

Western Canada Medical Journal

A MONTHLY JOURNAL OF MEDICINE
SURGERY AND ALLIED SCIENCES

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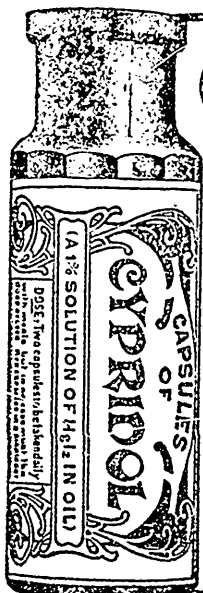


WINNIPEG, CANADA

VOL. III.

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Western Canada Medical Journal

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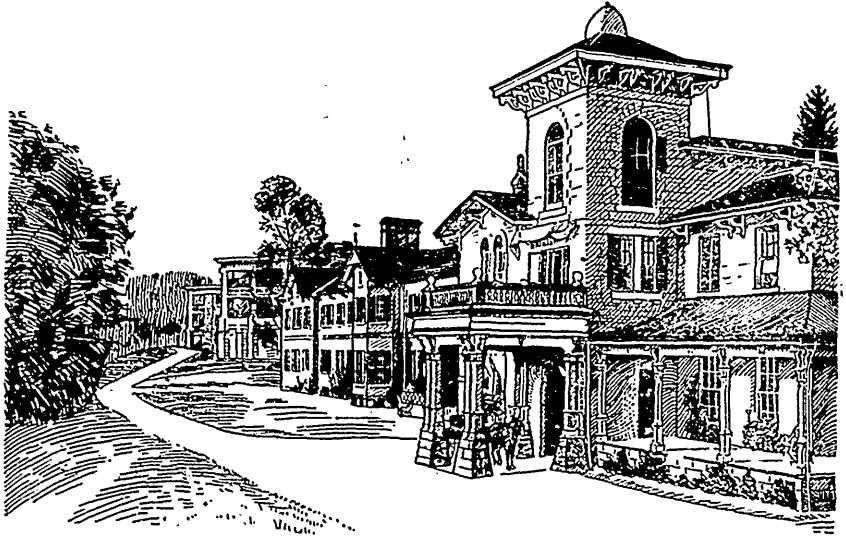
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WESTERN CANADA MEDICAL JOURNAL

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Papers Read Before the Manitoba Medical
Association, 1909

THE PLACE AND WORK OF THE SANATORIUM

BY

D. A. STEWART, M.D.

WINNIPEG, MAN.

The sanatorium for the treatment of consumption is really a modern institution, though the temple of Aesculapius over which Hippocrates was Medical Superintendent, about 400 B.C., with its breezy situation on a plateau overlooking the sea, its graded walks to springs in the sheltering hills, its open corridors and its outdoor games for convalescent worshippers—or patients—might well have served, as it not unlikely did serve, for one. Here and there down the ages exceptional men saw glimmerings of light upon the treatment of phthisis, but the sanatorium in anything like its present form began in 1840 with George Boddington, an obscure country practitioner of England. Prejudice, which went the length of persecution, soon compelled him to close its doors, but in 1855 Dr. Henry MacCormac, of Belfast, took up the idea, and, inspired by these two Britishers, Brehmer began his great work in Germany in 1859. In 1884 Dr. F. L. Trudeau opened on a very small scale the first American Sanatorium.

With ever increasing rapidity the movement has grown, and with it has grown every other part of the anti-tuberculosis cam-

paign. Of sanatoria, "preventoria," and kindred institutions, Germany has now 340, Great Britain 100 and the U.S. 298, while Canada has 11 with 440 beds. That is, Canada has a sanatorium of some sort for each half million of her population, or each 4,000 of her acutely tuberculous population; a sanatorium bed for every 1,400 people, or one-ninetieth of a bed for each acutely tuberculous case.

It can scarcely be said, therefore, that Canada is meeting the whole need, or dealing adequately with the whole problem by means of sanatoria. Indeed sanatoria, while they are everywhere among the earliest and most important agencies, do not meet the *whole* need anywhere. Let it be said with all emphasis that the opening of one sanatorium in Manitoba—or half a dozen for that matter—does not solve our whole problem, but just begins the solution. No more hopeful single step could be taken, but we need many more. We need very much greater alertness among the members of our profession with regard to tuberculosis, its diagnosis and cure, a constant and untiring campaign of education among the laity, iteration and reiteration, in season and out of season, of hygienic truths and the pointing out as persistently of hygienic sins peculiar to our country, free dispensaries in cities and towns, hospitals for the care of all late cases that can be brought to them, sanatoria for the treatment of early cases, and wise, moderate laws, well enforced, aimed at the control of human and animal tuberculosis.

The opening of a sanatorium for the arrest and cure of early cases is much in itself, but still more in that it is a feature—a spectacular feature—of the opening of a campaign.

I am sure I do not need to describe in detail to medical men the constitution and workings of a sanatorium for consumptives, so seize this opportunity rather to discuss a few related questions, some of which have been known to become vexed questions between the sanatorium and the profession at large, questions as to the essentials, the advantages and disadvantages of sanatorium treatment, the kind of cases received and the kind not received, and some general results which should follow from the opening of a sanatorium.

The treatment of consumption in a sanatorium is no new special method, but just an application of the best methods before

the profession, helped by all obtainable advantages and hampered by the fewest disadvantages, and, therefore, with the best results. Modern treatment, it may be said, was worked out in sanatoria. The essentials are easily stated,—rest with carefully controlled exercise at certain stages, open air by day and night, the best of food and plenty of it, with some extra diets, deliberate, regular teaching with regard to tuberculosis, and, most important of all, constant and careful regulation, as wise as may be.

A sanatorium is like no other institution,—it is a hospital and a hotel, a club and a university, a summer and winter resort, a social and industrial community, all in one. It is a very carefully adjusted piece of mechanism and must not be allowed to fail in one particular. The table must be above reproach, and the general interest must be kept up. Entertainment must not lag and employment must always be found. Loneliness must never be allowed to intrude.

The curing of a consumptive is one of those many matters which almost every lay person professes to understand perfectly without study—intuitively as it were. Rest and fresh air, and exercise and good food—surely phthisis can be cured in any back yard as well as in a sanatorium. What could possibly be simpler? Yes and what is more easily understood than the Golden Rule? Any child can grasp its central principle, yet all saints and all philosophers cannot perfectly apply it or obey it. Similarly this very simple treatment of tuberculosis, which any popular magazine can indicate, raises, as you all very well know, countless questions, involves a radical change of life, and will not, nor can be, carried out even passably well by one patient in five hundred. No disease requires fewer doctor's drugs or more doctor's orders; no orders demand more supervision; no lessons need more drill along with the precepts. Consumption must be cured by the slow accumulation of small advantages and the constant avoidance of every, even the smallest, disadvantage. There is no disease in the treatment of which little things count for so much, none in which the judgment of the patient, or his friends, will so certainly, and so constantly, err, none in which observation should be more skilful and accurate or regulation more careful. Trifles, light as air, will turn the scale to life or death. Who among us

has not learned to his discomfiture that home care, with occasional visits from the physician, does not give the patient his best chance,—in fact in many cases loses his best chance for him. He needs training, needs to be taught among other things what, as Latham says, he will learn only at a sanatorium, that fatigue kills the majority of consumptives, and causes the frequent relapses of the disease. His disease is one he will have to reckon upon to the end of his days and the sooner he knows the manner of thing he has to keep company with through life, the better. He cannot know too much about tuberculosis, and cannot have too much drill in right habits. Precept is not enough. He needs to be delivered from his friends with their unalterable belief in the horrors of night air, the unspeakable danger of draughts and the absolute necessity of coddling. He needs to have pulse and temperature and all other recordable signs regularly recorded and to have his life regulated according to these and other indications. He needs the cheerful companionship of those who are in the same predicament as himself, needs to be one of many, not to be the one invalid, dolefully sighed over at home. Our patient needs to be kept from brooding, to be given new occupations and interests. He needs the restraint of the sanatorium, needs it *least* when he is weakest and most discouraged and needs it *most* in the danger time, the time when he has come to feel well, look well, weigh well, eat well, and to convince himself that he is well. That is the time when the patient at home does some one fool thing which throws him back to where he began to climb, and that is just the time when the sanatorium guards against that fool thing.

A patient coming to a sanatorium is really a man who has "gone broke" in his health business, dissipated his resources, piled up a debt and placed a heavy mortgage upon his future. An expert advisor, his physician, has urged him to put his affairs into the hands of a receiver, the sanatorium. Here everything is taken out of his hands and his health affairs managed for him. His incoming strength is saved and every least expenditure guarded against in most miserly fashion. He is not allowed to squander a farthing, however bitterly he may complain. Bye and bye he begins to gain; gradually the debt is cleared away and the mortgage redeemed. His health account shows a growing

surplus. A time will come when he can be allowed to spend a little, then little by little to spend freely, but wisely always. He is trained in the methods of this health receivership, practised in them, taught their necessity and their underlying principles, and by and by, is sent out to do business again on his own initiative. Such a man, with the most expert advice, would frequently go from bad to worse without the firm, constant control which could never have been exercised at his home.

It is sometimes said that sanatorium patients get lazy. Really such a result in some nervous, overwrought consumptives would not be much to be deplored. On the other hand, it is true, that for not a few, their stay in the sanatorium is a means of considerable mental stimulus. But undoubtedly there is sometimes a real difficulty in that working men who go out looking and feeling well, with disease arrested, are also soft and not in condition for the work they may have to begin at once. For this and for other reasons not far to seek, work of some sort has come to be a necessary part of the sanatorium routine. In some institutions all who are not in the infirmary have definite daily work to do. Much is being said about an "industrial cure," a cure which does not overlook a man's muscles and fits him to go back to his workshop or farm without the setback that formerly was often noted. The pendulum in Brehmer's time swung far toward exercise. Since that it has swung just as far toward rest. Now we are in the middle position of using all degrees of rest and almost all gradations of work during six months treatment. Dr. Patterson, of Frimley, who has had most extensive experience along this line and who administers work in as exact doses as most physicians prescribe potent drugs, carries his patients through all gradations from rest, frequently absolute rest in bed, up to eight hours work each day with pick and shovel. This exercise is not intended only to amuse and to keep muscles in form, but to act definitely as a curative agent. Indeed Patterson considers that in this way his patients administer tuberculin to themselves and that it is the duty of the physician to estimate most carefully that the stimulation thus administered be sufficient, yet not too great.

What kind of case does the Sanatorium receive?

Most sanatoria open with a firm resolve to admit incipient

cases only, but there is possibly not a sanatorium in America which receives incipient cases only. Indeed the number of truly incipient in them is woefully small. The majority are described as incipient in their applications, but found on admission to be advanced, sometimes very far advanced. The term "incipient" is commonly used as equivalent to "early," or "favorable," or "improvable," or to describe any case not strictly in the last stages. Let me define for you the term "incipient" as used by the American National Association and in general use also in Canada. As you will see it serves as a more or less exact measurement.

"Slight initial lesion in the form of infiltration limited to the apex or a small part of one lobe.

"No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbances, or rapid loss of weight.)

"Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest.

"Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent."

It will be seen at once that this gate is strait, this way narrow and that few find it. Such cases are found usually only where the physician goes out to look for the patient; for instance in some factory centres where a routine examination is made of workers who look unwell and in city dispensaries where a routine examination is made of all who have been found living in the same house with an untaught consumptive. In general practice such cases should be found, too, but they will almost invariably come for examination with symptoms not at all suggestive of consumption, except to a practitioner who keeps this universal scourge always in his mind's eye.

The terms "Moderately" and "Far Advanced" are described as follows:—

Moderately Advanced—

"No marked impairment of function, either local or constitutional.

"Localized consolidation moderate in extent, with little or

no evidence of destruction of tissue; or disseminated fibroid deposits.

“No serious complications.”

Far Advanced—

“Marked impairment of function, local and constitutional.

“Localized consolidation intense: or disseminated areas of softening, or serious complications.”

Of the latter class it may be said—Wide is the gate and broad is the way that leadeth to destruction and many there be which go in thereat.

The complaint made by sanatorium men everywhere is that cases are not sent early enough, that they are allowed to drift beyond the curable or even improvable stage before the sanatorium is spoken of, that eggs and milk and the back veranda are given too long a trial and that the sanatorium is made a sort of last resort and expected to do the impossible when everything else has failed and months of time have been lost.

The stage at which patients should be sent to the sanatorium is the earliest stage at which the diagnosis can be made. The results are five times as good in incipient as in moderately advanced cases. A patient, therefore, who has drifted from incipiency to a moderately advanced stage has lost four out of five chances of cure.

The moderately advanced cases, strictly moderately advanced, that is, with moderate involvement, no marked impairment of function and no serious complications, are suitable and fairly satisfactory cases for sanatorium treatment. Phthisis is indeed curable but not at the stages at which cases are frequently sent to sanatoria. A man afloat on Niagara is savable if caught in time, but scarcely savable on the verge of the fall. Let us treat our cases at the right time, in the right place and in the right way until they are *well*; not at the wrong time, in the wrong place and in the wrong way until they are *dead*. The sanatorium is not the place for your worst and most hopeless case, but for your best and most hopeful case.

Many cases, as you all know, a well conducted sanatorium should not, indeed cannot, take. It is a matter of the greatest difficulty to definitely give a prognosis in many cases but any advanced case, any acute or complicated case, should be cared

for elsewhere. From the point of the health officer, the late case is the one who most needs to be sent to an institution; and from any point of view he needs the most careful consideration. But the sanatorium is not the place for him, and for no sentimental reasons must its doors be opened to receive him. It is cruelty, not kindness surely, to impair the chances of recovery of three-score hopeful patients by giving an imaginary last chance to a late case simply that friends and physician might say that everything possible had been done for him. The sanatorium is not fitted for late cases, is at every possible disadvantage in dealing with them, and spoils its real usefulness in attempting such work. It is possible to drive a nail with a plane, to smooth wood with a jack knife, to cut a bolt with a saw, or to bore holes with a cold chisel, but it is much better to use each carefully fashioned tool for the purpose for which it was intended. The sanatorium is a tool carefully fashioned for ambulant early curable cases and to such must it confine itself.

It follows, I think, of necessity, that a sanatorium must have a free hand in selecting from the patients offered, the ones who can take the fullest advantage of the sanatorium routine. It is inevitable (since all cannot be taken) that one must be taken and another left. Many elements enter into the choice. For instance, other things being equal, a patient who would learn a great deal and have a corresponding influence after leaving the sanatorium would naturally be chosen before one, who, on account of not understanding the language, would not be able to learn at all. Of one thing all may be assured that, however they may sometimes err in judgment, the one great object of sanatorium men is to make their institution as widely and thoroughly useful as possible.

The usefulness of a sanatorium does not begin and end with the curing of patients and the arresting of disease, with the restoring of men and women to their families and their places in society. Newsholme says "It is a great mistake to regard sanatoria as merely cure places. They are schools of national consequence." Patients restored more or less fully to health, thoroughly convinced as to the benefits of hygienic living, and well taught concerning tuberculosis, go back to their homes as missionaries of a new gospel, carrying light into the darkness of

medievalism and grandmotherism, and gladdening the heart of the good doctor who has long been trying to teach people how to live and how not to live.

The general public may not read about the ravages of the white plague, may throw away leaflets and avoid lectures, yet they will read about a sanatorium and not infrequently by means of this institution become interested in the whole subject. Sometimes a paper is issued which greatly widens the sphere of influence of the institution.

A sanatorium should always be of great service to the medical profession. As a general hospital tends to keep medical practice up to a high standard of efficiency, so a sanatorium should keep the profession in touch with the very latest and best theories and methods in tuberculosis. Physicians should be frequent visitors, each bringing a contribution of experience and each carrying some useful impressions away. The gradually accumulated experience of the institution should be of great value to the profession. And the sanatorium should have the fullest facilities for diagnosis as well as for treatment. It is not at all unusual to send doubtful cases to a sanatorium for observation and diagnosis, and it will be well known to this audience that suspected and as yet undiagnosed cases of tuberculosis are regularly sent to sanatoria or rather "preventoria" in Germany.

In the training of young practitioners and medical students, and in the special training of nurses, sanatoria have been most serviceable. Is it not strange that practically all our nurses are trained in hospitals which exclude—or try to exclude—the commonest of all diseases, the great mother of diseases? Is it not true that our nurses know nothing—at least from their regular training—about the modern treatment of consumption? Here again sanatoria find a field of usefulness.

I have not tried to look upon the outward appearance of the sanatorium, its architecture, arrangement, size, organization, support, etc., but have tried to look upon its heart, its purposes and difficulties, its great aims, its encouragements and its certain success.

THE PRESENT STATUS OF THE TREATMENT OF
ACUTE AND CHRONIC OTITIS MEDIA
SUPPURATIVA

BY

F. S. KEELE, M.D.

PORTAGE LA PRAIRIE, MAN.

This important subject in the field of otology has become so hackneyed during the past few years that I feel an apology is due the members of this Association for introducing it at this time, but I also feel that the subject is such an important one that I have not hesitated to do so in order to make a plea for more rationalism in the treatment of this troublesome class of cases. If we are to believe what one set of men say about these cases, we should submit all of our patients to operation, and, on the other hand, if we go to the other extreme advocated by many prominent aural surgeons, and treat all cases conservatively, we are exactly where we started ten years ago. Between these two extremes there must surely be safe ground and it is my purpose to point out very briefly where, in my opinion, this safe ground lies.

First of all, I think it may be laid down as a safe proposition that each case is a law unto itself, and that each and every case should be studied on its merits, and a line of treatment adopted which, in our judgment, is proper in each case.

Many cases of Chronic Otitis Media Suppurativa will get well and stay well under conservative treatment, or suffer an occasional readily cured relapse.

On the other hand, when we have to deal with a case presenting urgent symptoms there cannot be any discussion as to the necessity of operation; operation is demanded without hesitation. If we could always diagnose Cholesteatoma or Necrosis with absolute certainty, we should waste time on conservative treatment, but unfortunately we are, in our present state of knowledge, quite unable to do so.

Both of the aforesaid conditions are irremediable except by surgical means. Superficial caries will however very frequently heal without operation. I think it may be laid down as a safe rule that where granulations are present, or where a sinus exists high up in the membrana above the short process of the malleus, where a sinus exists which leads into the tympanic vault and a foul smelling discharge is present indicating extensive bone destruction, operation is unavoidable. I am in the habit of taking the odor as a guide as to whether operation is necessary or not. If I can overcome the odor in a few treatments I do not consider the case is one for operation. Even in the more severe cases, where the odor persists even after careful syringing and insufflation of antiseptic powders, capillary drainage by careful packing with good gauze may still succeed.

On the other hand, if the odor still persists after an intelligent trial of all the conservative means at our command then I think case should be submitted to operation. This I believe to be true "Rationalism" which may be either "Radicalism" or "Conservatism."

Again on the other hand, in dealing with acute cases too much time should not be lost in treating conservatively cases which are undoubtedly those which should be submitted to early operation. Fortunately in acute cases of middle ear suppuration the indications for operative interference are usually sufficiently clear, though at times it is extremely difficult to decide, even in the presence of apparently positive indications for operation, that the condition may not resolve. The most prominent indications for operation in acute cases are first: Mastoid tenderness and swelling, and second a sinking of the upper and posterior wall of the external auditors meatus close to the membrana tympani.

The persistence of local tenderness, in spite of free incision of the drum membrane, and the fact that drainage seems to be free and unobstructed, I take to be a certain sign that the case should be at once submitted to operation.

I am aware that tenderness of the tip of the Mastoid may be elicited very early in nearly all acute cases, and is not always an important symptom, but in cases where tenderness appears early over the region of the Mastoid Antrum, and extends to the tip, the symptom is very significant.

Also the time at which the tenderness appears is important,—tenderness coming at the fifth or sixth day accompanied by a corresponding rise of temperature would render immediate operation imperative. Persistence of the discharge in spite of free drainage and careful antiseptic treatment and cleansing renders an operation necessary, as I believe it to be far better to give the patient the benefit of the doubt, and do a comparatively safe operation than to risk his life and hearing by delaying operative interference beyond safe limits. Bacteriologic examination of the discharge gives us very valuable information as to the nature of the infection, as certain bacteria cause much more extensive destruction in a given length of time than others. This is particularly true of a Streptococcus Infection, and also of one by Freidlanders Bacillus. In the presence of these organisms it is usually safer to operate early than if the infection be caused by other bacteria. I shall not weary you by describing the technique, the various operations recommended for the relief of these conditions, but content myself with saying that no matter what operation is done it should be done most thoroughly and every bit of necrosed tissue carefully and painstakingly removed, absolutely free drainage established, and kept free until all discharge has ceased to exist.

RELIGION AS A THERAPEUTIC AGENT

BY

ROBERT F. RORKE, M.D.,

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Historical.—When human beings had advanced so far in political organization that they combined for defence against their enemies, they found it necessary to submit to a leader who, of course, was the strongest and wisest man in the tribe. It was also necessary to submit to him in matters regarding their internal relations. In this way he became a permanent chieftain and ruled the members of his tribe as subjects. Finally the oldest son succeeded, the chieftainship thus becoming hereditary.

It was found to be good policy on the part of the reigning head of the tribe to promote a belief in the continuance of the deceased chief's powers after death. This belief caused the subjects to make offerings to the spirit or ghost of the departed ruler as a sort of homage.

When the tribe was small in numbers the head of each family under the patriarchal form of government, was its spiritual head also, but as the community grew or absorbed other peoples it became necessary, in the division of labor, to have some regularly appointed persons to carry out their religious ceremonies properly and continuously. This caused the necessity of a Priesthood who became the medium between the laity and the numerous spirits, who were certain to arise under such a condition of society.

The idea of making offerings to propitiate the ghosts of deceased rulers would naturally led to the belief of the powers of spirits in other directions, especially in the causation of evils. One can easily understand that the terror of illness, an attack of which was eventually bound to be followed by death, would certainly be thought to be due to evil or angry Spirits. This being the case it would be quite natural for the sufferers to apply to the Priests for relief. Thus, in the early development of the human race, all treatment of disease was religious. The Priest was always also the medicine man. This is true of the most widely dispersed communities. The treatment consisted in either propitiation, or incantations, to appease the offended or angry spirit, or by giving various nauseating and disgusting decoctions, or by other means rendering the body unsuitable as a habitation for the spirit causing the illness.

The not uncommon idea that the more disagreeable a medicinal mixture is to take the more potent it is as a curative agent is a survival of this belief.

Indeed some of the Priests undertook to name the spirit responsible for producing the disease, so that the remedies indicated for the individual spirit might be employed.

The Priestcraft gave rise to a leisured class, many of whom were much above the average in ability and a portion of the time at their disposal was employed in the search for further knowledge, which became the means of their imbuing the people with

their power and to repose more confidence in them. In this way the plant and mineral kingdom were laid under tribute in a purely empirical way to furnish agents for the treatment of disease.

This may be said to have laid the foundation of Pharmacy, only that these Priests so using these plants only claimed to be making use of the spirits dwelling in them to combat the spirits causing the morbid condition.

This relation between religion and medicine may be traced in the history of nations, which reached a comparatively high degree of political and intellectual development, as well as in the more primitive tribes.

The ancient Egyptians, Persians, Greeks and Romans, as their histories show, had a Priestcraft who practiced medicine. In fact the Greeks had a God of Medicine, Aesculapius, to whom they erected temples in all the Greek communities and in which religion was the principal and it is now thought by far the most important method of curing disease. It is true, that at these temples, many of which were situated in very suitable places as regards air, scenery and mineral springs, a careful record was kept of the observations on the manifestations of diseases, so that some advance was made in diagnosis. Careful dieting and bathing, as well as exercises, were also enjoined, but still religious ceremonies were most probably considered to be the really potent agent.

Under the christian religion much of pagan traditions survived and were incorporated into it. In all christian countries the practice of medicine was in the hands of Priests and Monks until comparatively recent times. In France medicinal men were first allowed to marry by an edict promulgated in 1452. Previous to this time a number of times the church councils had issued orders forbidding the Priests and Monks from practicing medicine, as it was found to interfere with their clerical duties. However, they still continued to do so until the permission to marry separated them from their spiritual offices in the church.

Surgery was not a part of their work, probably because any one under holy orders was not allowed to shed blood, and perhaps also because the occupation was rather dangerous. The surgeon was a sort of peripetatic person finding it convenient

to disappear if the results of an operation were unfortunate in their ending.

Indeed in the twentieth century it is quite easy to point out a number of ways in which religion is employed exclusively as a means of cure for all sorts of pathological conditions.

One church has shrines in various countries where many of its adherents go yearly on pilgrimages to be relieved of various ailments by observing the necessary ceremonies and prayers. I may say that at these shrines one may find abundance of evidence of its efficacy, especially in the matter of appliances for the crippled.

Another of the older Protestant religious bodies has a considerable number of its spiritual leaders, who desire the church's sanction, to be allowed to anoint with oil in the belief that by it relief or cure of the disease of the sufferer may be effected.

Besides these, there are quite a number of sects that have arisen from time to time in the past, and perhaps will continue to arise, whose principal function is the cure of all the ills to which human flesh is prone, or else, as does one of these organizations, deny the very existence of both ills and flesh.

The laity also is not entirely free from the belief in charms and other rather barbarous practices. I suppose many here could tell of cases where children have had camphor or asofoetida tied in a small bag and secured around their necks by their parents, expecting in this way to ward off some disease, usually one of the infection diseases common in children, or it may be an adult sufferer goes around with a horse chestnut or a potato in his pocket to cure him of rheumatism.

Another not uncommon belief is the particular value of skin of a very recently killed animal in cases of inflammation of the bowels. I personally have had it seriously suggested to me by pretty hard headed practical persons where some member of the family was suffering from peritonitis.

It will scarcely be disputed that religion alone is of very little therapeutic value in organic changes in any of the tissues which cause a disease, except in so far as a cheerful, hopeful contented outlook will benefit to some extent the general nutrition, in this way assisting a patient to be better able to meet the

demands of a crisis in their illness.

I believe I have seen such cases, particularly in the case of a woman between 70 and 75 years of age whose illness began with a quite well developed brocho-pneumonia and who when told the gravity of the situation expressed her complete resignation shewing no signs of worry or restlessness from it. She recovered. I believe her mental condition assisted materially.

Many of the faith healers, using religion as their agent, whether as individuals or as sects, make rather extravagant claims about their results; in such cases even those conducting the Emanuel Movement in Boston claiming good results through religious suggestions in tuberculosis of the lungs. In their report it is not stated what other agents, if any, were used but presumably fresh air and good food would be provided for. I think in these cases a layman is scarcely in a position to make a very definite prognosis, or to estimate the various forces gathered under the phrase vis "medicatrix Naturæ."

There is another class who may be favorably influenced in their afflictions. I refer to those suffering from chronic painful ailments, such as cancer, some forms of chronic rheumatism, tabes, etc. It makes life more tolerable for those of them who can become resigned to the will of a higher power. It seems to console them and strengthen them to meet their hours of trial.

Without doubt the largest field of usefulness for religion as a therapeutic agent is in those functional nervous diseases partially included under the terms, Hysteria and Neurasthenia, but corresponding to them in many ways. It has been said of these persons, their will is in a diseased condition.

Owing to the general belief that these functional neuroses are becoming more prevalent during the last few years, perhaps I may be allowed to discuss the aetiology of those conditions grouped under the term nervousness. The tendency seems to be to seek their causes in sociological conditions.

W. His of Berlin, in an excellent article, quotes several competent authorities in support of his own opinion that over culture, or over refinement, is to blame for much of this condition.

Erwin Rhoda, quoted by His, says that "Wherever culture is developed to the highest point, it brings severe injuries with it

and these injuries easily become so marked and so sensitive that by it our religious belief and civilization itself are in danger of destruction."

Euchen is quoted as saying that "culture loosens mankind from the natural basis of his life, entangles him more and more in an artificial existence, makes him in this way, dependent, weak and unhappy, want upon want is artificially acquired and make him their slave, thousand-fold conditions of dependence rob him of his personal independence and leave him to expect all good from without." With the refinement of life effeminacy grows, and the strength from self-confidence disappears. Thus his life becomes progressively less his own, and he is not able to be happy, even with all its exterior pomp, when he is becoming increasingly weaker."

His claim that during the last century the aim of civilization, and every epoch demands such a common aim, was intellectual and material advancement. This ideal is beginning to break up, leaving mankind without a definite goal. This lack of some common objective point toward which all may bend their energies leads to the breaking up into parties who are fighting for their different ideals, as the State, Religion, Morality and Art. Only those having extreme views have a purpose, in life, the most of the race is without any aim or guiding principle.

There is found as an inseparable accompaniment of every materialistic epoch associated with it a decay of religious belief, an occultism and superstition.

On these sociological conditions other factors are at work, such as inordinate self-fishness, everyone trying to obtain as much as possible for himself, causing strenuous competition. The increased means of communication (telegraph, telephone) and more rapid travelling have broken old traditions and boundaries, producing restlessness and discontent.

It has been said that old Philosophers wished to produce an intellectual Pachyderm, whom it was difficult to affect by his environment.

Modern tendencies produces an individual with as large a surface as possible in the given volume so to speak that he may increase the store of his relations to his environment and the range of his experiences.

Moebius believes that "The decadence of religion which we see in old and new peoples combined with a certain stage of civilization is to be counted as a cause of mental and nervous diseases. He also says that "work of itself is not injurious, but the disturbance of the inner equilibrium, or agitation, which accompanies the work, is."

His is able, not by consulting the works of medical men, but from those of historians and satirists of the times in which they lived, to show that just such conditions prevailed and just as much functional neuroses developed at several epochs in the world's history as we find today.

Those he refers to include the ancient Egyptians, Greeks and Romans. The conditions of Western Europe, notably in France, just before the revolution broke out. The French had so far recognized the condition and the need of getting back to a simple life as a remedy that it had become somewhat fashionable to play at being shepherds and shepherdesses, but the revolution came along at this time and put an end to all that. Those same persons were able to earn their living in foreign lands without exhibiting any of their old symptoms of functional nervous disorders.

The simple life as a prophylactic cure of so many of these morbid conditions has also been repeated in History. Seneca advocated it all his life to the ancient Romans as a means of freeing themselves from their increasing tendency to effeminacy.

In the treatment of patients suffering from these neuroses suggestion is very potent whether the suggestion of the person or of the word. A cure with a name is much better than a nameless one, whether it is scientific or not is of no importance.

In regard to the value of religion as a therapeutic agent, Hilty writes "a firm religious belief is a great help in neuroses along with the natural medicinal agents. Mobius who is said not to believe in religion at all says: "That religion is essentially the work of this life appears small and the glimpses of the eternal holds him steadfast in his suffering and cares."

Hellpach, who is said to be scarcely a churchman, writes that "Religion means in its deepest roots an anchor for the common man, which his soul needs as a result of the uncertainty of

his economical existence; the more so, the less this uncertainty can be reduced by his own efforts."

The form, or contents, of the religion is of no consequence. It is only necessary that the belief is firm, that the personal fate is in the hands of a Higher and just Power.

As to the means of accomplishing the treatment of these patients by religion. Since research has become so common in medicine, medical men have been very strongly drawn to the material side of medicine, as seen in the organic diseases. In fact at the present time it is the endeavor of nearly all investigators to bring all diseased manifestations under that category. Under such circumstances it is no wonder that these functional disorders were neglected and the sufferers treated with a certain amount of contempt. Martius in discussing this point gives this condition of affairs as a reason why most of these patients found their way to quacks and other unorthodox forms of treatment. Just how far a medical man may use religion in his methods of healing I am not prepared to say, but I know of no reason why one who is qualified to do so may not include it in his armamentarium. As has been said these persons are very susceptible to suggestion, but it must be sufficient to produce some practical effect.

No doubt in many cases this is achieved by means of the medicines prescribed or other forms of treatment whether dietetic hygienic or physical regimen. The personality of the physician is a factor in a certain number of cases. Still there remains patients not cured by these methods. It is said that Charcot, probably the most brilliant Physician of his time, in the treatment of nervous diseases, often failed where later the patient was cured by a visit to the shrine at Notre Dame de Lourdes.

The present attempt on some religious bodies to treat these functional cases, especially that known as the Emanuel Movement, is perhaps along the proper lines, if it could only be kept under adequate control.

The clerical gentlemen doing this work seem to find it difficult to refrain from dealing with organic diseases, and also claiming rather extravagant results in such cases from the effect of religious intervention.

Even in the case of those who began this work at Emanuel

Church, in Boston, there is much dispute as to whether they live up to their ethical claims or not. They certainly claim to have cured pulmonary tuberculosis by prayer, and Dr. Worcester puts forward some peculiar ideas about training children nervous and otherwise by means of suggestion during the sleep of the child. His method, as far as I could learn from the articles with which he has favored some of the magazines, was to frequently repeat the chosen suggestions close to the ear of the sleeping child. I believe he claims it would become a part of the mental store of the child and exercise an influence upon it somewhat analogous to the process by which a name or a fact escapes our memory and remains fugitive so long as we give ourselves entirely up to trying to recall it, but comes of its own accord some time, it may be hours later, when we have not been giving it any attention. The term subconscious mind is applied by many to this and many related phenomena.

An organization similar to that of the Emanuel Society has recently been established in London, England. The advisability of the Church of England taking up this work was discussed last year at the Lambeth Conference, in London, and I suppose this is the outcome of that discussion. The members of it are making claims of having miraculously cured a cancer in the throat of some church dignitary.

It seems to me that this is a pity, because I believe if the ecclesiastic and the physician could, to some extent, reunite their old functions, considerable benefit might be derived from it by certain neurotic patients.

Perhaps when these clerical gentlemen become better acquainted with the limitations of their field of usefulness, and cease to lay claims to the miraculous, much good may yet be done.

As to the religious sects who claim to cure disease by faith, healing or by denying their existence it seems to me that they are the subjects of a mental atavism by which they have reverted to the time when all diseases were treated by exorcism, charms or by more orthodox religious means. No doubt they exert a beneficial effect on a certain number of their members who suffer from functional neuroses, and this fact no doubt, by its frequently being somewhat spectacular, does much to establish their reputation for healing.

These persons are so strongly imbued with their own beliefs that, especially in the case of the so-called Christian Scientists, they entirely disregard the testimony of their own senses. As an instance, I have known the mother, an adherent to this sect, declare her infant a few days old, and suffering from the colic, crying and restlessness, associated with curdy green frequent passages, to be perfectly well. I think any reasonable person would be convinced of the nature of the conditions by the exercise of the eye sight and a little common sense.

In this paper I have brought nothing new for your consideration. My desire has been to promote discussion upon a subject that to my mind is important and perhaps not given by medical men that attention which it deserves.

It may very possibly be urged that no methods have been given of how to treat these persons, but I have been unable to find any stated in the literature at my command. It is quite possible that our knowledge has not reached the stage where any definite principles can be laid down to guide us in individual cases, therefore we must study each patient and treat him or her according to best of our ability.

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PUBLIC HEALTH

BY

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This is the era of preventive medicine, and it is as imperatively the duty of the State to make every adequate provision for the protection of Public Health and the prevention of disease as for the prevention of crime. To attempt to exhaust the subject with which this paper deals would be impossible in the time at my disposal, but I will make an effort to convince you

that more effective measures than now exist on our statute books are necessary for the protection of public health and the prevention of disease in our Western Provinces.

No branch of science has made more rapid strides in the past five years than Sanitary Science, and there is no Science which more intimately affects the well-being, comfort and health of the community whether high or low, rich or poor, than Sanitary Science.

Knowledge is being disseminated by means of the public press, public addresses, and other sources, which is reaching every class in the community regarding the nature and character of contagious and infectious diseases, the ways and means by which these diseases are spread, and the nature and quality of many of the articles of food essential to health. The public are discovering that many of the diseases that are most destructive to human life are directly caused by impurities in food and that the conditions which entail so much suffering, so much distress and loss of life, can be controlled, restricted and mitigated, by the enactment of sanitary laws regarding the conditions under which our people work and live. And the daily increasing enlightenment of every class in the community as to these facts, is arousing a public interest, and creating a public opinion, that these conditions must be remedied, and that our Legislators must take cognizance of the facts, and enact effective laws which Sanitary Science, and advanced medical knowledge, have declared essential to the protection of the public health and the well-being of the people.

Up to the present time the question of public health has received little consideration and attention from our Legislators, either Federal, Provincial or Municipal. In fact the legislation and laws have been so limited on this most important matter, that one would think legislators did not consider themselves responsible regarding it. When any legislature or municipal body has been created, it recognizes that some attention must be given to the question of public health, and considers it sufficient for any Public Health Act, from any old statute or set of Municipal by-law available to be copied and passed. Effective legislation has not been forthcoming except regarding Small-pox, which rouses the public to the scare point as nothing

else does, and demands instant and imperative action and provision for its restriction and control.

When we consider the mild character of the present day Small-pox as compared with the ravages of Scarlet Fever, Measles, and Typhoid Fever with its large death rate and long-suffering effects, and last, but not least, that terrible scourge, Tuberculosis, all controllable and preventable by the same means that is effective in Small-pox, one wonders if we fully realize the great responsibility resting on our Legislators, to give us effective laws and make proper and adequate financial provision, for carrying out the preventive measures which Sanitary Science, and our present day knowledge, consider essential, for the prevention and control of disease.

We have the facts and statistics before us of the great death rate in infants, directly caused by and traceable to the use of impure and infected milk, the article of food essential to the infantile life of every community; we read in our medical journals and newspapers the reports of scientific bodies and commissions appointed to investigate such matters, showing the number of prepared foods that are adulterated and sold and used in every community, which contain not only many articles of an inferior character and lower value, but also many articles that are injurious and dangerous to health.

When any special legislation has been enacted it has been the result of some glaring exposure of unsanitary and inhuman conditions in connection with factory life and manufacturing industry, or outbreak of disease from some remediable cause that has so shocked and aroused the public that laws and regulations had to be enacted, prohibiting the continuance of such conditions, and providing regulations for the manner in which such operations had to be carried on. This was necessary to restore public confidence and satisfy public taste and sentiment.

It is hard to realize why a matter of such vital importance to the welfare and prosperity of the state, as the maintenance of a high standard of health for its people, should not appeal to our legislators as of primary importance, and receive from them every consideration. Only those who are directly interested in working out the problems of the protection of Public Health and prevention of disease, know how difficult it is to secure necessary

legislation to meet many of the most manifest needs along this line. There is no doubt that avarice, selfishness and ignorance and the fear of offending their constituents are the primary factors standing in the way of obtaining from our legislators the necessary laws and money for the protection of the public health.

In matters of sanitation, quarantine and isolation for disease, everyone is mortal but ourselves, and we all agree that it is necessary to enforce regulations against others. How easy it is to arouse righteous indignation in ourselves when we see our neighbor neglecting what appears to us to be the most ordinary precautions. But when our own patients are concerned we are much more lenient in our views regarding isolation.

Many manufacturing industries, produce unhealthy products and create unsanitary conditions. To rectify these would require additional expenditure and reduction of profits, hence the persons and corporations controlling them resent any improvement for the removal of these objectionable conditions, and use any political influence they may have to prevent legislation which would compel them to improve conditions. But no health law or regulation that is not imposed and observed by every one alike, is of material benefit to the community. Any one paying special attention to the subject, can easily see that the public are becoming more and more interested and enlightened in this matter. Public opinion is being so rapidly crystalized, that it will *force* our Legislators to take cognizance of their duty and responsibility and insist on their passing effective legislation for the protection of Public Health.

As we are starting practically *de novo* in our Western Provinces, with no vested rights to contend against, our work is largely creative, and should be directed toward prevention of conditions, which, if allowed to develop, will be most difficult to remove later on.

With our rapid and large immigration, some of which is coming from countries where sanitary regulations are unknown, it must be apparent that now is the time to make provision against the difficulties and dangers which have been allowed to grow up and exist in old and congested communities where difficulties are great and improvements can only be made at great expense and destruction of property.

I will now refer to some of the most important provisions that should be incorporated in the Public Health laws, or Health Regulations of all our Western Provinces.

We should have most effective legislation to prevent the pollution of our lakes and streams from any preventable cause. In this matter prevention is better than cure. No sewage or refuse, from any manufacturing industry, should be allowed to pass into any stream or body of water without such purification as will render it inert, harmless and inoffensive.

The plans and specifications of all proposed waterworks systems should be submitted to and receive the approval of some qualified Board before any construction work is done, which Board should also have power to inspect the work and see that it is carried out satisfactorily.

The same provisions should be made regarding sewerage systems and the disposal of the same.

We should be protected from impure milk supply by every available means possible; nothing should be overlooked to insure this result.

Provisions should be made:

- (a) For the inspection of all meats and foods.
- (b) For the inspection of all public buildings, schools, places of assembly, penitentiaries, jails, etc.
- (c) For the inspection of all premises where any noxious trade is carried on, to see that no nuisance is being created or unsanitary condition allowed to exist.

The location, plans and specifications of all abattoirs and slaughter houses should be submitted to and approved by a qualified Board before construction is begun, and regularly inspected during use.

(d) For the inspection by a competent medical officer of all hospitals receiving government aid.

(e) For the enlargement of the curriculum in our public schools, to cover instruction in elementary hygiene and sanitation, and the nature and cause of contagious and infectious diseases, and how they may spread.

(f) For the management and control of contagious and infectious diseases as will practically prevent the spread of such diseases.

(g) For the regular medical inspection of all public school children. I regard this inspection as a very important matter. It has been carried on in many cities in Great Britain and the Continent for years past, and during the past few years to some extent in some of the cities of the United States and Canada, with most gratifying results.

There are many children suffering from chronic ailments and complaints which are contagious, and remediable, and which very materially affect the health and proper growth and development of the child. These lay the foundation for future disease and disability, but are not always sufficiently appreciable at this stage of life as to receive any attention from lay observation, while medical inspection would detect them instantly. I refer particularly to Tuberculosis in its earlier stages, to visual defects, other conditions, all of which will often handicap the sufferers in enlarged tonsils, adenoid growths, bad teeth, skin affections, and their life work as citizens.

As the school children of today will be the future parents of the next generation, and the citizens that the country will have to depend on to rule and govern it, it is very important that they should grow up strong and vigorous, both mentally and physically, that they may be able to carry to the highest degree possible the responsibilities that will develop upon them in the future. Any state is exercising only ordinary business prudence in providing means by which this object can be secured.

I shall read to you a published report of an examination of school children in New York and Breslau, Germany, that will startle many of you, and I do so to impress on you the necessity for the medical inspection of school children.

Examination in 1906 of 55332 children in New York Pub. Schls. Examination in 1906-7 of 8030 children entering Breslau, Ger. Boys 4.076. Girls 3.954.

		B.	B.	G.
Bad nutrition.....				
Enlarged anterior glands. 12212	General constitution			
Enlarged posterior glands 3047	Diseased.....	11.6	16.5	
Chorea	738 Enlarged glands....	11.7	11.4	
Heart disease.....	895 Adenoids.....	9.8	9.9	
Pulmonary disease.....	600 Defective vision....	6.8	6.4	

Skin disease.....	989	Defective hearing... 2.8	2.8
Deformity of spine.....	485	Defective speech... 5.1	3.5
Deformity of chest.....	401		
Deformity extremities....	498		
Defective vision (object- ive)	16.394		
Defective hearing.....	6.182		
Defective teeth.....	18.182		
Defective palate.....	698		
Hypertrophied tonsils....	8.347		
Posterior adenoids.....	5.119		
Nasal growths, bad ment- ality	1.210		
Requiring medical at- tention	33.351		

The report of the medical inspector of schools of Chicago, showing the large number of children suffering from the conditions I have heretofore referred to, establishes the fact beyond question that *it is a duty incumbent on every government* to make provision for such inspection; and, where the patients or guardians of the children afflicted are not in a position to pay for or provide the necessary relief, it is the duty of the state to supply the necessary attention through medical offices appointed for the purpose.

All Public Health laws with which I am conversant provide for the appointment of Health Officers to carry out the provisions. Regulations if properly enforced would furnish at least a remedy for the most urgent difficulties. However the trouble is, that these health officers (except in large cities where they give all their time to their duties) are not removed from competition with their colleagues and do not receive proper remuneration, hence they do not attempt to enforce the regulations.

Every Province should be divided off into districts and a qualified Medical Inspector appointed for each district, and be paid a salary that would command a capable man. He should reside at some central point, and should give his whole time and attention to this work. He should have authority to inspect the work of all medical health officers in his district, appointed under any act or Municipal by-law, to see that they performed their duty satisfactorily. And should also carry on a system of educa-

tion by lecturing in the schools, and giving public addresses to the people on the subject of public health, contagious diseases, and sanitation.

This Inspector should cover the country district over which he has control as often as possible, visit the farm houses, and instruct the owners as to the location and protection of their wells, and their dairies. This is an agricultural country, and our future depends on the success of this industry, hence it is very important that farm life should be as attractive as possible, and it is as much the duty of the Government to see that sanitary conditions are improved in the country as in the cities, towns and villages.

To accomplish the results I have outlined above the Governments of our Western Provinces must commence properly and, recognizing the gravity and importance of the subject, raise the administration of all questions affecting the public health to the important position it demands. Then, instead of being as now, an indifferent appendage to the Department of Agriculture, a Department of Public Health might be created under a specially qualified official, who would have charge of all public health matters and vital statistics, and be directly responsible to a Minister of the Crown. He should also be a member of the Provincial Board of Health, and its Secretary.

Every public health act should provide for a Provincial Board of Health, to be composed of medical experts, a sanitary engineer, and a bacteriologist. This board should have power and authority to make all provisions, rules and regulations, for the protection of Public Health, the prevention and spread of disease, and for the collection and compilation of statistics. The recommendation of this Board should be accepted by the Minister and receive the assent of the Lieutenant-Governor-in-Council, and at once become law.

The problems of Public Health in our time can only properly be dealt with by thoroughly qualified specialists. It is impossible that the members of Government, whose time is necessarily fully occupied by many other interests, can deal with these matters in any safe or satisfactory fashion. I am convinced that enlightened public opinion will soon demand radical changes in the management of these problems along the lines I have laid down.

EDITORIAL

Public Health Appointments

Both the Medical profession and the public seem very much alive to the need of a more stringent enforcement in the West of the laws for the protection of Public Health. That there is great laxness is agreed on all sides and that every Medical Health Officer in the West has a most difficult task to carry out his duty is also agreed. The simplest way to bring about reform in this matter is as pointed out by Dr. Lafferty, to make the salary of the Health Officer sufficient to enable him to devote his whole time to the work. He should on no account be allowed to take private practice, not even consulting work, so that he may in every respect be above the reproach of partiality. The appointment should not be a political one, again, for very obvious reasons,—and all holding such posts should be required to take the D.P.H. as in Britain and South Africa and other places. Men in office at present could be given time by their Health Boards to get this diploma. Their work certainly requires special qualifications.

Canadian Medical Annual Meeting

Judging by the way the Western men have turned out at their Annual Provincial Meetings one has little doubt they will do the same for the Annual Dominion Meeting at Winnipeg.

A number of leading men of our profession from the East and the Old Country have promised papers. Matters of great importance to the future of the Canadian Medical Profession will be discussed and important decisions made.

Sir Charles Hastings, the founder of the B.M.A., gave as the aims of that society (1) the advancement of Medical Science; (2) the Maintenance of the Honor and Respectability of the Profession; (3) the promotion of friendly intercourse and free communication among its members. Those are our aims—generally speaking, the welfare of the profession and the most powerful

agency for the promotion of this is a strong association. No association can be strong unless the individual members take a lively interest in all its affairs. The B.M.A. has made itself the body which successive governments consult to obtain the opinion of the profession when legislation for the Health of the people is proposed. Judging from the accounts of Health matters throughout the West and the small salaries paid many Health Officers this is not so here. All we need to get that influence in the community to which our profession entitles us is co-operation. Don't leave all the work and decisions to the Officers of the Associations. Remember the Officers duty is to carry out the wishes of the majority of the members.

Some have asked why bother about a Western Registration when we hope to have Dominion. The reason is that Dominion Registration can not be obtained till an amendment to the British North America Act is passed, which means some years, whereas a Western Federation could be formed this year if found desirable, and a Western Federation would certainly hasten, not hinder, Dominion Registration.

So many questions have been asked regarding the proposition at present before the Western Medical men for a federation of the four Provinces, for the purposes of examination and registration, that we cannot do better than publish in full the following circular which was sent out to the medical profession of British Columbia, by the delegates.

Circular to the Medical Profession of British Columbia

Victoria, July 19th, 1909.

At a meeting of the Vancouver Medical Association, held on the night of the 15th instant, the delegates from Alberta and Manitoba presented the proposition for a federation of the four Western Provinces, for the purposes of examination and registration, and the question was thoroughly discussed by a large number of those present. As it was felt, however, that it would be injudicious to take definite action without all the members of the Association being made conversant with the matter, the delegates were requested to put their proposition in writing, so

that it could be distributed to members, and discussed at another meeting to be held in the immediate future.

In accordance with that request, the delegates beg to submit herewith, in the briefest possible way, the proposition, which they are empowered by their respective councils to lay before the profession of British Columbia.

The proposition is that the Provinces of Manitoba, Alberta, Saskatchewan and British Columbia should form a federation, for the purpose of having one examination, the passing of which would entitle the candidate to register in any one of the four Provinces on payment of the Provincial Licence Fee.

The details are necessarily incomplete, but it has been considered that this could be best carried out by a board consisting of two representatives from each province, selected either from existing councils, or from the general profession.

The duties of this board would be mainly to prescribe the qualifications necessary to entitle men to write on the examination and to appoint a Board of Examiners.

This Board of Examiners, to be appointed only on account of fitness and ability, and selected from the best men in the four Provinces, would necessarily be of a high standard of excellence.

The examination would therefore be fair and impartial, of a uniform high standard, and the portal to the profession in British Columbia, as in the other Provinces, would be no less jealously guarded against undesirable and poorly equipped men than it is at present.

There is no question of inter-provincial reciprocity, retroactive or otherwise, involved.

The Provinces are asked to give up nothing which they now possess. They may even retain their own examining boards, if they so desire, but it is anticipated that they will not wish to do so, and if they do, so few candidates would present themselves that the local boards would die of inanition.

The Provinces lose nothing, financial or otherwise. The examination fee, which is practically \$50 in all the Provinces, would pay the expenses of the federated Board and the Board of Examiners. The License Fee would, of course, still go to the Province.

The advantages of the proposition are:—

1. It would ensure a better examination and one that would command respect everywhere.

2. It would, it is hoped and believed, ensure better preliminary education of men proposing to study medicine. It is strongly felt in the West, that the present requirements for entrance are deplorably low, and this Board should have a powerful influence in raising the level of those requirements, and thus giving us better educated men.

3. It would ensure a higher and more uniform standard of medical education, by forcing the colleges in the East, and those that may be established in the West, to teach up to the requirements of the federated Board.

4. It would speedily bring about Dominion Registration. Doctor Roddick enthusiastically endorses the proposition and looks on it as a very long step forward toward Dominion Registration.

5. It would remove the standing reproach of narrowness and provincialism from the Medical Profession of Western Canada—a reproach which is justified and which should not be permitted to longer exist by a liberal and educated profession.

If this proposition, thus briefly outlined, meets with your approval, it is hoped that you will, through your society request your council to send two delegates to meet the same number of delegates from each of the other Provinces at some central point, to discuss and arrange the details for the practical carrying out of the scheme. It is further hoped that you will endeavor to do this in the near future.

G. A. KENNEDY

T. N. MILROY

R. S. BRETT

JAMES PATTERSON.

EXTRACT

Physician's Oath In Antiquity.

“One man practised in medicine verily outweigheth many other men”—this compliment greets the medical profession at the rise of Greek literature and posterity would not recall it. . . . the physician's profession was amply recognised in Hellas at an early date. Its oldest and most famous Seats were the lovely island of Cos and the neighboring peninsula of Cnidus, in the Southern portion of the west coast of Asia Minor, Croton, in the toe of Italy and Cyrene, far away in Africa, where grew the umbelliferous plant Silphion, so highly valued on account of its medicinal properties that it formed a royal monopoly. Cities and princes competed with one another for the services of eminent physicians. . . . It is to be noted in this connection that the esteem in which physicians were held corresponded to the moral demands that were made upon them. A guild, the members of which were rewarded so richly and honored so highly, was not likely to lack its charlatans and ignorant swindlers. But the conscience of the profession, which was composed for the most part of honorable and capable physicians, suppressed, if it did not expel, those parasites on the noble tree. At this point we have to mention a document of which the antiquity is not its sole claim to veneration. ‘The Physician's Oath’ is a monument of the highest rank in the history of civilization, and it is full of interest for the study of the internal constitution of the guild as well as for that of the ethical standard to which physicians were required to conform. We can trace therein the transition from a close professional caste to the free and general exercise of an art. The apprentice promised to honour his master as his parents, to assist him in all his necessities, and to impart gratuitous instructions to his offspring, should they choose the same vocation, but to no one else save only to his own sons and to pupils bound by contract and by oath. He swore that he would help the sick “according to his knowledge and power”; that he would rigidly

abstain from every evil and criminal abuse of the means and instruments of his act; that he would not give poison even to those who asked for it; that he would supply no woman with means to procure abortion; that he would not perform castration,—the abomination of Greek sentiment—even where it appeared to be medically advisable; and finally, he bound himself to avoid every abuse, erotic or otherwise, of his position toward his patients of both sexes, whether free or slaves, and to keep an inviolate silence about all the secrets which he learnt in the exercise of his calling or even outside of it. This oath brings the memorable document to a close, with repeated solemn adjurations to the gods and it adds considerably to the significance of the record that, in the complete absence of State control, it formed the one public act of regulations for the practice of the art of medicine. It is supplemented by numerous passages in the medical writings of those times, in which the same pungent satire is directed at the arrogance of ignorance as at the humbug of quackery. Physicians who are such 'in name but not in fact' are compared with the 'mute persons' or supernumeraries of the staff. The courage of wisdom is contrasted with the foolhardiness of ignorance. Touting for fees is deprecated, and a conference with other physicians in cases of doubt or hesitation is urgently enjoined. We quote here a fine remark: "Where there is love of humanity there will be love of the profession." If two or more ways of medical treatment were possible, the physician was recommended to choose the least imposing or sensational: it was an act of "deceit" to dazzle the patient's eye by brilliant exhibitions of skill which might very well be dispensed with. The practice of holding public lectures in order to increase his reputation was discouraged in the physician, and he was especially warned against lectures tricked out with quotations from the poets. Physicians who pretended to infallibility in detecting even the minutest departure from their prescriptions were laughed at; and finally, there were precise by-laws to regulate the personal behaviour of the physician. He was enjoined to observe the most scrupulous cleanliness, and was advised to cultivate an elegance removed from all signs of luxury, even down to the detail that he might use perfumes, but not in an immoderate degree.

Gomper, Scriber, 1901.

ANNUAL MEETING AMERICAN PROCTOLOGIC SOCIETY

American Proctologic Society Eleventh Annual Meeting, held at Atlantic City, N.J., June 7 and 8, 1909. The President, Dr. Geo. B. Evans, of Dayton, Ohio, in the chair.

Officers elected for the ensuing year: *President*, Dwight H. Murray, M.D., Syracuse, N.Y.; *Vice President*, T. Chittenden Hill, M.D., Boston, Mass.; *Secretary-Treasurer*, Lewis H. Adler, Jr., M.D., Philadelphia, Pa.

The place of meeting for 1910 is St. Louis, Mo. Headquarters:—Planters Hotel, June 6th and 7th, 1910.

The following is an abstract of the principal papers read:—

PRESIDENT'S ADDRESS.—“PROGRESS IN PROCTOLOGY.”

The President, Geo. B. Evans, A.M., M.D., Dayton, Ohio.

Who stated that many years since, the creation of Proctology as a specialty was frowned upon; for an indefinite period what was known of and what was done for diseases of the rectum was largely empiric, and not due to special knowledge or scientific study.

A few of us, at least, can remember when it was the rule among general practitioners to make no special effort to determine the pathology of diseases of the rectum; in fact, it was believed unbecoming the dignity of the high-classed, high-toned medical gentlemen to so lightly esteem modesty as to ask for the privilege of seeking the naked truth. Without attempting to make a diagnosis, opium and lead wash, with catharsis, was deemed a sufficient treatment for any case. Little was taught in medical colleges of these diseases, for little was known and no special desire to learn much concerning them seemed to exist. But, fortunately, in the natural evolution of this specialty, this ignorance and indifference in the main, has been eliminated, and this field of work has assumed that of an accredited, and justifiable specialty. No longer do we have to contend with the non-recognition of serious pathology, because of interposed modesty, ignorance and criminal indifference. A knowledge of the

importance of being able to diagnose and treat intelligently diseases of the rectum is now considered essential for every general practitioner, and all this as a result of the creation of proctology by men who have made special effort to develop this field of work. The credit is due to such men as Adler, Allingham, Ball, Cripps, Edwards, Earle, Gant, Martin, Pennington, Kelsey, Matthews and others. To them are we indebted for progressive proctology.

As a matter of course, our pathology of this area is of necessity a modern pathology, and our knowledge of valves, varicosities, neoplasms, ulcerations and suppurations, are not based on hypothetical ideas of a quarter of a century since, but instead on the rather exact revelations of laboratory findings. The import of the presence of staphylococci, gonococci, colon bacilli and tubercle bacilli, is equally as much importance to the rectal surgeon, as is the microscopical proof of the malignancy or benignity of a bit of tissue. With what greater assurance the proctologist approaches examinations of rectal diseases than did the physician of some years since. With a wide open field, if necessary, the aid of anesthesia, the protoscope and the laboratory, there is usually not much difficulty in making a diagnosis.—a diagnosis inseparably linked with its dependents,—treatment and prognosis. Under the influence of progressive proctologic work, ignorance and indifference to the recognition and treatment of rectal diseases is rapidly disappearing from the average medical man, as well as from the average layman. As a result of which the sum total of human suffering is immeasurably lessened, and individual existence is not so frequently abridged. The victims of rectal diseases are to be congratulated that this branch of science, or pseudo-science, has sufficiently advanced, that it now occupies the serious attention of the most progressive and intelligent men. The Lister methods of that day have been so changed and improved that they now seem very crude. The value of thorough cleanliness, asepsis, and the antiseptic influence of certain drugs, is of immeasurable value. It is now understood that the recto-anal area can be placed in a surgically clean condition, and that there need be no fear following operative interference. In not a few instances, it obtains that relief is dependent on rectal surgery, when the subjects are unfit for

narcosis produced from a general anesthetic, in cases of cardiac, pulmonic or nephritic disease, making it hazardous to use general anesthesia. Sometimes it would seem that this danger of the uses of an anesthetic is too lightly thought of, and consequently, the mortality rate is increased. Local anesthesia, under cocaine infiltration, for the most part, is satisfactory, and is a great convenience to the operator and a life-saving narcosis in many instances.

The palliative treatment of hemorrhoids by proctologists is largely a matter of enforcement, viz: where they are not permitted the opportunity to relieve by radical methods. The operative methods of removing hemorrhoids are so well understood, simple and effective, that it is foolish to attempt to relieve them by drugs or palliative measures.

The Allingham, or ligature method, when correctly and carefully performed, is generally applicable, but is not so free from pain and so quickly convalesced from as the clamp and cauter method. Many regard the last mentioned method as the one preferred. I believe, however, that the enucleation method approaches nearest to the ideal in results, and that the retention of the plug is not so painful as some would have us believe.

Proctoscopic examination is of importance, and is a distinct advance in rectal work. It is of great assistance in determining disease beyond discovery by ordinary methods. It is of distinct service in diagnosis, and of great value in aiding treatment in not a few conditions.

There is more hope for the ultimate cure of tubercular conditions; our better understanding of what environment means to these people will go far toward helping them to recovery, and there is not so much reason for a delayed recognition of the condition, which is of paramount importance.

I believe there is possibly a better understanding of syphilitic conditions, ulcerations, infiltrations and strictures, but the eternal dependence on anti-syphilitic treatment to resolve hyperplastic tissue is not so conspicuous, and progressive workers in this field realize that incision and excision are often necessary.

Concerning malignant and benign growths, the surgical rules that apply in other anatomical regions apply here. Early discovery and early removal is the only hope, as we all know, in

malignant conditions, and as an advance, the removal of cancerous growths not within easy reach below may be dealt with from above, or suprapubically, and just here it may not be inopportune to remark that it is to be believed that ere long it will be realized by the average physician that the removal of the rectum per se, is not as disastrous a matter as it is sometimes made to appear, especially since it is known that muscular transplantation will preserve more or less perfectly the function of the sphincters. The development of the technic essential to produce sphincteric power, will relieve rectal extirpation of one of its most unpleasant features and render less hesitant many sufferers who should have the benefit of the operation.

Another matter of progressive interest is that colonic or rectal ptosis is amenable to intra-pelvic or intra-abdominal fixation, bringing relief that in some instances cannot be hoped for by any other method of interference.

After all, the most encouraging sign is that the profession recognizes the fact that proctologists have a legitimate right to exist as specialists, and that diseases in the ano-rectal region deserves the same consideration as elsewhere. With the elimination of indifference, estheticism, modesty, the more universal belief in the necessity of early examination and diagnosis, we can but hope for greater progress and more relief to suffering humanity.

Gentlemen, when I consider the personnel of this Association, I am quite confident of the perpetuity of proctology as a distinct entity and am equally sure the progression in this special field of work will be in keeping with that in other specialties.

“A REVIEW OF PROCTOLOGIC LITERATURE FROM MAY 1908 TO MAY 1909.”

By Samuel T. Earle, M.D., Baltimore, Md.

Among the interesting conditions referred to in the review by the author, were the following:—“Congenital Idiopathic Dilatation of the Colon” (Hirschprung’s Disease.) In Dr. F. nley’s report of his case he reviewed the literature of the subject to January first, 1908, and collected some two hundred and

six cases, after which he stated that while to Hirschsprung belongs the credit of having first called attention to this disease, a number of cases had been found in the literature antedating his classical description. In the article Dr. Finley discussed the various hypothesis as to the etiology of the disease and some ten theories, which have been suggested from time to time, as the causation of the malady, including that of hypernutrition, which was the author's principal theory. His conclusion as to the etiology of the disease were that no one theory apparently explained every case; that each one explains some.

The symptomatology was described and a complete clinical picture of the disease given with a list of a series of cases discussed in the Johns Hopkins Hospital,—eleven in all. Regarding the treatment, the author concludes that no one plan seems applicable to all cases and suggests the method employed in his own case as perhaps the one most applicable to the large proportion of cases, to wit,—a preliminary enterostomy; then a colo-colostomy some months subsequently; finally a complete excision of the affected portion. This artificial anus is left open until after the success of the proceeding steps are assured when it should be closed under cocaine anesthesia.

Dr. Earle in his report alluded to another case of "*Idiopathic Dilatation of the Rectum and Colon as far as the Hepathic Flexure,*" which was reported by H. Morely Fletcher, M.D., and H. Betham Robinson, M.S. (Clinical Society's Transactions, Vol. XL. p. 80.)

Another case of interest reported was that of a "*Sarcoma of the Rectum in a boy*" aged ten years by Cecil Rountree (Proceedings Royal Society of Medicine, February 1908.) The pathological examination showed the tumor to be a mixed cell sarcoma. Of five hundred and ninety-six cases analyzed in the Cancer Research Laboratory, of the Middlesex Hospital Reports, there were only six cases under thirty years of age,—the age of the youngest, a boy of sixteen years, who had a sarcoma of the rectum. There are likely to be many metastasis in sarcoma of the rectum. This malady is rare at any age.

Attention was called to the method of Dr. Dudley Roberts, of Brooklyn, N.Y. (The Medical Record, Vol. 72, p. 935.) for "*Gradual Painless Dilatation of the Anal Canal by Dilatable*

Rubber Bags," which appealed to Dr. Earle forcibly as a very satisfactory means of accomplishing the purpose designed.

Attention was called to the article of Dr. Charles O. Files, of Portland, Maine, (New York Medical Journal, Vol. 87, p. 1154,) in which he considers that there are two important factors that should be studied in connection with the "*Treatment of Pruritus Ani*." These are an analysis of the contents of the rectum and the physical condition and mechanical efficiency of the sphincter ani muscles,—external and internal.

The normal feces contains about 73 per cent. of water. This water holds in solution various volatile, fatty acids, and probably other irritating excrementitious substances. During the retention of the feces in the rectum a considerable portion of the water disappears. In prolonged constipation, the feces become hard and dry, some of the fluid passes by osmosis into the cellular tissue about the anus and thence to the skin. The liquid feces are very often irritating to the mucous membrane of the anus, and causes an intense burning sensation. When this aeric solution is absorbed into the cellular tissue, it causes an irritation of the skin, and we call that irritation pruritus ani.

The sphincter muscle as long as it remains in a normal condition prevents the passage of any appreciable amount of fluid through it. When, however, the action of the sphincter is made somewhat irregular by the pressure of a hemorrhoidal condition some of the fluid leaks through the anus and causes pruritus by direct contact. The skin about the anus is often found to be moist in persons having hemorrhoids.

Dr. F. W. Dudley, of Manilla, P.I. (Journal of American Medical Association, Vol. 51 p. 991.) reports a "*New Bloodless Method of Amputating the Anus and Rectum*." A description of the same being given.

Dr. W. Ernest Miles, (London Lancet, 1908, Vol. 2, p. 1812) Reviews the "*Perineal Excision for Carcinoma of the Rectum, and of the Pelvis Colon*" and states that so far as he has been able to gather from the literature on the subject, the technic of previous operations seems to have failed in one important respect, namely, the complete eradication of the zone of upward spread of cancer from the rectum, whereby the chance of recurrence of the disease above the field of operation can be dis-

tinguished, if not entirely obviated. In his personal experience of fifty-seven such peritoneal operations, he found that recurrences took place in periods from six months to three years in fifty-four instances.

In order to ascertain the cause of his failures he made a post-mortem examination of such of his patients who died and found that recurrence appeared in situations that were beyond the scope of removal from the peritoneum, namely; (a) the pelvic peritoneum; (b) the pelvic mesocolon; and (c) the lymph nodes situated over the bifurcation of the left common iliac artery. He considers that this area constitutes the zone of the upward spread of cancer of the rectum, the removal of which is just as imperative, as is the thorough clearance of the axilla in cases of cancer of the breast, if freedom from recurrence is to be obtained.

The appreciation of this important fact induced him, two years ago, to abandon the perineal methods of excision of the rectum and to substitute, therefor, an abdominal method, comparable to those methods of performing abdominal hysterectomy known as the Wertheim and the Kronig-Wertheim. He then gives the technic of his operation in full, and has formulated what he considers certain essentials, which must be strictly adhered to, if satisfactory results are to be obtained, namely: (1) that an abdominal anus is a necessity; (2) that the whole of the pelvic colon, with the exception of the part from which the colostomy is made, must be removed because its blood supply is contained in the zone of the upward spread; (3) that the whole of the pelvic mesocolon below the point where it crosses the common iliac artery, together with a strip of peritoneum, at least an inch wide on either side of it, must be cleared away; (4) that the group of lymph nodes situated over the bifurcation of the common iliac artery are in all instances to be removed; and lastly (5) that the peritoneal portion of the operation should be carried out as widely as possible, so that the lateral and downward zones of spread may be effectively extirpated.

B. G. A. Moyinham, M.D., Leeds, Eng., (Surgery, Gynecology and Obstetrics, 1908, Vol. 6, p. 463,) calls special attention to the "*Frequent Recurrences After Removal of Carcinoma from the Upper Rectum and Sigmoid,*"

(To be continued in September.)

GENERAL MEDICAL NEWS

SOCIETIES

A Medical Association has been formed at Lethbridge, Alta. *President*, Dr. DeVeber; *1st Vice President*, Dr. Keiller. Sterling; *2nd Vice President*, Dr. Smythe, Medicine Hat; *Secretary*, Dr. Campbell, Lethbridge.

The officers for this year of the British Columbia Association elected at the recent annual meeting held at Seattle are as follows:

President, Dr. R. W. Irving, Tranquille; *Vice President*, Dr. J. S. Burris, Kamloops; *Secretary*, Dr. R. E. Walker, New Westminster; *Treasurer*, Dr. J. D. Helmeken, Victoria.

At the first meeting of the first council of the College of Physicians and Surgeons of Saskatchewan, the following officers were elected:

President, Dr. W. A. Thomson, Regina; *Vice President*, Dr. A. M. Young, Saskatoon; *Registrar*, Dr. Charlton, Regina. The members present were: District No. 1, Dr. Stanley Miller, Battleford; No. 2, Dr. H. W. Young, Saskatoon; No. 3, Dr. J. F. Irving, Yorkton; No. 4, Dr. A. E. Kelly, Swift Current; No. 5, Dr. W. A. Thomson, Regina; No. 6, Dr. H. Eaglesham, Weyburn; No. 7, Dr. Argue, Grenfell.

August 24th was fixed as the date of the next examination at Regina, for license to practise in Saskatchewan.

Drs. Thomson and Argue were appointed delegates to the meeting which is to be held in August at Winnipeg for the purpose of discussing the proposition for a federation of the four provinces for the purposes of examination and registration.

The Canadian Medical Association Meeting

The 42nd Annual Meeting of the Canadian Medical Association will be held in Winnipeg on the 23rd, 24th and 25th of August, under the Presidency of Dr. R. J. Blanchard.

The Association will meet in five sections, viz.:

1. Medicine.
2. Surgery.
3. Obstetrics and Gynaecology.
4. Pathology.
5. Eye, Ear, Nose and Throat.

The programme as given below, covers a wide range of subjects, and is of unusual interest. One morning session will be devoted to a Symposium on the Kidney, which the Members of all Sections will attend.

The special features of the Meeting will be:

1. A Report of the Committee appointed at Ottawa last year to investigate and Report upon the Milk question.
2. A discussion on Inter-Provincial Registration. Several of the Provinces are sending representatives to confer on this subject.
3. Dr. Powell, of Ottawa, will report upon the year's work of the Canadian Medical Protective Association.
4. The address in Medicine will be delivered by Professor J. G. Adami, of Montreal, on "Certain Aspects of the Typhoid Problem," and on Surgery by Dr. James Bell of Montreal.
5. A popular lecture will be given by Dr. Hugh A. MacCallum, of Montreal, on "The Mind and its method of action in Causing and Curing Disease."
6. The opening address of the British Association for the Advancement of Science will be given by Sir J. J. Thompson, M.D., F.R.S.
7. The Committee of Arrangements hope to have in attendance Dr. J. N. McCormick, Official Organizer of the American Medical Association, to give an address on Medical Organization.
8. The question of establishing a Journal of the Canadian Medical Association will be discussed.
9. An exhibit is being arranged, of Surgical and Medical instruments and appliances, Medical Books and Therapeutic Preparations, to which many firms in Canada and the United States are contributing.
10. Surgical and Medical Clinics on special cases will be held at the Winnipeg General Hospital.

The Social features of the meeting, have not been overlooked, and will consist of Garden Parties by Sir Daniel and Lady McMillan, Mrs. H. H. Chown and Mrs S. W. Prowse.

A Conversazione and Smoker, at the Royal Alexander Hotel, Automobile Rides, etc.

Those leading in the "Kidney Symposium" are: Drs. McCrae, R. C. Campbell, Montreal and Drs. Fotheringham, S. Cummings, McKeown and Prof. J. T. McKenzie of Toronto.

The Provisional Programme is as follows.

Among the papers to be read we have only space to mention a few.

"Home Treatment of Pulmonary Tuberculosis," by Dr. E. H. Elliot, Toronto.

- "Duodenal Ulcer," a synopsis of 42 cases by Drs. C. F. Martin, Montreal, and J. D. MacCallum, Montreal.
- "Prairie Diets in Relation to Health and Disease," by Dr. Speechly, Pilot Mound.
- "Serum Therapy," Dr. Ross, Toronto.
- "The Treatment of Pernicious Anaemia," Dr. Graham Chambers, Toronto
- "A Generation of Change," Dr. John Stewart, Halifax.
- "Hydatids," Dr. Brandson, Winnipeg.
- "Stiff and Painful Shoulders," Dr. Galloway, Winnipeg.
- "Methods of Inducing Local Anaesthesia," Dr. Lehmann, Winnipeg.
- "Exhibition of Chloroform Apparatus with Observations," Professor H. W. Alcock, London, Eng.
- "Chloroform Anaesthesia," A. D. Waller, M.D., F.R.S, Director of Physiological Laboratory University of London, England
- "Cases of Typhoid discharged as cured but who still harbour the Typhoid Bacillus," Dr. Leshe, Toronto
- "The Condition under which the Lacrymal Sac should be excised and the best method of performance," Dr. Good, Winnipeg.
- "Facial Paralysis due to aural lesions," Dr. Gibbs, Wishart, Toronto.
- "Tumour of the Optic Nerve," case report with specimen, Dr. Harvey Smith, Winnipeg.
- "The value of Preventative Medicine to the State," Dr. John Ferguson, Toronto.
- "Rectal Anaesthesia," Dr. W. Webster, Winnipeg.

MEDICAL NEWS

On the special recommendation of Dr. Seymour, Provincial Officer of Health, Saskatchewan, the government appointed Dr. T. Aird Murray, to be special consulting engineer for the province. Dr. Murray read a paper before the Saskatchewan Medical Society on his special work. Dr. Murray accompanied Dr. Seymour to Prince Albert, Moose Jaw and other points in the province. This is the first appointment of the kind that has been made by any Province in Canada and is an entirely new departure for the protection of Public Health.

Dr. Hodgetts, Chief Health Officer of Ontario, is advocating the provision by the Dominion Government of a National Laboratory with a National Board of Health. The Laboratory would be the place for testing and recording everything reported from the various Provinces in connection with Public Health, and the dissemination of information so gathered, thus making the whole of the Dominion conversant with the Health conditions in every section.

The monthly report of deaths in 350 of the largest centres

of the German Empire as supplied to the German Imperial Board of Health show there has been a steady decrease in deaths from tuberculosis, especially tuberculosis of the lungs.

It is said that Dr. Seymour Hadwen, of Duncans, B.C., shares with Professor George Nuttall, F.R.S., the honors of discovering a curative treatment for malignant jaundice in dogs and redwater in cattle. Dr. Seymour Hadwen is a member of the staff of the Biological branch of the Dominion Agricultural Department at Ottawa, but has been engaged during the last few months in special investigation work in Great Britain.

The annual examination of the Alberta College of Physicians and Surgeons is held this month. 40 candidates have applied for license to practise. Drs. Lafferty and Stewart are the presiding examiners.

Dr. H. G. Langis, who is retiring from practice after 25 years' work in Vancouver, was presented by the members of the Medical Association with a beautiful decanter and service of cut glass. The presentation was made by Dr. Brydone Jack who is next to Dr. Langles the oldest practitioner in the city.

Dr. A. T. Watt, Superintendent of the Quarantine Station, at William Head, accompanied by Dr. Montizambert, Superintendent of Quarantine for the Dominion, are at the Coast making arrangements for the establishment of a quarantine station at the new railroad port in the North.

The July Annals of Surgery edited by Dr. Pilcher, of New York, contains the full proceedings of the American Surgical Association meetings, and all the papers that were read—This is a specially good number.

PERSONALS

Dr. R. D. Lazier, of Princeton, has been appointed coroner.

Dr. Mulholland has opened a practice at Watson, Sask.

Dr. Lebrique, of Prince Albert, has gone to Paris and he is succeeded by Dr. Shelley.

Dr. King, of Grenfell, has started practice in Prince Albert.

Dr. R. L. Hutton, of Hague, has taken over Dr. Cuzrier's

practice in Rosthern, while Dr. Archer Dods replaces Dr. Hutton at Hague.

Dr. W. A. MacLeod has started practice at Rosthern.

Drs. Seymour and Hodgkinson visited Prince Albert recently on health matters.

Dr. H. J. McDermid, of Russell Man., has been appointed Coroner.

Dr. C. A. Hodgetts, Chief Health Officer of Ontario, attended the annual meeting of the Saskatchewan Medical Society.

Dr. J. D. Robertson, of Victoria, has been appointed Surgeon on R.M.S. Empress of Japan.

Dr. John William Arbuckle, of Union Bay, has been appointed Resident Physician for Denman and Hornby Islands, in place of Dr. Millard, who has resigned.

Dr. Monkham, formerly of Hawarden, is now settled in Loneburn.

Drs. Bryne and Dixon have gone on a prospecting tour to the Peace River District. They expect to be away three months.

Dr. L. G. W. Irving, Provincial Health Officer for Alberta, and Mrs. Irving, have been spending a holiday at the Coast.

Dr. Halpenny, of Winnipeg, has left to attend the International Medical Conference at Budapest.

Dr. Carscallen, of Winnipeg, has returned from his visit to the South.

Dr. and Mrs. Lehmann have gone for a visit to Orillia, Ont.

Dr. O. Wild, of Vancouver, has returned from his visit to Boston, New York and other cities.

Dr. W. T. Hamilton of High River, has gone to Vancouver where he will start practice.

Dr. J. L. Biggar has returned from the East where he made a spécial study of X Ray treatment.

Dr. M. W. McAulay has gone to Lunenburg, N.S., where he will in future make his home.

Dr. R. H. Bryce, Chief Medical Officer of the Dept. of the Interior, Ottawa, is in Alberta making investigations into the health of the Indians and other matters connected with his department.

MARRIED

KELLY-STANTON—At Calgary, July 21, Mary Charlotte Stanton, daughter of J. H. Stanton, of Moncton, N.B., to Arthur Kelly, M.D., of Swift Current.

CARSON-BRUCE—At Vancouver, Miss Annie Bruce, was married to Dr. J. Carson, of Mount Tolmie, Victoria, B.C.

OBITUARY

On July 21st, Dr. Wilbert McIntyre, M.P. for Strathcona, died after a very short illness. His death is felt to be a great loss both to his constituency and his professional colleagues. He was one of the hardest workers in the House of Commons. He was born at Rosedale, Victoria County, Ontario, July 15th, 1867, educated at Owen Sound Collegiate Institute and the University of Toronto, from which he received his degree. About eight years ago he removed to Strathcona where he started practice. In 1904, he was made President of Board of Trade and also chosen President of the Northern Alberta Medical Association. In 1905 he first entered political life as Liberal representative of the Strathcona Federal Constituency. His marriage took place January 1st, 1908, at Owen Sound, to Mary, youngest daughter of Captain Robert Harkley.

On July 31st, Dr. R. R. Robinson, of Port Moody, was found dead in his surgery, from an overdose of morphine or cocaine, taken to relieve pain from a wound caused by a bicycle accident. Dr. Robinson was 38 years of age and had practised in B.C., for 16 years. He served in the South African war and also on the C.P.R. Liners to the Orient.

NOTICES

The exhibit of Chandler & Fisher, Ltd., at the coming Medical Association Meeting will occupy the end space in Tent A. We understand the Exhibit is very extensive and well worth visiting.

Chandler & Fisher, Ltd., desire us to announce to the profession that W. J. R. Brown who represented them in Manitoba and part of Saskatchewan, is no longer in their employ in any capacity.

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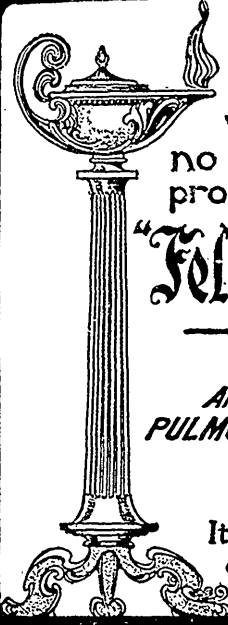
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NOTICE

ODD-NUMBERED SECTIONS

As already publicly announced, odd numbered sections remaining vacant and undisposed of will become available for homestead entry on the coming into force of the Dominion Lands Act on Sept. 1, next.

As the records of only the even numbered sections have hitherto been kept in the books of the various land agencies in the western provinces and the time having been very limited since the passing of the act within which to transfer the records of all odd numbered sections from the head office at Ottawa to the local offices, it is possible that the transfer of records in some cases may not have been absolutely completed by the 1st September. In any case where the record of any quarter section has not been transferred, application will be accepted but will have to be forwarded to head office to be dealt with.

As it has been found impossible as yet to furnish sub-agencies with copies of the records of the odd numbered sections and in view of the large probable demand for entries, all applicants for entry upon odd numbered sections are strongly advised to make their applications in person at the office of the Dominion Lands Agent and not through a Sub Land Agent. Applications for even numbered sections may be dealt with through the Sub-Land Agent as before if desired.

J. W. GREENWAY,

Commissioner of Dominion Lands,
Winnipeg, August 22, 1908.



Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of minion lands in Manitoba, Saskatchewan and Alberta, excepting 8 and not reserved, may be homesteaded by any person who is the sole head of a family, or any male over 18 year of age, to the extent of one-quarter section of 160 acres more or less.

Application for entry must be made in person by the applicant at a Dominion Lands Agency or Sub-Agency in the district in which the land is situated. Entry by proxy, may, however be made at an Agency on certain conditions by the father, mother, daughter, brother or sister of a intending homesteader.

DUTIES:

(1) At least six months' residence upon and cultivation of the land each year for three years.

(2) A homesteader may, if he desires, perform the required residence duties by living on farming land owned solely by him, not less than 80 acres in extent, in the vicinity of his homestead. Joint ownership will not meet this requirement.

(3) A homesteader intending to perform his residence duties in accordance with the above while living with his wife or on farming land owned by himself must notify the Agent in the district of such intention.

Six months' notice in writing must be given to the Commissioner of Dominion Lands at Ottawa, of intention to apply for patent.

W. W. CORY,

Deputy of the Minister of the Interior.

N.B.—Unauthorized publication of this advertisement will not be permitted.

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Solution Adrenalin Chloride (1:1000).

Adrenalin Chloride, 1 part; Physiological Salt Solution (with 0.5% Chloretone), 1000 parts. Powerful astringent. Dilute with four to five times its volume of physiological salt solution and spray into the nares and pharynx (see Glaseptic Nebulizer adv. below). Ounce bottles.

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Effective either alone or as an adjuvant to Solution Adrenalin Chloride. Collapsible tubes with elongated nozzles.

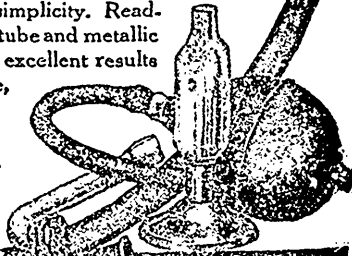
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