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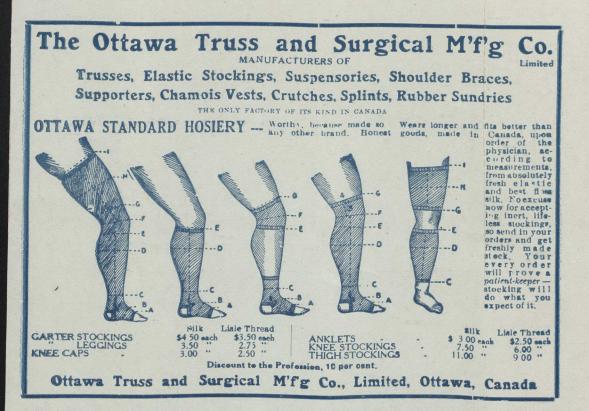
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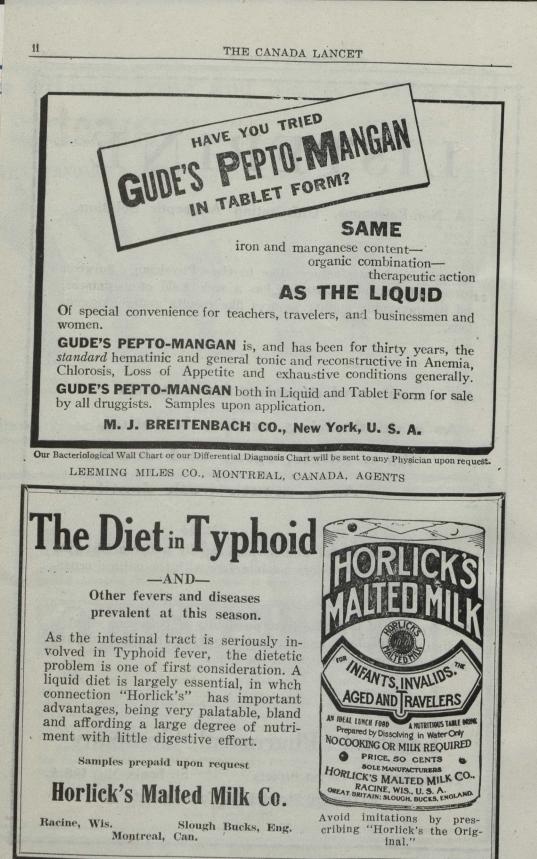
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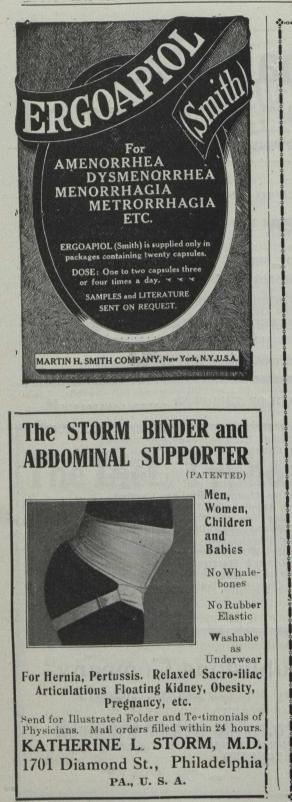
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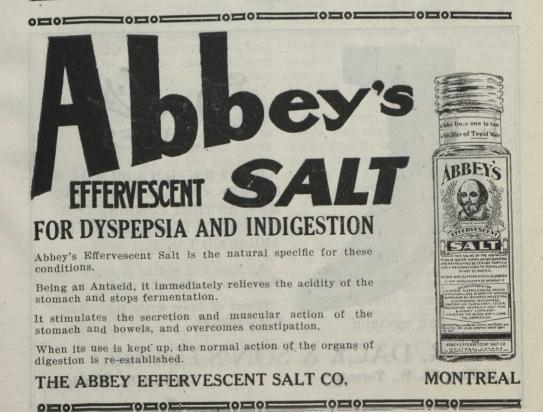
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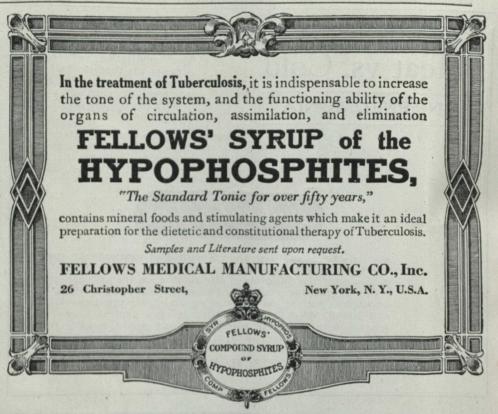


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# The Canada Lancet

VOL. LV

#### NOVEMBER, 1921.

## Climate in Relation to the Treatment of Tuberculosis.

#### Edwin P. Kolb, M. D. Supt. Suffolk Sanatorium, Holtsville, N. Y.

S INCE at different times in the past 20 centuries various writers have attributed specific virtues to certain climates or locations, a brief review of the subject of climate in relation to the treatment of Tuberculosis is pertinent.

The importance of climatic treatment for tuberculosis, a belief of the ancients, has survived the advent of scientific medicine. The value of certain climates in the treatment of this disease was emphasised by the ancient Greek and Roman, as well as the Medieval Arabic Physicians. Hippocrates advocated a sojourn in the mountains. Aretaeus recommended sailing and the air of the sea shore. Celsus advised a trip to Egypt. In more recent times, Laennec advocated a residence on the sea coast. He found that the air of the mountains did not agree with many of his patients and believed that those with whom it did agree had only a small number of tubercles in the lungs. He said, "A residence by the sea side particularly in mild or temperate climates, is unquestionably the situation in which most consumptive patients have been known to recover. Indeed, I am convinced that we have no better means to oppose to this disease, than a sea voyage and resi-

dence on the sea coast in a mild climate."

Most of the English and Continental Physicians of his time, were sending their tuberculous patients to the seacoast.

For a brief period in the first half of the 19th century, treatment in caves was advocated and it is said that hundreds of tuberculous individuals went to the Mammoth cave in Kentucky with disastrous results. It can be seen that although climate was considered of greatest importance there was a difference of opinion as to the best climate for the consumptive.

It has been only within recent years that the value of climate as a therapeutic measure in the treat ment of tuberculosis has been relegated to its proper place, one of minor importance.

Osler <sup>2</sup> says in speaking of climatic treatment, "This after all is only a modification of the open air method. The requirements of a suitable climate are a pure atmosphere, an equable temperature not subject to rapid variations and a maximum amount of sunshine. Conditions which should influence the choice of a locality are good accommodations, good food, and the patient be under the care of a competent physician. When the disease is limited to an apex in a man of fairly good personal and family history, the chances are that he may fight a winning battle, if he lives in any climate, whether high, dry and cold, or low moist and warm. With bilateral disease and cavity formation there is but little hope of permanent cure and mild or warm climates are preferable."

Lawrason Brown <sup>3</sup> of Saranac says, "The value of certain climates has in recent years been called into question and to-day rests upon personal belief and experience. Much has been written and little proved. There is no specific climate for pulmonary tuberculosis and climate alone is of little avail. Without doubt many of the effects attributed to climate can be ascribed to change of climate. Change from a "good" to a "bad" climate often produces excellent results. In general patients in acute stages should be kept at home. Robust patients in subacute stages may be sent to any climate. Patients advanced fibroid with disease and delicate patients with subacute or chronic ulcerative disease need a climate of protection, neither too cold nor too high, but those in early stages will do well in almost any climate."

Fishberg <sup>4</sup> believes that change of environment is important irrespective of the kind of climate. He emphasizes the necessity of considering the economic aspects.

Dr. Flick <sup>5</sup> of the Phipps Institute, Philadelphia, says, "Climate of itself as a curative factor in tuberculosis has never been defined in so much as it eludes analysis. In the abstract it has been held of

value but all that it has been possible to say for it is that people have gone away and gotten well. Many who stay at home recover. as well as many who go away. A well to do go-away recovers and attracts attention; a poor stay-athome recovers and is unnoticed. or if noticed, is said not to have had tuberculosis. Spontaneous recoveries take place everywhere. We have no evidence that more take place in one climate than another. In climatic resorts tuberculosis subjects congregate, attract attention and are under observation; when a case recovers it is noted, but when a case goes home to die, or is sent home in a coffin. no notice is taken of the matter. In home climates things are reversed. Tuberculous subjects are scattered through the community and attract very little attention except when they die. Recoveries are never noted but death always is. We have statistics of how many die but not of how many get well.

Dr. J. W. Flynn 6 of Prescott. Arizona, in an article on the subject of climate in a recent number of the American Review of tuberculosis, concludes that there is no specific climate for the treatment of tuberculosis. He says, "As between care (that is fresh air. good food, rest and competent med ical attention) and climate, the latter must always continue to be a secondary consideration. In the least favorable climate, good care. provided the surroundings be the best obtainable, will produce much better results than the best known climate without this care. If the patient must choose between the two he should take the care and let the climate go; but if he be so

fortunate as to be able to have them both, his prospects of recovery are certainly brighter than they would be if he were compelled to depend on one alone."

Pottenger 7 in his chapter on climate says. "Formerly climate was thought to be the chief factor in the treatment of tuberculosis. To-day, however, we know that the most important factor in the treatment of tuberculosis is intelligent guidance. The great faith in climate which is still held by many is a remnant of the "let alone" policy of treating tuberculosis, rather than a carefully established fact." After going into details as to why the location of his own private sanatorium at Monrovia, Cal., is so desirable, he states, "While the discomfort and monotony to the patients would probably be greater in less favorable localities, yet the result would not differ as much as might be supposed."

E. S. Bullock <sup>8</sup> in a paper read before the National Tuberculosis Association in 1906 gives detailed reports of 148 cases to prove the value of the climate of Silver City New Mexico, in the treatment of tuberculosis. He did not offer any proof that the results would not have been as good at some other locality. He makes the very significant explanation that inadequate finances or unfavorable temperment operated against the patient in 53.2 per cent. of the cases. He concludes his paper with the following amazing statement. We should therefore have sent to our western institutions every case in which the patient may be expediently sent far from home." Four years later he wrote, "I must emphatically maintain that no consumptive should ever be sent away if it is not certain that he will have as good care and management in the distant climate as he could obtain near home." <sup>9</sup>

A comparison of the statistics from institutions located in different sections of the country will show very slight differences in the results of treatment in the three stages of the disease. Any difference can be explained by the personal equasion in classifying results. Of course those institutions (and there are many) that endeavor to get the patient home before the end comes will necessarily have fewer deaths.

It must be remembered that the results obtained in institutions located in well known tuberculosis resorts is no index of what occurs in the hundreds of patients who flock to the hotels and boarding houses in those localities. Unfortunately statistics are not available for this large class of patients If they were, undoubtedly the results, or rather, the lack of results of climatic treatment would be astounding. In spite of the fact that most authorities, many of them located in tuberculosis resorts, state that there is no specific climate for the treatment of this disease, many physicians and laymen, believe climatic most treatment is most necessary. The exaggerated importance of climate and the necessity of sending their patients to a distant point and a different climate is so firmly fixed in the minds of some physicians, that they seem to think they have given all the advice necessary, when they tell the patient to go to Saranac, Arizona, Co-

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lorado, or some other well known (often well advertised) tuberculosis resort, or the almost criminal general advice to "go West and rough it." The patients, many of them ignorant of the salient points in treatment, with the abnormal optimism which seems to be peculiar to the disease follow the advice and depending upon some magic virtue in the air to make them well, neglect the important principles of treatment.

Often patients so acutely ill that absolute typhoid rest is indicated are sent hundreds of miles from home with the result that the hardships of the journey means the final chapter of their life history. A characteristic often seen in tuberculosis individuals particularly those who are not doing well, is the idea that some climate or location other than where they happen to be is the ideal place for them and if they could only get there, they would soon be well. The result is that if they have sufficient funds (and sometimes when they have not) they pursue the elusive rainbow from one part of the country to the other always expecting that the pot of gold, good health, will be found at the next place.

The new arrival at any well known tuberculosis resort is always told of the wonderful effects of the air and the marvelous case of the patient who after being given up was brought in on a stretcher and in 6 months returned home absolutely cured. He is not told of the hundreds of ill patients, who after a variable length of stay returned home in a pine box. It is true that many wonderful so called cures occur at these places.

They also occur elsewhere.

I certainly do not wish to be interpreted as minimumizing the value of certain localities for the treatment of tuberculosis, or stating that patients should not be sent to a different climate. Undoubtedly a decided change of climate, location and environment is of great value in many cases and some patients will do much better in one place than another. I often so advise patients, but they are instructed to enter an institution if possible, and if not, to place themselves under the care of a competent specialist and follow his instructions absolutely. It is a great mistake to send some patients to the mountains to take the cure on their own responsibility in a hotel or boarding house. Frequently patients sufficiently ill to be in bed will be wading and fly climbing fishing the brooks. in other mountains or engaging forms of exercise harmful to These patients would be them. much better off at home.

The superiority of one locality over another as a place for the treatment of tuberculosis is individual rather than general and the fact that some patients do much better in a particular climate or locality is no criterion that a majority of the tuberculous will do equally well there.

Climate of Long Island. Ross 10 made a study of this question covering a consecutive period of 3,650 days from 1890 to 1900 at Brentwood. The mean Summer temperature is 70° the mean Winter temperature 30°, and the mean yearly temperature 51.8°. The mean yearly temperature of the entire State 45°, of New York City 52°, Atlantic City 52.7° and Nantucket 49.5°. Annual range of Temperature is 39°, while for the whole country it is from 64°-77°. The temperature in Summer is 5° cooler than New York City and in winter 16° warmer than the rest of New York State. The average yearly humidity is 72.75° only greater than San Diego, Cal. 3° Including all days on which the sun shines all day or a part of the day sufficient to permit exercise in the open air, there is an average of 300 days, 40 more than Atlantic City. 104 more than Nantucket and only 12 less than Denver.

The soil is sandy and permeable in the centre of the island, giving good drainage and the water is pure. It will be seen that Long Island possesses the essentials for open air treatment.

Results of Treatment at the Suf folk Sanatorium. 26 patients who were incipient cases on admission have been discharged from the Sanatorium. The results on discharge were as follows:

Arrested 22; Quiescent 1; Improved 1; Unimproved 1; Deaths 1\*

Forty nine patients whose condition was moderately advanced on admission have been discharged with the following results on discharge:

Arrested 19; Quiescent 18; Improved 5 Unimproved 6; Deaths 1.

Although the results were unfavorable in the majority of far advanced cases admitted, four patients with complications which placed them in the far advanced class were discharged as arrested

\*This patient died of Influenza-Pneumonia after he had received his final examination for discharge as an arrested case. and 25 far advanced cases were discharged with the disease quiescent. Of the Incipent cases dischar ged all are living and well except one who died of Influenza-Pneumonia. Six have been away from the Sanatorium over 3 years, 5 over 2 years; 7 over 1 year and 7 less than a year.

Of the far advanced cases discases discharged 48, all are living and working except one who succumbed to tuberculosis about 3 years after discharge. 18 of these patients have been discharged over 3 years; 10 over 12 years; 10 over 1 year and 10 less than 1 year

Of the moderately advanced cases discharged 48, all are living and working except one who succumbed to tuberculosis about 3 years after discharge. 18 of these patients have been discharged over 3 years; 10 over 2 years; 10 over 1 year and 10 less than 1 year

Of the far advanced cases discharged as arrested all are living and well. Of the 25 far advanced cases discharged as qiescent, one has since died of Influenza-Pneumonia and 3 of tuberculosis.

Forty-one cases of all stages were discharged with the disease arrested, all of whom are living and well except one whose death was due to Influenza.

Of 44 cases all stages, discharged as quiescent, 5 are dead, 4 from tuberculosis, one from Influenza. Of the four dying of tuberculosis, 1 was mod. advanced and 3 far advanced on admission.

These results will compare favorably with those of any institutions in the country no matter where located.

It is my opinion that the disease has a greater tendency to run a chronic course on Long Island than in the mountains. The histories, physical findings and subsequent course of the disease in a large number of patients leads me to believe this to be true. If this is so, it is a rather desirable thing. Many far advanced chronic cases enjoy fair health and are able to do a certain amount of work for years. The ages of the patients possibly indicate this also. 43 per cent of the patients admitted were over 35 years of age; 32 per cent. over 40; 13 per cent. over 50 and 4 per cent. over 60. One patient was over 80 years of age.

In conclusion I wish to emphasize the following points:

There is no specific climate for the treatment of tuberculosis.

Although many patients are greatly improved by a change of climate, the improvement can be attributed to the effect of the change, rather than to the virtues of the particular climate.

Proper care, which means propor rest, good food and open air, and competent medical supervision is of much greater importance than climate. Competent medical supervision includes proper medical and surgical treatment for symptoms and complications. It is probable that to these four well known and thoroughly proven essentials in the treatment of tuberculosis should be added heliotheraphy, sunlight, either natural or artificial.

No patients acutely ill should be sent a long distance.

No patient will insufficient funds irrespective of his physical condition, should be sent to a tuberculosis resort, unless he can enter an institution. A patient with suffi-

cient funds should not be sent away unless he can and will place himself under proper medical supervision and follow instructions absolutely.

A change is indicated in a chronic case, which has reached the point where his condition remains stationary after a sufficient length of time, providing he can receive equally good care somewhere else.

Institutional treatment is preferable to "taking the cure" in a hotel or boarding house.

With proper treatment the outcome in any particular case of tuberculosis depends largely upon that very indefinite individual factor, namely, allergy or resistance. Not all patients are equally resistant to the disease or can build up sufficient resistance even under proper treatment. Unfortunately we have no method of accurately estimating the individual resistance and must depend upon the subsequent progress of the patient to learn whether or not he possesses sufficient resistance to overcome the disease. This makes prognosis uncertain.

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# Cancer a Mutiny of Body Cells.

By L. Duncan Bulkley, A. M., M.D. New York.

SOME one has likened the sys-temic process of carcinosis, which results in the local lesions in various locations of the body to which have been given the name of cancer, to a mutiny or rebellion of certain previously normal or healthy body cells to the conditions under which they exist, in regard to nourishment, hygienic surroundings, personal treatment. etc. While the suggestion was briefly considered in my recent book, the subject is such a wide and important one, and opens so fully all the relations of cancer, that it will bear further development.

We can understand how the body cells rebel against wrong conditions of nourishment, in the light of the remarkable book by Quevli<sup>2</sup> in which the subject of "Cell Intelligence" has been worked out and lleveloped scientifically, and so convincingly that there is no question but that their aberrant and riotous action is the result of the condition in which they find themselves.

A regiment of soldiers has been sent far away, as, for instance, to Siberia, and owing to difficulties

of transportation and lax and bad management mainly on the part of subordinates, the food and other elements of life have become wrong and in every respect intolerable. Finally a single soldier or two representing individual body cells, rebel, and declare to their comrades that they will not stand it longer, and presently fifty or more agree with them, and they propose to kill their officers and return home. The colonel of the regiment hears rumors of the dissatisfaction and investigates, and happens in at a meeting of the plotters, and quickly surrounds and arrests them and has them all shot, just as the surgeon removes the riotous group of cells forming the tumor called cancer.

But if the intolerable conditions of life remain the same, this may not prevent another group of riotous soldiers, or cells, forming in the same locality or elsewhere in the regiment or body, and the surgical removal or shooting of these will not prevent still other mutinous bodies forming, until the whole regiment or body becomes affected, and subsequent drastic treatment ends the life of the regiment or body. This we see very day in cancer, for all recognize and know that repeated surgical operations end disastrously, and Ewing<sup>3</sup>, as a result of pathological observation states, in regard to mammary cancer, "There can be no doubt that operation shortens life and aggravates the terminal suffering in a great majority of recurrent cases."

What now happens if a good and compassionate colonel is in charge of the same regiment? Hearing the rumors of dissatisfaction he investigates and happens in at the same meeting, or listens outside, in which the soldiers, or cells, are complaining to one another and proposing to kill their of ficers as the cancer cells if the bad conditions of body remained unchanged would of themselves kill the patient. The good colonel hears the soldiers declaim to each other the various sources of discontent which were leading them to riotous and mutinous conduct. "The beef and canned goods are rotten," "The potatoes are frosted and decayed," "The canned milk is all sour," "The cereals are full of maggots," "The black bread is sour and mouldy," "The drink called coffee is made from acorns," etc., etc. Moreover, "The hygienic conditions are dreadful," "The wooden flooring of the tents is decayed, and some are sleeping on the ground," "The tents are worn out and leak in the rain," "Filth prevails everywhere," "There is an insufficient supply of blankets, and the tents not being warmed and the clothing poor and worn out, some perish from the cold, while all suffer," "The shoes are worn out, and those that were

provided did not fit, but caused sore feet," "There were no gloves or mufflers to protect against the bitter cold," etc., etc. "Let us kill our officers and go home."

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The good colonel hears all this from the outside and steps into the gathering and says, "Boys, I have been hearing all that you have said; why did you not come right to me? The things you mention are shameful and should not be, and I have been derelict and should have looked into and rectified them before; but all shall be changed and you shall all be the good soldiers, such as you always were before we came to Siberia."

By some means or other, with great care and attention to every detail he secures better transportation and supplies them with the proper and best food imaginable and rectifies all the hygienic and personal elements which were wrong. He dismisses all the commissary agents and also the noncommissioned officers, appointing new ones who carry out scrupulously all his personal orders, and he places everything as it would be in an ideally regulated camp, under his own personal supervision in every, detail.

What now happens to this discontented, riotous and mutinous group of soldiers? There is no need of shooting them because they have threatened to kill their officers and go home, for they thought they had, and did have, just reason for complaint. Now all is changed, and they take up their former life of obedience to just commands, do their work and drilling cheerfully, and become again even better soldiers than before, because they have experien-



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"The English Shop" SPORTING OUTFITTERS, SHIRTMAKERS, DISTINCTIVE TAILORS, HABERDASHERS, 98 and 100 West King Street, Toronto. ced the beneficial results of human intelligence and compassion, instead of the irritating and harmful influence of ignorance and brute force.

The simile applies perfectly to cancer, as I have repeatedly shown elsewhere, and as many will testify, who have, with great patience and perserverance, applied the right principles of correct dietary, hygienic, and medicinal treatment in carinosis, wherever its local lesions are manifested in various parts of the body. Of course we have not reached the point where every case of cancer, in every stage of the disease can be cured, but under sufficient and exactly proper medical management there need not be the 90 per cent. of ultimate deaths from cancer that surgeons acknowledge to be the case at present; early cases that have not been operated on yield in a large proportion, as has been repeatedly shown, while even advanced, inoperable, and postoperative cases show plainly the beneficial results of procedure along these lines, with some recoveries. Moreover, when the lesions and the real carcinosis disappear, with the removal of the causes, the cure is 'complete and permanent, until new causes arise, even as in the army there would be no more mutiny when the reasons for it had ceased to be operative.

The simile of a mutiny also explains the occurrence of metastases. We can understand how one or more members of the first disaffected group of soldiers might go to another company and call attention to the same grievances which had caused them to rebel, and thus a metastasis or new group would arise elsewhere and spread to any dimensions. And so again from this second disaffected group some might go elsewhere, until the whole regiment was infected. With the intelligent body cells of cancer the same can take place, if the constitutional conditions remain active.

Finally, the simile of a mutiny explains satisfactorily the matter of the supposed local origin of the lesions in carcinosis, about which much is said, and claimed SO wrongly. We all acknowledge that cancer of the tongue and buccal cavity arise from the local irritation of a broken or decayed tooth. but of the thousands of such that exist, how very few result in cancer! Smoking, especially the use of a pipe, is accredited with cancer of the lip and mouth, but how seldom does this occur among the thousands who use tobacco! Cancer of the breast is often attributed to a blow, but almost every woman has, at some time, had a blow on the breast or irritation from a corset, while relatively few develop cancer. Stones in the urinary or gall-bladder are assigned as causes of cancer in those localities, but patients have been known to carry these for many years. even up to twenty-five, with no cancer resulting; as is also shown by hundreds of operations for their removal and the rare discovery of a cancer having developed. The same may be said of cancer in various other localities.

In regard to epithelioma of the skin, the epidermoid carcinoma of Ewing, upon which surgeons so often base their claim for radical operations, much may be said, but we forbear. If not irritated or

treated wrongly this is often, or commonly a local, trivial affair. often easily cured in many ways. and only seldom, or when aggravated by injudicious treatment, does it manifest a destructive nature. and then it is owing to the same internal conditions which induce cancerous lesions elsewhere, as already intimated. We know how rarely metastases occur in basalcell epithelioma, and very seldom in internal organs, but spinocellular epithelioma metastasizes freely, even in distant parts, as in the liver and bone marrow.

Applying now our simile of a mutiny of soldiers, to the action of the cells forming the lesion which we call cancer, we can readily see how a local irritation may act as the exciting cause of rebellion, by soldiers or cells, against existing conditions of life, while perhaps the latter alone would not suffice to produce a mutiny or the malignant growth: even as a spark suffices to start a great fire in combustible materials.

The soldiers may have endured their increasing discomforts and distress without resistance or mutiny, until some unjust or unkind treatment, or a blow, from a corporal or a sergeant, led them to open rebellion. In the way the cells of a part may have long suffered nutritive and neurotic, or other grievances, and yet have striven to perform their functions faithfully, secreting milk, gastric juice, bile, urine, etc., until some external agency gave them a shock of unusual or injust treatment. Some local injury precipitates matters and leads them to throw off their allegiance to physiological control and action, and

starts them on their abnormal and riotous career. Ceasing to functionate as before in their proper glandular or other action, they still have the power of growth and reproduction, and a useless malignant neoplasm is formed.

We all know that after the surgical excision of an innocent adenoma, which had been pronounced non-malignant miscroscopically, true cancer may develop, metastasize, and destroy the patient; and the surgical removal of a true carcinoma will often seem to light up a much more severe and distressing trouble. It is quite logical to believe that, if the nutritional and other errors of system persist. these wild and riotous cells will continue their mad and destructive career, and that they will metastasize, as already mentioned. All this accounts well for the wrong theory of the purely local nature of cancer, which has gained such a wide acceptance.

All surgeons and pathologists claim that we know nothing of the true cause of cancer; but everything has a cause, and careful clinical study and experience now show abundantly the correctness of the doctrine of a constitutional origin and cause of carcinosis, and that when taken early the local lesions called cancer disappear and remain absent as long as the casual elements are kept under control. Diet, of course is the basic element, in order that the cells may receive the proper pabulum with which to perform their duties. But verfect nutrition depends also upon the correct action of the various organs of the body. including the endocrinous glands, and hygienic and proper medicinal

#### IMMOBILIZATION IN TREATMENT FRACTURES.

measures are often necessary to secure a perfectly healthy blood stream from which the body cells receive their nourishment. When this is ideal, the cells have no cause to mutiny.

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# Early and Complete Immobilization as a Factor in the Preservation of Joint Function in the Treatment of Fractures.

#### H. Winnett Orr, M. D., F. A. C. S. Lincoln, Neb.

Nonunion, malunion and loss of joint function as results of fractures are still far too common. The figures of the Surgeon General's report as to the results of the draft, show that an astonishing number of men were barred from service because of bad results following fractures. There were more than 22,000 in all. If this percentage holds for the population of the entire country, the disability figures for poor results after fractures must be very high indeed. In very large part, disability following fractures is due to stiffness of adjacent joints.

ness of adjacent joints. I recently had an interesting and unusual opportunity to study methods and results in the treatment of fractures. In our service at the Savenay Hospital Center we received some thousands of wounded Americans from other hospitals in the American Expeditionary Force. These were approved for evacuation to the United States; splinted or operated upon as indicated by the condition in which they arrived. Each patient was checked upon arrival as to his condition. As far as possible, the patients disposition was decided upon at once and operation was performed, position changed, splint put on or he was listed for evacuation to the United States the same day.

Previous to this time, I had also had an experience of more than a year with the British, most of the time, at a Base Hosiptal in Wales. Here, as well as at London, Bristol, Edinburgh, Belfast and Liverpool, many patients were seen who had reached a much later stage in the evolution of similar injuries. Conclusions from these observations were so inevitable that one feels like expressing rather strongly his views as to what the conditions in civilian practice must be and what general rules must be observed with reference to the treatment of similar conditions.

Medical officers in the military service were regular and civilian. The regular officers were trained for and chiefly concerned with the military campaign proper and the proper conduct of the hospitals. I may say here, however, that having been directly associated with about twenty regular medical officers who were in command of hospitals or hospital centers, I found them always anxious and willing to do whatever was necessary and possible, for our American wounded. I am anxious to say this because I have seen and heard comments to the effect that points of discipline were sometimes placed before the welfare of the wounded men. I never found this to be the case.

Civilian medical officers were, as might have been expected, chiefly concerned with the strictly professional side of the work. However, a handicap that always existed on the part of the civilian officers, was their disposition to do things with professional or personal considerations uppermost, rather than in the military way. I am not competent to speak of the effect of this upon the military campaign. I may say, however, that the treatment of fractures improved directly in proportion to the degree in which we succeeded in getting the surgical staff to comply with the rules set down by the Chief Surgeon, and the consultants in surgery and orthopedic surgery for the care and especially the surgical treatment and splinting of patients.

We had at all times in France considerable difficulty in securing the essentials of treatment for fractures, namely, traction and immobilization. Every trainload of wounded that came to Savenay. brought from ten to forty per cent. of patients with fractures, simple or compound, joint injuries, divided peripheral nerves and muscle and tendon injuries with developing or developed deformity, without any splints whatever. The average, for several months, of such patients without splints, was twenty-five per cent.

There were two factors chiefly responsible for the fact that so many patients were splinted poorly or not at all: First, opposition to splinting by chiefs of services and ward surgeons, who were afraid of producing stiff joints. Second, failure to splint by those who did not appreciate its importance.

In certain areas, to be sure, there was an amount of rush and lack of provision for splinting, which served to excuse the conditions found to some extent. In general, however, the two factors above referred to were chiefly responsible.

The fact that these two same factors are constantly met in civilian practice, impels the writer of this paper to lay the issue squarely before the medical profession. Stiff joints have been used a bugaboo and an argument against splinting long enough. The fact of the matter is, that stiffness after fractures is quite a different thing than is commonly supposed.

Actual bony ankylosis of a joint occurs with the destruction of the

#### IMMOBILIZATION IN TREATMENT OF FRACTURES

articular surface and formation of bone between the adjacent bony structures; this occurs in fractures only very rarely. On the other hand, severe stiffness is usually found in those cases in which there has been a long period of poor splinting without real immoand where there has bilization been continued irritation. mechanical or infections, or both. It is a very common thing for the tendons to practically unite with tendon sheaths, adjacent fascia and muscle sheaths.

In such cases, there is usually no bony ankylosis whatever. These conditions occur almost never as a result of immobilization. They do occur regularly with poor splint ing, with continued irritation from motion and inflammation. That splinting and real fixation may be quite different things can be noticed in almost any general hospital. In other words, stiffness in joints after fractures is more often due to failure to immobilize than to prolonged fixation. Stiffness charg ed to splinting is practically always due to pathological changes in the soft tissues. In these tissues as well as in many ankylosed joints, stiffness would never have occurred if, by adequate fixation, the parts had been protected from the first against motion and consequent damage and more severe pathological change.

There are a few points that must be emphasized in this connection:

1. The usual splint applied to fractures does not immobilize at all. This applies even to the usual plaster of Paris cast.

2. A considerable number of splints applied to fractures that are followed by joint stiffness,

have been put on too tight. This fault is as serious as having splints too loose. Even splints that are bandaged too tightly may not immobilize. Continued congestion of the extremities due to overtight ness of a bandage may cause serious stiffness in the ligaments, fasciae, tendons and muscles without any bony changes, whatever.

3. Uniformity in results after fractures was obtained in France during the military activity more nearly by a standard method of splinting and bandaging, than has ever been accomplished in civilian practice.

4. In fractures of the femur, the general adoption of the Thomas splint, which gives traction and immobilization (if properly applied) either from the skin or from the bones themselves, without constriction, will contribute greatly, not only to better results in the alignment of the fragments but also to a very great reduction in the amount of joint stiffness and disability after such injuries.

5. In other fractures, especially of the forearm, leg and spine, the more general use of plaster of Paris, applied so as to give real immobilization, will reduce the amount of pathological change, secure more rapid healing of the injured parts and give more and better function in adjacent joints than can be obtained in any other way.

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# The Nationalization of the Medical Profession.

Dr. J. E. Hett, of Kitchener, Outlines His Ideas on the Nationalization of the Medical Profession—Government Departments Would Control Care of Sick and Diseased—Need Education.



#### DOCTOR J. E. HETT,

The following article by Dr. J. E. Hett, of Kitchener, Ont., on the Nationalization of the Medical Profession was written for The Canada Lancet. He deals briefly with a subject of deep importance to every man, woman and child in the country. But the article is a personal one given by Dr. Hett; he does not write for the committee of the inter-relations of the medical profession and the public, of the Ontario medical profession of which he is a member.

"In the heatlh of the people lies the wealth of the nation."—Gladstone.

T HE conservation of human life and to promote the health and happiness of the human race should be the most important economic department of the government by the state.

When we examine history and the different countries to-day we find that the nation which is at the bottom of the list in the arts and sciences and in the general progress of her people is the nation that is most diseased; and that with the nation in which there is the least sickness physically and mentally the arts and sciences, commence and the general progress of her people is the farthest advanced.

To conserve human life is dictated even by the crudest economic motives. If the average span of life is increased, the potential wealth of the country is increased.

In the state of Massachusetts in 1855, the expectation of life of a person was forty years. At present it is over fifty.

It is estimated most conservatively that we produce more than we consume each year to the small amount of \$100 per capita. The addition of only one year of life per person adds to the national wealth of Canada no less than eight hundred million dollars.

This, however, is not all by any means. A man or woman is worth more to his country when well than when sick.

Illness, defective teeth, poor eye-sight are important causes of inefficiency and non-production.

It has been estimated, that about seven days on an average are lost each year from sickness, or about 2 per cent. of working time. This in itself would amount to a stupendous amount of money.

A very large proportion of all this money could be saved by the state if its energies were bent intensively to prevent disease by giving the people a proper system of education along health lines and treating the various diseases by the most enlightened and scientific methods.

We have arrived at an age when every man and woman should be in a position in an emergency to care for themselves. The doctor at present is so often called in to attend to trivial ailments that could easily be attended to by the people themselves and then on the other hand, often he is not called in on serious cases until too late. Ignorance and the costs of medical attention are to blame.

There are two agencies which alone can save humanity and bring about a higher and better civilization. These agencies are religion and the science of medicine. All things of an educational nature in its broadest sense are in a sense religious. All things pertaining to the development and preservation of the human race belong to the category of medicine.

The science of medicine and surgery has made most marvelous progress the past fifty years. Prior to that time there was but very little attention given to the prevention of disease along public

health lines and the family physician with his large supply of pills and nauseating drugs rarely referred his patients to specialists as is the custom to-day. The neighbors then were crude nurses, but there was a spirit of co-operation, and a great desire by friends to give a helping hand in time of sickness. Now they say: get a nurse. The status of the private medical practitioner or family physician assumes responsibility of the family and safeguards it. He is the true friend in various problems that confront the parents and children. He knows the trials and troubles of many families far better than the parson, but his lips are sealed. and no one has the key but the patient. No one in the whole country has such a profound knowledge of the mental and moral weakness of the race as the medical men, but they are silent and under the present system are helpless to disseminate the greatest moral teachings which would prevent such a terrible amount of suffering. We are spending a great deal of money on education. 'Tis well, but what an awful number of backward children are in the schools! Why? Because they are either diseased physically or not properly born. From backward children come the criminal, the prostitute, the insane, and the unfortunate ignorant class of society which lower the physical and moral status of the nation.

#### The Decline of the Race

Education has been started far too late in life. The greatest and most important education of a child is before a child is born. Prenatal laws are almost unknown, and the ignorance of many parents is simply appalling. The time is certainly coming when the laws of cause and effect will be so plainly and beautifully taught that children will be able to overcome the parental weakness which they inherited. Medical men and nurses will, under the nationalization of the medical profession, teach the great and divine laws of nature, so that children will come to school much better equipped mentally and physically, and the work of the teachers will be more pleasant and easy. Under our present system of teaching many of our lady teachers lose their personal magnetism and charm, which should not be. Something is wrong yes, very much wrong.

The number of morons at this age of the world is rapidly increasing. Oh, Christian civilization, are you not ashamed of yourself when you look at ancient Greece and ancient Rome? Who can change these conditions? The legal profession cannot hope to enact laws to cope with it.

The churches can meet it only to a certain extent. This is the work of the physicians, who can transform these existing evils. They know, or should know, the contending forces in race development and decay. Now and then a medical man sounds warnings, but the decline of the nation's mentality goes on unheeded and unrestricted.

Our medical science has made wonderful progress in the last half-century, yet the number of weaklings is increasing. What is the reason, and where is the remedy?

Under our present system, when a medical man graduates he has a license to practise for life. It mat-

ters not how much he may deteriorate and become a back number. There are some medical practitioners who, after graduating, never attend a medical society meeting, a clinic, or a post graduate course, and read but little. There is practically no supervision or checking up as there should be to bring every man up to a proper standard of efficiency.

As we look over the province we find that there is an excess of physicians in the city and a dearth in the rural districts. The lot of the country physician is a very difficult one and often he lacks modern facilities for diagno-The great advances which sis. have been made in the methods of physical and mental diagnosis are of the greatest value to the practitioner, and laboratories should be established all over the country to assist the medical men in 11e districts.

The public is becoming weil posted as regards the many lines of specialists, and people in ever-increasing numbers are seeking the services of specialists. It is perfectly evident, then, that the family physician, as he has been known in the past, is rapidly giving way to another system. Two solutions present themselves, the group system and namely, state medicine. Under the group system the work may be carried on by the following methods:

(a) A physician or surgeon may select his own group, assign the work of each individual, and pay a salary or commission.

(b) A number may unite in their work, but not in fees;

(c) Team work in which the services of every member of the group is at the command of every other member, each and all alike responsible for the character of the work being done.

Large clinics along these lines are now being built up in many of The Mayo the American cities. clinic of Rochester, Min., is a sample of team work. This group system undoubtedly has many advocates of its usefulness in the "arious centres where they are established, but when we look at these systems and compare them with the complete nationalization of the medical profession, they will pale very rapidly, as far as the benefit to the public and the state will be concerned.

#### How Nationalization Would Work.

Under the nationalization of the medical profession there will be health centres in every city and town, whilst there will be a ministry of health as part of the govern ment, which will be more important than that of any other deparment. The various departments under it will be:

(1) Ministry of public health:

- (a) Pertaining to contagious diseases.
- (b) Tuberculosis.
- (c) Venereal diseases.
- (d) Drugs, patent medicines, narcotics.
- (e) Sanitation.
- (f) Statistics.
- (2) Ministry of sex:
  - (a) Education of every child in the country.
  - (b) Education of fathers and mothers.

(3) Ministry of Motherhood: (a) pre-natal care, (b) thought ideas, (c) care of mothers re employment, (e) medical attention, prenatal, (f) statistics. (4) Ministry of child welfare: (a) nursing, (b) foods, (c) diseases (d) malformation, (e) school inspection, (f) baby clinics.

(5) Ministry of foods, clothing and housing, and house-cleaning.

(6) Ministry of physical culture and bathing.

(7) Workmen's compensation.

(8). Industrial, investigations and improvements of working conditions.

(9) Health centres.

(10) Mental department: (a) asylums, (b) jails, (c) epileptic and idiotic hospitals, (d) nervous, neurotics, hysteria, functional diseases.

In this last department specialists in all forms of nervous derangements will be engaged — medical men trained in psychology for the mind is frequently diseased, and this evil is just as real as the physical. All forms of faith healing and influences of the mind will be thoroughly studied, and dealt with in a sane manner.

All these various departments must centre from the seats of health government: Ottawa and the legislatures of the various The department of provinces. health will send out various pamphlets on health throughout the length and breadth of our dominion. Special lecturers in different departments will address and visit communities and the public press should open a department where health instructions are given. The movies will also present many health pictures. Every medical man will serve for the state and for his fellow man.

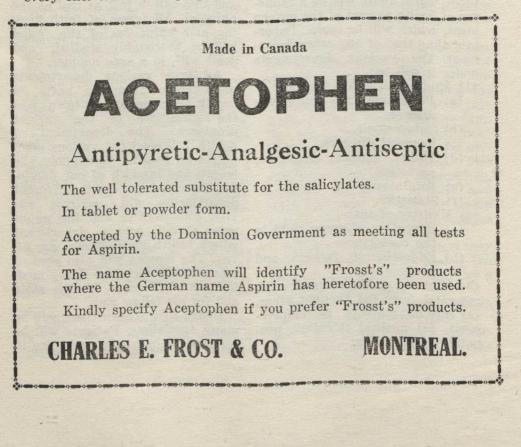
Under this system there will be many specialists. Patients will be referred to men who specialize in various lines. There will be many consulting physicians and surgeons and everyone will have an opportunity to receive the very best treatment.

The question of a fee will never come up. No operations will be performed unless necessary and men will not be burdened by continually having their noses on the grindstone to pay their medical and hospital bills.

We must cleanse civilization of its unhealthy and plague spots and of inherited and unnatural evils and rescue the stricken people whose malady is a reproach to a nation. The test of civilization will mean that children have a right to be well born and cared for and their physical and moral lives directed along proper lines. The laws of nature must be taught in simple but exact languages and the appreciation of its beautiful lessons must be brought clearly to every one. When the people are healthy and live in accordance with nature's laws we shall then see the people happy and contented and laughter will be more frequently heard and peace and harmony will result.

The people will have their choice of physicians and surgeons just the same as at present, and no one will be denied the employment of a private physician of surgeon if he is willing to pay for him, but under this system the services of the physicians and surgeons will be so satisfactory and proficient, and without cost, that it would be folly to employ private physicians and surgeons, which would only be a fancy for the very wealthy, who have more wealth than brains.

Every effort will be made whereby people may know themselves, and live contented and happy. The cost will be borne by the state, by direct taxation, especially upon the very wealthy.



# Doctors' Efficiency is Aim of this Plan.

THE health of the producing element of the country is in the hands of the doctors. If John from Smith is away two weeks work through illness, or if John Smith dies, the country, temporarily or permanently as the case may be, loses a producer. If medical science can add 10 or 15 per cent. to a man's total usefulness by cutting down the length of his illnesses or prolonging his life, it is adding that much wealth to the state. Therefore, in a sense, the doctor is a direct producer himself, for he oils the wheels of production and keeps them flying without friction.

For some time the Ontario Medical Association now with upwards of 2,000 members, has been seized with the importance of the above ideas. It has felt that anything it can do to increase the efficiency of its own members is naturally going to result in better doctors throughout the province and better service to the public. With this end in view it has started this year a notable experiment, aimed at achieving as efficient a medical service as possible in the province. This, in brief, is putting within reach of every doctor a post-graduate course, not in Toronto or some other medical centre, but right in his own constituency.

The plan has been in the progress of formation for the last two years. It was successfully launched recently.

The plaint of the rural practitioner, often entirely alone and miles from a medical centre, has been that he cannot leave his community without a doctor while he

visits lectures or clinics or hospitals in Toronto or elsewhere to "brush up" his knowledge and learn of the latest advances made by his advancing profession. Overworked, ploughing a lone furrow, facing long hours, long drives, often hardship, he had little time or energy for further study experiment or research.

"What can we do for these men?" was the problem that faced the Ontario Medical Association. As a result the association approached, through recognized local medical societies in the province, the very ablest men in the profession, and asked for their services to instruct the rank and file. So, they have now gathered together a postgraduate school of itinerant lecturers who have grouped their sub jects into a list numbering close on 200.

The province has been divided into ten medical districts headed by counsellors. And every county in the province, or most of them, has a medical society. These are association. the units of the Through this organization the scheme is working out. The affair is very democratically conducted. Every county society is supplied with a schedule of lectures listed under twelve group subjects from internal medicine and surgery to and radiology: pharmacology shortly a schedule will go to every individual doctor in the province. chooses the The county society subjects which interest it most and notifies the association which supplies a list of some four or five lecturers. From these the society may choose the man whom it wants to hear most, a top-notch expert in his particular branch of the profession.

#### Six Lectures Given Free

The association has acquired sufficient financial strength to supply these lecturers free of charge to any county society, up to the number of six times a year.

The three provincial universities, Toronto, Western and Queen's, are co-operating to the utmost in the scheme, to the extent of lending their faculties and facilities.

How does the scheme work out? Recently six doctors of fine reputation spent a week in Sault Ste Marie and Port Arthur and Fort William- Dr. F. J. Farley, of Trenton, president of the O. M. A. Dr. E. R. Secord, of Brantford, first vice-president of the O. M. A. Drs. Geo. S. Young, F. W. Marlow, R. C. McComb and T. C. Routley, all of Toronto, the last being secretary of the association. They gave lectures, visited the hospitals and placed themselves entirely at the disposal of their medical brethren in these two districts. Every doctor in the Soo district within a radius of 100 miles, except two, attended the meetings. From the Thunder Bay district, much of it isolated and wilderness every doctor except two came to

the meetings at the Twin Cities.

Both the Soo medical society and the Thunder Bay medical society have requested six additional lecturers during the year. These have been promised by the association free of charge.

Another encouraging meeting was staged by these same six doctors on board ship on the Magnetawan river. Sixty doctors from the north were there, some of them traveling 500 miles, from their homes and back, to attend.

The plan is becoming popular in the province. Peel county medical society has arranged for six lectures over a period of six weeks, the meetings being held in Brampton. During the past week some 25 lectures altogether have been arranged.

Those responsible are enthusiastic about the response. "The reception we got on the northern trip," declared Dr. Routley, "augurs well for the future success of this extension work among the medical fraternity. The greatest feature of the movement is that it is being taken right to their own doors."

"Most commendable and most hopeful sign of all on the part of every general practitioner in this province, with few exceptions, is he desire to keep himself as efficient as possible."

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# Review of Happenings in the Medical World.

#### A New Clinic For Special Results.

In a letter to the Canadian Company, the Southern California Aquazone Company announce the establishment of a clinic for the proper demonstration of Aquazone which is a product of seemingly excellent preventative powers. The announcement reads:

"We have long had in mind the possibility of opening an Aquazone clinic and this matter is now being brought to a head by the proposition of five well known M. D.'s comprising a Surgeon, a Stomach Specialist, Baby Specialist, Eye, Ear and Nose Specialist and These men, General Practitioner. all of whom are experienced and favorably known, are willing to devote a portion of their time absolutely free of charge to the treatment of patients in quarters provided by us to be known as "The Aquazone Clinic."

Medical men will instantly realize the value of this work in the hands of the proper men as it would make available, detailed records of the effectiveness of Aquazone in specific conditions.

#### \$100,000 Offered for Medical Relief of Cancer.

A prize of \$100,000 for the discovery of a medicinal remedy to relieve cancer has been offered by an anonymous donor through the Cosmopolitan Cancer Research Society of Brooklyn, it was announced recently. Requirements of the award call for method of treatment, formulas and full information, with therapeutic proof in at least fifty cases.

Office For Physicians—Application was made at the city hall, Toronto, for a permit to erect a sixstorey building for physicians and surgeons offices at the corner of Bloor and Bellair streets to cost \$145,000.

#### Dr. Third, A True Physician.

A brief notice in our columns recently stated that Dr. Third was leaving this week for Bermuda to recuperate during the winter from the severe illness which his host of friends and patients rejoice he passed through so well. The Standard feels that it is but expressing the feelings of the public in saying it hopes sincerely and heartily that the rest and change will do Dr. Third so much good that he will be able to resume his practice in the spring with his clever son, whom, with the desire to train as well as possible, he has sent to walk the London hospitals till then. Dr. Third's name is a household one far beyond the confines of Kingston, where he has spent his life as a true physician. He has endeared himself to thousands and thousands of patients, and to thousands of students at Queen's. His skill has only been equalled by his sympathy and kindness and by his devotion to his profession, and this has placed him on the noblest, highest plane. It would be impossible to say into how many homes he has not carried comfort assurance and health. We sincerely hope that Dr. Third and Mrs. Third will pass a pleasant winter in Bermuda and that in the spring the latter after all the anxiety which she has had will have a united happy home once more in Kingston.--The Standard, Kingston.

#### Expert Evidence Is An Absurdity.

Montreal—Expert medical evidence in court is an absurdity under the present system, was the declaration of Dr. C. M. Hincks, Toronto, secretary of the National Committee for Mental Hygiene, when addressing the Canadian conference on public welfare at its session here.

Dr. J. C. McClelland, of the Toronto General Hospital, spoke on venereal diseases and quoted figures inidicating that in the Montreal General Hospital in one year 26 per cent. of the patients were affected and that 5.7 per cent. of men for the Canadian Army among the draftees were tainted.

Dr. R. E. Wodehouse, of Ottawa, secretary of the Canadian Association for the Prevention of Tuberculosis, traced the history of the disease and the methods used to combat it.

#### Dr. Proctor Resigns.

Kitchener, —Dr. Proctor, Director of the Freeport Tuberculosis Sanitarium, has announced his resignation as head of the institution. Dr. Proctor has been in charge since the hospital was opened by the Army Medical Board shortly after the beginning of the war.

#### I. L. P. and Farmers Pick Hett.

Kitchener,-Dr. J. E. Hett, former Mayor of Kitchener and member of the Provincial Executive of the I. L. P., will be the Labor-Farmer candidate for North Waterloo having been selected at a largelyattended joint convention held in Waterloo. Six other names were offered, including those of Mayor Bohlender of Waterloo, Alderman Chas. Massel of Kitchener and Gavin Barbour of Crosshill. unsuccessful Farmer candidate in the last Provincial election. The utmost unity prevailed, and all those mentioned withdrew in favor of Dr. Hett, leaving him the unanimous choice. About 200 persons attended the convention.

#### Height of a Child Foretells Stature How to Figure How Tall Your Little Ones Will Grow in Adult Age.

New York,-Dr. Bird T. Baldwin, director of the Child Welfare Research Station of the University of Iowa, has been periodically measurng and weighing a thousand boys and girls for periods of eight to twelve years, and he is able to prophesy how children under good conditions will grow. At the second international congress of eugenics he said that a mother can measure the height of her seven-year-old child, increase it by a third and know within an inch or so the height that her son or daughter will attain when seventeen years old ten years from now. Girls are likely to attain the height at a somewhat earlier age than the boys.

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#### REVIEW OF HAPPENINGS IN TH THE MEDICAL WORLD

#### Doctor and Aunt Unhurt When Car Turns Turtle.

Kingston,—Dr. Lanfear, a graduate of Queen's University, living at Melrose, and his aunt, Miss Henry, formerly of Kingston, had a miraculous escape when an automobile in which they were riding, collided with a wagon when they were crossing a bridge over Sucker Creek three miles from Deseronto. The car turned turtle and fell a distance of fifteen feet into a ditch. Miss Henry escaped injury and Dr. Danfear suffered a few scratches on his leg.

#### Hospital By-Law Carried.

Gravenhurst, voted on a local by-law to grant \$3,000 to the two million dollar building fund for the Hospital for Consumptives. The by-law carried with 63 votes being registered against it.

#### Government Urged to Appoint Dominion Minister of Health.

At a largely attended meeting of the Executive of Canadan Public Health Association, a resolution was unanimously carried that, "the attention of the Provincial members of the Executive and of all health officials be drawn to the desirability of carrying on milk campaigns all over Canada."

It was also resolved that it was desirable to have a Minister of Health at Ottawa.

The meeting was presided over by the Hon. William Roberts, of St. John, and among those present were: Dr. H. E. Young, Victoria, B. Č.,; Dr. Happie, Halifax, Dr. A. Grant Fleming, Toronto; Dr. Hastings, Dr. G. Bates, Mrs. Plumptre, Dr. W. J. Bell, Dr. R. R. Mc-Clenahan, Dr. Defrees, Dr. J. W. S. McCullough, and Dr. J. G. Fitzgerald.

#### Blind Men May See Through Dog's Eyes

Paris—Dr. Koppanyi, of Vienna who has successfully cured blindness in animals by transplanting eyes, believes that it is possible to restore human sight in the same manner.

He believes that by engrafting the eye of an animal, preferably a dog, sight may be restored to blinded humans. He declares that the transplanted eye will rapidly take on the appearance of a human eye and will function normally in all respects. He is asking for volunteers.

#### Aged Doctor's Body Found Sitting Beneath Tree.

St. John, N. B.,—The body of Dr. J. Burnett, missing in the woods near Sussex, N. B., was found three miles from his fishing cottage at Chisholm Lake. It was found in a sitting posture under a tree. Death from exposure was indicated.

He had been spending a week at Chisholm Lake with a party of friends, and went for a stroll alone.

Dr. Burnett's family are all in Vancouver.

#### The Prescriber's Cough Syrup

Syrup Cocillana Compound, P. D. & Co., merits the characterization of "the prescriber's cough syrup." It is not offered as a panacea. There are definite indications calling for its use, and it is scientifically compounded from drugs which are selected with one idea in mind: that pharmaceutically elegant and therapeutically efficient preparations can be built up only

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#### Presentation to Dr. F. B. Power.

An interesting Anglo-American function recently took place in the Assembly Hall of the Cosmos Club, Washington, U. S. A., when Mr. Henry S. Wellcome. well known for his generous promotion of scientific research, presented Dr. F. B. Power with a gold medal specially struck to commemorate Dr. Power's distinguished services to science during 181/2 years as Director of the Wellcome Chemical Research Laborattories, London. Dr. Power's researches have been chiefly concerned with the constituents of plants and more especially those plants used in medicine. During his directorship of the Wellcome Laboratories about 170 papers were contributed to scientific societies, and as one of the speakers at the presentation said. Dr. Power had during that time the greatest influence both in America and Great Britain in raising the standard of our pharmacopoeias. His work is moreover still bearing fruit, and as an instance of this it may be mentioned that the new treatment of leprosy, which gives promise of effecting a complete cure of this terrible disease is based on the results of a series of researches conducted by Dr. Power in London

### Nujol Widely Used to Combat Intestinal Stasis Interesting Manu-

#### facturing Methods.

of toxic Effectual elimination matter-a problem which medical science has wrestled with since the days of Hippocrates and Galenappears in a fair way to be disposed of with the discovery of such petrolatum. agencies as liquid Many physicians of international repute advise it extensively. Dr. J. H. Kellogg, in his book, "Colon Hygiene", is an enthusiastic advocate of its use for ridding the body of intestinal poisons. He says "The use of liquid petrolatum affords an effective means of hindering the absorption of intestinal toxins and conveying them out of the body."

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Read this timely inquiry and the answer along with other short and interesting articles in the November BLOODLESS PHLEBOTO-MIST.

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#### Dr. Howard Harrison Dead

Dr. Harrison was in his 34th year and was regarded as one of the most brilliant of the younger surgeons in Canada.

Deceased was in England at the time war broke out and secured his F. R. C. S., being probably the youngest Canadian to gain this honor. He took a commission in the Imperial forces and was with a warship as ship's surgeon in Indian waters for some time, returning to take charge of the surgical branch of the Welsh Metropolitan Hospital at Whitchurch, England. At this hospital there were 1,000 beds.

Upon his return to Canada as a Major, Dr. Harrison was discharged from the service and then took his M. B. from the University of Toronto, from which university he had graduated before going to Eng land. Following this he practised in the city up to his illness.

Dr. Harrison was on the staff of Dr. A. H. Perfect of West Toronto. at the Western Hospital, and Dr. Perfect paid tribute to the dead surgeon. "Dr. Harrison," he said. "was in every way the best-equipped of the younger men of the profession. He enjoyed wonderful success by simply following the very highest and best in scientific surgery. Dr. Harrison possessed great powers of initiative and was a great success as a clinician to third year students in surgery at the University of Toronto. His fellowship in the Royal Society of England was secured at the first try."

Dr. Perfect also noted Dr. Harrison's fine work for soldiers, both in England and in Toronto, where, after his return from overseas, he was associated with the Department of Soldiers' Civil Re-establishment.

Many notable surgical operations, which had wonderful and unexpected results, were performed by Dr. Harrison, who was in every sense a friend of the soldiers at the Christie Street Military Hospital, where he was constantly in attendance.



#### DR. M. STEELE, M. P.

representing South Perth in the Commons. He is a candidate for re-election. He has the best wishes of a large circle of Medical friends.

# The Judgment of Fifteen Men

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#### Annual Meeting of No. 2 District of Ontario Medical Association.

Woodstock,—Over one hundred medical men attended annual meeting of District No. 2 of Ontario Medical Association of which Dr. Weston Krupp, of this city, is

the director, held here Oct. 5. At the afternoon session Dr. Charles White, of Pittsburg, (director of tuberculosis at the Rockefeller Foundation Institute, addressed the gathering on tubercular problems. Dr. White claimed that all tubercular cases can be cured if taken early enough.

Other subjects discussed 'were "Operative Treatment of Fractures," Dr. E. R. Secord, of Brantford and Dr. F. H. McKendrick, of Galt, leading the discussion. Dr. Wm. Goldie, of Toronto, and Dr. J. A. Marquis, of Brantford, led a discussion on review of blood pressure. The discussion on tuberculosis, on which Dr. White spoke, was also discussed by Dr. A. D. Proctor, of Freeport Sanitorium. "Acute Abdominal Emergencies" was the subject chosen by Dr. Herbert Bruce, of Toronto.

At five o'clock the large gathering sat down to a banquet, after which Dr. Routley, Toronto, secretary of the Ontario Medical Association gave an address. It was one of the most successful gatherings of medical men ever held in Western Ontario, and members were present from many outside points, as well as the counties of Brant, Waterloo, Wellington, Oxford, Perth, Huron, and Norfolk.

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#### DOCTOR GRAHAM CHAMBERS Tells Story of Wandering

"Still I did not give up hope."

These words are the keynote of Dr. Chambers' story. Lost for thirteen days in northern Ontario, pinched by cold, weakened by hunger, without matches, and very lightly dressed, he kept his head and he kept his heart—the two great secrets of fighting perils known and unknown. And this survival is written in those six words, "Still I did not give up hope."

Suffered Intense Pain From Swollen Feet and Could Not Sleep.

Atikokan,—Dr. Graham Chambers was found by two Indian trappers after having been lost in the bush for 13 days, being brought in on an improvised stretcher which was strapped to the bow of a motor launch. Despite the fact that he had fasted from September 29th until the day he was found, he was in surprisingly good shape, with the exception of the fact that he was suffering from a condition which he described as similar to trench feet.

"I only tramped one day, however," said the doctor, "after discovering that I was lost."

'The way in which I got lost was this," he proceeded, in recounting his experiences from the time when he got separated from his nephew at a point near the Elizabeth mine. "There were two trails. one to the old mine and one to the saw mill, which I had been over before. I thought they led to the same place, but they did not. After the first day I stayed there. The rest of the time I did not This was Wednesday move. or Thursday, September 28th or 29th I do not know which. I heard shots once or twice. The reason I staved there was because I was near the

water. There were two islands in the upper lake in the direction of the rising sun. The lake was quite large. It is called Deer Lake, I think."

#### Had No Matches.

"I did not have a match," said the doctor. "I did not get more than 20 minutes sleep all night on account of the pain in my feet."

"Did you have anything to eat since the day you were lost?" he was asked.

"No, I did not. I did not shoot any partridge because I had no matches and I could not eat raw birds," said the doctor jokingly. "I feel fine, and I had my meal today, bread and tea and a little partridge broth."

"I was foolishly dressed when I started out." he continued. "I only had summer underwear and a white shirt on. But fortunately I also had a good sweater coat with me. The first night I picked up some wild hay and packed it into my chest. I never felt cold all the time. When it rained I took shelter under a big log and packed up the sides with sticks and covered it with bark. I never got wet at all. I am a little sore through lying on some stones, though."

"I was rather despondent the last day I was lost," he admitted. "But when I saw the airplane yesterday it gave me courage. I got up when I saw it and waved my cap, but I think the aviator was a little inexperienced, because he flew so high. An experienced aviator would have flown lower and swept the country.

Dr. Chambers glossed over the hardships and privations which he had endured, mentioning, however, that he had been unable to sleep much as a result of the swollen and painful condition of his feet.

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# Where Ignorance is not bliss ---the Doctor should be wise

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