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Original Contributions

OPENING OF THE ANTRUM AND THE RADICAL MASTOID OPERATION UNDER LOCAL ANESTHESIA

BY NEWBOLD JONES, M.A., M.D.

Late Voluntary Assistant, Politzer Clinic, Vienna, and Prof. Axenfeld's
Clinic, Freiburg, Germany; Assistant Surgeon to the Eye De-
partment of St. Michael's Hospital, Toronto.

DURING my work in the Politzer Clinic, I had the pleasure of assisting Dr. Neumann in two Radical Mastoids under Local Anesthesia. Though his methods may not be of practical benefit here in Canada, yet a review of the previous literature on the subject, and an account of his mode of operating would, I thought, be of interest.

After Schleich, in 1894, demonstrated that the opening of the mastoid process under local anesthesia was practicable, provided that the sclerosis of the mastoid cells was not too pronounced, the usefulness of this method was accepted by some and rejected by others.

Hoffm. 1, at the fifth meeting of the German Otologic Association in Dresden, reported the use of Schleich's method in some cases. Owing to the chiselling and use of bone forceps being disagreeable to the patient, he had given it up. He also reported headache, lasting for some days after the operation, and attacks of vertigo.

In 1894, Noack (*Munchener Medizin, Wochenschrift*, page 135) reported his findings. He says: "In contrast to Schleich's expec-

tations, it was my experience in several cases that the infiltration by itself was not sufficient. I could not bring about anesthesia of the deep parts of the bone. Although I had reached the tympanic cavity, I was compelled to have resource to chloroform. I scarcely believe that this method, in conditions where we have to do with a deep process, can completely fulfil its purpose, since in this case we come in contact with nerve fibres, the anesthesia of which cannot be accomplished by the cocainizing of the periostium."

Braum, in 1897 (*Über Infiltrations Anaesthetie und Regionale Kokainaesthetie—Zentralblatt für Chirurgie*, No. 17, page 482) reported that he had performed the opening of the frontal sinus and the antrum of Highmore under local anesthesia.

Friedlander (*Erfahrungen über die Lokalanästhetie nach nach Schleich—Wiener Klin Wochenschrift*, 1900) endorses Schleich's statement, namely, that on medullated bone, the periostium can be readily rendered anesthetic, whereby the bone will become the same.

In the year 1901, there followed a publication from the Politzer Clinic. Docent Alexander performed the opening of the mastoid, after Schleich, on eleven cases. A number of these showed a surprisingly favorable result. The analgesia was well-nigh complete. In other cases it happened that, on working in the deeper parts, especially the cleaning of the antrum, the patients experienced occasional slight pain, which made a fresh infiltration on the spot in question necessary. In the entire eleven cases, however, the operation was concluded under local anesthesia, and discharged from the clinic cured.

Alexander also attempted the radical under Schleich's method. In his publication he described it as unsuitable.

Schleich and also Scheibe (*Arch. F. Ohrenheilk.*, Bd. 41, p. 72) reported the use of ethyl chloride in acute mastoid work. This method found no supporters.

Thies, of Leipzig (*Arch. F. Ohrenheilk.*, Bd. 41, p. 72) used a 1 per cent. solution of cocaine, as did also Paul Reclus, of Paris (*L'anesthetia localisé par la Cocaine*).

Braun was the first to recommend the use of adrenalin with cocaine (in v. *Langenbecks Arch.* LX LX Bd. Heft 2) in his work entitled "Concerning the reaction of the tissues to the toxic effects of a local anaesthetic, and concerning the importance of adrenalin in local anesthesia."

Heidenheim, in his article of 1904 (*Centralblatt für Chirurgie*, p. 249) also pointed out the efficiency of the addition of adrenalin to the cocaine solution. He used one-half of 1 per cent. cocaine, with one or two drops of adrenalin, which within half an hour produced anesthesia of the soft parts, which lasted several hours.

Neumann, in his article in the *Zeitschrift für Orhenheil Kunde*, 1906, 41, Band II., Heft, reported 20 radical mastoids under local anesthesia. He also mentioned having opened the frontal sinus and the antrum of Highmore without pain.

It was in two of the above cases that I assisted Neumann, and having nothing original to report on this subject, I will content myself with giving you an account of his methods.

INDICATIONS FOR THE OPENING OF THE MASTOID UNDER LOCAL ANESTHESIA IN ACUTE MASTOIDITIS.

This method is only applicable in cases in which there is no subperiosteal abscess. Under the latter condition, the pressure in the abscess cavity forces the fluid out of the passage formed by the needle, instead of being absorbed by the tissues.

Local anesthesia is contra-indicated in very nervous people. It is especially suitable in all cases with failure of compensation, advanced pulmonary tuberculosis, acute lung affection, diabetes and nephritis; in short, in all cases in which a general anesthetic is contra-indicated. The patient is prepared and shaved as usual. Reclus thinks it is specially important that the patient should have a good meal before the operation. Under this condition, he states, that no symptoms of poisoning appear.

The solution for injection consists of 5 c.c.m. of 1% cocaine, 12 drops of adrenalin, and 3 c.c.m. of physiological salt solution. This mixture should not be boiled. Following Braun's method, it is warmed to body temperature. Any small syringe is suitable, provided it has a strong needle. A good deal of the success of this operation depends upon the position of the injections. One must bear in mind where one does the most chiselling.

Five injections in all are made—three over the planum mastoideum and two on the anterior surface of the mastoid process.

Care must be taken to make the infiltration *directly over the bone*. This is easily accomplished when the periosteum is only slightly adherent. It is much more difficult however, when it is

strongly adherent, which is generally so at the tips of the mastoid. In this case one must perforate the periosteum at several points, so that if the subperiosteal injection fails, we at least have the periosteum well infiltrated.

The cocaineization of the anterior surface of the mastoid process is very necessary. If one omits this in cases where there is caries of the posterior wall of the external auditory canal, the patient suffers considerably.

Two injections are made behind, at the line of insertion of the auricle, and parallel with the external auditory canal, taking as guide its upper and lower limits. Special care must be taken not to pierce the posterior auditory canal, and thus inject the solution into the external auditory meatus instead of infiltrating the anterior surface of the mastoid process.

After waiting fifteen minutes, one can begin the operation. The technique does not differ from that of the ordinary mastoid. For the radical mastoid, one uses the same strength solution, but slightly more is required. The injections over the mastoid process are the same as those already given for the acute mastoid. In addition to these, one requires four more injections, namely, over the four walls of the external auditory meatus. The complete anesthesia of the posterior wall of the auditory canal and the bridge is thus assured.

In cases where one encounters falling of the posterior superior wall of the meatus, through pus formation or cholesteatomata, the method is not applicable. Absorption does not take place on account of the pressure.

Neumann has, with the method which I have endeavored to describe, succeeded in obtaining an absolutely painless operation, with one exception, the curetting of the Eustachian tube is painful, but of so short duration that it can be practically overlooked.

The patients chatted and laughed during the operation with those around them, some even smoking and drinking coffee. Occasionally they complained, not of actual pain, but of the jarring of the head under the chiselling. On this account it is best to place a soft pillow under the head, as before mentioned.

In conclusion, I may say that I do not look as a rule for the general adoption of this method, for in this country many prefer taking a general anesthetic for even the most trivial operations.

THE EXTERNAL AND INTERNAL SECRETION OF THE
HEALTHY AND DISEASED ORGANISM IN THE
LIGHT OF VITAL STAINING *

BY E. GOLDMANN, M.D., ETC.

Professor of Surgery, Freiburg i. Br. Germany.

The author undertakes, in a series of broadly planned investigations, executed with great care, to determine the general physiological significance of vital staining, chiefly in rats and mice. The field opened up by me has until the present time never been worked up in such a systematic manner. The first part of Goldmann's work is related chiefly to conditions in the healthy organism. A further part, which will take up pathological conditions, is in preparation. The investigations were chiefly undertaken with two coloring matters, which were placed at the disposal of the author by myself coloring matters whose vital staining importance I had already recognized, viz., Pyrrrollblau and Trypanblau. The principal difference between the action of the two substances, although the first corresponds to the basic, the second to an acid color, lies chiefly in the tempo of the coloring, which occurs considerably faster with trypanblau than with pyrrrollblau, a difference which is especially easily demonstrated in parabiologically united animals.

Of physiological importance is first the fact that in the actual organ systems, both in regard to the rate of appearance, as well as the degree of staining, a certain scale may be established, to which, in the reverse direction, the gradual disappearance of the color corresponds. An exception to this is formed only by the kidney, which exhibits special conditions.

In an animal in which the staining has been pushed may be seen deep coloring of the aqueous humor, the cutis, the fascia, the aponeurosis, the cortical substance of the kidney and suprarenals, the digestive tract, the abdominal lymph glands; further, the testicle, the uterus, especially in the gravid condition, and the follicles of the ovary. Varying and apparently in corre-

* Translation of a review of Professor Goldmann's paper, published by Professor Ehrlich, Frankfurt a. Main.

lation to one another are the conditions of staining of lungs and liver. The heart and tongue are always stained more deeply than the body musculature. The stained choroid plexes stand out sharply from the unstained nervous system. In agreement with Bouffard, Goldmann gives for trypanblau staining the following order: The point of injection in the skin, kidney, liver; further diffuse coloring of the skin and mucous membrane, spleen, suprarenal, bone, heart, tongue and fibrous membranes. In gravid animals, the villi and placenta are chiefly the situation of the staining, whilst the amniotic fluid has a bluish shimmer only, and the embryo remains entirely colorless.

A very interesting point in regard to the law of distribution is the fact that the situations of pathological processes (healing wounds, inflammation, tumor formation, as well as the above-mentioned organs in pregnancy) have a special affinity for the coloring matter, and can withdraw it from the other tissues.

The staining differences depend neither upon the reduction of the coloring matter in the tissues, nor are they very dependent upon the richness of the vascular supply. The deciding point for the appearance of the staining is much more due to vital conditions of an increased function than biochemical factors. Of fundamental importance for understanding the process was first the demonstration that the coloring matter circulates dissolved in a slight degree in the blood-serum without resulting in a coloring of the cellular elements of the blood. This color content of the serum and not secretory processes in the lacteal glands is also what determines the isolated blue coloration of the intestine in the sucking young, which shows itself in the appearance of the color in the milk.

For histological testing of the processes, Goldmann used not only the investigation of fresh material, but especially the freezing method after formol fixation, where the staining is well preserved. The latter refers to the granules of special cells, which Goldmann unites under the indifferent name of pyrrol cells. In the liver, the Kupfer cells take the coloring matter intensely, whilst, in contrast to this, neutral red produced a granular staining of the liver cells themselves. The blue coloring of the bile, which is easily observed, depends not on the secreting activity of the liver cells, but is, as in the case of the

milk, due to the direct excretion of the blood serum. The special position of the kidney consists herein—that the coloring of the cortex does not correspond to the amount of the injected stain, but usually is strongest after the first injection, and with the storing of the coloring matter in the organism after additional injections it gradually pales out. The granule staining of the convoluted tubules is rather the expression of the excretion of the color from the body. In the suprarenals, the zona glomerulosa is earliest and intensively colored blue. From here the staining passes over to the cells of the zona fasciculata, and is found in the medullary substance in the interstitial cells of the blood vessels, including the chromaffin cells. Goldmann insists that, in the suprarenals it is a question of an elective coloring of embryologically related epithelial cells, and indeed especially both the secreting protoplasmic granules as well as the freshly thrown out secretion, the extracellular passage of which towards the medulla can be followed; thus the vital staining gives us here a view into the hitherto much discussed processes of suprarenal function.

In the pancreas, salivary gland, mamma, thyroid, larynx, trachea and esophagus, the granular mesenchym cells were colored, in the mammary gland especially during the process of lactation. In the cutis there is found a thick layer of colored cells, especially in the reticular part. In the muscles, the fibres themselves remained unstained, whilst the inter-fibrillar spindle-like cells show strong staining, especially in the heart and tongue musculature, which are characterized by a rich metabolism and heightened oxidation processes.

In the hemolymph glands and the ordinary lymph glands, the reticulum cells are electively colored. In regard to the more minute histological relationships, one must consult the original. The very varying intensity of the lung staining depends upon the varying quantity of the granulated cells which lie in the peribronchial lymph spaces, and which alone take the stain. In the testicle, the interstitial cells take the stain. In the ovaries, blue-colored cells are found in the inner layer of the membrana-granulosa of the follicle, and corresponds, as Goldmann insists in opposition to the analogous findings of Ribbert after carmine injection, not to leukocytes which have wandered

in, but to specially modified follicle cells. Of great physiological importance are the results of the staining of the egg membranes and the placentæ. The innermost egg membranes are colored intensely and produce, by secretory function, a blueing of the amniotic fluid. In the placenta itself, the outer layer of cortex cells which, in their character as angioblasts, play a great role in the first stages in the nourishment of the ovum, take the color deeply. In the same way, cell chords, which lie between the decidua islands, and which also arise from the ectoderm of the fetus, and which bound the maternal blood spaces, and which Goldmann considers of great importance in the relations of the metabolic exchange between mother and fetus, take the stain. Especially it is to be noted that here ontogenetically related cell elements are electively demonstrated. The vital staining demonstrated here succeeds only from the blood stream, never after feeding, and always the sharper the less concentrated the solution in blood serum. In these circumstances lies the tinctorial preference of the only slightly soluble pyrrollblau. The granules are not the expression of a protoplasmic damage, because, if it were so, their widespread occurrence in the body should make this clinically evident, and also not metabolic products of the cells, since Goldmann saw them colored ten months after a single injection of pyrrollblau; but they are organic granules of specific function. It is a question here not of the appearance of a glandular secretion, since, aside from the renal cortex in which the coloring is to be explained as a simple excretion from the body, colored granules are never seen in the specific glandular cells, but only a phenomenon of an internal secretion. The mesenchymal pyrrol cells represent the connective tissue cells, but are separate from the mast cells, which are to be identified with the klastocytes of Ramvier, and can further be demonstrated where important metabolic processes are going on. With the demonstrated capability of the granules by vital staining to take up material itself from the blood serum and store it up, the connective tissue wins an importance which places it high above its usual recognized position as the supporting tissue.

In conclusion, Goldmann points out the relationship of his results to my color analytical studies in regard to the oxygen requirements of the organism. He insists especially that the

maximum reduction power of the stroma cells shown by me for the lung corresponds to a maximum diminution of oxygen supply, as illustrated by the tremendous increase of the vital stainable stroma cells and the diminution of the absorbing surfaces through inflammatory processes. An analogous significance may also be given to the stroma cells of the more powerful reducing liver, and perhaps, also, the reticulum cells in the blood and lymph gland apparatus. It is also characteristic that organs so saturated with oxygen as the heart and tongue muscle show a special richness in pyrrol cells.

Thus the results of these vital stainings lead us deeper into certain physiological problems than has been possible in any other way. With impatience, therefore, one awaits the Goldmann investigations, so promisingly begun.

(Sgd.)

F. EHRLICH, (Frankfurt a. M.).

DEATHS FROM HEART DISEASE.

BY WILLIAM FRANCIS WAUGH, A.M., M.D.
Dean of Bennett Medical College, Chicago, Ill.

A man in his fifties, tall and powerful, had been for some years affected with heart trouble (a mitral double lesion). The malady had gone through the usual stages, and compensation was failing. He was prescribed digitalis, the powder, in pills. The druggist was conscientious and unfortunately furnished an excellent quality of the drug. Immediate improvement followed, but within two or three days this subsided and the difficulty returned with increased force. The doses of digitalis were increased also, but the man rapidly sank and died in a few days. The urine was almost totally suppressed.

Here is what happened: When the digitalis was first administered, of its four glucosides digitonin began almost immediately to exert its influence. Although it slightly relaxed the force of the heart, it acted particularly upon the terminal arterioles, and by relaxing these facilitated the work of the heart, consequently a sense of relief was the first effect of the drug manifested. A little later, within half an hour, the digitalein action commenced, and from this some tonic influence upon the heart was manifested without seriously interfering with the vascular relaxation induced by the digitonin. This tonic effect lasted from two to four hours, during which the patient felt considerable relief; and this effect was sustained by successive doses of the drug.

On the next day the action of the digitalin began, and while there was still more force imparted to the cardiac contraction, the relaxant influence of digitonin upon the arterioles was overcome by the more powerful and persistent contractile power of digitalin, and the arterioles commenced to contract.

By the next day digitoxin began to manifest its tremendously powerful activity, with the result that the arterioles were strongly contracted, lessening their lumen and compelling the heart to extra exertion to force the blood-stream through the narrowed orifices. This action was constantly reinforced by successive doses of digitoxin. The pills being administered every

four hours, the digitoxin effect was rendered continuous, whereas the opposing influence of the digitonin only lasted for one-half to one hour after each dose. By the accumulative action of the digitoxin the renal arteries were finally so contracted that only a few drops of blood could be squeezed through them. Almost total suppression of urine followed, and the man died.

The death certificate stated that he died from heart disease. This was a mistake—he died from digitalis. Truly, as Peter emphatically urged, the treatment of heart disease begins with the fear of digitalis.

Dr. Pettey, of Memphis, published a paper some time ago describing a number of cases in which, after digitalis had failed to sustain a weakening heart, sparteine succeeded. This remedy was given in very large doses, two grains hypodermically, and only after such dosage was the beneficial power manifested.

In treating the failing circulation of patients with chronic valvular disease of long standing, especially in the aged, I have secured exceptionally good results from the administration of sparteine; the dose however being 1-6 grain, repeated not more than six times in twenty-four hours. This quantity proved amply sufficient for the need, and the remedy could be continued for many months with benefit, and no harm whatsoever.

Since in the cases described by Dr. Pettey digitalis had been pushed until no further benefit could be obtained from it, it may be that the beneficial action of sparteine, and the necessity of such large doses, were due to the presence of marked vascular rigidity induced by digitoxin pushed to the limit. So powerful is the contraction induced by digitoxin, and so enduring, that only these excessive doses of sparteine sufficed to overcome it.

SCHOOL HYGIENE

THE great quickening of interest by the recent association of the medical profession with education and school work has created a new department of medical literature. So far there is a dearth of good publications in magazine form in this department. Two were started in the United States, only to disappear from view in the course of a few months. This is not to be wondered at, for it is a very expensive luxury to begin a new journal, and it takes much time to educate people to the need of such publications as deal more with the public service than with any personal interest. In Great Britain we have *The Medical Officer*, a weekly publication, which appears weekly and contains brief notes on almost everything of importance in connection with any official work, in or out of schools in Great Britain. Another magazine has just appeared, called *The School Child*, which apparently will be devoted more to the school nurse's work. Finally, one appeared last January which may be said to be, without doubt, the best journal in the world on such matters. This is called *School Hygiene*, contains about 50 pages every month, and the contents are of such value that one feels that the magazine should and must be kept on file by anyone who has an interest in school work. Among the leading contributors are Lord Stanley, Sir Lander Brunton, Dr. James Kerr, Chief Medical Officer to the Schools of the London County Council; Dr. Sternball, the Rev. the Hon. Sir E. Lyttleton, Dr. Gulick, Miss Margaret McMillan, and others. "Heart Strain," "Dustless Oils," "Fatigue," "The Education of the Deaf," are a few names of articles at random. The magazine is a fine one and really indispensable to anyone having to do with schools. Subscription, 7s. 6d. Address 2 Charlotte St., London W. Editor, Dr. Eder.

H. MACM.

	<h2>Society Proceedings</h2>	
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THE MEETING OF THE ONTARIO MEDICAL COUNCIL

On account of the space devoted to our Editorial in this issue regarding the Medical Council and its various doings and irregularities, it is impossible for us to more than refer to the various items of business which received attention at the meeting last month.

It was moved by Dr. Ryan and seconded by Dr. E. E. King, to appoint a chartered accountant as auditor. This motion was carried.

Dr. J. A. Temple moved a resolution to appoint a Special Committee to formulate new regulations for the Finance Committee and general finances of the Council. Carried. That committee reported as follows:

Toronto, July 6th, 1910.

To the Member of the Council of the College of Physicians and Surgeons of Ontario:

GENTLEMEN,—The Special Committee on Finance met on the 6th July, 1910. The following suggestions were adopted:

That each member of the Council shall be paid, whether for attendance at Annual or Special Meeting, *the sum of \$10.00 for every half-day of actual attendance, the further sum of \$10.00 for every half-day required to enable such member to travel from his place of residence to the place of Council meeting, and from the latter to the former, availing himself in each instance of the most direct route at his disposal; and the further sum of five cents per mile for each mile travelled each way.*

That no member shall be expected to travel between the hours

of nine p.m. and seven a.m. That the number of half-days in actual attendance upon Council meetings shall be ascertained from the record of attendance kept by the Registrar, and that *the Finance Committee shall be charged with the duty of certifying to the correctness of the time required for travel and the mileage.*

That the same general principle shall obtain with reference to payments to members of committees, for services in connection with the same; any disagreement in connection with committee payments to be referred for settlement to the Finance Committee of the Council.

That each examiner, engaged solely in the conduct of some portion of the written examination, shall receive the initial sum of twenty dollars, to cover the setting of examination papers by him, and the reading of any number of papers up to fifty in number, with a further sum of thirty-five cents for each paper so examined above the fifty already alluded to.

That each examiner, whose work is confined to that of conducting an oral examination, shall not receive the twenty dollars alluded to above, but shall receive the sum of seven and a half dollars (\$7.50) for every half-day necessarily employed, either in examining or in travelling in connection with the holding of examinations. That each examiner, whose duties require of him that he should take part in the written and oral examinations, shall be paid as provided above in connection with the payment of those conducting oral examinations, and shall be paid for papers examined by him the sum of thirty-five cents a paper, excluding the first fifty such papers, for which he shall not receive payment.

That each examiner shall receive the sum of five cents a mile for each mile necessarily travelled in connection with his duties as examiner.

In the event of a disagreement, the duty of determining the specific sum to be allowed each such examiner for time occupied in travel and for mileage shall devolve upon the Finance Committee.

That the Council omit the stenographer's report of the proceedings of the Council, and that the Minutes of the Council be

published in lieu thereof, thereby effecting a saving of one thousand dollars or more, approximately.

That Clause 4, Section 4, of the Announcement, relating to fees, be modified by the addition of the following words: "In the Primary Examination, and twenty dollars for one or more subjects in either Intermediate or Final Examinations."

All of which is respectfully submitted.

(sgd.)

J. ALGERNON TEMPLE,
Chairman.

It was moved by Dr. J. M. MacCallum, and seconded by Dr. J. S. Hart, to publish full details as to all fees paid to both Members and Examiners. Carried. These details will appear in the Annual Announcement, which is to be published "forthwith."

It was also moved by Dr. Hart, and seconded by Dr. Hillier, of Bowmanville, that similar details for the past three years be laid on the table. Carried.

On motion of Dr. Cormack, it was decided that fall examinations should be abolished, excepting final examinations, subsequent to the autumn of 1910.

The following motions were *defeated*:

Dr. F. N. G. Starr moved that members of the Council should act without pay.

The same gentleman also moved that the Council should leave Primary and Intermediate Examinations to the Colleges, such examinations to be conducted in the presence of assessors appointed by the Council at the end of an eight months' session, the Council conducting comprehensive oral, clinical and laboratory examinations at the end of the fifth year.

Dr. Hart moved that Physical Therapeutics should be required by Council, namely, Hydro-Therapeutics, Electro-Therapeutics and Massage.

The same gentleman also moved that a committee be appointed to find if the colleges teaching Medicine in Ontario are fulfilling the requirements of the Council.

Dr. Hart, seconded by Dr. Starr, moved also that the repre-

sentation of the Council be reduced to fourteen, namely, nine territorial, three college and two homeopathic representatives.

Drs. McPhedran, A. Primrose, and Mr. I. H. Cameron were a committee from the University of Toronto, asking that the annual examinations of Council should be delayed one month. The Council compromised, postponing the examinations two weeks, as also the meeting of the Council.

Dr. Starr moved that a letter from the Treasurer to the Chairman of the Finance Committee, and presented to the Council, be laid on the table. Dr. Temple stated it was a private letter, and Dr. Starr then withdrew his motion.

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Editor :

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

Managing Editor :

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

Surgery:

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

Clinical Surgery:

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Physiology:

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Dermatology:

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

Medicine:

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

Clinical Medicine:

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

Bacteriology:

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

Mental and Nervous Diseases:

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

Gynecology and Obstetrics:

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

Pathology:

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

Ophthalmology:

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

Nose, Throat and Ear:

PERRY G. GOLDSMITH, M.D., 34 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

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IS TETANUS CAUSED BY THE MOTOR CAR?

WE learn from an editorial in the *British Medical Journal* (May 28, 1910) that, according to the Registrar-General's returns, there has been a sudden increase, in recent years, in the number of deaths in England and Wales directly due to tetanus. Taking the figures from 1889 to 1900, the average number of deaths in England and Wales was between 30 and 40. In 1900 it rose to 66, to fall again to 57 in 1901. Then came a sudden and unexpected increase. In 1902 the number rose to 201, almost four times that of the preceding year. The subsequent returns were: 1903, 257 deaths; 1904, 257; 1905, 248; 1906, 254; 1907, 226; 1908, 180. The sudden increase of tetanus in England and Wales is ascribed by the editor of the *British Medical Journal* to the free distribution of animal excreta by the dust-raising powers of the motor car, the germs of tetanus being thus spread over an area greater than heretofore.

A study of recent cases of tetanus occurring in England shows that the soiling of wounds with horse dung is recognized as the true source of tetanus. Thus, J. L. Thomas (*B. M. J.*, May 21, 1910) reports three cases in his practice in three years (1901-3), all three being caused by wounds, which had been soiled with horse dung. Case 1 was a carpenter, who had received a punctured wound of the instep from a

nail in a piece of wood covered with horse dung from an old wooden stable in process of demolition. Case 2 was a collier, whose foot caught and held between a rapidly moving haulage rope and a tram rail. Case 3 was an engine boy, whose hand was caught and crushed between a haulage rope and the drum of an engine. Horse dung was the source of the poison in all three, the nail in the first case and the haulage rope in the second and third being soiled by it. Distribution of road dust had nothing to do with any of them.

Doubtless, other cases of tetanus arise from agencies similar to the above-mentioned ones in a densely populated country like England, where farm hands, colliers and other workmen receive wounds soiled with horse dung. The increased number of persons travelling in motor cars in England during the past seven years, and the probable increase among them of infected wounds and contusions, due to the greater number of persons exposed to injuries arising from road traffic during these years, might partly account for the marked increase in tetanus in England and Wales. These, however, are but surmises: it is only by a clinical report of each case of tetanus occurring in a country, that the true means by which horse dung has been brought into contact with the wound in every case can be known, and that any generalization claiming to show the cause of a notable rise in tetanus can be truthfully made.

The returns of the Provincial Registrar-General of Ontario do not show a notable rise in tetanus for

the last seven years, the figures for that disease being as follows: 1902, 13 deaths; 1903, 18; 1904, 9; 1905, 20; 1906, 22; 1907, 18; 1908, 26. That there has been a notable increase in the use of motor cars in Ontario, during the past seven years, we know. Thus, from data furnished by the Department of the Provincial Secretary of Ontario, we learn that the motor cars registered there were as follows: In 1903, 230 cars; in 1904, 535; in 1905, 553; in 1906, 1,770; in 1907, 1,530; in 1908, 1,754; in 1909, 2,452. American tourist cars are included in this enumeration. The increase in the number of registered motor cars to over ten times what it was in 1903 is apparent from this statistic; but a notable or sudden increase in tetanus in any year during the past seven years is not recorded by the Ontario Registrar-General. Ontario statistics, therefore, are opposed to the theory offered as an explanation of the notable increase of tetanus in England and Wales by the *British Medical Journal*.

J. J. C.

THE MEDICAL SCHOOLS OF CANADA

DESCRIPTIONS of the eight medical schools of Canada are included in a report on medical education in the United States and Canada, published under the Carnegie Foundation for the Advancement of Teaching (April 16, 1910). Each school was separately visited and the details as stated go forth with the sanction of at least two, and frequently more, independent observers. Of the eight schools, three are situ-

ated in Ontario, three in Quebec, one in Nova Scotia, and one in Manitoba.

Of the three schools in Ontario, one, the Faculty of Medicine of the University of Toronto, receives great praise. The reporters state that the laboratory facilities are, in point of construction and equipment, among the best on the continent. Increasing attention is devoted to the cultivation of research. There are both general and departmental libraries, an excellent museum and all necessary teaching accessories. The clinical facilities are good, the faculty having control of 300 public ward beds at the present Toronto General Hospital, while the public ward beds of three other general hospitals and one special hospital are also available. The course covers five years.

The medical department of Queen's University is said to be of doubtful utility. It could maintain a two-year school, for the Kingston General Hospital (80 beds), would afford pathological and clinical material enough up to that point. Two supplementary hospitals provide additional clinical material. Obstetrical cases are few and opportunities for out-patient work are slight. Physics, chemistry and physiology are taught in the University, anatomy and pathology are taught by the school. A museum is in process of formation. There is a small collection of books and periodicals in the faculty room, open to students. The medical course covers five years.

The Western University Medical Department,

London, is unequivocally condemned. The clinical facilities are confined, almost wholly, to a small number of beds in the municipal hospital, and the school has no dispensary. The laboratory facilities consist of a single room called the laboratory of pathology, bacteriology and histology, the equipment of which consists of microscopes and some unlabeled specimens—no microtome, cut sections, incubator or sterilizer being visible—a wretched chemical laboratory and an ordinary dissecting room. There is no outfit for physiology, pharmacology, or clinical microscopy, and no museum deserving the name. There are a few hundred books, locked in cases, to which the janitor carries the key. The medical course covers four years.

In the Province of Quebec there are three medical schools—the McGill University Medical Faculty, Montreal; Laval University Medical Department, Quebec, and Laval University Medical Department, Montreal. McGill University Medical Faculty receives high praise. The laboratory facilities are ample. The anatomical and pathological museums are among the most famous on the continent. The school possesses an excellent library and all necessary teaching accessories. This school enjoys a favorable relation to two large hospitals of about 500 beds, besides several other institutions. Students work freely in the wards and clinical laboratory. The dispensary service is large and admirable. The medical course covers five years.

The Laval University Medical Department, Que-

bee, which is an organic part of Laval University, is neither praised nor condemned. Instruction in chemistry and physics is provided by the University; in the medical building recent, though not extensive, laboratory provision is made for anatomy, histology, bacteriology and pathology. There is no experimental physiology or pharmacology. A laboratory for students and a museum have been started lately. The buildings are admirably kept. Clinical instruction in medicine, surgery and pediatrics is given at the Hotel Dieu, to the free wards of which the faculty serves as staff. The amount of material is limited in quantity. There is a clinical laboratory at this hospital, in which instruction is given in connection with ward work. Obstetrical opportunity is abundant. The fifth year now required and a proposed reorganization of staff and teaching arrangements promise to improve the instruction.

Laval University Medical Department, Montreal, is condemned. Chemistry is given by the University. Anatomy is limited to dissecting. A single laboratory, with meager equipment, is assigned to pathology, bacteriology and histology. There is a library and a small collection of specimens, not all labeled. The school has access to two hospitals, containing together 250 beds. The dispensary has a fair attendance. The medical course covers five years.

Halifax Medical College is an independent school, the students of which are instructed in chemistry, physics and biology during part of the first two years

of the five-year course by Dalhousie University. The students are also examined for their degree by this University; but the University has nothing to do with the intervening years. The laboratory facilities are poor. There is no museum worthy of the name and no laboratory work in physiology or pharmacology. Clinical instruction is provided at the Victoria General Hospital (200 beds). The staff appointments of this hospital are made by the Government, and the medical college is forced to confer professorships on these appointees. Instruction in clinical microscopy is very limited. Obstetrical opportunities barely suffice. Students attend the city dispensary—an institution within which the Medical School has no authority.

Manitoba Medical College is the medical department of the University of Manitoba. The laboratory facilities are good, instruction in chemistry, bacteriology, histology and pathology being competently given by the University of Manitoba; the other branches are taught by the medical faculty. The equipment, which is new and steadily increasing, suffices for routine instruction. There is a beautifully kept collection of several hundred wet specimens.

The clinical facilities are good, as the school adjoins the Winnipeg General Hospital (400 beds). The school faculty is practically the staff of the free wards. Students work freely in the wards, clinical laboratory, operating rooms, obstetrical ward, etc.

There is a good dispensary. The medical course covers five years.

In the opinion of the reporters, at this moment, the needs of the Dominion could be met by the four better English schools and the French Laval Medical Department at Quebec, thus weeding out Halifax Medical College, the Western University Medical Department and Laval University Medical Department, Montreal. Threatened men live long, and the condemned Canadian schools of medicine may not accept the advice of their American critic. There is, however, a plethora of physicians in Canada, with a decreasing demand for medical services—conditions which should not favor the continued existence of inefficient schools of medicine. J. J. C.

“GRAFT”?

“This bastard Graff shall never come to growth.”

Shakespeare—“*Lucretia*,” 1062.

(Skeats' Etymological Dictionary.)

The Forty-fifth Annual Session of the Ontario College of Physicians and Surgeons, an Institution to which the Profession of Ontario owe a great deal for honest work done in *past* years, took place in Toronto last month, July 5th to 9th inclusive. It was a memorable session from the standpoint of noise and disorder, accentuated by an exhibition of inability to control bad temper on the part of Dr. J. A.

Temple, Chairman of the Finance Committee, and Dr. Pat Hardy, Retiring President.

“Anger is a noble infirmity, the generous failing of the just.
Hatred would harm another; anger would indulge
Itself.”

Judging from information that has since reached us through one of the members present at the meeting, for an up-to-date and life-like illustration of a bear garden, one must be present within the secret precincts of the College of Physicians and Surgeons on University Avenue during Annual Session. We learned somewhere that the “Teddy” day had waned and that Caesar reigns supreme.

We did not seek the questionable honor of studying the business methods of the Council, the duty was thrust upon us. It has not been the pastime of an idle hour, it has not been a pleasurable task. Not in malice, not in the spirit of “a monitor,” alas! that easy way, but to present *facts* for the consideration of the men in whose hands we place “the making of wisdom” for our profession, has been our wearying service; and who, in all conscience, should deal with such a subject if not the medical press, especially as it has been urged repeatedly so to do by the profession at large. We offer no brief for our remarks; facts had to be stated, our confrères demanded them, and so we regret extremely that our recent criticisms of the Council as a body brought about a *personal attack* on the writer of the editorials, along with an amazing display of lack of dignity, all because of the

exposé made by us of the Medical Council and its various and many irregularities. Isn't it a pity that the two gentlemen named received such unpleasant advertising in the daily newspapers, as we feel that, had the discussion been confined to the columns of the medical press, " 'Twere better far."

However, notwithstanding the fact that the Council succeeded in expending at least \$540.00 per day (plus extras) in doing but little routine business, the JOURNAL congratulates itself in having succeeded in forcing the Council into better ways. May we not chant "Palms of victory and crowns of glory" because, strange to relate, the College of Physicians and Surgeons have been "dragooned" (with apologies to Dr. Hardy) into

1. Appointing a chartered accountant as auditor, who will doubtless see to it that, after this, each account shall be correct *before being paid*.

2. Publishing *in detail* the Financial Statement.

3. So changing the per diem sessional allowance that no member can from this date hold up the Treasurer, as in the past, for more than \$10.00 per half-day "necessarily absent from home," *vide* report Special Committee on Finance, page 81, this issue.

4. Supplying this "irresponsible editor" (again apologizing to Ex-President Hardy) with what was asked for, but was promptly refused, months ago, namely, certain interesting facts from the Treasurer's books, to which we will allude at length later in this editorial.

"A flamboyant journal!" were we termed by the

Major Domo, in private life known as Dr. E. A. P. Hardy? Yes, but so called because we exposed facts regarding the Council that, for certain reasons, it was hoped would never see the light. And, really, Dr. Temple, *thou* mayest consider thyself a modern "Lord Chesterfield" and it may be "impertinent" on our part, and perhaps we are "beneath contempt" in *thine* eyes; but please remember that to be held "beneath contempt" by *some* men is rather a compliment. Thank God, this journal *has* proved itself worthy even to be "a monitor" to the Medical Council, at least judging from the sheaves of letters we have received from physicians all over the Province, commending us in our attempt to straighten out a body badly in need of assistance.

It is not a pleasant duty devolving upon us to now give the profession certain figures which prove beyond any question the truth of our criticisms, especially as we feel that there are many good, honest gentlemen who are members of the Council, while others have, to say the least of it, allowed themselves to be led into loose business methods that can end only in disaster. We print herewith a detailed statement, taken from the Treasurer's books, of the sessional allowance and mileage paid to the members of Council during the past three years, and for which we have to thank, in part, Dr. Temple, who only *at the last session* of the Council, moved a resolution that we be given the information, notwithstanding the fact that, in his undignified display of anger two days previously, he is said to have stated that, had

he received the letter asking for access to the books of the Council, *his* language would have been too strong to print.

We wonder who will disagree with us in stating that this honorable body of men placed themselves in a most ridiculous position, one that is entirely untenable, in first, *refusing us access to their books* and, at the Annual Session, *not taking steps to refute a single charge made*. Why? Because they couldn't. Calling a critic nasty names is no reply to a charge. Why did the Council not take prompt steps to try and *prove that such charges were false* and place themselves, if they could, once more in an honorable position before the profession throughout this Province? It is a true saying that "Wrongdoers do not like post-mortems," and that those who shout the loudest simply assist in showing, by so doing, that they are not the least free of suspicion.

COUNCIL MEETING, HELD AT KINGSTON, JULY, 1907.

Meeting lasted 4 days; one member received sessional allowance for 9 days and 17 for 8 days.

	Sessional Allowance.	Mileage.	Total.
Dr. E. T. Adams	\$120 00	\$16 35	\$136 35
Dr. H. Bascom	120 00	20 50	140 50
Dr. J. L. Bray	120 00	34 50	154 50
Dr. W. Britton	105 00	16 30	121 30
Dr. J. H. Cormack	120 00	28 50	148 50
Dr. R. J. Gibson	135 00	64 80	199 80
Dr. S. H. Glasgow	120 00	25 30	145 30
Dr. Sir J. R. Grant	90 00	15 00	105 00
Dr. E. A. P. Hardy	120 00	16 30	136 30
Dr. J. S. Hart	90 00	16 30	106 30
Dr. G. Henderson	120 00	30 00	150 00
Dr. J. Henry	120 00	21 30	141 30
Dr. S. C. Hillier	120 00	12 10	132 10

	Sessional Allowance.	Mileage.	Total.
Dr. C. E. Jarvis	120 00	28 50	148 50
Dr. A. J. Johnson	90 00	16 30	106 30
Dr. E. E. King	120 00	16 30	136 30
Dr. M. O. Klotz	90 00	15 00	105 00
Dr. J. W. Lane	105 00	4 50	109 50
Dr. L. Luton	120 00	28 50	148 50
Dr. J. Macarthur	120 00	28 50	148 50
Dr. A. E. MacColl	120 00	6 00	126 00
Dr. W. H. Moorhouse	120 00	28 30	148 30
Dr. J. A. Robertson	120 00	25 25	145 25
Dr. E. Ryan	60 00	.....	60 00
Dr. W. Spankie	90 00	.....	90 00
Dr. F. N. G. Starr	60 00	16 30	76 30
Dr. P. Stewart	90 00	19 50	109 50
Dr. Hon. M. Sullivan	90 00	.....	90 00
Dr. T. W. Vardon.....	120 00	22 10	142 10
	<hr/>	<hr/>	<hr/>
	\$3,135 00	\$572 30	\$3,707 30

Let our readers note particularly that at the above meeting the sessional allowance was \$15.00 a day and the meeting lasted but four (4) days, from Tuesday at 2 p.m. till Saturday at noon.

How comes it, therefore, that

1 member collected for.....9 days
 17 members collected for.....8 days
 2 members collected for.....7 days
 and 7 members collected for.....6 days

Graft, did we say? What should it be called?

We notice on page 142, Annual Announcement, 1908, that Dr. Ryan bade adieu to the Council at the morning session on Thursday, July 4th, and was, therefore, *present but two days*, and yet seems to have *received* sessional allowance *for four days*.

We have known men who did not take a day to go to and a day to return from Kingston, but they were guests of genial Dr. Platt.

COUNCIL MEETING, HELD AT TORONTO, JULY, 1908.

Meeting lasted 4 days, yet 11 members drew sessional allowance for 8 days.

	Sessional Allowance.	Mileage.	Total.
Dr. E. T. Adams	\$120 00	.....	\$120 00
Dr. H. Bascom	120 00	\$4 20	124 20
Dr. W. Britton	120 00	.....	120 00
Dr. J. H. Cormack	160 00	15 00	175 00
Dr. R. J. Gibson	180 00	48 20	228 20
Dr. S. H. Glasgow	140 00	9 00	149 00
Dr. Sir James Grant	75 00	30 00	105 00
Dr. H. S. Griffin	120 00	4 00	124 00
Dr. E. A. P. Hardy	120 00	.....	120 00
Dr. J. S. Hart	100 00	.....	100 00
Dr. G. Henderson	120 00	14 00	134 00
Dr. S. Henry	120 00	5 00	125 00
Dr. S. C. Hillier	120 00	4 20	124 20
Dr. C. W. Hoare	160 00	22 70	182 70
Dr. C. E. Jarvis	160 00	12 00	172 00
Dr. A. J. Johnson	120 00	.....	120 00
Dr. E. E. King	120 00	.....	120 00
Dr. M. O. Klotz	160 00	25 60	185 60
Dr. J. W. Lane	160 00	19 75	179 75
Dr. L. Luton	160 00	14 00	174 00
Dr. J. Macarthur	160 00	12 00	172 00
Dr. A. E. McColl	160 00	11 00	171 00
Dr. W. H. Moorhouse	160 00	12 00	172 00
Dr. J. A. Robertson	120 00	8 80	128 80
Dr. E. Ryan	160 00	17 50	177 50
Dr. W. Spankie	160 00	16 50	176 50
Dr. F. N. G. Starr	120 00	.....	120 00
Dr. J. A. Temple	120 00	.....	120 00
Dr. T. W. Varadon	120 00	5 70	125 70
	\$3,935 00	\$311 15	\$4,246 15

(Dr. F. N. G. Starr refunded \$20.00 of the above payment of \$120.00.)

The 1908 meeting was held in Toronto and lasted four days, from Tuesday at 2 p.m. till Saturday at noon; sessional allowance \$20.00 per day.

Here we notice that

- 1 member collected for.....9 days
- 11 members collected for.....8 days
- 1 member collected for.....7 days
- and 14 members collected for..... 6 days

How came this about?

It would take an expert to figure it out. It is a credit to two of the Toronto members, Dr. Starr and Dr. Hart, that their sense of honor would not permit of their taking more than was rightfully due them.

COUNCIL MEETING, HELD AT TORONTO, JULY, 1909.

Meeting lasted only 4 days; President Dr. Lane received sessional allowance for 9 days.

	Sessional Allowance.	Mileage.	Total.
Dr. E. T. Adams	\$120 00	.....	\$120 00
Dr. H. Bascom	120 00	\$4 20	124 20
Dr. J. H. Cormack	160 00	14 00	174 00
Dr. R. J. Gibson	160 00	43 80	203 80
Dr. Sir James Grant	120 00	30 00	150 00
Dr. H. S. Griffin	120 00	4 00	124 00
Dr. E. A. P. Hardy	120 00	.....	120 00
Dr. J. S. Hart	120 00	.....	120 00
Dr. J. Henry	120 00	5 00	125 00
Dr. S. C. Hillier	120 00	4 20	124 20
Dr. C. W. Hoare	160 00	23 00	183 00
Dr. C. E. Jarvis	160 00	12 00	172 00
Dr. A. J. Johnson	120 00	.....	120 00
Dr. E. E. King	120 00	.....	120 00
Dr. J. W. Lane	180 00	19 75	199 75
Dr. L. Luton	160 00	13 00	173 00
Dr. J. Macarthur	140 00	12 00	152 00
Dr. J. M. MacCallum	120 00	.....	120 00
Dr. A. E. McColl	140 00	11 00	151 00
Dr. W. H. Merritt	120 00	6 00	126 00
Dr. W. H. Moorhouse	140 00	12 00	152 00
Dr. J. A. Robertson	140 00	8 80	148 80
Dr. E. Ryan	160 00	17 50	177 50
Dr. W. Spankie	160 00	16 50	176 50
Dr. F. N. G. Starr	120 00	.....	120 00
Dr. J. A. Temple	120 00	.....	120 00
Dr. T. W. Vardon	120 00	5 80	125 80
	\$3,660 00	\$262 55	\$3,922 55
Exchange on one cheque			25
			\$3,922 80

Dr. C. E. Jarvis refunded \$20.00 of the above payment of \$172.00.

It will be noticed that, in this statement, the member from Sault Ste. Marie appears to have charged *only four days for travel* to and from Toronto, whereas *in July, 1908*, it would look as if he had charged *five days for travelling the same distance*. Won't he enlighten us?

How did Dr. Lane, the President, receive the sum of \$180.00 as sessional allowance for this meeting? How did he put in *nine days*? *Did he imitate the Barber from Port Hope by walking from Mallorytown?*

The representatives from St. Thomas seem to have been pedestrians also.

The member from Wolfe Island must have swum. He really could have chartered a private launch with the six hundred and seventy-four dollars (\$674.50), his year's proceeds from the Medical Council.

In these days, when so much is heard of the overcrowding of the ranks of the medical profession, a membership in the ranks of the Medical Council is indeed a nice little side issue, doubtless, judging from the following figures showing the income drawn during the past three years by seven of the members:

	1909.	1908.	1907.
Dr. J. H. Cormack	\$307.50	\$289.00	\$205.70
Dr. R. J. Gibson	637.85	668.00	293.30
Dr. J. W. Lane	583.75	514.00	189.20
Dr. L. Luton	452.00	298.00	270.10
Dr. J. A. Robertson	395.20	390.20	275.45
Dr. E. Ryan	477.00	480.00	122.50
Dr. W. Spankie	674.50	379.50	441.60

Is it any wonder, therefore, that it is rumored that quite a number of the members of the Medical Council visited the aviation meet at Weston last month in order to get prices on the latest models of aeroplanes, having decided they could not do better than invest their heavy earnings from the Council in this manner? We trust they will carry out their intention and use their flying machines to travel to and from Council meetings, so that they may avoid *having to charge* so much in the way of *mileage* and *overtime*.

The following letter we received from the Chairman of the Finance Committee, who tries to explain why he received \$120.00 as sessional allowance for the *four days'* meeting of the Council held in Toronto in 1908, when "By-law No. 148" fixed the amount for that meeting at \$20.00 per day "for days necessarily absent from home."

(DR. TEMPLE'S LETTER.)

July 8th, 1910.

Dr. Young, Editor The Canadian Journal of Medicine and Surgery:

DEAR SIR,—Will you kindly publish in your next issue this letter in reply to your enquiries in the *World* of this day's issue, wherein you ask me to enlighten the profession as to how I received \$120 for the sessional allowance of 1908 when the session only lasted for four days. For an explanation I would refer you to page 235, paragraph F, of the Announcement for 1908 of the Financial Report, of which Committee I was not then a member. It reads as follows: "Regarding the matter of remuneration of members referred to your Committee, per resolution of 1905, that the payment of Council members be arranged

on the same basis as then advised, *"the Council session be considered as six days*, the per diem allowance figured on this basis, the days of travel to be considered as in former years." This recommendation was signed by the then Chairman, Dr. G. Henderson, and adopted by the Council, so then in accordance with this recommendation every member of the Council, including myself, received \$120. The Finance Committee has the power to recommend the remuneration at each session, and it is left with the Council, as a whole, to approve of it or reject it.

In another part you ask why Dr. Temple had not backbone enough to refuse to certify to these accounts. The Chairman of the Finance Committee has no such power, the Council fixes the amount to be paid to each member, and the Chairman has only to see that the amount is correct.

I have on several occasions remonstrated against this; when a member of Council presents his account, duly certified to by himself, the Chairman of the Finance Committee must pay it without question.

I am happy to be able to state that the Finance Committee this year succeeded in getting the consent of the Council to refer any account which might seem to require adjustment to the Finance Committee, which is a movement in the right direction.

I shall have much pleasure in answering any question of finances to any member of the profession when asked in the right spirit, so long as I am Chairman, which will only be for this year, as I do not intend to return to Council for another term.

Yours truly,

(Signed) J. ALGERNON TEMPLE,
Chairman Finance Committee.

The Chairman refers us to a certain page in the Annual Announcement for 1908, where he admits that *"The Council Session be considered as six days."* A nice admission that, isn't it? We would call Dr. Temple's attention to the fact that that resolution covered the meeting of 1907, and *which took place at*

*Italics are ours.—W. A. Y.

Kingston, where the sessional indemnity was but \$15.00 a day. However, we find from page 249 of the Annual Announcement of 1908-1909, clause "D," that the same trick was adopted covering the meeting of 1908, held in Toronto, *when Dr. Temple was a member of the Finance Committee* (see page 128, Annual Announcement 1908-1909), so that that session, *which lasted from 2 p.m. Tuesday till noon on Saturday* (in all four days) was also "*computed as six days.*" And here (and this information we received from a member of the Council) let us ask Dr. Temple why *this year* (the year of our Lord 1910) at the Medical Council meeting, held only last month, *he certified to the two accounts of the members from St. Thomas, each amounting to \$130.00, for a session lasting eight half days, and which would entitle them to collect but \$80.00 for the session (outside of mileage) and, at most, one-half day coming from and another half-day returning to St. Thomas (which is by rail within four hours' travel of Toronto)?* These gentlemen were entitled, as far as we can see, to a total sessional allowance of \$100.00.

What is the additional \$30.00 for?

Does the Chairman of the Finance Committee call this *backbone*?

How true, sometimes, is the quotation,

"If God hath made thee a clam, for God's sake

Don't try to be a man until thou hast grown a backbone."

Section 13 of the Ontario Medical Act says as follows: "There shall be paid to the members of the

Council such fees for attendance and such reasonable travelling expenses as may from time to time be fixed by by-law passed by said Council," R.S.O. 1887, C. 148, S. 12. At this point, at the risk of being again called "impertinent" and "irresponsible," will Dr. Temple allow us to ask *how can the Council override by a simple resolution one of its own by-laws (in direct contravention of the Ontario Medical Act)?* We append the written opinion on this point of Messrs. Baird, Monahan & Mackenzie, solicitors, and we leave our readers to judge as to whether our clever representatives should not promptly return to the Treasurer part of the funds paid them and to which they can make no legal claim.

BAIRD, MONAHAN & MACKENZIE,
Barristers, Solicitors, Etc.

July 13th, 1910.

Dr. W. A. Young, 145 College Street, Toronto:

Re College of Physicians and Surgeons.

DEAR SIR,—In reference to your questions whether the payment of the members of the Council in accordance with the resolution was valid, we find that, according to Chapter 176, Section 13, of the Revised Statutes of Ontario, "There shall be paid to the members of the Council such fees for attendance and such reasonable travelling expenses as may from time to time be fixed by by-law passed by said Council."

We also find that By-Law No. 148, apparently properly passed by the Council, states that each member of the Council shall receive \$20.00 per day for days "necessarily absent from home," and an allowance of five cents per mile for each mile travelled.

We are of the opinion that the Council cannot, in the face of this by-law, compute the number of days, making them either

more or less, and this by-law governs the payment, and that any payment that has been made that is inconsistent with this by-law would be illegal and invalid, and the Treasurer should not have paid it, and that members receiving such illegal payment could be compelled to refund it to the College.

The members of the Council are trustees of the College of Physicians and Surgeons, and must be held to be conversant with all its rules and by-laws, or at least to have had notice thereof, and are bound by them.

Yours truly,

(Signed) BAIRD, MONAHAN & MCKENZIE.

JB-AS.

In other words, what the Council did was illegal.

A nice condition of affairs if any incorporated institution, governed by a special Act of Parliament, can, after making a by-law, by resolution simply call one day ten, or, as in this case, *four days six*, and draw the cash accordingly! *Is it any wonder that the College of Physicians and Surgeons has lost fifteen thousand dollars in three years?* "Irresponsible," did the Ex-President say? Well, not as much as those who resorted to such tactics, anyhow.

The above statement is, surely, anything but a credit to the Medical Council. We hate to admit it of our profession; and these revelations must be a source of sorrow to the rank and file of medical practitioners in Ontario and must act as a guide to the electorate at the coming Council elections. We leave our readers to judge whether our criticisms have not been deserved.

If the Council members act as men, a large sum

**Italics are ours.—W.A. Y.*

of money will be at the disposal of the Treasurer in the near future.

To Dr. Hardy, with patience, we again present our compliments and say, speak up. The columns of our next issue are open to you to explain how it came about that you, with others, could consent to accept \$120.00 sessional allowance, outside of mileage, for the *four days'* meeting held at Kingston in 1907, *when the by-law* governing that meeting (page 235, Annual Announcement 1908) *stated distinctly that you were to receive but \$15.00 a day.*

Why not return the difference to the Treasurer, or, if you insist upon it, with the majority, "considering the meeting as six days," mail six crisp five dollar bills to Dr. Wilberforce Aikins by way of a subscription to the depleted Treasury of the Council? Now, as Retiring President, set a good example and your change of heart will be duly recorded in our September JOURNAL.

Dr. Temple, now that you state that you "do not intend to return to Council for another term," and by way of making your year of retirement still more historic, please do likewise and charge it to experience.

These two gentlemen are not at all alone in this matter, as can be seen from reference to the Treasurer's Report, and all should, and we feel sure will, follow suit.

"Thou student of wisdom feed on the marrow of
The matter.
If thou wilt suspect, let it be thyself; if thou wilt
Expect, let it not be gladness."

We are told that the caucus meetings held by the members of this great and honorable (?) Council, at the Queen's Hotel, Toronto, that is, those who have succeeded in the past in getting to Toronto on the Monday, in order to annex an additional twenty-dollar bill from the Treasury, are really naughty, and what with cigars and, well! soda (included, perhaps, in the extra mileage), the various Committees are all arranged beforehand in a manner worthy of the cleverest ward politician. How would it do to let these little events be things of the past?

Please don't certify to your own accounts after this, as, remember, they have now to pass that awful Finance Committee before even reaching the official auditor, who is empowered to almost take your affidavit as to its being correct.

You will oblige the whole profession if you will *not draw double fees by holding Committee meetings during the sessions of the Council*; but leave a few dollars in the bank to our credit, as there may be an odd student or two presenting himself for examination after your dissolution.

Now, gentlemen of the Ontario College of Physicians and Surgeons, ere you retire forever from office, as of course you could not have the nerve to present yourselves again for election, and for the sake of the honor of our profession,

The "six days" Medical Council subscription list is now open. Who will head it? Make a "whirlwind campaign" of it and, with Shakespeare, say once and

for all, "This bastard Graff will never come to growth."

"Forget it—cast it away."

Gentlemen of the medical profession in Ontario, have we established our case or not?

Into the golden silence after a very weary task, *successfully ended*, we now throw down our quill, to take it up, let us hope, in the near future and sharpen it to write only words of praise for the day-dawn of the new Medical Council, born

"To better manners, purer laws."

W. A. Y.



Editorial Notes

Pretended Orphans.

That a remarkable uniformity exists in the proportion of orphans in the orphanages of Ontario during the past twenty years appears in the seventeenth report of the Superintendent of Neglected Children, Mr. J. J. Kelso. Thus, the total number of children cared for in 1888 was 3,452; in 1908, the number was 4,718. The number of children in orphanages, September 30th, 1888, was 1,747; September 30th, 1908, the number was 2,168. That is to say, there were about 400 more children in the orphanages of Ontario in 1908 than there were twenty years before. In 1888, the relative proportion of the number of children in orphanages to the total population was about 1 to each 1,000 of population. Allowing for the increase of population, the same proportion existed in 1908.

It would be an error to suppose that even the majority of these children are really orphans. The following paragraph from the report of Mr. William O'Connor, who protects the interests of Catholic children, shows that the so-called orphans of Ontario are in most cases the children of neglectful parents: "During the year, 137 children were placed in foster-homes under the supervision of the Children's Aid Societies of the Province. . . . The parentage of the children placed in foster-homes was as follows: Father living, 25; mother living, 21; *both parents living*, 70; both parents dead, 10; illegitimate, 6; information not given, 5. It is a singular fact in connection with the parentage of these children that so large a number have both parents living, and so small a number have both parents dead." Referring to the same subject, Mr. Kelso remarks: "The orphanage population of Ontario, and the cost for their maintenance, could be reduced one-half, if a determined

effort were made to force parents who were able to do so to maintain their own children and place in foster-homes those children whose own homes are so bad that they cannot, with safety to the community, be returned to 'their parents.'

It would appear, therefore, that, owing to lack of parental instinct in some parents, and the bad behavior of others, the State has to intervene, so as to provide for the sustenance and education of their abandoned or ill-treated children. In such cases, the subsequent substitution of selected foster-parents for the State is a perfectly proper procedure.

Canned Soup.

Bulletin No. 224 (Laboratory of the Inland Revenue Department, Ottawa) contains a report upon 148 samples purchased throughout Canada, in December, 1909, as Canned Soup. Complaints have been received from time to time, making mention of the following objectionable qualities in Canned Soup: Corrosion of the can; unsoundness of the contents; discoloration; substitution of other flesh than chicken in so-called chicken soup.

The can was found distinctly corroded in 7 samples, slightly corroded in 3 samples, in fair condition in 14 samples, in good condition in 124 samples. Corrosion of the can proceeds, in the first place, from imperfect tinning, which is intensified by the acidity of the contents. In 8 samples the acidity was found to represent percentages of acetic acid (weight in volume) varying from 0.046 to 0.225. It is evident, however, that, as corrosion due to acidity proceeds, the acid is neutralized, and a fairly high acidity in the fresh soup may be compatible with strict neutrality in the same sample, after long keeping. In this case, iron goes into solution (with possible traces of tin or lead). The discoloration complained of is usually due to solution of iron, which is not poisonous. Lead was not found in any sample, insignificant traces of tin in four samples. As regards the contents, these were found to be good in 137 samples and slightly

unsound in 11 samples; none, however, could be regarded as spoiled or dangerous to use. The analyst acknowledges his inability to distinguish between chicken flesh and veal, or other substitute, in soups; further work must be done before a definite pronouncement can be made on that matter.

Arthritis Deformans.

A therapeutic test helps to prevent confusion, in making a diagnosis between the arthritic disease which follows acute rheumatism and arthritis deformans. Rheumatic patients are benefited by hot baths, diaphoresis and Bier's active hyperemia, while patients with arthritis deformans are made worse by these measures. Rheumatic patients are benefited by a light diet; patients with arthritis deformans require a liberal and generous diet. Bony outgrowths about the affected joints characterize arthritis deformans, and, until they can be felt, a diagnosis may be almost impossible. If the temporo-maxillary joints are affected, the diagnosis is probably arthritis deformans, or blenorragic arthritis, as chronic rheumatism is said not to attack these joints.

The etiology of arthritis deformans is obscure. Dr. Savill (*A System of Clinical Medicine*), v 10 believes it to arise from a chronic toxemia, possibly of intestinal origin, says: "I have known of three very chronic cases which improved remarkably under the combined current, with three weeks' rigid 'Salisbury' diet, followed by a very generous diet. High frequency currents do good in some cases."

Dr. E. H. Ochsner (*Journal of the American Medical Association*, March 5, 1910), who believes that this disease is the result of long-continued auto-intoxication, and that the joint disease itself is the result of a chemical instead of a microbial process, says: "In many cases the progress of the disease can be stopped by removal of offending appendices, hemorrhoids, and other causes of irritation." In advanced cases, where the

original cause has ceased to be operative, or in which the primary lesion cannot be located, Dr. Ochsner devotes attention to the relief of pain by the means of surgical measures. The relief of pain in an inflamed joint calls for the recognition of two distinct principles: First, a rigid retention apparatus; second, the placing of the affected limb in such a position that the antagonistic muscles surrounding the inflamed joint are kept in a state of equilibrium. He describes two cases so treated, in which marked success was obtained.

Desirability of Uniform Weights in Railway Passenger Cars.

The weights of passenger cars (C.P.R.) are as follows: Sleeping car, 110,000-153,000 lbs. (average, 140,000 lbs.). Dining car, 125,000 lbs.; parlor car, 95,000 lbs.; tourist car, 110,000 lbs.; colonist car, 80,000 lbs.; first-class passenger car, 100,000 lbs.; second-class passenger car, 50,000 lbs.; baggage car, 83,000 lbs.; mail car, 83,000 lbs. We understand that the average weight of a Pullman car can be taken as 140,000 lbs.

In making up trains which contain cars of different weights, the heavier cars are usually placed at the rear end of the train. Should a "head-on" collision occur between two trains, the heavier cars—Pullman cars—smash through the day coaches of lighter build, and the chief loss of life is among the occupants of the lighter cars. Several inventions have been made for preventing such accidents; but, even if an inventor had discovered a plan for constructing passenger cars so as to obviate telescoping, the railway companies would not, under present circumstances, be obliged to adopt it. Neither do the companies wish to discard dining cars and sleeping cars, which, at a small outlay, may be remade into serviceable day coaches, although such converted day coaches are of less weight than the sleeping cars and dining cars at present in use.

As a general proposition, it may be said, that efforts should be made to so increase the weight of day coaches as to make

them uniform in weight with Pullman cars. The resistance of day coaches would thus be so increased that, in case of a collision, they would not be telescoped by the cars at the rear end of the train. The risks of smashing and telescoping day coaches by the heavier Pullman cars would thus be much reduced, and any apparent unfairness to the poorer class of persons who, when travelling by rail use day coaches, would be removed.

If the principle of equalizing the weights of passenger cars, so as to prevent telescoping, is quite sound, there does not seem to be any mechanical reason why it should not be applied in practice. It may ultimately receive the support of the Board of Railway Commissioners of Canada, and a Federal law may be passed, requiring its adoption by Canadian railway companies. As loss of life in collisions is expensive to the railway companies, a law of this nature would be rather in the interest of the railway companies than indicative of hostility to them.

Physical Exercise in the Treatment of Tuberculosis.

Exercise is a necessary procedure in the treatment of a curable, tubercular patient. As the ability of such a patient to gain in weight is desirable, forced feeding is tried, a large allowance of flesh meat, eggs and milk being given. Unless this rich diet is properly assimilated, great injury is done to the luckless patient, who may suffer from dyspepsia, gastro-enteritis and high fever.

The air-cells of the lungs, which provide for the entrance of oxygen into the blood and the escape of carbon dioxide and watery vapor into the atmosphere, are seriously crippled in pulmonary tuberculosis. Hence, tubercular patients are easily put out of breath, get rapidly tired on making a slight exertion, and, consequently, if left to themselves, will not take enough oxygen into the blood to carry on in a proper manner the ordinary purposes of life, much less to dispose of a large and very nutritious

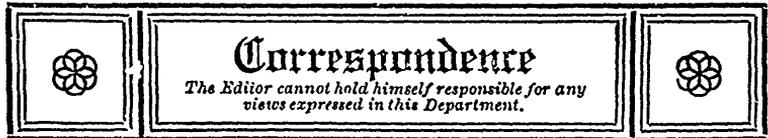
diet. They have no craving for food; the appetite is poor, and forced feeding is not relished.

When the blood is not properly oxygenated, owing to deficient respiratory action in crippled lungs, the body of the patient, if liberally nourished, becomes charged with poisons, some of which are absorbed into the system from the overworked and weakened digestive organs.

Exercise should, therefore, be brought into play to enable tubercular patients to develop the crippled lung tissues, and, unless there should be some special contra-indication, such as hemorrhage, exercise in the open air should be taken every day by these patients.

There are several exercises suitable for the development of the lungs, explanations of which, with illustrations, may be found in manuals of physical culture. Indian clubs and dumbbells are not really required; the necessary movements may be effected without the assistance of apparatus. In a sanatorium an exercise class could be formed, and the movements taught, by a teacher. If the Canadian sanatoria have not already adopted the exercise treatment in tuberculosis, they should look into the matter.

J. J. C.



THE STATUS OF MEDICAL MEN UNDER THE NEW INSURANCE BILL

To the Managing Editor, CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—For upwards of three years this Act, in some form, was before the Parliament of Canada. Ample time was therefore taken to consider every section, and note carefully its bearing upon the interest affected. There was thus given also an opportunity for those who wished to offer any suggestions or raise any objection to place their views before the Government.

When the Life Insurance Bill was laid on the table of the House of Commons, it at once became apparent that there were three clauses that were very objectionable from the standpoint of the medical profession. These clauses were in the first draft, and are still in the Act as passed by Parliament.

Under "Interpretation," the definitions at the beginning of the Act, we have:

(h) " 'Officer' includes the manager, secretary, treasurer, actuary and any other person designated as 'officer' by the by-laws of the company."

In section 98, sub-section 4, dealing with Life Insurance Companies that were in operation when the Act came in force, we read:

"The manager of the company may be a director of the company, but no agent or paid officer, other than the manager, shall be eligible to be elected as a director. The words, 'paid officer' in this sub-section do not include the president and vice-president, or the president and first vice-president (if more than

one) elected under the provisions of sub-section 9 of this section."

The next clause to which objection was raised by many medical men deals with Life Insurance Companies that may be organized after the passing of the Act. It is as follows: may be a director, but no agent or paid officer, other than the

Section 146, sub-section (f): "The manager of a company manager, shall be eligible to be elected as director. The words 'paid officer' in this paragraph do not include the president and vice-president, or the president and the first vice-president (if there is more than one vice-president) elected under the provisions of paragraph (k) of this section."

It became quite apparent that the purport of these clauses was to prevent any medical practitioner from being a director of the company for which he acted as medical advisor, if for such advisory work he received any remuneration.

Medical officers of the various companies in Toronto held a meeting and appointed Dr. T. F. McMahon and myself to lay their views before Hon. W. S. Fielding, the Finance Minister, and the Committee on Banking and Commerce, which was then engaged in the consideration of the bill, clause by clause, and also in the hearing of the opinions of those interested in the bill. Dr. McMahon and I visited Ottawa and laid the views of the medical directors, given us personally or by letter, from all over Canada before the Finance Minister, Mr. Fielding, and the said Committee. What we said on that occasion is to be found in the proceedings of the House of Commons, and will stand upon its own merits.

In addition to this, many letters were written to Mr. Fielding and the other members of the Government, and to prominent members of the Opposition, and also to many members of the Senate. All this had no effect, and the Insurance Bill was put through both the Commons and the Senate in the form as quoted in the foregoing clauses.

In the spring of 1909, it was expected that the bill would then be put through both Houses of Parliament. In addition to every effort that had been made, I sent the following telegrams:

Toronto, May 13th, 1909.

Sir Wilfrid Laurier, Ottawa:

I challenge the right of Parliament to say that the Medical Profession of Canada cannot be trusted. The Insurance Bill states this. It allows other classes to receive salary and sit on the boards, but forbids medical men doing so. The bill should be amended to remove this glaring injustice.

JOHN FERGUSON.

Toronto, May 13th, 1909.

Hon. W. S. Fielding, Ottawa:

The Insurance Bill is a great injustice to medical men of Canada. It declares them unworthy of trust, and they cannot sit on boards of companies if they receive any remuneration for services. Other classes may receive salary and sit on boards. This is taking away a privilege when no good can be accomplished thereby.

JOHN FERGUSON.

The bill was laid over, however, for that session, and came up again during the session of last winter. As the bill came back from the Senate, it contained the objectionable clauses, so far as medical men are concerned. I then wrote Hon. W. S. Fielding, who had charge of the bill, as follows:

Toronto, March 5th, 1910.

Hon. W. S. Fielding, Ottawa:

DEAR SIR,—The Insurance Bill is now about complete. On the whole, it is a good bill, and will do much for the interests of these great financial companies.

There is one phase to which I wish again to call your attention. The bill provides that only the president, the vice-president and the manager may be on the board and receive a salary.

The effect of this is to force the medical directors off the boards of their companies, because these gentlemen receive a remuneration for their services.

It does seem too bad that an entire class should be placed under the ban of the law in this way. The Act means that no doctor, because he is paid for his services, may sit on the board of his company.

Business men, lawyers, etc., may fill the offices of president, vice-president, and manager; draw salaries and sit on the boards of their companies. Not so with the doctor.

This is not fair, and I ask you if you think it is? If it is not fair and just, then change the bill to do the right thing by the medical men.

Yours truly,

JOHN FERGUSON.

The medical profession is now put in possession of the facts. So far as the Act is concerned, the meaning is quite plain—that there is not a doctor in Canada that does not come under the penal terms of this Act. No matter what his interest in a Life Insurance Company, by way of stock or insurance, may be, the law states that he cannot sit on the board of directors, if he receives any salary for his responsible duties as medical officer of his company. The manager may receive any salary the company pleases to pay. So may the president and the vice-president. These gentlemen, in the eyes of the law, can be trusted to do their duty, and that the remuneration they receive will not blind their eyes; but not so in the case of the doctor. As soon as he receives a salary, he can no longer be trusted. He cannot hold a seat on the board.

There is, perhaps, one loophole through which the doctor may escape the penalties placed upon the whole medical profession by this Act. The first clause, which I have quoted, states that the word "officer" includes the manager, secretary, treasurer, actuary and any other person designated as "officer" by the by-laws of the company.

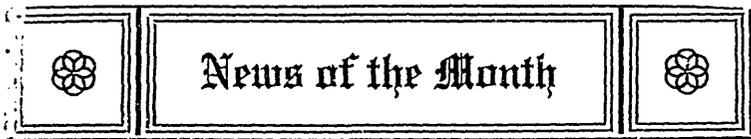
If the medical advisor of any company can induce his board to pass a by-law to the effect that he is not an "officer," indeed, may be ranked with the office boy in status, then, perhaps, he may escape technically the meaning of this Act. This is doubtful, and may remain so until the courts decide a case. One thing

is clear, namely, the medical advisor of a Life insurance company, if he is dignified with the title of an "officer," cannot occupy a seat on the board. No other class is so treated. While the bill was before the House of Commons and the Senate, a number, including the writer, made every effort to have the objectionable clause deleted from the bill, but without avail. Therefore it is that the whole medical profession is placed in a class by itself, and, in the eyes of the Life Insurance Bill, a disqualified class, or one of the rank of the office boy; that is, if the doctor is to hold a seat on the board of his company, and receive any salary, he cannot be called an "officer."

I am, yours truly,

JOHN FERGUSON.

264 College St., Toronto.



THE CANADA MEDICAL ACT

The cause of Dominion Registration was advanced another step at the recent meeting of the Canadian Medical Association, in Toronto. The Amendments to the Canada Medical Act suggested by the committee representing the Provinces, which met Dr. Roddick in November last, were unanimously adopted at one of the general sessions of the Association.

The bill now gives two representatives to each of the Provinces, to be elected under regulations to be made by the Provincial Medical Councils. The larger Provinces, be it said to their credit, gave way on this difficult question, so that the little Island of Prince Edward will now have the same representation on the Dominion Council as the large Province of Ontario. On the other hand, the universities will increase the representation of Manitoba, Ontario, Quebec and Nova Scotia. All told, the Dominion Council will now have a membership of thirty-one.

It was decided that every candidate for the Dominion license must either have a Provincial license, or must present a certificate from the Registrar of his own Provincial Medical Council that he holds a medical degree, accepted and approved of by the Medical Council of his Province.

The terms of the Retroactive Clause, already referred to in these pages, were adhered to, namely, that after ten years any practitioner in good standing may claim a Dominion license without examination. But it shall be competent for the Medical Council of any Province, not satisfied with the period of years prescribed, to exact from practitioners an examination in the final subjects only. It is not expected that all the Provinces will avail themselves of this provision, although it was thought well to have such a safeguard in the event of a stampede towards any Province.

The Reciprocity Clauses in the original bill were all expunged, being really unnecessary since the passing of the Laurie Amendment to the British Medical Act, which provides

that any Province may, through its Legislature, when so minded, arrange a scheme of reciprocity with the British Medical Council.

The Amended bill will be submitted to the Dominion Parliament at its next session, and will come into force just as soon as all the Provinces shall have secured their enabling clause from their respective legislatures.—*The Montreal Medical Journal.*

CARBON DIOXID SNOW IN DERMATOLOGY*

Freezing was first employed as a cauterant less than ten years ago. Liquid air, at first resorted to, has been found of too extreme frigidity, and hence difficult to handle with entire safety. To-day specialists generally appreciate the superiority of carbon dioxide snow over liquid air. Dr. Richard L. Sutton, Kansas City, Mo., calls the attention of the general practitioner to the facility with which the snow may be utilized, and the excellent results that can be obtained in selected cases.

Carbon dioxide gas, which is almost universally employed in operating soda water fountains, is obtained by the combustion of coke, the gas being condensed by pumping it into heavy, wrought-iron cylinders at a pressure of twenty atmospheres. Each of these containers holds twenty pounds of the liquefied gas, sufficient for fifty or more ordinary treatments. The cost is about \$2.50 per twenty pounds.

In order to secure the snow, which forms when the gas is allowed to escape into external air, the container is first tipped up until the valve end lies six inches below the level of the closed extremity. A frame, consisting of two forked uprights, one eighteen inches in height, the other two feet, rendered stable by a connecting bar three feet in length, is a rough but efficient stand for the cylinder. Chamois is used to protect the fingers, and for making a pocket in which to condense the gas and form the snow. The more firmly the snow is compressed the more slowly does it melt. The inexperienced operator is apt to waste about half the product.

*See advertisement Goosamann Carbonic Machinery Co., Chicago, page lxxix, this issue.

Applications of the snow are made with bits firmly compressed in a convenient shape and size. The effect produced depends upon the amount of pressure and the duration of the freezing. From ten to sixty seconds is long enough to keep the snow in contact. Firm applications of longer than thirty seconds usually give rise to more or less scarring.

For the first day or two the vesicle may be protected, if necessary, by a perforated felt pad, but when fully developed it should be drained and an antiseptic dusting powder applied for twenty-four hours.

Later, the lesion is dressed with a 1 per cent. ammoniated mercury ointment until it heals.

At present Dr. Sutton is confining its use, for the most part, to a rather limited number of pathologic conditions: naevi, lupus erythematosus, chloasma, senile keratoses, plantar and palmar warts, obstinate, circumscribed patches of chronic eczema, and seborrheic dermatitis, and superficial epitheliomata.

THE HENRY PHIPPS INSTITUTE FOR THE STUDY, PREVENTION AND TREATMENT OF TUBERCULOSIS

Mr. Henry Phipps, of New York has selected the University of Pennsylvania to carry on the work of the Phipps Institute. Mr. Phipps has already acquired ground in Philadelphia on which will be erected a hospital for this purpose. The extent of the benefaction exceeds \$5,000,000.

The report of the committee appointed to consider the future policy of the Institute has been approved by Mr. Phipps and the Trustees of the University.

The work will be divided into three general departments, each of which will be presided over by a director. For the Directorship of the Laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For Directorship of the Sociological Department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment as Director of the Clinical Department.

In addition to a board of eight directors, who will be directly responsible to the Trustees of the University, an Advisory

Council has been created and will meet annually at the Institute. The following have accepted the invitation to serve as members of this body: Dr. Samuel G. Dixon, Harrisburg, Pa.; Dr. S. McC. Lindsay, New York City; Dr. William H. Baldwin, Washington, D.C.; Dr. Herman M. Biggs, New York City; Dr. William H. Welch, Baltimore, Md.; Dr. Theobald Smith, Boston, Mass.; Dr. Gideon Wells, Chicago, Ill.; Dr. Simon Flexner, New York City; Dr. James A. Miller, New York City; Dr. Lawrence Brown, Saranac, N.Y.; Dr. Henry Baird Favell, Chicago, Ill., and Dr. James Pratt, Boston, Mass.

**THE IMPORTANCE OF PEDIATRICS AND THE POSITION
OF SURGICAL PEDIATRICS IN THE COLLEGE
CURRICULUM**

The importance of *pédiatries* as a study in our medical schools, and recognition of the surgical diseases of children as a department of study, was among the admirable features of the report on curriculum presented at the meeting of the Association of Medical Colleges, held in Baltimore in March. The report placed the minimum number of hours to be devoted to *pédiatries* at 150, which is an increase of 50 per cent. over the present requirements of the Association, and yet is a very modest share of the 4,000 hours of the clinical years (the third and fourth years) of the college course. Dr. H. D. Arnold, of Boston, was chairman of the sub-committee on curriculum for the clinical years, and Dr. S. W. Kelley, member representing *pédiatries*. The report goes on to say: "The allowance for *pédiatries* is intended to include instruction in the exanthemata. In many other ways medicine and *pédiatries* overlap. Useless repetition can only be avoided by a proper understanding between the teachers of these two subjects, and a certain elasticity should be allowed a school for the purpose of assigning time to one subject or the other according to where the borderland subjects can best be taught. In the same way, *pédiatries* and surgery touch and overlap. In one subject or the other the surgery peculiar to children should receive attention. Valuable suggestions in relation to the teaching of *pédiatries* will be given in an appendix to this report."

CANADIAN SURGEON HONORED

Dr. Alexander Hugh Ferguson, one of the best-known of Chicago's physicians, and a popular ex-Canadian, was recently elected president of the Chicago Medical Society in a most keenly contested election. Dr. Ferguson is a native of Manilla, Ont., where he was born in 1853. He was educated at Rockwood Academy and Manitoba College, and began his medical studies under Dr. John H. O'Donnell at Winnipeg, in 1877. He took a course in the medical college of Trinity University, becoming honor graduate, M.B., in 1881, and later, in the same year, honor graduate M.D., C.M., of Trinity University. He spent part of his time, soon after his graduation, in visiting various American hospitals and in taking a special course at Koch's laboratory, Berlin. He entered upon the practice of his profession at Buffalo, N.Y., in 1881, but soon after returned to Winnipeg, where he practised until 1894, at the same time being largely instrumental in founding the Manitoba Medical College, and was chosen first President of the Manitoba Branch of the British Medical Association. Since 1894 he has been an eminent member of the medical profession in Chicago. He was induced to go there as professor of surgery in the Post-Graduate Medical School, and in 1900 was elected to the position he now holds as professor of clinical surgery in the College of Physicians and Surgeons, the medical department of the Illinois State University. Dr. Ferguson was notified not long ago that he had been awarded a commandership in the Order of Christ, of Portugal, the highest decoration that King Carlos of that country can bestow on anyone outside of royalty.

—*Toronto Saturday Night.*

CONTROLLED NEWSPAPERS

The *Atchison Globe* says that no advertiser has ever tried to control its editorial policy, the remark being occasioned by the charge often made nowadays that the big advertisers direct the editorial policy of newspapers.

The experience of the *Globe* is the experience of most news-

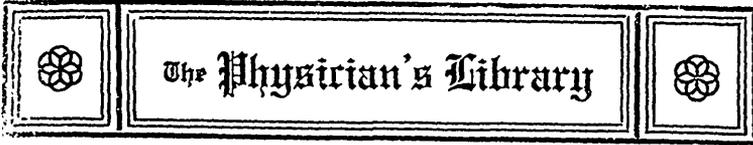
papers. The merchant who does a great deal of advertising is more interested in the circulation department of a newspaper than in the editorial department. If a daily paper goes to the homes of the people, and is read by them, he is satisfied, and it may chase after any theory or fad, for all he cares. He has troubles of his own, and he isn't trying to shoulder those of the editorial brethren.

There are newspapers controlled by people outside of the editorial rooms, and a good many of them, more's the pity; but the people exercising that control are not the business men who pay their money for advertising space. The newspapers which are established for political purposes are often controlled by chronic office-seekers, whose first concern is their own interests. There are newspapers controlled by great corporations, and the voice of such newspapers is always raised in protest against any genuine reform.

The average western newspaper usually is controlled by its owner, and he is supposed to be in duty bound to make all sorts of sacrifices at all sorts of times; there are people who consider it his duty to insult his advertisers, just to show that he is free and independent. If he shows a decent respect for his patrons, who pay him their money, and make it possible for him to carry on the business, he is "subsidized" or "controlled." The newspaper owner is a business man, like the dry goods man or the grocer. The merchants are expected to have consideration for their customers, and they are not supposed to be subsidized by the man who spends five dollars with them; but the publisher is expected to demonstrate his courage by showing that he is ungrateful for the patronage of his friends. It is a funny combination, when you think it over.—*Emporia Gazette.*

D. D. D. Lawn Tournament Next Month.—A cordial invitation is extended to the druggists, dentists and doctors of the Dominion to visit the city in September, and take in the D.D.D. Lawn Bowling Tournament, which will, as usual, be held on the beautiful lawns of the Granite Club.

Programmes of the tournament will be issued later, and will be mailed on application to the Secretary, Mr. W. B. Graham, Registrar-Treasurer of the Ontario College of Pharmacy.



Diseases of the Ear. By HUNTER TODD, M.A., M.B., B.C. (Canada); F.R.C.S. (Eng.); Aural Surgeon to the London Hospital, and Lecturer in Aural Surgery at the London Hospital Medical College; Late Surgeon to the Throat and Ear Department, Paddington Green Children's Hospital. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Sq., E.C. This book can be procured from the Canada Law Book Company, 32-4 Toronto St., Toronto, at 40 per cent. discount.

This is one of the Oxford Medical Manuals and adds considerably to the reputation of these books. The book is intended especially for those who have not had opportunities of study. The author has succeeded in writing a very practical book, easy to read and decidedly up-to-date. The general practitioner and the student will find all his requirements filled in this book.

P. G. G.

Text Book of Nervous Diseases and Psychiatry. By CHARLES L. DANA, Professor of Nervous Diseases in Cornell University Medical College, etc., etc. Seventh edition. Published by William Wood & Co., New York. For sale by the J. F. Hartz Co., Toronto.

The seventh edition of this excellent text-book is in every respect worthy of its predecessors. The subject has been brought well up to date, and the author has introduced into one volume, not too large for a student and yet sufficiently large to supply much information to those of wider reading, a text-book which in its conciseness and clearness will rank high among the works of neurology of to-day. Hence the book will be most useful, not only to the student and the general practitioner, but also to the specialist. The classification of nervous diseases has been somewhat altered by the modern knowledge of general pathology as modified by bacteriology. There is no doubt, as the author says, that a good deal of havoc will be wrought eventually in our conception of nervous diseases by the newer pathological

doctrines. That many of our conceptions in regard to the psycho-neuroses will materially change in the next few years is beyond question. The vast amount of work, however, which has been done in the past few years in this branch of medicine makes one very hopeful for the future. The chaos which has so long existed in the classification of insanity has been naturally reflected upon the classification of the less pronounced forms of psychical disease. A purely pathological basis on which to build a foundation is, of course, lacking, and will be for many years to come. We are, however, daily confronted with the clinical difficulties which these diseases present, and while a definite clinical classification is almost as embarrassing as a pathological one at present, the urgent demand for treatment is such that this must now be our primary consideration, and the results here obtained when combined with those of the pathological laboratory will ultimately solve the question. The type of disease must ever remain the same whatever designation may be applied to it. In this edition the author describes as psychasthenia the disease which in the last edition was described as phrenasthenia. Whether time will confirm this view, further developments alone will decide. While personally we would prefer to approach nearer to an anatomical basis and describe it as encephalasthenia or cerebrasthenia, the type can be clearly recognized by any of the above. By some this disease would be styled dementia præcox, but this waste-paper basket is already filled to overflowing, and it is to be devoutly hoped that no further additions will be made to it.

The two hundred and sixty-one engravings and three plates in colors are well done, and the entire book reflects the greatest credit on both author and publishers. c. M.

The Optic Nerve and the Accessory Sinuses of the Nose. By PROF. A. ONODI, University Buda Pest. Translated by J. LUCKHOFF, M.D. Edin. With fifty illustrations. London: Bailliere, Tindall & Cox. 1910. 10s 6d, net.

There are many gaps in our knowledge of the causation of Optic Neuritis and Optic Atrophy. Of late a great deal of attention has been paid to the possible influence of disease in the nasal accessory sinuses upon the optic nerve. The difficulty is

hat optic neuritis may co-exist with sinusitis, and yet not be due to it, and the sinusitis nearly always is unassociated with optic neuritis. The association might prove to be more frequent if the eye were examined with the ophthalmoscope and the field of vision carefully searched for scotomata. No one could be better qualified to treat of the anatomy of this subject than Prof. Onodi, whose previous "Atlas of the Accessory Sinuses of the Nose" is the standard work on the subject. M.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners, by leading members of the Medical Profession throughout the world. Edited by W. T. LONGCOPE, M.D., Philadelphia. Volume IV. Nineteenth Series. Lippincott Company.

The present volume will be found especially interesting, as it contains a number of articles in which recent and important advances in medicine and surgery are discussed at length and in detail.

The first article on treatment deals with the employment of antimenigitis serum by the discoverer, Simon Flexner, M.D. The paper describes at length the methods of administration and dosage, and contains a summary of cases in which the serum has been employed. The author discusses the method of production of the antitoxin and the theory of its therapeutic action.

"The Use of Tuberculin in Treatment" is the subject of an excellent paper by Louis Hanman, M.D., of Baltimore. The author deals with the subject in an exhaustive manner.

"The Diagnosis and Treatment of Pernicious Anaemia," by W. C. Bierring, M.D., University of Iowa, will be found to contain much that is interesting in the study of this disease. A special feature is the frequency with which disturbances of the nervous system occur, many cases exhibiting symptoms which are to be attributed to degenerations affecting the spinal cord. These degenerative changes occurring more particularly in the posterior columns produce various disturbances, chiefly of sensation. Altogether the article is a most instructive one.

An excellent paper on "The Rontgen Diagnosis of Pulmonary Tuberculosis," by Charles Lester Leonard, M.D., of Philadelphia, one of the pioneers in this department in America. The article is accompanied by a remarkable series of illustrations, and will be found to contain much that is instructive to those engaged in this work.

Noteworthy articles in this volume are "Adrenal Insufficiency," by Emile Sergent, M.D., Paris; "Gouty Phlebitis," by Sir Dyce Duckworth; "Infantile Typhoid," by Louis Froher, M.D., of New York; "Teratoma of the Mediastinum," "Surgery of the Prostate," by Deane, of Philadelphia; "Epiplottis following Radical Cure of Hernia," by Cumston, of Boston; "Early Diagnosis of Cancer of the Uterus," by Thos. Cullen, M.D., of Baltimore.

The present volume well repays perusal, and in our opinion is the best of the series.

W. B. T.

Diseases of the Stomach and Intestines. By ROBERT COLEMAN KEMP, M.D., Professor of Gastro-Intestinal Diseases, New York School of Clinical Medicine. Octavo of 766 pages, with 279 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, \$6.00 net; half morocco, \$7.50 net. Canadian Agents: The J. F. Hartz Co., Ltd.

Notwithstanding the fact that there have been several medical works on the Diseases of the Stomach and Intestines published of recent years, it cannot be said that Dr. Kemp's book, just issued by W. B. Saunders Company, is not a valuable addition to the literature on this subject. A criticism, however, that might fairly be made of at least some of the volumes upon this subject is that they are written too much for the specialist, and have not been written with an aim to assisting as much as they should the general practitioner, who has not the time to wade through a cumbersome volume on any subject. Dr. Kemp has succeeded in this volume in laying before the profession a great deal of valuable material upon a subject of which he has made a study for many years past. His volume covers in all thirty-three chapters and makes a book of about seven hundred pages. He has illustrated his text very freely indeed, something that always adds materially to the value of any book. Considerable

space has been devoted to the subject of visceral displacements, this topic having assumed quite a prominent place in recent discussions. The chapter on Typhoid Fever is undoubtedly one of the best. Under treatment of typhoid fever he states that sour milks, such as matzoon, kumyss and lactone buttermilk, are much better than plain milk. He claims that the effervescence should be allowed to a great extent to pass from kumyss before administration to the patient, and it is especially preferable when diluted with lime water. Matzoon and the thicker sour milks should be diluted with plain water or Vichy that has become flat, in order to avoid distension. Dr. Kemp recommends plenty of cold sponging with alcohol and water combined with friction when the temperature reaches 102.5 F. He is opposed to the Brand method of administering baths. He recommends the use of strychnine and Hoffmann's anodyne in the bath, which should last not more than twenty minutes. He recommends in medicinal treatment that Antipyretics should be avoided. He is in the habit of ordering magnesium sulphate every second or third day, and finds that by that means Tympanites is avoided. He makes no reference to mercurial treatment at all.

The chapter devoted to Diet is also well worthy of perusal, and, under the heading of Catarrh of the Stomach, he gives some valuable information.

Clinical Obstetrics. By ROBERT JARDINE, M.D. Edin., M.R.C.S. Eng., F.F.P. & S. Glas., F.R.S. Edin.; Professor of Midwifery in St. Mungo's College, Glasgow; Physician to the Glasgow Maternity and Women's Hospital; Examiner in Midwifery to the Scotch Conjoint Board; Examiner in Midwifery to Victoria University, Manchester; Chairman to the central division of the Glasgow and West of Scotland branch of the British Medical Association; Formerly Examiner in Midwifery to the University of Glasgow; Late President of the Glasgow Obstetrical and Gynecological Society, Etc. With 108 illustrations and four colored plates. Third Edition. Toronto: The J. F. Hartz Co., Limited. 1910.

It is seldom that any medical book contains half-tone illustrations of Clinical cases, and as the great majority of students gain their knowledge of obstetrics by their observations, and a

small amount of practical work, it follows that a large percentage of men have to learn about all their practical obstetrics after they go forth into the world, upon their own responsibility, trusting to their memory of the book-work and of the six or dozen cases seen or possibly conducted during college days. It is unfortunate that practical work in obstetrics has to be so limited during the student's career, and to overcome this obstacle, as much as it is possible by presenting clinical cases, is the object of Dr. Jardine's book. He not only records the successful cases, but the unsuccessful as well, for they are the ones that teach us most. The work is an undoubted success, and will surely be appreciated by the practitioners who purchase a copy. C. F. M.

Refraction and How to Refract. By JAMES THORINGTON, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic. Fifth Revised Edition. Philadelphia: P. Blakiston's Son & Co. 1910. \$1.50 net.

More profusely illustrated than ever. 251 illustrations. The fifth edition of this well known elementary book makes its appearance. With the student or practitioner beginning to do refraction work Thorington will always be popular. It is interesting to read that an edition is about to be brought out in Chinese. M.

The Nutrition of the Infant. By RALPH VINCENT, M.D., M.R.C.P., Senior Physician to the Infant's Hospital, Westminster. Third Edition. London, England: Bailliere, Tindall & Cox.

Dr. Vincent presents his work in a very handsome form. The publishers should be congratulated on the excellent type and setting of the book.

The work is of its kind excellent. Much of it being a resume of that produced by Dr. Rotch, of Boston, of whom Dr. Vincent is evidently, and firstly, a sincere admirer. There are an immense number of recipes for milk mixtures for the practitioner to take his choice from, but it is not very clearly defined as to the condition to which such is applicable. Moreover, there are a vast number too many of them, and a tyro reading this book would fancy infant feeding far too complex a subject for the mind of the ordinary, everyday family physician. Such we do

not think is the case. Infant feeding is no Japanese puzzle. The physician knowing the composition of mother's milk should be able to write milk mixtures quite freely without committing to memory the great number of specimens given us by Dr. Vincent.

The chapters on Gastric Disorders, Zymotic Enteritis, Atrophy, Rickets and Scurvy are good in subject matter, but not convincing.

A. B.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By PROF. DR. CARL VON NOORDEN, Professor of the First Medical Clinic, Vienna. Part IX. Technique of Reduction Cures and Gout. Authorized American Edition. Edited and translated under the supervision of ALFRED C. CROFTON, M.D., Chicago, Ill. New York: E. B. Treat & Co. 1910.

In reference to the genesis of obesity, the author shows that this condition may not be due to overfeeding or to lack of exercise, but to hypothyroidism. He discusses reduction cures under the heads of diet, muscular exercise, mineral water cures, hydrotherapy, and also by thyroid therapy. He regards hypothyroidism as a cause of retarded metabolism. If confronted with a case of obesity due to hypofunction of the thyroid, he recommends the administration of thyroid preparations; whereas, in cases of obesity from overfeeding or lack of exercise, reduction of the amount of food or increase of muscular labor would constitute an etiological method of treatment. Prof. Von Noorden says, among other observations, that one finds in a gouty subject a chronic retention of uric acid, interrupted by an occasional critical elimination, associated with more or less violent local inflammatory phenomena and general toxic symptoms. Analysis of the urine and of the feces of a gouty patient reveal deficient outputs of uric acid in their excretions; analysis of the blood shows in it the presence of an abnormal quantity of uric acid. Neuritis, sciatica, nephritis, iritis, neuritis of the vagus nerve may develop in gouty patients after typical attacks of acute gout have been suppressed. By a diet of milk, cream, butter, cereals, vegetables and fruit an effort is made to lessen the amount of uric acid in the gouty organism, but the most careful diet cannot prevent self-intoxication in gout. The one thing

that can be done is to keep the production of uric acid at a low level by a purin-free diet.

The author is opposed to vegetarianism in effecting a reduction cure of obesity in a gouty patient, preferring to let the patient run the risk of getting an acute attack of gout from a meat diet rather than see him become weak on a vegetable one. Medicinally, he favors colchicum in acute attacks, because this medicine accelerates the outpouring of uric acid; but he denies that it increases the output of uric acid in a typical gout, or at other times than during an acute attack. He favors Homburg and Ragoeksy spa waters as means of increasing the output of uric acid, though he cannot tell why they act in this manner.

J. J. C.

Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching. By ABRAHAM FLENNER, with an Introduction by HENRY S. PRITCHETT, President of the Foundation. Bulletin No. 4, 576 Fifth Avenue, New York City.

In this very complete report on the present status of medical schools in the United States and Canada, the facts concerning medical education and the medical schools themselves at the present time are set forth. The schools have been separately visited by inspectors, and, in the case of the American schools, the statements made about them have been checked with the data in possession of the American Medical Association, and with the records of the Association of American Medical Colleges. The details, as stated, go forth with the sanction of at least two, and frequently more, independent observers. The inquisitorial efforts of the Carnegie Foundation have been fairly met by the medical schools, who have supplied every facility to learn about their real status, opportunities and resources.

The report comes at an opportune time, when much interest is felt by the profession and the doctors in the quality of the medical instruction given in medical colleges. It is certain that some of those colleges will not relish the advertisement they get in the report, while others will be gratified. We hope that good results will flow from the fearless criticisms made in the publication.

J. J. C.

THE "ERINDALE" METHOD OF HANDLING MILK*

Messrs. PRICE & SONS, of Toronto, proprietors of "Erindale" Dairy Farm, are anxious that medical practitioners generally have an opportunity of seeing for themselves the method they adopt in order to supply the public with a pure milk. "Seeing is believing," and this firm are prepared and will take pleasure in taking out at any time to their farm, situated a few miles west of Toronto, any medical man who is sufficiently interested. They will convey three physicians at a time by motor, all they ask being a few hours' notice. The trip on a summer afternoon is a delightful one, the Dundas road having been repaved almost the entire distance. In order to be able to supply a pure milk it is absolutely essential that, not only those handling the milk shall be clean and that all vessels containing the milk are sterilized, but just as important that the cow byre and the condition of the animals themselves be beyond question. Cleanliness and ventilation of the byres are even more necessary than actual warmth. At least one thousand cubic feet should be allowed to each cow and free ventilation secured by ample openings in the front wall, closed, of course, against snow or extra cold. The floor should be of bricks or concrete and not of cobbles, which cannot be kept clean. In tying up the cows, their heads should not be close to the wall, as they are apt to bespatter it with their nasal mucus, and one infected animal could infect many others occupying the same stall after her. The strawyard should be kept as clean and dry as possible, well paved with concrete, and drained. Drinking troughs should be supplied from a cistern and frequently cleaned. The practice of allowing cows to drink from ponds that have been contaminated by drainage is entirely detrimental to their milk, as also to their health. The process of milking is in many dairies nothing short of disgraceful. The cows are not cleaned as they should be, and the hands of those milking are frequently infected. Cows should, like horses, be groomed regularly, and before milking their udders should be thoroughly cleaned with warm water.

The above directions are taken from an article by a well-known writer on milk supply and are here reprinted, so that

* Publisher's Department.

physicians, when visiting Erindale, can see for themselves how *this dairy is conducted as nearly as possible along lines of cleanliness and thorough hygiene.*

Messrs. Price & Sons take a pardonable pride in their Certified Milk, recent bacterial examinations showing that this milk is, as *nearly as can be, free from bacteria.* Physicians can have every confidence in prescribing Price's Certified Milk for patients both old and young.

A PURE GRAPE JUICE, PARTICULARLY SUITABLE FOR USE BY THE SICK*

THERE is perhaps no class of men who know better than physicians how refreshing and palatable, especially to the fever patient, is a little iced grape juice, particularly during the warm weather. That a pure grape juice contains medicinal qualities there is no question, being not only exceedingly refreshing and invigorating, but mildly stimulating in character. Medical practitioners have recognized for years the value of the juice of the grape in the treatment of many forms of sickness, though more especially in the treatment of typhoid fever and other disorders of the intestinal tract, where the tongue becomes coated and parched, and where it is found injudicious to allow the administration of solid food. The writer has known of several cases of typhoid fever where the only food administered was a grape juice, one case in particular where the patient could not digest milk in any form. In Switzerland and Germany there have of recent years been opened establishments known as "Grape Cure Establishments," and where those who have suffered from gastric or intestinal trouble go to have a cure effected, with wonderful results.

There are a number of grape juices on the market, some good and some quite indifferent. One of the really good ones is that prepared by Mr. E. D. Smith, of Winona, Ontario. Mr. Smith bottles nothing but *the pure expressed grape juice.* He is anxious that the medical profession should become acquainted with this product, and invites physicians to try it for themselves, and when satisfied that it is all that he claims for it, to prescribe it for their patients. This Grape Juice can be procured at almost any drug store or direct from the manufacturer, and is worthy of more than passing notice.

*Publisher's Department.