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EDITORIAL

CANADIAN PUBLIC HEALTH ASSOCIATION.

Dr. Maurice M. Seymour, Commissioner of Public Health in Saskatchewan, presided at the meetings of this association, which held its annual meeting in Toronto during the first week of September. In his address he urged universal military service in Canada, not in imitation of Prussian militarism, but for the training and health that such a service yields; and that it makes all ready for an emergency should it arise. He also advocated that more care should be given to prospective mothers, and outlined the new law in Saskatchewan, which gives every mother \$25, and pays a doctor's fee of \$15 for attendance.

The question of the best methods of securing a pure milk supply was discussed by Dr. Charles E. North, of New York.

The care of the feeble-minded came in for much consideration. Dr. J. D. Page, Medical Officer of the Board of Quebec, attributed the excessive growth of the number of feeble-minded in Canada to the lax methods of enforcing the immigration law in regard to the inspection of immigrants. He declared that the men employed for the work of inspection of immigrants were inefficient and in most cases secured their positions by political preference. He thought the Government ought to employ a permanent staff of competent inspectors who could effectually sift the diseased and feeble-minded. The money for this purpose was at present amply provided by the head tax, which was never meant as a source of revenue. Dr. Page said that there was a balance of \$1,080,000 from the head-tax turned into the National Treasury.

Drs. C. M. Hincks and A. C. J. Withrow gave an exhibition of the methods of testing such children, outlining the questions.

Dr. C. K. Clarke said that these feeble-minded youths were often very precocious when children and seemed to undergo rapid deterioration.

Dr. Helen MacMurchy, speaking of the care of the feeble-minded,

said such care was not only due to the children themselves. They should be placed in environments which would prevent them developing into criminals.

As the result of a campaign against tuberculosis launched by the Canadian Public Health Association of Canada fifteen years ago, the death rate from the dread "white plague" has been decreased 25 per cent. Sir James Grant, one of the founders of the movement to educate the people to the dangers of consumption, gave an outline of the work accomplished since the campaign was started. Since 1913 nine tubercular hospitals had been opened and the work being done in this direction was rapidly showing results.

A number of speakers dealt at length with the prevention of disease. Estimating the value of a human life at \$2,000, the financial loss to Ontario alone from diseases that could have been prevented was \$11,202,000, and this without including the great loss through illness.

An interesting feature of the programme was an address on "Modern Military Sanitation," by Major J. W. S. McCullough. Since the establishment of the Niagara camp, Dr. McCullough has been in full charge, and his efforts have practically kept the camp free of disease. Typhoid is non-existent and an occasional case of measles is the most serious problem of the doctors.

Dr. McCullough described the methods of sanitation, the disposal of sewage, and the securing of water. The drinking water of the camp is taken right from the Niagara River and purified by a device designed by Capt. Dallyn, of the Provincial Department of Health staff. This device has been used in the camp with splendid results, and is now being utilized by the French Government.

The housing problem, public charities, and medical inspection in the schools were all discussed in connection with the work of the health officers, and the association by a unanimous vote went on record as favoring the transfer of control of medical inspection in the schools from the school board to the medical officer.

Two addresses were delivered on the problem of controlling and reporting venereal diseases by Prof. W. A. Evans and Dr. J. A. Hutchinson. Prof. Evans said the time had come when these diseases could be prevented, and it was the duty of the Department of Public Health that it should be notified of all cases. The reports should be made confidential and no names revealed.

G. Frank Beer, president of the Toronto Housing Commission, reviewed the experiment made in Toronto to provide modern housing accommodation for workers. Mr. Beer advocated the organization of labor exchanges as a means of counteracting overcrowded housing con-

ditions. With such exchanges in operation the worker subject to periods of unemployment could live a distance out in the country and when unemployed, instead of wasting his time wandering around looking for work, could spend his time profitably on his land until the exchange notified him that there was employment awaiting him.

In a paper on "Notification of Tuberculosis," Miss Eunice Dyke stated that more than double the number of deaths from consumption had been reported last year than cases of consumption reported during the same period. The law requires all physicians to report every case that comes under their notice to the authorities, but doctors had in many instances failed to comply with the law, as not half of the cases were reported. This does not apply to Toronto.

Dr. Hastings explained that a very large number of contact cases of tuberculosis in its early and curable stages are discovered by the nurses visiting homes where a member of the family is affected by the disease. In this way prevention is brought into operation and the disease is arrested by treatment at the Preventorium.

Prof. S. M. Gunn, of Boston, discussed the relation of health to charitable work, and urged that public charities should be under the control of the local department of health. In a large number of cases the recipients of public charity were those living under conditions most inimical to health. Miss Eunice Dyke, in speaking of the work of the district nursing staff, explained the handling of tuberculosis cases and the system of notification. In this particular she laid stress upon the fact that many cases were reported by the nurses that should have been co-operating fully in fighting tuberculosis.

The association will hold its next convention at Quebec, the invitation of the Mayor of Quebec having been accepted.

Dr. C. J. C. O. Hastings, of Toronto, was elected as president of the association for the ensuing year, Dr. P. H. Bryce, of Ottawa, being chosen as honorary president. Dr. Hutchinson was elected vice-president; Dr. Geo. B. Porter, treasurer, and Dr. O. C. J. Withrow, secretary.

The following provincial vice-presidents were elected: Ontario, Dr. F. A. Dallyn; Manitoba, Dr. Douglas; Saskatchewan, Dr. McMillan; Alberta, Dr. Revel; British Columbia, Dr. Underhill; Nova Scotia, Dr. Hall; New Brunswick, Dr. Warwick; Prince Edward Island, Dr. Johnston.

PREVENTIVE MEDICINE.

It is officially stated that six thousand eight hundred babies die every year in Ontario; and it is estimated that at least three thousand

five hundred of these could be saved by proper preventive measures, mainly in feeding. The majority of deaths occur among babies who are not fed in the natural way. Enteritis and diarrhoea are the usual results. The utmost care should be given to the milk used for feeding children.

The Ontario Board of Health has paid special attention to the relationship between the fly and disease. The life history of the fly goes to show that it is a potent factor in the spread of disease. Every effort should be put forth to destroy its breeding-places, and to prevent it reaching food.

The exhibit of the Ontario Board of Health gave much attention to tuberculosis. As the result of the efforts made at prevention this disease has been markedly reduced. The reduction has been at least 25 per cent. In portions of Britain the reduction has been as much as 50 per cent. of the former death rate from the disease.

Another disease that has had its wings greatly clipped is typhoid fever. It is well known that, for all practical purposes, this is a water-borne disease. Keep infection out of the water supplies and there will be little trouble from the disease. The good result of efforts along this line is shown in the steady fall in the typhoid fever rate, especially in the large city centres. Some years ago Toronto was full of it every fall, whereas now it is a rather rare disease.

Other work which the Provincial Board of Health is doing consists in the manufacture of anti-typhoid vaccine, and its free distribution to the soldiers. The beneficial effects of anti-typhoid vaccination are to be seen in the fact that out of 807 cases of typhoid in the British expeditionary force, of which 128 resulted fatally, only 22 of the soldiers who died had been vaccinated with the typhoid antitoxin. All of the soldiers who leave Ontario for the front are given this treatment to prevent typhoid fever.

DEATHS IN THE PRESENT WAR.

This war differs from all previous wars. The disease incidence is low, while the deaths from wounds are numerous. Not less than 25 per cent. of the wounded ultimately die. This is unusually high, and is explained by the fact that Germany employs a very large number of high-explosive shells, which cause severe wounds, with much shock and laceration, and that the shells are poisoned by various chemicals so as to set up inflammation and lead to infections of some sort.

In the American Civil War the Northern army lost 43,000 from wounds and about 250,000 from disease. During the Spanish-American

War the United States lost 968 by battle and 5,000 by disease. In the Boer War twice as many perished by disease as by the wager of battle. In the Crimean War disease caused three out of every four deaths.

The mortality in this war is very high. In the recent first and second Balkan Wars it has been estimated that the death rate from all causes was 140 per 1,000 engaged in the war. It will run much higher in this war. Australia has sent 76,000 to the front, and recently it was stated that over 3,000 had been killed, and over 9,000 wounded. Of the wounded at least 2,500 will die, giving a total of 5,500 or 7.88 per cent., as the result of about four months campaigning on the Dardanelles. This would be a mortality rate of over 200 per 1,000 for a year's operations. Up to 21st August Britain lost by killed in action 75,957, and the wounded numbered 251,058; and a fourth of these will die. This would raise her death losses up to 140,000. During the year from 10th August, 1914, to 21st August, 1915, there would not be more than an average of 500,000 engaged in France and Belgium. This would yield the terrible death rate of 280 per 1,000.

THE VALUE OF BONE PLATING IN ARMY SURGERY.

Dr. H. S. Souttar, one of the surgeons in the Belgian army, writes of his experiences as follows:

"Among all the cases which came to us certainly the most awkward were the fractured thighs. It was not a question of a broken leg in the ordinary sense of the term. In every case there was a large infected wound to deal with, and as a rule several inches of the bone had been blown clean away. At first we regarded the cases with horror, for anything more hopeless than a thigh with six inches missing is difficult to imagine. After some hesitation we attempted the method of fixation by steel plates, which was introduced with such success by Sir Arbuthnot Lane in the case of simple fractures. The missing portion of the bone is replaced by a long steel plate screwed to the portions which remain, 'demonstrating,' as a colleague put it, 'the triumph of mind over the absence of matter.' The result was a brilliant success, for not only could the limb be handled as if there were no fracture at all, to the infinite comfort of the patient, but the wounds themselves cleared with great rapidity.

"We were told that the plates would break loose; that the screws would come out; that the patient would come to a bad end through the violent sepsis introduced by the presence of a 'foreign body' in the shape of the steel plate. But none of these disasters happened, the cases did extremely well, and one of our most indignant critics returned

to his own hospital after seeing them with his pockets full of plates. The only difficulty with some of the patients was to induce them to stop in bed, and it is a fact that on the night of our (Antwerp) bombardment I met one of them working downstairs, leaning on a dresser's arm, ten days after the operation. And this brings me to a subject on which I feel very strongly, the folly of removing bullets. If a bullet is doing any harm, pressing on a nerve, interfering with a joint, or in any way causing pain or inconvenience, by all means let it be removed, though even then it should never be touched until the wound is completely healed. But the mere presence of a bullet inside the body will of itself do no harm at all. The old idea that it will cause infection died long ago."

This demonstration of the great value of plating will put all theories to the contrary to rest. Here we have the proof.

HAMILTON'S NEW HOSPITAL.

The corner-stone of Mount Hamilton Hospital was laid on 24th September by his Honor Sir John S. Hendrie, Lieutenant-Governor of Ontario. The Mayor, Controllers, Aldermen and Hospital Governors were present. Mr. T. H. Pratt, chairman of the Board of Governors, presided. He explained that after a good deal of discussion the mountain site had been agreed upon.

Sir John expressed his gratitude at the honor that had been shown him by the Governors and the city in being requested to perform this duty. He, as Mayor of Hamilton, knew what important work had been done at the City Hospital, and congratulated the Governors upon it. He stated that Hamilton's hospital was different from many others in respect to its upkeep, the city paying for this instead of its being done by private subscription. He congratulated the city upon the site that had been chosen, and said it was one of the finest in Canada.

Mayor Walters congratulated the Governors upon the choice of site, and the hospital staff upon the work they had done. He hoped that the poor as well as the rich would be always welcome at the institution, as without the spirit of Christ being in it the place would be a failure.

Hamilton is to be congratulated on the start made towards the erection of an up-to-date hospital. It has long been known that the old hospital had outlived its usefulness. On the high site chosen the purity of the air is assured; and the spacious grounds will permit of new buildings as demand arises.

THE MENTAL STATUS OF THE HOHENZOLLERNS.

The present upheaval in Europe has set medical men athinking, and one of the results is some attention has been given to the mental stability of the Hohenzollerns, to which house the present Emperor of Germany belongs. One of the most critical studies of this subject has been made public from the pen of Dr. Cabanès, of Paris, who is noted for his medico-historical researches.

The dynasty really began with Frederick William, who reigned from 1640 to 1688, and called himself Duke of Prussia, Margrave of Brandenburg, and Arch-Chancellor of the Holy Roman Empire, and many other titles. He was very ambitious and ever on the grasp for power.

He was succeeded by his son, Frederick, who was the first to assume the title of King of Prussia—putting the crown on his head with his own hands. He had a passion for ceremonies of all kinds. One of his great regrets when he died, in 1713, was that he could not witness the pageant of his own funeral.

He was followed by Frederick William I., who lives in the pages of Carlyle. He ruled his family and all who came under him with relentless brutality, and on one occasion could hardly be restrained from putting his son to death with his own hands. He was noted as the meanest and stingiest man in Europe; yet he spent large sums in kidnapping tall men wherever he could find them and putting them in his guards, and then made great efforts to secure large women as wives for these in order that he might raise up a race of giants. As he grew older he became more and more irritable and had epileptic fits and attacks of mania.

Following him we have Frederick the Great, a man of marked ability, but without moral principle. He had absolutely no regard for oaths, agreements, or friendships. Everything had to go that stood between him and his object. He was a thorough freebooter. He did much for Prussia, but on methods of shameless trickery and downright robbery. He was mean and brutal like his father, but with more ability. He directed in his will that he was to be buried among his favorite dogs to show his contempt for mankind. He kept himself incessantly busy to escape the melancholy that ever haunted him; and he was constantly scribbling verses of poetry.

He was succeeded by his nephew, a conceited visionary, and full of crude superstitions. He encouraged all sort of mystics in his country. During his reign the weird performances of secret societies reach high-water mark. The King sometimes attended these mystic ceremonies in disguise, and it is said that the excitement of them hastened his end, which occurred in 1797.

His successor was Frederick William III., simple but weak-minded man, almost lacking in will. He died in 1840.

Then we have Frederick William IV., who said that he would never allow a "scrap of paper," that is, a constitution, to stand in his way. He sought to combine feudalism and absolutism. The troubles of 1848 upset his reason and for the latter ten years of his life he was mad.

His son, William I., was proclaimed Emperor during the Franco-Prussian War of 1870-71. He was a very weak man, and the only evidence of intelligence he displayed is to be found in his leaving the affairs of state of Bismarck and Moltke. His main occupation was changing his uniforms a number of times a day.

Frederick III. was amiable and honest. He had nothing of the Swaggering Prussian. His reign was very brief, but had he been spared he might have given a different trend to public thought.

He was followed by his son, the present Kaiser. Cabanès states that he is constantly striving to keep himself in the limelight and posing for the admiration of the world.

Dr. Cabanès calls them a dynasty of degenerates; and he has made good his position by the study of each member of the family who has been called to the throne.

MEDICAL STUDENTS AND THE WAR.

Sir,—Contrary views have been expressed, and on account of this uncertainty I have been asked by several students to obtain an authoritative statement from the War Office. These students are quite willing to become recruits if their services are needed, but they do not like the idea of being forced to do so later if, and when, universal service is adopted, while they have a chance now of joining the forces voluntarily. I therefore wrote to the Secretary of State for War and ventured to express my own opinion that medical students, like munition workers, should not be called upon to go to the front, for medical men will be urgently needed in the future for both civil and sombatant population.

King's College, London,
August 16th.

W. D. HALLIBURTON.

[COPY.]

Dear Sir,—Lord Kitchener desires me to say in reply to your letter of the 1st inst. that it is advisable for medical students in their fourth and fifth years to continue their studies, with a view to qualifying as soon as possible. The War Office would be unwilling to suggest that junior students should be discouraged from taking combatant commissions.—Yours very truly,

W. D. Halliburton, Esq.
11th August, 1915.

H. J. CANDY,
Private Secretary.
—*Brit. Med. Jour.*

ORIGINAL CONTRIBUTIONS

TUBERCULOSIS AND THE BACTERIOLOGY OF EVERYDAY LIFE.*

BY SIR JAMES GRANT, K.C., M.G., F.R.C.P. (Lon.)

President and Chief of Staff, General Hospital, Ottawa.

MR. PRESIDENT AND GENTLEMEN,—It is a gratifying circumstance that the present serious war has not prevented this important meeting of the Canadian Public Health Association, so closely in touch with the happiness and prosperity of our people. I am pleased to state I have just completed a survey of the entire Dominion, from Victoria to Halifax, and more recently through New Ontario and the mining districts of Sudbury, North Bay, Cobalt, Porcupine and Haileybury, and most grateful to report a decided decline of fully twenty-five per cent. in the death rate from tuberculosis since the formation of the Canadian association for the prevention of that disease. This is indeed a most gratifying result of the fifteen years of labor of the association. This marked change for the better is due to a combination of circumstances. 1st. The education of the masses, by a flood of literature, in slips and pamphlet form, from the Dominion Government chiefly, how to detect this disease and the steps necessary to counteract its influence. 2nd. No less than nine institutions have been formally opened for the treatment of tuberculosis since the annual convention held in Ottawa in 1913, all of which are doing excellent work. 3rd. The excellent service of the Dominion Government to prevent the spread of tuberculosis through milk from infected cows. 4th. The housing problem, as vigorously advocated by the Conservation Commission against overcrowding, and the adoption of sanitary improvements generally. 5th. A great and serviceable advance is the domiciliary visits of district nurses of the various orders now in active operation. 6th. The merited assistance of the press in Canada in stimulating the fresh-air life movement for our young generation. 7th. The marked advance in the scientific diagnosis of tuberculosis is a characteristic of the present-day life-saving to a great degree. 8th. The preventoria and open-air school movement are advances in keeping with the progress generally in lessening the spread of tuberculosis. 9th. The establishment of tuberculosis dispensaries is a well-timed advance in the treatment of that disease of a most commendable character and thoroughly practical in the results. 10th. Tent treatment of tuberculosis, and country air. Highly

* Read at the meeting of the Ontario Health Association.

advantageous in all such cases. 11th. In regard to carriers of disease our ideas have changed materially within the past few years, the outcome of laboratory work and the epidemiological study of disease. Malaria, measles, influenza, cholera, diphtheria, typhoid fever, cerebrospinal meningitis, poliomyelitis and tuberculosis, in all of which air is considered a chief vehicle of infection, and even the virus of smallpox is known to have been carried a mile or more from the hospital by the air, and sufficient to infect persons at that distance. What is more natural than that the air, which bathes disease, should prove a direct means of infection. 12th. The thorough examination of food products by veterinary experts in the chief meat establishments of Canada.

As a carrier of disease the house-fly is known to-day to play a very conspicuous part. For fully a quarter of a century, holding these views after presence at large meetings, church assemblies, public street cars and such like, I sponge the face, wash the hands, and carefully rinse the mouth with ordinary water to remove as far as possible, on return to my home, any latent bacteriological action which might develop disease. This simple process I feel confident has added years to my life.

The able lectures of our worthy secretary, Dr. Porter, have contributed much valuable information to the public in chief centres of Canada, thus helping on a noble duty in tuberculosis.

There are occasional difficulties in diagnosis as well as in treatment of tuberculosis. Trials are sad and tests often unsatisfactory, and yet much good has been accomplished. A snap diagnosis is not a safe procedure. Great care and close observation are necessary to prudently estimate the force of the entire facts of each case. Errors in diagnosis occasionally result from the presence of chronic infective endocarditis associated with broncho-pneumonia, low fever and debility, diagnosed as pulmonary tuberculosis, at times a difficult problem, even with the presence of petechial spots.

The opinion arrived at in the present day by expert leaders in pulmonary disease is that for the next ten years of our lives practice in the refinement of physical diagnosis will not do much harm to either patient or physician. My father, Dr. James Grant, of Glengarry, over forty-five years in active practice, remarked to me as a student of medicine, when a case of cough turns up, with even slight hæmoptysis, "look out for trouble; this is not usually a bleeding from the throat of no significance."

The next important feature is the presence of "fine rales," which are frequently the first physical indications to diagnose, but not hopeless, as many such cases make an excellent recovery, much depending on early treatment.

Errors in diagnosis will occur, and in the ablest hands, such as in cases of hypernephroma, with lung metastasis, even where severe cough and loss of flesh; certain lung indications, favor a diagnosis of tuberculosis. How frequent in hospitals are cases of old mitral stenosis linked with hæmoptysis, and bronchitis tabulated as serious cases of tuberculosis?

I feel confident the outlook of tuberculosis, in a social sense, is decidedly improving, the result of better housing, cleaner streets and more perfect sewerage.

A chief medical problem before the profession is the early diagnosis of pulmonary tuberculosis. Lesions of the lung are what we are looking for, the required evidence for immediate action, and treatment.

This disease is so insidious and frequent too great care cannot be exercised in defining its presence. In tuberculosis there are conditions yet undefined, and the task is one of quiet and patient observation to arrive at a correct diagnosis, not at present considered complete without the X-ray record of screen, and plate, conveying fluoroscopic and radiographic findings. In the words of the great Pasteur, "Our duty to do good only ends where our power to do good fails."

The medical profession stood to their guns, and irrespective of any personal gains embraced every opportunity to lessen human suffering arising from tuberculosis.

Metchnikoff, successor of Pasteur, recently announced that the death rate in Europe from tuberculosis at present was reduced fully twenty-five per cent.

In conclusion I trust I will be pardoned in suggesting that our Toronto medical friends, participating in tuberculosis, should form a Lænnec Clinic and thus shed fresh light on this important problem, in which the present death rate was greater than in the armies of the world now in sad conflict.

THE WORK OF THE OBSERVATION HOSPITAL FOR MENTAL CASES.*

BY HARVEY CLARE, M.D.

STATISTICAL investigations have shown that in the older European countries the proportion of people suffering from psychoses is to the total population as 1 to 250; someone has said 1 to 280. In Ontario the population at the last census was two million five hundred thousand,

* Read at the meeting of the Ontario Medical Association, Peterborough, May 27th, 1915.

and at the close of last year we had six thousand residents in the Hospitals for Insane. This figures out 1 in 420. You will see by these figures that our newer country has not the same proportion of mental diseases, or rather if we have, that many cases of mental disease are not being treated in the hospitals. In the last annual report, published by the Inspector of Hospitals for the Insane, we find that 1,337 new cases were admitted during the year. You will see from this that the medical practitioners in the Province of Ontario had during the year to decide on the mental condition of those 1,337 cases, and they probably also had as many cases whom they knew were suffering from mental disease, but because of the character of the illness and the circumstances at home, the doctor considered that they could be treated just as well at home.

This is a big responsibility laid on the physicians of the Province, and I wish to-day to draw the attention of the members of this association to what we in the Hospitals for the Insane may do to help in this work, and at the same time to ask that your help may be given to us.

In the first place, when you send a patient to the Hospital for the Insane for treatment, we can guarantee to you to-day that he will be given good and scientific treatment. He will be treated carefully and kindly; records of his case will be kept, probably more completely than in any other kind of a hospital.

All cases that come will be placed under the care of a trained female nurse. The Ontario Government has established a training school for nurses in our hospitals. The course of study and lectures are at least equal to that of any other hospital. It is a three-year course, and to those of our graduates who are suitable for positions of trust we arrange for a post-graduate course. All our nurses in the Toronto Hospital for the Insane are either graduates or undergraduates. We have at the present time sixteen nurses who have graduated from our own school, and who have taken the post-graduate course, and this year we have forty-five nurses taking the various examinations of the different years, and added to this a probationary class of about twenty. I draw attention to this fact because away back in the dark ages the impression was prevalent that patients in the asylums were treated harshly and sometimes abused. The public mind seems to retain this impression, and I know many people yet who think that when a patient is admitted to the Hospital for the Insane that he need hope for nothing in the way of sympathy or kindness. In fact, we often receive applications for nurses, both male and female, in which the applicant states that he or she is strong and able to defend himself or herself from the attacks of the patients. At the present time restraint of any patient in a hospital

in Ontario is prohibited by law. Straight-jackets, muffs, straps, restraining sheets, and so forth, are never used. Every male patient that comes into the Toronto Hospital for the Insane is sent to a ward and placed in the care of female nurses. There is no exception to this rule, and we have not found a case in the last three years that women could not manage. There is no need for abuse, for force or for harshness. Our patients are the same as other people. When treated kindly and reasonably they respond to that treatment.

Concerning the medical care of the patients, I can say that the Department of our Government that controls our hospitals has encouraged us in every way. We have well-equipped laboratories in each hospital. We do our own Wassermann's, our own Widal's, and the various tubercular tests. In short, we do all the ordinary laboratory work that is done anywhere in the country. Records of this work are kept on file. When a patient comes to us we try to get the family history and the personal history. We try to find out everything about him; what he has been from his birth; how he developed when a child; how he got along at school, and how he got along at his various occupations. We try to form an estimate of his character previous to his mental illness. We then make an attempt to sum up his present mental condition, and in this way we measure the amount of change that has occurred in that man's mental health. These records are kept, and day by day new notes are made. During the first few weeks of his residence, or possibly for months, the patient is kept in bed, and complete charts are kept by the nurses. In these charts notes are made of the usual items, such as temperature, pulse and respiration; the movements of the bowels, amount of urine, etc. Also the exact amount of diet that he takes, and how he takes it; his conversation, and any peculiar actions such as twitchings and grimaces, his conduct towards the other patients and towards the nurses. After these charts have been kept for a period of some weeks it is a comparatively easy matter for anyone to go over his case and decide what is best to do with this man. There was a time when it was thought that if a man was once admitted to the asylum that this was his end; he never came out again. At the present time we believe that idea is wrong. During the past year we discharged from the Hospitals for the Insane in Ontario 612. These 612 people went home under the care of the family physician again. If you will consider for one moment that each year six or seven hundred people are going out of the Hospitals for the Insane into this Province you will see that there are several thousand people now taking care of themselves, and getting along in the outside world, who were at one time resident in the Hospitals for the Insane. The duty now devolves upon

the medical men of this country to arrange for the admission of 1,500 people and also to direct the home care and treatment of six or seven hundred additional cases each year who have been discharged. We can help in this care by facilitating the admission of patients to the Hospitals for the Insane. This we attempt to do, but as this is a legal matter there are certain forms that must always be complied with. We can help you by taking in patients in the same way that they come to other hospitals. The law of Ontario arranges that we may take a voluntary patient.

Nearly any case of mental disease, if taken early enough, will come by himself to the hospital asking for treatment. We get a great many cases of this kind now, and we try to encourage this form of admission, because we can do more for the patient who gives us his confidence than we can for the patient who is compelled to come to us, and who feels that he is being unjustly treated in being detained in the hospital. We can also help you by giving you the results of our investigations. It seems to me that it would be a great help to us, to you, and chiefly to the patient, if the hospital physician and the family physician would only work together. We could furnish you with the results of our laboratory findings, with the psychic analysis, with a report on the conduct of the patient while in the hospital. We could consult with the family physician before the patient is sent home, and have his home surroundings arranged for him.

Many times patients discharged from the hospital have to return at once, because the people at home do not know how to receive him, how to treat him, or because the conditions at his home are so incompatible with his mental condition, that it is impossible for him to stay there.

Now I have promised that we can give the patients sane, scientific and sympathetic treatment, and in addition we can do three things for you:

- (1) Give the privilege of voluntary admission.
- (2) Where this is not practicable, we can facilitate the admission of suitable patients by getting in touch on the telephone.
- (3) We can give the doctor the results of our study of the case in return for the help he has given us by sending a complete history of the case.

But there are some things that we would ask from the family doctor in return.

- (1) That the case should come to the hospital early. It is a most hopeless condition when the patient comes along with a history of having been peculiar for the last four, five or six years. In the manic de-

pressive cases, if they come early the attack can often be aborted. In cases of exhaustion psychoses, if the patient comes early his life may be saved, and I think I am safe in saying that 99 per cent. of the exhaustion cases, if treated outside the regular Hospital for the Insane, will die within two weeks. In cases of dementia præcox, the early treatment is the only treatment that is any good. After the psychosis is well established the personality is changed and it is just as impossible to restore him to his normal condition as it would be to change a Chinaman into a Negro. The symptoms of dementia præcox are plain and easy, and if recognized early the man may be restored in a certain degree.

(2) You may also give us a full history of the case. It is important that we should get an exact idea of the kind of people his mother and father are, their peculiarities, how they live, their view of life, if this child is the same as the other brothers and sisters, if he was as bright at school as the rest, or if he was always a little peculiar, what changes were first noticed and what were the first changes in his disposition. The diagnosis of a case depends upon how the case developed. The end stages of all forms of mental disease are pretty much the same. In seniles we get dementia, in paresis we get dementia. The end stage of dementia præcox is dementia. The epileptic will finally show all the symptoms of dementia, and when this condition develops in any form of mental disease, it is hard for us to either diagnose a case or to do anything for it.

(3) The doctor can also educate the public and the friends that the patient will be taken care of in the hospital, that he is sent there because he can be better taken care of there than he can be at home. He can explain to the friends that the people in the Hospital for the Insane are human beings and not monsters, that they do not punish and persecute the patients.

(4) You can help us again in discharging patients into the care of the friends by keeping track of them, by letting us know how they are getting along, by reporting if the home conditions are suitable and congenial. It will certainly help the patient to know that somebody is taking an interest in his welfare.

(5) You can help us if you will do all in your power to discourage the use of the words, "crazy, lunatic, and asylum." These words seem to carry with them the echo of the dark ages. They all have unpleasant associations, they are unnecessary, and it is just as easy to speak of a sick man or of a hospital and not try to differentiate between the respectability of one form of illness and that of another.

Unfortunately there is an idea prevalent that it is a horrible dis-

grace to have a member of your family treated for mental symptoms. The friends and even the doctor will come along and say, "I think it is just his nerves, just a nervous breakdown, I don't think he is crazy." I cannot see where it is any disgrace for an old man or an old woman to lose his memory, to become clouded, confused and restless. I cannot see why anyone should blush, because a poor woman when working hard, raising a small family, trying to keep house and doing work enough for three or four people, should break down, become exhausted and show signs of delirium. Her secretory and excretory organs are all deranged and her condition is a simple matter of physiology. Other forms of mental disease are the same. Teach the people that the hospitals are for the care and treatment of these people, that the original purpose is to try to cure disease, that the hospitals are not places of confinement. Remember that when the rich man becomes worried, feels himself failing, or becomes exhausted, he is recommended to take an ocean voyage; to go to Muskoka for the summer, or to Clifton Springs. He has all sorts of sanitariums and summer resorts at his disposal, but think of the poor man's wife who is over-worked to a much greater degree and who has nowhere to get away from the strain and worry and anxiety that are attacking her, and who has no bright spot in the future, and upon whom the cloud of despondency is settling; when she breaks down what do you advise her to do? Our ideal is that we shall have a voluntary admission system, that our hospitals shall be the poor man's sanitarium, that we shall get the incipient cases, that we shall gain the confidence of the people, and in this way be of more use to them.

We want the people of this Province to know that we have hospitals supported and maintained in which the over-worked, the worried, the confused, and the despondent will always find rest and relief.

We want them to understand that the hospitals are maintained by themselves, that in these hospitals they will always find sympathy and encouragement. That they will always find abundance of rest, sleep, sunshine, milk and eggs, for, after all, these are the basis of the treatment of all forms of nervous and mental diseases.

In closing I want to draw attention to an experiment that has been made in Toronto. We have the use of one building of the old General Hospital group, and in that building we can accommodate forty-five patients. We call this the "Reception Hospital." It is used for the reception and observation of incipient and suspected cases of mental disease. Anyone who has a case that has given him worry may send his patient there without being certified to as insane. In fact, we have a great many voluntary patients, and many who come tell us that if they had only know of this place they would have come here long ago. In

some cases a mother brings her daughter for treatment, or a man may bring his brother. The hospitals send us many cases, and the police bring along those who they pick up on the street and whom they suspect of some mental peculiarity. These people come to our place, remain for periods varying from one week to two months, then we are in a position to advise them as to what should be done. If a case is well developed or an old case of mental disease, we send him on to a regular Hospital for the Insane. Although we have accommodation for only forty-five patients, still in ten months we have admitted 466, and of this number 166 have been sent on up to Queen Street Hospital for the Insane. We have at present in residence 45 patients, so you see that there must have been a balance of 255 people discharged.

This little hospital has proven a great help to us, as it enables us to get in touch with a great many early cases. We can study them and advise the friends as to what should be done. Our greatest difficulty is that an attempt is being made to fill us up with morphia cases, alcoholics, feeble-minded children, and with many young men from good families who have got into the police court for various troubles. Naturally their friends are quite convinced that the boy who has forged a note should go to a hospital and that there must be something wrong with his mental condition. We believe that this hospital is the beginning of a real up-to-date psychiatric clinic, where all classes of mental illness will be taken in, studied scientifically, given benefit of the best medical aid, and we hope to make our present little hospital so successful that before long other Reception Hospitals or psychiatric clinics will be opened in the various centres of the Province.

MORPHINE SCOPOLAMINE NARCOSIS IN LABOR.

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SINCE the publication by Dr. Gauss, in 1906, of his grst series of cases of morphine scopolamine narcosis in labor many other observers have recorded their varying experiences with this form of treatment. First taken up throughout Europe, the early reports were mostly unfavorable. Among the men unable to confirm the good results of

* Read at the meeting of the Ontario Medical Association.

Gauss may be mentioned Steffens, Leopold, Hocheisin and Veit in Europe, as well as many of the prominent obstetricians on this side of the Atlantic. On the other hand, Kronig, Zweifel, Berute and Newell were able to report very favorable results with the method. Sir Halliday Croom in 1909 was so pleased with his results in 62 cases that he gave as his opinion "That there can be no question that in morphine scopolamine we have an efficient means of controlling the pain of labor and one that is practically safe when ordinary precautions are taken." Freeland and Solomons published very fair results of a series of 100 primiparae in 1911, and Corbett, from the General Lying-in Hospital, London, got similar results in a small series of 20 cases in the same year.

Despite the adverse reports of his opponents, Gauss continued his experiments, and in 1907 published a report of 1,000 cases, supplementing it recently by a critical study of over 5,000 cases. Nevertheless, the method was very little used for the next six years, but recently there has been a renewed interest in the subject, especially on this continent, with the result that far more favorable reports are continually being published.

In September of last year Harrar and McPherson gave their results in 100 cases from the New York Lying-in, which were very satisfactory. At the same time A J Rongy reported 125 cases from the wards of the Jewish Maternity and Lebanon Hospitals, 83.2 per cent. of which showed complete amnesia, 7.2 per cent. analgesia without amnesia, and 9.6 per cent. were failures. 15.2 per cent. of the babies showed oligopnea, 3.2 per cent. had some degree of asphyxia, and there were three dead babies, one a premature with spina bifida, one with subdural hæmorrhage, and one from neonatorium. His opinion was that "The comparative safety with which this drug may be used in competent hands not only justifies but compels every obstetrician to give this form of treatment a fair trial." W. H. M. Knipe, in October of last year, gave a good resume of the Freiburg method, and at the same time reported 41 cases with very satisfactory results. In discussing this paper, Dr. Scadron mentioned 250 cases which he had under observation and in which he found the results excellent. In March of this year Wakefield reports his experience with 40 cases, all in private practice under ideal conditions, in which his results were most gratifying. Indeed, he said: "I would just as soon consider performing a surgical operation without an anæsthetic as conducting a labor without morphine scopolamine amnesia." A few weeks ago Polak reported 155 cases with only three failures and no fetal mortality. At the same time Beach, his associate, analyzed a thousand cases collected in the United States in which he

comes to the conclusion that we can get about 85 per cent. of painless labors by this method, that there are certain definite contra-indications and that its disadvantages are slight and become less with experience.

Last July we began this work in the wards of the Toronto General Hospital, where we are still carrying it on. We had expected to report 100 cases at this meeting, but owing to the departure of Dr. Gallie for the front, we are only able to give our results with 80 patients. Our early cases were both private and public, but the added work due to the absence of so many men from the hospital have resulted in all the later ones being only those in private practice, as we found it impossible to give the time for proper supervision to any others. The results, however, of these later cases are a great deal better than those early in our series, possibly partly on account of added experience, but also to a great degree due to the fact that the conditions surrounding private obstetrical cases are a great deal better for the proper conduction of this method of treatment.

When beginning our work the drugs first used were scopolamine hydro-bromide as put up by Poulenc Freres in aseptic glass ampules containing .0003 grms. of the drug. We also used morphine hydrochloride put up by the same firm in ampules of .01 grm. On the outbreak of the war we found it impossible to renew our supply of these drugs. After trying the products of several firms, we finally employed the tablets put up by Burroughes Welcome & Co., each containing 1/100 gr. There is apparently considerable confusion regarding the question of the identity of scopolamine and hyoscin. The B.P. and the U.S.P. give them as identical. Chemically they are, but investigation has shown that alkaloid exists in three stereoisomeric forms: dextro-rotary, lævo-rotary, and a racemic form. The lævo-rotary substance is said to act more strongly on the peripheral nerve endings, and this is the drug to which the term "scopolamine" is applied. This form is found in both the scopol and hyoseyamous plants, but is liable to be converted into the other, more inert form, in the process of manufacture. We have been assured that the tablets we are using contain the lævo-rotary drug, and certainly our results are as good as those we obtained with the product used at first.

The action of scopolamine is said to be chiefly upon the central nervous system, quieting the cerebral centres without apparently influencing the contractility of the uterus. It has no power to relieve pain, but tends to produce sleep, disorganize the higher centres and takes away from the patient the ability to correlate events.

The method of giving these drugs aims not at abolishing pain, but only the memory of pain. The patient when in the proper condition

dozes between her pains to awaken more or less with each contraction of the uterus, during which time she will give various indications of suffering, only to again lapse into a condition of light slumber immediately the contraction ceases. She feels the pain, but does not remember the last one, nor will she remember this one by the time the next arrives. In the words of Gauss, "She perceives, but does not apperceive." To get such a result there are several absolutely essential conditions. The room must be both dark and quiet, the patient must not be unduly disturbed, the drugs must be given according to the individual susceptibility of the patient and always with the minimum dose for that individual. This absolutely means that it is hopeless to use the drugs in combination. The greater number of unfavorable reports are undoubtedly due to this fact; that by the use of tablets containing both morphine and scopolamine an overdose of morphine was almost certain to be given and an overdose of scopolamine very likely to be. The patients were narcotized and were taken far beyond the stage of true twilight sleep, either to again come completely out of the effects of the drug before the birth of the child, or else to have an asphyxiated baby.

Our first dosage consisted of .01 grms. morphia and .00045 grms. of scopolamine. In half an hour the patient is shown some familiar object, and in half an hour more, if she still remembers having seen this object, she is given .00015 grms. of scopolamine. With our first few cases we did not recognize when our patients were properly under, and many of them with this second or at any rate with the third dose of scopolamine received .005 grms. of morphine. Our dosage now, using the tablets, consists of an initial dose of morphine $1/6$, and scopolamine $1/150$ of a gr.. This is followed in an hour or an hour and a half by $1/200$ or $1/300$ of a gr. of scopolamine, but no more morphia. From then on the dosage depends entirely upon the patient, but usually consists of doses of $1/400$ of a gr. of scopolamine, and never exceeds $1/300$ of a gr. The morphia is only repeated in very rare cases of long continued amnesia or in a few cases in which the patient gives evidence of becoming unduly excited, and then the dose is never more than $1/12$ gr. In testing the memory it is sometimes found that the patient will recollect the name of the object last shown her, but on continuing to question her one may discover that she does not know the day or even the month, and simply this one, unusual event, has remained in her memory. Such a patient, of course, is in the proper condition of amnesia.

Results that one may expect are four kinds: First, one may get a soporific effect which is obtained in nearly every case; second, analgesia may be obtained without amnesia; third, complete or partial amnesia, which is the ideal result; and fourth, a certain percentage of cases will

show no effect. When the treatment is started the patient should be in labor, having regular pains at intervals of about five minutes or less, and should not be so far advanced that one expects her to be confined inside of three hours. The initial dose is given, and if the patient be intelligent she is told that we wish her to try and sleep between her pains, and that she can do much to help us. This is important, and helps to explain the better results obtained in private practice among the more intelligent type of women. She is left undisturbed for half an hour and we then find her somewhat sleepy, with a flushed face, dilated pupils, usually thirsty, but with a clear memory and an undimmed consciousness.

She will often tell us, however, that the pains are somewhat less severe in character. She is shown some object and is again not disturbed for half an hour. At the end of this time if she is mentally clear and her memory is good, the second dose is given. If, however, we find that she is losing the power of uttering lengthy sentences in a coherent manner, we do not give the second dose, even though she remembers all that has taken place. After the second dose has been given the patient is watched carefully but quietly, and in from half to one hour many of them are found to be in the desired condition, sleeping soundly between their pains, but moaning or crying out during them, when they will tell you that your treatment is not a success. If you question them between pains about the ordinary events in their lives one soon discovers that though questions will be properly answered by yes or no, the patient is unable to carry on any conversation in a rational manner, and that she has no memory of recent events. It then remains simply to keep her in this condition. This is done with very small doses of scopolamine given when required, and knowing when they are required is a matter of experience.

It is occasionally found that patients become very restless and on attempting to control them they may become exceedingly so. Most of these cases, however, do perfectly well if left absolutely alone and quiet, but any attempts at restraint only magnify the excitement a hundred-fold. A sharply-spoken command is often sufficient to compel your patient to lie back in bed when an attempt to force her to do so would lead to a struggle. In rare instances it may be necessary to give another very small dose of morphia to such a case. We have had no case, however, which required an anæsthetic on account of excitement.

As the end of the second stage is approached, there is no object in repeating the dose of scopolamine, for now the same result may be obtained with a small amount of ether or chloroform, and there can be no objection to giving the latter at this stage in our endeavor to give

our patient a painless delivery. A large proportion of our series, however, have been in such condition at the end of the second stage that they required no anæsthetic, and we look upon this method as being a means of giving the patient during the first stage of labor the relief that was formerly only allowed her in the latter stages.

In our experience, the use of this method in many cases appears to shorten the first stage of labor, certainly it does not lengthen it unless given in a case of uterine inertia. The second stage, however, appears to be slightly lengthened, especially if the patient has been a little too deeply under, for then bearing-down efforts are abolished. A slight delay in the second stage is not always a bad thing, especially in the case of a primipara. If, however, it appears to be unduly lengthened, a small injection of pituitary or a little pressure on the fundus is usually all that is required.

After delivery these patients usually sleep for two or three hours, and then awaken with no recollection of what they have gone through, and are incredulous when told that their baby has been born. They look well and they feel well, and one of the most striking results in a successful treatment is the absolute loss of any exhaustion following confinement. Undoubtedly the most trying part of a hard labor for most women is not so much the actual physical pain, as it is the shock and nervous exhaustion that come from lying for hours knowing as soon as one pain is over that another at least as bad is certain to follow in a few minutes. All this is saved in morphine scopolamine narcosis, and in going through the wards the day after delivery it is striking to see the difference in the appearance between the patients who have had and have not had this form of treatment.

In estimating results, one has to be careful that things are not laid at the door of this method, which are really the ordinary accidents of obstetrical practice. As an example, some time ago a public ward case came to the hospital, and apparently was a suitable patient for this treatment. On examination, however, it was discovered to be a breech presentation, and as the patient was a primipara she was not given the treatment. The baby was born without the slightest bit of difficulty, and yet three hours afterwards it suddenly died from an unknown cause. Had we carried out our treatment it would undoubtedly have been blamed for the death of this baby. So also in the case of a baby dying shortly after birth following this method, in which we had some difficulty in obtaining permission for an autopsy. Yet on getting that permission we discovered a torn tentorium and an extensive intracranial hæmorrhage.

Our results may be tabulated as follows: Out of a total of 80 cases we have had good results in 60, as well as in 2 which were not carried through to completion. Thirteen cases we report as fair results, 10 of these showed partial amnesia and the other three analgesia without amnesia. We had 5 cases that were failures; one was delivered in an hour and a half and did not have time to go under the influence of the drugs. The other four cases had from two to six doses of scopolamine with apparently very little effect. The patients reached us at various stages of labor, and the average duration of treatment was six and a half hours, the shortest being one hour and the longest 37 hours. Sixty-three babies cried at once, 10 babies showed a certain amount of oligopnoea. It is interesting to note that five of these were from cases that had two doses of morphine, and one of them was born within two hours of the initial dose. Four babies were more or less asphyxiated, two of these were persistent occipito posterior cases, one of them being delivered with forceps; the third one was from a case having two doses of morphia, and the fourth baby died on the third day from intracranial hæmorrhage. There were three still-born children, one was a breech case in which the arms were extended and delivery of the after-coming head was slow and difficult; the second baby at autopsy revealed a torn tentorium, and this case had only had morphine $1/6$ and scopolamine $1/100$, with a subsequent dose of scopolamine $1/200$; the third baby, which died 15 hours after delivery, was a case in which baby, placenta, and a considerable amount of blood clot were born together. We had nine forceps deliveries, all of which were in primiparæ, three of them being occiput posterior positions. Eight cases had one dose of scopolamine, 27 had two doses, 25 had three doses, 14 had four doses, 2 had five doses, 2 had six doses, 1 had seven doses, and one had 10 doses. Twenty-five cases were given two doses of morphia, but these were for the most part early in the series.

One case developed a severe type of mania four days after delivery from which she recovered in a week. She gave a history of having had previous attacks. One case, clinically a perfect result and a normal delivery, one vaginal examination, and no tear, developed a pelvic thrombophlebitis, for which she was eventually operated upon and from which she recovered.

Notes of a few typical cases might be of interest.

The first is that of an elderly primipara with a slowly-dilating cervix. Mrs. C., para 1, aged 38. Labor began at 7 p.m. By 5 a.m. patient extremely nervous, pains very strong and both she and her relatives were insisting that "something be done," yet the cervix would only admit two fingers, was very thin, dilating slowly, and there were no fore-

waters. At 7 a.m. patient was given morphine $1/6$, scopolamine $1/150$. In 25 minutes she was sleeping between pains, her memory was gone and she required nothing more until 10 a.m. She was then given scopolamine $1/300$, and though she made considerable fuss with her pains she remained irrational, and was only given the third dose of $1/300$ at 1.30 p.m. At 3.30 p.m. the cervix was nearly dilated, and the fourth dose of $1/400$ was given. At 4.20 the patient was delivered normally, without a tear, and the baby cried at once. She got a little C. and E. during the last moments. Patient slept till 7 p.m. and on being awakened thought it was still morning and was only with difficulty convinced that her baby was born. This case, without morphine scopolamine, would likely have resulted in a manual dilation of the cervix. Certainly it would have ended with the forceps.

The second is of a case showing a good result in a short labor. Annie A., aged 19, para. 1. Labor began at 1 a.m. At 8.55 p.m. patient was very noisy, and the cervix half dilated. She was then given morphine $1/6$, and scopolamine $1/100$. At 10.10 the patient was quiet, but her memory not gone, given scopolamine $1/200$. At 11.15 the cervix was fully dilated, patient was somewhat irrational, and scopolamine $1/200$ was given. Normal delivery at 12.30, baby showing a slight degree of oligopnoea. Patient slept till 5.30, and when awakened remembered nothing after the first injection.

The third case illustrates analgesia without amnesia. Mrs. T., para 3. At 3.20 p.m. cervix was half dilated, patient given morphine grs. $1/6$, scopolamine $1/150$. At 4.30 p.m. she said the pains were slight, but there was apparently no loss of memory, given scopolamine $1/200$. At 5.20 p.m. the memory was still good, given scopolamine $1/200$. Normal delivery 6.05 p.m., baby crying at once. Patient remembered the whole course of labor, but said that after the first injection the "felt dead from her waist down." She was quite certain she had had no pain after the first injection, and wondered at herself bearing down. She had no anæsthetic for delivery.

The next case illustrates the difficulty of judging the condition of some of these patients. Mrs. S., aged 25, para 1. Patient of Professor Watson's. Labor began at 6.00 a.m. The pains did not get strong until 6.00 p.m., when the cervix admitted one finger. At 7.00 p.m. she was given morphine $1/6$, scopolamine $1/150$. At 8.00 o'clock the patient was apparently going under, but at 9.00 o'clock assured Dr. Watson, who visited her, that she had had one injection and that the pains were easier. She was apparently so fully conscious that she was given scopolamine $1/200$, which carried her along till 12 o'clock, when she was given scopolamine $1/300$. She was delivered at 2.30 and when

awakened at 5 a.m. would not believe that her baby was born, and was quite positive that she had never seen Dr. Watson from beginning to end of labor.

Our work so far has led to the following conclusions:

(1) Morphine scopolamine amnesia yields excellent results in a large proportion of cases of labor when properly carried out.

(2) Success depends upon proper surroundings and a close supervision of the case. It is not a method that lends itself to general practice outside of the hospital, on account of the time required on the part of the doctor and the difficulty of obtaining the proper environment.

(3) As in other methods of anæsthesia a given operator's results will improve as his experience increases.

(4) It is not necessary to give more than 1/6 gr. of morphine at the initial dose and it is very rare that any morphine has to be given subsequently.

(5) Cases have to be individualized and the minimum dose should be given to each.

(6) The contra-indications are uterine inertia, wasting diseases, and conditions likely to demand sudden operative interference.

(7) We do not think that the method should be commercialized by promising it to any particular patient who asks for it. We simply tell our patients that if suitable cases they will be given it. We cannot be sure that a given case will come to us early enough or that she will react to the drugs.

(8) Cases that do not respond to at least the third dose of scopolamine should be allowed to go along without any further attempt to put them under.

(9) Babies that show oligopnoea respond very quickly to a hot bath. This also we have found to be the best treatment for those cases that do show asphyxia.

TREATMENT OF POISONING BY MERCURY BICHLORIDE.

W. A. Hall (in the *Old Dominion Journal of Medicine and Surgery* for February, 1915), it is stated, recommends in corrosive sublimate poisoning gastric lavage, followed by the administration of egg albumin, which is to be removed soon after. The following solution is then to be given for every two grains (0.12 gram) of mercury bichloride which the patient is supposed to have taken:

℞ Potassii iodidi	gr. vii½ (0.476 gram)
Quininae hydrochloridi	gr. iv (0.26 gram)
Aquæ	ʒiv (120 c. c.)
M. et ft. solutio.	— <i>N. Y. Med. Jour.</i>

CURRENT MEDICAL LITERATURE

THE MENTALITY OF THE KAISER.

A question much debated at the present time is the mentality of the Kaiser. There are some who have won the right to be regarded as authorities of the mind who have not hesitated to express the opinion that he definitely insane. This is not a novel view. Long ago a German scholar discovered many points of resemblance between him and Caligula; and in the *North American Review* for October, 1904, the well-known psychologist, Dr. McLane Hamilton, wrote that in the history of the Hohenzollerns "it is not difficult to find a distinct insane trace which in times more remote found expression in cruelty, oppression, and unmistakable insanity of other kinds, or in recent times by a mental degeneration which is strikingly exemplified in the present German Sovereign." "His childhood and youth," it is added, "were characterized by peculiarities of conduct that may safely be said to be psychopathic, while his early manhood was punctuated with frequent instances of decidedly insane behavior which have become more conspicuous and continuous." In a further article which appeared in the same *Review* for June of the present year, Dr. McLane Hamilton repeats the opinion expressed in his previous paper, and declares the Kaiser to be "a menace to the world, for the reason that he not only has shown the exceedingly bad judgment that belongs to those who are mentally inferior, but has delusive ideas of grandeur and consequent power of persecution and conspiracy." His enmity towards England is said to be especially unbounded and morbid. Dr. Hamilton concludes with the following prophecy: "In these civilized days theatrical display and the warlike methods of Attila, 'the scourge of God,' may for a time succeed, but when a madman directs the conduct of war, it can only end in defeat."

Another distinguished American psychologist, Dr. Morton Prince, has devoted a book to a study of the sentiments and obsessions of the Kaiser. He finds the secret of his psychosis in a fear of democracy because of the danger with which it threatens himself and his house. This, he says, is a subconscious phobia that "induces a defence reaction of an intensely emotional character, which aims to direct his activities in a direction that will protect him against the danger of democracy." For this he relies upon his soldiers, whom upon a famous occasion he called upon to be prepared at his command to shoot down their parents and brothers in the street.

Recently there appeared a review of a history of the Hohenzollerns

by Dr. Cabanès, one of the subtitles of which is "A Dynasty of Degenerates." In presenting this work to the Académie de Médecine, Professor Landouzy, dean of the Paris Faculty, expressed a strong conviction that the Kaiser is suffering from the mental degeneracy which is the fate of men invested with sovereign power, whose will no man disputes and no law controls.

For our own part we feel that we are not in a position to express so positive an opinion on the mental state of the German Emperor. Although the literature that has gathered about his name would form a considerable library, we place little reliance on the gossip of courtiers, which is either flattery inspired by flunkeyism or malicious misjudgment. The facts are too few to warrant a definite verdict on the mentality of the Kaiser, and such information as we have comes from doubtful or tainted sources. But there is enough in his megalomaniac proclamations about his "destructive sword," and his alliance with the "old God" of the Prussians, to justify us in pronouncing him a man of abnormal mind. History, which has been described as philosophy teaching by examples, shows the effects of the "degeneration of the neurone" in the members of families of what Othello calls "men of royal siege"; this is illustrated by the decadence of the Caesars. We do not altogether agree with Dr. Cabanès in regarding the Hohenzollerns as a "dynasty of degenerates." Although there have been among them remarkable instances of eccentricity and even distinct mental aberration, there have, on the other hand, been examples, such as William I. and Frederick III., of perfect sanity, though neither exhibited any conspicuous intellectual power.

William II. has a superficial brilliancy which was entirely lacking in his two immediate predecessors, but his pretensions to universal knowledge and especially to artistic skill, have made him a laughing stock among his own countrymen. A picture which he called "The Yellow Peril," and which he sent to the Czar at the beginning of the war in the Far East, is said to be suggestive of insane art. He has excited the indignation of the sculptors and architects of Germany by tampering with their designs and plans. But such eccentricities do not justify us in calling a man insane. All that can be said is that in the Kaiser are exhibited some of the evil consequences of unrestrained power wielded by hands incapable of guarding the forces which the doctrine of "the right divine of kings to govern wrong" has by the accident of an accident placed in them. Human nature at its best cannot resist the demoralizing effect of absolute power; and a man of mediocre intellect necessarily falls a prey to exaggerated ambition when his own conceit and the intoxicating incense of a nation which bows the knee before him

makes him fancy himself a demigod. Never before in the world's history has the truth of the words of Horace, *Quid-quid delirant reges plecutuntur Achivi*, received a more terrible proof than in the present war. But it is one of the miseries of our human lot that the madness of kings which sends millions of men to death for the gratification of their lust of dominion does not come within the category of certified insanity.—*British Medical Journal*.

THE TREATMENT OF FLATULENCE.

Dr. Herman Eichhorn, of New York, writing in the *New York Medical Journal* of 4th September, remarks as follows:

Flatulence may be considered first, in the acute, severe form, often called meteorism, and met with in the acute fevers as pneumonia, typhoid, etc.; or post-operatively in abdominal surgery. Here the best treatment is a thorough cleaning out of the gastro-intestinal tract with small repeated doses of calomel followed by salts, turpentine stupes, the use of the colon tube, soapsud enemas, and what is not to be forgotten, treatment directed to the primary disease of which meteorism is only a symptom.

Then we have, secondly, the more or less chronic form of flatulence, which often taxes our therapeutic measures. To treat this symptom (for it is not a disease) intelligently, we must know the cause or take into consideration the disease of which it is a symptom. Let us consider the stomach first. Too much gas in the stomach may result from aerophagy, usually coming on in hysterical patients after a sudden shock or emotional disturbance. This is best treated by gaining the confidence of the patient, explaining the cause to him, putting him on no diet, but letting him eat everything, giving bromides and general sedative treatment, and removing, if possible, the cause of the nervous disorder.

Gaseous fermentation in the *stomach* sometimes takes place in marked atony and dilatation or in pyloric obstruction with retention and stagnation of food contents with a consequent putrefaction and fermentation. For this condition in dilatation of the stomach, daily lavage with antiseptics such as boric acid, resorcin, and salicylic acid, together with carbolic acid and charcoal by mouth, will give relief. But where there is pyloric obstruction, only surgical intervention with a gastro-enterostomy will help.

The gastro-intestinal form of flatulence is the commonest one we

are called upon to treat, and is accompanied by fluid or semi-solid stools, which are sour with many bubbles of gas; microscopic examination shows that the starch is not digested. Since the bacteria of fermentation are normally in the intestines, we must logically put most reliance on diet, as very little can be accomplished with antiseptic drugs. At first, place the patient on fat and proteid food and for a few days exclude as much carbohydrate as possible. Begin with bouillon, beef tea, eggs, tender chopped meat, lean beef, chicken, butter, oil, and plenty of water. Then gradually add crackers, toast, zwieback, vermicelli, well-cooked rice, and cream of wheat, and lastly add vegetables. Particular care should be taken to prohibit potatoes, pastry, turnips, carrots, celery. Vegetables containing a good deal of cellulose are especially to be avoided. Milk is to be given carefully and watched for its effect as it contains lactose which undergoes fermentation.

As far as drugs are concerned, if there is constipation use a laxative, the choice depending on the individual case. In mild cases carminatives are more or less useful, such as caraway seed, anise seed, peppermint, asafetida, sassafras, etc. A useful combination is strontium bromide, grains x; charcoal, grams v; milk of magnesia, one dram, to be taken three times a day after meals. The colon tube, which stimulates the contraction of the intestinal musculature and therefore the expulsion of the gas, and enemata medicated or plain, have their proper use.

Lastly we have flatulence due to chronic intestinal stasis. Sir Arbuthnot Lane certainly has opened up an interesting field worthy of further study. The inflated ileum and duodenum will yield to measures directed to the correction of the stasis, suitable, small, often repeated meals, massage, exercise, posture, Russian mineral oil (now a good American product must be used), some abdominal support and in the most desperate cases the scalpel of the skilled surgeon to straighten out the kinks or overcome the mechanical obstruction.

TRANSPLANTATION OF A PIECE OF TIBIA TO REPLACE THE HUMERUS.

Girard, in *Revue médicale de la Suisse romande* for July, 1914, reports a case in which a piece of tibia comprising nearly one-half the thickness of this bone, covered with its periosteum on both surfaces, was used to replace the left humerus, almost all of which had been removed for a tumor involving all of the bone, including the head,

down to the lower epiphysis. The latter alone was allowed to remain. A diagnosis of chondrosarcoma had been made in this case, owing to the rapidity with which the tumor had grown in the last few months; microscopically examined sections, however, showed the growth to be a pure chondroma. In operating, the upper extremity of the transplanted section of bone was rounded off, to facilitate movement at the shoulder joint, and covered with a portion of the synovial membrane which had been preserved. The insertion of the deltoid muscle was, moreover, fixed to the transplant by a double circular ligature and also sutured to the periosteum. The tendons of the supraspinatus, pectoralis major, and latissimus dorsi were similarly attached to the bone at their normal levels. The transplant was fastened to the lower epiphysis with silver wire. Healing took place by first intention. Four weeks after the operation the patient could already execute slight movements of the arm at the artificial scapulohumeral point; four weeks after that, movements of anterior and posterior elevation and of abduction had become easy and the muscles were increasing in bulk.—*N. Y. Med. Journal.*

TREATMENT OF FLATULENCE.

Dr. M. B. E. Sutton, of Brooklyn, writes thus:

As flatulence is usually caused by constipation, decomposition, or fermentation or biliousness, the treatment consists in removing the cause, proper dietetics, and overcoming the fermentation or decomposition.

Removing the Cause. If due to constipation, give an initial dose of castor oil; after the bowels have moved, give the following:

℞ Tincturæ belladonnæ	2.00
Fl. ext. cascara sagrada	30.00
Fl. ext. rhei	30.00
Fl. ext. glycyrrhizæ	30.00
Glycerini	30.00

M. Sig. One dram before each meal. If condition is chronic, continue for six to eight weeks, gradually reducing dose.

Dietetic. 1. Eat slowly and thoroughly masticate food.

2. No fluids for one hour before and two hours after meals; only six ounces of fluid with meals.

3. Skimmed milk only for a few days, then gradually permit strained soup, boiled onions, Brussels sprouts, spinach, cauliflower, potatoes, bread and butter (sparingly), asparagus tips, green corn, green peas. As desserts give stewed prunes, figs, stewed rhubarb, baked apples, ripe peaches, oranges, and pears; add beef, lamb, and game sparingly.

4. One glass of cool water on arising, one hour after meals, and one glass at bedtime.

PANCREATIC INFANTILISM.

Byrom Bramwell records (Reprint from *Edinburgh Medical Journal*, May, 1915) a case of pancreatic infantilism due to defective or arrested pancreatic secretion, and associated with chronic diarrhoea, which was cured by the administration of pancreatic extract, and he gives reference to other cases which have been recorded since he first drew attention to the condition as a definite clinical entity in 1902. The characteristics of pancreatic infantilism are arrested bodily and sexual development, chronic diarrhoea, flatulent distention of the abdomen, and arrested or defective pancreatic secretion, probably due to chronic pancreatitis, the intelligence being good without signs of either mental defect, deformity of bones, or visceral disease. In some cases the chronic diarrhoea and infantilism are completely cured by the administration of pancreatic extract and by that treatment alone. The disease is extremely rare. The patient, a youth aged 18½, had the appearance of a boy of 10, being only 4 ft. 4⅛ in. in height, and weighing 4 st. 7½ lbs., the bodily development having been apparently arrested at the age of 10. He was perfectly formed and mentally bright and intelligent. Skiagrams showed that the epiphyseal lines, which should close between the 16th and 18 years, were still unclosed. There were no signs suggestive of cretinism, no inherited syphilis, and no suspicion of rickets or tubercle. He averaged five or six copious, liquid, yellowish-brown stools in the twenty-four hours, and the pancreatic secretion was shown to be defective or completely absent by three separate tests. One drachm of Armour's liquor pancreaticus with 1 drachm of a glycerine extract of steapsin was administered three times daily, and this, with a milk diet for three months, constituted the only treatment, which commenced at the end of 1901. During 1902, 1903, and 1904 the patient took the medicine regularly (except during the autumn of 1902) three times daily, and during 1905 and 1906 twice daily. From 1907 to 1914 inclusive he has been quite well and has not taken the medicine at all. In March, 1915, he reported ten years of good health, regularly at work as a tailor. His height now is 5 ft. 3 in. (an increase of 10⅞ in.), and his weight, stripped, 7 st. 13 lbs. (an increase of 3 st. 5½ lbs.), and during the past nine years his bowels have been very regular, averaging one formed motion a day. Before treatment the patient had not grown at all for eight years, but after treatment he began growing, and the sexual development, which was formerly quite infantile, gradually became complete, the patient losing his child-like appearance, and developing a manly voice. Notes of five similar cases reported by others are given, together with notes of two cases of infantilism associated with diarrhoea which were not pancreatic in origin,

one associated with anæmia and cured on its removal, and the other with dilatation of the stomach, absence of free hydrochloric acid, and recurring attacks of severe gastric tetany, the infantilism disappearing under gastric treatment.—*British Medical Journal*.

HEMOPTYSIS DUE TO HIGH TENSION.

F. de Havilland Hall (*London Lancet*), describes a group of cases which drive home the conclusion that in certain cases of hemoptysis the cause is to be sought in the condition of the vascular system rather than in pulmonary tuberculosis. It is most important from the patient's point of view that this condition should be recognized, as a different line of treatment is required in the hemoptysis due to high tension. The author advises inhalation of nitrite of amyl at the time of the hemorrhage, with low diet, and not too much liquid. When the bleeding has been arrested, then attempts should be made to regulate the patient's mode of life so as to reduce the high blood pressure. The prohibition of alcohol, the limitation of meat and salt, and a generally restricted diet are indicated. If the patient be engaged in business his hours of work should be abridged, and if the case be a serious one it may be necessary to advise that all work be discontinued for a time or even permanently. The skin should be kept active by means of warm baths, and a daily action of the bowels, a rather loose bowel movement being aimed at, should be secured. Drugs such as the iodide of potassium and lithium hippurate should be given, and an occasional dose of calomel or blue pill is most useful in lowering tension. By these means further hemoptysis may be prevented and the patient's life prolonged, but should apoplectic symptoms threaten prompt venesection should be carried out.—*Medical Record*.

LYMPHATIC LEUKEMIA.

R. A. Ireland, Charleston, W. Va.; W. A. Baetjer and J. Ruhräh, Baltimore (*Journal A. M. A.*, Sept. 11, 1915), report a case of lymphatic leukemia in a boy 10 years old. The blood picture in this case seems to justify the diagnosis of lymphatic leukemia in an aleukemic or pseudo-aleukemic stage, provided the clinic picture was reasonably typical. There were one or two features which seem a little unusual: First, the absence of anemia, except perhaps of a slight grade; second, the fact that all the lymphocytes were so mature and so typical morphologically and in their staining reaction. The following points certainly

suggest true leukemia: First, high per cent. of lymphocytes, 97.5; second, the large number of large lymphocytes, 30 per cent.; third, complete absence of platelets. The treatment was mainly iron and arsenic, the latter in the form of salvarsan and Fowler's solution. Ruhräh remarks that the diagnosis between an acute leukemia and lymphocytes due to infections may be exceedingly difficult. Whether or not the patient who has had a practically normal blood count for two years can be regarded as cured is open to question, but he considers this patient's condition as more nearly normal than any other case that has been described. In spite of the small number of cases reported in children, Ruhräh is inclined to believe that they are not so rare as thought. No doubt, many cases in the very young are overlooked because leukemia does not probably escape diagnosis, but if the blood is not examined an atypical case might easily be mistaken for something else. The disease may be exceedingly acute, four and one-half days being the shortest period from onset until death, or the disease may last for weeks or months. Ruhräh hopes that this unusual case will stimulate others to report single cases of leukemia in children with special reference to the therapeutic procedures, our knowledge of which is at present very unsatisfactory, and he also would urge the more frequent use of differential counts, especially when the examination must be limited.

THE BULGARIAN BACILLUS FALLACY.

The indiscriminate and empiric use of the Bulgarian bacillus as a therapeutic agent is condemned by Orvall Smiley, Indianapolis (*Journal A. M. A.*, Sept. 18, 1915). Its continued use, he says, produces a condition approaching acidosis, with increased blood pressure, deepened respiration, increased urinary output, sweating, digestive disturbances, aggravated constipation, and increased nervous irritability, all pointing to an increased acidity or decreased alkalinity of the blood. Within the last year he has seen a number of patients in this condition, and in some the symptoms were alarming. Three cases are reported. In his judgment, Bulgarian bacilli should not be given in any form of tuberculosis, cancer, diabetes, gastric hyperacidity, gastric ulcer, or to very old, infirm persons or those suffering from fevers or wasting disease or any form of toxemia. It should also be forbidden in cases of acetoneuria and to those who are to receive an anesthetic or who have received one, until all danger of acidosis is passed. The Bulgarian bacillus may be useful in suitable cases, but these are few and should be cautiously selected.

PERSONAL AND NEWS ITEMS

Hon. David Lloyd George has appointed a committee consisting of Sir George Newman, Sir Thomas Barlow, Dr. Arthur E. Boycott, Dr. Leonard E. Hill, Mr. J. R. Oliver, Mrs. Harold J. Tennant and Miss R. E. Squire, to consider and advise on questions of industrial fatigue, hours of labor, and other matters affecting the health and physical efficiency of workers in munition factories and workhouses.

Queen's Medical Faculty is hoping the British War Office will permit Lieut.-Col. W. T. Connell, at present with Queen's Stationary Hospital at Cairo, to return for the work of this session. It is most difficult to fill his position as Professor of Pathology and Bacteriology.

Sir Williau Osler recently spent a week among the Canadian hospitals in France. The condition of these institutions were found very satisfactory.

The wife of Dr. Walter S. Ferguson, of 831 Bathurst St., Toronto, died recently at the age of 51.

Mr. Donald Armour, the well-known surgeon of Harley Street, was the hero of a little incident that must be of interest to Canadians. A paragraph appeared in the press lately that he had been summoned some distance to perform an urgent operation on a soldier. He went at once, performed the operation, and travelled back to London, refusing to accept a fee.

Dr. H. J. Stephens, of London, a recent medical graduate of Western University, and manager of the University hockey and Rugby teams for the past two years, has been appointed medical officer of the 70th Overseas Battalion, being organized there. Dr. Stephens, who will have the rank of captain, was for some time a skipper on the Great Lakes, having had charge of some of the largest vessels in those waters.

Captain George Musson, M.D., now in France with the first Canadian contingent, has been appointed Medical Health Officer of Chatham in appreciation of his patriotism. Captain Musson, who succeeds the late Dr. W. R. Hall, will be cabled of his appointment and asked to name a substitute to act for him until his return.

It is stated that there is much reason to expect the Ontario Government will submit to the Legislature a measure increasing the percentage the University of Toronto receives from the succession duties; and, in this way, provide the extra revenue required.

The united patriotic fête held in Hamilton in aid of the Canadian hospitals in England and France realized about \$20,000. The pageant in the cricket grounds was a great success.

Dr. W. H. Montague, recently Minister of Public Works for Manitoba, was taken very ill a short time ago, when out boating with some friends at Kenora.

An appeal is being made in England for a site on which to erect temporary buildings for a Canadian convalescent hospital. It is proposed to build one which will accommodate at least 2,000 convalescents for the winter, this to include recreation buildings, special treatment buildings, etc. It is understood that an appeal is being made by friends of the Canadian soldiers for a site of some 30 acres for such a hospital.

Lieut.-Col. Herbert A. Bruce, A.M.C., of Toronto, who was ordered to France a couple of weeks ago, is now attached to No. 2 Canadian Hospital at Le Treport. It is understood that Lieut.-Col. Bruce will go later to Etaples. While in England he was at the Duchess of Connaught's Hospital at Cliveden and at Shorncliffe.

The local health authorities state that Hamilton's death rate for the past year is the lowest in Canada, and probably in America, being 10.9 per thousand of population. A total of 56 deaths from accidents and suicides is reported.

The late Mrs. G. A. Cox bequeaths \$1,000 to the Old Ladies' Home, Belmont Street, to the Home for Incurables, Dunn Avenue, and to the Haven, Seaton Street, respectively.

From the estate of Thomas A. Gregg, a Toronto journalist, one of the founders of *The Star*, who died at Alpena, Mich., April 2, 1915, \$2,500 is bequeathed to the trustees of the Hospital for Sick Children, "to found a cot in the City Hospital and the Toronto Island Hospital, to be known in each case as the Minnie Gregg cot, in memory of my dead wife."

Dr. G. Sterling Ryerson announces that he has resumed his practice at 66 College Street, Toronto, on 1st October.

Dr. Nelson W. Wilson, a prominent Buffalo physician, who attended President McKinley when he was shot, collapsed during the first act of "Common Clay" at the Republic Theatre, in New York, 30th August. He was dead by the time an ambulance surgeon arrived.

A tour of the Canadian hospitals in France has just been made by Lady Perley, accompanied by the matron-in-chief, Miss Macdonald, formerly of Montreal. Lady Perley expresses great satisfaction with the preparations made for the care of the wounded, though at the time of her visit the hospitals were not busy. She considers that the sites selected on the coast are admirable.

Dr. James Douglass, of New York, wrote to Queen's University authorities accepting the position of chancellor of the University. He

also forwarded his cheque for \$100,000 for the new library he is donating to the college. Dr. Douglass is not very well at the present time and for this reason he says that he does not know just when he can come to Kingston for his installation.

Hon. Dr. Roche, Minister of the Interior, who has been in Manitoba most of the summer, returned to Ottawa recently. Dr. Roche is in good health and quite recovered from his serious illness of a year ago.

As a result of the visit of Premier Borden to France the Canadian Government has decided to provide a hospital near Paris for wounded French soldiers. The decision will give pleasure not only to Canadians, but also to Great Britain and France, affording as it will a further demonstration of the reality of the entente cordiale between France and the British Empire. To French-Canadians the gift is of special interest, because the Government, having decided to equip the hospital, made a choice of a medical unit whose members will be able to speak the language of their patients. The hospital will be in charge of Col. A. Mignault. The Government has already given \$100,000 and the hospital is fully organized.

The University Base Hospital, which has been doing excellent work at Shorncliffe for some time, is likely to be transferred to France at an early date. The military hospital occupied by the university at present will probably be taken over by the Vancouver unit.

Sir James Barr recently wrote in the *British Medical Journal* to the effect that it might be necessary to apply to America for the doctors required for the army. Not less than 2,500 are required, and if they cannot be secured in America, and if the home doctors do not enlist, conscription may be necessary.

The Muskoka Free Hospital authorities have called for tenders for a new forty-one bed infirmary, to be erected immediately. In addition to this, contracts have already been let for three new pavilions, for fifty-seven patients in all. By these additions, the accommodation of the Muskoka Free Hospital will be increased by about one hundred beds.

In a statement he has issued with regard to Queen's Stationary Hospital, established at Cairo, Egypt, Dr. J. C. Connell, dean of Queen's Medical College, says that the Egyptian authorities declared it to be the best equipped hospital that has arrived there from France or Britain. It is the only hospital there with a laboratory and an expert pathologist, Queen's having sent Prof. W. T. Connell along with the unit to do that work. The wards are named after prominent donors. There are 480 beds in the hospital.

McGill Hospital No. 3 is now completed and in full operation. It has the most modern equipment possible.

Infant mortality rate in Toronto last year was 95 per 1,000 births. This is very low. During June, July and August only 79 were reported as having died of diarrhœal diseases.

The city orders for the admission of patients to the hospitals in Toronto were 1,800 in 1912; 3,000 in 1913; 6,600 in 1914, and 6,000 for eight months of 1915. Increasing depression is the principal reason for the growth in these numbers.

Dr. Richard P. Strong, head of the American Sanitation Commission to Serbia, states that the country is now practically free from typhus and typhoid fevers, and that it is not likely another epidemic will occur as the people now understand what preventive measures to adopt.

The wife of Col. Dr. J. P. Rankin, ex-M.P., of Stratford, died on 24th September, at her home.

Sir Peter Eade, M.D., F.R.C.P., consulting physician to Norwich and Norfolk Hospitals, died at Norwich at the age of 91. He was actively engaged in the affairs of life till a few days before his death. He was an eminent physician and wrote many articles on medical topics.

The new Cincinnati Hospital has been completed, at a cost of \$4,000,000. It has 65 acres of grounds, and is made up of 45 wards, with 900 beds.

Sir Felix Semon, the eminent London laryngologist, and attendant on the late King Edward, wrote a letter to *The Times* objecting to the German methods of war. For this his name has been struck off the list of the Vienna Laryngological Society. Sir Felix was German by birth, but a naturalized British subject. This is one more example of the truth of *facilis est descensus in avernum*.

The late Alfred Vanderbilt, who lost his life when the *Lusitania* was struck by a German submarine, was on his way to Europe to donate a large sum of money to Red Cross work for both sides in this great war. Are the German war lords capable of remorse?

Dr. Bailey, late Medical Health Officer, Moose Jaw, is now at Camp Hughes as officer attached to the 46th Battalion.

Regina General Hospital has let the contract for the installation of a laboratory, which will be used by the hospital and city.

Much interest has been taken in the raising of the money for the equipment of the Saskatchewan Military Hospital. Swift Current undertook to raise \$3,000, and other cities have promised liberal help. The doctors of Regina and district are contributing \$1,000, and for the whole Province \$10,000. The Government gave \$10,000.

The Osiris prize of the Institute of France has been awarded this year to Wedal, Gunlemesse and Vincent. The prize is worth \$20,000.

The Institute of France has decided to award a special prize to Sir Almroth Wright, the English bacteriologist, for the noted work he has done in this subject.

The following were recently licensed by the Saskatchewan Medical Council: H. G. Blesker, Cabri; M. H. W. Fizzell, Loverna; C. Molheur, Fielding; W. A. Reddick, Colonsay; W. M. Anderson, Prelate; J. A. Murrison, Kindersley; E. M. Carefoot, Abbey; P. O. Duval, Cutknife; J. B. Trudelle, Regina; H. C. Nixon, Regina; W. F. Hale, Broderick; R. M. Neilson, Quebec City, Que.; L. C. J. Wiig, Flaxton, N.D., U.S.A.; P. S. Bird, Willow Bunch; W. A. Weaver, Spy Hill; M. Shipley, Invermay; C. K. Whitelock, Limerick; H. Van de Srve, Sherwood, N.D., U.S.A.

The medical men of Hamilton have decided to purchase a machine gun.

Dr. Harry Morrell, (Capt.), of Regina, is acting bacteriologist to the Canadian Hospital at Cliveden.

Dr. J. W. S. McCullough, recently made a major, is still looking after the sanitary affairs of the camp at Niagara.

The civil service of Ontario in Toronto at a recent meeting, presided over by Dr. J. W. S. McCullough, decided to raise funds for a machine gun.

The Grand Lodge of the I. O. O. F. has donated \$1,000 for an Odd-fellows' Ward in the Ontario Government Hospital, to be located in England.

Dr. A. Haywood, assistant general manager, Toronto General Hospital, was operated on for appendicitis in London, England. He made a good recovery.

Dr. Ella Scarlett-Synge, of Vancouver, who organized the Women's Volunteer Reserve, has gone to Serbia for the purpose of introducing hygienic methods in the country. She hopes that the movement will spread in Canada.

There are three Canadian hospitals in connection with the military operations at the Dardanelles, namely, No. 1, under the charge of Col. McKee; No. 3, under Col. Casgrain, and No. 5, at Cario, under Col. Etherington.

The War Office has accepted the military hospital offered by Laval University. It will contain 520 beds.

Dr. D. E. S. Wishart, of Toronto, has been granted a commission in the R. A. M. C., with the rank of captain; Col. Dr. Hodgetts has been rendering most valuable service in connection with Red Cross work; and Major Dr. H. H. Burnham has been mentioned for distinguished conduct with the medical staff of the 2nd Brigade, Canadian Field Artillery. These are Toronto men.

CORRESPONDENCE

ENUCLEATION OF THE COLON.

Fare thee well! and if forever,
 Large intestine, fare thee well!
 Metchnikoff declares that I can
 Do without thee just as well.

Furthermore, he says, without thee,
 I shall live a longer life;
 Hurry then with anæsthetic;
 Hasten with the carving knife.

Soon, O useless large intestine,
 Where the germs of age do grow,
 You may meet with an appendix
 That I lost some years ago.

In the wondrous realm of science
 Such astounding things befall;
 Soon it may become the fashion
 To have no insides at all.

—Anon.

While pondering over the problem of raw surfaces left after colectomy done by the ordinary method, and struggling with the problem of the resulting adhesives, the picture of early days upon the farm in Ontario came before me, as I stood in wonderment watching my father remove the small intestine of a sheep with speed and dexterity that to my childish mind seemed marvellous, the thought flashed, "Why not try this method of 'stripping' with the large intestine?" Acting upon this suggestion, my experience has been more than satisfactory; in fact, so simple and expeditious in this method that I can recommend it. The greatest obstacle to the adoption of the principles suggested by Metchnikoff, and elaborated by Mr. Lane, has been the formidability of the operation of removal of the colon. With this simplified there should be a greater disposition upon the part of the profession to follow in the pathway blazed by the French savant and the London surgeon—a pathway along which many of us have subsequently walked with much satisfaction and gratitude.

Since many of the cases demanding colectomy are auto-septic, with vitality below par, it is advisable to make the sigmoid anastomosis previous to the removal of the colon, and reserve the colectomy for those cases in which a retroperistalsis develops, or those in which a satisfactory result has not followed the anastomosis. The percentage of these cases, we are beginning to find, is comparatively small.

Method. With the ileo-sigmoid anastomosis done, free the cæcum tigate arteries as they are encountered, split the peritomen over the ascending colon, stripping it back, and with it the longitudinal muscle or bands. The colon peels out of its bed as the peritonem is forced back with a sponge. There is usually not enough bleeding to require either ligature or clamp. This process is continued, tunnelling behind the great omeretum and down the left side of the abdomen as far as necessary. The ease with which this is accomplished, and the amount of colon that can be rapidly removed will surprise the operator in his first attempt. The traumatism is away from the sympathetic centres, and the shock of the operation practically nil.

ERNEST HALL,
Victoria, B.C.

ENFORCING QUARANTINE.

Editors *Canada Lancet* :

Sirs,—In your last issue of *The Lanset* I was pleased to read Dr. Laurie's article on "How Shall we Enforce a Better Observation of Quarantine." It is quite evident that Dr. Laurie has been a M. H. O. in a small town. No one could put the matter better, and also no one without the practical experience of a M. H. O. could state the facts so well. I was somewhat amused when I read this part of Dr. Laurie's letter: "I understand there are medical officers working for \$200, \$300, and \$400 a year." I know a M. H. O. in a town of 1,500 of a population who for ten years of service received the magnificent sum of \$25.00. Since that time this same town grants its M. H. O. \$15.00 a year. This is not an isolated case, as we know of others receiving a similar amount in Eastern Ontario. The only reason any doctor will accept the position of a health officer in a small town is that he believes it to be his duty and feels that he can be of some service to those amongst whom he lives. It is not human nature to work for \$15.00 a year, receive a heap of abuse, and lose ten times that amount through loss of practice. Usually the M. H. O. is not well supported by his brother practitioners in small places, but often receives injury and opposition at their hands. It is not an uncommon occurrence for a M. H. O. to lose the patronage of a family or families where he has instituted a quarantine for contagious disease, and his opposition M. D.'s will too often lend their aid in making his work as disagreeable as possible. I am satisfied that under the present system there never can be an efficient quarantine for contagious disease. Many lives are undoubtedly lost every year by our slack, inefficient method of quarantine, and this condition of things will continue indefinitely until a change is made. Dr. Laurie suggests the remedy,

and I most heartily endorse his idea of a county health officer. Every county, or in some cases even a smaller district, should have its M. H. O., and he should be paid a sufficient salary to enable him to live without engaging in general practice. An officer of this kind could do his work efficiently and without fear of losing his "bread and butter" thereby. The district M. H. O. of the present system is of little use. His district is too large and it is impossible for him to look after conditions in small places. He can only at best take a very general survey of the situation. As far as I can see there has been but little change for the better since these district officers have been appointed. Our Government is undoubtedly on the right track in dividing the Province into districts and appointing health officers over the same, but it should carry the system a little further, make the districts smaller and appoint more officers. If this plan were adopted the petty, ill-paid and often incapable M. H. O.'s of the small places could be dispensed with altogether. The present M. H. O.'s business in small places is a huge joke and would be amusing were the results not so disastrous. The lives and health of the people are at stake and it is highly desirable that a better system should be instituted. I am glad Dr. Laurie has called our attention to this matter. The Provincial Government can easily find out the weakness and inefficiency of the present system if they will take the pains to investigate. The advantages of having smaller districts and more health officers is obvious. Let us have capable men and let them devote their whole time to a district of such dimensions that they can properly look after and receive a decent salary for their services. Some counties might require two or more health officers and the county can well afford to pay them. Surely money could not be expended in a better way than in saving the lives of the people. A good capable M. H. O. would be a great boon to the community in the way of educating and instructing the people along sanitary lines. It would also be better for the general practitioner in the district, as he could at once inform the officer of any contagious disease, and thus get an often disagreeable proposition off his hands. The district officer could be called upon to investigate irregularities, institute quarantine in the same way that the M. H. O. in small places is now asked to do, and he can do so without fear of incurring the ill-will of anyone or losing anything by doing this work. Much more might be said on this matter, but it is quite clear that the system now in vogue throughout the Province is woefully inadequate and many lives sacrificed yearly that might be saved.

W. M. MARTIN,

September 16th, 1915.

Tweed, Ont.

OBITUARY

PETER GORDON MELDRUM.

Dr. P. G. Meldrum died at his home in Ayr, Ontario, last May. He was in his 59th year and graduated from Toronto in 1881.

A. D. McEACHRAN.

Dr. McEachran, formerly of Glencoe, Ontario, died in Detroit last July, aged 41.

WILLIAM D. SPROULE.

Dr. Sproule, at one time practising in Ottawa, died at Harlem, Montana. He was in his 32nd year, and graduated from Toronto in 1906.

JOHN H. MATHIESON.

Dr. J. H. Mathieson died suddenly at his home in St. Mary's, Ont. He graduated from McGill in 1871, and practised continuously in St. Mary's.

ISAIE CORMIER.

Dr. Isaïe Cormier, of Montreal, a graduate of Laval University, Medical Department, Quebec, in 1882, died suddenly, from acute indigestion, at his home on 17th August.

BOOK REVIEWS

FLIES AND DIARRHEAL DISEASE.

Publication No. 91, New York Association for Improving the Condition of the Poor.

The Bureau of Public Health and Hygiene of the New York Association for Improving the Condition of the Poor has issued a special

publication entitled, "Flies and Diarrheal Disease," descriptive of its three months' study in the homes of over a thousand infants in New York city on the relation of flies and diarrheal disease. Special attention has been given such influencing factors as dirt and artificial feeding, and their relative importance determined. A full description of the study with its important conclusions may be obtained by request from Philip S. Platt, Superintendent of the Bureau, 105 East 22nd St., New York, N.Y.

SIMPLIFIED INFANT FEEDING.

With Seventy-five Illustrative Cases. By Roger H. Dennett, B.S., M.D., Adjunct Professor of Diseases of Children, New York Post-Graduate Medical School; Attending Physician to the Children's Department, New York Post-Graduate Hospital; Assistant Attending Physician at Willard Parker Hospital and the Red Cross Hospital, New York. With 24 illustrations. Philadelphia and London: J. B. Lippincott Company. Canadian Agent: Charles Roberts, Montreal.

This very excellent work of 355 pages covers the field of infant feeding in a very satisfactory manner. The fullest directions are laid down for the preparations of foods and their administration. Explicit instructions are given for the management and treatment of digestive derangements in the child. Special attention is paid to diarrhœal diseases. The book is full of formulæ for the preparation of infant foods, and indications are laid down as a guide to whether these foods are suiting the case. All the indications of failing nutrition, growth and health are clearly outlined. The book is a most excellent one for the general practitioner to study, as so much of his work lies among the children.

PROGRESSIVE MEDICINE.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D., and L. F. Appleman, M.D. September, 1915. Philadelphia and New York: Lea & Febiger. \$6.00 per annum.

The subjects discussed in this issue are: Diseases of the Thorax and its Viscera, including the Heart, Lungs and Bloodvessels, by William Ewart, F.R.C.P., London; Dermatology and Syphilis, by William S. Gottheil, M.D.; Obstetrics, by Edward P. Davis, M.D., and Diseases of the Nervous System, by William G. Spiller, M.D. These sections are very ably written up by the various contributors, and give a very complete review of the progress recently made in these departments of

medical surgery and obstetrics. Progressive Medicine can be recommended as one of the very best of all the serial publications offered to the medical profession.

BREWER'S TEXT-BOOK OF SURGERY.

By George Emerson Brewer, A.M., M.D., Professor of Surgery, College of Physicians and Surgeons, New York; Surgical Director, Presbyterian Hospital; Consulting Surgeon, Roosevelt Hospital, assisted by Adrian V. S. Lambert, M.D., Associate Professor of Surgery, Columbia University; Attending Surgeon, Presbyterian Hospital; and by members of the surgical teaching staff of Columbia University. Third edition, thoroughly revised and rewritten. Octavo, 1027 pages, with 500 engravings and 23 plates in colors and monochrome. Cloth, net, \$5.50. Philadelphia and New York: Lea and Febiger, Publishers, 1915.

The thoroughness of the latest revision has added to the practical usefulness of a work which will be accorded general recognition as a complete presentation of modern surgery and a text of unusual lucidity.

The author is qualified to speak with authority and not less qualified from his teaching experience to present a difficult subject in the form best calculated to enlighten the student and sustain his interest. The new third edition stands as an authoritative presentation of advanced thought and approved practice in surgery. Prof. Brewer has succeeded in treating fully all essential aspects of surgery in a one-volume text-book which should lighten the burden of the student, and should be equally useful as a reference work for the surgeon or a guide to the practitioner who aims to keep in touch with the best practice.

The recent advances in surgery have been so great that it has been necessary to largely rewrite this work. The author has secured from members of the teaching staff of Columbia University, who have been in intimate touch with progress in these fields, chapters dealing with some of the most notable recent advances. This results in adequate and appreciative treatment, and at the same time increases the authority of the work and its didactic quality.

The chapters dealing with Hernia, Infections of the Hand, Cellulitis, Spinal Cord, Nerves, Head, Bone Infection and Shock, in particular, give evidence of the careful revision and the thoroughly modern viewpoint adopted. The size of the volume has been substantially increased. The illustrations, many of which are from Lumiere photographs of clinical conditions, are so selected as to assist greatly in the mastery of the text. After a careful examination of this edition, we can very cordially recommend it.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. Edited by H. W. Cattell, M.D., M.A., with the collaboration of C. H. Mayo, M.D., Sir W. Osler, Frank Billings, A. McPhedran and others. Vol. iii of the 25th series, 1915. Philadelphia and London: J. B. Lippincott Company. Canadian Agents: Charles Roberts, Montreal.

This volume contains nine articles on Diagnosis and Treatment, four on Pædiatrics, eight on Borderland Medicine, and four on Surgery. This volume maintains the high standard of the series to which it belongs. We have had the opportunity on many former occasions of reviewing volumes of this series, and always with distinct gratification at the high standard maintained. This volume is one more evidence of the extreme faithfulness of the editors to secure the very best for their readers.

MISCELLANEOUS

THE PAY OF SURGEONS IN THE UNITED STATES PUBLIC HEALTH SERVICE.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon. Passed assistant surgeons after twelve years' service are entitled to examination for promotion to the grade of surgeon.

Assistant surgeons receive \$2,000, passed assistant surgeons \$2,400, surgeons \$3,000, senior surgeons \$3,500, and assistant surgeon-generals \$4,000 a year. When quarters are not provided, commutation at the rate of \$30, \$40 and \$50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 per cent. in addition to the regular salary for every five years up to 40 per cent. after twenty years' service.

The tenure of office is permanent. Officers travelling under orders are allowed actual expenses.

ONTARIO'S HEALTH.

The Provincial Board of Health returns for August show a decrease in scarlet fever, diphtheria, typhoid fever and infantile paralysis, and

an increase in smallpox, measles, whooping cough and cerebro-spinal meningitis. All over there is a decrease in deaths of twenty-six as compared with last August, and in cases of almost a hundred. The comparative table is as follows:

Disease.	1915.		1914.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	39	0	6	0
Scarlet fever	53	2	71	2
Diphtheria	118	5	171	10
Measles	160	6	148	2
Whooping cough	101	5	52	5
Typhoid	52	6	126	10
Tuberculosis	85	59	124	72
Infantile paralysis	0	0	11	0
Cerebro-spinal meningitis	7	7	5	5
	615	90	714	116

TORONTO'S VITAL STATISTICS.

The Civic Health Department's report on contagious diseases for August shows a marked improvement over July of this year and August last year. Only five cases of typhoid fever have been reported during August, as compared with 28 for the corresponding month last year. The record is as follows:

	Aug., 1915.	July, 1915.	Aug., 1914.
Diphtheria	38	46	36
Scarlet fever	29	37	18
Typhoid fever	5	3	28
Measles	134	273	73
Smallpox	1	5	0
Tuberculosis	5	12	51
Chickenpox	7	25	3
Whooping cough	44	19	24
Mumps	5	9	7
Spinal meningitis	2	5	1
Infantile paralysis	0	1	5
Erysipelas	0	1	2

QUEEN'S UNIVERSITY MEDICAL GRADUATES.

The University of Queen's College, Kingston, has conferred the following medical degrees: M.D., C.M.—A. B. Earl, M.B., McDonald's Corners; J. H. Kemp, M.B., Rochester, N.Y.; F. L. Leacock, M.B., Merrickville. M.B.—E. J. Brennan, North Bay; N. L. Burnett, Springfield, Mass.; W. R. Grant, Sintaluta, Sask.; A. W. Trefry, B.A., Arcadia, Nova Scotia.

SIR JOHN FRENCH'S OPINION OF THE MEDICAL SERVICE.

"I have much pleasure in again expressing my warm appreciation of the admirable manner in which all branches of the Medical Service now in the field, under the direction of Surgeon-General Sir Arthur Sloggett, have met and dealt with the many difficult situations resulting from the operations during the last two months.

"The medical units at the front were frequently exposed to the enemy's fire, and many casualties occurred amongst the officers of the regimental medical service. At all times the officers, non-commissioned officers and men, and nurses carried out their duties with fearless bravery and great devotion to the welfare of the sick and wounded.

"The evacuation of casualties from the front to the base and to England was expeditiously accomplished by the administrative medical staffs at the front and on the lines of communication. All ranks employed in units of evacuation and in base hospitals have shown the highest skill and untiring zeal and energy in alleviating the condition of those who passed through their hands.

"The whole organization of the Medical Services reflects the highest credit on all concerned."

RESOLUTION RE SIR ROBERT BORDEN.

Before the Canadian Health Association adjourned a resolution was unanimously passed extending congratulations to the Right Hon. Sir Robert Borden on his safe return and warmest thanks for his able and philanthropic effort in establishing a hospital in France for the French, and for the assistance given by his Government in the first against tuberculosis.

MEDICAL PREPARATIONS

THE NEURASTHENIC INVALID.

Like the poor, the neurasthenic is "always with us," and while the stress and strain of modern life and living continue, the physician will be called upon to treat the more or less chronic invalid who exhibits all sorts of bizzare symptoms, in endless and kaleidoscopic variety. It is, of course, an easy matter to advise the physician to search out and remedy the operative cause of the disorder, but it is not always as easy to do this, especially when no organic changes are discoverable. While purely symptomatic treatment may be unscientific, it is usually essential, in order to gain and retain the confidence of the patient. There is, however, one pathologic finding in a large majority of cases, and that is anemia of greater or lesser degree. In some instances this may be found to be the essential cause of the neurotic symptoms. In any event, this condition should be corrected, and for such purpose there is no better remedy than Pepto-Mangan (Gude). When a hematinic is indicated for a nervous, cranky man, or a finicky, more or less hysterical woman, Pepto-Mangan is peculiarly serviceable, as the patient cannot consistently object to the taste, which is agreeable to every one. The digestion is not interfered with in the least, constipation is not induced, and the blood-constructing effect of the remedy is prompt and certain. It is always worthk of trial not only in the anemia of the neurasthenic invalid, but also in all conditions of blood and tissue devitalization.

THE VALUE OF GLYCO-THYMOLINE IN TREATING INTES- TINAL DISTURBANCES.

The condition of the alimentary canal in all disease of that tract is one of either congestion or depletion of the villi.

Auto-infection follows a condition of depletion, and while this condition is not the direct cause of the "self-poisoning," the restoration to normal conditions would undoubtedly prevent septic absorption.

The condition in diarrhœal diseases is one of stasis, with a great amount of exudation of serum, the villi being greatly distended.

In either case a return to normal conditions is most readily effected by an agent producing an exosmotic action—in the one case to deplete and in the other to promote the exudation necessary to wash out the intestines and prevent auto-infection.

That Glyco-Thymoline will do this effectively has been demonstrated time and time again—and many clinical reports from many physicians testify to its great power as a curative agent in all such cases.