from each other, and from other diseases that may not be contagious or infectious. So long as the Christian Scientists keep their work to their religious duties and teachings they should enjoy the liberties of all other religious bodies; but to practise medicine according to the painfully wrong conceptions of Mrs. Eddy would be to set the hands of the clock back beyond the dark ages. A study of the writings of Mrs. Eddy prove her to have been possessed of much cunning and shrewdness, but completely devoid of learning and soundness of judgment. She should not be allowed to be the apostle of a new system of treatment.

With Mrs. Eddy disease was a delusion of mortal mind, a myth, in other words. There was no need for diagnosis, for all ailments were the same and from the same cause—wrong beliefs. With her the study of anatomy and physiology only tended to spread disease, and the worst thing that could happen is the discussion of disease, as this caused false views. Those who follow such a teacher should be granted no status as practitioners of healing.

V. OPTOMETRY.

His Lordship in dealing with this branch of the enquiry reports that there are many who require glasses and derive great benefit from their use. He goes on to state: "It is quite possible to insist upon adequate education in physics and optics, apart from a complete medical educa-

tion, so as to enable those possessing it to measure and design the lenses required for defective eyesight in ordinary cases. In the instances where the effect is based upon other causes than those usually found to exist, the procuring of glasses may, by affording temporary relief, postpone to the patient's detriment the treatment properly required, but these cases are comparatively rare. This difficulty can be met in large measure by adding to the course in physics and optics sufficient instruction in medicine to enable abnormal conditions to be distinguished either at once or speedily, and sufficient protection may be afforded by a provision to this end in any legislation affecting what is called optometry."

Now, it is here that the utmost care must be exercised. There are so many conditions of defective sight that depend upon some other, and often serious, disease, that the amount of education the practising optometrist should receive would come well up to that for any practising physician. The defective sight may be due to glaucoma, to cataract, to a cerebral tumor, to optic neuritis, to nephritis, to some toxic condition, to choroiditis, to retinal hæmorrhage, etc., that the connection between defective eyesight and other diseases becomes far-reaching. *Festina lente* is as good here as it was in the days of Horace, the Latin poet.

The report refers to the fact that there are only in Ontario "sixty-five medical men who specialize in ophthalmology, while there are now 900 practising optometry." But an answer to this may be found in the fact that ophthalmology means much more than mere optometry, and that the course, so far required to practise optometry, has been so short and easy that many have entered it, and attach the business of an optometrist to that of a jeweller. This may readily explain the large number of optometrists.

His Lordship remarks: "That in a medical education there is no sufficient specific instruction in this branch, and that this is well recognized professionally. This should be remedied."

With this statement most will agree. The very fact that so few medical men can do refraction with accuracy accounts for this field of practice having been so extensively invaded by the defectively trained optician and optometrist. There is no reason why the doctors in the country should not do the testing for glasses for their patients. This would avoid many mistakes in diagnosis and much bad work; and would be more gratifying to the people; and, perhaps, more economical.

The Commissioner refers to the need for better training, and then goes on to say:

"I see in this, however, no reason why optometry should not acquire a definite status if it is willing to do so at the cost of such liberal education as will fit its practitioners for their work."

It is then stated that there are ample facilities for the required instruction at the Universities of Toronto, Kingston and London, and at the Toronto Technical School. The instruction should be:

(1) Sufficient knowledge of medicine to detect diseases in the body, disclosed or indicated by the eye.

(2) Sufficient acquaintance with the physiology and pathology of the eye itself to recognize local diseased conditions.

(3) A thorough knowledge of practical optics and refraction.

It is suggested that this course might be one of two years.

A two-years' course on the anatomy, physiology and pathology of the eye, together with a thorough training on physics and optics, followed by a proper course on refraction in which there should be a full measure of clinical teaching, would certainly raise the standard of optometry. It would also eliminate those who enter it because the door is so wide that anyone may be an optometrist who so desires. The recommendation in the report that all at present practising optometry should be required to pass the examination as per the new standard within six months, is certainly a good one. It would weed out most of the poorly educated or trained optometrists.

RHEUMATISM, A METASTATIC INFLAMMATION.

"Rheumatism," J. M. Smith claims unhesitatingly, in the *International Journal of Surgery*, (February, 1917), "is practically always a metastatic inflammation.

An arthritis which tends to recur is nature's warning of her effort to eliminate pus from some source.

Every case should be subjected to a most careful physical examination in our effort to discover the source.

We must remember that we may have the remains of an infection with the primary focus obliterated, or there may be a focus which we are unable to locate.

Rheumatism is an infection, but is not due to any one specific organism but to a number of different ones; the members of the coccus group are the chief offenders, especially the different strains of the streptococcus."—*American Medicine*, April, 1917.

CURRENT MEDICAL LITERATURE

HELIOOTHERAPY IN TUBERCULOSIS

In the February number of the *American Review of Tuberculosis*, Edgar Mayer, of Trudeau, New York, reports the results at the Trudeau Sanatorium. A quartz mercury lamp was used as a substitute for sunlight. Because of the cold climate it was impossible to expose the whole body, a procedure which would probably have yielded better results. Instead, the method of Bach was followed in which gradually increasing exposures are given on the back and chest only.

Of the thirty-one cases there were five among those receiving the full treatment that showed marked improvement that could be traced directly to the lamp, namely, disappearance of cough and expectoration, gain in weight, increased appetite and loss of fatigue. Five showed decrease of a previously prolonged cough and expectoration. Seven showed no changes of any kind. Four showed elevation of temperature after a few treatments and stopped them. One developed a temperature of 100 degrees F. and a dry pleurisy. One expectorated a dram of blood. In one the psychic effect only seemed worth while as it could not be obtained by other means. One developed bacilli in the sputum and increase in pulmonary signs. All these untoward developments were easily accounted for by conditions and factors other than the heliotherapy. Three noted beneficial results in the interim between courses of exposure, namely decreased cough and expectoration, and gain in weight, strength and appetite. One mentioned that she felt better than for four years, having less cough, decreased nervousness, better strength and a gain in weight of 77 pounds, although she had previously had the greatest difficulty in gaining weight. Two had improved appetites and better digestion. The commonest complaints from the exposures were pharyngitis, probably due to the ozone, itching of the skin, and sleeplessness. If elevation of temperature occurred it averaged 99.2 degrees F.

Improvement corresponded to pigmenting power. Brunettes improved more than blondes. Some blondes tanned under the lamp who had never done so in sunlight. If exposures are overdone burns will occur, or there will be repeated peeling of the skin without pigmentation. Reddening began about the third treatment and tanning about the seventh. During the longer exposures the pulse rose in some cases fifteen beats, but came down again the next day.

The results appear on the whole to be indifferent. The psychic

effect seemed to be of great importance and might in itself make the treatment worth while. A few exceptional cases showed marked improvement directly due to the light exposures.

Mayer concludes that light therapy is certainly a valuable adjuvant but must be used together with the usual routine treatment. In bone and joint tuberculosis, results have been most remarkable, with the closure of sinuses and both the healing of joint lesions and the re-establishment of function. Almost equal success has been met with in tuberculous disease of the skin, mouth, glands, pleura and peritoneum. Occasional disappearance of definite and marked disease of the ocular and genito-urinary apparatus has occurred. In laryngeal cases some few favorable results were obtained, especially by the direct application of light to the focus. Finally, in pulmonary tuberculosis, in a very few selected instances, definite favorable results were obtained that had to be considered as due to this therapeutic aid and which no other means of treatment alone was able to offer.

A review is given of the physical and physiological facts and theories involved, of the various methods of carrying out the treatment and of its effect in the various forms of tuberculosis.—Mayer, Edgar: Heliotherapy in Tuberculosis, *Am. Rev. Tub.*, 1918, 1, No. 11.

THE NATURE OF WOUND SHOCK

W. B. Cannon (Boston) at the front in France (*Journal A. M. A.*, March 2, 1918), reviews the theories that have been advanced as to the nature of wound shock. He finds objections to Henderson's acapnia theory and the idea of suprarenal exhaustion, as well as the nerve exhaustion theory advanced by Crile, and gives the reasons as shown in the experimental work reported by various authorities. The cardiac factor is also not a primary one as has been shown experimentally. The problem of the lost blood in the shocked individual is at least partially solved by the congestion of the capillaries and is further supported by the possibility of the concentration of the blood. There are other conditions besides a low blood pressure that are favorable to capillary of acidosis on the circulation. There are also various vicious circles in the effects of shock on the circulation, and these are enumerated. Cannon proposes a change in the nomenclature using for wound shock the term "exemia," a word used by Hippocrates signifying "drained of blood." A general statement offered by Cannon is as follows: "There are primary wound shock with toxemia and hemorrhage, and later lowering of the pressure. Sweating occurs, leading to loss of fluid and loss of heat from the body. The blood becomes stagnant and concentrated

in the capillaries, and as the blood pressure falls there is loss of the alkali reserve of the blood (acidosis) roughly corresponding to the drop in pressure." The facts are fully listed in the closing paragraphs of the article, and he concludes as follows: "This conception of the events that take place in a wounded man who passes into shock gives a reasonable account of the primary effect of wounds, the influence of cold in continuing the low blood pressure or inducing it when the circulatory apparatus is unstable, the influence of warmth in restoring him in part to a fit condition, and the slowness of a full recovery. It leaves unsettled the occasion for the primary fall of pressure, though the suggestion is offered that it may be of reflex character, similar to fainting. The conception offers a hopeful outlook for the care of the shocked man, because two of the most potent factors making his chances unfavorable, cold and acidosis, can be controlled."

OPHTHALMIA NEONATORUM.

Dr. W. E. Hibbett, Health Officer of Nashville, reports that during the year 1917 not one known case of blindness from ophthalmia neonatorum has occurred in his city. "This was due," says Dr. Hibbett, "to the enforcement of the law requiring the use of a prophylactic, our infant welfare workers doing prenatal work, following up reported births, keeping strict watch on physicians and midwives known to be careless, and the early finding of neglected or suspicious cases. Prompt administration of preventive or curative measures has been our main dependency in combating this scourge.

"The Vanderbilt Obstetrical Clinic is doing excellent work and we have added prenatal weekly clinics held in our welfare stations. We have almost eliminated the undesirable midwife, and have shown the people that we had something better to offer. The work is thoroughly systematized and we are getting wonderful results."—*The News Letter*.

GENERAL STREPTOCOCCIC INFECTION THROUGH THE ACCESSORY SINUSES AND THE TONSIL

Dr. T. H. Halsted, of Syracuse, said that chronic suppurations in the sinuses were by no means local diseases in the sense that their effects were confined to these organs. The chronic infections, the staphylococic, pneumococic and streptococci, were perhaps of greatest importance, because of the insidious and slow degeneration which their absorption produced in the whole system. Of equal and perhaps greater importance

than local infections of the nose and their annexa, though only in degree, were infections of the teeth and tonsils. A mixed infection of the tubercle bacillus and the streptococcus was frequent. Just as tuberculosis was conveyed from one individual to another through the inhaled sputum, and was mildly contagious, so probably was rheumatism, i. e., infectious streptococcic rheumatism. With enlarged and diseased tonsils, not regarded as tuberculous, enlarged cervical glands, thought to be tuberculous, were often associated. The removal of such tonsils is usually followed by a reduction in the size of the enlarged glands. Endocarditis and arthritis often supervened or follow an attack of acute tonsillitis. Chorea was now known to be a rheumatic or streptococcic infection of the nervous system. Improvement resulted from the removal of the primary focus of infection, the tonsil and the adenoid. Many affections now regarded and treated as separate entities would soon be classified under the general heading of streptococcic disease. Complete enucleation was the rational procedure in the treatment of streptococcic infected tonsils.

After the tonsils were removed the patient might still show evidence of remote or general streptococcic infection. This meant simply that there still remained a focus somewhere, possibly in the adenoids. Possibly the tonsils were not completely removed, even though the operator was most careful, and if such is the case, this fact should be recognized and dealt with by a second operation, the sooner the better. Again, an apical tooth abscess may have been overlooked or the difficulty may lie in a secondary focus in the gall bladder, the appendix, some joint, the endocardium, pleura or other localized area.

—*New York Medical Journal*, Dec. 22, 1917.

PERSONAL AND NEWS ITEMS

The building of the new military hospital in London appears to have been postponed for some time. The site was purchased some time ago.

There was a fire in the State Asylum at Oklahoma recently in which 36 of the inmates lost their lives.

Col. Hodgetts, Commissioner of the Canadian Red Cross, informs the Canadian Associated Press that he has resigned and that his resignation was accepted.

The wife of Dr. M. M. McPhadden, of Mount Forest, died recently. She leaves her husband and five children.

Col. J. A. Roberts has been appointed deputy director of Medical Services, and Lt.-Col. C. H. Dickson, assistant director. Col. Roberts went overseas as officer commanding the University of Toronto Base Hospital.

On Tuesday evening, April 16th, at the residence of her mother, 68 Alexandra Boulevard, Toronto, Annie Fawcett, daughter of the late William McCleary, M.P., Thorold, Ont., and wife of Capt. J. C. Beatty, C.A.M.C., France, in her 36th year.

Mrs. Ault, wife of Dr. Ault, of Tillsonburg, died on 19th April in Montreal. Her remains were taken home for interment.

Lt. W. L. Harrison, son of Dr. W. S. Harrison, of Toronto, was recently wounded while flying in France.

Dr. Hastings, M.O.H., of Toronto, has vigorously denied the charges of inefficiency that have been levelled at the city doctors and nurses.

Capt. Harold Bell, formerly a lieutenant with the R.A.M.C., and a member of the staff of the Military Convalescent Hospital at Woodcote Park, Epsom, has taken an English bride, according to word just received in Canada. He was married earlier in the year to the Hon. Doris Harvey, only daughter of Sir Anderson Harvey, Uxbridge, England, Capt. Hunter, chaplain, officiating. Capt. Bell came to the University from Collingwood, and took his medical degree in 1912. Since going overseas he has transferred to the C.A.M.C., and is now attached to the Canadian Discharge Depot at Buxton.

Major Alex. MacKay, M.D., has just been appointed Inspector of Prisons and Asylums and of Institutions, receiving aid under Hospitals and Charitable Institutions Act.

A scheme is on foot to amalgamate the Rideau Street Protestant General and St. Luke's Hospitals. The proposal is to erect a new institution on a new site, a building which would accommodate more than 500 patients. The principle of the idea has been approved by the boards of the two hospitals and a joint committee will be appointed shortly.

An effort is being made by the proper authorities in Britain, France and the United States to control the spread and prevalence of venereal diseases among the troops.

The local Board of Health of Toronto, on the motion of Ald. Risk, decided to increase the rates for patients at the Isolation Hospital. At present a charge of \$2 per day is made for those occupying a private ward, and \$1 per day for the semi-private. Public patients are cared for at the expense of the city. The new rate will be: Private patients, \$3 per day; semi-private, \$2, and public patients, \$1.25, except in those

cases where the patient or relatives are unable to bear the expense. This is an entirely new departure, as the Isolation Hospital has hitherto been operated in the interests of public safety. Dr. Hastings concurred in the suggestion, as he thought the institution should be self-sustaining.

Dr. Alfred Thompson has resigned his position as medical superintendent of the Hospital for Returned Soldier Invalids. The replacing of the Military Hospitals Commission by the Invalided Soldiers' Commission, a purely civilian organization, makes it impossible for Dr. Thompson, who is member-elect for the Yukon, to remain at his post because of the Independence of Parliament Act.

Major B. M. Luton, M.D., of St. Thomas, winner of the Military Cross, has been appointed to take charge of a new military hospital at Fredericton, N.B. Major Luton has been in France since early in the war.

Capt. (Dr.) Charles Walker, who has recently returned from overseas, and is staying at 592 Jarvis St., gave up his practice in Toronto early in 1916, and went overseas, joining the R.A.M.C. He was attached to Davenport Military Hospital, England, afterwards going to France in charge of the 61st Field Ambulance Corps. He was injured in a fall from his horse and was some time in hospital with a broken arm. After returning to Winchester Hospital in England, and to R.F.C. at Hursley Park. Returning to France in the fall of 1917, he was in charge of an ambulance train conveying wounded from the front line to the base.

Dr. R. J. P. McCulloch, ophthalmic and aural surgeon with the British forces, 1915-17, desires to announce that he has opened an office at 102 College St., Toronto, where he will limit his practice to diseases of the eye, ear, nose and throat.

On the 10th April there was a fire in the Spadina Ave. Military Hospital, but prompt action on the part of the fire-fighting force prevented a serious fire.

In the retirement along the western front, a certain number of medical units, such as casualty clearing stations, fell into the hands of the enemy. During the time of this drive the medical and nursing staffs have received the greatest possible praise for their efficiency and their bravery in sticking to their posts under the most dangerous conditions.

Capt. Gerald Allison, R.A.M.C., who was recently home in Picton on furlough, was presented by many friends with a diamond pin. He said that his party was last to leave the Dardanelles. He had also seen service in Egypt and India.

But for the war the number of children born in the United Kingdom from May, 1915, to June, 1918, should have been 3,500,000, while the

number actually born will be about 2,950,000. In Germany the number born should have been 5,850,000, and will be only about 3,250,000, while in Hungary there should have been 2,600,000, and there will be only 1,100,000. In the United Kingdom this is equivalent to the loss of over six months' normal births; in Germany to a loss of 17 months' births; in Hungary of more than 24 months.

Typhoid fever caused 8,000 deaths in the South African War, and only 7,700 were killed. During the brief Spanish-American war 3,000 men died of this disease, while there have been only nine deaths in the American army from typhoid since the United States became our ally.

Dr. A. J. McKelway, of Washington, died there on 17th April. He was a noted social reformer, and was the leading advocate of child labor laws in the United States.

Gen. Sterling Ryerson, of Toronto, is visiting the West. He will campaign the Western States in favor of the American Red Cross.

The city of Halifax is to have an isolation hospital to cost \$27,000.

At the annual meeting of the Sherbrooke (Que.) Hospital it was stated the daily cost of patients now was \$2.35.

The Ontario Legislature appropriated \$52,160 for the Hospital for Epileptics at Woodstock. It is intended that two new buildings will be added.

The Winnipeg Hospital made an urgent appeal to the city council for \$60,000 to meet urgent demands.

OBITUARY

N. D. RICHARDS, M.D.

Dr. N. D. Richards, of Belleville, passed away 18th April, after being ill for some time with heart trouble. Deceased was born at Cramhae, Northumberland county, in 1852. In 1887 he graduated from Toronto University with honors, and was a silver medalist. After 34 years' practising at Warkworth he removed to Belleville, where he had resided for some years. Dr. Richards was a member of the Masonic fraternity and a Shriner, belonging to Rameses Temple, Toronto. In religion he was a Methodist, being a member of Bridge St. Church. In politics he was a Conservative, and for years was identified with the executive of Northumberland county. A widow and one son, Dr. Richards, of Warkworth, and one daughter, Miss Lillian, of Toronto, survive.

GEORGE BAPTIE, M.D.

Dr. George Baptie died in Ottawa at the age of 73. He graduated in arts from the University of Toronto in 1870. And from Trinity in medicine in 1875. He had practised continuously in Ottawa.

 BOOK REVIEWS

CLINICAL DIAGNOSIS.

A Manual of Clinical Diagnosis by means of Laboratory Methods, for Students, Hospital Physicians and Practitioners. By Charles E. Simon, B.A., M.D., Professor of Clinical Pathology and Physiological Chemistry in the University of Maryland Medical School and the College of Physicians and Surgeons, Baltimore, Maryland. Ninth edition, enlarged and thoroughly revised. Illustrated with 207 engravings and 28 plates. Philadelphia and New York: Lea & Febiger, 1918. Price, \$6.00.

Of late years, but none too soon, chemical and microscopical studies have taken a prominent place in medical investigations of all sorts. As an aid to the acquiring of a sound knowledge along this line of work this book by Dr. Simon holds a first place. Throughout the book are numerous illustrations. These have been selected with much care and aid the text very materially. The author has a good style and expresses himself in simple, direct and clear language. This is of the utmost value in a scientific book. The blood, the secretions of the mouth, the gastric juice and contents, the feces, the nasal secretion, the sputum, the urine, transudates and exudates, the cerebro-spinal fluid, cystic contents, bacteriological appendix, and the factors in the laboratory diagnosis of the various diseases. This work confines itself strictly to what the microscope and the many chemical reagents can reveal. To fully appreciate how far the chemistry of disease has gone one should read this work. Many are apt to decry laboratory-made diagnosis, but there are conditions that give up their secrets only to the huntsman microscope and the detective chemical agent. These alone can call forth the truth from the various secretions and excretions of the body.

 POCKET FORMULARY.

A Pocket Formulary. By E. Quin Thornton, M.D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. Eleventh edition, revised. Philadelphia and New York: Lea & Febiger. Price, \$2.00.

This book has stood the test of time, and has proven its usefulness by the fact that it has now reached its eleventh edition. There is some very useful information at the beginning of the book on weights and measures, the dosages of drugs, sera and vaccines. Following this are prescriptions for diseases and symptoms. The diseases are arranged in

alphabetical order, which makes reference an easy and rapid process. With the prescriptions there is stated the indications for their employment, which are very helpful. For example, under the title constipation a number of formulæ are given, one of which would suit atony of the bowel, another should be given for constipation with flatulency, and a third for the constipation of infants, etc. The typography is excellent, the paper good, and the binding in lump covers. All the formulæ are in the old and metric systems. The book is the proper size for the coat pocket. To most busy practitioners this will prove a very useful book.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otolology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners, by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia, and Charles H. Mayo, M.D. Rochester, Minn. Volume I. Twenty-eighth series, 1918. Philadelphia and London: J. B. Lippincott Company. Canadian agent, J. B. Roberts, Montreal. Price, \$2.50 per volume, or \$10.00 per annum.

This volume contains nine clinics, three on medicine, two on neurology, one on public health, two on surgery, and a general review of medicine. We can commend this volume, and feel every confidence that it will give satisfaction to all who read it. This series has now entered on its twenty-eighth year of publication. During these many years the authors and publishers have constantly kept before them the desire to improve and make these volumes even more and more useful. The various topics covered in the fifteen special articles in this volume are of special importance, as all of them are such as are frequently encountered in general practice.

MODERN UROLOGY.

In Original Contributions by American Authors. Edited by Hugh Cabot, M.D., F.A.C.S., Chief of the Genito-Urinary Department of the Massachusetts General Hospital, Assistant Professor of Genito-Urinary Surgery in the Harvard Medical School, Boston, Massachusetts. Volume I., General Considerations, Diseases of Penis and Urethra, Diseases of the Scrotum and Testicle, Diseases of the Prostate and Seminal Vesicles. Illustrated with 368 engravings and 7 plates. Volume II., Diseases of the Bladder, Diseases of the Ureter, Diseases of the Kidney. Illustrated with 264 engravings and 10 plates. Philadelphia and New York: Lea & Febiger, 1918. Price for two volumes, \$14.00.

This is the most pretentious and complete work on genito-urinary diseases we have seen. There is nothing that has been omitted, and everything has been done so well that one would needs be hypercritical indeed were he to find fault with this work. There are eighteen contributors to the first volume, and thirteen to the second volume. These

writers are eminent in this field of practice, and they carry weight. It would be impossible to enter into any details in our remarks on this work further than to state it contains the last word on the diseases discussed. The two volumes are got up in beautiful style, splendidly illustrated, printed in clear type on superior paper, and handsomely bound. To the contributors we say, "Well done."

RATIONAL THERAPEUTICS.

Aids to Rational Therapeutics, with U. S. A. Pharmacopoeia Equivalents. By Ralph Winnington Leftwich, M.D., C.M., M.R.C.S., Eng., late Assistant Physician to the East London Children's Hospital, Author of "An Index of Symptoms", "Tabular Diagnosis", "A Pocketbook of Treatment," etc. London: Belliere, Tindall & Cox, 8 Henrietta Street, Covent Garden, 1918. Price, 3s. 6d.

This little volume needs no introduction, as it has long been known to the profession. In Britain it is a decided favorite with the students. The diseases are grouped under their usual headings. Each disease is briefly described and excellent advice given for its treatment. Throughout the book there are many formulæ for prescriptions. We can recommend this book, especially to students.

AMERICAN UROLOGICAL ASSOCIATION.

Transactions of the American Urological Associations. Sixteenth Annual Meeting at Chicago, Illinois, April 2, 3 and 4, 1917. Publication Committee: Richard Frothingham O'Neil, George Gilbert Smith and Edward L. Young, Jr. Printed for the Association at the Riverdale Press, Brookline, Mass., 1918.

To all who are interested in urology this volume will be most welcome. It is exceptionally well bound, the paper is the very best, the illustrations are numerous and superior in quality, and the articles are all of the highest order of merit. The Urological Association has just cause to be proud of its transactions.

CANADIAN MEDICAL DIRECTORY.

This is the first edition of a most useful and much-needed publication. It gives the names and addresses of the medical men of Canada, including Newfoundland. The lists are given by Provinces, and then by districts and cities. At the end of the directory is a complete alphabetical list, with addresses, for all Canada. The laws governing the medical profession for each Province is summarized, also the Dominion Medical Act. There is a good deal of useful information about the medical colleges of the country and their facilities. This edition is for the year 1918, and is published by the Canadian Medical Directory, Montreal. Every doctor should have a copy.

MISCELLANEOUS

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A CANADIAN MEDICAL WEEK IN HAMILTON,
MAY 27th to JUNE 1st, 1918.

A congress of Canadian Medical Associations, namely, the Ontario Health Officers' Association, Canadian Public Health Association, Canadian Association for the Prevention of Tuberculosis, Canadian Medical Association, in conjunction with and under the auspices of the Ontario Medical Association.

Send for your reservation at the hotel without delay.

Look for the Green Cross; use it often, they are friends.

Informal dress on all occasions.

LIST OF OFFICERS.

The Ontario Health Officers' Association.

President, Capt. H. W. Hill, M.D., D.P.H., London; secretary, Lt.-Col. J. W. S. McCullough, M.D., D.P.H., Toronto.

The Canadian Public Health Association.

Patron, His Excellency the Governor-General; vice-patron, Sir Robert Borden, P.C., G.C.V.O.; honorary president, Sir John Gibson, Hamilton; president, Dr. W. H. Hattie, Halifax, N.B.; vice-presidents, Dr. J. A. Hutchinson, M.D., M.D.C.M., Westmount, Que.; Mrs. A. M. Huestis, Toronto; Dr. George Clinton, Belleville; general secretary, Major J. G. Fitzgerald, M.D., University of Toronto; treasurer, Capt. Geo. D. Porter, M.D., Toronto.

*The Canadian Public Health Association for the Prevention of
Tuberculosis.*

Honorary president, His Excellency the Governor-General; honorary vice-presidents, Lieutenant-Governors of all the Provinces; president, J. A. Machado, Esq., Ottawa; honorary treasurer, Sir Geo. Burn, Ottawa; secretary, Capt. Geo. D. Porter, M.B., Toronto.

The Canadian Medical Association.

Honorary president, Sir Thomas Rodderick, Montreal; president, A. D. Blackader, Montreal; president-elect, H. Beaumont Small, Ottawa; vice-presidents, presidents of all affiliated societies and the presidents of the provincial societies ex-officio; secretary-treasurer, W. W. Francis, M.D. (on active service); acting secretary, J. W. Scane, M.D., 836 University St., Montreal; local secretaries are the secretaries of affiliated societies and the secretaries of provincial societies, ex-officio.

Ontario Medical Association.

President, J. P. Morton, M.B., F.R.C.S.; secretary, F. Arnold Clarkson, M.B.; treasurer, J. H. Elliott, M.B.; chairman of committee on programme, J. P. Morton, M.B., F.R.C.S.; chairman of committee on arrangements, R. Y. Parry, M.B., B.A.; local secretary, J. Heurner Mullin, M.B.

ON TO HAMILTON.

The mayor, city officials and public generally will welcome to Hamilton the visiting members of this medical profession and their friends in this great congress week. They trust your stay will be profitable from a scientific point of view and that your comfort and pleasure will encourage you to return at some future date to learn something more of our beautiful city.

Nestling in the heart of the garden of Canada, Hamilton can boast of its most favorable geographical location and beautiful surroundings. It is known far and wide as the Industrial City, by reason of fact that with the population of approximately 110,000, it possesses nearly 500 industries.

Located on the shores of Hamilton Bay, a land-locked harbor at the head of Lake Ontario, it has outgrown its original boundaries to the south, east and west, and now extends well up to the height of land to the south, which the citizens are proud to call the Mountain. Easterly it reaches into the richest fruit and produce garden of which Ontario boasts, and westerly almost to the outskirts of the neighboring town of Dundas.

Travel where you will, you will not find a more beautiful panoramic view of nature than the bird's-eye view one gets from the brow of Hamilton Mountain, which rises to the height of about 300 feet. In the immediate foreground is the bustling city, rich in foliage by the end of May. To the right is the Niagara fruit-belt; to the left the beautiful Dundas valley, and, in the background, the peaceful waters of Hamilton Bay, backed by the blue waters of Lake Ontario. Far in the distance, on a clear day, can be seen the outline of the big buildings in Toronto, something more than 40 miles away.

With electric railway lines running out in all directions and boat lines connecting with the north shore of the bay, Toronto, Grimsby, Niagara and other points of interest, little wonder that Hamilton is rapidly becoming a tourist and convention city, as it has long been an industrial centre. Large enough to be interesting, it is still small enough to be sociable, and the stranger within its gates is assured of a hearty welcome and a good time.

At the head of the bay the motorist drives along the crest of a sand-bar formation known as Iroquois Beach, a relic of pre-glacial times. As one looks to the west the banks of a one-time great river are plainly seen, and geologists tell us that at some spot not definitely located the waters from the south and north met and mingled.

This geological secret has aroused the interest of the scientists of two hemispheres.

Hamilton and the surrounding country abound in spots of historic interest, foremost of which is the Stoney Creek battlefield, accessible by motor or electric car. The Dundurn ridge is another spot that has found its place in history, while many interesting ruins of the early settlers' days are to be found, and about Ancaster, situated on the mountain brow about six miles' distance from the centre of the city, and also within reach by motor or electric car. Another electric line will take the sight-seer to Burlington Beach, a narrow stretch of land that separates the lake from the bay, and the popular summer resort of the citizens. A drive along the Toronto-Hamilton highway gives one an idea of the beauty of the surrounding country and the general prosperity of the whole district; while a visit to the city's fine parks is a delight to the lovers of nature.

THE PREVAILING SENTIMENT.

Soon after the close of the meeting of the Ontario Medical Association last year, the newly-elected officers began to look about and prepare plans for the coming meeting. It was proposed the other associations should be invited to co-operate and soon it became evident that it was our duty in the interests of war-time efficiency to conserve and concentrate the energies of the Canadian medical profession.

At no time in the history of medicine in Canada was the complete organization of the profession more necessary. We must be prepared to serve the public in these strenuous times to the limit of efficiency. Great sacrifices are necessary on the part of all. We must understand the problem and be prepared to meet it.

THE SPIRIT OF CO-OPERATION.

One of the most striking and most gratifying features of the medical week is the whole-hearted unanimity with which the various organizations have pledged their co-operation.

The numerous meetings of the General Committee on Arrangements have been attended by members representing the Canadian Medical Association, the Canadian Public Health Association and the Health Officers' Association, many of whom have repeatedly travelled distances to be present and share in the discussion of the necessary preparations.

The committee is confident that this enthusiasm must pervade the whole meeting, and that the spirit of fraternal co-operation, so evident from the outset, will continue to animate the profession long after the convention has become a memory.

In the preparation of the programme the utmost care has been exercised to assign to each body represented sufficient time for the discussion of subjects peculiarly its own, and to avoid the duplication of papers or the repetition of any section of subjects which may have been discussed in another.

The number of topics, the high standard of excellence of the papers to be presented, and the facilities offered for thorough discussion should ensure the attendance of the medical profession to its maximum, and that this congress in Hamilton will occupy a permanent place in the annals of Canadian medicine.

APPEAL TO COUNTY SOCIETIES.

For the first time in the history of the Ontario Medical Association the county medical societies are this year afforded an opportunity of exercising a degree of influence commensurate with their importance. Under the new constitution and by-laws of the Ontario Medical Association the county societies are recognized as the basic element of the Association.

The Committee of General Purposes, as the legislative body of the Association, is constituted of representatives elected from the county societies in proportion to their membership. This plan has undergone the test of experience in the American Medical Association and reflects the growing spirit of democracy.

The committee in charge hopes for a large representation of the profession outside the cities, for this is necessary to prove and support the main idea underlying our new constitution and by-laws.

SCIENTIFIC PROGRAMME.

Monday and Tuesday.

Programme prepared by the Canadian Public Health Association and the Ontario Health Officers' Association:

The President's Address, Canadian Public Health Association, A Plea and a Plan—W. H. Hattie, Halifax, N.S.; The President's Address, Ontario Health Officers' Association,—W. H. Hill, London, Ont.; The Public Health Nurse—J. A. Boudouin, Lachine, Que.; paper (title not received)—M. M. Seymore, Regina, Sask.; Good Public Health Service in Small Towns and Rural Municipalities—J. J. Harper, Alliston, Ont.; Hints on Rural Administration—J. W. S. McCullough, Toronto; The Control of an Outbreak of Diphtheria—W. C. Alliston, Toronto; The Trail of the Medical Vampire—Frederick Paul; Health Insurance—

Chas. J. Hastings, Toronto; The Venereal Disease Problem—Gordon Bates, Toronto; Why is it Worth While to Establish Sewerage in a Small Town?—F. A. Dallyn, Toronto; Interpretation of Water Analysis—H. M. Lancaster, Toronto; Mental Hygiene—Clarence N. Hincks, Toronto; Public Health Education—Chas. F. Boldman, Toronto.

Tuesday Morning.

Child Welfare Section of Canadian Public Health Association.

Chairman's Address—Alan Brown, Toronto; Progress in Child Welfare Work in Europe—Grace L. Meigs, Washington, D.C.; The Result of Three Years' Work in the Department of Child Hygiene—Geo. Smith, Toronto; The Medical Student in his Relation to Infant and Child Welfare Work—Richard Bolt, Cleveland, Ohio; The Management of a Child Welfare Week in Small Cities and Towns, with Results—Mary Power, Toronto; Round-table Discussion and a subscription luncheon.

Wednesday.

The Canadian Association for the Prevention of Tuberculosis.

9 a.m.—Address of Welcome by the President of the Ontario Medical Association—J. P. Morton.

9.30 a.m. Social and Public Health Aspects of Tuberculosis: The Secretary's Report—George D. Porter, Toronto; Role of Health Officers in the Control of Tuberculosis—H. W. Hill, London; President's Address—J. A. Machado, Esq., Ottawa; Heliotherapy by the Rollier Methods, as applied to Surgical Tuberculosis (with lantern views)—J. H. Pryer, Buffalo, N.Y.

2.00 p.m. Symposium on Diagnosis and Treatment of Tuberculosis: Differential Diagnosis—J. S. Pritchards, Battle Creek, Mich.; Sanitarium Treatment—A. F. Miller, Provincial Sanitarium, Kentsville, N.S.; Artificial Pneumothorax—C. D. Parfitt, Gravenhurst; Tuberculin Treatment—J. H. Elliott, M.D., Toronto.

8.15 p.m. Combined General Session of all Associations: The President's Address by the President of the Canadian Medical Association, H. Beaumont Small, Ottawa. Symposium on the Returned Soldier Problem: Psychogenic Condition in Soldiers, their Etiology and Treatment—Lt.-Col. Colin Russel, C.A.M.C.; Title to be announced—Col. I. H. Cameron, C.A.M.C.; Title to be announced—Lt.-Col. Hadley Williams, C.A.M.C.

Thursday.

The Canadian Medical Association and the Ontario Medical Association.

9.00 a.m.—Meetings in Sections.

2.00 p.m.—General Sessions. The Address in Obstetrics, Methods and Operations for Reducing Fetal Mortality, with special reference to new methods of Cesarean Section—Joseph DeLee, Chicago; The Address.

in Pediatrics, Asthma in Infancy and Childhood—Isaac A. Abt, Chicago, Ill.; The Address in Medicine, On the Significance of Heart Murmurs Found in the Examination of Candidates for Military Service—Lewellys F. Barker, Baltimore.

7.30 p.m.—General Session. The Address on the Ear, Equilibrium and Vertigo, with special reference to aviation—Isaac H. Jones, Philadelphia, Pa.

Friday.

The Canadian Medical Association and the Ontario Medical Association.

9.00 a.m.—Meetings in Sections.

2.00 p.m.—General Sessions. Symposium on Intra-Cranial Pressure; Medicine—W. F. Hamilton, Montreal; Surgery—A. E. Garrow, Montreal; Physiology—J. J. R. McLeod, Cleveland.

7.30 p.m.—General Sessions. The Address in Surgery, Cancer—Chas. H. Mayo, Rochester, Minn.; Medical Impressions of the Day—Frank Billings, Chicago.

PROGRAMME FOR SECTIONS.

The Section on Medicine.

W. G. Lyle, New York—Modern Methods in Diagnosis of Nephritis; I. Chandler Walker, Boston—A Clinical Study and Treatment of Bronchial Asthma; Thaddeus Hoyt Ames, New York—The Prevention of War Neuroses (Shell-shock); W. G. McCallum, Baltimore—Pathology of Pneumonia in Military Camps; Beatrice W. Hinkle, New York—Psychanalytical Subject; Thomas McCrae, Philadelphia—Low Blood Pressure; Allan Brown, Toronto—Chorea.

The Section on Surgery.

M. McGuire, Buffalo—Surgery of Colon; D. Guthrie, Sayre, Pa.—Radical Operation for Cancer of the Breast; M. S. Henderson, Rochester—Fracture of the Hip; William O'Neil Sherman, Pittsburg—Carrel Dakin Treatment of Wounds and Paraffin Wax Treatment for Burns; Jasper Halpenny, Winnipeg—The Training of the Surgeon; W. R. Thomson, Warsaw, N.Y.—Observations on Post-operative Management of Abdominal Cases; W. R. Secord, Brantford—(title to be announced).

The Section on Obstetrics.

Irving W. Potterm, Buffalo—Normal Labor; Douglas Arnold, Buffalo—Practical Infant Feeding for the General Practitioner; W. H. Weir, Cleveland—The Later Repair of Injuries due to Labor; B. P. Watson, Toronto—The Technique of Operations for the Repair of the Perineum; F. A. Cleland, Toronto—Results of Various Measures in the Treatment of Cancer of the Uterus; K. C. McIlwraith, Toronto—The Toxæmia of Eclampsia; F. A. L. Lockhart, Montreal—(title to be announced); D. Evans, Montreal—(title to be announced).

Section on Ophthalmology.

Major Casey Wood, Chicago—Fundus Oculi of Birds; Waader Parker, Detroit—Management of Cases of Simple Glaucoma; Edmond E. Blaauw, Buffalo—(title to be announced); John Wheeler, New York—(title to be announced); J. G. Dwyer, New York—Focal Infection of the Eye, with special reference to the Intestinal Tract. A proposed new method of treatment, reports of cases.

Section on Laryngology, Otology and Rhinology.

Joseph C. Beck, Chicago—Teaching of Plastic Surgery of the Head and Neck; Gordon B. New, Rochester, Minn.—The Value of Radium in the Treatment of Lesions of the Ear, Eye, Nose and Throat; Robert R. Ridpath, Philadelphia, Pa.—Nasal Excessory Sinuses; J. G. Dwyer, New York—Protein: Allergy of Nose and Throat, with special reference to food and pollen proteins. Resume of three years' work.

AN APPEAL FOR DISCUSSION.

The Committee on Programme have pursued a policy as far as it was possible of bringing here our brethern to the south of us to give many of the papers, and are asking that the men on this side of the line to supply the discussion. As is well known, the usefulness and effectiveness of any paper, no matter how excellent it may be, is seriously impaired by the absence of critical discussion. Not only, then, from the standpoint of importance, but also from the spirit of courtesy and hospitality, the committee confidently hope that our members will volunteer cheerfully to assist in the programme, and show by their interest, the appreciation we all feel of the presence of the men who have come, many at great personal inconvenience, to help make this a record meeting.

Synopsis of papers will be sent to all who make application for same.

Saturday.

The Hamilton Clinical Day.

Dr. Chas. Mayo, of the Mayo Clinic, Rochester, Minn., and Dr. Frank Billings, of Chicago, will conduct a combined medical and surgical clinic on the following types of cases: (a) Goitre—exophthalmic, simple and toxic; (b) anæmias; (c) focal infections. Members having interesting cases on any of these types are invited to report them to the executive of the Hamilton Medical Society.

THE ROUND-TABLE.

On Thursday (at 9 p.m.) after the regular programme is finished, there will be held a Round-table Discussion on a subject of vital interest to the profession. All seats will be reserved. The officers of each Association and of each county society will be given an allotment of the available accommodation. Chairs not applied for before Thursday morning

will be thrown open to general membership. It is expected that in an informal manner, an opportunity will be given for the introduction of various shades of opinion on the underlying principles which govern our practice, our relation and duties to the general public.

THE ONTARIO LAENNEC SOCIETY.

The Ontario Lænnec Society will hold their meeting on Tuesday afternoon and evening, May 28th, beginning at 2 o'clock. Complete arrangements will be announced later.

BUSINESS PROGRAMME.

The business sections and executive meetings of the Ontario Health Officers' Association and the Canadian Public Health Association will be arranged for by each Association later.

Tuesday evening, 8.30 p.m.—The Ontario Medical Association. The meeting of the Committee of General Purposes.

Wednesday morning, 9.00 a.m.—The Ontario Medical Association, Business session. 10.00 a.m.—The Canadian Medical Association, business session.

Wednesday afternoon, 4.00 p.m.—Canadian Association for the Prevention of Tuberculosis. Election of officers.

Thursday afternoon, 4.30 p.m.—Ontario Medical Association, business session.

Friday afternoon, 4.00 p.m.—Canadian Medical Association, business session. Report of Special Committee on Aesolutions.

SPECIAL ENTERTAINMENTS.

At this large congress of Canadian Medical Associations the main consideration will be the presentation of the scientific programme. The local committee wish to announce that with due respect to war conditions, the usual banquet will not be held this year.

In place of this, four informal table d'hote dinners will, on Monday, Tuesday, Thursday and Friday, be served in the large assembly hall at 6.30 p.m. Immediately following each dinner the address of the evening will be given.

On Wednesday afternoon the members have been invited to proceed to the Mountain Sanatorium, where high tea will be served. Ample opportunity will be given to inspect the buildings, plant and grounds at this institution.

On Friday evening a smoking concert will follow the scientific programme.

On Saturday, at 1 p.m., at the close of the clinic at the hotel, the members will be taken by motor to the new hospital on the mountain, when through the courtesy of the Board of Governors of the city hospitals the members will be entertained at luncheon.

It has been suggested that the Thursday dinners be especially assigned to class re-unions and sectional dinners. Those who are interested in either of these should correspond with the local committee without delay. Accommodation can be had for a few of these in private dining-rooms. It will be necessary to arrange for others by assigning tables to these in the large assembly hall. A sub-committee on entertainment would like to hear from anyone who would agree to assist in the organization of a convention choir. Those who are in the habit of assisting in such choral work or any who think they can sing, should communicate with Dr. F. E. McLoughlin, 452 Main St. E., without delay, who will supply them with song sheet and other details. Any members who know of any who should be invited to assist by contributing instrumental music will please co-operate.

The local committee would appreciate any information which would enable them to estimate the number of ladies who would be present in order that suitable arrangements could be made for their entertainment.

HOTELS.

The headquarters for the Canadian medical week are in the Royal Connaught Hotel, which has placed ample accommodation at our disposal for the meeting. Rates in this hotel run from \$1.50 to \$3.50 per day. The following hotels are in close proximity to the headquarters: Wentworth Arms, Hughson St., cor. Main, \$1.50 to \$3.50 (European); Stroud, cor. McNab and Merrick Sts., \$2.50 to \$3.50 (American); King George, cor. McNab and Market Sts., \$1 up (European); New Commercial, '1 York St., \$1.25 to \$3 (European); Hanrahan, 92 Barton St. E., \$2 (American); Terminal, King St. E., \$2.50 (American).

The rates quoted in each case are in the assumption that the rooms are used to full capacity. We have been assured that there will be no difficulty in billeting all our guests.

AUTOMOBILES.

For the assistance of those who take advantage of the motoring facilities it may be stated that garage accommodation will be ample and the rates reasonable. Accommodation may be found as follows: Jolley Sales Garage, Catharine St. S.; Ford Motor Co., John St. N.; Overland Sales Co., John St. N.; Citizens Taxi Company, King St. E.; O. & R. Garage Co., Hughson St. S.; East End Garage, King St. E.

RAILWAY RATES.

The usual convention railway rates have been cancelled this year.

SCIENTIFIC EXHIBITS.

Attention of members of various Associations taking part is drawn to the fact that there will be a most interesting collection of scientific exhibits. There will be a pathological exhibit of museum specimens in

the personal charge of Maud E. Abbott, of Montreal. This will include among special features a large exhibit of specimens from the National War Museum of Canada, shown by special permission of Surgeon-General Fotheringham. An exhibit from the Babies' Hospital, New York, showing a number of specimens illustrating pneumonia in children. This will also include pathological material illustrative of paper being read in various sections.

Moving pictures on medical and surgical subjects will be shown daily, between 4 and 6 p.m., in a convenient lecture hall. The subjects of these films will be such as to interest particularly the general practitioner and will deal more especially with the surgical aspects of conditions resulting from the war.

An exhibit of X-ray plates will be shown in a large room set aside for the purpose and equipped with efficient illuminating boxes. A good projection lantern is provided for the demonstration of lantern slide reductions from the plates. Invitations are being sent out to the men throughout the country doing X-ray work, asking them to send any plates of unusual interest, which will be placed on display. An informal demonstration of this kind will be made daily. A number of plates illustrating papers being read in the various sections will be on exhibition in this room. There will be an exhibit of some of the newer apparatus developed during the past year for the use of the American army at the front, in the way of portable field apparatus and instruments for precise localization of foreign bodies.

A number of posters illustrating the work carried on by the Canadian Association for the Prevention of Tuberculosis will be shown.

There will be a display of the charts, illustrations and literature from the propaganda department of the American Medical Association. In connection with this there will also be a continuous lantern demonstration of slides illustrating the work carried on by this Association.

All material illustrative of papers being presented in the various Sections or in the general meetings, will be placed on exhibition and withdrawn for use during the reading and discussion of the papers.

In connection with the returned soldier problem, a number of the methods illustrating the re-education of the returned men will be demonstrated.

Members are cordially invited to send material illustrating papers or other specimens of interest to any of the Associations participating in this congress. Parcels should be in the hands of the committee not later than May 25th.

Address parcels to Committee on Scientific Exhibit, Canadian Medical Week in Hamilton, Royal Connaught Hotel, Hamilton.

UNIVERSITY OF TORONTO APPOINTMENTS.

Dr. T. Brailsford Robertson has been appointed professor of biochemistry and Dr. J. J. R. Macleod, professor of physiology, at the University of Toronto. The appointments, which are the most important made in some time, were announced at the University recently.

Dr. Robertson takes the chair formerly held by Dr. A. B. Macallum, now honorary chairman of the Committee on Industrial and Scientific Research. He is a Scotchman and holds a B.Sc. degree conferred by the University of Adelaide (Australia), and a Ph.D. from the University of California. From 1905 to 1915, with an interval of a year, Dr. Robertson was connected with the latter university, first as instructor in physiology, then as professor. In 1910 he was appointed assistant professor of biochemistry and pharmacology. He was Hertzstein lecturer at San Francisco from 1908-1909. He was an associate editor of two well-known chemistry journals, and is the author of a number of valuable publications.

Dr. J. J. R. MacLeod takes the post formerly held by the late Dr. Brodie. He was born in Scotland in 1876. He was educated at Aberdeen University, graduated with honors in 1898; was awarded the Anderson travelling scholarship 1898-1900. He studied in the Physiological Institute at Leipzig, was demonstrator on physiology at the London Hospital Medical School, University of London, in 1900; was awarded the McKinnon studentship of the Royal Society 1901-1903, and was examiner in physiology at Aberdeen University from 1901 to 1903; in 1903 he was awarded the diploma of public health of Cambridge University, and in the same year was appointed professor of physiology at the Western Reserve University, Cleveland. He is the author of several publications, and has made a number of important researches.

NEW M.D.'S FROM MCGILL.

The following have fulfilled all the requirements of McGill University to entitle them to the degree of M.D., C.M.: J. Alex. M. Bell, Teeterville, Ont.; Max M. Bloomberg, Montreal; H. E. Britton, Pugwash, N.S.; B. A. Brown, Cornwall; N. S. Burrows, Guelph; E. M. Busby, Ottawa; J. R. Calder, Lachute; E. B. Carter, Barbados; L. E. Chantel, Ottawa; G. A. Cheeseman, London, Eng.; W. J. Cochrane, Victoria; C. G. Clements, Wapella, Sask.; J. R. Dean, B.A., Clarenceville, Q.; C. L. Derick, Noyan, Que.; W. R. Dowd, B.A., Ottawa; C. W. Duck, Victoria; L. C. Dursthoff, Lowell, Mass.; E. H. W. Elkington, Duncans, B.C.; J. P. Fawcett, Hamilton; O. M. Francis, Grenada, W.I.; L. Goldfield,

Hartford, Conn.; A. H. Greenwood, St. Catharines, Ont.; F. O. Greenwood, St. Catharines, Ont.; M. C. Hamilton, Cornwall, Ont.; L. G. Hillier, Leamington, Ont.; W. M. Hustler, Edmonton; G. C. Kenning, Victoria; R. A. MacArthur, Detroit; R. H. MacLauchlan, Calgary; T. D. McGregor, Schreiber, Ont.; G. J. McMurtry, Kinburn, Ont.; W. Morrish, Shrewsbury, Eng.; A. R. Newsam, Barbados; S. H. O'Brien, Ottawa; P. H. Patterson, Vancouver; H. H. Pitts, Nelson; F. T. Reid, Jamaica; H. J. Robillard, Ottawa; H. E. Skeete, Barbados; R. R. Struthers, Sudbury; R. B. Taylor, Cobalt; C. E. M. Tuohey, Victoria; W. H. Turney, Trenton, Ont.

The Holmes gold medal was won by R. H. MacLauchlan, Calgary.

ONTARIO VITAL STATISTICS.

During the month of March the Provincial Board of Health distributed free of charge to the different parts of the Province where diphtheria was prevalent 14,852 units of antitoxin, at a cost of \$2,227.80. During that period 347 cases of this disease were reported with 23 deaths, or a death-rate of 6.6 in 100. The city of Windsor was the centre of the epidemic, there being 58 carrier cases and 34 clinic cases, as compared with 26 carrier and 16 clinic cases in February. The outbreak, which occurred in Walkerville, adjacent to Windsor, shows much improvement. A number of cases were also reported from Ford City.

There were 29 more cases of smallpox than in March, 1917, but 49 less than the previous month. Ottawa, Sarnia, Sudbury, West Hawkesbury, East Hawkesbury, Camden, Harwich, Alexandria Village, Plympton, Sault Ste. Marie, Forest, Sandwich, Dresden, Nepean, West Nisour and Vankleek Hill reported cases of the disease. There was little change in the scarlet fever situation. The same applies to measles. Two deaths occurred during the month from anthrax.

The comparative table is as follows:

	March, '18.		March, '17.	
	Cases.	Deaths	Cases.	Deaths.
Smallpox	47	1	13	0
Scarlet fever	339	9	260	6
Diphtheria	347	23	356	27
Measles	1256	15	1700	2
Whooping cough	286	2	112	4
Typhoid fever	27	4	40	9
Tuberculosis	101	71	182	109
Cerebro-sp. meningitis.	17	10	15	10
	—	—	—	—
	2420	135	2678	167

ACADEMY OF MEDICINE, TORONTO.

The following are the officers and council as recommended by the Committee on Nominations: President, Col. A. Primrose, M.D.; vice-president, Dr. E. E. King; honorary secretary, Dr. J. W. Elliott; honorary treasurer, Dr. J. H. McConnell; members of council, Drs. John Ferguson, F. W. Marlow, H. B. Anderson, W. A. Cerswell, H. J. Hamilton, H. W. Baker, N. A. Powell, and F. A. Clarkson. Dr. Wishart is member ex-officio, as immediate past-president. The chairmen of sections are also members of the council. They are as follows: Surgery, Dr. C. H. Hair; ophthalmology and otology, Dr. Angus Campbell, state medicine, Dr. C. K. Clarke; pediatrics, Dr. Alan Brown; pathology, Dr. Fletcher McPhedran, and medicine, Dr. ———

UNIVERSITY OF TORONTO MEDICAL GRADUATES.

With the graduation of so many fifth-year medical students, the military authorities hope that their great trouble over the shortage of Army Medical Corps officers will be met for a time at least. The latest regulations from Ottawa with regard to the pass students is that all who fall in Grade "A", Class One of the M. S. A. will be immediately available for service in the military hospitals, and that all the rest will be left as local practitioners or to man the local hospitals. The further regulation is that all students who missed their year will become available for military duty in any capacity in which the authorities see fit to use them.

The results of the University of Toronto Faculty of Medicine fifth-year examination follows:

Fifth Examination—Pass—G. H. Agnew, W. S. Aitchison, J. A. Alton (medicine and clinical therapeutics), C. H. Archibald, O. F. Banting (medicine and clinical oto-laryngology), W. B. Barnes (clinical medicine), W. H. Batten, G. A. Bentley (medicine), C. E. Benwell, W. P. Boles, C. E. Bond, Miss G. L. Boyd, Miss M. Bray, C. C. Brown, Miss M. A. C. Bulmer, R. F. Cain, V. Carlisle, B. Cohen, J. C. Copp, A. E. H. Conch, E. G. Coulson, M. A. Cox, R. P. Cromarty, W. H. Cunningham (medicine, surgery and clinical therapeutics), R. E. Dallon (Aegrotat), L. C. Edmonds, J. R. L. Eede, I. H. Erb, G. R. D. Farmer, H. Feader, C. A. Findlay, R. J. M. Fleming (clinical therapeutics), L. R. Gamey (medicine), C. T. P. Garbutt (clinical medicine), W. A. S. Geddes, W. Harris, W. J. Henry, A. B. Holmes, W. H. Holmes, J. V. Hughes (clinical therapeutics), H. O. Jones (medicine and clinical medicine), R. B. Kennedy, W. R. Lane (medicine, surgery and clinical oto-laryngology), F. S. Lazenby, J. W. Leach, S. C. Leonard, I. M. Lloyd, H. W. B. Locke, D. M. Low, G. J. Lunz (clinical medicine, obstetrics and gynaecology,

clinical therapeutics), R. H. Malyon, Miss F. M. Meader, F. R. Mitchell, D. McCallum (clinical medicine), J. H. C. McClelland, J. T. McCosh (clinical therapeutics), J. D. MacDonald, D. W. McKay, H. J. McNally, F. P. McNiven (medicine, surgery and clinical therapeutics), A. W. Macpherson (surgery), J. H. Nesbitt, E. Nettleton, T. Owen, W. R. Parks, D. Pearlman, C. V. Pratt, W. S. Quint, R. W. Rankin, E. C. Riseborough, J. M. Robertson, L. C. Rymal (clinical medicine and clinical therapeutics), W. J. Scott, M. Siegel, J. W. Sinclair, J. R. Smith, Miss L. H. Snider, M. H. Soules, R. J. Spence, B. G. Stephenson, G. H. Stevenson, J. G. Strachan, H. W. Street, L. M. Stuart, H. Sullivan, N. F. Tomlinson, R. M. Tucker (medicine and clinical therapeutics), A. W. Valens (clinical medicine and clinical therapeutics), O. Van Etter, L. Wagner, F. N. Walker, W. A. Werden, S. E. T. West.

W. H. Cunningham is granted aegrotat standing in the subjects of obstetrics and gynecology and ophthalmology.

R. W. Simpson is granted aegrotat standing in the subjects of the fifth year.

J. V. Hughes has passed in the subject of medical jurisprudence, fourth year.

SANMETTO AND CANNABIS INDICA.

Cannabis Indica fulfils two important indications. First in order of efficiency it is a remedy for depression of the nervous system. Secondly, it relieves pain in the irritated urino-genital tract. For the first purpose it is valuable in more or less painful conditions, in which opium, on account of its tendency to restrain normal secretions, would be inadmissible. Cannabis exerts far less restraining power over the secretions than does most similar anodynes, it favors good appetite and digestion, and exhilarates the spirits. Hence its value in such disorders as are attended by gloom and foreboding. It is perhaps in genito-urinary disorders of an inflammatory type that its usefulness is most strongly displayed. With sanmetto it meets the wants of a pain reliever and nerve soother in urethritis, whether idiopathic or specific. Sanmetto and cannabis are, perhaps, more frequently indicated than other internal agents in acute gonorrhœa. They are of great importance in surgical fever due to the passing of the catheter or bougie, or from operations upon the urethral tract. Think of sanmetto and cannabis indica in chronic cystitis, chronic irritation of the genito-urinary tract, burning micturition, and strangurg. Note briefly the specific indications, marked nervous depression, irritation of the genito-urinary tract, burning frequent micturition, painful micturition, with tenesmus and scalding urine. The dose of cannabis indica is $\frac{1}{4}$ to 1 grain, according to the susceptibility of the patient; sanmetto, one to two teaspoonfuls.

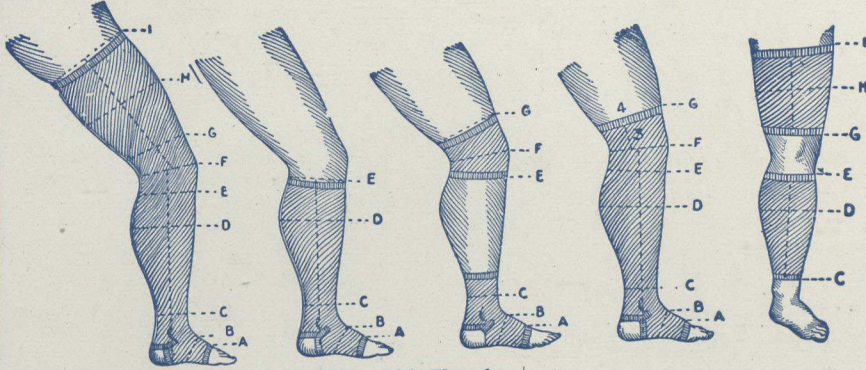
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OTTAWA STANDARD HOSIERY --- Worthy, because made so. Wears longer and fits better than any other brand. Honest goods, made in Canada, upon order of the physician, according to measurements, from absolutely fresh elastic and best floss silk. No excuse now for accepting inert, lifeless stockings, so send in your orders and get freshly made stock. Your every order will prove a patient-keeper—stocking will do what you expect of it.



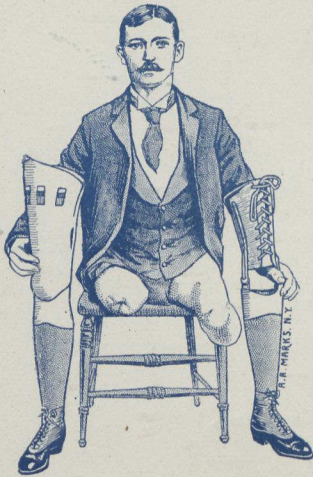
GARTER STOCKINGS	Silk	Lisle Thread	ANKLETS	Silk	Lisle Thread
" LEGGINGS	\$3.50 each	\$2.50 each	KNEE STOCKINGS	\$ 2.50 each	\$2.00 each
KNEE CAPS	2.50 "	2.00 "	THIGH STOCKINGS	6.00 "	4.50 "
	2.50 "	2.00 "		10.00 "	7.50 "

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The Ottawa Truss and Surgical M'f'g Co., Limited, Ottawa, Canada

He Has Two Good Legs

BOTH made by MARKS

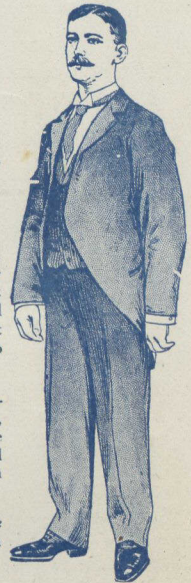


Sixty-four years of the most extensive experience with the most satisfactory results of any manufacturer in the world. The **improved Rubber Hand and Foot** possess the quality of yielding to every essential angle of the natural, without the use of complicated hinges, joints and contrivances which render expensive their daily use.

The accompanying cuts represent a person who lost both legs by a railroad accident, one above the knee and the other two inches below. He is able to walk half a mile in eight minutes without a cane or any assistance except his artificial limbs with rubber feet. He can perform a day's work without unusual fatigue; can go up and down stairs—in fact, can do any of the ordinary of life without exhibiting his loss.

ARMS restore appearance and assist greatly in the performance of labor. From our Illustrated Measuring Sheet, Artificial Limbs can be made, and shipped to all parts of the world, without the presence of the patient, with guaranteed success. Over 48,000 of Mark's Patent Artificial Limbs in use, scattered in all parts of the world.

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NO DUTY ON ARTIFICIAL LIMBS.—By provision of Item No. 479, artificial limbs are admitted into Canada duty free.

—“whenever and wherever an efficient germicide, disinfectant, deodorant, sterilizer or detergent is needed.”

By reason of its content of mercuric iodide, **Germicidal Soap** is many times as powerful as carbolic acid as a germ-killer.

Germicidal Soap is a valuable disinfectant in surgery, in gynecology, in obstetrics—hands, instruments and field of operation being quickly sterilized with one material.

Germicidal Soap is serviceable as a destroyer of infecting organisms in skin diseases—ringworm, acne, barber's itch, etc.

For cleansing wounds, bruises, cuts, scratches, abrasions, ulcers, etc., **Germicidal Soap** is of the utmost value—it *prevents* infection.

Germicidal Soap in solution provides an efficient vaginal douche. In addition to excelling as a detergent, douches so prepared are less irritating and less toxic than those containing mercuric chloride.

As a deodorant **Germicidal Soap** is widely serviceable. It effectually destroys the odor of perspiration. It also removes other odors from the hands and body—cigarette odors, stable odors, gasoline odors.

Germicidal Soap controls the itching of skin infections and such distressing conditions as *pruritus ani* and *pruritus vulvae*.

In the form of a stiff lather **Germicidal Soap** provides an excellent shampoo. It cleanses the hair and scalp. It removes dandruff, and *prevents* it by destroying the cause (generally attributed to a species of animal parasite).

Germicidal Soap is useful for washing and sterilizing bed-linen, handkerchiefs and napkins used in the sick-room; for cleansing cuspidors, bed-pans and other utensils.

Germicidal Soap is serviceable whenever and wherever an efficient germicide, disinfectant, deodorant, sterilizer or detergent is needed.



TWO STRENGTHS.

Germicidal Soap, 2% (containing 2% of mercuric iodide)—large cakes, one in a carton.

Germicidal Soap, Mild, 1% (containing 1% of mercuric iodide)—large cakes, one in a carton; small cakes, five in a carton.

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