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EDITORIAL

THE MEDICAL COMMISSION.

The report of the Medical Commissioner, Mr. Justice Hodgins, has been printed, and copies may be obtained by members of the medical profession. We have endeavored in the May and the present issues of *The Canada Lancet* to give an impartial review of the essential features of the report.

We would urge upon every member of the profession securing a copy of the report and studying it with much care. There are good reasons for thinking that at an early date the Medical Act will undergo a thorough recasting. Now is the time for the medical profession to act.

GERMAN BRUTALITY.

Of late many examples of the great lengths to which the German soldiers have gone in their acts of brutality have been brought to light. There are not lacking evidences to show that the German doctors and surgeons have been guilty of some of the foulest acts against humanity ever recorded in the pages of history. For long after this war is over they should be treated as outcasts from the world's profession and compelled to consort with themselves. Their conduct admits of no defence, and the only thing that can be said of it is what the wretched King Richard III. said of himself: "Let hell make crooked my mind to answer it."

THE BRAVERY OF THE NURSE.

It must have sent a thrill through the veins of all when the accounts came over the cable that the Germans had bombed a Canadian hospital in France, and to read that some of the Canadian nurses had been injured, and one, a Miss McDonald, of Brantford, had been killed. The evidence goes to show that the Germans knew this was a hospital, and,

therefore, there is no excuse for the act. There were many wounded in it at the time. The glorious thing about it all is that not a single nurse neglected her duty nor deserted her post during the bombing, which lasted for some hours. All honor to such women!

THE IRREGULARS.

Already the newspapers are full of letters from osteopaths, chiropractors and Christian Scientists, setting forth their views, and trying to show why they should be granted the right to go on practising the healing art. All this shows that they purpose putting up a strenuous fight when the Medical Act comes up for consideration. We have shown time and again that none of these are entitled to any legal status. Christian Science repudiates all disease as mere myths, the chiropractor declares that all disease is caused by some displacement of the spine, and the osteopath contends for the theory of a displacement, but not just always of the spine. Wonderful all this!

THE DUTY OF THE PROFESSION.

The plain duty of the medical profession is to educate the people. It must not be assumed that the people know what is genuine and what is spurious in medicine. There is so much in the science of medicine that calls for long training and arduous study to comprehend that the people may be readily led astray by the pretensions of the false prophets. The only source of true information is the regular medical profession, and, as it has a great mission ahead of it, and a glorious record behind it, there is no reason why it should not speak out now. Let the people know the truth. In the healing of disease these irregular cults are dangerous frauds.

THE PLACE OF MANIPULATION.

That there is a place for manipulation the medical profession does not deny. Under some name, it has been practised in different forms and under different names in the bygone centuries. But it is not a system of medicine. It is only one phase of therapeutics in general. It can put forth no claims whatever to be granted legal standing as a distinctive system of healing. Even the much broader treatment by physical means, including rubbing, electricity, baths, graded exercises, etc., would not constitute a system of treatment. These agencies are used by the medical profession and must be placed solely under it. This is the view of the medical commissioner.

ORIGINAL CONTRIBUTIONS

MR. JUSTICE HODGINS' REPORT ON MEDICAL EDUCATION
AND PRACTICE.

BY JOHN FERGUSON, M.A., M.D., Toronto.

I.—NURSES.

IT is with much pleasure one reads the careful and exhaustive study his Lordship has given to the position that nurses should occupy in any system of medical education, worthy of the name, for this Province. The nurse has now come to occupy a most important position in the practice of medicine, surgery and obstetrics. That nurses should receive a proper training must be admitted by all, and the place for this training is the hospital. Some of the salient features of the report are worthy of close study. The following statement lays the foundation for the case:

"The situation is such that thanks are due to the nurses themselves and to the hospital authorities for the high position occupied by nurses trained at many training schools in Ontario. The weakness is one due to want both of co-ordination and the standardizing of preliminary and professional education. While nurses trained in large general hospitals, sanitarium, children's hospitals, etc., become extremely efficient in matters which their experience covers, the fact remains that each suffers lack in some one or more departments of nursing which cannot be made up in Ontario. For instance, a nurse in our Isolation Hospital may never see a case of purely nervous disorder, and one in a sanitarium may know nothing of the diet and care of an infant. The missing experience has to be sought elsewhere, because there is no provision made for it in Ontario, and it is to be found in the post-graduate courses in the United States, where so many of our nurses go, and, having gone, remain permanently."

The condition set out in the foregoing quotation has been before the minds of those who have taken an interest in the training and welfare of nurses. The Commissioner then proceeds as follows:

"Every effort should be made to prevent this, and to do so will need a very careful survey of the conditions existing in Ontario. But the remedy is clear, and that is co-ordination between and standardization of all hospital training schools, great and small, and whether devoted to infectious diseases, children's cases, tuberculosis, nervous disorders or general practice. In no other way can the lack which individual nurse suffers be made up. The smaller hospitals could give fundamental training in science, while the larger might give the varied but essential experience in different departments."

At this point of the treatment of the nurse problem it may be well to move slowly. The small hospitals might very strongly and with some reason object to a scheme of education that would remove their nurses to some larger hospital for their final training in the special branches, or in subjects that the special hospital did not teach practically. Such a plan of education would have the effect of filling the small hospitals with nurses in the earlier portion of their training and the larger hospitals with those who had arrived at the later period, or had become more efficient. Such a system might have the effect of supplying the small hospitals with junior nurses, and the larger hospitals with senior and better trained nurses. The small hospitals might object to teaching the "fundamental" subjects and then losing their nurses to the larger hospitals for the "essential experience in different departments."

The Commissioner has recognized this difficulty and states that it "will have to be earnestly studied so as to afford such a solution as will not interfere with the effective carrying on of large and small hospitals." The report then lays down this position:

"Provision should be made for a uniform preliminary educational qualification, as well as for a standardized and comprehensive professional training, with outside inspection and strict examinations. And in this some way must be found to enable the student nurse in a small centre to be shifted to larger and more varied surroundings, and for those in general practice to study at special institutions, and vice versa."

The report mentions the formation of a "Council of Nurse Education." This would appear to be a necessity if the standard of education is to be high and made somewhat the same in all the hospitals. The amending of the act so as to include all hospitals is set forth. It is further recommended that there should be a uniform preliminary education, a uniform curriculum, and uniform teaching and examinations. There should also be constant inspection of training schools, and there should be a proper equipment for teaching. With regard to the complete training of nurses the report contends that where one hospital does not afford a full round of experience another hospital must make up the deficiency. Here are the words of the report:

"To meet these deficiencies nothing can be done except by shifting those in training to places where their particular lack may be made up. This cannot be done without co-ordination, and, indeed, without what may be termed affiliation under proper and practical regulations. Matters should be so arranged that each nurse during her period of training should cover each phase of nursing experience."

The Commissioner takes up the important subject of the nurses who have not had a hospital training, but, nevertheless, do useful ser-

vices for the sick. These practical nurses are entitled to careful consideration. His Lordship is clearly opposed to the granting to the trained nurse such legislation as would create for them a monopoly. In this view the vast majority of both the medical profession and the public will concur. Reference is made to the legislation which the Ontario Nurses' Association sought to secure; and the same is condemned in these words:

"Thinking this undesirable from a public standpoint, I have thoroughly examined the subject in order to ascertain whether there was a present danger of excluding nurses who could not qualify for this association, and whether there was or was not likely to be a class outside of graduate nurses whose services in a public or private capacity should prevent any monopoly being granted to any one class."

The report next deals with the various duties the nurse may be called upon to perform, such as ward work in a hospital, public health and sanitary work, welfare work, and duties in a sanitarium. Attention is then directed to the fact that "there does exist a complete want of special education in Ontario for those various avenues of work which I have just mentioned, as well as for the practical nurse."

The Commissioner then devotes attention to the registration of nurses. He is of the opinion that this must be conducted under Provincial authority. "This registry should include and classify all nurses, having regard to their education, training or special work, and should so provide that if it should be found at any time possible to supply such a lower class as I have mentioned it might secure a special registry." Nurses for the various departments of social service duties could best be trained in the large cities, and it is suggested that it "could be added as a post-graduate course to the Department of Social Science of the University of Toronto."

The following opinion should meet with approval:

"With regard to the incorporation of graduate nurses, I see no objection to what they ask, provided the word 'registered' is kept for official use, and further, that anyone officially registered, other than those specially registered as practical nurses, should be eligible for membership in the Graduate Nurses' Association, or other nurses' associations, all of whose by-laws as to qualification for membership should be subject to the approval of the Lieutenant-Governor-in-Council."

It is clearly in the mind of the Commissioner that the graduate nurses should be granted every possible measure of legislative protection inside the creation of a monopoly. It is also clear that the practical nurse should be protected and that for her there should be a "special registry." Further, there should be facilities furnished whereby nurses

might become efficient in special lines of public health and welfare work.

With regard to the "practical nurse," i.e., the one without hospital training, the report quotes the words of Miss Gunn, who is at the head of the training school of the Toronto General Hospital, in favor of such a class. Reference also is made to the work of Miss Goodrich, of Columbia University, N.Y., and also to Miss Carson, of Detroit. Both of these have much to do with the training of women to do practical home nursing. In the supporting statement a number of eminent authorities are quoted as favoring the proper training of a class of home nurses who could perform the double duty of looking after both patient and home.

Among the conclusions to the report there are several categorical statements made. First, there should be a Provincial registry, with branches, wherein all nurses according to qualifications may be registered. In the second place, "provision should be made by statute for the incorporation of home nursing associations to be established by municipalities or private benevolence to provide nurses for the care of the sick in their homes and their families." Three, "that the training of nurses, the establishment of further training schools and the affiliation and interrelation of the various hospital training schools among themselves and with other institutions in which either general or special training schools shall be established, the standardization of the educational requirements, and the professional training of nurses be at once taken up and dealt with."

It is to be hoped and urged that these timely and valuable recommendations shall soon become the law of this Province. If this should prove to be the case, the nursing profession will be raised to a very much higher level than is at present the fact. Further, all nurses in training would have the benefit of a much more efficient course, and the "practical nurse" or "home nurse" would be recognized, be better trained, and better paid.

II.—THE UNIVERSITY OF TORONTO AND THE COLLEGE OF PHYSICIANS AND SURGEONS.

The relationship between these two bodies is discussed at considerable length, and incidentally the relationship of the College of Physicians and Surgeons to the other universities. The University of Toronto submitted to the Medical Commissioner its views, and contended that its degree should carry with it the right to practise without license from the College of Physicians and Surgeons.

The contention of the University was that though the College of Physicians and Surgeons did not teach, yet through its council it fixed the curriculum of studies. It also contended that the medical faculty

of the University was made use of to teach the students who desired the license to practise, and received no contribution towards its cost from the College of Physicians and Surgeons. It was also argued that the conditions in the Province were quite different now to what they were when the College of Physicians and Surgeons was established, when there were proprietary medical colleges and several independent schools of medical belief. The University then placed the following position before the Commissioner:

"The Board of Governors is of opinion that the position in which our great provincial university is placed by the existing legislation upon the subject of medical education is harmful and humiliating and against public interests, and the board earnestly contends that the degree of medicine granted by the University should entitle the holder to registration and to license to practise, without further study or examination, and in support of this contention the board must refer to the exceptional position in the Province held by this University."

On this claim of the University his Lordship submits some questions, such as, "Is it necessary to maintain the present examining board separate from the university faculties, if the claim of the University of Toronto is granted, should the other universities be similarly treated; is it practical to do away with the examining board and substitute a system of inspection so that a license could be granted upon production of a degree from a university; if a separate examining board is retained, is the present composition of the Medical Council and its relationship to the University satisfactory?"

The report of the Commissioner goes on to show that the Medical Council has met the universities a considerable way by accepting their examinations on all the subjects except medicine, surgery and obstetrics, on which the Council still conducts its own examination. It is also pointed out that while the Council has the power to fix the curriculum of studies, the entire burden of finding the equipment and furnishing the teaching falls upon the university.

The Commissioner very properly looks into the British system. There the General Medical Council only fixes the standard of matriculation, but does not fix the curriculum of medical studies, and determines that the duration of the medical studies shall be five sessions of eight months each. The degrees and diplomas of fifteen universities and nine teaching colleges are accepted by the General Medical Council. This body has the right to appoint inspectors who shall attend at the examinations of the universities and colleges, with the object of maintaining a proper standard. In this way the Medical Council in Britain keeps up the status of medical education. The universities and colleges must,

therefore, satisfy the inspectors appointed by the General Medical Council.

His Lordship then goes into the result of appointing such an inspector to attend at examinations, to look into the condition of the buildings where teaching is carried on, to see what sort of equipment is maintained, etc. It is contended that this would entail considerable expense. This, we feel, would be met by the money saved by doing away with the present system of duplicating the examinations, and by a judicious reduction in the size of the Medical Council.

On many occasions we have expressed the view that the duplication of examinations should be abandoned. Everything that the present system secures can be secured by the appointment of an inspector by the Medical Council. No harm has come to Manitoba, where the plan has been adopted of accepting the degrees of the University of Manitoba, and upon the presentation of these to issue the license to practise. We have no hesitation in contending that it would work out well in Ontario. Nothing but good has arisen from the change whereby the Medical Council has accepted for some time the examinations of the universities on all the fundamental and scientific branches of study. No harm would result from accepting the report of the university examiners on medicine, surgery and obstetrics, with the safeguard of the supervision of an inspector. Such a plan would go a long way also to standardize the examinations of the universities, as this would be one of the chief functions of the inspector. The Commissioner, however, remarks that, "I think it would be most unwise for any university to give up any part of the control of its degree-giving power, such as would be involved in allowing the Ontario Medical College to join in the examinations for degrees, even though by so doing it might do away with a second examination." We do not share in this fear, and we have the concrete experience that it works out all right in Britain.

His Lordship, while dealing with the very important topic of the relation of the Medical Council and the university, quotes from the Royal Commission on University Education in London, 1911, and he remarks: "My views in regard to this subject are in harmony with what I understand to be the conclusions of the report." In that report the following words occur. "The examination of university students should in this faculty as in others be conducted by their teachers, with the assistance of assessors. The protection of the public is provided for, as in the case of all qualifying examinations in medicine, by the inspection of the General Medical Council."

The Commissioner goes on to quote at some length from the report of

the Royal Commission on University Education, and then concludes by giving his own views in these words:

"I have reached the definite conclusion that without independent examinations the only alternative is continuous inspection of teaching, its methods and quality, and the accessory equipment. This would involve great, and, to my mind, unnecessary expense, which at present might be avoided.

"I have, therefore, recommended the continuance of the present system of examination, which avoids much of the duplication and yet maintains the quality of independence and stimulation so necessary to the maintenance of a proper standard."

There is so much in the report with which we agree that it is with much reluctance we differ from the foregoing. We think unanimity would be secured by the system of the Council appointing an inspector, that the universities would lose nothing in independence and efficiency, that the annoyance to the student body of two examinations would disappear, that the cost of the inspection would be met by the reduction in the number of examiners and the size of the Medical Council.

The Commissioner throws out the suggestion that the members of the Medical Council might act without remuneration, as do the benchers of the Law Society. He also recommends that the surplus from student fees after paying the cost of examinations be divided among the universities to aid in the teaching of students and the procuring of equipment. Then another recommendation is that the Medical Council shall consist of fifteen: six from the universities, as at present; one from the homoeopaths, instead of five as at present; and eight from the profession at large, instead of eighteen as at present, and that they be elected by a general vote and not by territorial divisions.

With these recommendations, excepting the last, which we shall discuss later, we are in full accord. In the matter of the Medical Council there is one other very important recommendation that should receive the fullest study. It is as follows:

"That the constitution of the Ontario Medical Council shall be remodelled as recommended in the report, and the powers and rights given in the present Medical Act be altered and amended accordingly. That the regulations and fees to be made and prescribed by the Council be all subject to the approval of the Lieutenant-Governor-in-Council. That provision be made for the payment over of the net fees from examinations by the College of Physicians and Surgeons, and the provision be made for the expending of the same in the interests of medical education through the medical faculties of the universities."

It is also suggested that the Council shall have power to suspend practitioners. It is recommended that if "any practitioner has been charged with any offence that involves guilt or infamous or disgraceful conduct in a professional respect and is acquitted by any court of competent jurisdiction after trial upon the merits his acquittal shall be a bar to any proceedings against such practitioner under this Act upon the ground that he was in fact guilty of the offence of which he has been acquitted or that by reason of the facts and circumstances connected therewith he has been guilty of infamous or disgraceful conduct in a professional respect." There is another suggestion of much importance, namely, that those practitioners who do not pay their annual dues shall lose their right to vote, and shall forfeit their registration. Should these recommendations find a place in a statute there will not be much trouble in future in the collection of the annual dues. The condition that now exists of about half of the registered practitioners only paying their fees should be made to cease, and the foregoing plan would be effective.

The last matter to be considered, so far as the Medical Council is concerned, is the proposed mode of electing the eight representatives of the profession throughout the Province. His Lordship states his views as follows:

"Territorialism is quite unnecessary. If the profession elects at large, the inevitable result is sure to be that the most outstanding practitioners, with here and there the representative of some one or more localities, will be elected. To make locality instead of eminence the qualification for election to represent a learned and scientific profession is reactionary."

There are arguments on both sides of this question, and we shall try to state our objections. In the first place, there are about seven hundred doctors in Toronto, and there is the possibility of combining on a slate, to the exclusion of other places. At all events, it would tend to throw the representation into the control of the large cities. In the next place, there can be both eminence and locality considered. There would always be some eminent members of the profession in all districts, so that it would not be merely a locality qualification. Then, the profession of Ontario differs from an ordinary learned society that meets in convention and elects its officers and executive. The individual doctor votes by ballot from his own home, and would be best able to judge regarding candidates in his own part of the Province. This is at it appears to us.

III.—MEDICAL, SURGICAL AND DENTAL FEES,

Some attention is devoted to the question of fees, and some very valuable suggestions are thrown out. Under the caption of fees, the report makes some remarks upon the topic of unnecessary operations.

Among other things, the Commissioner says: "There is also an apprehension that surgery is too often resorted to where it is not strictly necessary; is, in fact, the vogue. If this is true, as to which I can express no opinion, the only preventive lies in some restriction upon the amount to be paid for the operation, and the fixing of that amount after the event, with due regard to the necessity of the operation and the professional skill required and the danger involved. Surgery is only a method of treatment, just as medicine and manipulation, and should be so regarded."

This rule might go some way towards curing this evil so far as it may exist. We do not believe that the charge of doing unnecessary operations is at all well founded. The other statement made about the profession exacting high fees for operations may have more to rest upon, and yet one case may create the impression that such is a common practice. The report then states the following:

"But I am quite convinced that the appointment of a thoroughly competent man of experience and judgment would be of the greatest benefit to both the public and the professions, having regard to the considerations I have mentioned. This appointment should be made by the Provincial Government, after consultation with the College of Physicians and Surgeons and the Royal Dental College, respectively, and if possible with their concurrence. The duties should involve the taking of evidence after due notice to the parties and the fixing of the fee. It would be unwise to make this determination wholly final, but it should afford *prima facie* evidence of a reasonable fee in case it is disputed, subject to the leave being obtained summarily from a judge or court, whose jurisdiction would be determined by the amount claimed in one case or fixed in the other, to litigate the question. If leave is so given, then the onus should be upon the party disputing to convince the judge at the trial that it was either too high or too low. This provision would reduce litigation to a minimum, and yet would preserve the right of either party to resort to the court if desired."

This recommendation must be studied very carefully from all aspects before it is adopted. In the first place, the matter of fees is largely a matter of arrangement, the social status of the patient, and the experience and reputation of the physician or surgeon. There must ever be the greatest degree of elasticity in this question. If a provincial scale of fees should be adopted by the College of Physicians and Surgeons, a judicious taxing officer might serve a useful purpose in case of disputed accounts. He could weigh the ability of the person to pay, and the nature of the case, and give advice that might prove valuable, and be the means of avoiding litigation. Such a sort of taxing officer we regard

as a possibility. "Thrice is he armed that hath his quarrel just," and so if the surgeon or physician in performing a proper operation or giving proper attendance and charging therefor a proper fee for the services rendered, neither has anything to fear at the hands of a judicious and impartial arbitrator, and in many instances it would satisfy the patient that the attendance had been proper, and the fee was not too high. It would also have the effect of making both surgeon and physician careful if it was known that the patient had always the right to the opinion of such a referee.

II.—MEDICAL DIRECTOR.

The foregoing comments in the report lead to the recommendation that some one should be appointed by the Government with very wide powers, and known as a medical director.

This officer should not be connected with any university, college, hospital, or the Medical Council. He should have considerable power in the way of correlating the military establishments and the provincial hospitals. The conversion of the military hospitals back into ordinary hospitals, the introduction of physical therapy, will require much careful consideration that such a person could give with authority due to his position.

The advertising of remedies and the prevalence of venereal diseases could well come within the scope of such a person. The standard of medical education maintained by the universities and the Medical Council might also be scrutinized by the medical director, and also the power of the Dominion Medical Council to license those who practise in this Province.

"In addition to this, the consent of such an officer should be required before prosecutions under the Medical Act are begun, and he should have the right independently to direct them where necessary. The standardizing of the education of nurses and the arrangements for the interrelation of the various training schools, as well as registration and the evolving and encouragement of some scheme for local and instructed nursing, such as is in vogue in Dertoit, would occupy much time if properly handled. There is as well the real need for someone who would be, in effect, a protection both to the public and the professions against excessive charges, and particularly that branch of the question to which I have alluded, the elimination or reduction of unnecessary and costly operations. I know of no way in which that can be dealt with except by providing that if an operation is unnecessarily performed, or the charge is said to be excessive, the circumstances surrounding it can be reviewed by such an officer if anyone chooses to complain."

This seems somewhat Utopian, and certainly the medical director

would have difficulty enough in living up to expectations. It does seem to us that it would be impossible to find anyone who could wisely decide upon such complex hospital problems as are here referred to; or who could deal judiciously with the training of nurses; or handle with satisfaction the matter of advertising; advise about venereal diseases; see that the medical colleges and the Council are conducting their affairs properly; and also note that there is adequate equipment for teaching purposes. The most difficult part, however, of his duties is that of deciding whether operations are necessary or not. It would be absolutely impossible for any man to be in all parts of the Province sufficiently often to be of any use. It may be accepted as a very general rule that to determine whether an operation is or is not necessary, the patient must be seen before the operation is performed. Some time after a breast has been amputated and the specimen destroyed, who is able to judge that the operation was justifiable and necessary. The same thing in the case of tonsils after they are removed. We feel that no man with all the wisdom of the fabled gods could fill the office.

V.—SO-CALLED COLLEGES.

With the views of the Commissioner on the so-called colleges all will agree, except those adversely affected. He says: "I regard it as very detrimental to the cause of medical education that these institutions—generally only a business name for an individual or a one-man company if incorporated—should be permitted to do any business under a name calculated to mislead the public as to the qualifications and real purpose of those concerned."

There is the true ring in this statement. It has been well known for some time that such bogus colleges existed, but there did not seem to be any way of reaching them. If the views of the Commissioner reaches the statutory form then they can be effectively dealt with. The report states that:

"Legislation is urgently needed to stamp out the use of any name that will indicate that collegiate work or instruction in medicine or any medical manipulative method or any so-called science, either of medicine, optics, or otherwise, within the sphere of the healing art, is being taught. Those incorporated should have their privileges withdrawn at once."

This would not only prevent the formation of any new bogus college, but would close up those that may now exist. This power has been needed for some time, and it is to be hoped that it may come soon.

VI.—DEFINITION OF PRACTICE OF MEDICINE.

The report lays down the following as a suitable definition:

"The term 'practice of medicine' shall mean and include:

"(1) The use of any science, plan, method, system, or treatment with

or without the use of drugs or appliances for diagnosing, alleviating, treating, curing, prescribing or operating for any human disorder, illness, disease, ailment, pain, wound, infirmity, injury, defect or deformity or physical or mental condition.

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

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

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

We do not feel confident to criticize the foregoing definition. It has been prepared by one who has had long experience as a lawyer, but to the best of our ability we think it covers every phase of the practice of medicine, by drugs, or suggestion, or manipulation, or operation, or diagnosing, or making use of any plan or method when such is for the alleviation in any way of any bodily or mental ailment or disease. But we respectfully submit that the word “habitually” in the last paragraph should be deleted. A very objectionable sort of practitioner or quack healer might advertise for a short time and go away for a time, to return again.

The lack of a proper definition has caused much trouble, but should the foregoing, with amendment suggested, become a part of the proposed Medical Act this difficulty will be solved. It behooves the medical profession to support every effort to have the “practice of medicine” clearly defined.

VII.—HOMOEOPATHY.

The report points out that this cult has gradually grown fewer in

numbers and that it does not manifest any enthusiasm. It has no college in this country.

It is also pointed out that some of the powers possessed by this body are not proper, such as the power of three of the homoeopathic members of the Council to select the homoeopathic examiners and colleges that students may attend independently of the other members of the Medical Council.

It is recommended that the representation on the Medical Council be reduced from five to one.

We have given in this and the May issue of *The Canada Lancet* the salient features of Mr. Justice Hodgins' elaborate report, and the supporting statements that go with it. In some points we have felt it to be our duty to differ from the views set forth; but we are glad to state that this has not been frequent, nor, indeed, on what might be regarded as the most vital features of the report. On the whole the medical profession is to be congratulated that one so able and painstaking had the work intrusted to him of studying medical education and practice in the Province of Ontario.

FALSE SYSTEMS OF HEALING.

(SELECTED).

DURING the days of the tariff reform controversy in England a few years ago, Mr. Choate, the American Ambassador, said that in the midst of so much discussion about tariff reform in England he felt himself quite at home. We feel inclined to say that we feel also quite at home in reading the discussions going on in our contemporary, *The Canada Lancet*, about the demand of the various systems of healing in that country for State recognition. For some months past scarcely an issue of *The Canada Lancet* has come into our hands which did not contain some reference or other to the agitation that is going on in Canada for the recognition of various systems of healing by the State. Our Canadian contemporary has our sincere sympathies in its struggle against the pretensions of various false systems of healing in Canada. We have our own difficulties in that way here also. To our mind our difficulties are greater. Our contemporary may retort that one's present troubles are always the greatest. As far as we can make out the representatives of the false systems of healing in Canada and America are anxious to have themselves recognized as independent systems with no desire on their part to get mixed up with the allopathic doctors. Here apparently it is the other way about. The Ayurvedists here are anxious to get mixed up with the Allopaths. In some of the American States there are laws in existence that in order to practise medicine the applicant must be a graduate of a technical school whose requirements are not less than those

prescribed by the American colleges for that year, and it seems that under the law in these States, an Allopath can only practise the Allopathic system of medicine and an osteopath can only practise the osteopathic system. And we have before us a report of a case in which an osteopathic practitioner was prosecuted for administering an anæsthetic to a patient and cutting out a patient's tonsils with a knife. It was contended for the prosecution that under the system of osteopathy no drugs were to be used and no operations were to be performed with any surgical instruments.

We have been greatly interested in reading a series of articles appearing in *The Canada Lancet* by Dr. John Ferguson, of Toronto, on "False Systems of Healing." Dr. Ferguson includes under this heading (1) Christian Science, (2) osteopathy, and (3) chiropractic. All these are interesting. According to the founder of the Christian Science system of healing, Mrs. Eddy: "Christian Science exterminates the drug and rests on mind alone as the curative principle, acknowledging that the Divine mind has all power." This at first looks like faith-cure or cures obtained with hypnotism or any other form of mental operation. But Mrs. Eddy disclaims this view of Christian Science. We are unable to follow the psychology of Mrs. Eddy's mind. The ordinary psychologist recognizes the existence of matter and mind. What is matter—never mind; what is mind—no matter, is the position of an ordinary psychologist. Mrs. Eddy recognizes only mind and no matter. And on this hypothesis she says that "health is not a condition of matter, but of mind; nor can the senses bear reliable testimony on the subject of health." According to Christian Science "you should treat sickness mentally just as you would sin, except that you must not tell the patient that he is sick nor give names to diseases, for such a course increases fear, the foundation of disease, and impresses more deeply—the wrong mind picture. To a Christian Scientist medicine is mind, the Divine truth, that makes man free. A Christian Scientist never recommends material hygiene, never manipulates." All this is very strange to us although this system bears a family likeness to the Bhoo dhavai dya (demonology) of the Apur vedists. But the proof of the pudding is in the eating. Mrs. Eddy's college, we are told, has passed out something like 4,000 pupils, each pupil paying a fee of \$300. That works out at the handsome sum of \$1,200,000 in a few years. Judged by the material standpoint the system of healing which depends entirely on the mind and ignores all matter has succeeded beyond the dreams of even Mrs. Eddy. Following this system of treatment we are told that the Christian Science has "restored health in cases of both acute and chronic diseases in their severest forms. Secretions have been changed, the structure has been renewed, shortened limbs have been elongated, ankylosed joints have been made

supple, and carious bones have been restored to healthy conditions. I have restored what is called the lost substance of the lungs and healthy organizations have been established where disease was organic." Mrs. Eddy has not enumerated here all the triumphs of Christian Science. We have heard it said that she has brought the dead back to life. It is only her modesty which has prevented her from enumerating such cases of resurrection. This is one of the systems of healing which claims State recognition in Canada. We need hardly say that the medical profession in Canada have our sincerest sympathies.

The other two false systems of healing dealt by Dr. Ferguson in his articles in *The Canada Lancet* are osteopathy and chiropractic. We are taking them together as we have not been able to find much difference between the two. They appear to resemble each other as the twins in Shakespeare's "Comedy of Errors." And in order to avoid a comedy of errors of our own we deal with the two together. Defining the osteopath's position, a distinguished member of their craft says: "The most important consideration with us is the bony structure, its regularities and irregularities and deviations from the normal. We centre our examinations upon the spine." The osteopaths believe that by some displacement or subluxation of the vertebræ nerves are pressed upon, arterial circulation is disturbed and various diseases arise as a consequence. According to them asthma is the result of definite lesions, muscular and bony, of the upper dorsal spine and of the thorax; bronchitis is due to specific lesions in the upper spinal, anterior and posterior thoracic and cervical regions; pneumonia is caused by specific lesions, bony, muscular or ligamentous, in the upper spinal, thoracic or cervical lesions, and pulmonary consumption is caused by lesions in the 2nd, 3rd, 4th, 5th, 6th, 7th and 8th ribs and 2nd and 3rd cervical vertebræ. The cause of laryngitis must be looked for in the atlas, the axis and the 3rd cervical vertebræ, while stomatitis and glossitis are caused by lesions of the bony or other tissues in the cervical region. Gastric ulcer is produced by certain conditions of the 8th and 9th ribs anteriorly and of the 5th and 8th ribs posteriorly. Appendicitis is thus defined by osteopaths: "Inflammation of the vermiform appendix, acute or chronic, caused by traumatism or by specific rib or spinal lesions." In gallstones the lesion is to be found in the lower four ribs, and lesions of the lower ribs and of the lower dorsal vertebræ are said to produce disease of the pancreas. Fortunately, the osteopaths are not aware of the view of some ayurvedists that there is a cluster of bones in the penis. Otherwise, subluxations of those bones will certainly be put down as cause of a number of diseases affecting the bladder, the peritoneum, the kidneys and so on. Heart disease owes its origin to lesions of the cervical vertebræ, the clavicle, the ribs and the muscles. But perhaps the most delightful gems of osteopathic pathology

are to be found in connection with the infectious diseases. Diphtheria, according to them, is produced by muscular and bony lesions of the neck. Whooping cough is the result of the contraction of the omohyoid muscle drawing the omohyoid bone against the pneumogastric nerve and the contraction of the cervical tissues drawing the 1st rib back and disturbing the central articulation. We are told that the malaria parasite cannot manifest its activities within the human system unless some bony lesions are present. And typhoid fever is caused by a posterior prominence of the lower lumbar regions caused by a backward displacement of the 3rd, 4th and 5th lumbar vertebræ. Need we go on with a catalogue of these osteopathic curiosities? We think that we have placed sufficient facts before our readers to show what the osteopaths are. We will only give one instance of how osteopaths *treat* diseases. This is how cataracts are caused: "The nerves of the eye which are found in the cervical and thoracic regions were released from constrictions and restrictions by the usual adjustive manipulations prescribed in osteopathy. The nerves resumed business, fed the eye, and the cataract was eaten up." The osteopaths have started business, find enough to eat themselves and are sure to eat up all the other systems of medicine in Canada in course of time. These are the systems of healing competing for recognition in Canada. Some time ago a Commission was appointed to consider the claims of these different systems of medicine for State recognition. We do not know what has become of that Commission. In the meantime we have here also some systems of medicine not only claiming State recognition but the right of consultation and co-operation with the registered practitioners of the allopathic system. One of these days we shall give our contemporary, *The Canada Lancet*, an account of ayurvedic pathology as disclosed in their ancient medical works. At present we are reading an ayurvedic medical work called "Karnaroga Vignaniyam" (diseases of the ear), and we must confess that we are very much enlightened. All diseases of the ear, according to this book, are caused either by (1) Vatham, (2) Pitham, or (3) Kapum. And symptoms are given, with the aid of which these three classes of ear diseases can be distinguished. There are many drugs used in the treatment of ear diseases, the most interesting of which is elephant's urine. We should imagine that in Canada it would be almost impossible to procure this rare drug. If our contemporary will let us know how it is standing the onslaughts of the Christian Scientists and the osteopaths, we, on our part, shall inform our contemporary of how we get on with the ayurvedists and unanis. We never knew that in Canada the medical profession were going through the same experience as we are doing here. One touch of suffering makes the whole world kin. We send our best compliments to our medical brethren in Canada.—*The Antiseptic*, Madras, India.

CURRENT MEDICAL LITERATURE

TRIGEMINAL NEURALGIA.

C. H. Frazier, Philadelphia (*Journal A. M. A.*, May 11, 1918) says that true trigeminal neuralgia must not be confused with a peripheral neuritis caused by some infective focus, or with the neuritis of toxic or obscure origin. If he were to write on the pathogenesis of the disease, he should describe it as of ganglionic origin, and assume a lesion of the nature of sclerosis. In this present paper, however, he gives only the outcome of his experience with 293 cases, including thirty-nine peripheral operations, ninety-nine alcoholic injections, 121 intracranial operations, and thirty-four cases that were not treated. To distinguish this kind of neuralgia we might call it a "surgical" neuralgia. Rarely beginning before the fifth decade of life, and being only exceptionally bilateral, the pain is first felt in the second or third division, and usually in the terminal distribution of the intra-orbital or the mental nerve. Often two divisions, the maxillary and the mandibular, are eventually involved, and, in a minority of cases, all three divisions. At first the attacks are of a few weeks' duration, several months apart, and each itself characterized by paroxysms and remissions of shooting and tearing pain. As time goes on, however, the attacks become more frequent and the pain more racking. It usually does not die out with age, and the surgeon is finally called in, after numberless remedies have been tried. The radical operation—the avulsion of the sensory root assures permanent relief, but if the patient is offered his choice he usually prefers the alcoholic injection, the effect of which usually dies out within a year. These are the two methods of relieving a patient with the disease. There are a few cases in which the trouble is limited to the supra-orbital nerve, and alcoholic injection in this branch is not very effective. The percentage of failures with alcoholic injection by the inexperienced is large, and the incidence of corneal complications, apart from injuries to the abducens and oculomotor nerve, is not small. The author gives his method of operative procedure in the radical method, which he calls necessarily brief, but is rather too long to abstract. In fact the operator almost unconsciously varies the technic from time to time, and hard and fast rules cannot be laid down. Some cases are much more difficult than others, and the operator must be prepared for every exigency. The time required varies from forty-five minutes to more than two hours. He specially warns the operator of the liability of overlooking the inner portion of the root which may be attached to the dura. Some patients are annoyed by the anesthesia and the numbness that follows the operation, though most are sincerely grateful for the relief obtained. The

only serious sequel, he says, is keratitis, which is readily recognized, and if properly treated the corneal ulcer will heal. The avulsion of the sensory root, as described by him, has so many advantages over the removal of the ganglion, the Abbe operation or the Hutchinson operation, that it should be and is recognized as the operation of choice. It is easier of execution, does not risk adjacent structures, is attended with a smaller percentage of corneal complications and with a lower mortality.

ANTIMONY IN ANIMAL TRYPANOSOMIASIS.

Rhodesian trypanosomiasis, although refractory to arsenic, can be controlled by antimonial preparations given intravenously, and in a letter published in *The Lancet* two years ago (1916, i., 102) Dr. C. W. Newnham claimed a more permanent result with "T" rhodesiense" by means of subcutaneous injections of 30 minims twice daily of Martindale's injectio antimonii oxidi, equivalent to gr. 1-24 tartar emetic. Their success induced Mr. L. E. W. Bevan, M.R.C.V.S., to try the effect of the same treatment on cases of trypanosomiasis in animals, and his results are recorded in the 1916 report of the Government veterinary bacteriologist for Southern Rhodesia. Injected into pigs infected with a small trypanosome of the "pecorum" group the drug produced no appreciable effect. To both pigs and sheep doses containing as much as 0.5 g. of antimonious oxide were given, but though the animals suffered no harmful effect from the large quantities of the drug, it had no apparent influence on the course of the disease. An ox naturally infected received up to 2 g. of the salt in suspension, but the parasites did not disappear from the blood, and the animal died from trypanosomiasis six days after the last injection. The results, therefore, of the antimonial treatment of animal trypanosomiasis have so far been disappointing.—*The Lancet*.

THE MURDER AT BRANDENBURG.

The burning alive of seven prisoners of war—one English sailor, one French soldier, and five Russians—in the German prison camp at Brandenburg is officially established. The statements of the British and German Governments agree on the fact. The fire was accidental; that is to be assumed. Eye-witnesses assert that when the prison shack took fire the Germans made no attempt to rescue the seven inmates; that they forcibly prevented other prisoners from going to the rescue; and that when the endangered men tried to climb out through the window, a sentry bayoneted them one after the other and they fell back into the flames. The first to suffer in this way was John Genower, the English sailor, and his fate is thus described in a memorandum drawn up by eight Spanish sailors who saw it:

"Those inside the dungeon were being choked. The Englishman broke the panes of a small window with the idea of freeing himself and his companions. The sentry, seeing him leaning out of the window, gave him a tremendous thrust in the chest. The wounded man fell like lead. A small but revolting struggle then took place. The prisoners attempted to get out, and the German soldier reddened his bayonet again and again with the blood of the men shut up, who saw with horror that the fire was increasing."

So say the Spanish sailors. An English prisoner of war, who tells the same story, adds that after the bayoneting of Genower "a rush forward was made to break the place open, but we were driven off by other armed Germans who had arrived on the scene." Another eye-witness says that when he and other prisoners attempted to go to the rescue "they placed a condon of German soldier at a distance of sixty yards around the cells, with rifles loaded and fixed bayonets, so that we could not get near."

The German Government, while admitting the death of Genower from fire, denies the other allegations. The German Government's word on any subject is worth nothing unless uncontradicted. In this case it is contradicted by the testimony of eye-witnesses; of the eight Spanish sailors taken from the Gravinga, and of two prisoners of war. It will be assumed by everybody that the eight Spaniards and the two prisoners of war are telling the truth, especially as their stories all agree, and that the German Government is telling as much truth as it did when it officially assured the President of the United States that its submarine did not sink the *Sussex*.—*N. Y. Times*.

ARTIFICIAL PNEUMOTHORAX.

Kendall and Alexander, of Gravenhurst, Ontario, report on 131 cases treated by artificial pneumothorax in the April number of the *American Review of Tuberculosis*. They give as reasons for attempting the treatment the lessening of the toxemia, and thereby the distressing symptoms, the splinting of the lung impeding the spread of infection through the blood and lymph stream, the control of hemorrhage when present and the psychological effect. As reasons for not attempting the treatment they give an outlook of good results by ordinary measures, the possibility of remote complications such as pleural effusions and complicating factors such as tuberculous involvement of bowel and kidney, diabetes, serious heart lesions or arterio sclerosis. They consider the treatment indicated in progressive and stationary cases or in hemorrhage cases, either as curative or palliative measure. Seventy-one per cent. of the cases had bilateral involvement, some cases showing a lessen-

ing of activity in the less diseased side. There was no difference in ultimate results in compressions on the two sides. Age is not a noteworthy factor. More pronounced results have been obtained in the more progressive than in the chronic fibroid type. The history of pleurisy has no bearing upon the results. Pleural adhesions, especially the diaphragmatic, may be troublesome. Both patient and operator go through careful antiseptic preparations. A one c.c. Record syringe with a fine needle is used for anaesthetizing with novocain. For the inflation a medium bore platinum needle two inches long with a blunt, non-cutting point is employed. Adhesions permitting a low puncture in the post axillary line is to be preferred. The puncture is made in such a way as to produce a valve effect, preventing to some extent the occurrence of emphysema. At the first fill 100 c.c. of oxygen is used, followed by nitrogen or filtered air up to not more than 500 c.c. The inflation should be made slowly and the pressure not increased too rapidly. In a few cases treatment had to be stopped because of pain. Embolism and pleural shock has not occurred. Possible post-operative complications are dyspnoea, surgical emphysema, pleural effusion. The latter has occurred in 20 per cent. of these cases, mostly after six months' treatment and mostly in cachectic or very active persons. The authors consider infection from within the most probable cause. In the majority of cases the fluid appears to be sterile at first and in most end cases the tubercle bacillus is found. The frequency of refills depends upon the rate of absorption. The average amount of gas is 500 c.c. and rarely ever more than 1,000 c.c. Frequency and amount of refills should be controlled by the fluoroscope. They summarize their conclusions as follows:

1. Artificial pneumothorax is of value not only as a palliative measure, but also as a curative one.
2. Although unilateral cases promise the best results, a moderate bilateral involvement is not a contraindication.
3. Cases treated in a sanatorium give the best results, but this is not an absolute necessity.
4. The skiagram and fluoroscope are essential.
5. The small initial fill, not exceeding 500 c.c. of gas, and subsequent refills not exceeding 1,000 c.c. are points of importance.

Am. Rev. Trib., Vol 2, No. 2.

RECONSTRUCTIVE SURGERY IN WAR TIME.

F. C. Kidner, (Detroit) England (*Journal, A. M. A.*, April 27, 1918), describes the methods of reconstructive surgery used in the Shepherds Bush Orthopedic Hospital for Soldiers, one of fifteen or twenty orthopedic hospitals organized and supervised by Dr. Sir Robert Jones.

Fundamentally both the problems and the methods of treatment are the same, he says, as those of orthopedic surgery in civil life, but in details they are radically different. This is due to several factors, first among which stands sepsis. Nowhere in private life do we meet such persistent and severe sepsis as is seen among the wounded soldiers. Second in importance comes scar tissue, and third, the crippling is often so severe and widespread that difficult problems of judgment arise. The greatest number of cases are those that involve bone injury, and fixation in perfect position is imperative. After fixation, thorough and complete drainage and counter drainage are the most important measures. Carrel's technic is useful but not infallible. The Thomas knee splint is specially mentioned as being adapted to these cases. With proper fixation and satisfactory drainage it is found that sepsis clears up, and that union in good position is obtained. The second great class of bone injuries are badly united or ununited fractures, with discharging sinuses, due to necrotic bone. Some of them have never been properly treated, and in others proper treatment has failed on account of the exigencies of military service. The removal of sequestrums must be done with careful aseptic treatment and thorough drying and cleaning of the whole wound. In treating the joint that stiffens during the treatment of fractures the problems are the same as those seen in civil life, but they are aggravated by the attempts to mobilize them often causing a flaring up of the original sepsis. Experience has shown that it is rarely safe to use force on such joints, and it is best to depend on massage and exercise. The second class of firmly united deformed fractures almost invariably can be improved, and the keynote of treatment is thorough breaking up of the vicious union, and moulding the fragments gradually into proper position. The operations may be difficult and tedious, but are worth while. The joint injuries and infections are those of civil life exaggerated. Where there has been large destruction of bone, bone transplantation is invaluable. Most of the gunshot wounds of the joints come to the hospital after thorough operation at the front. In the simple penetrating wounds the joints have often been closed tight, and generally do well if the closure is permanent. Even when drained joints Mobilization of stiff joints still presents many problems, but the vast majority can be brought to a useful range of motion. Kidner lays down the following rules: The painful, sensitive joint should be absolutely rested and not moved; improvement of muscle tone is called for here; a painless stiff joint should be treated with a minimum of trauma; gradual progressive force applied over a long period accomplishes more than sudden manipulation; and lastly, stiffness in bad positions should always be corrected, so that if the patient is to have permanent loss of movement he shall have a useful limb. In nerve injuries connective tissue

formations cause most serious difficulty. Scar tissue around bone, muscles and nerves, when it interferes with motion, should be exercised as widely as possible and the fresh tissue brought together, taking care that there is no latent infection. It is impossible to say how long this may exist. Peripheral nerve injuries are very common in war wounds and are of all types. A careful review of nerve and muscle anatomy will be of the greatest value to any surgeon who has to treat war wounds. Complete lesions of nerves due to any cause must be explored and sutured, resected or cleared. The technic of nerve suture should be as simple as possible. In general the results are very encouraging, but success is dependent on early operation, and careful electrical after-treatment. Kidner says that the orthopedic hospitals in England have caused the rehabilitation of thousands who before this war have been discarded as crippled.

THE FIGHT AGAINST CANCER.

From France comes a strong appeal for help in the fight against cancer, signed by Major Joseph Thomas and Major Ledoux-Lebard, of Tours. In part the communication is as follows:

In the fight against one of the most redoubtable illnesses, namely, "*Cancer*," France has been heretofore, as it were, a disinherited sister amongst other nations. Without doubt, many works have been published in France concerning this subject and it is a fact that certain individuals have studied pathogeny, anatomy and chemistry in all their forms in laboratories and the best manner of treatment. But these individual tests have not borne fruit, for they lack the organization, without the help of which we cannot stand up to the german bluff.

We intend to found at once in Paris an anti-Cancer Institute similar to those working in London, New York, Chicago, etc., similar to the one established by Czerny at Heidelberg, in which all patients, rich and poor, suffering from tumors, shall be able to receive the cure required for each particular case. There would be laboratories adjoining for the use of students interested in the study and treatment of cancer, regardless of their nationality.

This institute should be ready to function at the cessation of hostilities.

In seeking your help we appeal to your estimable journal, feeling certain that by this mode of publicity we shall be heard by the whole public.

Let all those interested in this question, doctors or not, students, merchants, tradesmen, financiers, those who have the ill-fortune to lose someone dear to them through this terrible disease, those who love

France, let them come to us, let them help us with their means, give us their advice; let them work with us to purge humanity of cancer, the worst evil that has ever existed; let them write to us for information and we will provide them willingly and gratefully with any document they may need.

SYPHILITIC SPINAL MENINGITIS.

Southard and Solomon (*Neurosyphilis*, page 23) describe a post-mortem examination of a spinal cord in which at one point in this region the dura mater was so firmly attached to the pia mater that the line of demarcation between the two membranes was hard to make out. In fact, it seems clear that there could have been no free inter-communication between the spinal fluid above these adhesions of dura to pia mater and the spinal fluid below the adhesions. Accordingly, it seems that lumbar puncture, had it been practised in this case, would have failed to show features representative of the whole cerebro-spinal system. Moreover, since at no point in this region of adhesions or in the pia mater of the spinal cord below this point, were found any lymphocytes, it seems clear that the ordinary lumbar puncture would have failed to reveal a phagocytosis. It appears that the process in the lower part of the spinal cord was to all intents and purposes extinct, which seems to prove that at least in some cases there are compartments the spinal fluid from which will give a positive Wassermann and other compartments will give a negative Wassermann.

THERAPEUTICS OF YEAST.

Drs. Philip B. Hawk, F. C. Knowles and M. E. Rehfuss, of Philadelphia, and James A. Clarke, of New York, with the collaboration of O. Bergeim, H. R. Fishback, C. A. Smith and R. A. Lichenthaeler, made careful investigations of the use of yeast, using fresh supplies of Fleishmann's compressed yeast (*Jour. Amer. Med. Assoc.*, Oct. 13, 1917). The usual dose was one yeast cake some time after each meal. The authors studied the comparative value of living and dead yeast. The yeast was killed by treating it with boiling for a few minutes. From their tests it is apparent that yeast may be administered satisfactory either with meals or on an empty stomach, and that killed yeast acts much the same in the stomach as living yeast. If the patient is troubled with gas formation it is preferable to use killed yeast or to administer killed yeast between meals. The living yeast, in large part, passes through the stomach into the intestines. The following are the authors' conclusions:

1. Bakers' yeast was found to be a useful remedy in the treatment of

furunculosis, acne vulgaris, acne rosacea, constipation and in certain other cutaneous and gastro-intestinal conditions.

2. The conditions which respond most favorably to the yeast treatment were (a) furunculosis, (b) the acnes (vulgars and rosacea), and (c) constipation. Of seventeen cases of furunculosis, all but one of the patients were improved or cured. Of seventeen cases of acne vulgaris, all patients were improved or cured. Of eight cases of acne rosacea, all patients were improved or cured. Of ten cases of constipation, nine were improved or cured. In other words, fifty out of fifty-two cases of furunculosis, the acnes and constipation were improved or cured by yeast treatment.

3. We consider that yeast is fully as successful as any other remedy in furunculosis, acne vulgaris and acne rosacea.

4. In many of the cases which came under our observation, the yeast treatment caused an improvement in the general physical condition of the patient quite unassociated with the improvement of the symptoms associated with the particular disease in question.

TRACHOMA TREATMENT.

After thorough trial Beals found that the treatment usually recommended for this condition gave indifferent results. He offered what is termed as "the intense bichlorid rub." The process is as follows: One drop of 10 per cent. cocain is instilled into each eye at intervals of 5 minutes for three applications, then a rest of 15 minutes is allowed. Then the upper and lower conjunctiva of the eyelids is gently brushed with 1 to 1000 perchlorid of mercury solution applied by means of a cotton applicator, care being taken not to touch the eyeball. This must be done thoroughly, covering as much of the conjunctiva as possible. The process is repeated in from 5 to 7 days. Cold applications will relieve any pain produced. A bichlorid solution of 1 in 5000 is to be instilled three times a day between the rubs. By this treatment no scar tissue is formed.—*British Journal of Children's Diseases.*

THE VAGINAL PLUG.

E. Hastings Tweedy (*Lancet*) urges the proper use of the vaginal plug for the control of antepartum hemorrhage. The failures which its use has met in the hands of many others are due to the improper method of application. The plug should be made of many small pieces of cotton which should be inserted as follows: The left hand should be passed into the vagina with the palm facing the sacrum and the tips of the fingers behind the cervix. Pieces of cotton wool the size of the thumb knuckle, wrung out of lysol solution, should be inserted into the cervix

with the right hand while the fingers of the left are squeezing the pledgets into a solid mass and making room for more. This process should be continued until the whole vagina is filled with a solid mass of the cotton. A T binder should then be applied and a firm abdominal binder put on and fastened tightly from above downward. Such a plug will at once arrest the hemorrhage, which it accomplishes by compressing the uterine vessels between its mass and the uterus. The plug has the disadvantages of not being easy to apply and of causing some pain and shock and often some superficial lacerations of the vaginal mucosa.

SYPHILIS IN INFANTS.

Of the features that must be taken into consideration, the following may be mentioned: Is the child full term or premature, and does the mother give a history of miscarriages? What is the state of the development of the child? Has it much hair? Are the fontanelles abnormally large, and are the sutures unusually opened? Is there a cold in the head, or a noise when breathing? Snuffles in the new-born child and difficulty in nursing owing to the impaired breathing, has long been recognized as a manifestation of lues. Are there any fissures? Is the spleen palpable, and is the liver enlarged? Are there skin eruptions? Scaling palm and soles? Bone and eye lesions? All of these may be present early or appear later. These symptoms may or may not be syphilitic, but at least are suspicious, and it is quite possible that the Wassermann and luetin tests may throw light on the subject.—*Jour. Ind. Med. Soc.*

HALIFAX SIGHT SAVING.

Slowly but satisfactorily the work of gathering together the facts about the Halifax situation, as respects the damage done to the victims of the "blizzard of glass," progresses. Most important and most satisfactory are the reports with reference to the saving of sight. Of all the features of the great disaster of December 6, 1917, the most encouraging is the remarkable record made in the saving from total blindness of a number that might have been two or three times what the final total is likely to be.

Miss Lotta S. Rand, of Boston, an experienced worker of the Massachusetts Commission for the Blind, has been in charge of the social service work commenced with the eye clinics, first, of Dr. Sterling, of Montreal, and later of Dr. Harvey, of Providence. At the close of the first week in March, when she had been carrying on the work for six weeks, Miss Rand had made record of 633 cases, of which number 17 were blind from some other cause than the explosion. Of the 616 she reports:—

Totally blind, 32; both eyes doubtful, 58; one eye doubtful, 171; one eye blind, other O.K., 124; both eyes injured, now O.K., 124; unable to locate, 80; out of town, unknown, 20; died, 7.

Eloquent are these figures of success attained in the warding off of total blindness. While it is possible that the number of totally blind may be found to approximate 100, or possibly exceed that number slightly, the fact that through the prompt and efficient service of devoted eye specialists so large a proportion of persons who had both eyes injured, namely, one-fifth of those so far reported upon, are now well, and that a similar proportion have been saved from sympathetic ophthalmia, furnishes cause for heartfelt rejoicing. The highest honor is due the physicians who freely and heroically gave their services to bring to pass this unexampled accomplishment.

CHILD WELFARE CAMPAIGN IN SCHENECTADY.

On February 1, 1918, the city of Schenectady began an intensive campaign for child welfare in that city. The following quotation is an excerpt from a recent letter from Dr. Frank Van Der Bogert, director of child welfare in that city:

"Our work is being carried on along educational lines through the public press, lectures and distribution of literature, by a corps of trained volunteer workers. Children of pre-school age are being reached by repeated talks to parent-teachers' associations, clubs, and to older children in schools, by exhibits of plaster models, proper foods and the proper proportions. The Schenectady Railway Company has hung placards in their cars, and local merchants are displaying child welfare placards in their show windows. In addition to this we have three windows of considerable size on the main street, devoted to exhibits of child welfare. Prenatal education is being carried on in the industrial plants of our city at the same time."

PYELITIS IN THE NEWBORN.

Dr. H. F. Helmholtz stated at the Chicago Medical Society that pyelitis in infancy had been emphasized by practically all writers on the subjects as one of the most frequent causes of unexplained fever. Most observers were agreed that the condition was relatively more frequent among baby girls than among baby boys. As regards pyelitis during the first few weeks of life, the literature was singularly barren.

The author described four recent cases of pyelitis that had come under the observation of his associate, Dr. Sauer, and himself. Contrary to the general rule, that pyelitis in infancy was more frequent in baby girls than in baby boys, three of the four cases were in boys. The diag-

nosis of pyelitis was made in one case on the sixth day, in the second case on the tenth day, in the third on the fifteenth day, and in the fourth on the thirteenth day. In each instance the diagnosis was made the first time the child was seen by routine examination. It was difficult to say in each instance how long the condition had existed beforehand. In all four cases it was probable that the pyelitis had existed for some days before its discovery, because the urinary findings were that of a well-established case of pyelitis. In all the cases there was nothing in the symptomatology or in the physical findings that would have led one to suspect a pyelitis, unless it were the absence of anything to explain the fever in the first two cases.

The symptomatology showed wide variations, and practically nothing was seen clinically that would call attention to the urinary tract. In three instances there were practically no symptoms, and in the third case the symptoms which were observed were of the gastrointestinal tract. The clinical picture of none of the four cases was suggestive of a pyelitis. In all four cases there was a slight rise of temperature; in the one instance never above 100 deg., in two of the others it rose to 102 deg. and 104 deg.

Relative to the therapy, the alkaline treatment was entirely successful in each instance. Five grains of sodium bicarbonate, and five grains of sodium citrate, were given every three hours until the urine was alkaline. Then the dose was gradually reduced, keeping the urine definitely alkaline. Of even greater importance was the necessity of giving large amounts of fluid. The beneficial effects of this were seen particularly in one case.

To sum up: 1. Pyelitis in the newborn is probably very much more common than is suspected at the present time. 2. The clinical picture shows the same wide variations that it does in later infancy. 3. the alkaline treatment, together with the forcing of fluids, proved successful in the four cases.—*Bulletin of the Chicago Medical Society.*

A NOTE ON THE X-RAY DIAGNOSIS OF GASTRIC CARCINOMA.

The early diagnosis of carcinomatous invasion of the stomach by the usual clinical means is difficult. Cancer of the stomach gives but few and not characteristic symptoms in its early stage, a palpable tumor and cachexia are evidences of a long standing lesion—a tumor which is incurable. Time was before the Roentgen examination had literally and figuratively thrown a flood of light into this dark field of diagnosis, when the above two findings were the cardinal signs on which the diagnosis was based and which also, when found, meant that the doom of the patient was sealed. In the Roentgen method we have a most valuable means for the detection of gastric malignancy in its incipency.

A large number of cases under our observation showed the insignificance of the symptoms, which accompany a beginning gastric carcinoma, and the possibility of making a diagnosis by the X-ray examination with certainty when other methods hardly indicated this condition.

The morphology examination always shows the defect or distortion in the outline of the stomach. In some cases it is small, with smooth borders, symmetrical or more on one surface than the other and at the expense of the pyloric shadow, the defect of the alveolar or papillary type. In other cases the defect is large with scalloped, irregular borders, the defect of the medullary type. But in all cases it is permanent in its location, shape and outline, not to be obliterated by massage, posture, peristalsis, retraction of the abdomen or the administration of antispasmodics. Sometimes we see that there is something subtracted from the gastric outline—a true defect, usually an irregular pouching or shallow niche formation (I. S. Hirsch, N. Y.), an appearance not uncommon in lesser curvature growths, when these form an old ulceration. Mostly the lesser curvature is then rigid and infiltrated.

In these cases very seldom the form or the size of the stomach as a whole is changed, a condition which takes place when the growth is of the diffuse, scirrhus variety.

A large medullary tumor may also change the form, orthotonic to hypertonic. When this takes place, the condition may be considered inoperable.

Many times there is no dilation or atony; a smooth, irregular defect at the pylorus may be produced by a penetrating or perforating ulcer with indurated edges. But under such circumstances the prolonged pyloro-spasm results in more or less extensive dilatation and a varying degree of atony. The pylorus is displaced upward and to the right. The gastric residue lies not in the pyloric end, as it does in a stomach whose tone is retained, but as a sickle-shaped shadow in the median line (I. S. Ingber, U.S.A.). Above the residue is a zone of hypersecretion, but in carcinoma the stomach is, so to speak, dry. The retention is due to obstruction. Should a doubt exist as to whether the retention is due to spasm or obstruction, the motility test should be repeated, after a dose of one-quarter of a grain of papavarine has been administered. If due to spasm, the retention will no longer exist; if obstruction, it will be larger.

The most important sign is a defect in the outline or a distortion in form of the stomach. The following symptoms complex sums up the diagnosis of early pyloric carcinoma:

1. Persistent defect in the pars pylorica.
2. Residue.

3. No dilatation or atony.
4. Disordered or absent peristalsis.

Diagnosis—Carcinoma of the pars pylorica.

Not that it is possible in every case to determine the presence or absence of carcinoma, in its incipient stage, but in overwhelming majority of instances, the determination of an organic lesion is possible. When the stomach is the seat of a long-standing ulcerative process, with extent of infiltration, motility and functioning power of the stomach perigastritis, it is not always possible to determine the presence or absence of a complicating carcinomatous growth, but the size, location and the extent of involvement of adjoining organs may be readily found.

The moral to which all cases point is that in all patients exhibiting gastric symptoms over a long duration, or where the gastric analysis showed blood or diminished acidity, a Roentgen examination is necessary to rule out an organic lesion, but in individuals or forty or over, a Roentgen examination is absolutely essential, even when the gastric symptoms are mild, if medical treatment does not yield immediate and positive results. It is only in this way that the interests of the patients are to be safeguarded.—K. M. Mathews, M.D., in the *Bulletin of the Chicago Medical Society*.

A SAFE ANTISEPTIC.

In view of the numerous reports of death from bichloride or mercury and carbolic acid, it is well to know that there is now available a germicidal agent which is even more efficient than these dangerous antiseptics, and which is safe. The medical profession owes much to the genius of Dr. H. D. Dakin, who has recently brought to its attention the great value of the chlorine-carrying compounds. The most convenient of the antiseptics which he has introduced is para-toluene-sodium-sulphochloramide, best known in this country under the name of "Chlorazene." In Dakin and Dunham's "Handbook of Antiseptics" we learn that this antiseptic is more powerful, when tested on blood-serum-muscle-extract cultures of the staphylococcus aureus, than mercuric chloride, silver nitrate, argyrol, zinc chloride, hydrogen peroxide, phenol, and other common antiseptics. In fact, a 2 per cent. solution of this antiseptic will accomplish in five minutes what it requires 24 hours to accomplish with a 1-1000 solution of mercuric chloride. The most gratifying fact of all is that the Chlorazene is safe. There is little or no danger of poisoning. Chlorazene may be used as a gargle or spray in all forms of sore throat, and as a therapeutic and prophylactic agent in diphtheria, meningitis, measles, scarlet fever, tonsillitis, etc., in acne, eczema, carbuncles, boils, paronychia, felons, and other common skin in-

fections. Chlorazene may be used as a wash to infected areas, as an irrigant, on compresses, as a dusting powder (Chlorazene Surgical Powder), as a paste (Chlorazene Surgical Cream), as an application to venereal sores (chancre and chancroid), and as an injection in the treatment of gonorrhoeal urethritis and gonorrhoeal vaginitis. Samples of Chlorazene will be sent without charge to any physician applying to the Abbott Laboratories, Chicago. Complete literature of Chlorazene, Dichloramine-T, Chlorcosane and other Dakin preparations will be included.—*The Medical World.*

PERSONAL AND NEWS ITEMS

Owing to conditions brought about by the war, the American proctological Society has decided not to hold its meeting in Chicago, on June 10th-11th. The society will probably not meet again until after the war is over.

Dr. Abraham Jacobi, of New York, celebrated his eighty-eighth birthday on 6th May, and was the recipient of congratulations from many illustrious members of the profession. We tender him our felicitations.

At the recent meeting of the Association of American Physicians, Dr. Alexander McPhedran, of Toronto, was elected president.

Dr. J. G. Adami, of Montreal, has completed the first volume of his history of the Canadian Army Medical Corps. It is to be published at an early date.

Dr. Fletcher Ingalls, of Chicago, died on 30th April. He had been connected with Rush Medical College since 1871. He was a well-known author.

Dr. Burke, a Fort Yukon missionary-physician, started out some time ago on a 300-mile journey to succor Steffanson, who was at Herschel, and reported to be ill with typhoid fever.

Authority to purchase surgical instruments and surgical supplies to the amount of \$230,272 for shipment to the Red Cross Commission for Italy has been given by the War Council of the American Red Cross.

The American Red Cross has now established five hospitals in Britain. The last one was the gift of Mr. and Mrs. Chester Beatty, of New York.

It has frequently been announced in press despatches that Col. H. A. Bruce, who is doing consulting surgical work in France, will attend the American Medical Association.

The Toronto city council has granted exemption of taxes on the Wellesley Hospital for the years 1917-18.

Mr. John Ross Robertson has forwarded his cheque for \$111,000 which brings his contributions to the Hospital for Sick Children up to \$500,000. This completes the payment of the main building on College Street.

There were recently a few cases of smallpox in London, but the disease was soon brought under control.

Recently there were four cases of smallpox in St. Thomas. These cases were removed to the Isolation Hospital.

Dr. Annie Homer, a former member of the medical faculty of the University of Toronto, has made a very important discovery in the concentration of sera. She is working in the Lister Institute.

Dr. T. E. Case, of Dungannon, Huron county, has been chosen for North Huron as candidate for the Ontario Legislature. It is not likely there will be any opposition to his election.

Dr. Alexis Carrel, of the Rockefeller Institute, has been promoted by the French Government to the rank of commander of the Legion of Honor. The new decoration was bestowed upon him by M. Mourier, Under-Secretary of State for Medical Service, in the presence of a distinguished company.

McGill University has let down the bars to women so far as to admit them to the study of medicine and dentistry. The corporation of McGill announced this recently.

Dr. Clarence E. Hill, of Toronto, announces that he will confine his practice to diseases of the eye. His office is 160 Bloor St. West.

Shell-shock no longer bothers medical men on the fighting front it was reported at the annual convention of the American Neurological Association. It has been thoroughly mastered and recoveries have been nothing short of miraculous. Lieut.-Col. Colin Russell, Canadian Army Medical Corps, gave out statistics that showed that the cures were so positive that only four per cent. of the patients, when they were returned to duty, suffered a second shock.

The authorities of St. John's Convent, Major Street, Toronto, have appealed to the city council for a grant towards the cost of rebuilding the Gwynneth Osler Memorial House and the Bellevue House, both of which it has been found necessary to tear down, under instructions from the city architect's department, as unsafe. In appealing to council the Lady Superior states that Sir Edmund Osler has generously donated \$12,000 towards the work.

A cable from the War Office has informed Dr. Sisley and Mrs. Sisley, 2 Main Street, East Toronto, that their youngest son, Don, is officially reported killed in action. He enlisted a year ago and went overseas about six months ago with the R. F. C. In March of this year he was

reported missing while with a fighting squadron. His older brother, Arthur, also in the R.F.C., was reported missing while flying but landed in enemy territory with his machine under full control, and was later officially reported a prisoner of war.

The Canadian Press understands Colonel Hodgetts, formerly Red Cross Commissioner, has received a medical appointment under Imperial authorities as deputy commissioner of medical services.

Dr. Gideon Silverthorn will receive from his father's estate over half a million dollars' worth in cash, mortgages and property.

Col. John N. Gunn, M.D., C.A.M.C., has returned after three years' service in France. He is a graduate of Toronto University, and went overseas as medical officer of the Calgary Battalion. He was transferred to casualty clearing station. He afterwards was attached to the Canadian Field Ambulance, and was mentioned for his distinguished services, being promoted to the rank of colonel.

In the recent temperance legislation it was enacted that when doctors give prescriptions for alcoholic stimulants they should state that the amount is the minimum required for the patient. Unless this provision of the Act is complied with the commissioners may be compelled to take action.

At a recent date there were 728 patients in the Toronto General Hospital, including about 200 military cases.

Major William C. Laidlaw, M.B., has returned on leave for a short time. He graduated from the University of Toronto in 1895, and won the D.C.M. for services in South Africa. He joined the army in 1914 as medical officer of the 14th Battery, C.F.A. In 1916 he was made officer commanding the sanitary section of the 1st Division. Recently he was made deputy director of the medical services at the Canadian Army Corps Headquarters in France.

Lieut.-Col. Charles H. Gilmour, M.D., C.A.M.C., is home on leave. He is a son of Dr. J. T. Gilmour, so long connected with Central Prison, and has seen very varied services in France. For some time he has been chief surgeon to the Ontario Hospital at Orpington. He graduated in 1903 and previous to going abroad practised in Toronto.

Sir Bernard Mallet, the Registrar-General of Births and Deaths, shows that since the war began the population of the United Kingdom has increased by excess of births over deaths to such an extent as to more than counterbalance the whole of the losses of our armies in the field. On the other hand, the civil population of the Central Empires has steadily, and even rapidly, declined since the war began, and he estimates that this loss, added to the loss by deaths in the field, has reduced the total population of the Central Empires by at least four millions.

The Dominion Government has served notice of expropriation upon St. Andrew's College, the 25-acre property in North Rosedale, Toronto, to be used as a concentration and hospital centre for returned soldiers. A great building scheme is to be undertaken by the Department of Public Works this summer. Headquarters of the District Depot are to be established in the existing building next month. The entire project has the approval of the district military authorities. The value of the property is estimated at \$500,000, the location being very central and well adapted for buildings. First estimates are that over \$1,000,000 will be spent in hospital buildings for the convalescents.

All will be glad to learn that Hon. Dr. H. S. Beland, who was in Belgium on his wedding trip when the war began, and was made a prisoner by the Germans, has been released. During the years he was confined his wife took ill and died, but, true to the record of the despicable Hun, he was refused the privilege of seeing her, though she died of her illness. Dr. Beland was Postmaster-General for Canada in 1911.

After a great deal of discussion over the estimates of the public health department of Toronto, it was agreed that the sum already appropriated, namely, \$424,134, must suffice, but that Dr. Hastings be given power to use this in any way that would best further the health of the city.

The Ontario License Commissioners propose taking action against proprietary medicines containing too much alcohol. The legislation of last session gives the board more power to deal with such cases. Some time ago the board put the so-called medicated wines off the market. There are other preparations that are intended for "dry" states and provinces, and that are the "dope" of the liquor interests. Under this proviso of the Act it is likely that action can be taken against a certain well-advertised "tonic."

Col. A. E. Ross, C.M.G., who has seen much active service and who holds the position of director-general of medical services, First Canadian Division, has been presented with the Croix de Guerre by the Belgian Government.

Major Alexander McNeil, son of Dr. McNeil, of Collingwood, Ont., has won signal distinction for bravery and efficiency on a number of occasions.

Dr. James A. Harvie, of Coldwater, Ont., has three sons in the army. One of these is in the Royal Naval Air Service, and the other two are in the A.M.C., one on the medical board at Folkestone, and the second a surgeon to a casualty hospital in France.

Dr. C. J. Hastings, Medical Health Officer, of Toronto, was elected president of the American Public Health Association.

Dr. O. R. Avison, who was in practice in Toronto many years ago, but went out to Seoul, Korea, as a medical missionary, was home recently on a leave of absence.

The women in England are raising a fund to endow beds in the Hospital for Women, London, as a memorial to Dr. Elizabeth Garrett Anderson. The Scottish women are also raising a fund to enlarge the Hospice in Edinburgh, as a memorial to the late Dr. Elsie Engles, who did such heroic work for the Serbians.

Major Priestly, R.A.M.C., who was a prisoner at the internment camp at Wittenberg, and gave signal service during an epidemic of typhus fever, when the German medical officer fled, has been awarded the gold medal of West London Medico-Chirurgical Society for duty at that time.

The Federal Government and the Government of Alberta are giving each \$200,000 for a new hospital at Kananaskis, near Banff. When no longer required as a military hospital it will be turned over to the province for a civil hospital.

Dr. Alex| McKenzie, of Toronto, who saw active medical military service abroad, and who returned home a short time ago, has been ordered to Halifax to take charge of military medical matters there.

Capt. T. H. Bell, M.D., of Winnipeg, received the Military Cross for directing the work of stretcher-bearers for 48 hours without rest under heavy shell fire.

Capt. Lionel Dawson, M.D., won the Military Cross for going through hostile barrage fire to the relief of wounded, and remaining there under fire for 24 hours, keeping the aid posts clear.

Capt. A. C. Armstrong, medical officer of the military hospital at Regina, when on duty abroad won the Military Cross, the Croix de Guerre and the Fellowship in the Royal Institute of Public Health.

Dr. Sarem M. Ellison died in New York on 26th March. He was a former native of St. Thomas, Ontario.

There is to be built at Halifax a hospital for the American Red Cross, or for sailors or soldiers of the United States who may be ill when at that city.

At an early date the Tuxedo Hospital in Manitoba will greatly enlarge its accommodation, at a cost of \$1,000,000, and will then have room for 2,500 patients.

The Brandon General Hospital and the Hospital for the Insane had a good year. The Asylum had 647 patients at the time of the report, and from the farm there was a profit of \$8,000.

A military hospital is to be erected in Regina, with accommodation for 300 patients.

In Alberta there has been adopted an Act that makes the inspection of public schools compulsory.

Dr. Mahood some time ago prepared a by-law for Calgary to enforce medical inspection of all persons engaged in the handling of food.

The British Columbia Provincial Mental Hospital had at a recent date 1,320 inmates.

The latest report of the Nova Scotia Sanatorium shows that there were 38 patients in the institution and that 64 had been admitted during the year. The total expenditure was \$39,382.

During the month of March the Ontario Government distributed free of charge diphtheria antitoxine to the value of \$2,227. And the death rate was only 6.6 per 1,000.

When the ship Aragon was torpedoed in the Mediterranean last December 610 British soldiers lost their lives, but not one of the 150 nursing sisters. These young soldiers, many of them only 19, with pale and resolute faces, lit up with a calm smile, stood to their places till every one of the nurses were in the boats. When the great ship turned over, 610 of them perished. This is true to the tradition of the British army.

The nurses behind the lines went on with their work of mercy while the Germans in their Gothas did their work of murder. It was symbolical of the opposing forces in this war. Humanity will be busy for many a year healing the wounds inflicted by the Blond Beast.

Dr. R. McP. Turner, Gerrard Street East, Toronto, was acquitted recently in the Assize Court on a charge of murder which was laid following the death of Marion Stone from the effects of an illegal operation. Expressing the view that the Crown had not submitted enough evidence, Mr. Justice Middleton asked the jury to consider whether the case should be continued. The jury concurred with this view and returned a verdict accordingly. Justice Middleton congratulated Dr. Turner on the turn of affairs.

OBITUARY

T. V. HUTCHINSON, M.D.

Dr. T. V. Hutchinson died in Toronto on 19th March. He held the office of Medical Health Officer of London for nearly forty years. On retiring from that position he removed to Toronto.

ALEXANDER FRASER, M.D.

Dr. Fraser died last March in Pasadena, California. He was born in Bruce county in 1856. He graduated from McGill and practised at Manitowac and Embro.

O. M. Jones, M.D.

Dr. Jones, a well-known surgeon of Victoria, B.C., died of pneumonia there a short time ago. Dr. Jones was in his 53rd year, and a very highly esteemed citizen and member of the profession.

FRANCOIS XAVIER VALADE, M.D.

Dr. Valade, of Ottawa, was a prominent citizen for over half a century. He graduated at the age of 19 from Laval University, after which he settled in Ottawa. He took an interest in the Water Street Hospital, and was physician to a number of institutions.

DR. ARMSTRONG.

Dr. Armstrong, of Tara, died there 12th March. He was a public-spirited man, and much esteemed by those who knew him. He was educated at the high school of Goderich and the University of Toronto.

BOOK REVIEWS

BONE SURGERY.

Modern Operative Bone Surgery, with Special Reference to the Treatment of Fractures. By Charles George Geiger, M.D. With 120 illustrations. Philadelphia: F. A. Davis Company, Publishers. English Depot: Stanley Phillips, London, 1918. Price, \$3.00 net.

This is an excellent work on operative bone surgery, especially plastic bone surgery. The author claims that the subject was a difficult one, as there were no other books that he could use as a guide. This work covers the histology of cartilage, bone and periosteum. A careful account is given of the instruments that are required for the various operations. A very careful account is given of the several operations and the materials that are to be employed, such as the bone peg and bone graft. Considerable attention is paid to the subject of the operative treatment of fractures. The work is got up in an attractive form, and is well illustrated. The publishers and author are both entitled to due praise for the efforts they have put forth to give the profession a reliable book on bone surgery.

GENITO-URINARY DISEASES.

Transactions of the Section on Genito-Urinary Diseases of the American Medical Association at the sixty-eighth annual session, held at New York City, June 5 to 8, 1917. American Medical Association Press, Chicago, per favor of Dr. Mayo, Graham, Plummer and Judd, Rochester, Minnesota.

This volume presents in book form the papers read in the Genito-Urinary Section of the American Medical Association. These papers cover a wide range of topics, and will prove of great value to those who are interested in this field of practice. We can strongly advise all who wish a copy to write the publishers.

LESSONS FROM THE ENEMY.

Medical War Manuals No. 5, Lessons from the Enemy. How Germany Cares for her War Disabled. By John R. McDill, M.D., F.A.C.S., Major, Medical Reserve Corps, U.C. Army. Illustrated. Philadelphia and London: Lea and Febiger, 1918. Price, \$1.50.

Dr. John R. McDill saw much service in the German army, and speaks from first-hand information. He arrived in Germany 17th June, 1916, and was for a month at Coblenz on the Rhine, and later at Fortress Grandenz in the east. This manual gives an account of the German army sanitary system, base hospitals, medical and surgical aspects of war, voluntter nursing, re-education of the disabled, orthopaedic hospitals, artificial limbs, relief work, care of the sick and wounded. This is a most useful book.

LABORATORY METHODS.

Medical War Manual No. 6, Laboratory Methods of the United States Army. Compiled by the Division of Infectious Diseases and Laboratories. Office of the Surgeon-General, War Department, Washington, D.C. Illustrated. Philadelphia and New York: Lea and Febiger, 1918. Price, \$1.50.

This manual covers a wide range of subjects, such as the collection and shipment and specimens and materials, solutions and stains, clinical pathological work, analytical methods, general bacteriological methods, special bacteriological methods, examination of milk, examination of water and sewage, and many sub-headings under each of the foregoing. We can speak in terms of the highest praise of this manual.

INJURIES OF THE BRAIN.

Manuals of Medicine and Surgery in the form of Clinics. Brain Injuries. By Ch. Chatelin. Preface by Pierre Marie. Second edition, enlarged. Masson and Company, Editors, Library of the Academy of Medicine, Paris. Price, 4 francs.

This manual is in French, is well written and well illustrated. We can recommend it very highly. There is scarcely a feature, condition,

symptom or line of treatment relating to injuries of the brain which are not taken up in this handy little manual. The present war has furnished a vast amount of material from which to form new conclusions.

THE EVOLUTION OF WAR PLAGUES.

Fundamental Biological Mechanisms. By A. Policard, Associate Professor at the Faculty of Medicine, Lyons. One of the War Manuals. Masson and Company, Editors, Library of the Academy of Medicine, Paris, 1918. Price, 4 francs.

This manual covers the numerous infections of wounds and infectious diseases of the army. It is truly a most welcome volume. The effects of infections in wounds and the best methods of treating these are fully discussed. The volume is a very interesting and instructive one.

MEDICAL SERVICE.

Medical Service at the Front. By Lieut.-Col. John McCombe, C.A.M.C., and Capt. A. F. Menzies, M.C., C.A.M.C. Illustrated. Philadelphia and New York: Lea and Febiger, 1918. Price, \$1.25.

This excellent war medical manual was written by two Canadians who have seen war as it really is, and have had much experience. Surgeon-General J. T. Fotheringham contributes a short preface in which he says, "It is hot from hell's gridiron and correct in all its details, as all can vouch who have been through the experience of those who wrote it." This small book can be most heartily endorsed.

THE CLINICS OF NORTH AMERICA.

Volume I, No. 4, of the Clinics of North America. Boston Number, January, 1918. Published bi-monthly by W. B. Saunders Company, Philadelphia and London. Price per year, \$10.00; foreign, £2 2s. Canadian agents, The J. F. Martz Company, Toronto.

The contents of this number are both varied and timely. One would expect that the old school of Boston would leave no stone unturned to make this an excellent number. It must be admitted these teachers of scientific and practical medicine have succeeded. Among the topics discussed we find heart block, diabetes, empyema in children, ovarian organotherapy, ostertis deformans, premature loss of hair, eczema in childhood, Vincent's angina, Roentgen diagnosis, diagnosis of pulmonary tuberculosis, diagnosis of ulcer of stomach, relation of teeth to general medicine, pathologic hæmorrhage, amebic dysentery, transverse lesions of spinal cord, pyelitis of infancy, treatment of bronchial asthma, and examination of the heart by X-ray. It would be difficult in all the current literature available for the medical profession to find any publication of a higher order of merit than the Clinics of North America.

MISCELLANEOUS

STRICTLY GERM PROOF.

The Antiseptic Baby and the Prophylactic Pup
 Were playing in the garden when the bunny gamboled up;
 They looked upon the creature with a loathing undisguised,
 It wasn't Disinfected and it wasn't Sterilized.

They said it was a microbe and a hotbed of disease;
 They steamed it in a vapor of a thousand odd degrees;
 They froze it in a freezer that was cold as banished hope,
 And washed it in permanganate and carbolated soap.

In sulphureted hydrogen they steeped its wiggly ears,
 They trimmed its frisky whiskers with a pair of hard-boiled shears;
 They donned their rubber mittens and they took it by the hand,
 And 'lected it a member of the Fumigated Band.

There's not a micrococcus in the garden where they play;
 They bathe in pure iodoform a dozen times a day;
 And each imbibes his rations from a Hygienic Cup.
 The Bunny and the Baby and the Prophylactic Pup.

—Arthur Gutterman.

KENNEDY'S CAL-CURA SOLVENT.

Dr. D. Kennedy's Cal-Cura Solvent was a cure-all put on the market by the Dr. Kennedy Company, Rondout, N. Y. According to the government chemists the preparation was a watery, alcoholic sweetened liquid containing 2.44 per cent. potassium acetate, 16.75 per cent. alcohol, 52.46 per cent. cane sugar and vegetable matter resembling mint, cardamom and boneset. Reading the claims made for this preparation one might get the impression that there could be few ills that it would not cure. To quote a few of them:

"Dissolves and eliminates lithic acid from the Blood; Gravel and Limestone formation from the Kidneys and Bladder; and Gallstones from the Liver."

"Cures Diabetes, Bright's Disease, Constipation of the Bowels, Dyspepsia and all diseases peculiar to women."

"Cures all Constitutional Diseases of the Blood; Scrofula, Cancer, and Canker Humors, Rheumatism and Rheumatic Pains in the Joints and Muscles."

". . . prevents appendicitis."

Naturally, the federal authorities declared that these claims and a number of others equally preposterous were "false and fraudulent" and were applied "knowingly and in reckless and wanton disregard of their truth or falsity." The company pleaded guilty and the court imposed a fine of \$50.—(*Notice of Judgment No. 3770.*)—*Jour. A. M. A.*

REBELLION IN HELL.

Big sparks flew from Old Satan's eyes,
 "What's this I hear?" said he,
 They say that when the Kaiser dies
 He'll be consigned to me.
 Old Hell, to me, is mighty dear,
 The place is very fine,
 But if they send that guy down here
 Believe me, I'll resign.
 I'll stand for murderers and crooks
 The worst thugs ever known.
 But my boys would get sore, I fear,
 I know they would rebel;
 The Kaiser cannot enter here
 For he would corrupt Hell.
 Our sulphur is too clean for him,
 Our brimstone lakes too pure,
 And if in one he took a swim
 He'd ruin it I'm sure.
 Our company is not so swell,
 Vile beasts we won't reject:
 But keep the Kaiser out of Hell
 We have some self-respect.

SAVING THE BABIES.

Much of the infant mortality in large cities can be prevented when Public Health Officers are vigilant. In one "block" of the city of Detroit during the early part of last summer 24 out of 100 babies were born that did not survive the first month. City nurses were employed to visit all homes in the "block", to instruct expectant mothers in the care of infants, and to help them in their preparations. As a result, the mortality rate in this district dropped from 24 to 13.

The ravages of war have challenged the science of the world to deal at once with the preventable waste of child-life. In Europe and on this continent that challenge rings. It will be answered. Everywhere Pub-

lic Health Officials are bending their energies to husband the potential man-power of the nation. Toronto has a Public Health Department well equipped and organized to have a part in this crusade. As an encouragement, the City Council proposes to reduce Dr. Hastings' estimates by \$22,000.

—*Toronto News.*

DEATHS FROM STARVATION.

Mr. F. C. Walcott, of the United States Food Administration, in a recent address at the Federal Board Conference, stated that about 4,750,000 persons have died of starvation in Europe since the war began, while about 4,250,000 have been killed by fighting.

Normal consumption in the United States for March to September, inclusive, amounts to about 42,000,000 bushels of wheat per month. In order to meet the requirements of the Allies, two-thirds of this amount must be shipped, leaving less than 15,000,000 bushels a month for home consumption. The poor, he said, cannot be expected to save as much wheat as those in better circumstances, because wheat is the cheaper of nutritional foods. All, however, should use substitutes just as far as their circumstances will permit.

QUEEN'S MEDICAL GRADUATES.

As a result of the examinations at Queen's Medical College, twenty-six students have been granted the degree of M.D., C.M. The degree and prize winners are as follows:

S. I. Angrove, M.B., Kingston; M. R. Boe, Burk's Falls; A. A. Cauley, Lombardy, Ont.; H. C. Connell, B.A., Kingston; J. T. Fowkes, Lafargeville, N. Y.; S. J. W. Horne, Wolfe Island, Ont.; W. W. Kennedy, B.A., M.B., Vancouver; M. R. Kerr, Elgin, Ont.; R. H. Lalange, Cobourg; R. C. Lyons, Kingston; R. L. MacDonald, B.A., Lancaster, Ont.; J. F. McIver, M.B., Montreal; E. M. McCoy, B.A., Belleville; V. C. McCuaig, Bainsville; J. M. Munro, Valley River, Man.; E. L. Page, Kingston; W. T. Pocock, Brockville; L. C. Purvy, Ottawa; R. E. Salsberg, Kingston; William Sagar, B.A., M.B., Surf Inlet, B. C.; J. F. Ryan, M.B., Kingston; F. B. Sharp, Napanee; J. H. Simmons, Frankford, Ont.; G. R. Stewart, Beamsville; S. F. Tichborne, Sarnia; A. J. Tripp, M.B., Fitzroy Harbor, Ont.

Faculty prize (\$25) for the highest marks on the examinations of the first year—J. L. Noel, Margetson, Bassetterre, St. Kitts.

Faculty prize (\$25) for the highest marks on the examinations of the fourth year—Daniel Nicholson, Commercial, Cross, P.E.I.

The Boak Scholarship (\$25) for the highest marks on examinations in anatomy of the second year—Theo. J. Curphey, Kingston, Jamaica.

The New York Alumni Association Scholarship (\$50) for the highest marks in physiology and histology for the second year, open also to art students in honor animal biology—Calvert M. Carruthers, Sarnia (with honor of the Boak Scholarship).

The N. F. Dupuis Scholarship (\$60) for the highest marks in chemistry of the second year—George P. F. Allen, St. Andrew, Jamaica (with honor of the New York Alumni Association Scholarship).

The Dean Fowler Scholarship (\$50) for the highest marks on the examinations of the third year—George Pettinger, B.A., Kingston.

Medal in Medicine—Albyn A. Cauley, Lombardy (with honor of the medal in surger).

Medal in Surgery—Hendry C. Connell, B.A., Kingston.

TORONTO AND MONTREAL.

The following comparative statement of death rates in Toronto and Montreal has been prepared in connection with the movement against the policy of interference with the Toronto Health Department:

1917.	Toronto.	Montreal.
Total deaths under one year.....	1,110	3,488
Deaths per 100,000—		
Typhoid fever	3.8	23.6
Diphtheria	17.3	37.6
Scarlet fever	2.7	13.4
Measles	4.2	22.4
Whooping cough	7.0	10.2
Tuberculosis	103.6	184.6
Pneumonia	172.0	189.8

PROVINCIAL HEALTH REPORT.

Provincial Board of Health statistics for the last four months show 1,416 cases of scarlet fever and 36 deaths, or 2.5 in 100, compared with the epidemic of 1903, when the disease was not of such mild type and the cases for the same months were 1,860 and the deaths 350, or 18.8 in 100.

Diphtheria dropped from 394 cases and 32 deaths in January last to 242 cases and 22 deaths in April. The board for last April distributed 8,559,000 units of antitoxin free at a cost of \$1,280.

Smallpox showed a reduction for April compared with the other three months of this year, while measles prevailed to a greater extent last April than in April, 1917.

The comparative table for April this year and last shows a decrease for smallpox, scarlet fever, diphtheria, measles, whooping cough, typhoid fever, tuberculosis, infantile paralysis and cerebro-spinal meningitis.

Diseases—	1918.		1917.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	39	0	12	0
Scarlet fever .. .	383	16	193	3
Diphtheria .. .	249	22	223	20
Measles .. .	1,461	11	342	5
Whooping cough .. .	240	4	76	2
Typhoid fever .. .	38	5	36	6
Tuberculosis .. .	187	122	165	96
Infantile paralysis .. .	2	1	1	0
Cerebro-spinal meningitis.....	17	12	1	0
	2,616	193	1,563	141

TORONTO VITAL STATISTICS.

A substantial increase in the number of marriages in April is shown by the report of vital statistics issued by the City Clerk to-day. The number last month was 450, as compared with 392 in April, 1917.

Following is a comparative statement of the births, marriage and deaths which took place in April this and last year and in March, 1918:

	April, 1918.	April, 1917.	March, 1918.
Births .. .	1,082	1,064	1,074
Marriages .. .	450	392	329
Deaths .. .	689	582	622

The following deaths from contagious diseases occurred:

	April, 1918.	April, 1917.	March, 1918.
Smallpox .. .	0	0	0
Scarlet fever .. .	9	0	9
Diphtheria .. .	5	8	11
Measles .. .	10	4	11
Whooping cough .. .	1	1	2
Typhoid fever .. .	0	3	0
Tuberculosis .. .	28	36	46
Infantile paralysis .. .	0	0	0
Cerebro-spinal meningitis .. .	4	4	3

MEDICAL PREPARATIONS

A USEFUL LOCAL ANESTHETIC.

It is doubtful if any new remedial agent in many years has met with a readier acceptance by Canadian physicians and surgeons than is being accorded to Apothesine, the synthetic local anesthetic recently announced by Parke, Davis & Co. The prompt appreciation which has marked the advent of this new product is gratifying for two reasons: Apothesine is an efficient and broadly useful local anesthetic; it is a fruit of American enterprise and research.

Apothesine is described as the hydrochloride of gamma-diethyl-*amoni-propyl* cinnamate. It occurs in the form of small snow-white crystals, having a melting point of 137°C. It is readily soluble in alcohol, slightly soluble in acetone and ether, and very soluble in water. If desired, it may be sterilized, in solution, by boiling, and it can be combined with any of the usual synergists.

Clinical reports show that Apothesine is as potent as the popular synthetic local anesthetics, while it is less toxic than most of them. It is not a derivative of cocaine, and it does not induce "habit" formation.

Apothesine is suitable for use in any surgical procedure in which a local anesthetic is indicated. It has been employed with marked satisfaction by more than a hundred surgeons in over one thousand cases, including both major and minor operations.

Apothesine is supplied in hypodermic-tablet form, as follows:

H. T. No. 216.—Each tablet contains $1\frac{1}{4}$ grains of Apothesine. One tablet in 60 minims of water makes a 2% solution. Vials of 200 and 100.

H. T. No. 217.—Each tablet contains 3-5 grain of Apothesine and 1-1600 grain of Adrenalin. One tablet in 60 minims of water makes a 1% solution of Apothesine in Adrenalin 1:100,000. Vials of 25 and 100.

H. T. No. 218.—Apothesine-Adrenalin (Dental).

Parke, Davis & Co. announce that they will be pleased to send literature on Apothesine to any physician or surgeon who is interested in the product.

SANMETTO IN GONORHEA.

The Philosophy of the Action of Sanmetto in Gonorrhoea may be explained in this way: Sanmetto has no direct germicidal action in the treatment of membranous conditions due to the invasion of the gonococcus. It should be borne in mind that san metto does not directly destroy gonococci. Whatever may be its direct action upon these germs, it is certain that it does not have any such directly germicidal influence. What it probably does is to set up in the mucous membrane a reaction

to the inflammation, or a nutritive toning up of the parts, which brings to the parts a sufficient reinforcement of leucocytes to overwhelm the germs—the gonococci. This view of the action of sanmetto explains the apparent aggravation which sometimes is set up in the treatment of chronic inflammation of the bladder and urethra, and a consequent sloughing off of shreds and purulent matter, causing the patient to think the sanmetto has made his case worse, but which really is but the smoke of the battle in which sanmetto is to be the victor and the gonococci the vanquished.

THE THERAPEUTICAL ACTION OF CONDURANGO.

Condurango is the bark of the stem of the *Gonolobus condurango* (Asclepiadaceæ).

The bark contains an active principle; a glucoside: *condurangine*.

In France the clinical and therapeutical researches of *Dujardin-Beaumetz*, *Professor Soulier*, *Dr. Guyenot-Outhier*, etc., have definitely established the value of condurango in cases of imperfect digestion when assimilation is hindered and nutrition is languishing. It improves the digestive functions and indirectly exerts a restorative effect on the general health.

It modifies the secretions of the collateral glands of digestion, slightly increasing the secretion of gastric juice, but its influence is specially noticeable on the pan-creatic secretion and the bile which are markedly increased.

It is owing to its influence in stimulating the digestive functions that it improves the general health for the time being in cases of cancer, apart from which it does away with gastric pain and vomiting.

Condurango allays the pain in gastralgia accompanying cancer of the stomach and it diminishes, and in most cases arrests, the vomiting due to structural lesions of the stomach. It exerts a beneficial action in hæmatemesis, improves the appetite and checks gastric catarrh.

Condurango can also be employed with advantage in all cases of atonic painful dyspepsia where by allaying the pain it restores the appetite.

In view of the affections in which Condurango is indicated it is better not to make use of preparations such as the wine, or the compound tincture, which are contra-indicated in gastric affections associated with laborious digestion and defective assimilation. In such cases it is preferable to administer it in the form of Granulated Condurango. This pro-

duct is particularly recommendable on account of its ready absorption.

Astier's Granulated Condurango, by reason of its careful preparation and its ready solubility in water, constitutes the most convenient form in which to exhibit the drug in suitable cases.

RIODINE, ITS CHARACTER AND PROPERTIES.

Riodine is a glycerine iodic ether of ricinoleic acid.

Riodine is an oleaginous liquid of a light amber color and slightly alkaline reaction.

Riodine is a stable organic derivative of iodine; the iodine which it holds in combination cannot be detected by the ordinary tests for the iodides and is only revealed by the reactions employed in organic analysis.

Riodine is presented in the form of pearls. Each pearl represents the physiological action of 20 centigrammes of the alkaline iodide. Average dose, 2 to 6 pearls a day after meals.

Riodine presents the advantage over all other preparations of iodine of being a well-defined chemical compound of stable and uniform composition.

Easy to administer. Riodine is given in small doses and never causes symptoms of iodism.

By virtue of its mildly laxative properties and its protracted action Riodine is specially adapted for the treatment of all cases in which iodine or the iodides is indicated.

The therapeutic indications for the use of Riodine are varied and as follows:

Arterio-sclerosis, cardio-sclerosis, chronic myocarditis, high blood pressure pericarditis, endocarditis, etc.

Pulmonary emphysema, chronic bronchitis, asthma, etc.

Enlarged glands in children, scrofula, struma, goitre, obesity, etc.

Chronic rheumatism, rheumatic pain, etc.

Specific hereditary and acquired affections.

Lastly, whenever the ordinary iodine or iodide treatment is not well borne.

Not only have we not to fear the gastric troubles, but *a fortiori* we run no risk of the symptoms pointing to the imminence of constitutional intoxication. These qualities, in addition to the repeatedly demonstrated efficiency of the product, clearly show the interest that attaches to discarding the iodides in favor of Riodine, especially when the treatment requires to be of some duration, or has to be pushed. These are the conditions presented by the subjects of arterio-sclerosis and more particularly the subjects of that grave, distressing affection *angina pectoris*.