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THE ADMINISTRATION OF A GENERAL ANÆSTHETIC FROM THE STANDPOINT OF THE OPERATOR.*

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THE administration of a general anæsthetic is of supreme importance, not only to the patient and the anæsthetist, but also to the operator.

To the patient, the thought of having to take a general anæsthetic is still frequently the source of as great or even greater fear than the operation which necessitates its administration.

To the patient, the thought of having to take a general anæsthetic knowledge of the attendant dangers, immediate and remote, have deprived the administration of a general anæsthetic of much of its anxiety—given of course, ordinary skill in his art, and familiarity with the particular anæsthetic employed.

To the operator, the proper administration of the anæsthetic counts very much towards the success or failure of his efforts.

Even with the advance which has attended the expert administration of general anæsthetics during recent years, one who has had the opportunity of seeing major surgery in our own and in English and European hospitals can not but feel that often too little regard is paid to the manner in which the anæsthetic is administered, and to some features related to its administration, and that in the clinical instruction furnished students and hospital internes, there is still a lack of proper appreciation of many points in regard to ether and chloroform anæsthesia.

It is in a spirit of modest criticism and with the intention of humbly endeavouring to indicate some features of the subject that apparently need emphasis, that this paper has been written.

In the first place it is yet the custom in many hospitals to have the patient taken directly from the ward into the theatre and placed on the operating table before the anæsthetic is administered.

In some hospitals, where this custom prevails, the clatter of instruments being dropped into their trays of solution, and other steps in the preparation for the operation, accompanied by hurried movements of assistants and nurses, go on while the patient takes a rapid survey of the room and the people in it, and finally drops into unconsciousness with a vivid and perhaps fearsome mental picture of the scene.

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In other hospitals where it is the custom to anæsthetise the patient in the theatre slightly kinder consideration is shown for his feelings by covering the various trays of instruments and solutions with sterilized towels before he enters the room. It is a question if this suggestive concealment is not just as harrowing to a mind, usually at that particular period if at no other, abnormally sensitive.

In many hospitals where the patient is anæsthetised in the theatre, or where he is wheeled into the theatre while but very slightly under the anæsthetic, I have noted that it is far from uncommon for the operator, his assistants and his guests, and perhaps the anæsthetist, to continue conversing or engage in discussions, or give accounts of interesting cases, all in an ordinary conversational tone, or even louder if the conversation is taking place from opposite sides of the theatre, when a very brief reflection should inform them that for at least several moments the remarks must, in many cases, be plainly heard, perhaps fully comprehended, by the patient.

Those of us who have visited European clinics are apt to return with a conviction of the lack of consideration for the feelings of the patient, shown in so many of the leading hospitals there, both in the out-patient and bed-side clinics and in the operating theatre. In the out-patient clinics it is no uncommon thing for patients, who are mostly of the very poor class, to be treated with an officious brusqueness, which amounts in some cases to absolute brutality, and which I know would not be tolerated in England or America. At European bed-side clinics, the large class of students and graduates will probably be told the hopeless prognosis of the case with blunt and calous frankness, and possibly be even informed of the hour of the morrow of which they can attend the post mortem, while the clinician gazes stoically at the patient listening with straining ears for some word of hope, or looking with dull hopeless eyes for that gentleness of manner and humanizing kindness which science cannot give and yet should not take away. While in European operating rooms it is not uncommon for the surgeon to acquaint the students in the crowded theatre with the various features of the case, and details of the operation about to be performed, while standing beside the table on which the patient is being anæsthetised.

In those hospitals where the anæsthetising room is practically an ante-room of the theatre, the above conditions are alleviated, but even here sounds from the adjoining theatre readily find entrance and must have a most disquieting effect on the patient, and must act as so much additional shock which, with the necessary shock of the anæsthetic, militates against the success of the operation.

The final preparation of the patient also is usually related to the administration of the anæsthetic.

In most of our hospitals it is the custom to do the final preparation of the area of proposed operation when the patient is on the operating table, and in many this is done while the patient is only partially anæsthetised.

Surely, the sponging or douching with turpentine, ether and alcohol or various warm antiseptic or plain sterile solutions, with afterwards the disturbance occasioned by the arranging of hot, dry or moist sterilized towels about the site of operation must be factors which retard the progress of the patient towards complete anæsthesia, and by undoubtedly exciting surfaces reflexes act as disturbing factors to both mind and body, when it is desirable to have these in condition as nearly as possible approaching complete repose and relaxation.

During the progress of the operation the attention of the anæsthetist should be wholly occupied with watching the condition of the patient. Too often, however, he can be observed to pay too much attention to the work of the operator, and on several occasions I have seen sudden respiratory and cardiac collapse of the patient first noticed by the operator and not by the anæsthetist.

It can not be too emphatically stated that the anæsthetist should give all his attention to his own end of the table, and should always be alert to note the first signs of any unfavorable symptoms during the whole time the anæsthetic is being given.

As with operators, so with anæsthetists, there is often observed too much striving after individuality, not individuality of thought, which is a limited and valuable commodity, but individuality of opinion and action, which delights in little ways of doing things for the sake of being different from others.

Even among anæsthetists with considerable experience one notes methods which seem to indicate too little knowledge or appreciation of some features of their work. One anæsthetist believes in crowding the anæsthetic at the start until the patient is hurried into deep anæsthesia and then giving just sufficient to keep him under during the rest of the time. Surely the first step is nearly always unnecessary and inadvisable, and may sometimes cause the sudden appearance of alarming symptoms of collapse. It seems to me to certainly produce a sudden and uncalled for shock to the respiratory and cardiac centres.

Others with the patient in the dorsal position, allow the patient's face to be turned directly upwards during the whole time the anæsthetic is being administered, and so permit much of the anæsthetic-laden mucous in the mouth to find its way into the trachea or stomach. This upturned position of the face always causes me some alarm, as I had on one occasion to do tracheotomy in a case in which the patient suddenly vomited and food was inspired into the trachea.

The immediate after effects of a general anæsthetic do not always receive due consideration.

The necessity of keeping the patient under close observation for some hours after the operation has been completed and he has been returned to the ward is not fully appreciated in many hospitals, and it is thought sufficient for the nurse to look in at the patient occasionally, or observe him at a distance from the end of a long ward. We have most of us observed alarming symptoms from nausea or collapse suddenly develop some time after the patient has left the theatre, and it seems most important that for some hours after a general anæsthetic has been administered the patient should be closely-watched by a nurse seated at the bedside, and in hospitals which have this rule, greater care might usually be exercised in seeing that the rule is strictly obeyed.

I feel I can not bring to a close this very brief survey of some features connected with the administration of a general anæsthetic better than by presenting the following conclusions:—

(1) Where at all possible the patient should be anæsthetised in a special anæsthetic room, which should contain nothing that would shock his sensibilities.

This room should be completely isolated from, even though adjacent to, the operating theatre so that no sound can enter to disquiet the patient.

(2) Where, for special reasons, the patient is put under the anæsthetic in the operating theatre, all preparations in the theatre for the operation should have been completed before he enters, and the instrument trays kept out of sight.

In such cases it seems most advisable and most considerate that there should be no conversation allowed while the patient is being anæsthetised. If anything is said, or any direction given, it should be whispered, and anyone moving from one part of the theatre to the other, should step softly. These conditions might with advantage be strictly observed during the whole progress of the operation.

(3) The anæsthetist should confine his attention exclusively to the administration of the anæsthetic, and should always, even when minor operations are performed, endeavour to give the anæsthetic skillfully and cautiously with the minimum degree of shock to the patient, and the least possible danger of bad after effects.

(4) In most cases the patient's head can be kept well turned on the side, in which position the anæsthetic-laden mucus will collect at the side of the mouth, and can be occasionally removed by the anæsthetist with a gauze wipe on the finger, or made to flow out of the lips, instead of finding its way into the stomach and causing distressing and perhaps prolonged nausea.

There is no doubt that keeping the head on the side, and keeping the mouth clear of mucous, especially in ether anæsthesia, does very much towards the rapid recovery of the patient from the effects of the anæsthetic.

(5) When the patient is returned to the ward, he should be constantly and carefully watched by a nurse seated by his bedside for some hours, the length of time depending partly on the general condition of the patient, partly on the length of time the anæsthetic was administered, and partly on the nature of the operation.

(6) More personal instructions should be given senior students and members of the house staff in the administering of general anæsthetics, as in no branch of medical science is practical knowledge of greater advantage.

HYGIENE AND SANITATION : DOMESTIC, MUNICIPAL, NATIONAL AND INTERNATIONAL.*

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THIS meeting marks a very distinct advance, and the commencement of a new era in the history of the Canadian Medical Association.

The adoption last year of our new Constitution—which comes into force to-day—has raised us to the status of a truly national body. It seems, therefore, eminently fitting that our first annual meeting under the new Constitution should be held in the National Capital, and under the Presidency of a medical man holding, as an officer of the Federal Government, what may be called a national position.

But in this connection let me say here that in addressing you to-night I speak not as a Government official, but as an individual member of this Association.

As you know full well, our profoundest feelings are often the most difficult to express. I shall limit myself to saying that, in the presence of this assembly of those who have come from the north, the south, the east and the west of this great country of ours, bringing with them to grace this meeting at the capital of the nation varied and priceless knowledge how to increase the duration and value of human life and elevate humanity to the highest standard of physical, mental and moral perfection—one may well feel many misgivings as to one's ability to meet the full measure of your reasonable requirements.

There have been gods and goddesses of disease and of medicine from very ancient days. Back in the far-away times of the first Chaldean Empire, some five thousand years ago, there was a Fever-God, a Plague-

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God and even a Headache God; and to overcome their evil influences the intervention and good offices were required of el-Merodach the son of Ea, "by whose spells the sick are restored," and of the Goddess Gula, the Queen of Physicians, "whose wisdom alleviates the ills of humanity."

Similar gods with similar attributes may be traced down through the various empires and dynasties, Babylonian, Theban, Assyrian, Median, Phoenician and Egyptian, until under the Ptolemies the Hellenic Gods were identified with the Egyptian, after Alexander the Great of Macedon bridged the gulf dividing Occident and Orient. And then we have Apollo, who was, amongst other attributes, God of Medicine under his name of Paean; and the original "paean of rejoicing" were hymns loudly chanted by the Delphian virgins after Apollo had been sufficiently propitiated to overcome the pestilence. Apollo being possibly too busy about other matters, Aesculapius, his son, is the God of Medicine most usually recognized; and then, in the Homeric days we first hear of the Goddess of Health, Hygeia, daughter of Aesculapius, and so grand-daughter of Apollo. Hygeia, the most delightful and pleasing personality of all those that have come down to us from the ancient mythologies. The conjunction of the Goddess of Health with, and descent from, the Gods of Medicine is not without its element of flattery to the medical profession. It is at her shrine that I propose to pay tribute this evening.

A writer on hygiene has divide the history of sanitation into four epochs or eras:

- The Hebraic epoch, or era of Domestic Sanitation;
- The Roman epoch, or era of Municipal Sanitation;
- The Gothic epoch, or era of National Sanitation; and
- The epoch or era of International Sanitation.

This is in some ways a convenient division, and I shall make use of it to a certain extent this evening.

THE HEBRAIC EPOCH OR ERA OF DOMESTIC SANITATION.

With regard to this epoch, I shall not detain you by going over the familiar ground of the wonderful set of hygienic rules and regulations known as the Levitical Law, or the Laws of Moses. They were most perfectly adapted to the conditions of life of those to whom they were given, and many of them are good for all times and for all environments.

Amid the wreck of the Dark Ages, what had been taught and what little had been handed down regarding the necessities of hygiene to personal health, was buried. Filth, instead of being abhorred, was almost sanctified. The monks imitated the filthy habits of the hermits and saints of early Christian times, and the early Fathers commended them. Even St. Jerome used to praise the filthy habits of hermits. He especially commended an Egyptian hermit who combed his hair on Easter Sunday only

and never washed his clothes at all. Monks, up to the time of the Reformation, thought, or professed to think, that by antithesis pollution of the body indicated cleanliness of the soul.

Only within the last century has the resurrection and re-establishment of sanitation upon a firm and more enduring basis been attempted. And this applies not only to personal and domestic hygiene, but to municipal and national sanitation, on which I shall touch later on.

It has been said that the ruling characteristic of this age is the tendency and effort towards perfecting the physical, intellectual and moral welfare of mankind. In these days of struggle and strenuous existence we hear much of the various means for the advancement and protection of the agricultural, the manufacturing, the mercantile and other interests; and of the race for social distinction, and the efforts people make to trace back their family tree as far as possible towards the one in which their original ancestors used to live and to disport themselves. But what question of mere business or social gain can compare, either in advantage or importance, with the general and individual interest which everyone has in the preservation of life and health? No matter what the labor, manual or intellectual, in which one is engaged, nor how productive, each and every mode of obtaining individual supplies and contributing to the social welfare of the community is, and must ever be, subordinate—both intellectually and generally—to the possession of health.

It is not to be expected that legislators can go much in advance of the views entertained by the mass of the people in the value of the preventive and protective measures. "Sanitary instruction is even more important than sanitary legislation," said the late Earl of Derby—himself eminent both as sanitary instructor and as sanitary legislator.

We must, therefore, be patient and untiring in our efforts to educate and encourage the more intelligent and thoughtful to adopt about their homes and in their daily life hygienic precautions. Their example in these matters will gradually extend by imitation and habit to those less favored by fortune. Everyone can do a little, everyone can to a greater or less degree take a lively and practical part in the great crusade against dirt and disease. As has been well said, "If all the individuals in the city appreciated the fact that they are to some extent responsible for the condition of the public health, and, in order to keep their consciences clear, kept their back-yards, cellars, alleys, houses and rooms clean, the reports of the Commissioner of Health would show the result of the multiplied effort."

One of the most difficult parts of the work of improving such sanitary matters has been already greatly strengthened—that is, the getting the people to recognize the fact that dirt is always dangerous—by the gaining as our potent aid in preventing nuisances of the kind of which we are

speaking, the public press of the country. At the present day things notoriously injurious to health are detected by the news-gatherer and commented upon in the daily papers. And neglected, dirty or untidy alleys and premises, the precursors of nuisances which in times past would have gone unnoticed, are now pretty certain to be complained of and remedied. These vigilant and influential voluntary inspectors are powerful agents for good, and they are ever on the advance and render any falling behind impossible.

"In the beginning," said a Persian poet, "Allah took a rose, a lily, a dove, a serpent, a little honey, and a handful of clay. The rose had a thorn, the lily was frail, the dove was timid, the serpent was guileful, the honey was very sweet, and the handful of clay was a handful of clay. Yet when Allah looked at the amalgam, lo! it was a woman." And nowhere better than in the hygiene of the home can this complex creature find her sphere for energy and active work. It is to the women of a family that should naturally come the instilling into the minds of the young hygienic ideas that will remain with them through life. "Train up a child in the way he should go, and when he is old he will not depart from it," is true now, as it was in the days of Solomon. To the women belongs the duty of teaching children to breathe through the nostrils, and to eat slowly; of training their daughters and sisters to protect the upper part of the chest; not to squeeze the waist; to have nothing tight below the knee; to wear thick-soled boots, and skirts clear of the ground, so as not to sweep up and carry home the impurities and bacteria of the streets and pavements. Amongst other phases of domestic sanitation may be mentioned the enforcing of proper ventilation of the home; the purity of the milk supply; the boiling of the drinking water and that used for washing vegetables that are eaten raw, where it is doubtful; the use of ice in a jacket outside and around the water jug, butter dish, etc., and not within; and the removal of dust instead of only redistributing it by stirring it up with broom or duster.

Then, again, she can use her influence and authority against late hours at night. There is no doubt that many of the nervous breakdowns which are becoming increasingly common are due in part at least to the modern artificial life turning so much of the night into day since the introduction and perfection of artificial light. There can, I take it, be no doubt that nature intends the hours of darkness for that sleep which restores and prepares. The children's old hymn says :

"When the darkness deepens,
Stars begin to peep;
Birds and beasts and flowers
Soon will be asleep."

"Birds and beasts and flowers" follow this law of nature, and it would be far better for the health of the nation if men would go to sleep with the other beasts, and women fold up and go to rest with the other flowers.

I hold with the old saying that one hour's sleep before midnight is worth two hours after it. I do not hold with the other old saying, "Six hours' sleep for a man, seven for a woman, and eight for a fool." If that opprobrious epithet is to be employed at all in this connection, it should, in my opinion, be applied to the person who is able to secure eight hours' sleep at night, and yet fails to do so. But those eight hours should be between dusk and dawn, instead of our sitting up late by artificial light and wasting the early daylight hours in sleep.

Then there is to be borne in mind the possibility of the conveyance of consumption and other diseases by kissing. Against the kiss of strong affection and of love, against that most delightful method of putting two and two together, especially when only one pair is feminine, no sanitarian will waste his time in useless words. But one may possibly have a chance to obtain a hearing with regard to other forms that might well be abolished or diminished. It would surely be an advance from the sanitary standpoint, and one or two hopelessly unreasonable, if the masculine hand-shake or some similar greeting could be substituted for the formal conventional touching of feminine lips to lips which is so general amongst women on meeting and on separating.

Again, the general and indiscriminate kissing of babies and young children by every friend and visitor might surely be omitted. This would not involve an overwhelming amount of self-denial, for the infant at any rate, and it would protect it from a risk to which we have no right whatever to expose it without its understanding and consent.

I speak of the home aspect of sanitation as being especially women's work, because it is in the home that she finds her fitting and proper sphere. The new woman now-a-days is forcing herself forward as a competitor with man in almost every line of life. Nature herself tells us in several ways that this should not be so. Take as one evidence of this the distribution of hair upon the face. The man is supplied with a moustache to act as a dust-filter and protection for the nostrils (and it should, therefore, be brushed upwards) and a beard to protect the throat and chest. It is he, therefore, that is evidently intended to go out and face the elements and the dust and other dangers of most kinds of work. And the absence of this hirsute addition to the face of the woman must surely be nature's indication that she is intended for the shelter and protection of the home. But though that is her rightful realm, and she is the angle of the home, the source of all its beauty and grace, and sweetness and comfort and joy, it by no means follows that she is to sit there with

folded hands in smiling and idle acceptance of our homage and adoration. Looking again at the faces, we see that both sexes have been given eyebrows. Now, the physiological use of the eyebrow is, of course, to prevent drops of moisture upon the forehead running down into the eye. As women have eyebrows, it is evident that, besides the beauty of those eyebrows being a fit subject for the rhapsodies of the lover and the sonnets of the poet, they are given for their physiological purpose also, and that women should carry out all the active and energetic labors symbolized by the expression, "the wielding of the broom." (Not the wooden end upon their male relatives, except under very exceptional circumstances, but the bushy end.) And certainly in no better way can they labor for themselves and for others than in sanitary work in the home.

In this everyone can do a little—if only to make one home or one room more bright, more cleanly, more wholesome. Sunlight, pure air and cleanliness are the natural enemies of disease germs. There is no sounder philosophy than is contained in the old sayings: "There is more health in a sunbeam than in drugs, more life in pure air than in the physician's skill," and that "sunlight may fade your carpets, but better that than have disease fade your cheeks."

In the temples of Hygeia the statue of Apollo is sometimes found standing with that of the Goddess of Health for worship. This is possibly because he was originally a God of Medicine. I like to think, however, that there may be another explanation, and that is that he is present in his character of Helius, the Sun-God; and that this placing of the Sun-God in the temple of the Goddess of Health shows an appreciation even at that day of the health-giving effects of sunshine.

THE ROMAN EPOCH OR ERA OF MUNICIPAL SANITATION.

This epoch or era is so named because the great city of Rome set perhaps the most remarkable example of this phase of preventive medicine; a city which worshipped as a divinity the sweet, smiling Goddess of Health; a city in whose municipal administration the highest place was accorded to the sanitary corps; a city which supplied pure drinking water of crystalline purity from the distant mountain lakes and streams by its seven or eight great aqueducts, of which four still remain; aqueducts dating back to centuries before the Christian era; aqueducts considered so important that under Nerva and Trajan no less than seven hundred and twenty "curatores aquarum," engineers, architects and others were continuously employed at the public expense to look after the water supply of the city. A city with public baths capable of accommodating all the citizen., for there were some eight hundred bath-houses throughout the city, the Themas of Caracalla, Diocletian, Nero, Titus,

Agrippa, and countless others. A city with a system of sewers dating back to Tarquinius Priscus and Tarquinius Superbus, six hundred years B.C. The Cloaca Maxima, the main drain, built in triple arches of Etruscan architecture, and so large that barges could float upon it all under the city. And so well constructed that no earthquake or other force has altered it. Though choked up nearly to its top by the artificial elevation of the surface of modern Rome, it is curious to see it still serving as the common sewer of the city after the lapse of nearly three thousand years. Under the Empire condemned criminals repaired the sewers. To what better work could our modern jail-birds be put than that of similarly working for the sanitary well-being of their communities?

A proper drainage system is the first great duty of municipal sanitation. It must precede the waterworks, and be in readiness to carry off the water. To reverse this order has been well stigmatized as preposterous in its original signification of "pre" first and "posterous" coming last, or putting the cart before the horse. And the very worst use that can be made of drainage is to pollute some river or stream with it; it is a waste of valuable fertilizers and a wrong to other communities downstream. Cities and towns must ere long come to the purification of their sewage by septic tanks, chemical precipitation tanks, or filter beds, and using up of the effluent in subsoil irrigation.

A good water supply is the next most pressing duty of municipal sanitation. As a model from the past in this respect, I have spoken of Rome. Jerusalem also before the days of Solomon had aqueducts bringing water from miles distant, and through a reservoir which served as a sedimentation tank. We have another notable example in Tenochtitlan, the ancient Toltec capital, now the City of Mexico, with its admirable waterworks dating back long before the first meeting of Cortez and Montezuma, the Aztec chief. The difficulty of finding pure water supply in sufficient quantity is facing every city. With the increase of population it is hardly possible to find a near-by watershed which is not more or less contaminated by the wastes of human life. Cities have too often either to adopt or continue a suspicious supply, or to trust to methods of filtration for the removal of the disease-producing elements. The remedy in some cases is fortunately found, as by Rome and Mexico, in bringing water from the distant mountains where it is pure and undefiled. Such a supply could be obtained for this city from the Laurentian lakes to the north of us. This, or the purification of the water supply through filter beds, is a necessity that must soon be faced by this as by every other city.

Amongst the many further duties of municipal sanitation, I need only mention the inspection of milk, food, fruit, lodging houses, schools, public stables, abattoirs, etc.; the prevention of the exposure of meat and bread to dust, flies and unnecessary handling; the removal of garbage

and dead animals; the prevention or, at least, the limitation of the soft coal smoke nuisance, and the inspection of plumbing. I have mentioned this last because I want to say a word about it. The health of the home and the household is more at the mercy of, and depends more upon, the work of the plumber than the doctor. There may be differences of opinion as to whether or no sewer gas carries the actual micro-organisms of disease, but all, I take it, will agree that the breathing of it in the home and the bedroom is calculated to so lower the resisting power of the body as to make it the more exposed to become the victim of contact infection. In the large cities there are inspectors of plumbing. There should be such officers in every municipality where there is a drainage system. Soil pipes should pass along the basement ceiling and pass underground only outside the wall, and never be laid under the house. And every joint and fixture should be made and connected by a skilled workman, and not by an apprentice. In the book of the Proverbs of Solomon, the Son of David, King of Israel, we read that there were three things that were too wonderful for Agur, the son of Jakeh, yea, four things which he understood not: "The way of an eagle in the air, the way of a serpent upon a rock, the way of a ship in the midst of the sea, and the way of a man with a maid." It has been said that had that wise man lived in our day he would have been tempted to add a fifth cause of wonderment: "the way of a plumber with the drainage of a house." There are, doubtless, reliable, well-informed men amongst them, but the public should have greater protection. In my opinion, plumbers should only be admitted to practice under a license in sanitary work and drainage, given only after examination. Some similar system to that very rightly required for physicians for the security and protection of the people. And the public should be educated and encouraged to choose for employment as plumbers and as inspectors men holding diplomas and certificates, such for instance, as those of the Royal Sanitary Institute, now procurable in this country.

Another duty in municipal sanitation is the enforcement of the notification to the City Health Office of all cases of infectious disease including tuberculosis, and the keeping of a house register in which the medical and sanitary history of each house should be written, the name and number of the cases of infectious diseases, with their dates, and the means taken to improve the drainage and sanitary condition of the house. Such a register is kept in many cities; it should be so in all. Reference to it would be of inestimable value to those looking at a house with the view of purchasing or hiring it. It would also be a potent lever to move holders of house properties to keep them in proper sanitary condition.

Still another municipal duty is that of the suppression or extirpation of the rat. Rats are always a nuisance of the first order, and as carriers of disease a source of public danger. From the standpoint of health they

possess no redeeming qualities, and the more quickly a great diminution in their numbers is affected the better it will be for everybody. The Rat Act of Denmark is one of the most remarkable laws in the history of legislation. It is the result of the grim fight carried on for ten long years by one man, Zuschlag, a civil engineer of Copenhagen, against the most merciless ridicule poured out by the Danish press, the galling attempt of scientists, and the lethargy of the people; but in the end he finds himself acclaimed as a benefactor of his country. He is now President of the powerful and influential "Association Internationale pour la destruction rationnelle des Rats," which has a membership of two thousand men of standing and known influence. In several countries government or port authorities have adopted Zuschlag's premium system of a national campaign on this principle. In England a society has recently been formed for the destruction of rats with the support of such men as Sir Patrick Manson, Sir James Crichton Browne, Sir T. Lauder Brunton, Lord Avebury and Professor Simpson. It has been calculated that there are as many rats in a country as there are men, women and children, and that each rat destroys one farthing's worth of food, grain or material per day. At that rate the six million rats of Canada cost us the enormous sum of over thirty thousand dollars per day.

But, in addition to this is the other terrible indictment as the conveyors and disseminators of disease germs. That enteric fever is spread by them is well established. And the important, indeed the all-important, part they play in the introduction and extension of bubonic plague is well summed up in the recent report of the Plague Committee appointed by the Secretary of State for India in the statement to the effect that unless the destruction of rats is carried out with the utmost energy it will be vain to hope to get the plague under control.

The last number of the *British Medical Journal* has an article on "The Cat as a preventor of Plague." In villages in India where cats are numerous rats are scarce and plague unknown. In adjacent villages where cats are scarce rats are numerous and plague prevails. The cultivation of the cat has an advantage over some other plague preventives in that it does not conflict with any caste prejudices.

As Dr. Murphy has pointed out, the connection between rats and the plague has been apparently known since very early times. We read in the Bible that when the Philistines, after they had taken the Ark of God, were stricken with what was probably bubonic plague, they evidently recognized, as we do to-day that the disease was carried from one section of the country to another by rats, for they endeavored to propitiate Jehovah by offering five golden images of the most noticeable result of the disease, and five golden images of the family of *Mus*, probably *Mus rattus* or *Mus*

decumanus—now known as the rat—images of the probable disseminators of the disease.

THE GOTHIC EPOCH OR ERA OF NATIONAL SANITATION.

This epoch has been given its name because Theodoric the Great, Theodoric the Ostrogoth, was the first in recent history to take a wide or national view in such matters. The torrent of vital energy poured into the West by the Goths, with the collapse of the old inanimate routine of government and the old inanimate social system the foundation of a new kind of government, and the rise of a new social fabric instinct and permeated through and through with the energy of the invading races, found one of its manifestations in the establishment of national sanitation.

After the Conquest, with all Italy laid at his feet, Theodoric held court in the city of Ravenna by the Adriatic, and there placed the protection of the public health entirely under the control of the central government, and recognized the great truth later enunciated by one of England's Prime Ministers: "The health of the people is the first duty of the statesman."

In former ages the three great enemies of national welfare, happiness and progress were deemed to be war, famine and pestilence. Until less than a century ago all these were regarded as beyond the realm and reach of human science, and were accepted as the infliction of the gods, or as the mysterious scourges of Providence, where by nations were chastened for their sins.

From war and the fear of war we in this country are most fortunately and happily free.

As for famine, the genius of man has so wrought upon steam, upon electricity and other forces of nature that not only have the products of the earth been vastly increased but by means of rapid intercommunication all nations have been brought into close relations, one easily supplying what another lacks. Thus national famines have disappeared, or are disappearing, from the world, together with the ignorance that tolerated them.

So for pestilence. We claim, too, that disease and pestilence are not the rightful masters of man, and only tyrannize over him by reason of his ignorance or supineness. They are merely the humble subjects of nature, and come and go in obedience to her laws.

Accepting the estimate made by statisticians of the financial value of the life of each able-bodied, industrious man at sixteen hundred dollars, and the average cash value of each man, woman and adolescent above twelve years of age at one thousand dollars, we have then some slight conception of the financial value of the life of each citizen, and the loss

to the wealth of the country from sickness and death from preventable diseases which destroy thousands of lives annually, the cash value of which amounts to millions. The eight thousand who die annually in Canada from tuberculosis alone represent a financial loss of at least eight million dollars. Even from this low monetary point of view, therefore, it needs no labored argument to prove that it should be the first duty of all governments, national and provincial, to protect the public health by enactments based upon the knowledge that sanitary science has evolved, and to see that all the members of society are benefited by them.

Nations and communities have it in their power to diminish the causes which produce sickness and premature death. From even the partial wise use of this power during the years that are recently past, the average duration of human life is slowly but progressively on the increase. But much, very much, remains to be done. And every measure which relates to the improvement of the sanitary condition of the people generally deserves the earnest support of statesmen, and the favor and hearty support of all.

Provision has been made by the National Government to protect this country at large against the exotic diseases—the diseases to be detected by quarantine and by inspection—threatening from abroad.

The country has been and is so fairly protected from their inroads that everyone takes their absence as a matter of course without stopping to think of the work constantly going on at the outposts of coast and frontier. But it is the diseases we have always with us, the well-known preventable diseases, that produce the greatest destruction of human life, and swell the total of the general suffering and distress in all parts of the country.

Some of these, such as enteric fever, scarlet fever, measles and diphtheria, are left in this country to Provincial responsibility. But there are some other diseases and some other points as to which it seems to me the national power can best be exercised.

Tuberculosis, for instance. This is a disease widespread throughout the whole Dominion, and it cannot be kept within municipal or provincial bounds, if only because the Eastern sufferer is so apt to seek a health resort in the West. The annual death rate from tuberculosis is so high and the financial loss to the country from these deaths and from the illnesses which precede them is so grave a national matter that it seems to me it should not be left to the separate actions of the various Provinces, but should be at least co-ordinated and arranged by the National Government. Sanatoria are good in their way, and would be better if they could be kept for the reception of incipient cases, to be discharged cured to make room for others. The beginning cases, however, are not those that appeal most loudly to the sympathy of the onlooker. And too

often, under pressure political, personal, religious and charitable, the few beds of the sanatorium are promptly filled with incurable cases, and so their highest mission fails. The same amount of money spent in the dispensaries, day camps, and the dissemination of pamphlets, leaflets and other literature on the prevention of the disease, would reach and benefit hundreds for each one the sanatorium can aid. The enforcement of notification of tuberculosis also, with the appointment of inspectors to follow up each case where the visiting physician cannot or does not do so, seems to me essentially a national work and responsibility.

The prevention of smallpox also should be distinctly a matter of national sanitation. We are not only threatened with it from the Orient, from Europe, from the United States, and from South America, but from England also, owing to her retrograde legislation nullifying compulsory vaccination by the admission of conscientious objections, and yet not putting smallpox on the list of her quarantinable diseases.

Compulsory vaccination in infancy and compulsory re-vaccination in adolescence should be the national law. By such laws smallpox has been made to practically disappear from Germany. This disease is unknown in her army. In the entire German Empire during the whole of 1906 there were but twenty-six cases of smallpox and five deaths, and these cases were largely imported from neighboring countries. Why cannot we learn from such an object lesson as that, confirming, as it does, the experience of every smallpox hospital, where vaccination keeps the attendants free from the disease?

I would go further still. For the victims of unpreventable infectious diseases I have both sympathy and pity. Smallpox, however, is entirely preventable. For its victims, or for those who are responsible for them, I have nothing but condemnation. Not only would I make vaccination and re-vaccination compulsory, but I would make having smallpox a penal offence. In no other way that is avoidable is one permitted to be or to harbor what is a nuisance and an injury to one's neighbors. An outbreak of smallpox often paralyzes the travel and traffic of a small community. It always injures even the larger ones. It is a distinctly preventable disease. No one has any right to harbor an unvaccinated person on his premises any more than he has to store a supply of dynamite. No one has any right to have it, and every offender in this particular, every adult who has smallpox and the parent or guardian of every minor who has it, should, in my judgment, be sent, as soon as the risk of infection is over, to pick oakum for a term in the common jail for having been guilty of a wanton and quite avoidable nuisance and misdemeanor. Or, still better, to work for a similar period at a forced labor in the sanitary

improvement of the municipality, as I have suggested for our prisoners before.

Railroad and car sanitation should also come under National Sanitation. Under this heading may be briefly mentioned the prevention of the possible spread of typhoid dejecta along the roadbed, to directly infect or to be blown as dust into neighboring sources of water supply; the use of non-absorbent covering and curtains; the general use in the sleeping cars of the thin, so-called emergency curtains which permit the free passage of air, but not of light; the placing of ice in a jacket around the drinking water, and not in it; the provision of a separate basin, over which alone tooth brushes may be used; the proper ventilation of, and preservation of temperature in, the cars, and their frequent and efficient disinfection; and the abolition of the brushing down of passengers by porters in the midst of the car, where by the dust from each in turns is distributed over the persons and into the lungs of his neighbors. And this in order that a rapacious porter may be the more sure of the holdup for his tip. The brushing, when required, should be done only in a corridor beyond a swing door.

If temperance be a thing to be secured by legislation, that legislation may well be national. Nothing certainly injures health more than the diseases of the various organs that are affected by improper food and the abuse of spirituous liquor. With regard to improper food, as far as quality is concerned, national sanitation has already taken hold of matters connected with the adulteration of food and drugs, and the inspection of meat for export, although not yet that of meat for our own home use.

With regard to the liquor traffic: Of all temperance legislation, the most temperate and, therefore—to my mind—the most likely to gain the desired end is that known as the Gothenburg system. The elimination of private profit upon the sale of spirits, and the commission upon the sale of non-intoxicants, are, of course, the essential points of this most excellent system, with the introduction and extension of which in England the name of His Excellency our Governor-General is so closely connected.

I cannot pass from the subject of national sanitation without referring—still in my individual capacity, not in my official one—to the resolutions that have been passed annually since 1902 by this Association, urging upon the National Government the collecting together of national matters medical and sanitary—now scattered amongst the various departments in a Department of Public Health under one of the existing Ministers. In connection with such a department there should, in my judgment, be a national bacteriological laboratory, with branches for the supply of vaccine and of the various sera and antitoxins. These should be prepared and tested by men on salary and without any personal interest in their

sale. And they should be issued bearing the Government stamp as a guarantee of purity and reliability, and marked with a date limit of efficiency. The general practitioner throughout the country would then know just what he is using, and both he and his patient would be much better protected than they are at present. Moreover, in such a National laboratory there might well be bacteriologists and chemists engaged in original research. This country should rise above the position of hanging on to the skirts of other nations and waiting to hear from them. It is fully time that in such a national laboratory Canada also should have her investigators taking their part in forwarding the advances of science. In such a National Department of Public Health there would be no interference with Provincial rights, only a domestic rearrangement for greater efficiency. On the contrary, one of my dreams is the creation of a national board or council of public health, composed of the occupier of the federal office I now hold and of a representative from each of the Provincial Boards of Health, to meet at the capital from time to time to advise the National Government in public health questions affecting the country at large. Advice and recommendations from a council so composed should carry more weight with the Dominion Government, and with the people, than those of any one sanitary advisor, be he ever so able and ever so experienced.

Departments of Public Health already exist in some countries. They are being actively striven for in Great Britain, in the United States, in Mexico and in Cuba. That we will ultimately have one in Canada I in no wise doubt.

THE EPOCH OR ERA OF INTERNATIONAL SANITATION.

With the last generation the idea has been spreading that those nations that are most active in sanitary and hygienic movements are really dependent on each other for complete success. This idea has found expression in international official conferences such as those at Venice, and London, and Paris; in the international congresses of hygiene and demography, in such international conventions as those of the Republic of North and South America; of those on tuberculosis; in such international societies as the American Public Health Association, which embraces the United States, Canada, Mexico and Cuba, and in the general international exchange of health news and bulletins.

International agreement, as a recent writer has pointed out, or even a declaration of policy to ameliorate the local conditions that cause disease, so that no people should be allowed to live without sufficiency of pure air and light, pure water and pure food, good drainage and sewerage; in other words, except under healthful environments of man which

are his inalienable right—such an agreement would furnish objective employment of national thought and energy, and by the substitution of one energy by another detract by so much from the consideration of armament and war. It has been suggested that in the search by peace congresses for measures to be recommended to The Hague Tribunal for consideration as measures towards universal disarmament, or partial disarmament, or arbitration, or peace, such international sanitation as I have alluded to above might be included as tending directly and indirectly towards the full or partial abolition of war.

It is devoutly to be hoped that in the process of evolution of international sanitation the time may not be far distant when it may be possible that there shall be Canadian medical officers responsible to the Dominion Government in every port of emigrant departure for this country in Europe and in the Orient. The action of such a body of men in vaccination, disinfection and careful inspection before departure would lighten the work of quarantine and immigration officials on this side. And, what is far more important, it would remove to a great extent the chances of outbreak of disease during the voyage, thus lessening the risk of infection for all classes of persons upon the vessel. It would benefit the shipping interests greatly both in time and in money. Moreover, it would obviate the hardships which must necessarily accrue in many cases from the sending back of undesirable immigrants from the port of arrival in this country.

In conclusion, I would say that I cannot hope that I have told you anything new this evening. The truths of sanitation are well established and well known. We cannot plead now as in the days of Hosea the Prophet when it was written: "The people are destroyed for lack of knowledge." But these truths—like others—require iteration and reiteration, line upon line, line upon line, precept upon precept, precept upon precept, here a little and there a little.

The best I can hope for is that I may have in some small degree presented to you some old thoughts in new settings. And I may, indeed, be well content if anything that I have said tends to make these truths—ever old and ever new—sink more deeply into your minds and memories, and if, by so doing, I may have advanced even by the smallest step our progress towards that time when the four sanitary epochs or eras of which I have spoken—the Domestic, the Municipal, the National, and the International—may be followed by a fifth, towards which we are all striving and yearning, the epoch or era of Universal Sanitation.

PRESIDENT'S ADDRESS, ONTARIO MEDICAL ASSOCIATION.*

By INGERSOLL OLMSTED, M.D., Hamilton.

GENTLEMEN,—Permit me first to thank you for placing me in the honorable position of President of the Ontario Medical Association. In electing a member of the profession of this city to fill this most important office, I feel that you wished to do honor to Hamilton and to the profession here, rather than to the individual. On two previous occasions Hamilton has been honored by the election of one of its citizens to the Presidency of this Association. In 1883 the late Dr. J. D. Macdonald was chosen, and again in 1888 the late Dr. J. W. Rosebrugh received the honor. The first and only meeting of this Association in this city was held in the old City Hall on James Street North, where the present City Hall stands, in the year 1884, just twenty-four years ago.

After an absence of twenty-four years, it is my pleasant duty to extend to you a hearty welcome. We feel that the prodigal has returned, and an intellectual feast has been prepared for you. We trust that the reception given you this year will induce you to return to us in the near future.

Hamilton has well deserved the name of the Ambitious City. It may not be generally known, but nevertheless a fact, that this was the first city in America where antiseptic surgery was practised. Dr. A. E. Malloch, a Canadian, who is with us this afternoon, was a house surgeon of Lord Lister. He returned to Canada and introduced Listerism in Hamilton in 1868.

In his early operations the spray was used, but realizing that it was unnecessary, he abandoned its use years before it was discarded in England. The results he obtained, and the work he did were as fine as anything I have ever seen.

Also this is the first city in the province where compulsory notification of tuberculous patients to the Medical Health Officer was established. It was owing to the energies of Dr. W. F. Langrill, the present Medical Superintendent of the City Hospital, that this important by-law was passed in 1902. At that time Dr. Langrill was the Medical Health Officer, and he was ably supported by the Hon. Lieut.-Col John S. Hendrie, who was Mayor of the city.

There have been many improvements in this city during the past twenty-four years. Whereas formerly there was only one hospital with accommodation for 100 patients, we now have two first-class hospitals, the city, with, 250 beds, and St. Joseph's with 50 beds. Both of these institutions are splendidly equipped with modern appliances, and over 3,000 patients are treated annually in the wards, and about the same

* Hamilton, 26th May, 1908.

number are treated as out-patients. The surgical work has increased by leaps and bounds, and the results have been excellent.

Two years ago a sanatorium was established on the mountain, for the treatment of incipient cases of tuberculosis. It has accommodation for 35 patients. The results obtained there have been very encouraging.

Another very important institution is being erected, thanks to the generosity of one of our citizens, Mr. William Southam, namely, a hospital for advanced cases of tuberculosis. We will henceforth be in a position, we hope, to successfully cope with the ravages of this terrible disease. It is thus a great pleasure for us all to have the members of the Association meet here.

Now in regard to the Association itself. We felt that owing to the tendency of its members to devote themselves to special branches, new sections should be formed. The various subjects could not be fully discussed in the two sections, Medical and Surgical, consequently three additional sections have been formed, namely, Preventive Medicine, Eye, Ear, Nose and Throat; Obstetrics and Diseases of Children. Two additional sections could easily be added, namely, Mental Diseases and Diseases of the Nervous System and Pathology. I firmly believe that if this plan were followed, and the different sections were placed in the hands of enthusiastic men, our annual meetings would be very much better attended.

With 2,500 practitioners in this Province, we should have more than 10 per cent. of them at our meetings. Some parts of Ontario are seldom represented on our programmes. This should not be allowed. During the year hundreds of interesting cases are seen by the different physicians, which are never published. The rule to take careful notes of cases should be more generally adopted. It would then be a very easy matter to get up a short paper which would lead to a good discussion with marked benefit to all present.

During the past two years several county medical societies have been formed, and if the officers of these societies were to interest themselves in getting their members to write papers and present them to the Ontario Medical Association, the duties of the officers of this society would be lightened very much.

We want every physician, whether practising in village, town or city, to come to our meetings, and give us the benefit of his experience.

Many of the papers on the programme this year are by Canadians practising in different parts of the United States. Thus, there are two from New York, two from Johns Hopkins Hospital, Baltimore, and two from Detroit. Montreal has sent some of her best physicians and surgeons to assist us at this meeting, and last, but not least our brethren across

the line, who unfortunately are not Canadians, have graciously laid aside their work and come to us with the best fruits of their labors.

For the preparation of this programme, gentlemen, we are chiefly indebted to the untiring energy and faithful work of the chairman of the Committee on Papers, my friend, Dr. Wallace.

As there are a large number of excellent papers to be read this afternoon I shall not take up any more of your time, but will proceed with the programme.

ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.*

Inaugural address by Col. G. Sterling Ryerson, M.D., M.R.O., President; Knight of Grace of the Order of St. John of Jerusalem in England.

IN 1892 a few medical officers who had the interests of the medical service of the militia at heart set about the organization of an association with the view of promoting departmental *esprit de corps*, of increasing our knowledge of military medicine and surgery, and of furthering and improving the conditions of service and of remodelling the Canadian military medical service. For a short time all went well, but the then G.O.C. took fright lest the "doctors," as we were somewhat contemptuously called, might get their heads and run away with the cart and upset the programme of subordination to his own sweet will, which was his dominating idea at the time. We were told, notwithstanding the permission given, that an association of "doctors" was subversive to discipline, and in fact, preposterous, and we were ordered to quit, and did quit, but now, under happier auspices, we again assemble to revive an organization which is the father of the ideas which lie at the root of the admirable system of medical arrangements which is in existence to-day. Every reform which we advocated has been adopted and further and additional improvements have been made rendering the medical service of the Canadian militia one of the best in the world. This much to be desired result is due in no small measure to the sympathetic attitude of the able, progressive and open-minded Minister of Militia and Defence, the Hon. Sir F. W. Borden, K.C.M.G., M.D.; to the keen and zealous Deputy Minister, Colonel Fiset, D.S.O., with the earnest co-operation of the D.G.M.S., Colonel Guy Carleton Jones. Indeed, the scoffers say that we have a Medical Department of Militia and Defence at Ottawa. I take this opportunity to deny that the medical service has received more than its due share of attention at the hands of the Department. Fortunately for the country we have had at its head gentlemen whose professional training has enabled them to appreciate the importance of preserving the

* Delivered at Ottawa, June, 1908.

health and saving the lives of our citizen soldiers committed to their care. Thanks to them, the medical service has kept pace with the development of the other branches of the service.

We are pleased to meet in this the capital city of the Dominion and to act temporarily as a section of the Canadian Medical Association, but we hope in future to hold our meetings in our individual and corporate capacity, as becomes the dignity of our branch of the service.

It may not be out of place to say that my mind has long been directed to military medical matters, and that I ascribe this fact as being due in no small degree to the influence of a great painting which adorned, and still adorns, the walls of the auditorium of the Faculty of Medicine of Paris. This picture represents a seventeenth century battle scene. In the distance are groups of men engaged in combat. In the foreground is an operating table, on which is strapped and held by the blood-stained assistants, a powerful man who has just had his leg lopped off by the old circular method. To the right of the picture is a brazier filled with glowing charcoal, in which repose several cautery irons, one of which is being handed to the king, who hands it to the surgeon Paré. Beneath the picture in letters of gold runs the legend, "The King aids their efforts and rewards their zeal." Gazing at this scene day after day as I attended the lectures, the idea came to me that I would like to become an army doctor. It was not my fate to enter the Imperial service, but on the completion of my education abroad I made what haste I could to enter the militia medical service of my native country, on my return to Canada.

Military surgery has kept pace with the scientific advance of the times, and field surgery to-day differs as greatly from the septic scenes of horror of the seventeenth century as the telegraph does from the pony express.

During the civil war of the time of Charles I. some attempt was made to organize the English army medical service; for we read of regimental mates, hospital mates, regimental surgeons, surgeon to a general hospital, and surgeon-general. But it was during the wars of Marlborough that the British army medical service took form and increased in efficiency. Previous to that time soldiers who were so seriously maimed as to be rendered ineffective were simply discharged, the State believing it was cheaper to hire whole men than to restore the sick and wounded to health. It declined to be held responsible for those who suffered in its service, and let them shift for themselves as best they could. The morality of the question did not seem to enter into the question. There was at this time no distinction between the land and sea service, and it was no uncommon thing to hold double commissions, combatant and non-combatant, the holders serving in either capacity as suited their interests and conveniences. The services were separated in 1796. In Marlbor-

ough's time it was considered effeminate to be sick, and there are lusty yokels who hold this view still, but the sanguinary and exhausting battles of the time, and especially in the Low Countries, where malaria stalked its prey unchecked, brought the strongest to a sense of their fallability.

As in all the stressful periods of British history there arises the man for the emergency, so at this trying time Marlborough's principal medical officer, Sir John Pringle, proved himself an able administrator, a man of courage, of indomitable energy, with service of his country and the honor of the profession ever uppermost in his mind. Under circumstances of the greatest difficulty and under every disadvantage, he rose to the needs of the occasion and organized a system of regimental, field and general hospitals. The first general hospital was opened at Ath, May 11th, 1745, and, after the battle of Fontenoy, cared for 600 wounded. It was not, however, until many years later, during the Peninsular war, that surgeons were first assigned to regiments in the field. Sir J. McGrigor, the P.M.O. under Wellington, a man of energy and ability, devised the system of regimental medical officers which has held sway until recently in the Imperial army, and which holds good in part in Canada to-day. That the medical officers were active and efficient will be admitted when it is stated that in the ten months from the siege of Burgos up to the battle of Vittoria, the total number of sick and wounded admitted to hospital was 95,348; yet on the eve of the battle there were only 5,000 sick in hospital, the vast majority of the 95,000 having returned to duty.

In 1812 a corps called the Royal Waggon Corps was organized, special waggons furnished with springs being constructed for the conveyance of the sick and wounded. This corps was disbanded in 1833.

In 1854, on the outbreak of the Crimean war, the Hospital Conveyance Corps was called into existence. That it was not a success was chiefly owing to the total want of special training of the men in their duties and because the medical officers had no authority over the men. It was followed by the Land Transport Corps. This corps also came to grief because there was no cohesion or organization which would work, and because it filled but one function, viz., the conveyance of the wounded. The important duties of attending to the wounded on the field and in hospital were not provided for. In consequence of all these failures the first Army Medical Staff Corps was organized in 1855. It consisted of nine companies of seventy-eight men each, "to be employed in any way that may be required in the performance of hospital duties." There were scarcely any military features in this corps, and it also collapsed in about three months. The chief cause of failure was the doubtful and anomalous relation of the medical officers to the combatant authorities. The medical officer had no military authority, hence no power to enforce discipline.

On September 15th of the same year this corps gave place to the Army Hospital Corps, which possessed full military organization. The ranks were entirely recruited by transfer from the combatant ranks of men of good character. Each man spent three months on probation in a military hospital before being finally enrolled in the corps. It was under the command of captains and lieutenants of orderlies and quartermasters.

In 1858 a Royal Commission, under the presidency of the Right Hon. Sidney Herbert, brought in a report which remodelled the department and established the Army Medical School.

In 1873 Mr. Cardwell, Secretary of State for War, the author of so many army reforms, abolished the regimental system by Royal warrant and placed all medical officers on a staff footing. Regimental hospitals disappeared under this warrant and became part of station or general hospitals, as the case might be.

In 1877 medical officers were given authority over the Army Hospital Corps as well as patients in hospital and soldiers attached for duty.

In 1883 Lord Morley's committee made recommendations, which were adopted, the principal ones being the vesting of the control of hospitals in the medical officer in charge and the assimilation of the Army Hospital Corps and the Army Medical Department and the adoption of a uniform for both.

In 1889 a committee, under Lord Camperdown, was appointed to make enquiries into the pay, status and condition of the medical service. One of the committee's recommendations was the adoption of military titles prefixed by the word "surgeon," as, for instance, "surgeon-captain," etc. These titles carried precedence and other advantages, but a limited executive power, hence they were found unsatisfactory.

By Royal warrant of July 1st, 1898, the medical service of the Imperial army became the Royal Army Medical Corps, and were given full military titles. The duty of supplying transport to the R.A.M.C. devolved upon the Army Service Corps, the officer commanding the detachment taking his orders from the senior officer of the R.A.M.C.

The experience gained in the South African war has led to greater power being given to the medical officer in relation to transport, food supplies for the sick, and sanitary control.

In our own service the administration is to be congratulated on the establishment of the P.A.M.C. I hope it will not be long before we have a Royal Canadian Medical Corps, paralleling the other Royal Canadian Permanent Corps. In the A.M.C. I would respectfully suggest that the layman, whose only chance of rising to commissioned rank is now to that of quartermaster, be given an additional incentive by the establishment of a commission for compounders, who are, as a rule, men of intelligence and education. The Field Ambulance units are now both city corps from

the recruiting place and rural corps from their service, therefore to be efficient technical units they must put in considerable time at drill and instruction for which they receive no pay at their respective headquarters. I submit that it would only be fair to these men if they were paid eighteen days instead of twelve as at present. I would further suggest that now that the Field Ambulances are in excellent condition it might be well to establish divisional hospitals for each command.

Regiments which have served in the great battles of history are justly proud of the deeds of their predecessors, and emblazon the names of the regiment's battles in golden letters on their colors, while *esprit de corps* runs high. Should we not be proud of the deeds of the medical service which has served with distinction on every field of battle since Marlborough's time? Have we not reason to be proud of the doings of the 10th Canadian Field Hospital in South Africa and of the conduct of the medical officers attached to the several Canadian contingents? I would suggest that the time has come when the names of the battles in which the corps has been engaged should be inscribed on a plate to be worn on the cross-belt as in the case of the Rifles. Soldiers have their heroes. We also have ours. The names of Ambrose Paré, Peter Lowe, McGregor, Richard Wiseman, Larrey and Longman are emblazoned on the annals of military medicine. Nor have our medical officers been lacking in military courage. "Have you ever heard of Surgeon Thomson, who, during the Crimean war, when the army marched off after the terrible battle of the Alma, volunteered with his servant, to remain behind on the open field with five hundred wounded Russians, and passed three awful nights, these two Englishmen alone among foreign foes, none able to raise a hand to help himself? Have you ever heard of Assistant Surgeon (now Surgeon-General) Wolseley, of the 20th Regiment, who at the battle of Inkerman had quietly established his dressing station in that awesome place, the Sandbag Battery? When 150 men were forced to desert it, they fell back and found in their path a Russian battalion. There was not a combatant officer left, so the assistant surgeon took command. He had not even a sword, but laying hold of a musket with a fixed bayonet, he gave the command, "Fix bayonets; charge!" The soldiers answered with a British cheer and sprang forward to the attack. The next instant they were breaking their way through the serried Russian ranks. Only one half got through alive, and among them our hero. Have you ever heard of Surgeon Landon, who was shot through the spine while attending to the wounded at Majuba Hill? His legs were paralyzed, but he caused himself to be propped up and continued his merciful work until his strength ebbed away. There died a short time ago a certain Surgeon-General Reade, V.C., C.B. During the siege of Delhi, while attending to the wounded at the end of one of the streets of

the city, a party of rebels advanced from the direction of the bank and having established themselves in the houses of the street commenced firing from the roofs. The wounded were thus in great danger and would have fallen into the hands of the enemy had not Surgeon Reade drawn his sword and calling a few men near him to follow, succeeded, under a very heavy fire in dislodging the rebels from their position.'*'

Surgeon Reade's party consisted of ten in all, of whom two were killed and six wounded. Surgeon Reade was a Canadian, and one of two sons of a colonel of militia, both of whom greatly distinguished themselves as army surgeons. I might add that of the recipients of the Victoria Cross eight are medical officers, one a Canadian, and of the wearers of the D.S.O. thirty-eight are medical officers, two of them being Canadians, a record of which we may be justly proud.

Knowing the brilliant and meritorious services of army medical officers, it gives one a shock to learn that it was only after many struggles and much heartburning, after a prolonged period of unjust treatment, which, to my mind, is incomprehensible, that the medical service of the Imperial Army has reached its present point of high efficiency and excellent organization, a state of things largely due to the tenacity with which the leaders in the struggle have stuck to the text, and the cordial and active support which they have received from the medical profession throughout the Empire, chiefly through the medium of the British Medical Association and its *Journal*.

We, in Canada, have all the advantage which comes from the experience of others without the trials and anxieties which attend the gaining of experience, and I am happy to think that nothing but the best of feeling exists between the different branches of the service.

In conclusion, I beg to express the hope that this is but the first of many successful meetings of the Association. We have a useful professional and patriotic function to perform. Let us, then, to work to realize our ideals and serve our country and our King.

MEDICAL INSPECTION OF SCHOOLS.†

By JOHN HUNTER, M.B.

THE medical inspection of schools acquires its great importance from the fact that the school has an influence on child life second only to that of the home. The State leaves the care of the home to the affection, experience and wisdom of the parents. These parental attributes generally make ample provision for the physical, mental and moral needs of the child. In case of its illness medical aid is promptly procured. But

* Banks: The Surgeon of Old in War.
† Written for Canadian Medical Association.

when the child reaches the so-called school age the State "appears on the scene," and gently but insistently asserts its authority, and insists on the child getting such an amount of education as will enable it on reaching maturity to intelligently discharge the duties of citizenship. Since the State makes education compulsory, it assumes full responsibility for the construction and the equipment of the school room and for its maintenance in a sanitary condition. This is about all, if we include the qualification of teachers, that the State, in bygone days, was called upon to do in the matter of education. But great changes are taking place. These may be briefly outlined as follows:

(1) A few decades ago the majority of school children lived in the smaller towns, in villages, and in the rural districts, where they were under almost ideal conditions in so far as sunshine, abundance of pure air, wholesome food, and outdoor exercise were concerned. Under such conditions there was practically no need for medical inspection of schools.

(2) The trend now is toward the large cities, and these are becoming more congested every day. A vocation in the rural district with its sunshine and pure air is exchanged for the reflected light and impure air of the large industrial plant. The impaired physical stamina of the city artisan class is not only reproduced in their children, but intensified, for the latter are brought up in the poorer homes and in the most congested and insanitary districts. There may be found amongst this class of children attending school anywhere from fifteen to twenty-five or thirty per cent. who are more or less handicapped by morbid conditions that are either unknown to parents and teachers or their significance unappreciated. Where there is no medical inspection of the school these children pass on into adult life less able to meet its "stress and strain," and therefore much more liable to become in old age a burden on the State.

(3) The volume of immigration in recent years threatens to seriously impair the high average of physical development now enjoyed by the present population of Canada. The economic value of a stalwart people can scarcely be overestimated in a young country like ours, where immense tracts of fertile land, vast forests, and mineral wealth beyond computation await the sturdy farmer, the husky lumberman and the quick-witted miner. Unless the homes and the schools be put under more efficient medical inspection, the present influx—in only too many instances of the degenerate progeny of the more effete of the older European races—will cause the average physical, mental and moral status of our future population to be of a far lower standard than that of the present population.

(4) The abounding prosperity so universal throughout Canada during the past decade has introduced into too many homes a custom that militates seriously against the development of sturdy child life, viz., the per-

nicious amount of coddling children receive from well-to-do, affectionate, but unwise, hypersentimental parents. These children are reared like hot-house plants and are just about as unable to stand the stern realities of life as the rose from the nursery is to retain its beauty in a winter's frost. Nowhere else is intelligent, firm, medical supervision more urgently needed than in the care of these children in both the home and the school. Intemperance, business and professional bankruptcy, the retreat, the asylum, and the prisons—all of these get many recruits from youths and adults reared in such homes.

Any consideration of the factors above referred to, and of many of a similar character that might be enumerated, shows the ethical obligations resting on the members of the medical profession in regard to this question. The technical knowledge and experience of the physician should equip him for leadership in any movement of this kind which has for its mission the physical, mental and moral well-being of the race. If the individual physician has his obligations to discharge, so also have the medical associations and medical press. This question is one of national interest and therefore should enlist the support of all the members of the Canadian Medical Association. In England it is receiving the help and strong endorsement of such medical leaders as Prof. William Osler, Sir Lauder Brunton, Sir Victor Horsley, and a host of others.

SYSTEMS OF MEDICAL INSPECTION.

Probably the most primitive effort attempted to procure the physical well-being of school children was the teaching of hygiene in the school-room. The child was supposed to apply the knowledge thus acquired to the preservation of his own health. The next step was the appointment of the local medical health officer. The duties of this officer were mostly confined to the observance of the Contagious Diseases Act.

The system adopted by the Board of Education in Toronto is, to have the Medical Health Officer give the teachers special lectures on the most obvious symptoms of the contagious diseases, and some instruction on testing sight and hearing. When the teacher is in doubt the Health Office is notified and a physician sent to make the examination. The teacher notifies the parent by card, so as to have the child seen by the family physician.

In many American cities very efficient medical inspection is in force. In New York in addition to the medical inspectors, some forty or fifty trained nurses are employed. These nurses are provided with an outfit for treating scabies, pediculosis, etc., at the school. They also visit many of the homes in the poorer districts and instruct the mothers in the care of their children and of their homes.

THE RESULTS OF MEDICAL INSPECTION.

As we would reasonably expect, the first and most convincing evidence of the great value of medical inspection of schools is seen in the great reduction in the number of cases of contagious disease. In many of the healthier districts in large cities, these diseases have been almost "stamped out," and also in the most congested and insanitary district, their number has been greatly lessened and their virulence much mitigated; since through the visiting of the homes by the nurses far greater cleanliness exists. The reduction in the number of cases of contagious diseases is of vital importance to the race, for not only is the immediate mortality often heavy, but the sequelæ in the way of ear trouble, etc., are a very serious matter. Not only in the prevention of contagious diseases is the medical inspection of schools beginning to be appreciated, but also in the prevention of physical deterioration so evident in school life. For several years the child puts in about five hours a day in the school-room out of every five days in the week. The want of proper, intelligent medical inspection in the construction, heating, lighting and ventilating of school buildings has had a great deal to do with the deterioration in health so commonly found in pupils, the number of which increases with each year of school life as the following statistics show: "Of 3,071 children, 18 per cent. were diseased on entering school, 30 per cent. after two years' schooling, and 40 per cent. at the age of puberty." "In Germany the strength of the children frequenting the schools diminishes 60 per cent." "A Swedish Commissioner reports the percentage of disease as follows: 1st year, 5 per cent.; 2nd year, 36 per cent.; 3rd year, 40 per cent., and between 12 and 15 years of age rises to 65 per cent." We have no statistics in regard to the effect school life has on the Canadian child, but we are all aware of having a good many school children as patients whose health has deteriorated after entering school. The result of efficient medical inspection would be, either the complete removal of all the influences that tend to impair the health of the school child, or mitigate their effects.

But one of the most beneficent results obtained from the medical inspection of schools is the discovery of morbid conditions in the respiratory tract that were either overlooked by parents and teachers or their significance unappreciated. The obstruction caused by adenoids or hypertrophied tonsils may affect the function of respiration so severely as to deprive the child of a normal supply of air. Under these conditions the child does not develop either physical or moral strength. When the obstruction is detected and removed there is usually a decided improvement, both physically and mentally.

So far attention has been called only to the benefit the school children would receive from medical inspection, but there is another very important factor to be considered, and that is the health of the teachers. Statistics of a very ominous character are accumulating. These show a very much higher rate of mortality from tuberculosis among teachers than in those following other callings. This is an extremely serious condition of affairs. It not only disables the teacher at the most useful period of life, but makes the teacher a source of infection from which the children may acquire the disease. The result from efficient medical inspection of our schools would be to make teaching as healthy a vocation as any other.

In conclusion, the purport of this paper is not to deal with this subject from the technical standpoint, but rather to call attention to the importance of it in order to help create an attitude in its favor. The great mission of pioneer work is to create a strong attitude on any question. Take an object lesson from modern history. Twenty or thirty years before the great Civil War broke out in the United States, little groups of men and women everywhere in the Northern and Western States were discussing the evils of slavery. There was nothing said about war, size of army, etc. From this very humble beginning the attitude on the question of slavery grew so strong that the very existence of the nation was staked on it. The members of the Canadian Medical Association can create an attitude that will force the State to take action and have every school placed under efficient medical inspection.

A METHOD OF PALPATING THE BREAST.

The patient should be requested to remove the clothing down to the waist and to throw a cloak around the shoulders. Thus prepared, she should be seated in a chair with her back to the surgeon, who standing behind her chair, is enabled to palpate the breast with greater ease than in any other position. Palpation should be made with the extended and rigid fingers of both hands, the mammary gland being pressed against the thorax wall without being doubled upon itself. The normal gland tissue will then be recognized as of a soft and almost inpalpable consistency, and the presence of any induration will be readily detected. If the breast is compressed between the thumb and fingers the gland will be folded upon itself, and imaginary thickenings and tumors may easily be developed in this way.—J. Collins Warren in *The American Journal of Medical Sciences, American Journal of Surgery*, March, 1908.

CURRENT MEDICAL LITERATURE

—
MEDICINE.

Under the charge of A. J. MACKENZIE, B.A., M.B., Toronto.

—
EXAMINATION OF THE SALIVA.

This rather neglected branch of physical diagnosis is discussed by Le Roy in the *New York Medical Journal*, March 7th, 1908, with directions for making the necessary qualitative color tests for the most important substances present. The sulphocyanides and ammonia are the most important in diagnostic significance, and he makes the tests as follows on a porcelain tablet :

Sulphocyanides. In the first disc in which you have placed a large drop of saliva add one small drop of a slightly acidified solution of ferric chloride; if the sulphocyanides are present in normal quantities there will be a faint pink coloration or aura, which will spread throughout the saliva, starting from the dark brick red where the reagent is still unmixed with the saliva. This faint yet decided pink coloration stands for normality in the sulphocyanides and will not be seen in cases where they are absent; in cases where they are increased the color will be deepened into all shades up to a nearly dark blood red, which is very intense and quickly prevails throughout the saliva being tested, representing the varying amounts of the sulphocyanides that may be present. Or, to the saliva add one drop of solution of cupric sulphate, then add one drop of a freshly prepared tincture of guaiac, when a blue color will indicate the presence of the sulphocyanides, but upon the other hand, should the color be green, then it is due to ammonia; in case the color is green with a few streaks of a dark blue through it, then it indicates that the sulphocyanides are present in small quantities with an increased content of ammonia.

Ammonia. In the centre of the next drop place a tiny drop of Nessler's reagent, when, if ammonia is present, a reddish yellow color and precipitate will result, while around throughout the saliva will be noticed a faint pinkish color or aura encircling the reagent. The color will depend upon the amount of ammonia present and will be shaded accordingly.

The conclusions derived from the examination of several thousand cases are: First, that the sulphocyanides, as first noticed by Fenwick, vary in amount in different diseases and in different stages of the same disease.

That an excess of the sulphocyanides, or an excess of urea with a sodium base, will produce an exceedingly irritative condition of the mucous membranes of the throat, nose, and mouth, as mentioned by Kyle.

That in all cases of disease the constant presence of ammonia in greater or smaller amounts, far above the normal content, is always to be found; the greater the amount, the more serious the condition of the patient.

That in all diseases of the nervous system the content of ammonia is in excessive amounts; and in epilepsy it is greater just before, during, and immediately after the attacks; in cases where the spells come at some interval the sulphocyanides will reappear in the saliva during the free period, to disappear before the next attack, to be replaced by ammonia in excess.

That in convalescence the base salt of the saliva should be one of potassium.

That nitrogen, and not altogether sulphureted hydrogen, is the gas that arises from benign diseases of the stomach and intestinal fermentation, and that these gases are not present in malignant forms of diseases of these organs.

OXYGEN IN MEDICINE AND SURGERY.

William Seaman Bainbridge, M.D., of New York City, (*New York State Journal of Medicine*, June, 1908), gives a very clear and exhaustive resume of the therapeutic history of oxygen from the time of its discovery by Priestly to the present day, his purpose being to stimulate scientific interest in a subject which has so long and so generally been consigned to the realm of the pseudo-scientific and the "quack." He reviews what has been done by others in subcutaneous injections of oxygen, in intravenous infusion, in obstetrics, in gynecology, in pediatrics, in general therapeutics, and in surgery. While he has for a number of years employed the gas by various methods, in the present communication he deals exclusively with his experiments in the abdominal administration, reporting a series of sixteen cases in which it has been employed by him with very satisfactory results. Cyanosis was found to be lessened, the surfaces of the wound became redder, the pulse and respiration improved, and shock was distinctly lessened. Blood pressure was not materially influenced. Abdominal tenderness and pain were much less than often follows laparotomy, there was less nausea and vomiting, the bowels moved more readily, the appetite was better, and the patient was not so restless.

A series of animal experiments, scientific records of which were accurately kept by Dr. Harold Denman Meeker, are also detailed by Dr. Bainbridge. These experiments were made upon cats, and were conducted along the following lines:

- (1) To determine the absorbability of oxygen.

(2) To determine its effects upon (a) blood pressure, (b) pulse, (c) respiration, (d) degree of anæsthesia, (e) time of recovery after anæsthesia.

(3) To effect a comparison between the results upon the above when oxygen is employed and when air is employed.

(4) To determine the danger-point of intra-abdominal pressure as manifested by a fall in blood pressure, respiratory embarrassment, and cardiac failure.

(5) To determine the effect of oxygen upon adhesions in the abdominal cavity.

A study of these experiments leads to the following conclusions :

(1) Oxygen is completely absorbed in the abdominal cavity. (2) It is a slight respiratory stimulant. (3) It is a slight cardiac stimulant. (4) It has but little effect upon blood pressure when the pressure of the gas is moderate. (5) It tends to bring an animal quickly from deep anæsthesia. (6) It hastens the recovery of an animal after discontinuance of the anæsthesia. (7) A pressure of more than 1,500 mm. of water may cause collapse. (8) Oxygen tends to prevent the formation of adhesions. (9) It quickly changes a dark blood to scarlet in cases of anoxemia. (10) It stimulates intestinal peristalsis. (11) It is not an irritant to the peritoneum or abdominal viscera.

In conclusion, Dr. Bainbridge evolves a scheme of possibilities for oxygen therapy. While it is not his purpose to advocate the indiscriminate and careless use of oxygen, "by those whose tendency it is to follow every therapeutic will-o'-the-wisp," he wishes to stimulate practical interest in a subject which his own experience leads him to believe offers more of definite good to humanity than has yet been generally utilized.

A very complete bibliography of the literature of oxygen therapy follows the article.

SURGERY.

Under the charge of H. A. BEATTY, M.B., M.R.C.S., Eng., Surgeon Toronto Western Hospital; Consulting Surgeon Toronto Orthopedic Hospital; and Chief Surgeon Ontario Division, Canadian Pacific Railway.

RECENT FRACTURES OF THE OLECRANON.

In the *International Journal of Surgery*, January, 1908, C. A. McWilliams epitomizes the treatment of simple, recent fractures of the olecranon as follows :

The operative treatment is much to be preferred as giving the quickest and best functional results in those cases where there is some separation of the fragments, particularly if the upper fragment be tilted, which separation indicates more or less tearing of the lateral extension

apparatus. If the separation be one-half inch or more, or if there be comminution of the upper fragment, aluminum bronze wire is to be used, the lower fragment being drilled transversely and the upper portion of the wire being passed through a transverse drill hole in the upper fragment, if this be large, and through the triceps tendon, if it be small or comminuted. Absorbable catgut, chromicized or kangaroo tendon are to be used in cases where the separation is one-half inch or less, and these sutures unite the periosteum of the two fragments and also the lateral tears. Whatever the method of suture, massage of the arm and forearm is to be instituted, as well as gradual passive motions, beginning on the seventh day after the injury.

In the non-operative treatment of fractures of the olecranon I would limit the massage treatment without any immobilization at all, to those cases where there is no separation of the fragment or where it does not exceed one-quarter inch. *The forearm is carried in a sling and no heavy work is to be done with the extremity.* Massage and passive motions are performed every day.

If for any reason operation is not performed in those cases where there is a separation of half an inch or more, I should endeavor to bring the upper fragment down to the lower and hold it there by adhesive plaster and bandaging, in addition to which I should immobilize the extremity in a plaster-of-Paris splint for from three to four weeks, putting the forearm up at first in the greatest degree of flexion possible without separating the upper fragment from the lower. Subsequently the angle is changed at each dressing a little, the ultimate endeavor being to increase the flexion. Massage to the forearm and arm are instituted at once, and slight passive motions are begun on the tenth day.

In general we may say then that operation is indicated in fractures of the olecranon in the following cases :

1. In recent fractures where there is wide separation of the fragments, due to the tearing of the lateral tissues.
2. Where there is such tilting of the fragment that the lower fractured edge threatens to ulcerate through the skin.
3. Comminution of the olecranon.
4. Compound fractures.
5. Complicated fractures of the olecranon; that is, those having associated lesions such as dislocation forward or backward of both bones of the forearm, or of the radius alone, or fracture of the neck of the radius.
6. Non-union, which is not very uncommon.
7. Ankylosis of the joint following any variety of treatment.
8. Old cases where there has been fibrous union with wide separation of the fragments, resulting in considerable disability, or where the

fragment has become attached to the humerus, or when after union there is a projection of callus on to the joint surface so as to greatly impede the movements in the joint.

GYNÆCOLOGY AND ABDOMINAL SURGERY.

Under the charge of S. M. HAY, M.D., C.M., Gynæcologist to the Toronto Western Hospital, and Consulting Surgeon Toronto Orthopedic Hospital.

A CONTRIBUTION TO THE ETIOLOGY OF LEUCORRHEA.

E. Neter, Mannheim, *Muenchener Medizinische Wochenschrift*, January, 1908, gives the following case: The patient was 3½ years old, of a family of good circumstances. For one year constant profuse leucorrhœa was noted, followed by intertrigo. Local treatment was never able to relieve the discharge for more than one to two weeks. There was severe and obstinate constipation. The author found the child healthy and otherwise normal; no gonococci or tubercle bacilli in the discharge; masturbation and worms could be positively excluded. By regulating the diet so as to overcome the constipation, the discharge rapidly disappeared, followed by disappearance of intertrigo. Twice during the course of the following year when the diet was neglected, and consequently the constipation recurred, leucorrhœa developed again, but it promptly disappeared when the intestinal function was properly reestablished. Neter believes that the pelvic congestion incident to constipation caused the discharge.—*American Journal of Surgery*, March, 1908.

THE PRESENT STATUS OF CONSERVATISM IN THE SURGICAL TREATMENT OF TUBES AND OVARIES.

John Egerton Cannaday, M.D., Surgeon-in-charge, Sheltering Arms Hospital, Hansford, W. Va., gives his views upon this topic thus: After reviewing the history of attempts at conservatism and quoting the words of the elder Emmet in which he expressed the hope that future generations of women might be allowed to go uncastrated, the author says: We all know that even the least of the atoms has its definite value and its purpose to fulfil in the harmonious whole of natural plan. We have been long taught that when a limb was injured, a hand mangled, or an abscess formed, to make every effort to save the part. Until rather recent years these saving methods did not seem to apply to the pelvic organs of women at all.

He addressed circular letters of inquiry to 35 of the leading gynecologists of America, in regard to their position in the matter of ovarian and tubal ablation. The answers received would indicate that at least half our gynecologists are very conservative. A number of others practice palliative treatment and do without operation except when indications are urgent, then being most radical, while a smaller number evidently operate early and often. The technic of plastic repair work is described. Chromicised catgut is generally used as a suture material. Conservative work is not attempted in the presence of pus. The author believes that, barring the presence of the menopause, inflammation, pus, tuberculosis and malignant disease, conservative work should be done; that every organ or part of an organ consistent with the health and well being of the patient should remain undisturbed; that in these cases there is much room for exercise of good judgment and due discrimination; that the risks of infection and of secondary operation from portions left behind are rather remote in properly selected cases.

He summarises as follows: The majority of the gynecologists interogated favor a restricted conservatism; that the number of pregnancies occurring after tubal operations is very small; that the result after plastic work on the ovaries is better, that age, the presence of pus, tuberculosis and malignant disease indicate as a rule, radical work; that prolapsed ovaries, generally speaking, should be elevated in the pelvis by suspension operations on the uterus, by shortening the ovarian ligament or by placing the ovary in front and on top of the broad ligament; that the functions of the tube and ovary should be preserved whenever consistent with health; that the artificial induction of the menopause brings a very serious disturbance into the life of the patient, and that ovarian transplantation experimentally and clinically has, in a limited field, been productive of satisfactory results.—*Buffalo Med. Jour.*, May, 1908.

WHY MUST THE APPENDIX BE REMOVED IN GYNECOLOGICAL OPERATIONS.

Pankow (*Munch. med. Woch.*, July 22, 1907) discusses the necessity of a routine removal of the appendix whenever the abdomen is opened for a gynecological operation. The author has made systematic histological examination of the appendices removed from patients operated upon for gynecological lesions in 150 cases. He finds that the appendix is affected more often in the female than in the male, and that lesions occur in 60 per cent. of gynecological cases. Appendicitis plays a much wider role in gynecological cases than has been supposed. It is fre-

quently the cause of closure of the tube and resulting sterility. Many cases of pain in the right side referred to the ovary result from appendicitis. The inflammation of the appendix is frequently unobserved by the patient, yet it leaves its marks behind in adhesions, and chronic inflammatory conditions. Hence the author believes that when we have opened the abdomen for another operation we should at the same time remove the appendix.—*American Journal of Obs. and Dis. of Women and Chil.*, Oct., 1907.

TUBAL FALSE PREGNANCIES.

R. Pichevin (*Prog. Méd.*, June 29, 1907) contends that other pelvic conditions, especially salpingitis, simulate tubal pregnancy and render the diagnosis exceedingly difficult. We make the diagnosis of tubal pregnancy when, after non-appearance of the menses, there occurs a sudden attack of pain in the abdomen with hemorrhage from the vagina. The author describes two cases with symptoms that might lead to the diagnosis of tubal pregnancy, occurring in young women, in whom the classical symptoms of tubal abortion appeared. In such cases the uterus is not very large, but may be somewhat so, especially when parenchymatous metritis exists. In some cases it is crowded upward and forward as by a pyosalpinx. Again, a uterus in a normal position is not freely movable. In Douglas' cul-de-sac is felt a resistant, elastic tumor. There is neither nausea nor vomiting, and there is at the time of the pain and hemorrhage no syncope or coldness of the extremities, and the face is not pale. It is found that the patient has felt hot rather than cold, and the taking of the temperature reveals a moderate rise of temperature for several days. The tumor in the cul-de-sac resembles hematocle. Generally the uterus has an elastic mass behind it. Sometimes it may be felt that there are two adnexal masses. The elevation of temperature arises from the eruption of a small amount of septic material into the Douglas' cul-de-sac which produces a reaction. Exact diagnosis depends on the finding of a lateral mass, tender to touch, accompanied by a rise of temperature. A small ovarian tumor which has become twisted, and is coexistent with a pregnancy will give the same symptoms.—*American Journal. Obs., and Dis. of Women and Children*, Oct., 1907.

OBSTETRICS AND DISEASES OF CHILDREN.

Under the charge of D. J. EVANS, M.D., C.M., Lecturer on Obstetrics, Medical Faculty, McGill University, Montreal.

EPIDEMIC CORYZA IN THE NEW BORN.

The cases observed by Quienot (Quelques notes Bacteriologiques sur 11 cas de coryza epidemique des nouveau-nes, *Bullet. de la Soc. d'Obstet.*, Nos. 7-8, 1907), occurred in the Clinique Tarnier, where an epidemic of coryza attended with a considerable mortality occurred in the winter of 1904-1905. This coryza was characterized by an abundant, yellow nasal secretion almost the colour of citron, and affected very many of the nursing children.

The temperature was elevated, loss of weight was rapid, and several children died. Shortly before death the weight increased, due probably to infiltration of the tissues. Autopsy revealed in many cases a condition of broncho-pneumonia.

This study was carried out on 11 cases, and was attended with considerable difficulty on account of the variety of microbes encountered.

In the 11 cases he found 9 times streptococcus, in 8 times bacilli, 7 times staphylococcus, but in almost all cases where the latter were found they were extremely rare, while on the contrary the streptococcus and bacilli were abundant. Both bacilli and cocci had no distinct character.

His researches do not permit of definite conclusions but seem to indicate that the streptococcus and bacilli at present indeterminate are the micro organisms concerned in bringing about this condition.

INDUCTION OF PREMATURE LABOR IN MODERATELY CONTRACTED PELVES.

A. J. Skeel in this paper, *Cleveland Med. Jour.*, Vol VI., No. 2, argues in favour of the induction of premature labor in all cases of moderately contracted pelves, basing his arguments upon the facts that the weight of evidence as far as he can gather is in favour of this mode of procedure. He thinks the chances of infection are no greater than those involved in forceps delivery at term.

With regard to the child the benefits of induced labor are not so marked, according to the text books. The author states that the mortality results of premature children should not be compared with that of spontaneous labor, but rather with that obtained from difficult forceps and version, in which case he believes that the premature child probably has as good a chance, if not better, than the others.

He dwells on the necessity of extreme care of the premature child after birth. So important does he think this point that he questions whether a premature child should be brought into the world unless provision can be made for its intelligent care after birth.

He states that the time has passed when an operation should be decided upon in a pregnant woman solely because her pelvic measurements show a certain grade of contraction. The size and consistency of a child's head are quite of equal importance.

The author relies upon the Muller method of bimanual examination as the best criterion in doubtful cases. The right hand from above crowds the head into the pelvic brim. Two fingers of the left hand in the pelvis estimate the diagonal conjugate, the inclination of the symphysis, hardness of the baby's head, whether it engages, or by how much it fails to engage, and the thumb externally estimates whether or not it over laps the pubis.

He urges that labor should be induced just as soon as there is any difficulty in causing its engagement.

He concludes the paper with the following summary:—

(1) In reporting cases of induced labor we ought to report the exact date of interruption of labor, whether the child is still living, and what care was given the child after birth.

(2) In properly selected cases, induced labor is the least dangerous procedure for the mother.

(3) The proper date for interference should be determined by repeated bimanual examinations by the Muller method.

(4) It is extremely important to provide skilled care for a premature child for at least two months after delivery.

THE EPIDEMIOLOGY OF ACUTE POLIOMYELITIS.

L. M. Holt and F. H. Bartlett have collected *Amer. Med. Jour. Med. Sc.*, May, 1908), the reports of 35 epidemics of poliomyelitis prior to 1908. The first epidemic which they found recorded is one which occurred in Louisiana in 1841.

In location and extent these epidemics have been scattered over the civilized world. The most extensive have been those occurring in Norway, during the last ten years no less than five in number. In most of the epidemics the patients affected numbered less than twenty, though in 1905, 719 were met with in Norway, and in 1906, 334.

Thirty-three of the epidemics occurred during the hot weather only, the months being July, August and September. The world over, these epidemics ceased on the approach of the cold weather.

From the evidence the authors have been able to collect it seems improbable that any increase in the number of sporadic cases usually follows an epidemic.

Location and surroundings have little influence on the occurrence of epidemics, they seem to occur equally in country and city.

They have not been able to establish the association of poliomyelitis with any other disease, and in nearly every case the children were reported to be in good health at the time they were taken ill.

The authors have published a table giving the statistics for the several epidemics. These total 659 cases with 201 deaths, a mortality of 12.1 per cent.

A great majority of the persons attacked were children under 4 years of age, though in these epidemics somewhat older children and adults were affected.

The authors then make a careful study of the communicability of acute poliomyelitis and conclude that the disease is communicable, although to a very slight degree as they have gathered together 40 instances in which more than one case occurred in a family or household, many second cases occurring ten days after a possible exposure. The authors consider that positive statements as to the communicability of the disease must be deferred until the discovery of the infectious agent.

LARYNGOLOGY AND RHINOLOGY.

Under the charge of PERRY G. GOLDSMITH, M.D., C.M., Assistant Laryngologist and Rhinologist,
Toronto General Hospital.

THE SIGNIFICANCE OF RADIOGRAPHY IN THE DIAGNOSIS OF ACCESSORY SINUS' DISEASE.

Albrecht (*Berlin Arch für Laryngol*, vol. xx, part ii), has verified Goldmann's and Killian's conclusions, viz. : that while radiography is in many cases of no assistance, in a great majority very marked help is gained.

In empyema of the maxillary antrum, the skiagram almost always shows a distinct darkening of the cavity on the affected side as compared with the other. The use of the method here is likely to be of service because it is so much easier to puncture and irrigate the cavity which gives positive information. In growths of the jaw radiography is of considerable value in showing the degree to which the growth has invaded the surrounding parts.

In cases of frontal empyema in which the sinuses are large and the disease unilateral, the skiagram shows unmistakable darkening of the affected side.

It is of very little diagnostic value in cases of early frontal sinusitis with catarrh and moderate swelling of the mucosa, and also in cases of small sinuses and where the shadow is bilateral.

In ethmoid disease the method is of very great value. In no instance either in the living or on the cadaver was the author deceived as to disease of the anterior ethmoidal cells. Not only is the presence of disease appreciated, but also its situation, whether in the superior, middle or inferior portions of the labyrinth. In diseases of the posterior ethmoid cells the method is of no value, and this is true also concerning the sphenoidal sinus.

CHEMISTRY OF SALIVA IN RELATION TO HAY FEVER.

Kyle states in the *Journal of the American Medical Association* of August 3, 1907, that the treatment of hay fever has always been subdivided into local and systemic treatment. It is a well known fact that there are many cases of hay fever in which any local treatment, instead of relieving the symptoms, seems to either aggravate them or to bring on an attack. Occasionally, however, the alkaline or acid douches seem to afford some relief. This is easily explained by the fact that the alkali or acid would change the reaction of the irritating secretion; yet if either solution was used in the wrong type of case, this influence would only be aggravated. Chemical experience has proved this to be true. The author does not wish himself to be understood that this is applicable in all cases. Some cases certainly receive considerable benefit from local sedatives, and if certain sensitive areas are removed the susceptibility on the part of the individual would be lessened. At the same time the underlying cause would still remain.

The plan of treatment which the author has followed, and which has been based on the chemical analysis, necessarily varies in different individuals. The general plan, however, is attention to the secretions, that is, the elimination—active intestinal tract, stimulants to the liver, free action of the skin; in other words, increased elimination. The treatment will depend on whether the condition is alkaline, acid, or neutral, whether it is due to the presence of ammonium salts, the sodium salts, potassium salts, or whether there are present sulphocyanides, lactic acid, or oxalic acid. To meet the conditions citrate of soda, lactate of soda,

benzoate of soda, which renders active compounds inert, boric acid, dilute hydrochloric acid, dilute nitric acid, various forms of salicylates, sodium chloride—all may be used to counteract a certain chemical ingredient present in the saliva, so that the drug must be selected purely on this basis.

The author has observed several cases relieved by the administration of sodium chloride, others by the administration of benzoate of soda, others by boric acid, and so on through the list, after first increasing elimination as much as possible, through the skin and intestinal tract. The patient should always be instructed to drink plenty of water. Following this basis the author has, without any application whatever to the nasal mucous membrane, succeeded in about sixty per cent. of the cases. The other forty per cent. he has been unable to relieve by either local or systemic remedies, and was also unable to analyze and separate the irritant and the secretion. Whether these forty per cent. belong to some other type of case he does not mean to say, but he does wish to make it emphatic that the relieved cases passed through the attacks year by year by taking the medicine before the onset, and occasionally during the period in which they have suffered from the hay fever. Some cases extended back over a period of eight to ten years, and others varying down to last year.—*Therapeutic Gazette*.

HEADACHE CAUSED BY PATHOLOGIC CONDITIONS OF THE NOSE AND ITS ACCESSORY SINUSES.

Gerrard Cocks and Jno. E. MacKenty (*Archives of Otolaryngology*, vol. xxxvii, No. 1, 1908), divide the affections of the nose and its sinuses which produce among other symptoms, more or less severe headache, into two classes: (1) Non-inflammatory, and (2) Inflammatory. In the non-inflammatory group, the most common condition is one in which there is pressure of the middle turbinal against the septum, either by an enlargement of the turbinated body or a deviation of the septum. Again, adhesions between the turbinals and the septum. These so-called pressure cases are responsible for a large number of headaches. The group is further divided (a) pain occurring in individuals not constitutionally prone to headache; (b) cases which have what we might term a neuro-pathic temperament plus pressure within the nose. Pain here is said to be a heritage. Usually there is a family history of migraine, neurasthenia, epilepsy, alcoholism, rheumatism or gout. They have a low reserve of nervous endurance, and readily succumb to slight continuous peripheral irritation.

The inflammatory group may likewise be divided into two subdivisions: (a) including cases where there is pressure within the nose, plus chronic sinusitis, which (b) deals with acute sinusitis. Illustrative cases are cited in detail.

SUBMUCOUS RESECTION OF THE NASAL SEPTUM IN CHILDREN.

Just now when it seems to be fashionable in some quarters to do a submucous operation in any case where the septum is bent, irrespective of the age or symptoms produced, it seems quite timely that some word should be spoken regarding the dangers of too much haste.

The *Journal of Laryngology* (May, 1908), sums up the question in the following words: "It is obvious that there is room for uncertainty and differences of opinion in regard to this question, and it is much to be desired that those who have been led to practise submucous resection in children will do their best to re-examine those patients on whom they have operated some years ago, and without fear or favor bring forward their results so as to establish a course of proceeding followed on objective evidence, and not merely on general impressions. At present we should venture the opinion that unless the symptoms are really urgent the operation should be postponed until the development of the nose is pretty well established, but in the opposite state of matters it is quite justifiable to perform it. The indications must, however, be rather more pronounced than in the adult."

The Canada Lancel

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EDITORIAL.

THE GLOBE ON THE MEDICAL COUNCIL AND MEDICAL PROFESSION.

No one knows better than the editor of *The Globe*, that there will always be found in every profession, trade, or calling, some persons who will do these discredit. That the medical profession is no exception to the rule is quite true; but this is equally true of the church, the legal profession, the politicians, the army, editors, etc.

When the Medical Council tried to curtail improper advertising by medical men, *The Globe* waxed strong in its denunciations of any such interference with personal liberty. Then, again, when the Medical Council removed the name of a certain doctor because he was advertising a certain remedy, in manner, which was thought would bring discredit on the medical profession, *The Globe* again waxed mighty in the defence of the said doctor, and declared that if the council would so act, it might lose all its privileges. Then when it was thought well that some measure be passed regulating what the vendors of patent medicines might state about their nostrums, *The Globe* again broke loose and was loud in its defence of vested rights, gathered knowledge, and the protection of valuable discoveries, and all the other good things that could be said for patent medicines and their many wonderful qualities.

But when it suited *The Globe* it turned upon the Council and abused it for not acting where it clearly could not act. In this way the paper took the opportunity of condemning the Council on both counts; and on both counts we do not hesitate to state wrongfully.

The Globe, in its issue of 10th July, 1908, in defending itself against the criticisms of some members of the Medical Council, states editorially: "Cannot these gentlemen distinguish between the responsibility of an optional enterprise and that of an incorporated, privileged, state-protected profession, upon whom has been conferred by special statute and in the interests of public morality, the most arbitrary powers of discipline over its members ever granted by Parliament? Do they make no distinction between a trade and a profession? Do they suppose the extraordinary privileges and prerogatives conferred upon the Medical Council by the

Ontario Legislature under the Medical Act were in order to protect the 'Capital' of medical practitioners?"

Surely, *The Globe* would not have us understand that the work of an editor should be on a lower plane of morals than that of a doctor. They equally should safeguard public morals and do what is right. It is all very well for *The Globe* to declare that the Medical Council has to do with "infamous or disgraceful conduct in a professional respect." When the Medical Council in this way on a certain occasion tried to perform its duty as it understood it, the bitterest opponent the Council had was *The Globe*. It is quite true that gentleman's name was ordered by the courts to be restored to the register, as a matter of law. This, however, has nothing to do with the fact that when the Medical Council, in this, as in some other matters, tried to do its duty, *The Globe* vehemently opposed the Council.

We have many a time seen advertisements in the press that are invitations to the ways and means of improperly destroying the foetus. We would invite *The Globe* to censor some of its own medical advertisements, unless it is willing to be tried by a lower standard of morals than it holds up for the Medical Council. But then, the one may be "an optional enterprise" while the other must be regarded as "an incorporated, privileged, state-protected profession." This distinction will not do.

In *The Globe* of 9th July, we read: "*The Globe* has led in this campaign, and its position fairly represents the attitude of the press—except the medical journals, whose position is as equivocal as that indicated by Dr. Spankie." Here are two misstatements. The first is that the medical journals have been equivocal in this matter. Nothing is further from the truth. These journals have ever stood for a high ideal in the medical profession, and have on all occasions condemned any and every attempt to make use of professional knowledge to cause or conceal crime. But these journals try to act in a fair spirit to all concerned. These journals know that the council cannot act until it has information upon which to proceed. These journals have always condemned the custom of some one who knows nothing about medicine being allowed to advertise some cure for diseases which the medical profession knows to be incurable, or to offer a cure by some way that is known to be futile. All this is fraud, and a fraud that the general press lends its countenance to with all its might. We have watched the course of the medical journals and that course has been on the side of a clean profession.

The other misstatement is that Dr. Spankie was evasive or equivocal in his remarks. Not so. What Dr. Spankie said was that the Council is not a criminal court, and this *The Globe* admits. Further, he said that the Council cannot act until it has information. This is a truism that even *The Globe* will assent to.

Four members of the medical profession may lodge a complaint against a practitioner. But they would look foolish, indeed, if they did this without evidence. When the Council gets evidence that is at all reliable it acts. Would the editor of *The Globe* rush into the church courts with an accusation against a minister on mere suspicion?

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

The seventh annual report of this excellent association is just to hand. It was submitted to the meeting of its members at the meeting of the Canadian Medical Association, in Ottawa, in June.

From the report, we gather that the membership is now 553. It is a pleasant feature to note that there is a steady increase each year. In 1902, the membership was only 242. This association should receive the hearty support of the medical profession, and we cannot do better than advise our readers to join its ranks.

During the year three actions have been started against members. In one case the defendant won, the action being dismissed with costs. In another, the plaintiff failed to appear at the hour for trial and the case was dismissed with costs. In the third case the writ only has been issued, and it is not likely that the action will be carried any further.

The finances are in a good condition. All debts are paid and there is the handsome sum of \$2,742.65 in the bank.

The executive officers for the current year are: President, R. W. Powell, Ottawa; Vice-President, J. O. Camirand, Sherbrooke, Que.; Sec.-Treas., Fenton Argue, Ottawa; Solicitor, F. H. Chrysler, K.C., Ottawa.

Dr. R. W. Powell has worked and has been its President since its organization. He has been thanked many a time for his good work, but he gets many thanks that he does not hear of; they are thanks, real and genuine, however. The best of all thanks to the President and other officers, however, is to join the association. You are all needed.

THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the council this year was one that the medical profession may well take pride in.

The retiring President, Dr. W. Spankie, laid down a number of suggestions which were taken up at various stages of the sessions and advanced very materially.

One of these was the rearranging of the electoral districts. A special committee was appointed to deal with this matter. Special legislation will be required.

Another subject of considerable importance was that of the examinations. It was held by some members that there must be something wrong with either the examinations or the teaching when such a large percentage as 65 per cent. failed on the intermediate examination. A committee was appointed to investigate this matter.

A curriculum of studies for the fifth year was left over, as all the universities had not yet completed their arrangements.

A special committee was appointed to take into consideration the securing of reciprocity with Great Britain. This can be secured if the council will only go about the affair properly.

There was a very lively discussion regarding the subject of criminal abortion. The council and the medical profession are strongly opposed to such practices. While this is true, the council very properly denounced the press, and especially *The Globe*, for its criticisms on the Medical Council and the medical profession. These criticisms only require to be read to be self-condemned.

The question of inter-provincial reciprocity was taken up and warmly urged. It was referred to the same committee as had the subject in hand with Great Britain.

The finances are in a very satisfactory condition. The assets are \$79,525.41, of which \$48,359.41 is cash in the bank. The liabilities are \$12,500, leaving a credit balance of \$67,025.41.

PHYSICALLY UNFIT IMMIGRANTS.

Of late the public has become alive to the great need for care in the matter of immigrants. An immigrant may be a burden in the community shortly after his arrival, or he may be a criminal in one of our jails at considerable expense.

Dr. P. W. Bryce, Chief Medical Officer of the Immigration Department, stated a short time ago that the larger number of physically defective people came from the factory towns in Great Britain. He thought the present system of medical inspection was as thorough as existing conditions warranted. He did not see how anything further could be done at the ports of departure than was now the practice.

He also stated that trachoma was not at all common in this country and that the conditions were improving.

For some time the hospitals for the insane, the jails and the public charitable institutions have been largely populated with insane and defec-

five Europeans. Up to 1899 the foreign born insane in the hospitals fairly represented the foreign born population, but the rapid influx of immigration which followed that year brought about a decided change for the worse. In 1903 the foreigners admitted to our asylums numbered 180, or 20 per cent. of the total admissions. Last year the number had risen to 346 and the proportion to 30 per cent. The cost of maintaining these foreign inmates rose from \$24,613 in 1903 to \$51,744 in 1907, the total outlay for this purpose during the five year period being \$193,004.

Upon a life expectation basis it is estimated that the maintenance of the foreign born patients admitted during 1907 will cost the Province \$1,487,038, not including capital expenditure on buildings and other items, and again thirty-eight per cent. of the criminals over sixteen years of age committed to jail last year were of foreign birth. The proportion was nearly twice what it should have been, and the tax on the Provincial resources mounted accordingly. Of the 262 persons admitted to the Toronto asylum during 1907, 134 were foreign born, and only 128 Canadians. Of these foreigners twenty-seven were recent arrivals who never should have been allowed to land. The new comers included sexual perverts, the criminal insane, slum degenerates, general paretics and other types of weaklings. Whole families of degenerates have come out. An imbecile young woman has left a progeny of six children to be cared for by the community.

That there should be the strictest supervision over immigrants goes without dispute. It may be that all has not been done in the past that might have been done, but then we learn by experience. If we find that undesirable immigrants are coming into this country, we should adopt such regulations as will prevent this occurring in the future.

Time levels up as well as levelling down. It is a notorious fact that in Australia the descendants of those who were transported as criminals have made excellent citizens, and rank among the most progressive and well-to-do of that portion of the Empire.

PERSONAL AND NEWS ITEMS.

ONTARIO.

Dr. H. Crawford Scadding, Toronto, was married a few weeks ago to Miss Margaret Ramsay.

Dr. Sinclair, of Melbourne, has been appointed an associate coroner for Middlesex.

Dr. R. D. Rudolf, has been appointed Professor of Therapeutics in the University of Toronto.

Dr. W. P. Caven, of Toronto, has gone to Britain, after recovering from his serious illness.

Drs. A. O. Hastings and M. M. Crawford are having an extended trip through the Eastern States.

Dr. Ingersoll Omsted, Hamilton, is spending a few months in Germany. He is looking into the surgical methods of that country.

Drs. James Russell and J. N. Edgar, of Hamilton, are in Britain with the Ontario bowlers.

The following doctors hold seats in the Ontario Legislature: Hon. J. O. Reaume, Windsor; C. N. Anderson, Leamington; T. T. Smellie, Fort William; David Jameson, Durham; A. W. Nixon, Georgetown; R. F. Preston, Carleton Place; E. Jessop, St. Catharines; Hon. R. A. Pyne, Toronto; H. J. Lackner, Berlin; F. E. Godfrey, Mimico; Angus McKay, Ingersoll.

QUEBEC.

The contracts for the new medical buildings of McGill University have been let and the work will go on at once.

Dr. T. G. Roddick has resigned the deanship of McGill Medical Faculty and Dr. F. J. Shepherd has been appointed to the position.

A very largely attended meeting of French speaking physicians met in Quebec on 20th July, on the occasion of the tercentenary celebrations.

Dr. Oscar Klotz, of McGill University, contributed a very able paper in arteriosclerosis to the annual meeting of the German Pathological Society at Kiel.

The 58th annual meeting of the Montreal dispensary give evidence of the good work done during the year. It has stated that an additional income of \$1,500 would be required this coming year.

MARITIME PROVINCES.

Dr. N. E. McKay, of Halifax, is having a holiday in Britain.

Dr. R. A. H. MacKeen, of Glace Bay, has returned home after a lengthy trip out West, much improved in health.

Dr. Charles E. Bent, of Truro, was honored by his fellow practitioners, who presented him with an address and a gold headed cane, on the event of his having completed his sixtieth year in active practice. He has been the longest in practice in the Province.

For some time there has been a very acute quarrel in certain quarters of the medical profession of Halifax. It is hard to say just what started

it or what the real motive of the trouble is, but in all decency it cannot stop too soon. The work of the Victoria General Hospital is likely to suffer by it.

WESTERN PROVINCES.

It is expected that about 60 students will enrol in the University of Alberta this coming fall.

About 800 acres have been secured for the asylum at Ponoka. The cost of the institution will be about \$200,000.

Experts have been appointed to select a site for the Manitoba Sanatorium. There was much difference of opinion as to the claims of Ninette and Bird's Hill. The experts will decide.

A Provincial asylum will be built this year for Saskatchewan. Several sites are under consideration.

The hospital at Battleford will be closed for some time on account of financial troubles.

The Alberta Sanatorium may be moved to Strathcona. The proposed building will cost about \$35,000.

The Alberta Provincial Medical Association meets this year at Banff, on August 11th and 12th. Three things are promised—a good time, a good meeting, and a good organization for the future.

Dr. James F. Rymer intends locating at Fort Good Hope, on the Mackenzie River, about 1,800 miles north of Edmonton. His practice will be entirely among the Indians and Esquimaux. The only other physician in the far north is Dr. Donald, at Lesser Slave Lake.

The efforts still continue for the formation of Western Canada Medical Association. With the arguments in *The Western Canada Medical Journal* in support of this no objection can be taken. These Provinces will do well to form such an association.

BRITISH COLUMBIA.

In the Province of British Columbia for the year 1907, there were 3,047 births, 2,396 deaths and 2,025 marriages.

Stringent regulations are being enforced to prevent the importation of plague-stricken rats by means of vessels calling at B.C. ports.

Premier McBride turned the first sod for the Vernon Jubilee Hospital. The Government has made a grant of \$25,000.

The ladies of Victoria have collected for the maternity ward of the Royal Jubilee Hospital the sum of \$1,044.

D. Wallace, of Winnipeg, has been appointed assistant medical officer to the Royal Jubilee Hospital, Victoria.

The Provincial Medical Association will meet in Vancouver on August 20th and 21st.

In B.C. classes have been formed for the purpose of learning how to render first aid to the injured on electric railways. The employees are taking the matter up with zeal.

Dr. C. J. Fagan, medical health officer for Victoria, has issued notices calling for the immediate report of contagious diseases. This has been deemed necessary on account of the prevalence of smallpox across the line.

The B.C. College of Physicians and Surgeons has elected the following officers: President, Dr. Proctor, of Vancouver; Vice-President, Dr. Sutherland, of Revelstoke; Treasurer, Dr. Jones, of Victoria; Registrar, Dr. Fagan, of Victoria.

At the recent examination for license to practice in B. C., there were 36 candidates, of whom the following were successful: J. W. Andrews, B. Asselstine, J. W. Auld, M. D. Baker, W. Bapty, W. N. Bride, L. E. Borden, A. B. Chandler, R. Crosby, G. E. L. McKinnon, A. C. Nash, M. Raynor, J. B. Thorn, A. Cumming, A. J. Danks, C. Donovan, J. N. Gunn, W. R. Hall, C. T. Hilton, A. H. Huycke, J. B. Leeder, M. MacKay, H. McGregor, T. R. Helles, T. A. Swift, C. C. Wriglis.

OBITUARY.

WILLIAM GORDON BARTON, M.D.

The late Dr. Barton had attained the great age of 83 years. He was educated at Dublin University in classics, where he taught for some years. He then travelled in France and Spain. In 1848, he came to America and taught classics at Wilmington. He graduated in arts and medicine from the University of New York, in 1858. For some time he practised in Carolina, but when the war broke out he removed to Halifax in 1861. From there he went to Pubnico, N.S., where he spent the remainder of his life. He was a distinguished linguist, speaking Italian, Spanish and French fluently, in addition to his knowledge of Latin and Greek. He has two sons who are doctors.

BOOK REVIEWS.

TEXT-BOOK OF SURGICAL ANATOMY.

By William Francis Campbell, M.D., Professor of Anatomy at the Long Island College Hospital. Octavo of 675 pages, with 319 original illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$5.00 net; half morocco, \$6.50 net. Canadian Agents, J. A. Carveth & Co., Limited, Toronto.

This is in the fullest sense an applied anatomy—an anatomy that will be of inestimable value to the surgeon because only those facts are discussed and only those structures and regions emphasized that have a peculiar interest to him. Dr. Campbell has treated his subject in a very systematic way, and illustrated his descriptions so graphically that the acquisition of anatomic relations has been rendered much more easy than has ever before been attempted. *Indeed, the superb original illustrations, numbering over three hundred, will be found extremely clear and exact in detail.* Dr. Campbell's name is sufficient guarantee of accuracy. The author takes up the work under the headings of the head and neck, the thorax, the upper extremity, the abdomen and pelvis, the spine, and the lower extremity. The work is very practical in character and has for its aim the application of anatomy to surgery and the treatment of disease. Helpful points on diagnosis and treatment are constantly recurring throughout the book. The author has a graphic method of illustrating his subject that makes surgical anatomy a thing of beauty and a delightful study.

OSLER'S MODERN MEDICINE.

Modern Medicine, Its Theory and Practice in Original Contributions by American and Foreign Authors—Edited by William Osler, M.D., Regius Professor of Medicine in the University of Oxford, England; Honorary Professor of Medicine in the Johns Hopkins University, Baltimore; Formerly Professor of Clinical Medicine in the University of Pennsylvania, and of the Institutes of Medicine in McGill University, Montreal. Assisted by Thomas McCrae, M.D., F.R.C.P., Associate Professor of Medicine and Clinical Therapeutics in the Johns Hopkins University, Baltimore. Vol. IV., Diseases of the Circulatory System, Diseases of the Blood, Diseases of the Spleen, Thymus and Lymph Glands. Illustrated. Philadelphia and New York: Lea and Febiger, 1908. Toronto: Messrs. McAinsh and Co. In cloth, \$6; leather, \$7; half morocco, \$7.50 net.

Volume by volume this superb system of the practice of medicine is being built up. These volumes are following each other in commendable speed so that the work as a whole will be new and modern for many years. The contributors to this volume are Maude E. Abbott, Robert H. Babcock,

George Blumer, Richard C. Cabot, A. G. Gibson, Charles F. Hoover, Irving P. Lyon, A. McPhedran, W. Osler, Joseph H. Pratt, and A. S. Warthin.

This system is being prepared with a strong leaning to the practical and useful, and, consequently, treatment is receiving there attention. Dr. Osler has been fortunate in his choice of contributors, and the various articles are of a high order of merit.

Nearly 600 pages are devoted to the diseases of the heart and blood vessels. In these pages will be found a thorough review of our knowledge on functional and organic diseases of the cardio-vascular system. About 140 pages are devoted to diseases of the blood, and 100 pages to diseases of the spleen, thymus, and lymph glands.

It has been a matter of much pleasure to review Volume IV. of this system of medicine by Professor Osler. With this system in one's possession, a physician may consider himself as being supplied with one of the best guides of the present day in the every day duties of his profession. We think that every one who wishes to keep himself abreast of the times should procure a set of Osler's Modern Medicine.

PRACTICE OF MEDICINE FOR NURSES.

A Text-book for Nurses and Students of Domestic Science, and a Hand-book for all those who care for the Sick. By George Howard Hoxie, M.D., Professor of Internal Medicine, University of Kansas. With a chapter on the Technic of Nursing, by Pearl L. Laptad, Principal of the Training School for Nurses, University of Kansas. 12mo of 248 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$1.50 net. Canadian Agents, J. A. Carveth & Co., Limited, Toronto.

Dr. Hoxie's work is truly a practice of medicine for the nurse. The modern trained nurse must be able to recognize and understand any signs and changes that may occur between visits of the physician, and, if necessary, be able to combat them until the physician's arrival. This work furnishes just such information. In fact it is a complete practice of medicine, written from the nurse's point of view. All the ordinary diseases are treated of in this book. The language employed is plain and clear. It is specially written for nurses who are not supposed to have the same familiarity with technical terms as medical students. This is a book that should be recommended by institutions where nurses are trained. It should be in the hands of the head nurses of training schools, and every nurse, on graduation, should procure a copy and study it thoroughly. It will make her a better nurse.

DISEASES OF INFANTS AND CHILDREN.

By John Ruhrah, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. Second Revised Edition. 12mo volume of 423 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Flexible leather, \$2.00 net. Canadian Agents, J. A. Carveth, & Co., Limited, Toronto.

Dr. John Ruhrah is building up for himself an enviable reputation on diseases of children. His contributions on this subject are all of such a practical character as to become popular and useful. Throughout this little volume a great deal of attention is paid to the hygiene management of children. Excellent instructions are given upon feeding and the care of infants and young children. The various diseases are discussed in a brief but clear manner. The usual order followed is definition, etiology, pathology, symptoms, diagnosis, prognosis, and treatment. We think well of this book and can recommend it, as one well calculated to give a useful working knowledge of children's diseases.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology Hygiene, and other Topics of Interest to Students and Practitioners. Edited by W. T. Longcope, M.D., Philadelphia. Vol. II. Eighteenth Series. J. G. Lippincott Company, London and Philadelphia, 1908. Price, \$2.25 cloth.

This volume is an excellent one. It contains many interesting articles on medicine, surgery, treatment, etc. It is well illustrated. The price is very reasonable. This series has now run through 18 years of four volumes each year. These volumes are an excellent means of keeping one well up to date on all the leading questions of medical science. The work is got up in handsome form.

GOEPP'S STATE BOARD QUESTIONS AND ANSWERS.

By R. Max Goepf, M.D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Octavo volume of 684 pages. Philadelphia and London: W. B. Saunders Company, 1908. Cloth. \$4.00 net; half morocco, \$5.50 net. Canadian Agents, J. A. Carveth & Co., Limited, Toronto.

This work will be found invaluable in preparing for State Board examinations. Dr. Goepf has taken great pains to collect the many questions asked by Boards of the various States, eliminating all duplications;

so that this work completely covers the questions on all subjects likely to be asked in any State Board examination or in any examination for college, hospital, army, or navy appointments. Further, the questions *with their answers* are so arranged and classified under subjects that the prospective applicant can acquire the knowledge on any branch with the least difficulty. In these words the publishers announce the main objects of the work. What is true of the State Boards is true of the examinations in Canada. These questions and answers should be studied. The answers are models of neatness and clearness, and set a good example for students to follow. There is much in the way answers are given, and this book will show how.

SUBCUTANEOUS HYDRO-CARBON PROTHESIS.

By F. Strange Kelle, M.D., author of the "Recent Röntgen Discovery," "The X-Rays," "Medico-Surgical Radiography," etc. The Grafton Press, Publishers, 70 Fifth Ave., New York. Price, \$2.50.

This book is intended to give a thorough working knowledge on the subject of paraffine injections for the cure of deformities about the face. The book is written in a clear style and by one who understands his subject. He points out the dangers of this method of treating deformities, and these may be best avoided. Judging by what he states, this method of treatment is by no means an easy affair and requires skill and experience on the part of the operator. We recommend this book for its sound advice and needed warnings.

PROGRESSIVE MEDICINE.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D., Professor of Materia Medica and Therapeutics in the Jefferson Medical College of Philadelphia, etc., assisted by H. R. M. Lauder, M.D., visiting Physician to the Tuberculosis Department of the Philadelphia Hospital, etc. Vol. II., June, 1908. Lea and Febiger, Philadelphia and New York. Price in paper covers, \$1.50, or \$6 per year.

The volumes contains a very comprehensive and thorough review of recent work on Hernia by W. B. Coley, Surgery of the Abdomen by G. M. Foote, Gynaecology by John G. Clark, Diseases of the Blood and Blood Glands by Alfred Stengel, and Ophthalmology by Edward Jackson. What we have said of previous volumes of this splendid series, we can with much confidence repeat of this volume. The five sections are equally well done, and by experts of the highest standing, and on sections of

much importance to every practitioner. One could hardly meet with anything more delightful than Dr. Stengel's article on the blood diseases and blood glands. He handles the intricacies of the blood, leukaemia, Banti's disease, leukocytosis, diabetes, gout, Hodgkin's disease, chloroma, exophthalmic goitre, myxoedema, the parathyroids, Addison's disease, etc., with marked lucidity. And so of the other sections. We only mention somewhat in detail one section to show the nature and scope of all the sections.

ROTUNDA PRACTICAL MIDWIFERY.

By E. Hastings Tweedy, F.R.C.P.I., Master of the Rotunda, and G. T. Wrench, M.D., Late Assistant Master. London: Henry Frowde, Oxford University Press, and Hodder and Stoughton, Warwick Square, E.C. Toronto: D. T. McAinish and Company. Price, \$5.

This work, as is indicated by its title, is an epitome of Midwifery, as taught and practised at the Rotunda Hospital, Dublin, and is written by the present Master with the assistance of Dr. Wrench, late Assistant Master.

In it are incorporated the teaching of the former Masters, together with the personal and recent experience of the author in Rotunda methods. The deductions as to the efficacy of these are drawn from statistics, covering the last three years and comprising 5,630 internal and a larger amount of external cases.

The Rotunda Hospital has always been recognized throughout the medical world as a great school of Practical Midwifery; founded in 1745, it may well be the largest, the longest established and the most famous Maternity Hospital in the British Empire. There is hardly a country in the world that has not sent medical men to study at this school.

The scope of the book is designed to be *essentially practical*. It furnishes the student or practitioner with a guide to the diagnosis and treatment both of normal and of abnormal cases, the treatment being given in detail so that the methods of this school can be adopted and carried out by any medical man. As instances, we may refer to the treatment of *accidental haemorrhage* and of *eclampsia*. Again, the various operations of urgency which the medical man may be called upon to perform at a moment's notice, under the most adverse conditions, are fully described.

For the same reason no account of the anatomy of the pelvis, nor any embryology will be found in this book. A very short account of the mechanism of labour is included, restricted only to what is essential to know in order to understand the proper treatment.

The management of normal labour has been dealt with in the greatest detail, no part, however apparently trivial, being omitted, which may aid the practitioner in his endeavours to prevent a case becoming abnormal, or in recognizing the abnormality of the earliest possible time when such exists.

Having in view its great importance, the subject of *puerperal sepsis* in all its aspects, receives special attention, from the point of view of its prevention and of the early recognition both of minor morbid conditions, as well as the graver forms of infection. The authors are of opinion that in the vast majority of cases, puerperal infection has its beginning in some minor form, which once recognized, can be promptly dealt with.

A full account is given of the early *care of the healthy infant* and of artificial feeding. The clinical differences between the healthy and the unhealthy infant are then dealt with—stress being laid on the prevention of ill health. The work concludes by a short account of the various early affections of infancy.

The book is got up well. It is printed in clear type, on good paper, neatly bound and profusely illustrated.

THE URBAN COMPANY'S CATALOGUE.

The press representative of the Urban Company has forwarded a copy of the latest Urban catalogue, which attests the notable advance in cinematographic progress. The demonstrations of animated photography in the colours of nature given to the press on May Day were completely successful, and in the near future it is confidently expected that the process will attain absolute mechanical and artistic perfection.

MISCELLANEOUS.

ONTARIO MEDICAL COUNCIL MEETING.

TUESDAY, JULY 7TH.

The annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario commenced on Tuesday, July 7th. Dr. W. Spankie, of Wolfe Island, the retiring President, said that there appeared to be a mistaken notion in the minds of the public regarding the powers and duties of the Medical Council and its committee on discipline. He

pointed out that the council is not a criminal court and had not even the power of initiative in such matters. He then went on to suggest that the electoral divisions of the college should be changed. It is 14 years since a rearrangement took place, and in that period there have been many changes in the Province. There were now many inequalities in the various electoral districts for the council. New Ontario was not properly represented and in old Ontario there were many changes required. He took up the subject of Dominion registration. It was a matter of regret that the efforts to bring this about had failed. He thought that something might be done to secure interprovincial registration, and in this way overcome the difficulty. He thought that a large majority of the profession would welcome such if it could be secured. He called attention to the fact that the council was meeting in its new quarters at 170 University Avenue. The present premises, well suited for the offices of the council, had been secured for \$21,000, and the council is now relieved of the duty of looking after the former large building and letting offices. He announced that the new register contained 3,807 names of members in good standing, or 406 more than in the former register.

The election of officers resulted as follows:—President, Dr. S. H. Glasco, Welland; Vice-President, Dr. E. A. P. Hardy, Toronto; Registrar, Dr. L. L. Bray, Toronto; Treasurer, Dr. H. Wilberforce Aikens, Toronto; Prosecutor, C. Rose, Toronto; Solicitor, H. S. Osler, K.C.

WEDNESDAY, JULY 8TH.

There was an energetic discussion over the results of the recent examinations. It was thought that something must be wrong when from 60 to 65 per cent. of those who appeared for their intermediate examination had failed. Dr. W. Britton, of Toronto, expressed the opinion that he thought there were teachers on the staff of the University of Toronto Medical College, who were capable of giving proper instruction. He was not casting in aspersions on the examiners, but thought there was something worthy of investigation, when so many who had passed their primary examinations, had failed on their intermediate. The teaching or the method of examining must be at fault. He contended a full enquiry should be made.

Dr. Ryan, Kingston; Dr. Britton, Dr. Spankie, Dr. Gibson, Dr. Robertson, Dr. Moorehouse, and Dr. Temple were appointed to form a committee of investigation.

On motion of Sir James Grant the following resolution was passed: "That the members of the Council of Physicians and Surgeons of Ontario have observed with pleasure the judicious action of the Government of Canada in passing a measure for the thorough scientific expert examin-

ation of meat, and food products generally, in order to serve as far as possible the best interests of our people."

In supporting his motion, Sir James Grant spoke of the growth of sanitary science and hygiene during the forty-two years the council had been in existence. He pointed out that the Government had sent some young men abroad to study in order that the terms of the meat inspection bill might be carried out. He also referred to the need for a Department of Health at Ottawa, and referred to the ravages of tuberculosis which caused 8,000 deaths annually in the country.

Dr. W. Britton presented the report of the special committee appointed last year to consider the curriculum. In view of the fact that the various teaching institutions had not yet had time to complete the details of their fifth year curriculum, the committee recommended that no action should be taken in regard to specifying additional work.

The names of 189 physicians have been struck off the register for non-payment of the annual fee of \$2. In many cases these are men who have left the Province, and all can be reinstated on the payment of arrears.

A committee, consisting of Dr. Britton, Moorehouse, Bryon, Klotz, Gibson, Adams and Griffin, was appointed to consider and report at the present session on the advisability of securing reciprocity between the College of Physicians and Surgeons of Ontario and the General Medical Council of Great Britain, as provided for in the medical act of Great Britain.

It was decided that Drs. Bascom, Lane, Vardon, King and McArthur be a committee to rearrange the boundaries of the electoral divisions, and that the Provincial Legislature be asked for the legislation necessary to make such changes legal.

Drs. Glasco, Hardy and Temple were appointed the Executive Committee for the ensuing year.

THURSDAY, JULY 9TH.

There was a very active discussion on the subject of criminal abortion. The members of the council regretted that any member of the medical profession should lend his assistance in the interests of crime. While this was true, the council resented the attacks of the press and especially those of *The Globe* against the medical profession and the Medical Council.

During the discussion, Dr. F. N. G. Starr said that the council must do what lay in its power to clear the skirts of the profession. Dr. McColl, Belleville, thought that in some instances there might be enough grounds for the council to act upon, though not sufficient for a criminal action.

Dr. W. Britton, Toronto, said the council had no power to take criminal action against any practitioner, but would act as soon as proper

information of improper professional conduct came under its attention. He referred to the many very objectionable advertisements appearing in the newspapers.

Dr. Johnson, Toronto, stated, that when officers of the law took action against an accused doctor, the evidence appeared quite strong at first, but witnesses were induced to leave the country and such like efforts made, so that when the case came up for trial it might appear to be very weak.

Dr. Moorehouse, London, said a man might keep on doing these illegal operations after his name was removed from the register, and the council could not follow him.

Dr. Henry, Orangeville, said it was not the duty of the council to bring offenders to justice. He said it was very difficult to secure conviction in such cases.

Dr. Vardon, Galt, was very caustic in his criticisms of the press, especially the action of *The Globe*. With regard to the conduct of the Medical Council.

Dr. Ryan, of Kingston said with reference to the editorial in *The Globe* of yesterday: "It is unreliable. This same paper came out and attacked the council for endeavoring to make a high standard of education, and then a few months afterwards this same paper attacked the Council for not making a higher standard. When we took action against a man it found fault with us, and now when we have not a good case it attacks us for not prosecuting. It is just the old case of 'You will or you won't; you'll be damned if you do, and you'll be damned if you don't.' They are accusing us of attempting to mislead the public, or hopelessly muddling matters up. We know the law and we are trying to carry it out. We are not rushing in, like fools, but rather, as angles, are going in when we are sure we are right. I think the council should take some action to let the public know this."

On motion of Drs. F. N. G. Starr and A. P. Johnson, the following resolution was put and carried:

"That attention of this council having been recently called to the prevalence of crimes against the unborn, be it resolved that when the detective becomes aware of such a case, he be instructed to lay the matter before the Prosecutions Committee, which will, after careful enquiry, pass the evidence, when deemed desirable, on to the Discipline Committee for action."

It was decided that the next year's meeting be held in Toronto, on 6th July, 1909.

In the evening the council were by invitation of Dr. F. N. G. Starr, the guests at a social reception in the Dean's residence at University College.

FRIDAY, JULY 10TH.

The Prosecutions Committee reported on the cases of Drs. E. M. Cook and D. W. Shier. The report states that, "After due deliberation, we have arrived at the conclusion that it would be wise for the council to instruct the Discipline Committee to proceed to the investigation of both cases."

Dr. E. E. King, Toronto, moved that these cases go separately to the Discipline Committee to be reported upon at the special meeting of the council in November, as decided by the motion of Dr. W. Britton.

It was decided to ask the solicitor, if the executive could refer cases to the Discipline Committee in the interval between council meetings. It was thought that prompt action was required.

A Prosecutions Committee was appointed, consisting of the members of the council resident in Toronto, viz. : Drs. Johnson, King, Britton, Hart, Hardy, Starr, Temple and Adams.

The Discipline Committee elected consists of Dr. Robertson, of Stratford; Dr. Lane, Mallorytown; Dr. Gibson, Sault Ste. Marie; and Dr. Henderson, Strathroy.

Dr. Ryan, of Kingston, presented the report of the special committee on examinations, which said that the scope of the enquiry was too wide for a complete report at the present session. The committee will endeavor to make a full report for the special meeting in November.

Provision was made by the council, by by-law, for examinations in Toronto on the third Tuesday in September, and for tests in Toronto, Kingston and London, in May, 1909.

The special Education Committee will consider a resolution embodied in a letter from Mr. F. Arnold Clarkson, secretary-treasurer of the West Toronto Medical Association, which was presented by Dr. R. J. Gibson, Sault Ste. Marie. This urges the advisability of adopting a higher standard of matriculation for medicine, raising it either to a degree in arts or to a standard sufficiently high "to demand that broad culture and mental discipline so essential to every medical student in the acquisition of his technical knowledge and to every physician in the discharge of his duties."

Dr. J. S. Hart wished to include in the course of study in therapeutics, electro-therapeutics, hydro-therapeutics and massage. Dr. Ryan, of Kingston, did not think the subjects should be added to the curriculum without investigation and moved that the question be referred to the Committee on Council Examinations. This course was adopted.

The council voted down a motion to discontinue the publication of reports of discussions. The reports of the Registration and Complaints Committees were received and adopted. Dr. E. E. King reported on behalf of the Property Committee that the cost of alterations to the new

building of the council had been \$1,835 and the cost of designs for an examination hall and a new executive building was \$200.

An illuminated address was presented to Dr. C. T. Campbell, M.C.P.S.O., of London, a former president of the council, and for twenty-five years one of its members. The address was read by Dr. W. H. Moorehouse, who was president in 1906-7, when Dr. Campbell retired from the council to accept the position of post-office inspector of West London District. Dr. Hardy made the presentation. Dr. Campbell noted that there were only two members present who were in the council when he joined it, namely, Dr. Bray, the register, and Dr. Henderson.

SATURDAY, JULY 11TH.

A strong plea was put forth at this morning's session on behalf of the principle of interprovincial reciprocity in medical registration by Dr. W. Spankie, of Wolfe Island, ex-President, and a motion by him, seconded by Dr. S. C. Hillier, of Bowmanville, was adopted, referring the matter to the Special Committee on Education, which has already to consider the question of reciprocity with Great Britain.

The report of the Committee on Education, presented by Dr. R. J. Gibson, of Sault Ste. Marie, seconded by Dr. Moorehouse, of London, recommended a large number of changes in the curriculum, considerably lessening the number of general text-books and of papers, and making other alterations.

The following changes were made in the Board of Examiners for the ensuing year: Dr. R. W. Schnarr, Berlin, medical jurisprudence and sanitary science, in place of Dr. D. J. Sinclair, Woodstock; Dr. W. I. Bradley, Ottawa, diseases of children, in place of Dr. J. Newell, Watford; Dr. W. S. Cody, Hamilton, homoeopathic examiner, in place of Dr. W. A. McFall, Toronto, and Dr. George F. Clark, Aylmer, assistant homoeopathic examiner, in place of Dr. R. W. Schnarr, Berlin.

The Finance Committee, reporting through Dr. E. E. King, Toronto, showing balance on deposit to the credit of the College of Physicians and Surgeons of Ontario of \$28,359.41 in the Sterling Bank, \$10,000 in the Imperial Bank, and \$10,000 in the bank of Montreal.

It was urged by Dr. McArthur, of London, that the funds should not be invested in any other way than by being deposited in the chartered banks. This was in reference to a request from the Finance Committee for instructions, as they felt that the large balance on hand on deposit drawing simple bank interest should be invested at a more remunerative rate. The general feeling appeared to be in favor of such investment as the committee suggested.

The sessional allowance of members was fixed at \$120, and the session was computed as six days. The committee recommended that Mr.

Chas. Rose receive, as public prosecutor, the sum of \$1,200 per annum.

The assets total \$79,525.41, and liabilities \$12,500, leaving a balance in favor of the college of \$67,025.41. The report carried.

Dr. Moorehouse suggested the buying of certain property at the rear of the new premises, in order to secure a lot of sufficient size for future uses.

DR. HAMILL'S MEDICAL EXCHANGE.

The Canadian Medical Exchange, conducted by Dr. Hamill, Toronto, Medical Broker for the purchase and sale of medical practices and properties, has at the present time between 20 and 30 medical practices for sale, which will average from \$2,500 to \$5,000 per year, and he will be glad to pilot *bona fide* buyers who register with him, to any of these that might suit them. Full details of his methods can be obtained by dropping a letter to 75 Yonge St., Toronto. The Canadian Medical Exchange certainly offers a short-cut for any physician who desires to find an opening where a lucrative practice can be done.

WM. R. WARNER & CO'S BUSINESS.

"The old and reliable house of Wm. R. Warner & Co. will be incorporated under the laws of Pennsylvania, with Mr. Wm. R. Warner, Jr., retaining his connection as President of the corporation.

"This move enables Mr. Warner, who has managed the entire business, to transfer to others many of the details of management and at the same time assures his host of friends and patrons in the trade, of a continuation of the safe and conservative policy which has proven the keynote of its success and which has characterized it from its foundation in 1856."

MEDICAL TREATMENT OF INEBRIETY.

The attention that is being paid to the treatment of inebriety by the medical profession of to-day is far in advance of what it was a decade or two ago. During the last few years it has engaged the earnest attention of both the Dominion and Provincial Medical Associations in Canada, and when the British Medical Association met in Toronto, two years ago, a large portion of the time of one branch of the meeting was taken up in the discussion of this subject.

There yet remains much to be done by the profession along these lines, in educating the people, and urging on the people's representatives in the Legislature, the importance of making proper provision for this unfortunate class.

Private enterprise has made a creditable beginning in this very necessary branch of the profession, and we would call the attention of our readers and the medical profession generally to the very excellent institution lately established at 218 Simcoe Street, Toronto, for the treatment of liquor and drug habits.

This institution is under the care of Dr. J. Hutchison, an experienced physician who devotes his entire time to its requirements. The Dr. Hutchison Sanitarium relies entirely on the medical profession for support, and those of our friends having patients of this kind requiring expert medical treatment, as well as seclusion and surveillance, cannot do better than to send them there.

The sanitarium is conveniently situated, well equipped and well managed; near the centre of the city, but far enough away from the car lines and traffic to insure the quietness and seclusion so desirable in treating this class of patients.

TO SUBSCRIBERS TO THE INDEX MEDICUS.

At a recent meeting of the Executive Committee of the Carnegie Institution of Washington, it was decided to continue the publication of the Index Medicus during 1909, at an increased subscription rate of \$8.00 a volume. The edition of the volume will depend entirely upon the number of subscriptions, and you are accordingly requested to notify us if it is your purpose to become a subscriber to the Index Medicus for the year 1909.

During the last two years efforts have been made to increase the subscription list to this publication, in order that at its present subscription rate of \$5.00 a volume, it might help to support itself to a greater extent than in the past. These efforts, however, have met with little success, and the expectation of the institution that representatives of the medical profession generally would support the Index Medicus has not been realized.

Nevertheless, for those who use the journal, it is undoubtedly of great value, and the action indicated above has been taken with a view to rendering the Index Medicus available, for another year at least, to those who find it useful. At the same time, it is hoped that the present number of subscribers may not be greatly reduced, as such a reduction might render necessary a further increase in the subscription price in the future.

If, therefore, you desire to become a subscriber to the *Index Medicus* for 1909, will you not kindly fill out the enclosed form and return it to us? Only those who place their orders prior to the issue of the number for January, 1909, may be sure of procuring copies for the year.

All communications should be addressed to

CARNEGIE INSTITUTION OF WASHINGTON,
WASHINGTON, D.C.

THE SAMUEL D. GROSS PRIZE OF FIFTEEN HUNDRED
DOLLARS.

The Philadelphia Academy of Surgery sends the following announcement:—

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1, 1910.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

WILLIAM J. TAYLOR, M.D.,
RICHARD H. HARTE, M.D.,
DEFOREST WILLARD, M.D.,
Trustees.

Philadelphia June 15th, 1908.

THE REFORMATION OF CRIMINALS.

Home Secretary Gladstone has introduced in the House of Commons a bill aiming to reform habitual criminals by conciliatory treatment. Mr. Gladstone said the present system was sufficiently deterrent for 50 to 60 per cent. of prisoners, but was useless for two classes, namely, those who are criminal owing to mental or physical deficiency, and those preferring to live by crime. The latter laughed at the present system. They refused a helping hand and were determined not to work. The bill proposes to follow penal sentences by a period of preventive detention until the authorities are assured the prisoners will live honestly and until age or infirmity incapacitates them from resuming a life of crime. The system, said Mr. Gladstone, is based on hope, not fear. It would enable a man to effect his own release. The bill passed its first reading.

LUNACY COMMISSION RESOLUTION.

The following was adopted at the Hamilton meeting :—

“That the Ontario Medical Association desires to express its hearty approval of the proposal of the Government of Ontario to establish a psychiatric clinic to work in conjunction with hospitals for the insane in the Province, and that the Association also respectfully request the Government to have a Lunacy Commission or Board of Alienists appointed, who alone shall give expert evidence in courts of law as to sanity and insanity, and that they also institute reform in the civil service, whereby promotions for merit shall take place, and especially to make the rule that no one shall be appointed superintendent of any hospital for the insane until he has had some years’ training and service.”

INTER-PROVINCIAL REGISTRATION.

Dr. Roddick, in speaking to the toast of the Ontario Medical Association at the banquet, took as his subject interprovincial registration, strongly urging on the profession the need of breaking down the barriers which separate the medical men in the several Provinces. He believed the government of the profession should be in the hands of the Dominion Government, instead of being controlled by the several Provincial Governments, and thought this was intended under the B.N.A. act. One attempt was made to bring this about, but it nearly succeeded in strangling the profession, because it was mis-managed, and the result was that a regular Chinese wall was built about each Province. A subsequent attempt was made to bring this desired condition about, but Quebec

stood out against it because of the jealousy of two universities there about the standards that should be set up. Several Provinces had a clause tacked on to their acts providing for interprovincial legislation. He thought it was regrettable that an imaginary line prevented one doctor from going to the service of humanity in another Province adjoining his. A man with a broken leg was the same in Russia as here, and he could not see why the central board should not control the affairs of the profession in Canada. He knew a man who was fined for crossing into an adjoining Province to save a woman's life. It was his opinion that as soon as the profession in Ontario, the banner Province, strongly urged this measure other Provinces would fall in line, and bring this much-desired condition about.

ONTARIO MEDICAL COUNCIL'S EXAMINATIONS.

The following candidates have passed the final examination of the Ontario Medical Council:—

R. T. Adam, Lindsay; A. E. Aikinhead, Brucefield; H. H. Black, London; E. Boyd, Toronto; G. F. Boyer, Kincardine; J. Burns, Palmerston; G. S. Buck, Lindsay; H. W. Bell, Port Hope; A. Baxter, Toronto; H. A. Boyce, Murray P.O.; G. A. Bates, Toronto; W. W. Brydon, Brampton; W. Bailie, Toronto; T. H. Callahan, Wooler; O. A. Cannon, Walkerton; M. B. Campbell, Toronto; G. R. Crann, Queensville; J. Christie, Webbwood; G. L. Cockburn, Sturgeon Falls; M. Calder, Innisfail, Alberta; W. F. Cornett, Kingston; J. Duncan, Toronto; B. S. Elliott, Ingersoll; J. A. Evans, Islington; R. W. Faulds, Burwell Road; G. C. Gray, New York, N.Y.; C. C. Hartman, Aurora; R. E. Holmes, London; H. Huehnergard, Berlin; A. W. Hunter, Durham; H. B. Johnston, Vernonville; W. J. Johnston, Wareham; P. J. Kirby, Arthur; R. Kenny, Sarnia; J. H. Lawson, Brampton; G. E. J. Lannin, South Mountain; J. MacLachlan, Toronto; D. W. MacKenzie, Toronto; J. D. Milne, Delaware; F. S. Macpherson, London; N. Munro, St. Thomas; T. Morrison, Hamilton; A. H. Morgan, Moorefield; A. D. McArthur, Greenbank; A. D. McCannel, Minot, North Dakota; C. S. McVicar, Ailsa Craig; O. A. McNichol, Toronto; J. M. McReuer, Ayr; R. D. McAlphine, London; W. L. McBroon, London; O. J. Newell, Aylmer; A. P. Ovens, London; R. D. Paul, Chicago; W. C. Peplin, Windsor; W. G. F. Russell, London; G. W. Racey, Kingston; E. H. Relyea, Cornwall; A. G. Rice, Toronto; F. W. Routley, Toronto; P. J. Sproule, Listowel; L. J. Simpson, Thornton; A. T. Spankie, Wolfe Island; S. Stinson, Brighton; A. B. Schinbien, Listowel; J. H. Sullivan, Ottawa; G. E. Seldon, Ingersoll; R. R. Todd, Toronto; F. H. Trousdale, Kingston; R. A. Williams, Ingersoll; S. T. White, Toronto; A. I. Willinsky, Toronto; N. R. Wilson, Toronto; E. H. Young, Kingston.

MEDICAL PREPARATIONS, ETC.

TREATMENT OF DYSMENORRHEA.

Since dysmenorrhea, like all other anomalies of menstruation, is merely a symptom of a pathologic state of the uterus or one or more of its appendages, it is perfectly obvious that remedial agents capable of effecting the removal of the underlying cause are preferable, in its treatment, to drugs that are solely palliative in action.

In the treatment of all varieties of dysmenorrhea it is possible to relieve the pain at once, normalize the pelvic circulation, restore the uterine contractile power and correctively affect the acting cause. By such a course, the comfort of the subject is more promptly brought about and durable relief is more easily effected.

These ends can be achieved by the administration of Ergoapiol (Smith) in doses of one capsule four times daily during the menstrual period.

In the treatment of recurrent dysmenorrhea, the most gratifying results are obtained by beginning the administration of Ergoapiol (Smith) three or four days in advance of the catamenia and continuing its employment until menstruation has ceased.

Despite the fact that Ergoapiol (Smith) exerts a pronounced analgesic and sedative effect upon the entire reproductive system, its use is not attended with the objectionable by-effects associated with anodyne or narcotic drugs.

The unvariable certainty, agreeableness and singular promptness with which Ergoapiol (Smith) relieves the several varieties of dysmenorrhea has earned for it the unqualified indorsement of those members of the profession who have subjected it to exacting clinical tests.

Whilst hot sitz-baths, vaginal injections and similar measures may be advantageously employed in conjunction with Ergoapiol (Smith), their use is not essential; in fact, the preparation will invariably prove sufficient to relieve the pain attending menstruation.

The impressive analgesic and tonic action of Ergoapiol (Smith) upon the uterus and its appendages render it of conspicuous service in the treatment of all anomalies of the catamenia associated with pain.

PAPINE AND ITS USES.

Gastralgia.—Papine in teaspoonful doses, given every two or three hours will promptly relieve the severe pain associated with gastralgia. The effect of one dose is often prolonged for five or six hours.

Malarial Neuralgia.—Papine in one or two teaspoonsful doses every three hours.

Peritonitis.— Begin with one teaspoonful every two hours, increasing the dose to three and four teaspoonsful every three hours.

INFANTILE DIARRHOEA.

By G. L. HAGEN, M.D., Minneapolis, Minn.

Your product, Glyco-Thymoline, has proven in my hands the best remedial agent in all cases where the different mucous membranes are involved in a catarrhal and inflamed condition. I could give you several cases in which I have used Glyco-Thymoline with brilliant results but will relate one extremely chronic case.

A three months' old bottle fed baby in the month of August, 1906, had chronic infantile diarrhoea and inanition. I used everything known in the line of artificial food products and every other remedial agent to suit the case but with no improvement. His mouth at last got so inflamed that even water seemed to irritate it and he could not retain anything. He was a mere bunch of small bones—everything but dead. I then began to give him the following treatment:

| | |
|------------------------|-----------------|
| R Glyco-Thymoline..... | ʒ i |
| Mel. Despumatum..... | ʒ i ss. |
| Aquae dist..... | ʒ s.s.a.d. ʒ iv |

M. Sig. one teaspoonful every two hours. The baby made a rapid and complete recovery and is to-day the finest little patient I have ever had.

H. K. MULFORD'S SCIENTIFIC EXHIBIT.

DEAR SIR,—The object of our scientific Exhibit at the recent annual meeting of the American Medical Association at Chicago, was to illustrate by specimens, models and descriptions the production of Antitoxin, curative sera, smallpox vaccine, bacterial vaccines and tuberculin. The exhibit is part of the permanent museum now being developed in connection with our Scientific Department and School of Instruction. Hitherto, it has been considered necessary by manufacturers to conceal their methods as far as possible with the view of protecting capital invested in the business. We are making a radical departure from this and have adopted a new way, namely, the way of publicity, believing that the more physicians have the opportunity of knowing just what we are doing and how we are doing it, the greater will be the confidence of the profession

in the H. K. Mulford Company and its products. We would be glad to have you call attention to our museum and catalog and when you are in this city, we hope you will honor us with a visit.

Yours very truly,

H. K. MULFORD COMPANY.

SANMETTO IN ACUTE CYSTITIS.

Acute cystitis in the female is caused by various pathogenic bacteria, foreign bodies, traumatism, retention of urine, unclean catheters, exposure to cold, etc. The symptoms are frequent micturition, with tenesmus and a burning sensation in the urethra, later on pain in the bladder, hematuria, and the urine contains pus and epithelial cells. Chills, rapid pulse, fever, and headache may also be present. The treatment includes rest, administration of sanmetto, plenty of cold water or milk, bland and mild food, laxatives, hot sitz baths or vaginal douches, irrigation of the bladder with antiseptic solution followed by solution of nitrate of silver.

"VOIGTLANDER REPUTATION."

Founded in 1756—and a business experience of over one hundred and fifty years in this line, assures to prospective buyers, microscopes and microscopical accessories that cannot be surpassed by any now on the market. "Voigtlander" stands are mechanically perfect and embody the latest improvements, and their objectives and eyepieces are so superlative in character as to fully substantiate the claim made for them that none better in quality are manufactured. Particular attention is given to "duty-free" orders, on which special prices are quoted on request by Voigtlander & Sohn, A. G., Optical Works, 225 Fifth Avenue, New York City—who will also furnish catalogues—and their instruments may be obtained through any dealer in the U.S.A. and Canada.

MARMOREK'S TUBERCULOSIS SERUM.

CANADA LANCET, *Toronto, Canada* :

GENTLEMEN,—In connection with the widespread and increasing interest throughout the civilized world in the matter of the prevention and cure of tuberculosis, you will be interested to learn that Prof. Marmorek, the discoverer of Antistreptococcic Serum, at the Institut Pasteur, Paris,

has signified his willingness, at the request of our Paris House, to supply physicians who are especially known through their work in connection with tuberculosis with a certain amount of his Tuberculosis Serum for clinical tests gratis. Such physicians, if they will communicate with us, we will immediately place in touch with Prof. Marmoreck through our Paris House.

We should be pleased to supply, for clinical experiments in your wards for contagious diseases, a sufficient amount of a new Scarlet Fever Serum for internal administration gratis.

Yours very truly,

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By C. P. ROBBINS, M.D., Louisville, Ky.,

Assistant to the Chair of Obstetrics and Gynecology and Chief of Clinic, Hospital College of Medicine.

One of the principal subjective symptoms of any disease, or disturbance of nature, is pain, and what the patients most often apply to us for, is the relief of this annoying and troublesome feature. If we can arrest this promptly, they are much more liable to trust us for the remedies which will effect a permanent cure. The everlasting resort to morphine is overcome in a great measure by the employment of reliable coal tar products. In cases of intermittent fever it is best to prescribe doses of one or two antikamnia tablets when the first chill comes on. I also find them most valuable in controlling headaches of a neuralgic origin. Rarely more than two tablets are necessary; the pain is promptly dissipated and the patient can go about as usual. The tablets of antikamnia and codeine, I consider the best and most useful in controlling severe pain. I have used them after surgical operations as a substitute for morphine, and find them eminently satisfactory. In controlling the severer forms of neuralgia they rank next to morphine itself.—*Medical Progress*.

BLOODLESS PHLEBOTOMY.

The Denver Chemical Company have issued a number of their journal devoted to the uses of Antiphlogistine in the treatment of inflammations. It states that Antiphlogistine, the original clay poultice, has been on the market for fifteen years, and has never been successfully imitated. The leading article in the issue for February is by Dr. A. Lübbert, of Hamburg, in which he reports a number of cases successfully treated by Antiphlogistine.