

The Canada Lancet

VOL. XLIX.

TORONTO, MAY, 1916

No. 9

EDITORIAL

THE WORKMEN'S COMPENSATION ACT.

This Act will come before the medical profession at an early date for careful consideration. In certain quarters it has already received a considerable amount of attention. In its present form it is in a most unsatisfactory form so far as the medical profession is concerned.

When a physician or surgeon is called in to attend a workman under this Act, there is no official recognition of his services. If he is ever to be paid it must be by the injured person himself. This puts the onus of collection on the doctor. The Act should not be permitted to remain in this form; and it is very largely a matter for the medical profession of the Province of Ontario to say whether it shall continue for the future in its present form.

There should be some guarantee of the fees to the doctor who gives the attendance. Some reasonable scale of fees could be agreed upon; and in any instance where it might be thought that the fees submitted for payment in any case were excessive, the compensation board might have the power to tax the same. All this, however, is only matters of detail.

After a year's trial of the Act there was a substantial balance from the revenue obtained through the payments of employers of labor. This balance is due to the fact that the doctors who have made the Act a possibility received no remuneration for the splendid services they rendered to the injured. These services cost the commission administering the fund nothing, and they materially shortened the time of invalidism of the workmen.

When some members of the medical profession took this matter up a short time ago, they were given to understand that no legislation would be introduced during the session that has just closed; but to have their case in proper shape for the session of next year. Now, this is a

question that concerns every doctor in Ontario, and he should give it thoughtful consideration. It should be brought up at the various Medical Association meetings this summer and coming autumn.

The position of the medical profession should be carefully explained to the members of the Legislature during the time that will elapse between now and the next session of the House. It is poor policy to leave this matter over until the Legislature is in session and the members busy. It is well nigh impossible then to receive a fair hearing and much attention. This must be done prior to the meeting of the Legislative Assembly.

The question will be raised at the coming meeting of the Ontario Medical Association, when, no doubt, some report will be prepared and sent out to the profession, with a statement of the case for guidance, and that should be brought to the attention of every member of the Ontario House. This very important matter alone should ensure a good attendance at the Ontario Medical Association this year.

We cannot urge too strongly upon the members of the medical profession the importance of a united stand on this matter. Every one should make it his duty to do his part. "All your strength is in your union."

A DOMINION HEALTH DEPARTMENT.

We have often referred to this matter, and have as often urged upon the Federal Parliament the advisability of creating a Department of Health. This we do for several reasons.

1. The value of the health of the people as a national asset is great. *Salus populi suprema lex est* was one of the rules on the Roman tables of the law. Much is being done from Ottawa towards this end, but nothing like what ought to be done.

2. The creation of such a department would unify the work now done by several departments. There would be one common plan running through it all. The good that would result from this would be great.

3. There would be one department to deal with. The various Provinces, and health boards would find this arrangement of immense value in all negotiations with the health authorities at Ottawa. It would be of the very greatest advantage to the members of the Federal House as well.

4. It would make for economy. There would be one responsible head, and differences of effort, which is always costly, would disappear. For the money spent, very much better results would be secured.

The foregoing reasons are ample to justify every member of the House of Commons in supporting the establishment of a Department of Health.

THE SELLING OR GIVING OR NARCOTICS.

One can hardly imagine anything more revolting than that a member of the medical profession should be guilty of selling narcotics to victims of these drugs. A few instances of this have been reported, but most fortunately, and to the credit of the medical profession, they have been very few. They should entirely disappear. Looked at from the monetary point of view, a doctor cannot hope to make anything worthy the name by such a course. Why, then, run the risk of professionally discrediting himself?

The law now in the United States is very severe on all who use such drugs as morphine, cocaine, etc., and equally severe on all who sell them to "dopers." It makes no difference whether the vendor be a druggist, a doctor, or a private citizen, it is a criminal offence these drugs to a habitué.

The whole business of selling these drugs to any one must be put down. From this out we hope that no member of the medical profession will have his name connected with such a disgraceful traffic. If it should transpire in the course of events that any doctor does so forget himself as to sell such drugs, he should be at once dropped from the ranks of the profession. Every association and court of law would uphold such a course.

THE ONTARIO MEDICAL ASSOCIATION.

This association will meet in the Medical Building, Toronto, on 31st May. The session will be one of three days' duration. The gathering should be a large one. No doubt the war has drawn from the numbers who usually attend the annual meetings of this association, but willing volunteers should be found to take their places. This is an opportunity that should appeal to those who in the past may not have been so active as others. Every one can do his bit, and one of the most useful of the ways of doing this is to be a sympathetic and attentive listener, or supporter of anything good and useful that may be up for consideration.

An excellent programme has been arranged, which reflects credit on the committee. We do not wish to disparage any of the splendid

meetings that have been held in the past, we do wish to see this one take first place, as an incentive for the future that it, in turn, may be eclipsed by that which is yet to be. In another part of this issue will be found the full announcement. There is enough in it to attract many and to please all. "Let knowledge grow from more to more," sang Tennyson. Let us take up the words also from Tennyson, "Self reverence, self knowledge, self control: these three lead on to sovereign power."

THE CARE OF THE RETURNED SOLDIER.

This is a very important question, and one that will grow in magnitude as the war goes on. We feel that the care of the invalided soldier should be taken charge of exclusively by the Federal Government. It will not do to leave it to local bodies.

If local bodies, such as municipalities or voluntary associations, can do anything for the comfort of the sick or wounded man from the front, all well; but it is too uncertain to trust to these agencies. The central Government alone must be responsible for their proper care.

This should be made public at once. The taking over of buildings, the fixing of these, the appointment of medical and surgical attendants, etc., are all matters for the militia authorities. That local bodies will help in this matter, as they have helped in others in the past, there is no doubt.

THE PREVENTION OF BLINDNESS.

The National Committee for the Prevention of Blindness throughout the United States is gaining in numbers, strength and influence. The work of this organization stands out as a monument to the credit of the medical profession. The medical profession in all its teachings, sayings, writings and doings has ever advocated prevention. Now, for the prevention of one of the most dreaded of all afflictions—blindness—the medical profession is again taking the lead. Some of the most eminent specialists of eye diseases in the United States are active in their efforts for the promotion of the work of the committee.

In a recent publication from the committee we learn that an inspection of the school children in Pennsylvania shows that there were 83,000 with defective eyesight. We hope that something of this work may find its way into this country.

ORIGINAL CONTRIBUTIONS

THE HISTORY OF MEDICINE IN BRITAIN.

By JOHN FERGUSON, M.A., M.D.

THE history of medicine is both fascinating and instructive, for by it one learns the steps which the healing art has taken in order to attain its present proud position. It is the history of medicine which points out the many mistakes that have been recorded, as well as the innumerable obstacles that have been overcome. These obstacles have been many and great, such as arose from the ignorance of the people, the superstitions of the times, the prejudices of religious sects, the lack of a knowledge of the laws of nature, and the absence of proper appliances for investigation. Gradually, one by one, these obstacles have been met and overcome, and it is with pride one can point to the many and signal advances which the science and practice of medicine have made through the achievement of British brains. It is the purpose of this article to set forth some of the claims of British medicine to recognition, and to indicate to what extent the science of medicine is indebted to the schools of medicine and the investigators of the British Isles.

Britain came into touch with Roman science at an early date. At the time when Roman rule held sway it is not unreasonable to think that some who had consulted Galen walked the streets of London. There is a fair amount of documentary evidence in existence to show that the thought and literature of London and Britain were influenced by Latin writers. Medicine had attained some distinction by the time of the Norman Conquest, which had the effect of bringing London into direct relationships with the progress of western Europe, and for more than a century foreign influences ruled in that city.

In 1193 a grant was made to St. Bartholomew's Hospital by John, Earl of Moreton, afterwards King John. At this time French influence affected the life of London to a great extent, and had an important bearing on the evolution of its hospitals. During this period the name of physicians are found in connection with various forms of charters. Grimbald, physician to Henry I, acts as a witness to several royal grants. He is styled in the body of these charters and grants as Grimaldo medico. One of these bears the date of 1105. Williams, Dean of St. Paul's, granted to John, the physician, and his heirs, some land and a residence in Aldmanbury. This is the earliest recorded abode of a physician in London. This would be about 1120. In 1127 Clarumbald appears as

a witness to an agreement and he is called both a physician and chaplain. In 1144 a charter was by Geoffrey de Maudeville to the Bishop of London. It is witnessed by Ernulf and Iwod, both being designated physicians. Another charter a little later is also witnessed by a London physician. This charter is specially interesting because it is the earliest document on record relating to St. Bartholomew's Hospital in which a physician is mentioned. This charter bears the date of 1186.

There is a charter, bearing the date of 1185, concerning the formation of the Hospital of St. Cross at Winchester, and which is witnessed by King Henry II, and two physicians, named Hams and Richard. His hospital for the care of the poor but not the sick. Dr. John of London is mentioned by Besace as physician to King Richard I in Palestine. He returned and lived to old age in that city.

In the year 1235, Reginald, both a physician and priest (*physicus et sacerdos*), was sent to Rome to interview the Pope regarding a certain election. This Dr. Reginald died in 1251. Queen Eleanor, wife of Henry III, had two noted physicians called Alexander and Reginald de Bathonia. Queen Eleanor sent the latter to her daughter who was Queen of Scotland. He visited the court of the latter at Edinburgh and was well received. He enquired of the Scottish Queen why she was so pale and looked so ill; whereupon she replied that she was not treated kindly. At this, Dr. Reginald de Bathonia reproved the members of the Scottish court. He soon fell ill, so that it was rumoured he had been poisoned. When he felt that he was dying he wrote to King Henry III and Queen Eleanor that it was an unhappy day when he visited Scotland. It is recorded that this physician possessed a violent temper. This might have caused some of his difficulty at the Scottish Court of Edinburgh.

In a charter of 1259, the name of Adam, physician practising at St. Albans, appears as one of the witnesses. Another charter of about the same date carries among the names in it that of William, physician at St. Albans, son of Adam the physician. Matthew Paris, the chronicler of the reign of Henry III., has given us the following as physicians of that period: Adam, of St. Alban's; Alexander, physician to Queen Eleanor; Reginald de Bathonia, physician to the Queen; Ranulphus Besace, also a canon; John, doctor of medicine; Reginald, physician and priest in St. Alban's; Richard, the physician and canon of St. Paul's; William, physician at St. Albans.

From information that has come down to us it appears that the physician of that period had to go through a course of reading and attendance on lectures before he became entitled to use the designations *medicus* or *physicus*. Some ecclesiastics also studied medicine. Such

was the Abbot of Crokestone, who was "erudite in the art of medicine." In 1216 he attended the King when the latter died. He states that the King was feverish but hungry, and ate heartily and drank a good deal of new beer. Next day his fever became more acute and rose higher. He rapidly grew worse, and after receiving the Holy Eucharist and nominating his son Henry as his successor, he died. This Abbot of Crokestone made an autopsy on the royal body, and removed the viscera to his own religious house where they were buried. The king's body was interred at Worcester.

The Bishop of Lincoln, Robert Grosseteste, who held that office from 1235 to 1253, read much of medicine. To a friar who was in poor health he gave the advice to take sufficient food, proper sleep, and to maintain good humour. He no doubt had in his mind the advice laid down by the School of Salernum; *medici tibi fiant hæc tria; mens hilaris, requies, moderata diæta.* The same divine and physician, also following the School of Salernum advised a melancholiac friar to take some good wine. Dr. John of St. Giles was an intimate friend of this Bishop. Most of the monasteries contained books on medicine, and these read by the friars. Chaucer in one of his tales lays down the following list of authors: Aesculapius, Deiscorides, Rufus, Hippocrates, Haly, Galen, Rhazes, Gilbert, Avicenna, Averrois, Gatesden, Constantine, Bernard, Damascien, Serapion. Of this list given by Chaucer the only ones absent from some of the collections in the monasteries were Aesculapius, Rufus, Averrois, Damascien, and Gatesden. This list of Chaucer's was written about the end of the fifteenth century. The catalogue of the library of Christ Church, Canterbury contains the names of two hundred and eighty medical treatises, including nine of those mentioned by Chaucer. This Canterbury list was written by Henry de Estria who ruled in the abbey from 1284 to 1331. It will be seen that he preceded Chaucer by many years. Some of the writings mentioned by Chaucer had not appeared in Henry de Estria's time. In St. Paul's Cathedral there is a monuscrypt of Avicenna given to it in 1451. Though reading was the chief means of acquiring a knowledge of medicine, there were in existence hospitals where observations on diseases could be made.

Jacobus de Vitry, a cardinal, writing in 1220 regarding the western countries, France and England, says: "There are very many associations of men and of women renouncing the world and living by rule in houses of lepers or hospitals of the poor, humbly and devotedly ministering to the poor and the sick. These servants of Christ, sober and sparing towards themselves, and rigid towards their own bodies, abound in compassion towards the poor and sick, and at once minister to them

all necessaries to the best of their ability. For Christ's sake they bear the filth and impurities of the patients and the annoyance of almost unbearable smells. He goes on to state that "there were several good hospitals that were a refuge to the poor, an asylum for the wretched, consolations for the mourning, nourishment for the starving, a kindness and diminution of suffering for the sick." In the rules governing these societies and hospitals there is frequent reference to the *sani* and the *infirmi*, showing that the sick as well as the poor were cared for. The states of the hospital of Angers, founded in 1175, order that messengers shall go twice a week through the town in search of the sick. Lying-in women were received. The hospital at Amiens ordained that patients may stay in the institution for seven days after they are convalescent if they wish.

In England there were hospitals devoted to a similar work. Some were restricted to a certain kind of poor persons, or to certain forms of sickness, as the leper houses. There are records that show that St. Bartholomew's Hospital, in London, has arranged on the same plan as the hospitals at Angers and Amiens. A husband and wife might be admitted. In the reign of King John, Ralph de Quatre-mares and his wife Albreda gave to St. Bartholomew's Hospital a holding which they held of Westminster Abbey, next the Church of All Hallows in Bread Street, with the house on it and all its contents, as well as an orchard which they held of the Church of St. Paul, in free and perpetual alms. They stipulated that if poverty should overtake them, they should be cared for by the hospital as if they were a brother and a sister of the hospital in their own house, and should be received into the society of the hospital. This is similar to the conditions found in connection with the hospital at the Hotel Dieu of Troyes. It thus appears that the conditions in the French and English hospitals were practically alike. Some of the institutions in England became merely refuges for the poor. On 5th March, 1341, in the reign of Edward III, there is an order to the effect that St. Bartholomew's Hospital should care for the sick as well as the poor. This order declares that the poor, the infirm, the pregnant women, and the child must receive care, if they resort to it. It is interesting to note that the same order enjoined the care of the child whose mother died during confinement.

In 1375, the will of Gilbert Chaumpneys mentions that there were patients in the hospital of St. Thomas the martyr in Southwark. He left one shilling to every leper in London. Three beds and linen to the hospital of St. Mary, three beds to St. Thomas's, and sixpence to every sick person in these hospitals.

In a very interesting book by John Mirfeld, entitled *Breviarium*

Bartholomei, one learns about the nature and extent of the studies of the physician of the fourteenth century. Medical practice at that period was sometimes carried on by a layman or an ecclesiastic. The priory and hospital of St. Bartholomew were founded by Rahere in the reign of Henry I. In his writing, John Mirfeld speaks of his master. He tells us that his master cured a case of hydrocephalus by applying sulphur ointment to the head and then binding it up for a month in warm wool. He then tapped the head in front by a cautery, and later on he tapped the back of the head, and more water came out. In a year the girl was well. He closed the wounds with tents. This same master treated a man who stabbed himself, and food, fluid and air came out through the wound. He joined the parts and applied powders and bandages. The wound healed. A woman lost her speech, and he rubbed the palate with some preparation. She recovered and praised his skill. A youth was brought to this famous master with a large carbuncle on his neck. He treated him with large doses of tyriacum, and the youth recovered beyond all expectation. On this case Mirfeld's master said: "that he had never seen anyone else who had recovered after being in a faint and tremor, and especially without pulse." Here we have an indication that at that period there was a knowledge of the value of pulse taking.

The tyriacum of that period is said to have been handed down from mithridates, King of Pontus. It was called mithridatium and later on theriaca. At first it contained thirty-eight ingredients, then fifty-three, and finally seventy-five. An important constituent in it was opium. In 1745, Dr. William Heberden wrote an article attacking its use.

Nicholas Tyngewick was physician to Edward I. He lectured on physic at Oxford, and is mentioned in two documents of 1306. Mirfeld states that Nicholas Tyngewich rode forty miles to see a woman who had a cure for jaundice, and paid her a sum of money to be taught her method. The documents mentioning Nicholas Tyngewick are one by Edward I, conferring on him a Living, and the other that of Pope Clement V confirming the same.

John Mirfeld belonged to the priory of St. Bartholomew, and represented the convent in 1392 and 1393. He was granted a chamber on the south of the church, and was a liberal benefactor of the priory. It is thought that he attended the lectures of Nicholas Tyngewick in 1336, when quite young.

John of St. Giles was a very learned man of the reign of Henry III, and was physician to the Bishop of Lincoln. He studied at Oxford, Paris and Montpellier. He became physician to Philip Augustus of France. He lived in Paris in the hospital of St. James, which he had

bought and afterwards gave to the Dominicans. About 1222 he joined the Dominicans, and is said to have been the first Englishman to do so. He returned to England in 1235 and died in 1258. From these facts it appears that it was the custom of that day for those who studied medicine, also to study theology.

The writings of Leland make us acquainted with Dr. Richard Bartlot, an Oxford man. It is quite clear that Bartlot had been a student of Mirfeld's writings. Richard Bartlot was the first Fellow elected into what became the Royal College of Physicians of London, in 1523. He was spoken of as very learned. He was president of the college in 1527, 1531, and 1548. He died at the age of eighty-six in 1556 in the reign of Queen Mary. The College of Physicians, under the presidency of Dr. Caius, attended his funeral. There is at Pembroke College a copy of Mirfeld's book in which is written "Richard Bartlot in Medicinis doctor."

Mirfeld's *Breviarium Bartholomei* is a very interesting book. It is divided into fifteen sections, dealing with fevers, and the affections of the various parts of the body, boils, fractures, dislocations, medicines, and foods. He states that fevers come in bad seasons when the crops are blighted and the air and water impure, so that they infect the body. The infected air goes to the heart and round the body. To this is added the evils from infected food and water. Animals also suffer. Epidemics are forecasted by comets and irregular seasons. He states that in epidemic fever the heat of the body is moderate externally but great internally. There is thirst, dry tongue, praecordial pain, difficult breathing, and foetid breath. Such an epidemic may be followed by small-pox or the measles. When one expects recovery after the crisis the person may suddenly die. He warns physician to be guarded on the matter of severe complications. In cold weather one may be protected from infection by smelling and swallowing musk, aloes wood, storax, calamita, and amber; while in hot weather one should resort to sandalwood, roses, camphor, sour milk, sour herbs, and vinegar, warm baths favour the onset of the fever, but bleeding and purging are protective. Much meat and sweets are to be avoided, but veal and fowl meat and sweats are to be avoided, but veal and fowl meats may be eaten with vinegar and sour herbs. At the same period John Helme, of St. Bartholomew's, advises for the fever a mixture of aloes and myrrh taken in warm wine. Anyone who was ill was enjoined to hold between his finger and thumb two small pieces of hazelwood and repeat certain words. On going out of the house some aromatic herb should be thrown on the fire. It has a general belief that the sea air was noxious; and, as an effective means of warding this off, one should eat warm bread or toast.

In the days of Mirfeld there were treatises on the diseases of horses and cattle. To protect horses and cattle from epidemics, three poor travellers were to be entertained on Christmas day, and given beds of hay to sleep on. This hay was afterwards to be placed between the horses and cattle at night. This would ward off disease. Mirfeld had often witnessed the insomnia of fevers, and for this the prayer of the Christians of Ephesus should be repeated, with the names of the seven ephesian sleepers, namely, Maximian, Malchus, Dionysius, Marcian, John Constantine, and Serapion. In the treatment of the furred tongue of fever he says that it should be cleaned with a piece of linen moistened with some acid juice. As a test for death he states if a small piece of burnt lard be placed under the nose, if the person is alive he would place his hand there to remove the lard. He says that leprosy is incurable, but that in one case he did good by brisk purging. He treated gout by an ointment of goose fat, and gives a lengthy account of how the goose must be prepared. Chronic rheumatism was treated by rubbing on olive oil, repeating part of the Psalm, "Why rage the people," and two prayers.

John Mirfeld has a good deal to say about epilepsy, apoplexy, and hemicrania. In the case of an epileptic it was taught that they would regain consciousness and get up after a certain prayer had been repeated in his ear. As epileptics soon rise, much virtue was assigned to the formula, and it came to be frequently employed in cases of apoplexy. The difference between epilepsy and apoplexy in those days was but little known.

Mirfeld's master treated a canon who fell from his horse and injured his head. He was unconscious for some time. He rubbed the head with oil of roses and vinegar, put on some powder. Then a cloth soaked in the oil and vinegar, then a linen strap, and bandaged all on. He rubbed the back of the neck with an ointment. By the fourth day the canon could speak a little. On the sixth day he gave him some chicken broth. This famous master then advised the patient to eat the brains of fowls and kids until his own brains had recovered.

From references in the manuscript, it would appear that Mirfeld's Florarium was written between 1362 and 1369. In this he says that gluttony slays more than the sword. Foods should not be mixed. Bread should be taken at one meal and meat at another. It is evident that Mirfeld had read Bernard of Gardon's Lily of Medicine, John Gaddesden's English Rose. He was familiar with the fact that injury to one side of the body, affected the opposite side. He was a man of much reading, and of independent observation, and anxious to the best for the sick.

We now arrive at a very interesting character, Nicholas de Cusa, who died in 1564. He was a great student of all the range of subjects then known. There is a manuscript on pharmacology which has written in it the statement that it was bought in 1449 by Nicholas de Cusa. Nicholas de Cusa invented the method of counting the pulse by weighing the amount of water that would flow through a tube while the observer counted one hundred beats. In the case of a slow pulse more water would escape while making the count than in the case of a quick pulse. He will go down to future generations on account of his device for comparing the rate of different pulses. He became a cardinal of St. Peter ad Vincula.

Thomas Linacre, the founder of the Royal College of Physicians was born about the same year as that of the death of Nicholas de Cusa, 1564. He studied Greek in Italy, and obtained his M.D. from Padua about 1500. He studied the writings of Hippocrates, and these with other ancient writings up of his mind. He founded the college in 1518. He ever urged that physicians do as Hippocrates and Galen had done, make use of observations, and not merely to accept the conclusions of writers. The physician now began to be looked upon as of the learned class. Leland and Caius speak in high terms of praise of Richard Bartlot, the first elected Fellow of the College of Physicians. There is good reason for thinking that he knew Greek, Hippocrates, Galen, and the mediæval writers. It would seem appropriate that the one who knew the ancient writers and coupled them with modern medicine of his day, should be chosen as the first Fellow. When he died he was buried in the church of which Mirfield was so prominent a figure.

Linacre was the first president, and had among his friends Dr. John Clement, a noted Greek scholar, and student of medicine, Sir Thomas More, Erasmus and Colet. Edward Wotton was president in 1541, John Clement in 1544, and John Caius in 1555. Wotton and Caius were both good Greek scholars. These were the first to add zoology to their list of studies. While Wotton was quite young, he was lecturer in Greek at Carpus Christi, Oxford. He has granted a Fellowship with the right to travel. He proceeded to Italy, and, in 1526, graduated M.D. at Padua. In 1552 he published a work on Zoology, the first from the pen of Englishmen on this subject. It was brought out with fine paper and type, and dedicated to Edward VI. John Caius also wrote a good deal on zoology. Sir John Mason was the patron of both.

The study of languages was much encouraged by the physicians of the Royal College of this period. Doyley took his B.A., in 1564, and his M.A., in 1569. He then studied medicine in Basle, where he graduated in 1581. He was elected a Fellow in 1588.

William Gilbert, who was elected president of the Royal College in 1600, stated that the Greek writers had handed down to us much knowledge, nevertheless we had made many discoveries which the Greeks would be ready to acknowledge ifg they were living. Theodore Goulston, who was a censor in 1526, published in 1640 a translation of Galen's *Opuscula*.

Sir Theodore Mayerne added to other studies that of chemistry, in which he became very proficient for his day. Linacre, Clement, Wotton, Caius, Doyley, Gilbert, Harvey, Mayerne, and Glisson represented the best that the college stood for during the first century and a half of its existence. It was Mayerne who introduced *lotio nigra*, or "black wash." He also wrote the dedication to King James for the *Pharmacopoeia* of 1618.

William Harvey was born in 1578 and died in 1657. He became a Fellow of the College in 1607. In his lectures in 1616, he began to expound and demonstrate the circulation of the blood. For a time he was severely criticized, but his views prevailed when, in 1628, he issued his completed work in Latin. The book was published in Frankfort. In 1632 he was made physician to Charles I. In 1645 he shared the dangers of battle with the King, and was appointed warden of Merton College. When the Parliamentary Party came into power he resigned the wardenship. In 1654, he was elected president of the college. He made extensive annotations on the works of Galen. These notes were made in 1640.

Sir George Ent was president in 1675. The silver sceptre still in use by the College of Physicians, was in use then. Sir George knew Harvey well, and this is referred to in one of Dryden's poems. In 1663, Edward Browne, a son of Sir Thomas Browne, applied for his M.B. This document sets forth that he had studied medicine for six years, and had heard the usual lectures, having passed through the usual exercises. Dr. Francis Glisson, Regius Professor of Physic, admitted Browne. He was made a Fellow in 1675.

At this period Dr. Christopher Terne gave lectures on anatomy. These lectures were six in number, and given on three days, in the forenoon and afternoon. He delivered the Harveian oration. Edward Browne and his father Sir Thomas Browne were close friends of Dr. Windet, who was a great reader and a wide scholar. Sir Edmund King was a surgeon, but gave this up for the practice of medicine. He was physician to Charles II in 1676; and became a Fellow of the College in 1687. He carefully dissected one hundred brains, and his anatomical knowledge was highly praised by Dr. Thos. Willis. On one occasion he was called into attend the King who seemed to be in some sort of a fit.

He said he would rather run the risks of the law than leave the King unaided, and so he drew some blood. The king recovered and the other physician concurred in what King had done.

Edward Browne went to Paris, Venice, Montpellier, Rome, and Padua. He was the means of bringing to England much stimulus in the study of medicine. He was a close friend of Sydenham. He was elected physician, to St. Bartholomew's in 1682, and became president from 1704 to 1708. He died in 1708. He may be taken as the type of the best education that fell to the lot of physicians of his day. He knew the older writers on medicine thoroughly. He could write and speak Latin, and was familiar with French and Italian. He was a close student of zoology, chemistry, botany, and pharmacology, in addition to the routine study of medicine.

But while much attention was being directed to anatomy, botany, pharmacology, and zoology, the practical study of medicine was not without its advocates. Of these Thomas Sydenham must come in for a full measure of praise. He regarded Hippocrates as "the divine old man." He took the strongest and most advanced position on the subject of practical observation and study of cases. He was a thorough going clinician and held that one who wished to treat the sick must do more than read books. His description of measles is for all time a classic.

Dr. John Caius was the first to write an account of a disease in England from his own observation. This was on the sweating disease, and is the first attempt by any one in Britain to write an account of a disease from nature. His description is lacking in coherence, and is overladen with speculation; but, nevertheless, it is a fine effort after the practical.

William Harvey made also a number of notes regarding cases which go to show that the clinical study of medicine was taking possession of him.

The first physician in England that stands out as a noted example of the true clinician was Sir Theodore Turquet de Mayerne. Mayerne's great work has already been mentioned. But his reputation as a true clinician rests upon his account of the deaths of Prince Henry and King James I. In the case of the latter, his report of the case is of the most exhaustive character; and reveals a keenness of insight, and a wealth of description that still have a unique charm. It also shows what a clear conception of disease, the functions of the organs of the body, and morbid anatomy he possessed. In his account of the illness of Prince Henry we have a very good one of typhoid fever.

In Francis Glisson we meet with another example of the clinical mind at work. In 1650 he published his account of Rachitis. In this

treatise he goes into both the clinical and pathological aspects of the disease. He discusses the disease under the headings: diagnosis, differentiation, prognosis. He was the first to make an effort to connect the function of organs in health with the symptoms found in disease. He also proved that when a muscle contracts it does not enlarge.

Christopher Benet in 1656 gave out his treatise on Phthisis. He lost his life through infection, acquired while investigating the spatum of consumptives.

Walter Charlton, who was president from 1869-7691, wrote extensively on pathology. It is very apparent that he did not check his pathology by clinical observations. Willis also records some cases, but his observations are of a general character, rather than elaborating any one disease. Richard Morton, who died in 1698, and was president of the Royal College in 1678, showed in his work on phthisiologia or wasting diseases, a very careful method and very practical bent of mind.

Of the names during the seventeenth century, Harvey, Mayerne, Caius, Glisson, Sydenham, Morton and Willis, the three that stand out pre-eminently above the others as clinical observers are Mayerne, Glisson and Sydenham. Mayerne and Sydenham gave themselves up almost solely to bedside observations. Glisson tried to connect what he saw at the bedside with pathological changes, and to discover pathological laws. Glisson was an anatomist and gave his name to Glesson's capsule. He was also a physiologist, and discovered the irritability of tissues. Mayerne and Sydenham were most concerned with finding facts regarding treatment and prognosis.

For the present we shall not attempt to outline the growth of medical knowledge and teaching in the British Isles during the eighteenth and nineteenth centuries.

CURRENT MEDICAL LITERATURE

BROWN-SEQUARD EPILEPSY.

In 1869 Brown-Séguard described the production of epileptic attacks in guinea pigs by violent stimulation of the sciatic nerve. Since that time a numbers of cases have been recorded in medical literature in which epilepsy supervened in human beings after, and apparently as the result of, severe injuries of the peripheral nerves. A few of these have been collected by Drs. A. Mairet and H. Piéron, who remark on the rarity of these cases, and add two more of their own observation. One patient, a railway employee, had his right hand crushed under the wheel of a carriage in 1886. After this he was only fit for light duty at the railway station. In 1890 he was dismissed for offences against decency in public. He went to law about it, and the medico-legal experts found he was suffering from chronic neuritis of the right arm and attacks of epilepsy. It appeared that the neuritis had been confined at first to the ulnar nerve, and had spread so as to involve the whole brachial plexus; while the epilepsy might take several forms culminating in true epileptic seizures, and could often be provoked by pressure either on painful spots on the scar left by the injury or on the tender ulnar nerve. The second patient, a soldier aged 30, was wounded by fragments of a shell in the right forearm in September, 1914. The wounds healed in December, after much suppuration, leaving extensive scars. In January, 1915, the man complained of headache, vertigo, and noises "as of aeroplanes" in the ears. Attacks of stiffness and tremor of the limbs, with loss of consciousness, occurred both by day and night. When seen in hospital at Montpellier in April the right arm was weak and wasted, and there were various areas of loss of sensibility, hyperæsthesia, and hyperalgesia. The musculo-cutaneous and internal brachial nerves were thickened and tender; other branches of the brachial plexus and cervical nerves seemed to be affected as well. There were no signs of neurasthenia. While in hospital the patient had two or three epileptic or epileptiform attacks daily, varying in degree of severity, preceded by an aura of pains in the right arm and culminating in stiffness and clonic spasms, with loss of consciousness lasting for many minutes. Minor attacks could be brought on by pressure on the musculo-cutaneous nerve. Some improvement was produced by electrical treatment. In June the brachial scars were excised under ether, but the epileptic attacks returned. In August and September treatment of the arm by prolonged hot baths was undertaken—

two hours in water at 104° F. twice a day. After three months the man was very much better; no fits had occurred after September, and the affected nerves were much less sensitive to pressure. The arm and hand were stronger, and were being treated by massage and movements. The authors consider this to be one of the rare cases of true epilepsy reflexly produced by severe peripheral irritation; the patient's family history was such as to suggest a predisposition to nervous disorders. Dr. Pierre Marie, on the other hand, states that he has never been able to accept the convulsions described by Brown-Séguard in his experimental animals as comparable to epilepsy in human beings. He is inclined to attribute the phenomena displayed by Mairét and Piéron's second patient to hysteria or neuropathy rather than to epilepsy.—*British Medical Journal*.

TREATMENT OF DYSENTERY.

S. Kartulis (*Journal of Tropical Medicine and Hygiene*, January 15, 1916), at a recent discussion of the treatment of acute dysentery, held by order of the Director of the Medical Services of the British Mediterranean Expeditionary Force at Alexandria, Egypt, laid stress on the fact that emetine is not able alone to cure all cases, sometimes not acting at all on the living ameba in the intestine, even if used repeatedly. Some time ago, Kartulis found that tannic acid, injected subcutaneously in a dose of two c.c. of a twenty per cent. solution, was capable of killing the ameba in the walls of amebic liver abscesses. Applying this measure later to amebic dysentery, he found that, in the absence of all internal treatment, it caused disappearance of the symptoms and of the ameba from the stools, the results being the same as from emetine injections. Treatment of dysentery by combined emetine injections and tannic acid enemata was taken up, with excellent results. Kartulis, in an acute case, at once injects one-half grain of emetine intramuscularly, if possible twice a day. Two enemata of the following composition are ordered taken daily, to be retained fifteen to twenty minutes:

℞ Acidi tannici ʒi (4 grams)
 Iodoformi gr. xlv (3 grams)
 Sodii chloridi ʒiiss (6 grams)
 Arrowroot ʒvi (25 grams)
 Aquæ destillatæ ʒxxxiv (1000 c.c.)
 M. ft. enema.

These enemata are usually well borne. The emetine and enemata are continued for three or four days. In most cases the severe symp-

toms disappear altogether on the fourth day, and ameba is not to be found. After this the emetine and enemas are given only once daily for a week, and thereafter two or three injections of emetine a week for two or more weeks. As to the diet, on first three days only small amounts of milk diluted with weak tea, or greasy soups prepared with fresh butter, are allowed, together with two to four lemon drinks in the twenty-four hours. On and after the fourth day, macaroni, rice, or arrowroot well boiled in water with fresh butter, once or twice a day, is added, and after a week, light solid food, e.g., chicken or fish. Among some 3,000 cases of amebic dysentery only four were fatal, and these had received treatment by the old method.—*New York Medical Journal*.

GLYCERIN SUBSTITUTES.

Continuing his discussion of the preparation of formulæ for external use without employing glycerin, P. G. Unna (*Berliner klinische Wochenschrift*, October 11, 1915) states that a satisfactory preparation for application to ulcers and wounds can be made as follows:

℞ Tincturæ iodi	30.0
Syrupi	20.0

The oxidizing property of iodine is diminished by the reducing property of the syrup and the action of the idoine is therefore milder. The preparation is especially valuable in the treatment of atonic wounds, since the iodine disinfects the granulations and the syrup hastens epithelialization. A thoroughly satisfactory zinc plaster may be prepared by the formula:

℞ Gelatini	15.0
Zinci oxidi	15.0
Syrupi	25.0
Aquæ destillatæ	45.0

M. et fiat emplastrum.

Or two parts of the water may be replaced by two or ichthyol if the actions of this drug are sought.—*N. Y. Med. Jour.*

INFLUENCE OF WAR ON SKIN AFFECTIONS.

Brocq (*Bull. méd. No. 3; Journ. de méd. et chir. prat.*, March 10th, 1916), after a passing reference to the terrible increase in the prevalence of venereal diseases since the outbreak of hostilities, discusses the modifications which the war has produced in pruriginous dermatoses, psoriasis, and certain fistulous wounds. In almost all the civilians who before the war had suffered from pruriginous affections of

neuropathic and autotoxic origin the symptoms returned or increased in intensity. When they have the opportunity of changing their abode for a time and avoiding crowded places, the skin lesions become milder or disappear. In large towns or in places where there is much bustle the symptoms return. Among the troops in the field, on the other hand, many who had previously suffered from urticaria, eczema, or pruriginous lesions, when forced to give up their usual occupations and live a life of strenuous exertion in the open air, found that the disease became milder or disappeared, without change of diet or local treatment. In some cases, however, a prolonged period of service at the front caused the outbreak of pruritus, urticaria, or populo-vesicular eczema. These observations at first sight seem to be contradictory, but Brocq holds that in the majority of cases they are not so, because the patients have been submitted to altogether different conditions. The change in the mode of life, which in some men has had a favorable influence, has been prejudicial in others who have been exposed to excessive fatigue or violent emotions. Brocq calls special attention to the increased prevalence and severity of psoriasis among soldiers at the front, especially those in the trenches. He thinks the two chief causes of the "epidemic" are the almost exclusively flesh diet and nervous shock. Similar phenomena have been observed in peace times after great emotional disturbances of severe injury. Brocq also notes the occurrence of a number of cases of dermo-epidermitis in fistulous attacks in men who have been long under surgical treatment for bone injuries; in these cases a peculiar dermatosis developed around the wound.—*British Medical Journal*.

BLOOD PRESSURE IN PREGNANCY.

From a study of 5,000 consecutive cases in the pregnancy clinic of the Boston Lying-in Hospital, F. C. Irving, Boston (*Journal A. M. A.*, March 25, 1916), has endeavored to ascertain: (1) the normal range of blood pressure in pregnancy; (2) the significance of low blood pressure; (3) the significance of high blood pressure, particularly as regards the toxemias of pregnancy, and (4) to state certain results obtained in the prevention of eclampsia by the appropriate treatment of these toxemias. From this study, he deduces conclusions substantially as follows: In 80 per cent. of pregnant women the blood pressure ranges from 100 to 130, and in 9 per cent. the blood pressure may be below 100 once or more. When below 90, it does not mean that the patient will have shock unaccompanied by hemorrhage of confinement. In 11

per cent. it may be above 130 once or more. This seems to be influenced somewhat by age, nationality, and parity. High blood pressure is more frequently a sign of toxemia in the young than in those over 30. Elevated blood pressure is more often an index of toxemia than albuminuria and is apt to be an earlier sign. The degree of elevation indicates more surely the likelihood of toxemia than does the amount of albumin, but both are of the utmost importance. Isolated cases of high blood pressure without albuminuria or toxemia were not infrequent, but usually responded to free catharsis. Some pressures remained high in spite of treatment, and were apparently normal during pregnancy, at least for the patient who exhibited them. A progressively rising blood pressure often from a low level, even though it never reaches the arbitrary danger point, should be taken with apprehension as a most valuable sign of approaching toxemia. Toxemia is much more common with the blood pressure above 150 than below that point, and most patients with eclampsia had a pressure of 160 or more. It may occur, however, with only moderate pressure. All toxic cases develop both albuminuria and high blood pressure. The incidence of eclampsia in this series was only slightly smaller than the usual figure, but Irving thinks that in two-thirds of the cases it was due to neglected advice. If his patients had been discharged for disobeying instructions the statistics would have been much more favorable, but it was considered that it would be unjust to the ignorant foreigners who constitute the majority of the patients to abandon them when they most needed care.

TREATMENT OF TONSILLITIS.

Lapat (*Jour. Med. Soc. State of N. J.*, March) removes the exudation from the tonsils by means of hydrogen peroxide and then iodine is applied to the crypts. These applications are made twice daily. In addition, the throat is sprayed every two hours with the following solution:

Ichthyolis	ʒii
Olei anisi	ʒiii
Aquæ, q. s. ad	ʒii

For perspiration in the axillæ bathe with weak vinegar and apply the following on a gauze pad:

Salicylic acid	gr. xx
Starch	ʒii
Powdered alum, ad	ʒiiss

For internal treatment give precipitated sulphur in dram doses once daily in milk. For counter irritation mix chloroform, camphor,

and sweet oil, one ounce of each. Fold a piece of muslin three or four times, saturate it with the mixture, and cover with dry, warm flannel. Blistering takes place in three minutes.—*N. Y. Med. Jour.*

PERNICIOUS ANEMIA.

K. M. Vogel, New York (*Journal A. M. A.*, April 1, 1916), discusses the theories of the causation of pernicious anemia, which, he says, belongs to that pleasant group of subjects which are always agreeable to discuss because our ignorance permits us to say a great deal about them. He mentions the changes that we are tending to adopt in our conceptions of the different types of anemia, but even now there are difficulties in attempting to establish a rational classification. We have long been in the way of station primary and secondary anemias which must be abandoned, for logically considered there can be no such thing as a primary anemia, since the blood is not in itself an organ, but is the direct product of the activity of the various blood producing organs or systems and in a sense it can be more properly regarded as a secretion rather than as an organ. To classify the anemias arbitrarily as cryptogenetic or phanerogenetic is not even expedient, for it leads to such extraordinary associations as placing two of the most antithetical diseases of all, pernicious anemia and chlorosis, in the same group. In the last analysis, the anemic state is a result of a disturbance of a normal balance of blood destruction and blood production. In one group the former class predominates, in another it is a deficiency of the latter. It is reasonable, therefore, to divide the anemias into two broad classes, one of which embrace those types in which the reduction of the blood element is most prominent while in the other the significant feature is their abnormal destruction. To the former belong the anemias due to cachexia, wasting diseases, tumors, and some of the toxic anemias, as well as aplastic anemia, and osteosclerotic anemia. In the other group come first the anemias due to hemorrhage and the entire class of so-called hemolytic anemias. Chlorosis is ruled out by Vogel from the anemias. Pernicious anemia finds its place with the hemolytic types and is probably the result of the action of certain hemolytic agencies of varying nature, which are distinctive in evoking a special type of regenerative response on the part of the blood producing organs which gives a definite clinical picture. The conditions observed recall those seen in the developing embryo comprising the well known factors of high color index, macrocytosis, presence of megalocytes, megaloblasts and leukopenia. Admitting the hemolytic nature, the question as to the origin and nature of the hemo-

lysin remains to be solved. That the spleen plays an important part in pernicious anemia is certain, but the situation is not cleared up definitely, and some extrasplenic factor or factors are involved. Experiments that possibly are suggestive as regards the origin of these factors are mentioned, also the theory of Cedarberg that pernicious anemia is really a manifestation of anaphylaxis resulting from absorption from the bowel of the body foreign protein and the interesting observations on the pernicious anemia of horses which seems to be possibly due to a parasitic origin, Sydenhelm's findings of fly larvæ in the stomachs of the animals from which he could extract a poison that killed a horse in twelve minutes, and the discovery that the blood of these animals conveys the disease to others. Vogel also notices Eppinger and King's studies, in which they found an increase in the unsaturated fatty acids of the blood with strong hemolytic properties in conditions associated with hemolysis. Further work on these lines, he says, is desirable. The effects of splenectomy and blood transfusion in the disease are also mentioned. While we have not as yet succeeded in curing the disease and we have to admit it is distinctly increasing in frequency, we have gained some knowledge of facts that may help us to solve the problem of its treatment. One of the factors appears to be an abnormality of splenic function and another the presence of toxin produced by the fish tape-worm, by pregnancy or by syphilis, but in the majority of cases the etiology is still unknown though it is probable that it is of endogenous rather than exogenous nature, and there is much evidence in favor of the rather indeterminate group of ethersoluble substances termed lipoids.

PERSONAL AND NEWS ITEMS

The Ladies' Committee of the Weston Hospital for Consumptives have written acknowledging the gift of \$167, the result of the concert given by the pupils of the Hambourg Conservatory.

On the morning of 23rd April, a fire broke out in the Hamilton Asylum. It is not known what caused the fire, though defective wiring is suspected. The patients were all moved over to other portions of the institution. The damage is said to run from \$35,000 to \$50,000. The nurses won high commendation for their efficient efforts in removing the patients.

Dr. Gordon J. C. Ferrier, son of Chester D. Ferrier, superintendent of the Victoria Industrial School at Mimico, was reported in a recent

casualty list as dangerously wounded in the chest and elsewhere by shrapnell on Good Friday.

Col. (Dr.) Murray McLaren, who went with the contingent from the Maritime Provinces, has been decorated with the Order of St. Michael and St. George by the King. Col. McLaren has rendered excellent service at the Cliveden Hospital and elsewhere. All will congratulate Dr. Murray McLaren.

An association has been formed in Toronto to promote the interests of the feeble-minded. Dr. C. K. Clarke was elected its president. In his usual practical way he said "we must work together in harmony, avoid much talk, and do as much work as possible." With Dr. Clarke as the head of the association, there is good reason to expect good work.

A cablegram from the Secretary of War was received by Mrs. R. Hassard, of 66 Spencer Avenue, Toronto, giving the information that her son, Dr. Frank R. Hassard, of the R.A.M.C., had been admitted on the 15th of April to the stationary hospital at Saint Omer, suffering with a fracture of the metacarpel bone of the left hand. For some time Dr. Hassard has been in the dressing station nearest the front lines in France. He left here in July, being connected with the Field Ambulance, his commission being with the R.A.M.C. While at Varsity he was on the Rugby team, and was most popular with the boys.

Dr. and Mrs. Thomas Kerr and their daughter, of 669 Dovercourt Road, Toronto, with Dr. and Mrs. Robert Kerr, of Bradford, Penn., spent Easter week at Atlantic City.

An interesting event was the opening with formality of the new hospital for officers in Mrs. H. D. Warren's house, at the corner of Wellesley and Jarvis Streets, Toronto. The hospital, which is excellently appointed—the building has been entirely renovated and specially furnished—is the generous gift of Mrs. Warren to the military authorities. Sir John and Lady Hendrie, Brig.-Gen. and Mrs. Logie and Lieut.-Col. T. B. Richardson, commandant of the camp hospital, with Mrs. Richardson, were among those entertained at tea in the hospital. Major C. A. Warren, D.A., D.M.S., was also present, representing Lieut.-Col. Marlow.

A cablegram has been received in Kingston from Lieut.-Col. Frederick Etherington, at Cairo, Egypt, stating that Queen's Stationary Hospital was leaving there for France.

Lt.-Col. D. W. McPherson, of Toronto, is attached to the Barwood Hospital.

Col. (Dr.) Wallace Scott, Toronto, is at present in connection with Moore Barracks Hospital.

Col. (Dr.) Casgrain, Windsor, Ont., is in charge of Bushey Park

Hospital, given by the King. Dr. Casgrain saw much active service in the Mediterranean and in Egypt, where his health gave out, demanding a period of rest.

Major (Dr.) Alexander McKenzie, Toronto, who has seen active surgical work with the 48th in France, is now in connection with the Moore Park Hospital, Schornecliffe.

Dr. W. E. Struthers, chief medical officer for the Workmen's Compensation Board, has been appointed medical officer to the 216th Battalion.

Lt.-Col. (Dr.) Perry Goldsmith, Toronto, has returned to his duties as a specialist. He is now in connection with the Eye and Ear Hospital, Folkestone, England. He was formerly located in France.

Dr. C. E. Cooper Cole, who has been medical officer to the Princess Patricia's Regiment, was recently wounded.

Dr. Howard Black, a graduate of the University of Toronto of 1915, has been appointed assistant superintendent of the Toronto General Hospital, in the place of Dr. Alfred Haywood, who is serving in the army in Europe.

Dr. H. H. Burnham, of Toronto, son of Dr. G. H. Burnham, has been mentioned for distinguished service.

Captain (Dr.) Cullen, of the 28th Battalion, Regina, has been awarded the Croix de Guerre by President Poincaré.

Dr. John Douglas, Chancellor of Queen's University, has raised his donation to the library building from \$100,000 to \$150,000.

Dr. J. Wilkinson, Manitoba, has located in Regina, and has taken over the practice of Dr. W. R. Coles, who has been appointed surgeon to the 195th Battalion.

Dr. H. E. Munroe, who has had service abroad, has been appointed to take charge of the Saskatchewan Hospital unit.

The Western University, London, Ont., is offering a hospital unit for overseas service.

The fifth annual meeting of the Ontario Health Officers' Association will be held in Convocation Hall, University of Toronto, on May 30th and 31st.

Dr. Harry D. Johnson, Charlottetown, has been appointed officer commanding the Canadian Medical Services Special Hospital for Rheumatism, at Buxton, England.

The staff, directors and shareholders of the Massey-Harris Company, Toronto, are establishing and maintaining a home for convalescent Canadian soldiers at Kingwood, England.

Lt.-Col. (Dr.) J. Alex. Hutchison, of Montreal, has gone to Britain to act as chairman of the Canadian Pensions Board.

Of the McGill class of 1917, there are 132 on active service in all branches of the army.

The Medical Health Department, of Toronto, will require about \$325,000 this year.

Dr. J. S. McCallum, of Smith's Falls, has three sons with the Canadian troops in France.

Surgeon-General Gorgas, of the U. S. army, has been awarded the gold medal of the Chicago Geographical Society.

Dr. G. R. McDonagh, who has been in the West Indies since January, was expected home early in May.

Dr. Herbert Brown, of Cooksville, Ont., a veteran of the South African War, has been appointed medical officer to the 169th Battalion.

Dr. Berkeley Stark has gone to England to join the staff of the Ontario Hospital at Orpington.

Dr. Mark H. Rogers, of Boston, has been chosen as editor of *American Journal of Orthopaedic Surgery*.

The Toronto Aesculapian Club elected Dr. C. J. Hastings, president; Dr. W. Goldie, vice-president; Dr. E. E. King, treasurer, and Dr. George Elliott, secretary.

The many friends of Dr. J. E. Elliott, of Toronto, will be pleased to hear of his steady improvement since his operation.

Capt. (Dr.) James Roberts, Hamilton's Health Officer, and who was serving at Gallipoli, was invalided home for some time. He is gradually improving.

Dr. C. J. Copp, Toronto, who has been connected with the order for a number of years as secretary of the Ontario Council, has been made a Knight of Grace of St. John of Jerusalem in England.

Australia has sent a medical unit to Egypt to treat venereal diseases in the army. The hospital has 1,040 beds.

An appeal is made to the people of this country to aid the Seamen's Hospital at Greenwich, England. It is a worthy object to support. The Duke of Connaught is patron.

Up to a recent date the Canadian Hospital at St. Dinard, in France, had treated 1,200 wounded.

Dr. H. A. Farris, of St. John, N.B., has resigned his position as medical superintendent of the St. John County Hospital for Tuberculosis.

Dr. Macauley, of St. John, N.B., has been appointed acting superintendent of the General Hospital during the absence of Dr. Malcolm on active military service.

During the year 1915 the Guelph General Hospital admitted 952

patients. There were 87 births and 47 deaths. The number of days was 18,972.

The Isolation Hospital at London has been converted into a military hospital, and it is proposed to erect a building for infectious diseases.

The Royal Victoria Hospital, of Montreal, last year admitted 5,421 patients. The daily cast was \$2.25.

During 1915 the Montreal General Hospital admitted 7,860 patients. There were 390 deaths. The outdoor department gave treatment to 23,180 patients. The deficit had been reduced from \$69,000 to \$58,224.

There have occurred in Hull, since last September, 77 cases of typhoid fever. It is thought that sewage contamination from the town of Alymer is the cause.

The Province of Quebec contributed to the Red Cross funds, in answer to the recent appeal, the sum of \$228,499.

The vital statistics of Montreal show 5,781 marriages, 21,386 births, and an average death rate of 29.26.

One hundred and three nurses were engaged by the Victorian Order in Montreal last year. They made 14,906 visits, 4,628 being maternity cases.

The report of the Manitoba Provincial Board of Health states that tuberculosis is as abundant as ever, and has caused more deaths to the province than the war. Avian tuberculosis is quite common. It also contends that more attention should be given to the prevention of infant mortality.

The annual report of the Brandon General Hospital showed that the deficit had been reduced to \$10,000. The number of patients treated during the year was 1,904.

About sixty members of the medical profession of Calgary held their banquet. About forty members of the association are engaged in military service.

Dr. Bow, Medical Health Officer at Regina, has been appointed medical superintendent of the Regina General Hospital during the absence of Dr. Dakin, who is on active service.

Dr. Sutherland has been appointed Medical Officer of Health for Vancouver.

The Vancouver General Hospital has now accommodation for about 500 beds, and has completed a very fine suite of operating rooms.

The Royal Columbian Hospital at New Westminster is asking the city to increase the grant from \$7,000 to \$16,000. An additional sum of \$5,000 is required to make improvements on the heating plant.

One hundred and forty patients were treated at the Chiliwack Hospital last year. The deficit was reduced from \$2,551 to \$983.

Capt. Archibald Gilchrist, R.A.M.C., of Toronto, has been twice mentioned in despatches, and has been awarded the Military Cross. He has been medical officer to the First Worcestershire Regiment. Recently he has been in the hospital, but is making a good recovery.

The University of St. Francis Xavier, Antigonish, N.S., has offered a hospital unit for overseas service. The offer has been accepted and arrangements are in progress.

Capt. Oscar Cannon, of Stratford, A.D.M.S. of the first military division, has been promoted to the post of director-general of the military medical services of Canada. He returned from the Dardanelles a few months ago.

Lt.-Col. Kenneth Cameron, C.A.M.C., was mentioned in despatches by Marshall French, has been promoted to be officer commanding No. 2 Canadian General Hospital at Le Trèport, France.

Lt.-Col. H. Ramsay Duff, R.A.M.C., of Winnipeg, No. 5 Stationary Hospital, died of pneumonia.

Capt. F. A. C. Scrimger, of Montreal, medical officer to the 14th Royal Montreal Battalion, and who won a V.C., was ill with blood-poisoning.

Dr. James Burgess Brook, of Detroit, died there on 7th February. He was born in Ontario in 1884, and studied in University of Toronto and Jefferson Medical College.

Dr. G. W. Steeves, of London, England, died there some time ago. He was born in Hillsborough, N.B., in 1854. His father was Hon. W. H. Steeves, one of the Confederation Fathers. He was educated at the University of New Brunswick, and in Medicine in Edinburgh.

In an address a few days ago in Toronto, Miss Burke pointed out the great need there was of hospital supplies for Serbian and French hospitals. She dwelt upon the extreme hardships of the nurses in many instances, and pointed out the splendid work that had been done by the Scottish Women's Hospitals in these countries.

The cost of patients in the Hamilton Hospital last year was \$1.73; in Toronto, \$2.23; in Ottawa, \$2.02; in London, \$2.13. Much improvement has been made to the grounds on the new mountain site.

Charles A. L. Reed, of Cincinnati, in an address before the Medical Society of the Missouri Valley in St. Joseph on March 23, announced the discovery of a new microorganism, the *Bacillus epilepticus*, which he believes to be the etiological factor in epilepsy. Dr. Reed asserted that the new bacillus, like the tetanus bacillus, probably exists in the soil, and that it enters the body through the stomach and intestines.

An appeal for funds for the erection of a statue of the late Professor Baccelli to be placed in the Policlinico at Rome, has been issued by Professor Rummo, of Naples, and Professor Maragliano, of Genoa, vice-presidents of the Italian Society of Internal Medicine. Professor Baccelli was one of the founders of the Policlinico.

Forty physicians in the State of Texas have been convicted of violating the Harrison law governing the use of narcotics, and the State Board of Health, at a recent meeting, decided to ask for the revocation of their licenses.

Newspaper despatches from Paris state that Dr. Pierre Roux, director of the Pasteur Institute, on April 4, announced to the Academy of Sciences the discovery of a serum for the treatment and prevention of typhus fever. The discovery is said to be the result of the work of Dr. Noble, director of the Pasteur Institute in Tunis.

Dr. J. William White, noted surgeon, author and trustee of the University of Pennsylvania, died from pneumonia at his home on 25th April.

Dr. Simon Flexner was elected president of the American Society for Experimental Pathology for 1916 at a meeting recently held in Boston. The society will hold its next meeting in New York in December next in combination with the other constituent organizations of the federation of American societies for experimental biology.

The 150th anniversary of the foundation of the medical school of the University of Pennsylvania was celebrated by a dinner given by the Society of the Alumni of the school on February 4th. The school was founded by Dr. John Morgan in 1765, an event which marks the beginning of medical teaching in the United States.

An important step forward in the provision of a complete school of tropical medicine in Calcutta was taken on February 24th, when Lord Carmichael, Governor of Bengal, laid the foundation stone of the hospital for tropical diseases.

The medical inspection of school children has been actively carried on by departmental medical officers for some years, and good work has been done in this direction. Now, however, the Government has decided to go a step further and to undertake the work of treating all school children who have any physical defects. For this purpose they have advertised for the services of additional medical officers and specialists. This is regarded as the thin end of the wedge towards a complete system of nationalization of medical services.

We regret to record the death of Sir Charles Bent Ball, Bt., M.D., M.Ch., F.R.C.S., which occurred on March 17th at his residence in Dublin. The late Sir Charles Ball was a surgeon of great eminence,

and his abilities caused him to be held in high respect not only in Ireland but throughout the United Kingdom. He was born in 1851, and was the youngest son of the late Robert Ball, LL.D., and brother of the well-known astronomer.

We regret to announce the death of Dr. David W. Cheever, which occurred at his house in Boston on December 27th, at the age of 84. He graduated at Harvard in 1852 and was one of the original surgical staff of the Boston City Hospital, which was opened in 1864. He had been a teacher at Harvard since 1860, when he was appointed demonstrator of anatomy. He became professor of clinical surgery in 1875 and professor of surgery in the Medical School in 1882. On his retirement in 1893 he received the title of emeritus professor.

The 41st annual meeting of the American Academy of Medicine will be held at the Hotel Statler, Detroit, on the 9th to the 12th June.

The 18th annual meeting of the American Proctological Society will be held in Detroit on June 12th to 13th, at the Hotel Statler.

The trustees of the Medical Faculty of Stanford University, San Francisco, have arranged a summer course of six weeks from 6th July to 15th August. Especial attention will be paid to the subject of tuberculosis.

OBITUARY

BARTHOLOMEN EDWIN MCKENZIE.

One of Canada's foremost orthopedic surgeon passed away 21st April in the person of Dr. Bartholomew Edwin McKenzie, 145 Warren road, after an illness of only a week's duration. Dr. McKenzie was suffering from an intestinal disease, and he was operated on Thursday as a last resource. He died thirty hours later. He was one of the pioneer orthopedic surgeons in Canada, and had been recognized as an authority for a number of years.

All through his life he was a strong temperance advocate. A member of the Royal Templars of Temperance and a consistent believer in advanced legislation along temperance lines, Dr. McKenzie had the courage of his convictions, and did his full share in shaping public opinion along these lines.

Dr. McKenzie was born in Oak Ridges, Ont., on October 22, 1851. He received his secondary school education in Cobourg Collegiate Institute, and then entered Victoria University. He took his arts degree in 1877, and won the silver medal for mathematics. Then he entered

his medical course at McGill University and graduated with the degree of M.D. and C.M. in 1880. Going abroad, he took post-graduate courses in London, Glasgow, Berlin and Vienna. In 1882 he married Miss Hattie J. Beebe of Charlecote, Ont.

From 1880 till 1887 Dr. McKenzie was in general medical practice, and since that time had specialized in orthopedic surgery. He was the founder of the Orthopedic Hospital, and was actively connected with its work until his recent illness. In 1905 he was elected President of the American Orthopedic Association, and was made President of the Municipal Reform Association in the same year. In 1906 Dr. McKenzie was elected to the Senate of Victoria.

For a number of years he had occupied the position of associate professor of clinical surgery in the Medical College for Women. Occasional contributions from his pen were sent to leading medical journals.

He leaves three sons, besides his widow, to mourn his loss. All three are on active service: Wilfrid L., with the 5th Field Ambulance Corps in France; F. Vernon, with the Canadian Grenadier Guards, and Howard B., who is in training for a commission.

HORATIO CHARLES BURRITT.

Dr. Burritt died at his home, 205 Spadina Road, Toronto, on 21st April, 1916. He was born in Smith's Falls, Ontario, in 1840. He was educated at Bishop's College, Lennoxville, and at the Medical College of McGill University, from which he graduated in 1863.

After graduating he served through part of the American Civil War, as assistant surgeon of Lincoln General Hospital, Washington, D.C. He afterwards practised in Smith's Falls, Morrisburg and Peterboro, and came to Toronto in 1882, and continued in practice here until August last, thus completing 53 years of medical practice. He married in 1864, and is survived by his widow, two daughters and four sons.

CHARLES WRIGHT.

Dr. Wright died at his home in West Toronto. He was in his 77th year, and had retired from practice fifteen years ago. He had been ill for six months. His son is Col. Jesse Wright of the 169th Battalion.

W. E. DINGMAN.

Dr. Dingman was a well-known practitioner in Listowel, Ontario, where he died on 6th March, at the age of 65. He graduated in 1875.

J. K. GARROW.

Dr. Garrow, of New Westminster, B.C., died in the latter part of January. He had been in practice in New Westminster some twenty-five years ago. For some years he was in South Africa. Since his return he did not resume practice.

J. S. REED.

Dr. Reed died at his home in Walkerton, Ontario, on 2nd February, at the age of forty-two years. He was taken ill with an attack of pneumonia.

JOHN G. NUGENT.

Dr. Nugent died from pneumonia recently. He had been in practice at Chipman, New Brunswick, for some time.

PHARES DUKESHIRE.

Dr. Dukeshire died at Brookland, New Brunswick, where he had conducted his practice for some time. His death was due to pneumonia. He was in his 29th year. He leaves a widow and two children.

DR. MUGAN.

Dr. Mugan, of North Battleford, died on 5th February in his 48th year. He was a graduate of Manitoba Medical College. He was ill only a few hours.

CHARLOTTE W. ROSS.

Dr. Charlotte W. Ross, of Winnipeg, died there in her 74th year. She graduated from the Women's Medical College of Philadelphia. She practised in Montreal and Whitemouth.

JAMES McDONALD ROY.

Dr. Roy, of Saultnierville, N.S., died 16th February, at the age of 73. He was born in Scotland and came to Canada from the United States 17 years ago, and settled in Westport. He was a graduate of Tuft's College, Boston.

BOOK REVIEWS

DISEASES OF THE NOSE AND THROAT.

A Text-Book for Students and Practitioners, comprising Affections of the Trachea and Esophagus. By Sir St. Clair Thompson, M.D., F.R.C.P., Lond., F.R.C.S., Eng.; Commander of the Order of Leopold of Belgium, Surgeon of Diseases of the Throat, and Professor of Laryngology in King's College Hospital; Laryngologist to Ting George Hospital and King Edward VII. Sanatorium, Midhurst; formerly Physician to the Throat Hospital, Golden Square; Surgeon for Diseases of the Throat and Ear, Seamen's Hospital, Greenwich, and Surgeon to the Royal Ear Hospital, London. Second edition, with 22 plates and 337 figures in the text. Pages, 858. Price, cloth, \$7.50. Cassell and Company, Ltd., London, New York, Toronto, and Melbourne, 1916. Toronto agents, D. T. McAnish and Company.

Any one who possesses this work may congratulate himself that he has one of the very best books in any language upon the diseases of the nose and throat. When the first edition appeared in 1911, it was at once recognized an authority of the highest order of merit. During the five years that have elapsed the author has made the very best use of his time and experience to still further perfect his work and make it worthy of the continued confidence of the medical profession, and especially that branch of it specializing this field of practice.

The book is got up in very attractive style. The paper, the binding, the typography, and the illustrations speak of the great pains that have been taken by the publishers to make the volume not only attractive, but thoroughly useful. In every way the form of the book is ideal. But the matter contained in the book must be the final test of its real value, and here the knowledge and style of the author stand out. For reliability of statement, and clearness of expression this work takes a foremost place. To be without this book is to suffer a distinct loss; to have it is to be in possession of all one requires.

FISHBERG'S PULMONARY TUBERCULOSIS.

By Maurice Fishberg, M.D., Clinical Professor of Tuberculosis, University and Bellevue Hospital Medical College; Attending Physician, Montefiore Home and Hospital for Chronic Diseases, New York. Octavo, 639 pages, with 91 engravings and 18 plates. Cloth, \$5.00 net. Philadelphia and New York: Lea & Febiger, Publishers, 1916.

It is essential that the physician in general practice, who is frequently called upon to treat pulmonary tuberculosis, should have at hand a work which will give him not only the etiology of the disease, but also the methods of treatment best adapted to the needs of the individual case and the conditions under which that treatment must be given to secure the best results and to expedite an ultimate recovery.

Such a work has been prepared by Dr. Fishberg, whose wide experience as a specialist, practicing in the most congested city of America, and as a teacher of this subject in the University and Bellevue Hospital Medical College of New York, has given him a comprehensive grasp of the general practitioner's needs. His ability to meet these needs and present them in useful form is evident in every page of his book. It is at once completely authoritative and intensely practical.

At least ninety per cent. of tuberculous patients must be cared for in their homes, not alone because of the inadequacy of institutional accommodations, but also because most patients can thus be cared for at less expense to themselves and to the community. Treatment in the home, however, may be fraught with imminent dangers not only to the patient but to other members of the household, unless the right methods are employed and proper precautions against infection are taken. Ideal as institutional treatment is in many cases, sanitarium methods cannot be applied in their entirety to patients who are not under the strict supervision and discipline prevailing in institutions.

The treatment of pulmonary tuberculosis presented in this book is based on the author's experience with patients in New York City. Some of them are inmates of institutions, but even these had to be cared for before admission and after their discharge. Emphasis is laid on the fact that in most cases the patient can be given the benefit of rest, fresh air and proper food in his home as well as in a sanitarium. The immense utility of sanitarium treatment is emphasized, but its limitations are carefully enumerated. Medical treatment has not been neglected because it is in many cases of more value than some have been inclined to think. The most recent method of treatment, artificial pneumothorax, has been given in detail because of its efficiency in cases where everything else has failed. Dr. Fishberg has carefully studied the literature and has presented the facts as established by leading modern observers and investigators, co-ordinating, elucidating and supplementing the knowledge thus assembled with the results of his own specialized private and hospital practice. The result is a work which makes clear the problems encountered in the treatment of pulmonary tuberculosis and supplies the student with the basic knowledge essential to the successful handling of this disease. The usefulness of this work to the general practitioner can hardly be overestimated.

FRACTURES.

By John B. Roberts, M.D., F.A.C.S., Professor of Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine, sometime Chairman of the Fracture Committee of American Surgical Association; Membre de la Société

Internationale de Chirurgie; and James A. Kelly, A.M., M.D., Attending Surgeon to St. Joseph's, St. Mary's, and St. Timothy's Hospitals; Associate in Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine. Octavo, 704 pages, 910 illustrations. Price, cloth, \$6.00.

One of the authors, Dr. John B. Roberts, has long been known to the medical profession as a painstaking student, and a careful writer. A new book to which his name is attached is bound, therefore, to attract attention. The name of Dr. James A. Kelly appears on the title page as co-author. His standing and opportunities are such as to warrant the belief that any share he took in the preparation of the book would be such as to reflect credit on the contributor. The book is an excellent one. It is well written and superbly illustrated. So far, then, as the authors are concerned nothing has been left undone. The publishers, an old and reliable house, have done their part in a thoroughly satisfactory manner. This book will at once take its place in the *front row*.

JOHNS HOPKINS HOSPITAL REPORTS.

Volume XVII. Baltimore: Johns Hopkins Press, 1916. Contents: Free Thrombi and Ball Thrombi in the Heart, by Joseph H. Hewitt, M.D.; Benzol as a Leucotoxin, by Lawrence Selling, M.D.; Primary Carcinoma of the Liver, by Milton C. Winternitz, M.D.; The Statistical Experience Data of the Johns Hopkins Hospital, by F. L. Hoffman, LL.D.; The Origin and Development of the Lymphatic System, by Florence R. Sabin, M.D.; The Nuclei Tuberculosis Laterales, by E. F. Malone, M.D.; Venous Thrombosis During Myocardial Insufficiency, by F. J. Sladen, M.D.; Leukaemia of the Fowl, by Harry C. Schmeisser, M.D.

These articles are all original, and contain the findings of much research. This volume is a most valuable contribution to medical science. It will find a place in every medical library, and in the book case of every teacher of medicine. It would be invidious to single out any one of the articles for praise above that accorded to the others. The illustrations are excellent. We congratulate the contributors on the high degree of merit attained by them. The university is doing a great service to the whole medical profession by maintaining such a research laboratory and so many efficient workers. This report does not lose by comparison with former ones from the same institution.

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, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by R. M. Landis, M.D., Philadelphia, and Char. H.

Mayo, M.D., Rochester. Vol. I., twenty-sixth series, 1916. Philadelphia and London: J. B. Lippincott Company. Price, in cloth, \$2.25 per volume, or \$9.00 per year.

To speak a word about International Clinics is near a wearisome task. Every quarter a new volume comes along, and each time just a little better than the one that went before. One would think that it had well nigh now become impossible to continue issuing such excellent volumes, but by the united efforts of authors and publishers the result has been achieved of giving to International Clinics an ascending value. We can heartily recommend this series of volumes. They reflect the very best in modern medicine.

BERNHARDI AND CREATION.

A NEW Theory of Evolution. By Sir James Cliehton-Browne, M.D., D.Sc., LL.D., F.R.S. Glasgow: James Maclehose and Sons, Publishers to the University, 1916. Price, paper, one shilling net. Pages, 72.

The author in his splendid style denounces the present German thought. It is, however, more than denunciation; for the author gives his reasons in such convincing logic as would satisfy any one but such as Bernhardi and his school. He shows that the German theory of life is a dismal failure, and has as its product the present awful conflict in Europe. We commend this little book and wish for it a very wide circulation.

ALTITUDES IN CANADA.

Commission of Conservation, Canada. A Dictionary of Altitudes in the Dominion of Canada. Second edition. By James White, F.R.S.C., F.R.G.S., Deputy Head and Assistant to Chairman, Commission of Conservation. Ottawa: The Mortimer Company, Limited, Printers, 1916.

This is a very useful volume. It gives the attitude of every place in each province. The names are arranged in alphabetical order, and by provinces, commencing with British Columbia, and crossing Canada to the Atlantic seaboard. Suppose one wishes to find the altitude of Field, B.C., all that is required is to turn to British Columbia, and look at Field when it will be found to be 4,072 feet above sea level.

BED SORES.

Their Prevention and Cure. By Catherine W. Smart, Matron of Waddington Hospital, Waddington, Yorks. London: John Bole, Sons and Danielsson, Limited, Oxford House, 83-91 Great Titchfield Street, Oxford Street W, 1916. Price, one shilling net.

A careful perusal of this little booklet reveals the fact that it contains much useful information. It should be in the hands of every nurse. If its advice were followed, much suffering would be avoided to patients. It should meet with a wide circulation, as soon as its merits become known.

MEDICAL CLINICS.

The Medical Clinics of Chicago, March, 1916. Volume I., Number 5. Published bi-monthly by W. B. Saunders and Company, Philadelphia and London. Price per year, \$8.00.

These clinics measure up to a high standard, and constitute a new series that is intended to give the profession the latest views on disease, accident and injury from the wide range of material at the command of the leading men in Chicago. The present number is a good one and got up in an attractive form. The publishers have cause to be proud of this series.

MEDICAL PRACTICE.

A Treatise on Medical Practice based on the Principles and Therapeutic Applications of the Physical Modes and Methods of Treatment (non-medical therapy), with Explanatory Notes concerning the Nature and Technique of the different physical agents and methods employed by Otto Juettner, A.M., Sc.M., Ph.D., M.D., author of "Modern Physio-Therapy," "Physical Therapeutic Methods," "Daniel Drake and his Followers," etc., etc., Fellow of the Academy of Medicine of Cincinnati, the American Medical Association, the Societe Francaise d' Electrotherapie, etc. New York: A. L. Chatterton Company. Pages, 520. Price, cloth, \$5.00.

Many times one hears the remark made that too little attention has been paid by the medical profession to the non-drug treatment of disease. The author in this work tries to meet this criticism. The author has performed his task well, and has produced a book of merit. It is a pleasure to review it for its own sake, as well as for the opportunity of introducing to the medical world a book that deals with the many means of treating disease other than by a resort to the pharmacopoeia. Any one who is fortunate enough to possess a copy of this work will find both pleasure and profit in turning to its pages.

MISCELLANEOUS

THE DUTIES OF MEDICAL PRACTITIONERS IN CASES OF CRIMINAL ABORTION.

The question as to how far a medical man, who obtains in his professional capacity knowledge of the commission of a criminal offence, is under a duty as a citizen to give information to the police authorities and so set the criminal law in motion, is one which has great interest for the medical profession.

It is manifest that as a standing rule applicable to the vast majority of cases it is of the very highest importance that professional confidence should be respected and held inviolate. Probably the most frequent occurrence is that of the medical man called in to attend upon a woman upon whom he comes to the conclusion an illegal operation has been performed, and in this case, at any rate, it is now safe to say that the doctor is under no obligation to, and indeed should not, divulge the information which he has obtained in his professional capacity.

In order to explain how the point has now arisen we must go back to 1896, when the late Lord Brampton (better known as Mr. Justice Hawkins), in charging a grand jury, said:

"I doubt very much whether a doctor called in to assist a woman, not in procuring an abortion, for that in itself is a crime, but for the purpose of attending her and giving her medical advice, could be justified in reporting the facts to the public prosecutor. Such action would be a monstrous cruelty. . . . There might be cases when it is the obvious duty of a medical man to speak out, and it would be a monstrous thing for a medical man to screen a person going to him with a wound which it might be supposed had been inflicted in the course of a deadly struggle."

Lord Brampton's remarks were brought to the notice of the Royal College of Physicians of London, and in the result it obtained the joint legal opinion of Sir Edward Clarke and Mr. Horace Avory; the latter was then in practice at the junior bar, but has since been raised to the bench. They advised that a medical practitioner was not liable to be indicted for misprison of felony (an offence which is practically obsolete) merely because he does not give information in a case where he suspects that criminal abortion has been practised. There the matter rested until the close of 1914, when at the Birmingham Assizes in December Mr. Justice Avory had to deal with a case of an alleged operation upon a woman on whom three successive doctors had been in attendance.

None of these doctors had given information to the police, and, in consequence, there was no evidence upon which a jury could convict the prisoner who was charged with having performed the illegal operation. In charging the grand jury, the judge made the following observations:

"Under circumstances like those in the present case, I cannot doubt that it is the duty of the medical man to communicate with the police or with the authorities in order that one or other of those steps may be taken for the purpose of assisting in the administration of justice. No one would wish to see disturbed the confidential relation which exists, and which must exist between the medical man and his patient, in order that the medical man may properly discharge his duty towards his patient, but there are cases, and it appears to me that this is one, where the desire to preserve that confidence must be subordinated to the duty which is cast upon every good citizen to assist in the investigation of a serious crime such as is here imputed to this woman. In consequence of no information having been given, it appears to me that there is no evidence upon which this woman can be put upon her trial.

"I have been moved to make these observations because it has been brought to my notice that an opinion to which I was a party some twenty years ago, when I was at the Bar, has been either misunderstood or misrepresented in a textbook of medical ethics, and I am anxious to remove any such misunderstanding if it exists. It may be the moral duty of the medical man, even in cases where the patient is not dying, or not likely to recover, to communicate with the authorities when he sees good reason to believe that a criminal offence has been committed. However that may be, I cannot doubt that in such a case as the present, where the woman is, in the opinion of the medical man, likely to die, and, therefore, her evidence likely to be lost, that it is his duty; and some one of these gentlemen ought to have done it in this case."

Mr. Justice Avory was therefore insisting that, professional secrecy notwithstanding, medical men are under the same moral duty as other citizens of the state in all cases in which they become aware of the commission of a criminal offence, to give information to the authorities. In this, as we have seen, he differed from the late Lord Brampton.

These remarks were brought to the attention of the Council of the British Medical Association, and, after full consideration of the matter in consultation with the solicitor to the association, a deputation was appointed to confer with the Lord Chief Justice on the question raised. This deputation was received by the Lord Chief Justice on May 3rd, 1915, and the Attorney-General and Public Prosecutor were also present. It was then ascertained:

(a) That it is desired by the authorities that information should be

given to them by medical men in attendance upon a woman suffering from the effects of abortion brought about by artificial intervention.

(b) That the circumstances under which it was desired that this communication should be made were the subject of the following three limitations:

(1) That the medical man was of opinion either from his examination of the patient and or from some communication that she may have made to him that abortion had been attempted or had been procured by artificial intervention.

(2) That he was of opinion either from his observations of and or from a communication made to him by his patient that such artificial intervention had been attempted by some third party other than the patient herself, and

(3) That the medical man was of opinion that his patient, due to such artificial intervention, was likely to die, and that there was no hope of her ultimate recovery.

Upon this the Council made the following observations in its report to the Annual Representative Meeting, 1915:

The Council understands that whereas solicitors and barristers have an absolute privilege of protection in regard to statements made to them in their professional capacity involving matter of criminal import or otherwise, no other class of persons is accorded such legal protection by state authority or Act of Parliament, although in the case of ministers of religion such protection is universally observed and recognized by custom in the courts.

There is, however, no such universally recognized protection attaching to medical men in respect of statements made to them by a patient; in fact, there is a considerable conflict of authority upon the subject.

The Council is advised that no obligation rests upon a medical practitioner to disclose the confidences of his patient without the patient's consent, and suggests that if the state desires to set up such an obligation it should at the very least preface such an endeavor by affording to the practitioner protection from any legal consequences that may result from his action. Without any desire to claim the right to refuse to make such disclosures in obedience to the order of a court of justice, the Council, after hearing the report of the deputation received by the Lord Chief Justice on May 3rd, 1915, has decided to adhere to the following resolutions which it passed on January 27th, 1915:

"That the Council is of opinion that a medical practitioner should not under any circumstances disclose voluntarily, without the

patient's consent, information which he has obtained from that patient in the exercise of his professional duties.

"That the Council is advised that the state has no right to claim that an obligation rests upon a medical practitioner to disclose voluntarily information which he has obtained in the exercise of his professional duties."

The matter has also been taken up by the Royal College of Physicians of London. The College passed certain resolutions last July. It was subsequently considered advisable to obtain an opinion from Mr. R. D. Muir on the legal advice appended to the resolutions, which were finally adopted in the following form after they had been submitted to the Public Prosecutor for his approval. The resolutions of the College and the advice it has received are in the following terms:

Resolutions concerning the Duties of Medical Practitioners in Relation to Cases of Criminal Abortion, adopted by the Royal College of Physicians of London on January 27th, 1916.

The College is of opinion—

1. That a moral obligation rests upon every medical practitioner to respect the confidence of his patient; and that without her consent he is not justified in disclosing information obtained in the course of his professional attendance on her.

2. That every medical practitioner who is convinced that criminal abortion has been practised on his patient should urge her, especially when she is likely to die, to make a statement which may be taken as evidence against the person who has performed the operation, provided always that her chances of recovery are not thereby prejudiced.

3. That in the event of her refusal to make such a statement, he is under no legal obligation (so the College is advised) to take further action, but he should continue to attend the patient to the best of his ability.

4. That before taking any action which may lead to legal proceedings, a medical practitioner will be wise to obtain the best medical and legal advice available, both to ensure that the patient's statement may have value as legal evidence, and to safeguard his own interests, since in the present state of the law there is no certainty that he will be protected against subsequent litigation.

5. That if the patient should die, he should refuse to give a certificate of the cause of death, and should communicate with the coroner.

The College has been advised to the following effect:

1. That the medical practitioner is under no legal obligation

either to urge the patient to make a statement, or, if she refuses to do so, to take any further action.

2. That when a patient who is dangerously ill consents to give evidence, her statement may be taken in one of the following ways:

(a) A magistrate may visit her to receive her deposition on oath or affirmation. Even if criminal proceedings have not already been instituted, her deposition will be admissible in evidence in the event of her death, provided that reasonable written notice of the intention to take her statement was served on the accused person, and he or his legal adviser had full opportunity of cross-examining.

(b) If the patient has an unqualified belief that she will shortly die, and only in these circumstances, her dying declaration will be admissible. Such a declaration may be made to the medical practitioner, or to any other person. It need not be in writing, and if reduced into writing it need not be signed by the patient nor witnessed by any other person, though it is desirable that both should be done, or that, if the patient is unable to sign, she should make her mark. If possible, the declaration should be in the actual words of the patient, and if questions are put, the questions and answers should both be given, but this is not essential. If the declaration cannot there and then be reduced into writing, it is desirable that the person to whom it is made should make a complete note of it as soon as possible.

The position may therefore be summarized shortly:

1. Any one who, knowing of the commission of a criminal offence, attempts to conceal his knowledge from the authorities may himself be guilty of the offence of misprision of felony—an offence, however, which is practically obsolete.
2. An ordinary citizen, not being a barrister or solicitor, is under a moral duty to inform the authorities when he has knowledge of the commission of a criminal offence.
3. A medical man, however, is under no such moral duty where his knowledge is obtained in his professional capacity, so far, at any rate, as the offence of abortion is concerned.—*British Med. Journal.*

THE ONTARIO MEDICAL ASSOCIATION.

The Ontario Medical Association will hold its annual meeting in Toronto Wednesday, May 31st, 1915, for three days, in the Medical Building, Queen's Park.

The following is the programme:

Wednesday, May 31st.

9.00 a.m.—Registration.

10.00 a.m.—Business Session.

12.00 a.m.—An Organ Recital—Convocation Hall.

2.00 p.m.—General Session.

“Drugs and Medicinal Agents Considered from the Professional, Economic and National Standpoints,” by Prof. A. D. Blackader, Montreal.

Address in Gynæcology, by Dr. J. F. Percy, Galesburg, Ill. Subject: “Heat Problems, or the Method of Treatment in Cases of Inoperable Uterine Carcinoma.”

“Tonsillectomy, with its General Results,” by Dr. Justus Matthews, Mayo Clinic, Rochester, Minn.

Election of the Nominating Committee.

In the evening at eight: President’s Address, by Dr. H. B. Anderson.

8.45 p.m.—The Address in Medicine, by Dr. Elliott P. Joslin, of Boston. Subject: “The Treatment of Diabetes.”

On Thursday, June 1st, from nine to twelve o’clock, the Sections in Medicine, Surgery, Obstetrics, and Ear, Eye, Nose and Throat will meet.

Programme in Medicine:

“Pericious Anemia,” by Dr. Charles McKay, Seaforth.

“Radium as an Auxiliary in the Treatment of Exophthalmic Goitre,” by Dr. W. H. B. Aikins, Toronto.

“Indications for and Results of Artificial Pneumothorax in Phthisis,” by Dr. C. D. Parfitt, Gravenhurst.

“Duodenal Feeding with Tube,” by Dr. Cleaver, New York.

“Treatment of Constipation,” by Dr. Campbell, Napanee.

“Treatment of Lues in Children,” by Dr. George Smith, Toronto.

“Arterial Hypertension,” by Dr. Boyce, Kingston.

“Wasserman Reaction in Relation to Diagnosis and Treatment of Syphilis,” by Dr. Hugh Laidlaw, Kingston.

“Protozoan Infections,” by Dr. L. G. Pearce, Brantford.

“Syphilis with New Arsenical Preparations,” by Dr. Gordon Bates, Toronto.

Programme in Surgery:

“Appendicitis,” by Dr. M. O. Klotz, Ottawa.

“Gall-Stones,” by Dr. I. Olmstead, Hamilton.

“Pyloric Stenosis in Infants,” by Dr. W. E. Gallie, Toronto.

“Fractures, including Compound,” by Dr. Seaborn, London, and

Dr. J. M. Rogers, Ingersoll. Discussion opened by Dr. T. H. Middleboro, Owen Sound.

"Intestinal Obstruction," by Dr. H. A. Bruce, Toronto.

"Renal Calculi," by Dr. W. W. Jones, Toronto.

"Conservative Surgery in Injuries of the Hand," by Dr. N. A. Powell, Toronto.

"Transfusion," by Dr. F. N. G. Starr, Toronto.

"Perforating Ulcer of the Stomach," by Dr. McGregor, Hamilton.

"Treatment of Cancer of Fulguration," by Dr. J. E. Hett, Berlin.

"The Relative Merits of the Steel Plate and Bone Graft in the Treatment of Recent Fractures," by Dr. E. R. Secord, Brantford.

"Pulmonary Abscess following Abdominal Operations," by Dr. Angus McLean, Detroit.

"Duodenal Ulcer," by Dr. A. H. Perfect, Toronto.

Programme in Gynæcology and Obstetrics:

"Treatment of Dysmenorrhœa," by Prof. William Wier, Cleveland.

"Morphine and Hyoscine in Obsterics," by Dr. A. Kinnear, Toronto.

"Blood Transfusion in Hemorrhage of the New-Born," by Dr. Alan Brown, Toronto.

"Gelatine in Hemorrhage of the New-Born," by Dr. McIlwraith, Toronto.

"Apparatus Used in Blood Transfusion," by Dr. Unger, New York.

"The Female Pelvic Floor and the Part it Plays in Obstetrics and Gynæcology," with moving pictures, by Prof. T. H. Morgan, New York

"Eclampsia," by Dr. J. E. Goodchild, Toronto.

"Diagnosis and Choice of Operations in Retrodisplacements," by Dr. A. C. Hendrick, Toronto.

"Persistent Occipito-Posterior Positions in Relation to the Country Practitioner," by Dr. Charles Page, Oakville.

"The Walcher Position in Obstetrics," by Dr. Arthurs, Sudbury.

Programme in Section of Ear, Eye, Nose and Throat:

"Foreign Bodies in the Esophagus," with slides, by Dr. Edmund Boyd, Toronto.

"Treatment of the Blind after the War," by Dr. B. C. Bell, Brantford.

"Orthodontia in its Relation to the Nose and Throat," by Dr. G. W. Grieve, D.D.S.

"Nose, Throat and Accessory Sinuses in Relation to Systematic Diseases," by Dr. D. J. Gibb Wishart, Toronto.

Thursday afternoon: Address in Surgery by Prof. Dean Lewis, Chicago.

"Treatment of Pneumonia," by Prof. Solomon Solis Cohen, Philadelphia.

Business Meeting.

In the evening Dr. Weston A. Price, D.D.S., D.S.C., M.E., Cleveland, will give an address on "Mouth Infections and Some of the Mechanisms by which they Produce Localized and Systemic Diseases."

Prof. John Wyeth, Prof. John A. Boline, and Prof. C. H. Chetwood will illustrate some operations by moving pictures.

On Friday afternoon there will be a Military Section in which subjects of interest to the Army Medical Corps will be discussed.

On Friday evening Prof. Stephen Leacock will give an address.

QUEEN'S UNIVERSITY MEDICAL DEGREES

The following degrees and prizes have been announced by Queen's Medical Faculty:

Degrees of M.D., C.M.—S. E. Burnham, M.B., Woodrow, Sask.; R. M. Cairns, M.B., Ottawa; M. F. Coglon, M.B., Kingston; J. S. Fitzsimmons, B.A., Rockport; P. R. Lee, M.B., Gananoque; C. C. Ligoure, M.B., Trinidad, B.W.I.; W. H. MacMillan, B.A., Blenheim; R. B. McQuay, B.A., Foxwarren, Man.; L. W. Nixon, M.B., Richmond; W. V. Sargent, M.B., Kingston; D. J. Taitt, B.A., Brooklyn, N.Y.

Degrees of M.B.—H. S. Angrove, Kingston; R. H. Angrove, Kingston; T. D. Bennett, Spencerville; J. H. Blair, Aneroid, Sask.; W. G. Blair, Perth; M. G. Brown, Moore's Mills, N.B.; W. E. Brown, Gananoque; T. F. Cartar, Trinidad, B.W.I.; R. A. Dowd, Ottawa; W. H. Duffett, Adolphustown; C. M. Finlayson, North Battleford, Sask.; C. J. Garofalo, Syracuse, N.Y.; W. H. Hicks, Candiac, Sask.; J. F. Houston, Carleton Place; O. E. Kennedy, Quyon, Que.; J. A. Key, Dalston; P. A. Leacy, Lanark; S. S. Lumb, Bancroft; Daniel Mahony, Toronto; M. J. Moher, Cobourg; J. H. Moxley, Ottawa; R. R. MacGregor, Brinston; P. T. McIlroy, Kingston; J. G. MacNeil, St. Stephen, N.B.; Wm. Sager, B.A., Wolfe Island; C. S. Tennant, Mallorytown.

Prize list:—Faculty prizes in anatomy; Ralph Salsberg, Kingston; D. L. McDonell, Yancaster.

Faculty prize (\$25) for highest marks on second year examinations in anatomy, physiology, histology and chemistry—M. R. Roe, Burk's Falls.

Faculty prize for highest percentage of marks on second year examinations in materia medica:—E. W. Reece, Georgetown, B.C.

The N. F. Dupuis scholarship for highest marks in chemistry of the second year (\$60):—A. A. Cauley, Lombard; E. W. Reece, Georgetown (divide the scholarship).

The Dean Fowler scholarship for highest percentage of marks on the work of the third year, value \$50:—J. O. Macdonald, Kingston.

Faculty prizes for the best written and practical examinations in third year pathology:—R. F. Davidson, Toronto; Henry Hedden, Dunnville.

Medal in Medicine:—H. S. Angrove, Kingston.

Medal in Surgery:—W. H. McMillan, Blenheim (with honor of medal in medicine).

ASSOCIATION FOR THE CARE OF THE FEEBLE-MINDED.

One of the most important organizations formed in Toronto in recent years came into being at a meeting at the City Hall recently when a branch of the Provincial Association for the Care of the Feeble-minded was launched under very favorable auspices. The officers elected were: Dr. Helen MacMurchy, provincial inspector of feeble minded, Hon. Pres.; Dr. C. K. Clarke, Pres.; Mrs. A. M. Huests and Dr. O. C. J. Withdraw, Vice-Presidents; Prof. T. R. Robinson, Treas.; Dr. Gordon Bates, Secy.; and the following executive committee: Mr. Justice Featherstone Osler, Mr. J. K. Macdonald, Dr. Hastings, Mr. W. W. Hodgson, Rev. Lawrence Skey, Mrs. Campbell Myers, President Falconer, Prof. Sandford, Dr. G. Bates, Miss E. M. Paul, Chief Inspector Cowley, Inspector Elliott, Dr. Minns, Controller Cameron, Canon Plumptre, Rabbi Jacobs, Rev. Peter Bryce, Commissioner Rees, Father Minehan, Major Williams, W. E. Raney, K.C., Dr. Margaret Patterson, Mrs. Alex. MacGregor, Miss Mary Clark, Miss Brooking, Mr. F. G. Burnett, Dr. Horace Britton, Dr. F. J. Conboy, and Dr. C. M. Hincks. This committee was selected by a sub-committee of the body which had charge of the "Feeble-Minded Exhibit held in connection with the recent convention of the Charities and Correction Association." A modified form of the constitution of the provincial organization was adopted.

Dr. Clarke expressed his appreciation at being elected the first president and said the work was dear to his heart. From practical experience he knew that such an organization was badly needed in Toronto. It was most essential in the public interest that some form of supervision and control should be exercised over mental defectives and feeble-minded persons.

In the general discussion which followed it was pointed out that here was a great need of a psychiatric hospital in Toronto. It was admitted it was the duty of the Provincial Government to look after the mental defectives and to arrange for their custodial care, but it was thought that if the Government would not do its duty the work should be undertaken by the city. A deputation will wait upon the Government at an early date to urge that prompt action be taken to provide proper accommodation for the care of feeble-minded persons. Should the Government be either unable or unwilling to comply with the desires of the association, the City Council will be asked to take action.

THE CANADIAN ASSOCIATION ON CHARITIES AND CORRECTION.

The Canadian Conference on Charities and Correction dealt with the question of education and the problem of immigration after war at its recent session. A round table conference was held on "How to Deal With the Wastage in Our Public Schools Resulting From 'Backwardness' and 'Dropping Out.'"

Dr. Horace L. Brittain, director of the Bureau of Municipal Research, led in discussion in a vigorous speech. Some startling revelations were made by Inspectors Chapman, Ward and Elliott, of Toronto, regarding the drag that feeble-mindedness is on our Public school system. To it is traceable so many of the evils existing, such as chronic truancy and immorality.

Prof. Sandiford gave a very excellent address on the "Curve of Chance," in which he illustrated how, while the great majority of people were normal, there was a hump in the curve at the point where the mentally defective came in.

After discussion it was concluded that training in special schools was more desirable for defectives than special classes in present schools. Also that there should be more elasticity in promotions in schools, so as to develop initiative and originality. As Miss Clarke, of the Central Neighborhood House, put it: "We must adapt the system of education to the child rather than the child to the system."

It was decided to hold the next annual meeting in Ottawa, and in September rather than in the Spring. One of the subjects to be considered then will treat with the rights of the unmarried mother.

The following are the new officers: Patron, H.R.H. the Duke of Connaught, K.C.M.G.; President, Dr. Peter Bryce; Vice-Presidents, Dr. J. H. Riddell, Edmonton; Dr. E. H. Lachapelle, Montreal; Mrs. A. M.

Huestis, Toronto; J. J. Kelso, Toronto; R. T. Riley, Winnipeg; Dr. J. D. Page, Quebec; General Secretary, Arthur H. Burnett, Toronto; Treasurer, F. M. Nicholson, Toronto; Executive Committee, W. W. Lee, Quebec; A. Chevalier, Montreal; H. L. Brittain, Ph.D., Dr. C. J. O. Hastings, Dr. Helen MacMurchy, J. O. McCarthy, Rev. Father Minehan, Toronto; W. L. Scott, Ottawa; J. H. McMenemy, Hamilton; Dr. J. Halpenny, J. H. T. Falk, Winnipeg; Mrs. Jamieson, Calgary; Provincial Secretaries, Dr. James Macintosh, Vancouver; A. M. McDonald, Edmonton; S. Spencer Page, Regina; J. S. Woodsworth, Winnipeg; R. C. Dexter, Montreal; Dr. Hattie, Halifax; A. M. Belding, St. John, N.B.

SAMUEL D. GROSS PRIZE.

The Philadelphia Academy of Surgery announces the Samuel D. Gross Prize of \$1,500, which is awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens. Essays in competition for the next award will be received until Jan. 1, 1920, and should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 South 22nd Street, Philadelphia." Each essay must be written in the English language by a single author, must be typewritten, and must be distinguished by a motto and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. The committee in charge reserves the right to make no award if the essays submitted are not considered worthy of the prize.

THE BOYLSTON MEDICAL PRIZE.

The Boylston Medical Prize for 1915 has been awarded to Dr. Wilson G. Smillie, of Cambridge, Mass., for an essay entitled *Studies of the Streptococcus of Smith*. For 1918 the prize will be awarded to the best essay on the results of original research in medicine, the subject to be selected by the writer, and the essays sent in competition for the prize must be in the hands of the committee on or before December 31, 1918. This prize is open to the public. The Boylston Medical Committee is appointed by the president and fellows of Harvard and consists of the following physicians: Dr. William F. Whitney, chairman; Dr. Harold C. Ernst, secretary; Dr. William T. Porter, Dr. Edward H.

Nichols, Dr. Reid Hunt, Dr. Henry A. Christian, and Dr. John Warren. Doctor Ernest's address is Harvard Medical School, Boston, and he will be glad to furnish complete information regarding the conditions upon which the prize is awarded.

RESOLUTION RE DR. G. STERLING RYERSON.

The following is a copy of a resolution unanimously passed at a meeting of the Central Council of the Canadian Red Cross Society, held at Toronto, on February 1st, 1916.

Resolved that on the retirement of Surgeon General George Sterling Ryerson from the office of president of the Canadian Red Cross Society in order that the society may be honored by H. R. H. the Duchess of Connaught accepting that position, the council desire to place on record an expression of appreciation of the long and active service of General Ryerson in connection with Red Cross affairs and their administration in this country, as the original promoter of the foundation of the society in Canada, chairman of the executive committee, special commissioner to South Africa representing the Canadian Red Cross Society during the Boer War and president of the society for the last two years, he has all through been a leader in Red Cross work and has evinced great enthusiasm and as well as ability in serving the society. The council further expresses the hope that General Ryerson's close connection with the society and administration of Red Cross work will long continue so that we may have the benefit of his great experience and familiarity with Red Cross matters generally. (Signed) G. A. Sweny, President of Council; B. S. McInnes, Hon. Sec.

MEDICAL PREPARATIONS

MEDICAL GYNECOLOGY.

The general practitioners who are called upon to treat Dysmenorrhœa and Menorrhagia, will find in Hayden's Viburnum Compound a remedy of established worth.

In Obstetrical conditions, this product has proven through clinical experience, of particular service. In rigid os, puerperal convulsions, post partum or after-pains, threatened abortion or miscarriage and nervous diseases of pregnancy, its antispasmodic and calmative action will prove most available.

Prescribe teaspoonful doses to be administered in hot water and be sure that the genuine Hayden's Viburnum Compound, and not a substitute is given your patient.