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MISSING

The Canada Lancet

VOL. LII.

TORONTO, DECEMBER, 1918

No. 4

EDITORIAL

WOUND SHOCK AND THE VASOMOTOR CENTER.

Drs. W. T. Porter and E. Merson, of the Laboratory of Comparative Physiology in the Harvard Medical School, Boston, have devoted much study to the subject of wound shock and the vasomotor center.

The statement has been issued from the Harvard Laboratory that wound shock was caused by fat emboli. In a recent article in *The Boston Medical and Surgical Journal*, these authors give further account of their work. They advance a good deal of proof that wound shock is caused by the plugging of the capillaries in the bulb or vasomotor region by fat globules. By injecting one-fifth cubic centimeter of neutral olive oil into the subclavian artery of a dog, there followed in a few moments a rapid fall of the diastolic blood pressure from 160 Min. Hg. to 40. This experiment was repeated and with similar results. It has been quite abundantly proven that a minute quantity of fat in the blood will cause a characteristic fall in blood pressure, and the concomitant symptoms of wound shock, whenever the blood supply to the vasomotor center is interrupted by the plugging of its capillaries.

A microscopic study of the sections through the vasomotor region, stained with Sharlach R, abundantly supports the conclusion that minute quantities of fat may cause shock.

Shell fracture of the femur and multiple wounds of the subcutaneous fat give rise to many fat globules in the blood. The proof thus becomes quite clear that in many forms of wounds, such as those caused in the war, where there is fracture of bones and injury to the fat, there are thrown into the blood fat globules. When these reach the capillaries of the vasomotor center the onset of shock is immediate.

THE COMING MEDICAL LEGISLATION.

Do not take too much for granted. All that is recommended in Judge Hodgins' report may not become law. Some of the Commissioners' recommendations are objectionable, while very many of them are excellent. In another portion of this issue we give the statement placed in the hands of the Government by the Ontario Medical Association as voicing the views of the profession as a whole. To the various sections we invite careful consideration.

Some were in favour of a clause that strongly condemned the appointment of a medical director. Some others thought that it would not be wise to express our opinion too pronouncedly against such an innovation. We do not hesitate to say that we believe that such an appointment is uncalled for, and would urge upon the profession to use its influence with the members of the Legislature in opposition to the creation of any such office. We are firmly convinced that no one could be found who would be able to perform the many duties that are to be assigned to the said officer. Then the appointment of such an officer would lead to endless friction, if he attempted to do his duty. Further, it would lead to a needless expenditure of money. But it should also be borne in mind that the duties laid down for the Medical Director can be all performed by the Provincial Board of Health, the College of Physicians and Surgeons, the Inspector of Hospitals, the new Council for Nurses, and the Universities, by properly apportioning the work among these bodies. Why, then, any more machinery?

The "irregulars" are busy. They appeared before the Government in force, and advanced many "arguments" that were the merest rant. The talk about the merits of chiropraxy was enough to give one disease of the "spine," and require a good "toggle" to put things right again. But it must not be allowed to rest there. The medical men throughout the Province must insist on correct views as to what this hideous thing called chiropractic is. It is nothing short of monstrous to assert that 95 per cent. of all diseases are caused by some spinal displacement. It is absolutely untrue.

When Osteopathy put up its case, one prominent osteopath declared that the regular medical profession did not know "true anatomy and physiology," and that the professors of these subjects in the medical colleges did not know how to teach them properly. The contention put forth was that the functions and uses of the organs and parts of the body were not taught; indeed, were not really understood by these teachers. This would make old Autolyceus feel ashamed of his impudence.

Then the plea of the Christian Scientists was that they did not practice medicine in any sense. They trusted to prayer. If one takes

the talk about healing out of Mrs. Eddy's writings, and the later writings and lectures of this cult, there is very little left. If a man has his leg broken and sends for a doctor, and the doctor treats the fracture by prayer, he is none the less practising surgery, but, we fear, trusting to a very poor splint. Indeed, he is dragging the true use of prayer into disgrace. Helpful means must always be employed. The Christian Scientists do practise and charge for their prayers. One of the leading speakers for this group said repeatedly that "the laborer is worthy of his hire." Yes, if the labor is well done! This can hardly be said to be true when the instance is the treatment of diphtheria by the agency of "a paid-for prayer," instead of an injection of antitoxine.

But these "arguments" may have some influence with some, and so the medical men must use their knowledge of true medical science to inculcate correct views into the minds of the members upon all these points. Once more we say "Do not take too much for granted." In this all-important matter the medical profession must cease being "the easy mark."

THE TEMPERANCE ACT.

With the general question of prohibition or non-prohibition we have nothing to do here. What we have to say merely affects the medical men in the carrying out of the Act.

In the first place, we do not think that it is proper that what is to be regarded purely as a medicine, should be kept and sold by laymen. If alcoholic liquors are to be prescribed only for medicinal purposes, they should be found only in the drug stores.

Then we contend that it is wholly wrong to require doctors to reveal the nature of the complaints of their patients. This should not be made public and sent to liquor stores to be seen by clerks and vendors, and commissioners or their agents.

Further, if alcoholic liquors are to be employed solely as medicines, then seven stores for Ontario is not sufficient. This gives about 350,000 persons for each shop. The distances are too great to be of use to the people in the event of urgent need.

But the medical men are put in a humiliating position when they are made the agents of the liquor traffic. It may be taken for granted that doctors are very often asked for orders for alcoholic stimulants by friends and patients when there is no real sickness. These people wish to have some stimulant in their houses. Very many of these requests have to be refused, and, in doing so, the doctors offend their clientele. This should not be the case, and there is no need that it should be so.

We venture to state that the honest doctor is suffering in this way. He refuses to grant orders, and these people go to some one else. Thus it is that one doctor may give only one or two orders in a day, or for days none at all, while some other doctor may grant a large number. Another feature that calls for condemnation is the "spotter." There are those who are going about trying to catch the doctor. There should be some other system.

THE TREATMENT OF CHRONIC CONSTIPATION.

Agar or Japanese "isinglass" is the same substance as the agar-agar so commonly used in bacteriologic laboratories. It has been prescribed, with success, for several years in the treatment of chronic constipation. Latterly its use is becoming more general in this country. The chief objection to the substance is its lack of flavor. To meet that objection our pharmaceutical experts have developed Chocolate Agar, which is really a very agreeable product that is eaten without hesitation, even by children.

Agar is not digested or dissolved in the gastrointestinal canal. It has no physiological effect upon the tissues or secretions. It absorbs water freely, softens and swells, becoming gelatinous in consistence, and in that form is intimately mixed with the fecal mass, thus increasing the volume or bulk of the colonic contents. In short, Agar acts by filling the bowel, which is stimulated to expel the material within it.

Medical authorities have found that functional torpor of the large intestine is often due to the fact that a scanty residue remains after the digestible and soluble portions of the food have been absorbed. Our diet consists too largely of freely digestible starches and sugars, albumen, casein, etc. It does not contain enough residue—coarse fibrous vegetable matter. In cases of constipation in which it is found that the coarse vegetables disagree with the patient, Agar, or preferably Chocolate Agar, supplies the deficient element.

Chocolate Agar is a dark-brown coarse granular powder. It is supplied in quarter-pound and pound packages and is given in doses of one to two heaping tablespoonfuls, morning and evening. It may be eaten dry, or it may be mixed with milk or cream or any of the cereal breakfast foods.

MEDICAL EDUCATION

REPORT OF THE ONTARIO MEDICAL ASSOCIATION
ON JUDGE HODGINS' REPORT ON
MEDICAL EDUCATION

The Ontario Medical Association is a voluntary organization, now in its thirty-eighth year, and representative of the best ideals of the medical profession in ethics, practice and education. It includes in its membership the vast majority of the most active and best informed in all branches of the medical profession. It has stood firmly for the rights of the people in matters pertaining to public health, and the suppression of irregular and ignorant classes of practitioners, who seek to prey upon the credulity of their clients. The objects and aims of this Association are to promote a scientific spirit among its members, to maintain a high code of medical ethics, and to encourage sound medical legislation. Animated by these motives the Ontario Medical Association respectfully begs to submit the following expressions of opinion.

I. The Public Welfare.

On page 4 of Justice Hodgins' report the following words are found: "I have, therefore, endeavored to consider them all from the point of view of the public, and with an appreciation both of the responsibility of the Province for the public health, and its duty, and equally important, of allowing the individual citizen reasonable freedom of action."

The foregoing position cannot be too highly commended. The chief end of all legislation is the protection of the people. In all matters pertaining to the treatment of all forms of diseases and injuries this can only be secured by exacting from all who would undertake the duties of attending and treating the sick or injured the highest possible standard of training and scientific education that modern medical scientific knowledge can furnish. Such legislation will not only protect the public, but it will, in a very large measure, protect the profession against slothful methods in its ranks and overcrowding, and the evils that tend to flow from these. No one should, therefore, be permitted to practise any form of healing who does not obtain the Ontario license.

II. Vested Rights.

On the very important subject of Vested Rights, Mr. Justice Hodgins seems to lay down a sound principle on page 6 when he employs these words: "Whatever might be the position of those outside the regular medical profession at the time when Sir James Whitney made this promise, it is not possible after that date to say that any practitioners have established themselves in Ontario in such a manner as to have secured a status or to have been possessed of anything known as a vested right to practise."

The promise here referred to is the statement made by Sir James Whitney on 30th June, 1913, that he would appoint a Commission to investigate medical education and practice in Ontario. With this position of the Commissioner, that those who have commenced any form of

irregular practice since that date have thereby acquired no vested rights, every one who has due regard to the welfare of the public must fully agree. This view of Justice Hodgins should be accepted in framing any statute for the Government of the medical profession and medical practice in Ontario. On page 31 the Commissioner states that "No one can have a vested right in regard to public health or private healing." This clears the atmosphere, and makes it possible to deal with the several claimants to the right to practise in any way on their merits. This is the position taken by the regular medical profession of this Province.

III. Physical Therapy.

With what Justice Hodgins sets forth on pages 6 to 16 inclusive, but little exception can be taken. No doubt the condition and numbers of returned soldiers and the results obtained by physical therapy have strongly impressed his Lordship with the importance of manipulative and such like methods of treatment. While of undoubted value in the case of the soldier and many others, these methods of physical therapy have their limitations in practice. Nevertheless, with the advance of medical science, the acquirement of a wider and better knowledge on the causation and pathology of disease, and the discovery of new instruments, the regular medical profession is appreciating in a constantly increasing degree the value of physical therapeutics, such as are mentioned on page 8 of the Commissioner's report, namely, mechano-therapy, thermotherapy, hydrotherapy, kinesitherapy, electrotherapy and radium-therapy.

The medical profession would welcome the incorporation into the medical curriculum a greater degree of attention to such subjects, and their practical application to the treatment of disease. It is with pleasure, therefore, that the Ontario Medical Association approves of the suggestions made in recommendations 1, 2, 3 and 4, found on pages 71 and 72 of the report on medical education in Ontario. It is towards this end that the best Medical Colleges of to-day are working; but, to make this training efficient, suitable accommodation and apparatus must be furnished. Towards these the public must give sufficient monetary assistance, either by private benefactions or by Government grants.

IV. The Definition of "Practice of Medicine."

Mr. Justice Hodgins cites what the term "medicine" should cover as set forth in the Commission under which he acted, as stated on page 3. Further, he points out on page 5 that the Statutes contain no definition of the term "medicine," and refers to the difficulties that have arisen because of this. With the object of remedying this deficiency in the law, and clearing the ground for the proper treatment of the various claimants to the right to practise, the Commissioner lays down the following:

"The term 'Practice of Medicine' shall mean and include:

"(1) The use of any science, plan, method, system, or treatment with or without the use of drugs or appliances for diagnosing, alleviating, treating, curing, prescribing or operating for any human disorder, illness, disease, ailment, pain, wound, infirmity, injury, defect, deformity or physical or mental condition.

"(2) Diagnosing, alleviating, treating, curing, prescribing or operating for any human disorder; illness, disease, ailment, pain, wound, infirmity, injury, defect or deformity or physical or mental condition, and the holding out, offering or undertaking by any means or method to do any of the foregoing and including midwifery and the administration of anaesthetics.

"(3) Any manipulative or other kind of physical or mental treatment whatsoever, suggested, prescribed or advised, for body or mind, administered to, operated upon, or intended to be followed by the patient himself or herself, intended or professing immediately or ultimately to benefit the patient, and the holding out, offering or undertaking by any means or method to use the same or to diagnose.

"Any person who shall habitually use in advertising any title such as M.D., M.B., D.O., D.C., D.O.S., or any title as indicated thereby or as surgeon, doctor, physician, healer, professor, specialist or any other letters, sign or appellation having the same or similar import in relation to medicine as defined above, shall be considered prima facie as practising medicine. Those possessing the degree of doctor of dental surgery, or being licentiates of dental surgery, shall not be within the above provision."

The Ontario Medical Association approves of the foregoing definition of the "Practice of Medicine," but would respectfully beg leave to suggest that the word "habitually" be omitted from the last paragraph, as it would leave an opening for those who travel from place to place as itinerant practitioners. They might sometimes use one title and sometimes another, as they changed their location at short periods of time. These persons do much harm and are often difficult to deal with at law.

V. Osteopathy.

The Commissioner is to be congratulated upon the thoroughness with which he examined the educational status of Osteopathy, the claims of the Osteopaths, and the recommendations which he sets forth in his report regarding them. After pointing out the facts that there is no Osteopathic College in this Province, that such practitioners must be trained in the United States, and that it might not be wise to establish here what they are trying to eliminate in the United States, the Commissioner states as follows on page 27:

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

The Commissioner mentions the fact that a certain "State in the American Union has put the Osteopathic student on the same or practically the same footing as the ordinary medical student," and further remarks on page 28 that "I do not see why Ontario should be less decided on her requirements less worthy to be followed."

On page 29 of his report the Commissioner states thus: "The inadvisability of enacting any legislation now in the direction of allowing one class of a learned profession to practise it without the range of study

required of others is emphasized when one reflects that a statute of that kind passed now would only provide Ontario with Osteopaths of the older and less advanced school."

Having reached the conclusion that Osteopaths should not be granted independent legal standing, the Commissioner then states on page 31 as follows:

"Notwithstanding the conclusions I have reached, I am not in favor of dealing harshly with those practising Osteopathy here on June 30th, 1913."

This is followed up by two very specific and definite statements in the Commissioner's conclusions, and to be found on page 72, as follows:

"(6) That Osteopaths, Chiropractors and other drugless physicians practising in this Province on the 30th day of June, 1913, be permitted to continue for six months from the 1st of January, 1918, without being subject to any disability or prosecution."

"(7) That after the 1st of July, 1918, no one shall practise medicine as defined as aforesaid in this Province without a license from the College of Physicians and Surgeons of Ontario, except that those who were practising what is known as Osteopathy on the 30th of June, 1913, if possessed of a diploma from one of the five Colleges now recognized by the American Osteopathic Association, with five years' practice in osteopathy, or if they obtain from that Association a certificate that they are qualified to pass the examination for license in the State where Osteopaths are examined and licensed which has the highest standard, may continue in practice under a special license to be issued by the Minister of Education in which the practice of the holder shall be limited to Osteopathy and as not including the administration of drugs nor the performance of surgery with instruments."

This position laid down by the Commissioner will have the effect, in a short time after the passing of the Act embodying these conditions, of removing from this Province all the Chiropractors and drugless healers, and all the Osteopaths who have located here since 30th of June, 1913. Only such Osteopaths as were in practice in this Province prior to 30th June, 1913, and who can comply with the requirements as set forth in the foregoing recommendations, are recommended for more lenient consideration, to the extent that permission be granted them to continue in practice.

The Ontario Medical Association can find no reason whatever for the recognition of those Osteopaths who were in practice prior to 30th June, 1913, and most respectfully dissents from the recommendation of the learned Commissioner. These practitioners of Osteopathy include those who graduated a number of years ago when the Osteopathic Colleges gave very poor courses of instruction. As their training, therefore, even according to Osteopathic standards, must have been very defective, it is held that in the interests of the people they ought not to be granted the right to continue their practice, because they practice general medicine as physicians without the training to enable them to do so. But in view of the fact, as the Commissioner has pointed out, that these individuals have broken no law in beginning the practice of

Osteopathy in our community, and considering that it would be unfair to these individuals to compel them to cease practice, therefore, this Association concurs in the suggestion in the Commissioner's report regarding those who were in practice prior to 30th June, 1913.

With the remarks of the learned Commissioner about chiropractic and manotherapy (page 32), the Ontario Medical Association is in thorough agreement. These so-called systems have no claims whatever to recognition. Chiropractic is founded upon a most pitiably ignorant conception of diseases and their treatment, and should be most promptly and rigidly suppressed in the interest of the people. With regard to Manotherapy, Justice Hodgins is correct when he states, on page 34, that "Manotherapy is a name for manipulation by hand, which has no distinctive feature."

It may be remarked that Justice Hodgins offers no comments on the soundness or the reverse of the Osteopathic theory of disease. To decide upon the merits of one system of treatment as compared with another did not, perhaps, fall within the scope of his investigation. Too much emphasis cannot be laid upon the fact that the Osteopathic theory of disease is radically wrong, and any system of treatment built upon it must end in failure.

Justice Hodgins states on page 27 that "Manipulative treatment is becoming more and more recognized as a valuable agent in the cure of or alleviation of diseased conditions of the bones and joints. The Osteopath applies it to all conditions, the regular physician not enough in suitable cases." The real truth is that the regular medical profession does not object to Osteopathy because it makes use of manipulation, but because in so many cases it applies this treatment erroneously. This could not be otherwise for the reason that the Osteopath has a false conception of the causation of disease. This statement is well borne out by the application by him of manipulation as the proper treatment for typhoid fever, diphtheria, pneumonia or heart disease. It is only when a practitioner has been properly educated that he becomes proof against such wild theories.

The regular medical profession contends that those who have been placed under proper teaching for the full course of the medical curriculum would not fall victims to such theories as those governing the practice of the Osteopath, the Chiropractor, or the Manotherapist. Diseases cannot be treated along any one narrow method, however good that method for certain conditions may be. An excellent illustration may be found in the valuable results obtained from the judicious use of digitalis in some forms of heart disease; whereas, were the drug administered indiscriminately in all forms of heart affections the results would be most disastrous.

VI. Christian Science.

On this subject it is gratifying to note that Justice Hodgins maintains that Christian Scientists should be able to conform to the public health laws of the Province. On page 38 these important words are found: "So far as public health regulations are concerned there can be no doubt that whatever method they adopt they should be required to conform to them, if they intervene in any way in the care or alleviation

of disease, as they unquestionably do when they become the medium for effecting the desired result. Whether they see the patient or not, whether they merely pray for him, if their efforts or doctrine really and in practice result in eliminating the regular practitioner, either because the patient desires it or because his friends do so, then the interests of public health throw on them the responsibility for any possible mistake in the nature of the disease. They should, therefore, conform to present or future health regulations, and should, where they act for gain, be required to possess sufficient medical knowledge to recognize diseases pronounced by the Health Authorities to be communicable."

His Lordship has in these words put his finger upon the crucial point. The public must be protected, and this cannot be done if the Christian Scientist cannot diagnose these diseases that are contagious and should be reported. It is of no use for the Christian Scientists to set up the argument that they wish to obey the law and observe the health regulations. This cannot be done without that knowledge that enables one to recognize diphtheria, measles, scarlet fever, smallpox, etc.

The medical profession have no desire to interfere with any one in the exercise of his religious belief. On this point the medical profession is at one with Justice Hodgins; but it also concurs in his view that the Christian Scientists "should possess no other or different right or immunity from that enjoyed by the clergyman or minister who is called in for the spiritual benefit of a member of his communion."

The Commissioner suggests, on page 38, that the "onus of bringing himself or herself within the exception shall lie on the person so claiming to be practising such religious tenets," and that "a penalty of fine or imprisonment, or both, sufficiently heavy to deter people from incurring it, should be imposed upon any one practising such religious tenets upon or in reference to any person suffering from any disease dealt with as contagious or infectious in the Public Health Act, unless before such practice is begun notice in writing is given to the local Health Authorities of the presence of such disease." With this we concur.

With the following recommendation, found on page 72, number 8, the Ontario Medical Association is not wholly in accord:

"(8) That provision be made in such legislation that nothing in it or in the definition of Medicine shall prevent the practice of the religious tenets of any church, provided that anyone exercising it for gain for the benefit of the sick or diseased shall possess a permit from the Provincial Board of Health certifying that the holder is qualified to recognize diseases required to be reported under the Public Health Act, and further providing that when the practice is apart from a church edifice or the home of the patient, and is for gain, the onus shall be upon the person so practising to bring himself or herself within the exception. Nothing in the legislation should in any way weaken the position that where infants are concerned necessities should include the services of a registered medical practitioner."

Such legislation would render less frequent the sad event of children dying of diphtheria or other disease under the treatment of a Christian Scientist, and without having been seen by a qualified practitioner. It would also lessen to some extent the mercenary side of connecting medi-

cal practice with the tenets of religion for gain. It would also place the onus of proving that a Christian Scientist, who acts as a healer, is not violating the health laws and that he or she can recognize contagious diseases.

But as representing a large and influential medical association, may it not be permissible to suggest that no recognition of any sort be granted the Christian Scientist in the matter of treating sickness. To go the length of conceding that the Christian Scientist who wishes to heal people for gain, should secure a certificate from the Provincial Board of Health that such person can diagnose contagious diseases, is introducing a feature into the medical legislation of this Province that may prove far reaching and mischievous. Many religious bodies might try to qualify some of their following to the extent called for in the Act, and, thereby, do much harm to the general practice of medicine and the general safety of the people. The concession suggested by the learned Commissioner, though limited in extent, and apparently safeguarded, is capable of much abuse in the future.

If the recommendation of the learned Commission, No. 8, became the law of the Province, it would open up a short-cut to the practice of medicine in general. A designing person, under the cloak of Christian Science, might acquire such familiarity with and knowledge of contagious diseases as would enable him to obtain a certificate from the Provincial Board of Health. He would then embark on the wider field of treating all kinds of disease. There should be only one portal into the medical profession, that fixed by the College of Physicians and Surgeons.

The Ontario Medical Association would therefore, most respectfully, but strongly, contend that the Christian Scientists be placed in exactly the same position as all other religious bodies, namely, the right to minister spiritually to their followers; but to enjoy no other privileges in the treatment of disease and injuries than those enjoyed by any citizen or member of any other religious body, namely, to render such aid as a non-skilled person may be able to give, and without fee.

VII. Optometry.

The Ontario Medical Association cannot concur with the Commissioner in what he has to say regarding Optometry. The Opticians are long established, and it is for them to improve themselves by study. There does not appear to be any need for the creation of a sort of quasi profession with just enough medical knowledge to prove dangerous to the public. There can be no objection to some provision in the legislation of the Province to the effect that all those outside of the medical profession who would do refraction work and prescribe glasses must first obtain a certificate of competency for such work from some accredited board. Beyond this the law should not go in the recognition of a separate body.

Nor can the Ontario Medical Association concur in the recommendation that the Universities provide additional courses of instruction as intimated on page 41. A much better course would be to lay the responsibility upon the Universities to furnish a more extensive course on refraction work to the Medical Students than that now given. This would tend to supersede the need for the Optometrist, and be logically

in line with that part of the Commissioner's report where he urges more teaching of physical therapy in order that there be no need for the Osteopath. This appears to be the only logical course. If Optometry is to be made a quasi profession, why not the same with Dermatology, etc.?

Nor is it deemed wise to create a new profession along the lines suggested on pages 41 and 42 of the report, wherein the Commissioner recommends that such a course should cover the following scope of study:

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

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

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

The latter clause is all that is required for the Optician. The suggestion 1 and 2 could only be carried out as part of a medical course. It does not seem possible for the Medical Colleges to arrange special courses for such purposes, nor to fit Optometrical students into the regular classes now in existence. The only other course open would be to establish a separate college, with proper equipment and clinical facilities, for the Optometrical classes. This has all the objections of creating a quasi profession, and multiplying the difficulties now existing rather than simplifying them.

The alternative and consistent course is to voice strong opposition to such a plan, and to urge a more thorough course of refraction work in the Medical Colleges. This would logically meet the situation fully, and avoid the creation of another profession. It, therefore, follows that recommendation No. 9 on page 73 must be rejected. At the same time we approve of a good training for Opticians, or so-called Optometrists, provision for which can readily be secured in technical schools and from practical and experienced Opticians.

VIII. Nurses.

The great importance of the nurse in modern medicine fully justifies the attention given to this subject by the Commissioner. With the many suggestions in the portion of the report dealing with nurse, and found on page 42, little exception can be taken.

In carrying out any scheme of shifting nurses in training from one hospital to another, great care must be taken not to impair the nursing service in the smaller and rural hospitals. This would result from any plan whereby the nurses would be transferred from these hospitals to the larger city hospitals for their final training. This would have the effect of keeping junior and less trained nurses all the time in the small and rural hospitals.

The interchange of nurses between special and general hospitals would prove advantageous to the nurses, and give them a much more complete training.

Recommendations 10, 11 and 12, on page, 73, if embodied in statutory form, will be useful. The people would be better served by the two classes of nurses, namely, the fully trained and the experienced, practical

home nurse. The Ontario Medical Association supports the suggestion made for the establishment of a register and Home Nursing Association for Nurses to take care of the home as well as the patient.

This Association also urges that, as the education of the nurses of this Province is a most important subject, the curricula of the Training Schools for Nurses be submitted for approval to some recognized medical authority, such as the College of Physicians and Surgeons through the Medical Council, or a committee thereof. This would do much towards standardization of the training of nurses.

IX. The Ontario Medical Council.

The recommendations on page 61 as to the size of the Medical Council, the representation from the Colleges, and the regular and homeopathic practitioners, meet with approval, and should become law.

The suggestion that the members representing the regular profession be elected by the members of the profession at large, and the territorial representation be discontinued, is not favored. It is contrary to Parliamentary practice, and would have the tendency to place too much control in a few large and populous cities. There should be eight electoral districts.

One representative for the Homeopaths should be ample, and this representative should only have a vote and say with the other members of Council. The power of the Homeopathic representation on the Medical Council to determine the Colleges at which students may attend, and to appoint those who shall examine Homeopathic students, should be brought to an end by legislation. These functions should be discharged by the Medical Council as a whole.

The Ontario Medical Association approves of the suggestion to confer upon the Medical Council the power to suspend a practitioner as recommended on page 66. Also the proposed amendment set forth on page 67, No. 5, relating to status of a practitioner who had been tried in some Court for such action as would be regarded by the Medical Council as infamous or disgraceful in a professional aspect, is approved.

As the Medical Council is not a teaching body, the Ontario Medical Association is of the opinion that the Medical Council should only exact such fees from students and practitioners as are requisite for the conduct of its affairs. It is not a money-making institution, and should not hold large surpluses or reserves on hand.

Mr. Justice Hodgins, on page 57, suggests that the excess money of the College of Physicians and Surgeons "be devoted to some better purpose than accumulating a surplus while the expenses of giving medical training with its proper equipment is so heavy."

On page 60 he further suggests that the members of the Medical Council should serve without receiving remuneration. He refers to the Benchers giving "their time and strength" "for no emolument." The question is asked: "Is it not possible for the Medical Council to do in like manner?"

Again, on page 61 these words appear: "The examination fees brought in \$11,225, and there was paid out for the expenses thereof, including printing the examination papers, \$4,100.03. It is really from this source that the surplus comes, and my recommendation will be that the net amount received over cost of the examinations be paid over to Universities in proportion to their yearly number of candidates."

Also, on page 74, in conclusion 14, these words are employed: "That provision be made for the payment over of the net fees from examinations by the College of Physicians and Surgeons, and that provision be made for the expending of the same in the interests of medical education through the medical faculties of the Universities."

With regard to the payment of members of the Medical Council for their time in attendance at the Annual or Special Meetings, or on committees, it should be borne in mind that these members come from a distance and are away from their practices. Physicians and Surgeons do not form partnerships as do the lawyers, and consequently their interests suffer when away from home; and they have to make arrangements with some one to look after their patients, which means an actual disbursement, often exceeding what is received in fees for attending to Medical Council duties. But it may further be stated that medical practice is entirely different from law practice, as the former cannot be arranged for in advance, whereas lawyers can control the dates and places of meeting clients, and the dates of hearing cases in Court by agreement with opposing counsel.

On the matter of turning over the surplus from examination fees to the Universities to aid in the education of medical students, the opinion is respectfully submitted that it would be well to leave the College of Physicians and Surgeons to dispose of its surplus as its Council may deem best. The medical profession of Ontario may safely be trusted to dispose of its own funds in such manner as will best promote its interests. If the recommendation of the Ontario Medical Association prevails there would be no undue surplus, as per last clause hereof.

This position is in harmony with the view that each medical body should be granted its own autonomy, the independent management of its own affairs, and the right to dispose of its own income.

The Ontario Medical Association begs to suggest that statutory provision be made regulating the income of the Medical Council to legitimate requirements, as these may vary from time to time; and that this income be obtained from the licensing of practitioners.

This Association feels constrained also to urge that should any additional Medical Colleges come into existence, claiming the right to representation on the Medical Council, that the territorial representatives shall be so increased or the College representatives be so decreased, that the ratio as now proposed in the Commissioner's report shall be maintained.

X. The Medical Director.

The Ontario Medical Association has noted with much interest what the Commissioner says on pages 64 and 65, and in Conclusion 13, on page 73, regarding the appointment of a Medical Director. It has become more

and more apparent that the term "Director" is not an appropriate designation, and, therefore, this Association hopes that the term "Adviser" will be substituted therefor. This Association understands that this officer is to consult with the Government and give assistance when called upon to do so, and not to dictate to the medical profession, or medical bodies. It was also felt that this change in title would obviate the risk of a clashing of interests. This Association is of the opinion that the said officer should have the status of a Minister or, at least, a Deputy Minister of Health.

The Association has noted with pleasure the recommendation found on page 64, to the effect that, if the office be created, the Government should consult with the College of Physicians and Surgeons and the Royal Dental College before proceeding with any appointment. This is as it ought to be, seeing that the proposed officer shall have such intimate relationships with the medical profession, the Medical Council, the Medical Colleges, and other medical bodies.

As the creation of such an office is an entirely new departure in the conduct of the medical affairs of this Province, this Association does not feel itself in a position to offer any specific advice; but is willing to give the change, if made, a fair and sympathetic trial. Much will depend upon the care taken in filling the office referred to in Conclusion 13 on page 73.

XI. The Relations of the University of Toronto and the College of Physicians and Surgeons.

Beginning on page 46, the Commissioner devotes considerable space to the examination of the contention that the degree of the University of Toronto should carry with it the right to practise in the Province. This view was concurred in by Western University and opposed by Queen's University. The Commissioner remarks, on page 51, as follows:

"While I recognize the force given to this request from the facts which I have mentioned, I am far from convinced that it should be granted. It is true that in England the degree of a recognized university carries with it the right to be licensed, but the conditions under which that state of affairs arose do not obtain here. If the independent examination were omitted in favor of our universities without some supervisory provision, it would be impossible to secure uniformity of standard. It seems to us that this can only be accomplished, having regard to our present system, by reforming in some way or accepting the present duplication of examinations."

Having full regard for the need of maintaining a high standard of efficiency on the one hand, and a proper consideration for the economy of time on the part of the students, the Ontario Medical Association is of the opinion that both purposes can be fully realized by such modification of the present system of duplicate examinations as would enable the student to obtain both the degree from his university and the license of the College of Physicians and Surgeons by passing a conjoint examination, or by the College of Physicians and Surgeons appointing assessors

to the Board of Examiners, with the object of maintaining the proper standard. This works well in Manitoba, where the degree admits to practice.

XII. Medical and Surgical Fees.

On page 62 of the Commissioner's report the matter of fees is taken up. The nature of medical and surgical practice, the great variety of conditions to be treated, the wide difference of experience in the profession, and the many grades of the social standing of patients, render it impossible to lay down any hard and fast rules regarding fees. This must ever continue to be a matter of arrangement to a considerable extent between the practitioner and the patient. Nevertheless, the appointment of an officer who would have certain powers in the taxing of fees, such as is suggested on page 64, might be occasionally advantageous to both the profession and the public. His jurisdiction could, however, go no further than that of tendering friendly advice. The cry about excessive charges has very little to rest upon. The medical profession of this Province is peculiarly free the spirit of greed as manifested by overcharging for medical or surgical attendance. The very few examples of this sort of thing may safely be left to the care of the ordinary Courts. An eminent engineer may charge thousands of dollars for a single opinion, and a leading lawyer hundreds of dollars a day for attendance at Court. Too much legislation may become a positive danger.

XIII. The So-called Colleges.

The recommendations of the Commissioner regarding the so-called Colleges, on pages 65 and 66, should become law at the earliest moment. All such concerns should be closed up. They can only do harm to the real cause of education, and especially medical education.

XIV. Midwives.

The stand of the Commissioner on midwives is correct. There is no need whatever for the recognition of such at present. To legalize them would be a backward step, as there is no need for such a class of practitioners. See page 67 of the report.

Signed on behalf of the Ontario Medical Association :

G. STEWART CAMERON,
President,

R. A. REEVE,
Chairman, Legislative Committee.

JOHN FERGUSON,
Secretary, Legislative Committee.

PERSONAL AND NEWS ITEMS

Captain Greenlees and Lieutenant Stonehouse have been transferred to duty at the Ontario Military Hospital, Cobourg.

In Ontario from first to nineteenth of November there were 800 deaths due to influenza.

In the past there have been many widely spread epidemics of epizootic among horses. These epidemics have generally followed wars. The usual form of epizootic is influenza in animals.

At a recent meeting of the Elgin County Council it was proposed to erect in St. Thomas a memorial hospital for those from the city and county who had fallen in the war. It was suggested that each township should have a ward. There will be another meeting at an early date to follow the matter up.

An organization has been called into existence for the purpose of urging needed reforms in footwear. There is room for much improvement. Many of the designs of boots on the market are well calculated to injure the feet, and other parts of the body.

Dr. Robert Manion is 37 years of age. He is Medical Officer of Health for Fort William. He is M.D. of Trinity University, L.R.C.P. and S. of Edinburgh and was elected M.P. in 1917 as a Liberal-Unionist. He won the distinction of Military Cross at Vimy for great bravery.

Dr. Sylvester Lloyd Freel, who died in Stouffville on September 30, leaves an estate valued at \$62,735, being made up of \$49,500 realty and \$13,225 personalty. To his widow, Mrs. Nancy Freel, the testator left his insurance, book debts, his books on medicine absolutely, and life interest in the residue of the estate so long as she remains a widow. There were a number of other bequests to relatives.

Immediate steps have been taken to furnish additional hospital accommodation in Toronto until the St. Andrew's and Orthopedic Hospitals are ready.

At the recent meeting of the Canadian Manufacturers' Association it was decided to ask the Dominion Government to make a grant of one million dollars in aid of research work. An influential committee was appointed to follow up the matter, and lay their views before the Government.

It has been urged in some quarters that a commission of doctors should be appointed to investigate and report upon the German cruelties in France and Belgium. With such a commission there would be no mincing of German atrocities.

At the recent Annual Meeting of the Infants' Home in Toronto, it was pointed out that the per diem cost was 52 cents, while the city grant was only 35 cents. Much effort was required to meet the demands on the institution. During the year 209 infants and 65 mothers had been cared for. There had been received \$18,300, and expended \$17,000. There were debts amounting to \$7,000.

A memorial monument to Edith Cavell and the Canadian nurses who were killed by the Germans in raids on Canadian hospitals will be erected in Ottawa in Major Hill Park. The monument will be erected by public subscription and grants from the Dominion. The monument is being executed by Hamilton McCarthy, R.C.A., the well-known Canadian sculptor.

The Canadian Red Cross Society, with the co-operation of the G.O.C. of Toronto Military District, has planned a gigantic scheme to look after the welfare and the comfort of Canada's fighting men who return from overseas and are waiting for their discharge from the army. The Militia Department has given its approval to the scheme and every facility will be offered for the conduct of the work in the hospitals and all other military centres.

On 4th December, the Ontario Government heard depositions on medical education and practice. The issues discussed mainly arose out of Mr. Justice Hodgins' report.

By direction of the Commissioner of Indian Affairs at Ottawa, and the Dominion head of the R.N.W.M.P., a special party was despatched from Dawson on 26th November on a long dog team expedition of five hundred miles overland across the Rocky Mountains and several rivers to Fort MacPherson, with supplies, medicines, masks and other equipment for combating the Spanish influenza among the Indians and Eskimos in that remote region.

Plans of the Salvation Army for the purchase of a suitable building and site for a general hospital in the west end of Windsor received fresh impetus by the announcement that members of the Rotary Club would on December 9 start a week's campaign to raise \$75,000 for the army. The club men were confident the money would be forthcoming in less than the stipulated time. At present there is but one general hospital in the city, the Hotel Dieu, and the suggestion for a second institution is received generally with favor.

One hundred and fifty young women who gave their assistance as volunteer nurses during the influenza epidemic have received a formal message of thanks on behalf of the Board of Managers, Superintendent and Nursing Staff of the Toronto General Hospital.

Mrs. Hill, wife of Dr. H. W. Hill, former Medical Officer of Health of London, Ont., died from Spanish influenza at University Hospital, Minneapolis, Minn., after a brief illness. Word to this effect was received by friends on 29th November. Mrs. Hill was well known as an active worker in all welfare movements. She was associated with the Women's Auxiliary of the Y.M.C.A., and was Vice-President of the London Child Welfare Association, and one of the founders of that movement in London.

A special train was despatched to Sioux Outlook on 14th November with nurses and medical equipment, to fight influenza, which was very bad there. Dr. Brandon had died and Dr. Day was ill, leaving the town without doctors.

Hotel Dieu and the Sisters of Charity Convent school at Campbellton, N.S., are in ruins after a fire which broke out on 19th November. No lives were lost. Thirty patients in the hospital were removed to the nearby church. The loss is placed at \$39,000, covered by insurance.

Walter B. Swift, M.D., of Boston, has just been appointed Instructor in Speech Disorder in the Cleveland Kindergarten Training School. He will train up all the kindergarten teachers to take speech correction into all the kindergartens of Cleveland. He has already founded a kindergarten speech clinic in the school which will be continued permanently for practice work. This new appointment is an outgrowth of a kindergarten course on speech correction and the first kindergarten speech clinic in the world which he founded two years ago in the Wheelock Kindergarten School of Boston.

Dr. Hastings was requested to inspect the Reception Hospital for the Insane. After visiting the institution, he states it is entirely unsuited for the care of the insane. The building is in a most dilapidated condition.

In Toronto during the past year the Victorian Nurses made over 30,000 visits, and cared for 4,670 patients. The expenses were nearly \$30,000. There are now over 55 branches in Canada.

Dr. G. Sterling Ryerson has resumed practice after having given the greater part of his time for the past four years to the work of the Canadian Red Cross Society—of which he is founder and past president—and to the American Red Cross. In the course of his work he has visited France and England, in the interest of the Society, and has traversed the American Continent from Quebec to Vancouver, and the Pacific Coast from Los Angeles, Southern California, to Sitka, Alaska. He has also spoken in several of the Eastern States. His offices are at No. 2 College Street.

Major-General Mewburn intends to have the matter of hospital accommodation hurried up in Toronto. Work will be concentrated on four of the eleven barracks buildings now in process of construction.

Mr. James Carruthers, of Montreal, has given the Montreal Children's Memorial Hospital \$100,000.

The Toronto Board of Control has granted the General Hospital \$41,000, and Grace Hospital \$4,800, to meet deficits.

Sir Alfred Pearce Gould, the well known surgeon, writes, with reference to the statement of a physician that "the want of a powerful and agreeable stimulant has opened a chink in the protective armor of a number of people," is unsupported by a single fact. "The opinion that alcohol is a stimulant," says Sir A. Pearce Gould, "is entirely at variance with the teaching of physiologists and the pharmacologists as given in the recently published report of Lord D'Abernon's Committee on Alcohol in its action on human organisms."

It has been suggested that Borden Camp may be used as a military hospital, as it is no longer required for the training of aviators. The buildings cost over \$1,000,000.

The Board of Health for Brantford, in conjunction with the City Council, have under consideration the appointment of a permanent medical health officer and a pathologist. In this way it is hoped to put the public health office for the city in a thorough, satisfactory condition.

The Aviation Camp at Long Branch, it is rumored, will be taken over by the militia for hospital purposes, and the buildings used for convalescent soldiers. At present it will accommodate 200 sick men.

Miss Weldon, of St. Thomas, has been appointed Superintendent of the Amasa Wood Hospital. Miss Weldon is a graduate of the Toronto General Hospital, and has been matron of the Lake View Hospital, Chicago, for the past three years.

It has been announced that the million-dollar military hospital at London is to be of a permanent character. The buildings are to be faced with red brick. The Government has added \$250,000 to the appropriations for an isolation hospital and a recreation building.

Six thousand deaths from Spanish influenza have occurred in Samoa. The Australian Government sent medical and nursing help.

The Kingston General Hospital is to be enlarged with the donation of \$100,000 left by the late Dr. James Douglas. The Ontario Government, the City of Kingston, and private citizens are to be asked to contribute. This movement is a counter one to that whose object is to remove Queen's Medical College to Ottawa. The new hospital is to be large and afford excellent opportunities to the Kingston medical students.

The new military hospital on St. Andrew's College grounds is to have five new pavilions at a cost of half a million dollars. The contracts have been awarded, and the work could be completed in four months, furnishing accommodation for 1,000 patients. Each pavilion will be 224 feet by 40 feet.

The Beaches Red Cross League, of Toronto, has accomplished much during the war years. Its total cash receipts were \$18,159 and the total disbursements \$16,191. Since the founding of the league, 66,578 articles have been made for the sick and wounded. The league took charge of the French Day, White Rose Day, British Red Cross, Italian Red Cross, etc.

During the months of October and November there were in Ontario 5,623 deaths attributed to influenza. Those for October numbered 3,015, and for November 2,602. During November there was a marked increase in contagious diseases as compared with November of 1917.

As the year draws to a close, it becomes again apparent that hospitals in Toronto have rolled up large deficits. The profits from private ward patients do not meet the losses on the patients treated in the public wards. The fact is that the full cost of maintenance should be collected from public ward patients, leaving any profit from the private wards to go to the betterment of the hospitals.

There is a movement on foot in Brantford to erect a memorial hospital for those who gave their lives fighting the recent epidemic of influenza. It is thought the cost will be about \$100,000.

Dr. Samuel A. Green, formerly Mayor of Boston, died there recently at the age of 88. He was a surgeon in the U.S. civil war army. He was honored for distinguished services. He was an overseer of Harvard University, and a member of the yellow fever commission.

Dr. Bragg, the Medical Health Officer for Brantford, reports that during the recent epidemic of influenza in that city there were 206 deaths from the disease. The Spanish influenza had a death rate of 50 per cent. in the ages 20 to 40.

During the past four years as many people died in Canada of tuberculosis as there were Canadian soldiers in the war; and as many were stricken ill with the disease as there were of Canadian casualties from wounds and sickness. This should startle public attention.

The Manitoba Branch of the British Red Cross forwarded to London \$150,000 as its contribution to the care of the wounded. This is a most creditable showing.

It is announced that Maj.-Gen. W. C. Gorgas will resume his work in finding means for the eradication of yellow fever from South America. This war was suspended for a time, owing to the United States entering the war.

Dr. James J. Putnam died at his home in Boston on 4th November at the age of 72. He graduated from Harvard in 1870, and became instructor in nervous diseases from 1875 to 1893, and professor of neurology from 1893 to 1912, in his alma mater.

The late Mrs. Russell Sage left \$300,000 as an endowment to the Russell Sage Institute of Pathology.

It is announced that Dr. Noguchi, who is in Ecuador for the Rockefeller Institute, has discovered a serum for yellow fever.

The Red Cross Society has appropriated \$2,500,000 for the purpose of keeping up the fight against tuberculosis in the United States.

Dr. Robert Coleman Kemp, of New York, the author of a large work on diseases of the stomach, intestines, and pancreas, died at his home on 23rd October of pneumonia.

Dr. J. B. Simpson, of Dartmouth, N.S., was convicted some time ago by the magistrate for a violation of the Liquor Act by giving prescriptions to patients. He appealed, and the Supreme Court quashed the conviction and ordered that no further actions be brought against him.

The Rockefeller Institute will now direct much attention to the work of stamping out yellow fever and other tropical infections. Much of the proceeds of its endowment will be devoted to this purpose. Drs. Vincent and Gorgus will be in charge.

OBITUARY

SUSAN FOTHERINGHAM, M.D.

Dr. Susan Fotheringham, who a year ago left Toronto to join the staff of the Women's Medical College at Ludhiana, India, is dead. A cable message from India reached Toronto recently conveying the sad news that she had died of pneumonia on November 11.

Dr. Fotheringham was a daughter of the late Inspector David Fotheringham. She graduated in medicine from the University of Toronto in 1911, and took up post-graduate work in Philadelphia, London, and Vienna. She returned to Toronto to practise medicine, and a year ago gave up her work here to accept a post as professor of obstetrics in the Ludhiana College. Letters to friends here from the principal of the college spoke in high terms of Dr. Fotheringham's work.

PHILIP H. SPOHN, M.D.

One of Ontario's oldest medical practitioners passed away on 14th November in the person of the late Dr. Philip Howard Spohn, of Penetang. Born at Ancaster, Ont., seventy-seven years ago, he spent his early life in that district.

Graduating from the old Toronto School of Medicine forty-seven years ago, he entered immediately into practice at Penetang, where he remained in active work until he moved to Toronto about eighteen months ago with his wife to live with their daughter, Mrs. Julian Sale, jun.

During his life Dr. Spohn was intimately associated with the public affairs of his town and country. He was the first Reeve of Penetang, and in 1891 was elected a Liberal member in the Dominion Parliament for the riding of East Simcoe. For 25 years he was surgeon in the old Reformatory for Boys, and was the first Superintendent of the Hospital for Insane, Penetang. Dr. Spohn came from U. E. Loyalist stock. He is survived by his wife and six children, Arthur of Regina, Dr. Howard Spohn, Mrs. Julian Sale, jun., and Miss Gretchen Spohn, of Toronto, and Capt. Douglas Spohn, R.A.M.C., and Lieut. Gordon Spohn, Canadian Field Artillery. The funeral took place from his former residence, Penetang.

A. O. HASTINGS, M.D.

Dr. A. Orr Hastings, brother of Dr. C. J. Hastings, M.O.H., died at his residence, 594 Sherbourne street, on 15th November. He was one of the city's leading medical practitioners, but since the death of his wife more than a year ago he withdrew almost entirely from practice and death was the result of nervous depression caused by grief and loneliness.

The late Dr. Hastings was one of the early graduates of the University of Toronto and took post-graduate work in Europe, including the Universities of London and Dublin.

Returning to Toronto in 1886, he established a practice in the city and amassed a considerable fortune. He was in his sixty-fourth year and left no children.

HILLYARD ROBINSON, M.D.

Many Toronto friends of J. Hillyard Robinson, M.D., will regret to learn of his death of pneumonia on November 8th in Cleveland, Ohio, where he had made his home for some time. He was the son of Henry Robinson, J.P., of Toronto, and his wife is the daughter of Peter Macdonald of Toronto.

The late Dr. Robinson was an old Harbord Collegiate student and a graduate of Trinity College, taking a special course in Bellevue Hospital, New York, and his degree at Johns Hopkins, Baltimore, Md.

R. S. BREWSTER, M.D.

Dr. R. S. Brewster, of Beeton, was instantly killed on 26th November when his car turned over, pinning him to the ground. The doctor was making his round of professional calls when the accident happened. He was released in a few minutes, but life was extinct.

Dr. Brewster had practiced in Beeton for 15 years. He is survived by his widow and one daughter, eight years old. Dr. Brewster, of Owen Sound, is a brother.

JOHN MACKAY, M.D.

Dr. John Mackay, a retired physician and a former member of the Ontario Legislature, passed away on 1st December, at St. Catharines, after an illness of about six months. John Mackay was born in the township of South Finch, in Eastern Ontario, seventy-seven years ago. He attended Upper Canada College at Toronto and graduated later in McGill University. He opened a practice in Woodville, Ont., nearly half a century ago, later taking a post-graduate course at Edinburgh, Scotland, receiving the degree of L.R.C.P. and S.

He was a life long Liberal and was twice elected to the Legislature for North Victoria in 1890 and 1894, being defeated in 1898 by S. J. Foss. In 1892 he was prevailed upon to enter the Federal arena and unsuccessfully opposed Sir Sam Hughes, afterwards retiring from public life. Five years ago he settled in St. Catharines, and last year occupied a seat on the local Board of Health. He is survived by his widow, a daughter of the late Dr. John McTavish, former Moderator of the General Assembly of the Presbyterian Church in Canada; two sons, John J., Minneapolis, and A. Laurie, at home; two daughters, Muriel, at Port Dalhousie, and Dorothy, at home; and one sister, Mrs. Dorothy Rose, Sault Ste. Marie, Ont. A son, Russell, died at Shorncliffe in 1915 en route to France for service. The remains were taken to Woodville for interment.

AMOS F. BAUMAN, M.D.

Dr. Amos F. Bauman, a well-known physician of Waterloo, and medical officer of health for the last ten years, died at his home on 25th November, after an illness of about a year's duration, suffering from heart failure. He was in his 62nd year. Deceased was the youngest son of the late Moses Bauman and was born in Bloomingdale Sept. 29th, 1857. He was a physician in Waterloo for thirty-three years. He was also one of the medical directors of the Dominion Life Assurance Company since the organization of the company in 1889. In 1901 he was married to Melvina Breithaupt, of Kitchener. He leaves a widow and one son, Edward Franklyn Breithaupt; also two sisters, Mrs. John E. Walrond and Sarah Bauman, Petoskey, Mich.

SURGEON SUB-LT. J. D. GEAR.

A promising career was cut short in the sudden death by influenza in the Third General Hospital at London, England, of Surgeon Sub-Lieut. J. D. Gear, a student in medicine at the University of Toronto.

The late Lieut. Gear was a son of Dr. and Mrs. Gear of Erin, Ont., and had just completed his third year in medicine at the University of Toronto, when he went overseas as a surgeon probationer on a destroyer in the North Sea. He had just been promoted to Surgeon Sub-Lieut., and was returning from his first leave when he was stricken with the illness, from which he died on Sunday, November 10.

J. N. MICHAUD, M.D.

Dr. Joseph Napoleon Michaud died at his home in Bathurst, Gloucester County, New Brunswick, on 20th September. The cause of his death was an attack of influenzal pneumonia. He was in his thirty-fifth year, and leaves a widow. He enjoyed a large practice and was highly esteemed.

H. DUNLOP, M.D.

Dr. Harry Dunlop, formerly of Kingston, died of wounds in France on 2nd November. He joined the Canadian Army Medical Corps two years ago.

OSLER MONK GRAVES, M.D.

Dr. Graves died at his home in Carp, Ontario, in the early part of October. He graduated from McGill in 1906, and obtained the diplomas of L.R.C.P. and S. He was the son of Dr. George Groves, who was also a McGill graduate, and practised in Carp for many years.

SYLVESTER LLOYD FREEL, M.D.

Dr. S. L. Freel died at his residence in Stouffville, Ont., on the last day of September, at the age of 78. He graduated from Victoria University in 1872. He enjoyed the confidence of a large circle of the community.

CAPT. R. F. DAVIDSON, M.D., C.A.M.C.

Capt. Davidson was Medical Officer of the First Cadet Wing, R.A.F. He was the only son of Mr. J. L. Davidson, of Toronto. Some time ago he fell into ill-health and died recently at the Muskoka Cottage Hospital. He was a graduate of Queens Medical Department of the year 1916, and was in his twenty-sixth year. He served for a time in the Military Convalescent Home on College Street, Toronto.

CAPT. HUBERT ANTHONY CULHAM, M.D.

Dr. Culham graduated from the University of Toronto in 1910. He was practising in Saskatchewan. When the war began, he joined the C.A.M.C. He saw a good deal of hospital service in England, but finally went to France, where he was killed in action on 4th October.

KENNETH MACKINNON, M.D.

Dr. MacKinnon died on 30th October at his home in Guelph of an attack of pneumonia. He was in his 41st year.

H. SOFTLEY, M.D.

Dr. Softley was formerly a teacher in Brant County. After graduating, he located in Saltcoats, Sask. His death was the result of an automobile accident.

ROBERT W. MUNRO, M.D.

Dr. Munro died at his home in Smithville in the last week in October. He and his wife died within two days of each other from influenzal pneumonia.

CAPT. T. R. GUIFOYLE, M.D.

Dr. Guifoyle died at Witley Camp, England, on 28th October. He graduated from the Western University and practised for some time in Belgrave, Ontario. He enlisted in 1916.

S. T. MACADAM, M.D.

Dr. Macadam died at Battleford, where he had practised since the Rebellion. He was doctor for the Indians throughout a wide area.

BOOK REVIEWS

GUN-SHOT FRACTURES.

Gun-shot Fractures of the Extremities. By Joseph A. Blake, M.D., of the Medical Corps of the U.S.A. Masson & Company, Paris. Price, 4 francs.

This is an excellent small volume of 150 pages, with numerous illustrations. Dr. Blake is a well known New York surgeon, and this volume from him is especially welcome. He has made excellent use of the large amount of clinical material that came under his observation in

France, as he was there long before the American troops crossed the ocean. This book will be of much use to the general surgeon, as gunshot fractures occur from time to time in civil practice.

DISEASES OF INFANCY AND CHILDHOOD.

The Diseases of Infancy and Childhood, designed for the use of Students and Practitioners of Medicine, by Henry Koplik, M.D., Attending Pediatricist to the Mount Sinai Hospital; Consulting Physician to the Hospital for Deformities, formerly attending physician to the Good Samaritan Dispensary, the St. John's Guild Hospitals, New York; ex-President of the American Pediatric Society; Member of the Association of American Physicians and of the New York Academy of Medicine. Fourth Edition, Revised and Enlarged. Illustrated with 239 engravings and 25 plates in color and monochrome. Lea & Febiger, Philadelphia and New York, 1918. Price, \$6.00.

There are few books that come to the reviewer's table more worthy of careful attention than is this full and exhaustive volume by Dr. Koplik. It would be a difficult task to find anything that the author has omitted, and equally difficult to find any topic that is not fully discussed. The entire field of children's diseases is covered, and in such a manner as to be a real guide to the student in the preparation for examinations and subsequent practice, and to the busy practitioner who has so often to consult with those whom he can only reach through their books. We feel confident that the practitioner who reads this book and returns to it from time to time will not be disappointed. The publishers have done their part well. The paper, presswork, typography, illustrations, and binding are such as can be highly commended.

INTERNATIONAL CLINICS.

A quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otolaryngology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. By leading members of the Medical Profession throughout the world. Edited by H. R. M. Landis, M.D., and Chas. H. Mayor, M.D. Vol. III of Twenty-eighth Series, 1918. Philadelphia and London: J. B. Lippincott Company. Canadian Agent: Charles Roberts, Montreal. Price, \$10 per annum.

This publication is now so well established that it may be taken for granted that each new volume maintains the high standard of those that have preceded it. The present volume contains twenty-one articles on a very varied range of subjects, and all of them of the highest interest to the medical profession. The contributors are among those well qualified from experience and reading to advance views that should invite attention. The articles in this volume deal mainly with medicine, rhinology, surgery, and ophthalmology. Throughout the volume there are three colored plates and a large number of illustrations. The

publishers keep up the excellent appearance of these clinics by the use of clear typography and good binding. Once more we have pleasure in saying a good word for International Clinics.

FORCED MOVEMENTS, TROPISMS, AND ANIMAL CONDUCT.

By Jacques Loeb, M.D., Ph.D., Sc.D., Member of the Rockefeller Institute. 42 illustrations. Cloth. J. B. Lippincott Company, Publishers. Canadian Agent: Charles Roberts, Montreal. Net, \$2.50.

This is the first volume in a new series of monographs covering the subjects of experimental biology and general physiology, similar to the English series on these and allied topics. The American series has secured such contributors as its editors, Dr. Loeb, T. H. Morgan and W. J. V. Osterhout, and others of the most eminent of the scientific men of the country. It anticipates the whole-hearted co-operation of the entire body of American scientists.

It is the aim of this volume to show that the subject of animal conduct can be treated by the quantitative methods of the physicist, and that these methods lead to the forced movement or tropism theory of animal conduct, proposed by the author thirty years ago, but only recently carried to some degree of completion. The symmetry relations of the animal body are taken as the starting point for the theory, experiments showing that the effect of light and other forms of energy is to produce reactions that depend upon certain physical conditions, which may be controlled at will by the experimenter, with exactly calculable results. Dr. Loeb believes that these experiments prove that animal conduct may be justly designated as consisting of forced movements.

The idea that morphological and physiological symmetry conditions in an animal are the key to the understanding of animal conduct demanded that the same principle should explain the conduct of plants, since plants also possess a symmetrical structure. The writer was able to show that sessile animals behave toward light exactly as do sessile plants; and motile animals like motile plants. The forced orientation of plants by outside sources of energy had been called tropism; and the theory of animal conduct based upon the symmetrical structure of the body was, therefore, designated as the tropism theory of animal conduct.

The description of experiments upon which this theory was based, covers all the types of force applied, as light, heat, galvanic current, gravitation, rotation, tactile force, chemical force, and injuries to the sense organs and brain. Here is a field of experiment with far-reaching effects upon other sciences and systems of thought. Scientists and

the reading public will find it necessary to follow the development of this work, in order to understand the changes it will help bring about in man's view of nature, the animal world and his own place in creation.

It is one of the epochal events in American scientific progress, the inception and carrying out of this series of monographs, based upon experimental work of the highest quality, and producing results worthy the attention of the entire scientific and thinking world. It is perhaps the most important step ever taken in America, to bring the country abreast of the greatest scientific work done abroad, and it is notable that the step was taken while the country was in the midst of the vast upheaval of the greatest of wars. An eager public will welcome this initial volume that may prove an historic landmark in America's contribution to world-science.

COCAINE.

A Study on the Effects on Health and the Medico-Legal Aspects of Cocaine. By M. M. Courtois-Suffin and René Guroux. Volume of 230 pages. Masson & Company, Editors. Paris, 1918. Price, 4 francs.

This little volume gives the latest and best information available on the abuse of cocaine as a habit, and how it may be employed medicinally. The medico-legal aspect of the drug-habit is well covered. The best methods of treating the cocaine habitué receives careful consideration. The volume is a very useful and timely one.

THE PREVENTION OF TUBERCULOSIS.

The Eighteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis, with the Transactions of the Annual Meeting held in Hamilton, May 29th, 1918.

On many occasions we have had the opportunity, and enjoyed the privilege of reviewing the reports of the Canadian Association for the Prevention of Tuberculosis. The present volume contains much information of a most timely and useful nature. It is to be hoped that this report will have a wide circulation and many interested readers.

MEDICAL CLINICS OF NORTH AMERICA.

The Medical Clinics of North America. Volume II, Number 1. (The New York Number, July, 1918.) Octavo of 311 pages, 57 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Published bi-monthly. J. F. Hartz, Toronto, Canadian Agents. Price per year: paper \$10.00, cloth \$14.00.

This is an especially good number, and contains fifteen very able clinical lectures. These cover a wide range of afflictions. Any practitioner who will make a careful study of this series of bi-monthly issues

will find that he is keeping himself up to date in all the essentials of the practice of medicine. We can recommend this publication as one of the very best serials of to-day.

U. S. ARMY MEDICAL AND SURGICAL REPORT.

The Annual Report of the Surgeon-General, U.S. Army, for 1918 (including statistics for the calendar year 1917 and activities for the fiscal year ending June 30, 1918), has just been issued from the Government Printing Office. It contains a comparative study of the health of the army, 1820-1917; an account of the health of the mobilization camps and of the army by countries; a consideration (70 pages in extent) of the principal epidemics in the camps; and a discussion of fractures and operations. Nearly 200 pages are devoted to the special activities of the medical department: with the American Expeditionary Forces, and in the divisions of sanitation, hospitals, supplies, laboratories and infectious diseases, internal medicine, general surgery, orthopedics, head surgery, neurology and psychiatry, psychology, food and the Dental and Veterinary corps. In addition to the usual tables of illness, discharge for disability and death, there are given tables of battle wounds and operations; of complications of various diseases and of case mortality. The text is illustrated by 73 charts. Altogether the report is a study of health and morbidity in an army of over 1,500,000 men, for the most part yet in the period of training. It should be of interest to epidemiologists, vital statisticians and army medical men.

CURRENT MEDICAL LITERATURE

COAGULOSE IN HEMORRHAGE.

There is to be found in the *Proceedings of the Royal Society of Medicine* for December, 1917, the following statement of clinical experience:

Mr. A. S. Blundell Bankart: I have a number of times used Coagulose for bleeding during operations, and I have found it very effective. It is an amorphous powder said to be precipitated from normal horse serum and put up by Parke, Davis & Company. I have applied it locally in solution to bleeding surfaces, and sometimes the effect has been quite astonishing. Coagulose has also been used subcutaneously at the Queen's Hospital for Children in cases of melena neonatorum, hemophilia, and other persistent bleeding, and it has proved so successful that it has

practically become the routine treatment there for all such cases. Such a preparation always available has obvious advantages over serum, which must be freshly prepared for injection.

Dr. Eric Pritchard: Is there any advantage in giving human serum rather than human blood? Because there must be some delay in the preparation of the serum, and there is some danger of its becoming contaminated. I have had for some time in hospital a case of purpura, with constant hemorrhages which have been treated by a variety of methods. Coagulose has had a most striking effect in stopping the hemorrhages temporarily. I have tried injection of blood from the father, hypodermically, and this also seems to have an equally good effect, but the method is troublesome, and if the Coagulose is always as effective as the serum or the blood it will prove a very valuable substitute.

Dr. Humphreys: I have tried Coagulose in three cases, one of them a case of hemophilia. The boy had been bleeding for three weeks before he came into the hospital, and the Coagulose stopped the bleeding in less than half an hour. The second patient, a boy with purpura, had several attacks of epistaxis, and they have all been successfully treated with Coagulose. The third case, one of hemophilia, was admitted into hospital with a violent attack of hematemesis. I gave him a teaspoonful of Coagulose by the mouth, and it stopped the bleeding within an hour, and he had no further attack. I have tried it locally as well, for the gums. A boy came into the casualty for severe epistaxis, with a plug soaked with Adrenalin in the nostril. I removed that plug, and put in one soaked with Coagulose, and in half an hour the bleeding had ceased and the boy left the hospital.—*Therapeutic Gazette.*

“SPANISH INFLUENZA.”

According to current reports, a pandemic of an acute influenza-like disease is passing over Europe, civilized and barbarian. Fortunately the outbreak in England and among the Allied troops on the continent is now on the wane. The disease has been called “Spanish influenza,” presumably because it is believed to have started in Spain. In view of the likelihood that the pandemic will reach this country, all observations in regard to its manifestations and nature are of special interest. Thus far, however, most of the articles and notes regarding the disease have been of an ephemeral nature; the more elaborate and finished studies will come later.

The symptoms are described practically always in about the same terms: sudden onset with chills, severe headache, pains in the back and elsewhere, general malaise, flushed face, some soreness of the throat, and fever of from 101 to 104 F., with a rather slow pulse. Usually crisis has

occurred after two or three days with rapid and complete recovery. In many cases there has been a harsh cough with a scanty sputum; occasionally more severe bronchitis and even bronchopneumonia have developed; but among the young and healthy there seem to have been no serious consequences, and no definite statements are made as to the death rate, which in any event thus far has been very low. Gastro-intestinal disturbances have not been observed. Herpes labialis is mentioned as occurring occasionally. Enlargement of lymph nodes is recorded. At the end of the fever there has been found a rather slight leukocytosis, with a relative excess of small lymphocytes, preceded according to some by leukopenia with marked fall in eosinophils.

The observers on whose authority these statements are ventured do not agree as to the bacteriology of the disease. Little, Garofalo and Williams of the Canadian Army Medical Corps did not find any influenza bacilli in smears or in cultures from the nose, throat and sputum. They found the predominating organism to be a small coccus with many of the characteristics of the streptococcus, but with rather feeble hemolytic power. Gotch and Wittingham, on the other hand, found a gram-negative coccus, which they speak of as *Micrococcus catarrhalis*, in the nasopharyngeal swabs and sputum of all of fifty cases, sometimes almost pure; further, influenza bacilli in culture in 8 per cent. and influenza-like bacilli in smears in 62 per cent. of the cases, and also other bacteria, such as pneumococci and streptococci, in fewer instances. The experimental implantation of pure cultures of the *Micrococcus catarrhalis* on the pharyngeal mucous membrane was followed by the symptoms of influenza in two persons; hence Gotch and Wittingham regard this coccus as the cause of the disease, either acting alone or in conjunction with the influenza bacillus. As they give no details in regard to their experimental inoculation, it is quite impossible to form any judgment as to its value. Blood cultures have not yielded any definite results and so far no immunologic tests seem to have been made. In editorial comment, the *British Medical Journal* states that the influenza bacillus has been found in many different places, especially in cases with bronchitis and pneumonia, and that the general opinion seems to be that the pandemic is due to the bacillus. This opinion is by no means unanimous, however, and the bacteriologic and other evidence at hand certainly does not warrant its acceptance. Much further work is required before we can feel sure that we understand the true nature and cause of this and similar pandemics.

The treatment remains symptomatic—rest in bed, free movements of the bowels, and light diet are the most important measures. No doubt the spread of the infection, whatever it is, would be limited considerably if the dangers of droplet infection were recognized more widely and guarded against.—*Jour. A. M. A.*, Aug. 24, 1918.

MISCELLANEOUS

COLOR BLINDNESS AMONG U. S. SEAMEN.

The importance of differentiating between those who are dangerously color-blind—that is, unable at all times to distinguish between red and green—and those who are only slightly color-blind, is brought out in a recent study conducted by the U. S. Public Health Service and reported in Public Health Bulletin No. 92.

The following classes are regarded as dangerously color-blind and therefore to be excluded from positions in which they would be required to read colored signal lights: (1) those who are able to see but three or less colors in the spectrum, (the normal person sees six or seven); (2) those who see more than three colors in the spectrum, but who have the red end so shortened as to prevent the recognition of a red light at a distance of two miles; and (3) those with a central scotoma (that is, a blind or partially blind area in the field of vision) for red and green.

It was concluded that this class of persons could be distinguished from those harmlessly color-blind by the use of the Eldridge-Green color lantern, which was found preferable to colored yarns. The theories on which the color lantern is based are given in detail in the publication.

Another feature of the investigation was the study of the prevalence of color-blindness. Excluding those able to distinguish five colors in the spectrum, it was found that color-blindness occurs in about 8.6 per cent. of men and 2.2 per cent. of women. Color-blindness of a degree dangerous in occupations requiring the recognition of colored signal lights was found to occur in about 3.1 per cent. of men and 0.7 per cent. of women. Among refractive conditions of the eye, color-blindness occurs least frequently in eyes apparently without demonstrable refractive error; it occurs most frequently in eyes showing mixed astigmatism.

The examinations were made as a part of other studies of the effect of illumination on vision, conducted as a part of an illumination survey of the Federal department buildings in Washington, D.C. One thousand persons were tested with the Eldridge-Green lantern to determine both the value of the lantern and the effect, if any, of refractive conditions, lesions, and anomalies of the eye, and also of sex, upon different degrees of color perception.

A special study of the Jennings self-recording worsted test was also made, 50 persons being tested with this and other tests. The re-

sults with the Jennings test were found to be too inaccurate for most work, although it was found to be superior to other tests in certain lines of work where great accuracy and the classification of color defects were not essential.

SOLDIERS' SANITARIUM AT GUELPH.

Some important changes are taking place at the Guelph Military Convalescent Hospital, and in a very short time the place will be changed from a hospital for convalescent soldiers to a sanitarium for men afflicted with tuberculosis.

The institution will in future be under the sole supervision of the Invalided Soldiers' Commission instead of the Military Hospitals Commission, as formerly. Already the first lot of tuberculosis patients has arrived at the hospital, seventeen coming from Gravenhurst. It is expected that in a comparatively short time the buildings will be well filled with this class of patients. It is understood that there will be no change whatever in the personnel of the present staff, and that the industrial section of the place will not be interfered with at all.

TORONTO STATISTICS.

The statistics report of the City Department of Public Health for November indicates a remarkable decline in the prevalence of mumps, measles and whooping cough. Only five cases of mumps have been reported this month, as compared with 78 in the same month last year. The report on measles is still more gratifying. There were 247 cases in November last year, as against nine this month. In the same month a year ago there were 162 cases of chickenpox, as compared with 24 this month. The figures are as follows:—

	Nov. 1918	Nov. 1917	Oct. 1918
Diphtheria	115	173	112
Scarlet fever	41	64	62
Typhoid	1	5	9
Measles	9	247	20
Smallpox	0	0	0
Tuberculosis	40	47	45
Chickenpox	24	162	24
Whooping cough	38	40	25
Mumps	5	78	12
Cerebro spinal meningitis	2	4	1
Infantile paralysis	1	0	0

THE TORONTO OCTOBER DEATH RATE.

The death rate in the city from all causes naturally rose last month owing to the Spanish influenza epidemic. The death rate for October was 37 per 1,000 of the population, and in October, last year, 11.9. The number of deaths of children under one year of age was 131 last month as compared with 74 in the same month last year.

Following is a comparative report of the cases reported and the deaths from the various communicable diseases:

Communicable diseases:

	Cases Reported		Deaths Registered	
	Oct., 1918.	Oct., 1917.	Oct., 1918.	Oct., 1917.
Typhoid fever	9	8	1	1
Infected outside city.....	6	5	0	0
Scarlet fever	62	35	30	7
Diphtheria.....	112	176	30	7
Smallpox	0	0	1	0
Measles.....	20	76	0	1
Whooping cough	25	23	11	9
	—	—	—	—
Group total	234	323	73	25
Mumps.....	12	33	0	0
Cerebro-spinal meningitis.....	1	1	0	0
Infantile paralysis.....	0	0	0	0
Erysipelas.....	0	0	0	0
Tuberculosis.....	45	112	45	27

WORK OF BRITISH HOSPITALS.

Hospitals in Great Britain and Ireland have treated 2,391,349 British and Indian troops and German prisoners wounded in the various theatres of war, restoring many thousands to health and losing less than a dozen by accidents in transportation, the British Bureau of Information has announced in a review of the United Kingdom's medical, surgical and nursing work during more than 51 months of war.

Attending to the comfort of the wounded "from the moment they became casualties," the statement said, the British Medical Service "rose brilliantly" to a tremendous task, and brought millions of men into England by hospital ships and ambulance trains "with the least possible delay and suffering." Among the wounded treated in the British Isles, it was said, were 41,819 German officers and men, who were attended with care "in striking contrast to the treatment meted out to allied wounded prisoners in German hands."

CANADA'S WAR DEATHS.

Over 55,000 Canadian soldiers have laid down their lives in the war, according to official figures just issued here. Total casualties received here to November 13th are given as 213,268, an aggregate which will likely be increased owing to the fact that the troops of the Dominion were engaged in heavy fighting at Mons up to the last minute of the fighting and reports of the latest casualties are still being received at Ottawa.

The official figures follow:—

Killed in action, 35,128; died of wounds, 12,048; died of disease, 3,409. Total known dead, 50,585.

Presumed dead, 4,620; missing, 842. Total, 5,462.

Wounded, 154,361; prisoners of war, 2,860.

Total casualties, 213,268.

\$1,000,000 A YEAR FOR RESEARCH WORK.

At a general meeting of the council of the Canadian Manufacturers' Association, attended by many leading manufacturers from all over Canada, it was decided to ask the Dominion Government to take active steps in the reconstruction work, and to make a grant of not less than \$1,000,000 a year for research work to find new outlets for Canadian trade. It was further decided to represent to the Government that no increase in export trade would be possible unless sufficient vessels were provided to take care of such trade, and representations will be made to the Government requesting that strong action be taken to aid in the construction of sufficient shipping to see that Canada's foreign trade is taken care of.

BRITAIN'S LOSSES IN THE WAR.

The statement that British casualties during the war in all theatres were 3,049,991, of whom 658,655 were killed or died of wounds, does not properly represent the net loss of British man-power in the tremendous struggle of the past four years. There were many men killed on all fronts who were reported as missing because no satisfactory evidence of death could be secured. It is only after months of waiting and the careful scanning of the lists of prisoners of war and of identified dead supplied by the various enemies of Great Britain through the Red Cross Prisoners of War branch in Switzerland that missing men are finally presumed to be dead. Even then there have been not a few cases in which, although officially reported dead, men have turned up after long periods in captivity. There is, therefore, no means as yet of determining accurately how many missing officers and men are prisoners and how many have been killed. The missing lists during the war totalled 326,695 in France and

Belgium, 765 in Italy, 958 in East Africa, 7,689 in the Dardanelles campaign, 15,355 in Mesopotamia—a large part of whom died in captivity because of the cruelty of the Turks and poor sanitation and lack of food—3,888 in Egypt, and a number in other spheres of activity, bringing the grand total of missing to 359,145. This includes the casualties of the Indian and overseas troops, as well as those of the United Kingdom. Of this great total it is not likely that more than 250,000 are alive, so that the death total may be increased in the final reckoning to about 780,000. It is a fearful loss to contemplate, but far less relatively than the losses of either France or Germany. Some time ago the French losses by death in action or of wounds were officially placed at 1,350,000, while those of Germany must have been not less than two and a quarter millions.

ENTERIC FEVER IN BRITISH ARMY.

In the great war the British armies had only 4,000 cases of enteric fever in over four years, despite the fact that the troops have frequently been billeted in areas infested with the disease. This is attributed to the efforts of the British Army Medical Service. Medical officers say that illness among the British Army has been reduced to a minimum. Sanitation and inoculation have been primarily responsible for this happy state of affairs.

To understand the strides that have been made it must be remembered that during the two and a half years of the South African war there were more than 50,000 cases of enteric among a force of 200,000 men, and this in a country practically immune from the disease up to the outbreak of hostilities.

Throughout the British army in France infectious diseases have been practically eliminated. Every officer in the British army has been given a course in sanitation. Successful toxine and vaccines have been invented for gas, gangrene, etc., and huge strides have been made in the advance of surgery.

OPIUM TO BE DESTROYED.

Fourteen million dollars' worth of opium purchased by the Chinese Government from foreign opium merchants at Shanghai is to be destroyed, according to a cablegram received from Peking by the Chinese Legation at Washington.

The opium, which is packed in 1,200 chests, will be burned at Shanghai under a mandate, soon to be issued by the President of China, the despatch said. Foreign and Chinese residents of Shanghai will be invited to witness the event.

INFLUENZA DEATHS.

The death rate from Spanish influenza in Ontario cities was lower than in the centres of the United States, according to Dr. J. W. S. McCullough, who gives the city death rate at 327 per 100,000. Kingston, with 327 per 100,000, was hardest hit of any Ontario city, and Winnipeg, with 744 per 100,000, suffered most of any Canadian city. In camp Sherman, Ohio, the rate was 2,551 per 100,000.

The following are the figures for a period approximately six weeks :

Cities	Deaths from influenza and complications, chiefly pneumonia.	Death rate per 100,000 population.
Fort William	45	238
Sault Ste. Marie	41	319
Ottawa	570	548
Port Arthur	20	131
Windsor	32	106
Kingston	145	644
London	187	326
Toronto	1,600	327
St. John, N.B.	126	296
Winnipeg	366	744
Montreal	3,126	489
Halifax	153	329
Hamilton	244	233
American Cities.		
Boston	2,085	321
Pittsburgh	3,894	721
Philadelphia	12,687	819
Washington	1,564	501
*Camp Sherman, Ohio.	842	2,551
New York	22,950	400
* Military camp.		

WHITBY MILITARY HOSPITAL.

It is announced that the Militia Department through the Ontario Government and the Invalided Soldiers' Commission has secured another group of buildings at Whitby which will give an additional accommodation of 500 beds for hospital convalescent cases. This, with the present accommodation now being used at Whitby by the military makes it a 1,000 bed hospital. Difficulty was encountered in getting

further buildings at Whitby, owing to the fact that the Ontario Government had an agreement with the defunct Military Hospital Commission, now operated by the I. S. C., in which the I. S. C. leased the buildings from the Ontario Government. The matter has been adjusted and the Militia Department has signed an agreement for the occupation of the buildings till June 1 and will pay rental to the I. S. C. Since the Base Hospital investigation the Militia Department, in conjunction with the Director of Medical Services, has been straining every point to secure further hospital accommodation for Toronto district to relieve the congestion, while the St. Andrew's College and Christie Street Hospitals are being completed. Major-General Guy Carleton Jones, officer in charge of hospitalization, was in Toronto and visited military headquarters. He will go to Whitby and make an inspection. General Jones stated that the work on St. Andrews' Collgee and Christie Street Hospital is being pushed ot the utmost and he hoped they would soon be ready.

INFLUENZA DEATHS IN QUEBEC.

In the recent epidemic of Spanish influenza, 183,000 cases were reported from the city of Montreal to the Quebec Superior Board of Health, and 3,172 deaths from the disease were recorded in the city, according to a report issued by Dr. J. A. Beaudry, Inspector-General for the board. For the whole Province, exclusive of the city of Montreal, 476,535 cases and 9,928 deaths were reported.

The epidemic has practically disappeared from the Province, although in one or two cases there has been a slight increase; but the health authorities state that they cannot yet declare Quebec clear of the disease.

HOSPITAL AT BEAMSVILLE.

The Beamsville Camp of the Royal Air Force, it is stated, will be taken over shortly by the Dominion Government as a hospital centre for returning soldiers. The site is admirably located for this purpose. The present buildings, erected at a cost of \$800,000, can readily be converted into hospitals, while facilities such as sewers, roads, etc., are in good shape. It is understood that other R.A.F. camps will be taken over for the same purpose.

It is announced from military headquarters that three transports carrying veterans will reach the coast on Friday. These are the Aquitania, due at Halifax, and the Scandinavian and the Metagama, due at St. John. They are carrying 65 officers, 1,318 of other ranks, and 263 civilians.

DISEASE IN PROVINCE.

The report of the Provincial Board of Health showing the communicable diseases in the Province for November is as follows:

	—1918—		—1917—	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox.	6	0	37	0
Scarlet fever	159	9	188	0
Diphtheria.	167	30	432	16
Measles.	68	8	432	0
Whooping cough.	60	23	142	9
Typhoid.	46	13	37	6
Tuberculosis.	159	124	101	52
Infantile paralysis.	1	0	7	0
Meningitis.	8	5	14	5
Totals.	674	212	1,332	88

RECENT MEDICAL LICENTIATES.

The following have passed the fall examinations of the College of Physicians and Surgeons of Ontario: W. Bruce Barnes, Toronto; Edward James Brennan, North Bay; Harold Dickson Courtnay, Ottawa; Wallace Herbert Cunningham, Walkerton; Robert James Mortimer Fleming, Toronto; David Alexander Henderson, Toronto; Wilson Henry Lloyd, Kingston; Duncan McCallum, Toronto; John Francis McDermott, Massey, Ont.; Bernard Thomas McGhie, Kingston; Ernest Wilson McNiece, London, Ont.; Stephen Henry O'Brien, Ottawa; David Parliament, Toronto; William John Scott, Claremont, Ont.; Morris Siegel, Hamilton; Roy Johnston Spence, Orangeville; Louis Arthur S. Stewart, Ottawa; Omar Van Etter, Toronto; Frank M. Walker, Halton; Geo. Herbert Whitmore, Toronto.

INCURABLE CHILDREN ARE WELL CARED FOR.

The nineteenth annual report of the Home for Incurable Children, presented at the meeting recently by Mrs. G. Tower Fergusson, showed that though the year had passed more or less uneventfully, the good work is carried on with untiring zeal. The work is carried on so quietly that perhaps the Home for Incurable Children has suffered more by the increased demands for the support of all patriotic causes than those charities whose work attracts public attention. For the first time in the history of the home a small deficit is shown in the treasurer's report.

The receipts amounted to \$10,947.14, including a balance from last year of \$1,042.07, and the expenditures show a balance overdraft in bank of \$391.08.

In the death of the late Mr. John Ross Robertson the board lost an old friend. Officers for 1918 are as follows: Hon. President, Mrs. H. Hough; President, Miss Dewar; Vice-Presidents, Mrs. Fred W. Harcourt, Mrs. Vaux; Treasurers, Miss Maria Buchan, Miss Winifred Freeland; Secretaries, Mrs. G. Tower Fergusson, Mrs. C. Heron; Superintendent, Miss Catherine Fleming.

CANADIAN ARMY MEDICAL NEWS.
MONTH OF NOVEMBER, 1918.

APPOINTMENTS.

Capt. Edward Liversay is appointed Adjutant at the Ogden Military Convalescent Hospital.

Capt. Robert John Kee is detailed for duty under the A.D.M.S. M.D. No. 2, on ceasing to be employed with the B.C.R.M.

Q.M. and Hon. Capt. Lorne Campbell Johnstone is posted for duty in the District Paymaster's Office, M.D. No. 10.

Capt. William Arthur Harvie is posted for duty at the Regina Military Hospital.

Major John William Hutchinson is posted for duty at the D.G.M.S. Office, Ottawa.

Lieut.-Colonel Lewis Wentworth Irving, D.S.O., is detailed as A.D. M.S., M.D. No. 2, with the rank of Colonel.

Major Keith Forrester Rogers is posted for duty at the Military School of Orthopædic Surgery and Physiotherapy, Hart House, Toronto.

Capt. Seymour Traynor is posted for duty at the Ste. Anne de Bellevue Military Hospital.

The following officers have been selected to serve in the Overseas Military Forces of Canada:—

Captains A. J. Randall, L. D. Buck, C. D. Hamilton, M. J. Kennedy, E. L. Pennock, M. P., Smith, H. H. Cheney, E. A. Greenspon, A. B. Illievitz, J. M. F. Malone, D. Nathan, H. S. Tait, E. B. Peake, D. W. Morreson, W. L. Luton, H. C. Watson, J. A. Locke, J. A. McPhee. Lieutenants S. J. W. Horne, R. H. Lalonde, F. B. Sharp, S. F. Tichborne, G. A. Cheeseman, R. Fontaine, A. H. Greenwood, A. M. Lightstone, W. McL. McLeod, C. E. M. Tuchy, J. E. Wadsworth, L. Robert, J. M. Donnelly, W. S. Quint, T. D'A. McGregor, J. E. Pritchard, D. A. McAulay, E. Wershof, W. E. Munro, H. J. Robillard, I. Y. Patrick, Capt.

Major George May Foster is posted as Officer i/c medicine, Military Hospital, Quebec.

Lieut.-Colonel Thomas Albert Starkey appointed consultant in Sanitation for M.D. Nos. 4, 5, 6 and 7.

Major Malcolm M. Crawford posted as Registrar, St. Andrew's Military Hospital, from the Office of the D.G.M.S., Ottawa.

PROMOTIONS.

To be Captains:—Lieuts. Austin F. Gillis, Eldon Douglas Coutts, John McDonald, Harvey Elgin Hicks, John Jennings Watts.

To be Lieut.-Colonel:—Capt. Arthur Stirling Gorrell.

To be Temporary Majors, O.M.F.C.:—Capts. D. B. Kennedy, M.C., J. A. Briggs, H. Hart, M.C.

To be Acting Majors, O.M.F.C.:—Capts. H. M. Barrett, F. W. Lees, M.C., E. Douglas, M.C., L. C. Palmer.

Temporary Lieut.-Colonel W. T. M. MacKinnon to be acting Colonel while commanding a special hospital.

RETURNED FROM OVERSEAS (OFFICERS).

Capt. Daniel Wade Davie, Capt. W. Curtis, Lieut.-Colonel G. Royce, Lieut.-Colonel A. T. Bazin, Capt. C. F. Magee, Capt. George R. Baby, Capt. Kenneth Lorne MacKinnon, Capts. R. H. Arthur, W. H. Cochran, D. M. Lineham, M. D. McEwen, T. R. Ponton, Alexander Robert Munroe, W. H. Taylor, R. V. McCarley, W. E. Guest, C. T. McCallum, R. Henderson, John Joseph Cawthra, C. B. Waite, A. D. Irvine, H. B. Logie, Acting Major J. E. Campbell, Major G. M. Foster.

RETIREMENTS.

Major Henry Ernest Paul resumes civil occupation.

Major Wesley Wright Pirt assumes duty with the Board of Pension Commissioners.

Capt. Frederick Charles A'Court Walton assumes duty with the Board of Pension Commissioners.

Capt. Henry Proctor Cox resumes civil occupation.

Q.M. and Hon. Capt. Paul Hammersley Salmond is struck off the strength to resume medical duties.

Captain George Harrison Wade resumes civil occupation.

Capt. Henry MacLaren assumes duty with the Board of Pension Commissioners.

Lieut. Thomas B. Stevenson struck off the strength, being medically unfit.

Capt. Henry Clinton Pearson assumes duty with the Board of Pension Commissioners.

Lieut.-Colonel Alfred Turner Bazin resumes civil occupation.

Major Stuart MacDowall Polson is permitted to resign.

Capt. Wallace Balfour Seaton assumes duty with the Board of Pension Commissioners.

Major Lawrence Joseph Rhea struck off the strength, being medically unfit.

RAVAGES OF THE INFLUENZA EPIDEMIC.

The following is issued by the Bureau of Census, Washington, U. S. A. :—

The influenza epidemic has thus far taken a much heavier toll of American life than has the great war. The total loss of life throughout the country is not known, but the Bureau of Census has been publishing, for 46 large cities having a combined population estimated at 23,000,000, weekly reports showing the mortality from influenza and pneumonia. These reports, which cover the period from September 8 to November 9, inclusive, show a total of 82,306 deaths from these causes. It is estimated that during a similar period of time the normal number of deaths due to influenza and pneumonia in the same cities would be about 4,000, leaving approximately 78,000 as the number properly chargeable to the epidemic.

The total casualties in the American Expeditionary Forces have recently been unofficially estimated at 100,000. On the basis of the number thus far reported, it may be assumed that the deaths from all causes, including disease and accidents, are probably less than 45 per cent. and may not be more than 40 per cent. of the total casualties. On this assumption, the loss of life in the American Expeditionary Forces to date is about 40,000 or 45,000.

Thus, in 46 American cities having a combined population of only a little more than one-fifth the total for the country, the mortality resulting from the influenza epidemic during the nine-weeks' period ended November 9 was nearly double than in the American Expeditionary Forces from the time the first contingent landed in France until the cessation of hostilities.

For the 46 cities taken as a group, the epidemic reached its height during the two weeks ended October 26, for which period 40,782 deaths were reported—19,938 for the week ended October 19, and 20,844 for the following week. Since October 26, however, the decline has been pronounced. During the week ended November 2, 14,857 deaths occurred and during the following week only 7,798. The only city in which the number of deaths reported for the week ended November 9 exceeded the number occurring during the previous week was Spokane, Washington.

In general, the epidemic traversed the country from east to west. In a number of eastern cities—notably Boston, where the greatest mortality occurred during the week ended October 5—the largest numbers of deaths were reported for earlier periods than that which covered the height of the epidemic for the 46 cities taken as a group. On the

other hand, in New Haven, New York, Pittsburgh, and Rochester, the maximum mortality occurred somewhat later than in eastern cities generally. In Baltimore, Buffalo, and Philadelphia, the two-weeks' period ended October 26 showed the greatest number of deaths. For the entire nine-weeks' period, the greatest mortality due to the epidemic, in proportion to population—7.4 per one thousand—occurred in Philadelphia; and the next greatest—6.7 per one thousand—was reported for Baltimore.

PUBLICITY WORK FOR THE CONTROL OF CANCER.

As a part of the campaign of the Massachusetts Health Committee, described in the September issue of Campaign Notes, the following interview has been sent to all daily newspapers in the state:

“That a tremendous national campaign of publicity and preventive education against cancer such as employed in the influenza epidemic would result in saving annually many thousands of Massachusetts citizens over 40 years of age from intense suffering and untimely death was the opinion expressed yesterday by Dr. Edward Reynolds of Boston, Chairman of Directors of the American Society for the Control of Cancer.

“Few realize,” said he, “how easily most cases of cancer are cured by early surgical treatment, how dangerous every day of delay must be in precancerous conditions and how deadly is the disease when once it has become well established.

“Cancer is a very curious disease which is due to certain cells of the body multiplying so fast that they seem to run away with themselves. It starts in some one spot in the healthy body much as a case of measles breaks out in one house in a healthy city. If you shut up the house and never let the measles get out of it you avoid an epidemic. But if all the people from that house go out into different quarters of the city you are very likely to have an epidemic that gets beyond control.

“If cancerous growths are let alone for even a very little while the usual result is sending out through the body migratory cancer cells which may develop growths in so many places as to render operation unsuccessful. The localized precancerous condition is a mere nothing if you get it out of the body before the migratory cells get into circulation.

“The newspapers can do an immeasurable service to humanity by making known the following facts:

"Of civilized people over 40 years of age one in every 14 men dies of cancer and one in every 8 women. These figures are the careful computation of the life insurance companies.

"Cancer attacks more men and women over 40 than does tuberculosis, pneumonia, typhoid fever or any chronic disease. About 80,000 deaths annually in the United States are due to cancer.

"The majority of cases of cancer in the early stages are curable. The bulk of all cancers are in positions that permit of successful operation.

"After 40 it is highly unsafe to neglect persistent ulcerations, cracks in the skin, sores, lumps in the breast or chronic indigestion with loss of weight and change of color.

"Birthmarks, moles or warts which change their appearance or show signs of irritation should be regarded with suspicion and should be examined by a competent surgeon.

"Medicine is worse than useless: By producing a period of freedom from discomfort it delays the proper treatment. Medical cancer cures are all bogus. Barring the use of radium or similar means for the small affairs of the skin, surgical operation is the only cure for cancer.

"In the earliest stages of the "precancerous" conditions the operation for cancer of the breast usually requires an incision only an inch or two long, necessitates carrying an arm in a sling for a few days, brings about only a trifling expense and causes no deformity.

"Women must learn not to wait for pain to become prominent but to seek competent advice regarding mysterious symptoms. Pain indicates that the sufferer is late in action but not necessarily too late.

"Heredity is a factor of small importance in discussing cancer and the possibility of transferring cancer from one person to another may be practically disregarded."

BOSTON UNIVERSITY OF MEDICINE.

J. Emmons Briggs, chairman of the Committee on Reorganization, issues the following statement:—

Boston University announces that its medical department has been thoroughly reorganized and henceforth will be non-sectarian in scope and character.

Eminent physicians of the "regular" school will conduct courses in pharmacology and therapeutics, and clinical teaching will be given in the Boston City Hospital and the Robert Bent Brigham Hospital. Homeopathic material medica will be taught as heretofore, with clini-

cal teaching in the Massachusetts Homoeopathic Hospital and allied institutions.

The spirit of the times is to do away with sectarianism in things scientific. In accord with this spirit, this school in 1918 announces that its curriculum has been made as broad and inclusive as is consistent with the medical science of the day.

CORRESPONDENCE

THE ADMINISTRATION OF ANAESTHETICS.

Rockefeller Institute, 1st October, 1918.

To the Editor :

A gradually increasing misconception of the Art of Anaesthesia has led to a rather unique condition of affairs.

We find that nurses and other lay persons may, by the simple acquisition of a few rules, become anaesthetists. Large institutions have adopted the nurse anaesthetist upon grounds of economy, expediency and even sentimentality. It is argued that these workers can be employed at little expense, that the supply meets the demand and that the feminine element eliminates fear and works for smoothness during the induction of the anaesthesia.

These institutions may employ lay persons to take their X-ray pictures and to make urinary, blood or sputum examinations, but does any one dream of speaking of these workers as the hospital Roentologist or the attending Pathologist? They are employed as technicians. The nurse who administers an anaesthetic is an anaesthetic technician. She can never be more without a medical degree, for in order to understand the language of anaesthesia, one must have intimate acquaintance with anatomy, physiology, medicine, surgery, diagnosis, psychology and special branches.

The nurse who, in discussion with a medical man, attempts to defend a theory relating to anaesthesia, cannot fail to feel the presumption of it and, if graced with wit, to see the absurdity of such a position. Yet it has actually come to pass that medical men have suffered themselves to be instructed by a nurse in the theory and practice of anaesthesia.

In justice to an important branch of surgery, and to our medical confreres who devote their training and their energy to its development, let us drop the term Anaesthetist, as applied to its non-medical workers, and adopt the term Anaesthetic Technician.

PALUEL J. FLAGG.

ONTARIO MEDICAL ASSOCIATION.

To the Editor of the Canada Lancet:—

Sir:

Dr. J. H. Elliott has written to me under date Nov. 12. In his letter I find the following: "Although I do not know what the intentions of the committee were as regards the treasurership, I placed in their hands my written refusal to accept re-nomination as treasurer, pointing out that it had been a rule in the past for the treasurership to be held not more than three years, while I had held it for five years, and I felt strongly that the office should be passed on to someone else in the profession."

In a brief conversation Dr. Gibb Wishart told me Nov. 21 that he had a large part in the work done in connection with the preparation and management of the Hamilton meeting. I supposed he wished me to understand that he generally approved. I had not understood this before, and I was sorry and surprised. Otherwise I have no comments to make.

Yours,

A. H. WRIGHT.

 MEDICAL PREPARATIONS

AUTUMNAL AILMENTS.

The Autumn months constitute the season during which the average practising physician is called upon to treat the following conditions: 1. Typhoid Fever, which is, more often than not, contracted at home unhygienic Summer resort. The patient may return home during the first week or so, with headache, malaise, etc., or the premonitory or primary symptoms may appear after reaching home. 2. Malarial Infection, in certain sections, which is more than usually rife in the Spring and Fall seasons. 3. The after results of the gastro-intestinal disorders of infants and young children, due to improper feeding, etc., during the heated term. In almost every instance, when the acute symptoms have subsided, a condition of anemia and general devitalization is the final result that constitutes the essential indication for treatment. In convalescence from all forms of illness resulting in general debility, Pepto-Mangan (Gude) is the one ideal tonic and reconstructive. It not only revitalizes the blood, but also tones up every physiologic function. It stimulates the appetite, improves the absorptive capacity, increases energy and ambition and restores the blood to its normal condition. It is, thus, a general tonic and reconstituent of marked and certain value.

WOMEN IN THE WORLD'S PROGRESS.

In this day when women's work is so important in keeping the wheels of the world's progress moving, their physical condition should be conserved in every way, whether it be in the home, in commercial offices, or in the hospital as a nurse, as the value of their services is beyond calculation. But, unfortunately, much time is lost through menstrual irregularities, and much suffering incident to the pain thereto.

Dysmenorrhea is possibly the most frequent cause for the loss of time, and in mitigating this condition, not alone is the conservation of time an item, but the relief from pain is a humanitarian act.

In the treatment of Dysmenorrhea, Hayden's Viburnum Compound will add many hours and days of comfort each month to the lives of the sufferers. Its universal adoption and recognition by the profession was established upon the satisfactory results which it renders in Dysmenorrhea.

Given in two teaspoonful doses administered in hot water, will afford relief from pain. It contains no narcotics, nor habit-forming drugs, and if you are not familiar with its efficiency, a request to the New York Pharmaceutical Company, Bedford Springs, Bedford, Mass., will bring you samples for clinical demonstration, and a brochure giving formula and many suggestive thoughts in the use of this products.

FOR CHILBLAINS.

Paint with the following preparation :

Glycerine	30 gr.
Tincture of Iodine (1 in 10)	1 gr.
Tincture of Opium	1 gr.

or anoint with one of the following ointments :

Lanoline	10 gr.
Ichthyol	1 gr.

or

Lanoline	10 gr.
Camphorated oil.....	1 gr.

Broken chilblains can be dressed with Carron oil containing 1 in 200 of carbolic acid or with ointments containing balsam of Peru, ichthyol, tannin, resorcine, or applications of nitrate of silver.

FOR FATTY SEBORRHEA.

Resorcine	5 gr.
Thymic acid	0 gr. .50
Spirit	300 gr.
Rum	100 gr.