

THE SASKATCHEWAN MEDICAL JOURNAL

VOL. 2

AUGUST, 1910

No. 8

Original Memoirs

THE IMPORTANCE OF PUBLIC HEALTH FROM A NATIONAL STANDPOINT*

By Chas. A. Hodgetts, M.D., L.R.C.P. (Lond.), Ottawa

Medical Adviser to the Commission of Conservation

Almost "as idle as a painted ship upon a painted ocean" have drifted on the nations of the earth, heeding little, caring less for the health of mankind. True it is that efforts have been made from time to time to prevent the spread of cholera and smallpox, and with the success achieved in these great health battles the people and governments have, on the whole, been satisfied. It is considered a nation's duty to maintain armaments of the highest degree of efficiency, at enormous cost to the people. For what? For the prevention of war, and when occasion arises for the defeat and the destruction of the invaders. Statesmen are convinced of the wisdom of such a policy; politicians revel in the discussion of the theme; and the people, who pay the piper, in more ways than one are carried away in an ecstasy of national delirium, and vote large sums of money for these very questionable national extravagances.

We flatter ourselves war with all its horrors may be averted in this preventive manner, and as taxpayers quietly foot the bills. How often in the world's history are the dogs

* Read before the Alberta Medical Association, Banff, August 12, 1910

of war let loose? What have been the national losses in the past century? I leave you to compute.

But what are the nations doing to avert the untold and the never revealed ravages of the ever present enemy, which, like an unseen cancer, is gnawing at their vitals? If peace has its victories no less than war, it must be remembered that peace has its victims far more than war—for instance, in Great Britain during the Crimean War the needless waste of life was greater than the loss of life in that war—a waste too, accompanied by a long train of physical, intellectual and moral evils involved in general degradation of the people. Are the Governments of the nations organized in anything like the same manner for the protection of the health of the people, as in the case of invasion from a national enemy? One or two have begun the work, but it can safely be said of most countries the situation is tersely described in the opening words of this paper.

The people have, in the main, been satisfied with the work of curative medicine, and who but will acknowledge the great progress made in all branches of both medicine and surgery, how much suffering has been prevented, and how many lives have been saved by the more exact knowledge of the medical practitioner being brought to bear in diagnoses of diseases, and by skillful and judicious use of the knife, and wise selection of remedial treatment. It is well they have, for the results have been for the benefit of mankind, and medical men have perhaps thus unwittingly materially added to the wealth of the nations, for every time the life of a patient is prolonged, you are adding value of a material kind to the capital of the country—ininitely more than the farmer who raises a litter of pigs and sells them to the butcher for consumption as food. The difference between you and the farmer is, he generally gets paid, you often do not; he is considered as of national importance in the raising of that litter of pigs, you, and the patient whom you cure and the children of that patient who by your skill and advice are reared to manhood and womanhood, are not. For convenience' sake in most civilized countries both the man and the hog are placed in charge of a

Department of Agriculture—with provision for a careful oversight of the little pigs, but seldom, if any, consideration for the patients and their offspring.

A state veterinarian will assist in the former case, but in the instance of the child, he is of the earth, earthly; prenatal, postnatal, and for all eternity of no intrinsic value to the nation—while the pig, which was born to be killed by the butcher, and therefore has no right to die until ready for certified death under the eye of a skilled veterinarian, so that it may increase the value of the country's products by some two or three hundred pounds of pork worth nine cents a pound to the farmer. In the case of the hog to die of disease is unnatural, because all state departments of agriculture have so decreed. It is a part of a nation's asset, and no expense on the part of the country is too great to prevent this catastrophe. The loss of two hundred pounds of hog meat worth nine cents per pound to the farmer.

On the other hand, the infant is born to die—his days at most are threescore years and ten, or a little over. All Christian teachers tell us so. It is quite contrary to law that he should be killed, no matter how worthless he may be, and so legislatures enact laws for the protection of life against accidents in workshops, mines, etc., safeguard the handling of explosives, and in many other ways, but to consider the child's health as of importance to the state and to do anything to prevent the accident of illness, is quite another matter. That is a duty and responsibility devolving entirely upon his parents, or, to extend the boundary, at most it concerns the municipality in which he dwells.

That it is no new thing for opposition to be experienced when sanitary reforms are suggested, as instance the following: Earl Fortescue, President of the Congress of the R.S.I., held in Exeter, in 1880, in his address dealing with sanitary reform in Great Britain from the administrative and legislative aspects, says, referring to the work of Mr. Chadwick, in 1842, when sanitary reforms were being initiated:

“On looking back at those days after the lapse of a whole generation, I must allow that, relying on the soundness of our

views and the accumulated evidence on which they were based, we early sanitary reformers somewhat underrated the strength of the opposition we had to encounter. Ignorance, prejudice, vague alarm, and real or imagined self-interest arrayed against as a formidable body, comprising not only the mass of the wage class, for whose benefit, as the greatest sufferers from the then general violation of the plainest laws of hygiene, the efforts made for their enforcement were more especially directed, but comprising also too many who ought to have known better. I remember when the poor man's pig was a most potent election cry in various borough contests, and it was difficult to say whether the pigkeepers themselves or their non-pigkeeping next door neighbours suffered most from the close proximity of the animal, or were most indignant at the idea of his compulsory removal," and he adds, "I recollect at the same time Mr. John Bright and many other well known politicians of both parties, opposed sanitary reform, as did pretty generally the municipal authorities throughout the country. Similar conditions stalk through the land as in Great Britain seventy years ago, and we must not wonder then, when the argument is advanced, that the national government of any country should assume powers to treat professionally a man's hog, and so prevent financial loss to the owner of the hog, but that it is not the duty of that government to frame laws and appoint competent officers to first instruct me how to care for my child; second, how to prevent it from contracting certain communicable diseases, and so improve its physical condition and prevent premature death.

Why should the state interfere regarding the education of that child by enacting legislation requiring compulsory education under fines and penalties and yet decline to legislate the lines upon which the parent, as a parent, or in the wider sphere as a citizen, should care for the health of the child? It makes provision for statutory taxes even if the education of the child is paid by the parents.

If the morals of either are bad, certain state enactments provide ways for correction, punishment and restraint, the

latter not at the cost of the parents, although they be millionaires, but at the cost and charge of the state or municipality.

The state, again, assumes the duty of providing foster parents. It will even send its officers into the home, and declaring the parents are not able to discharge their parental duties to the satisfaction of the state, removes the children and thus assumes the duties of parentage.

It is proper and right that children should be educated. It is good for the state to establish a high standard of morality. It is humane for the state to remove children from the care of bad and sensuous parents.

The state provides shelter and care for those physically, mentally, and also those morally unfit to be at large in society and unfit to meet the demands of every day life. This, we say, is right and proper, for it is the duty of the well to protect the weak.

Provincial and federal institutions are proper in the present state of things, but the time will come when the present feeling of pride in state charitable institutions will take a turn and they will to generations yet unborn be viewed as ruins, like old European castles, as monuments of the stupidity and ignorance of their ancestors. But on what grounds can the legislators who frame these good laws advance sound and logical arguments that it is not the sphere of the state, as a state, to assume any direct control over the health of the people?

It is quite true that in this Dominion each province has a health act, and statutory provision bearing upon some particular phase of the life of the people. These provincial laws are very similar, and who will deny but what they have done some good in the prevention of disease, the betterment of local sanitary conditions? But who will express satisfaction with the advances which we, as a nation, have made? Are the people even educated up to the present laws? Are they seized with their importance as factors in the making for the health of this portion of a greater nation? Are the present laws and the method of administration doing anything more than merely serving the purpose of quarantine, the prevention of nuisances,

and the betterment of our home environments? And that, too, only when local public opinion calls for their enforcement, or where a higher sense of the duties of citizenship are more keenly felt?

Municipalities, like individuals, live too much to themselves.

Let us see if this is not true. A city, in the inception of a sewerage system, sees naught beyond its municipal boundaries, and looks for the easiest and cheapest way to dispose of its sewage, so that no nuisance is created within its corporation limits. It cares nothing as to how great a nuisance that sewage effluent may be to others, or how many lives may be lost by reason of typhoid carried to adjoining municipalities.

Compulsory vaccination is a statutory provision, and if carried out generally would result in the almost total eradication of smallpox, but for reasons which are well known, the statute is more honoured with breach than in its observance. We know the result.

What shall we say of the methods of many cities in respect to the disposal of garbage? Have we not all seen the town dump located often in an adjoining rural municipality, reeking to heaven, but unfending the olfactory nerves of those responsible for its creation?

Then who has not seen and passed by on the farthest side of the rural slaughter house, in which is killed the uninspected animal intended for the city homes? Will the township health authorities do anything to right the sanitary wrongs? But seldom.

Time fails me to mention even a tittle, but just recollect, if you can, the dairy whose sanitary condition was ever improved for health's sake by order of the Township Board of Health.

These illustrations are simply given to emphasize the fact that the administrators of the present health laws do not look upon them as of national importance, but as having a bearing simply upon the health of the people locally.

It is perhaps quite true that in one respect, at least, an improvement may be noticed in health legislation, so far as

it relates to sewage disposal, and protection of public water supplies. A beginning only has been made, and more must be done.

The working out of the problem, or rather of the many problems, from a national standpoint are before us for solution, and it would appear from the attention which they are receiving from the public generally, from the press, and from many of our legislators, that many are within the possibility of solution.

The fact has at last come to be realized that in Canada the health of the people must take a foremost place. We now realize the nation's health is its true wealth, not to be computed by dollars and cents, but a heritage to be handed down to future generations, not only unblighted, but rather enhanced and improved by reason of better sanitary environments of our homes, our city, town and rural municipalities, but above all, of attention to personal hygiene, which is the ground work of all public health. We have reached that point where all realize that families cannot lodge like pigs and live like Christians.

In Canada, at least, the national importance of public health has come to be realized as a fundamental principle, for it has found a place in the work of the Commission of Conservation, and in referring to it in his inaugural address, the chairman, Hon. Clifford Sifton, said in part:

"The physical strength of the people is the source from which all others derive value. Extreme and scrupulous regard for the lives and health of the population may be taken as the best criterion of the degree of real civilization and refinement to which a country has obtained. It cannot be said that it has received too much attention, though the Provinces, the Dominion, and the municipalities have health laws and health administrations all doing effective and useful work. There are, however, many branches of the subject, general in their character, which merit attention. The Dominion spends hundreds of thousands of dollars in eradicating the diseases of animals, and the work, it is pleasing to know, is being done with

thoroughness. But no similar effort is made by Province or Dominion to meet the ravages of disease among human beings, such, *e. g.*, as tuberculosis."

That there is great work to be done in checking the inroads of tuberculosis is evidenced by the mortality statistics of the last census. In the census year there were 9,709 deaths from the disease in Canada. Or, in other words, twelve deaths out of every hundred in that year were due to tuberculosis. And yet tuberculosis is classed by modern medical science as a preventable disease.

The Committee of the Commission on Public Health is presided over by Mr. E. B. Osler, M.P., of the city of Toronto, and although its duties are merely advisory to the governments of Canada, and not in any way executive, it is hoped, and fully expected that good work will be accomplished.

Having indicated some of the lines of health work where we have fallen down through faulty legislation, or failure on the part of local authorities to enforce existing laws—failure due to apathy—let us pursue a discussion of the importance of health to the nation from the economic and financial standpoint, for being medical men you are already seized with its importance from that of both curative and preventive medicine.

In Canada, in 1901 (census year), there died 81,201 persons, which was a death rate of 15.12 per thousand, which is practically the same rate as that of the great city of London—while in comparison to the country south of us it is nearly 2.5 per thousand lower than the census year 1900. If, however, we remember that the mortality rate in cities is high, that is high for the poor, high for the labourers, and low for the opposites of each of these groups where the conditions of life are good, then we must consider this death rate high in Canada, where we have not as yet the teeming millions with their remediable adjuncts, poverty and crime, with their degrading and degenerating environments.

Professor Fisher, head of the Department of Political Economy, of Yale, estimates that the United States could save annually at least one billion dollars now lost through deaths that could be prevented, and a further sum of half a billion

through preventable sickness. If we figure out the losses for this Dominion on the basis adopted by Prof. Fisher, allowing for all differences, viz., those of population, morbidity, and mortality, there could be saved some fifty million dollars on account of mortality, and twenty-five million through preventable sickness. It may be added that the figures of the Yale professor are considered those of a conservative political economist. Then, too, just look at his figures as regards tuberculosis and typhoid fever. He estimates the annual loss from the white man's plague, in potential earnings cut off by death, at one billion dollars; while, for the same reasons, typhoid costs 350 million dollars. If this waste of national wealth in the United States thus grossly estimated can be prevented, what shall we Canadians say of the great and growing annual losses we are called upon as a young nation to endure?

We must not be discouraged. It is not a case of what "can't be cured must be endured." The speedy application of the proper sanitary laws along a concerted line of action by municipalities and provinces under the co-ordinating and directing hand of a proper federal department will materially change the situation. That this is not idle talk is well shown by a few of the instances where improvement has been made in the past, for there are many examples of isolated cases where the enforcement of the proper sanitary measures by an authority properly seized with their importance, but trained in their application have resulted in marked and permanent benefit.

The city of Havana, which, prior to the American occupation, was virtually a death trap, with a death rate averaging over 50 per thousand in years without yellow fever, now has a mortality of between 20 and 24, and under the same rule the death rate of Panama has dropped from 100 to less than 34 per thousand.

The effect of vaccination and revaccination upon smallpox is historical, and in a similar manner will the use of anti-diphtheritic serum, as a remedial and prophylactic measure when fully applied, be written up in the history of the nations; while the application of the general laws of hygiene and

their enforcement, particularly in some of the large centres of population, by qualified health authorities clothed with only partial powers, are very marked and stand forth as examples of what may be accomplished by national governments for the general good of less fortunate communities.

Note the death rate of London, formerly as high as 50, now only 15; that of Vienna reduced from 60 to 23 per thousand.

Coming nearer home, in fact right at home, there is the splendid example of Winnipeg as regards the effect of the enforcement of the laws of hygiene upon the mortality of one disease alone, typhoid fever, and for purpose of illustration the words of the efficient Medical Officer of Health, Dr. Douglas, as given in his annual report for the year 1909:

"The typhoid situation in Winnipeg is at present very hopeful, and the differences in our death rate for the past two years as compared with the eight years preceding them (when the city underwent a rapid growth without sanitation to keep pace with this) is one of the most striking object lessons of what can be done by applying proper remedies to obvious conditions that we are aware of.

"Your Committee may recollect that some four years ago the task was undertaken of remedying certain glaring sanitary defects that existed in our city and which were supposed to be responsible for the inordinate amount of typhoid which annually occurred. You may recall that typhoid was constantly unduly prevalent, and that each autumn great outbreaks occurred which were not due to water infection but principally to flies and contact.

"Efforts were primarily directed against those great typhoid reservoirs—the old open privies on the surface of the ground, of which we had some 6,400. I am pleased to be able to report that the last of these contrivances was gotten rid of during 1909. These closets have been largely replaced by plumbing, and where it was not possible to install this, owing to the non-existence of sewers, brick and cement pits were put in. We have found these, while not ideal, about the best sub-

stitute for plumbing for use in this climate. At present no outside closets are allowed where sewers are available.

"Together with the abolition of the outside closets went increased activity along other lines, and a general cleaning up took place.

"At present every reported case of typhoid is investigated, and the data studied with the object of ascertaining its source."

He further adds:

"In addition, the public is becoming better informed on typhoid prevention than formerly, and we usually find intelligent appreciation of our efforts and earnest co-operation in carrying out the regulations and suggestions of the Department."

Quoting from the report, the typhoid mortality rate fell from 248 in 1904, to 38 in one hundred thousand in 1909.

What Winnipeg did not do in the years immediately preceding 1904, and the results of the municipal neglect, are being repeated every year throughout the length and breadth of this Dominion, the lives of the immediate residents not only being jeopardized, but the lives of thousands of non-residents, those who through the incidents of travel, visit it, may be only for a few days, and then pass on. Should such things be? We know what should be done, but where is the one authority to say, "These unsanitary things must cease. You must not endanger the lives of others. You must not continue to endanger your own lives." Must it be left in every case to the sad awakening such as overtook Winnipeg and has overtaken hundreds of other cities and towns? Must it be said of us that the blood of our fellow men has to be offered upon the altars of our neglect of the simple rules of hygiene, laws which have been known for centuries?

It must be noted that this wanton waste of life does not apply to the losses from typhoid fever alone. There are many others of greater or of equal importance, many others much more difficult to deal with, but which are amenable to the laws of health when properly applied.

It is the practice of municipal authorities to procrastinate as it is that of individuals. In both cases it is the "thief of

time" which, in the case of the corporation, means the lives of many. Shall not, therefore, some means be provided for the prevention of these wholesale murders, the prevention of which is of greater importance than the prevention of war, which, with all its attendant horrors, is greatly to be deplored, although its effects are neither so widespread nor so big with import to posterity?

The punishment of murder, rapine, rebellion, or riot are matters of national importance. In the neglect of laws of personal hygiene we have murder, of a degree, rapine or spoilation, rebellion against law, and a constant undercurrent of unrest or riot. The results in the infractions of the criminal code are similar to those in the sanitary code. The former is a national code, and who shall say the sanitary is of less importance to the nation? Indeed, it may be stated that with a proper enforcement of the sanitary code the criminal code would be more and more less necessary, and would become a small volume indeed, and in verification of this statement.

Indeed, it may be deemed advisable by some to deal with the neglect of the sanitary code by taking procedure against those who contravened it to the detriment or danger to the health of others by means of the criminal code. This, in the writer's experience, has been found to be a most satisfactory method where at all possible. One quotation is made from the Report of the United States Commission in Lunacy, which points out the urgent necessity which exists for some control of preventable diseases in relation to the insane.

The commission states:

"There is probably no more tragic result of venereal disease than the admission to the New York state hospitals of half a thousand new cases of general paralysis each year,—the majority of these have reached the prime of life, when their productive capacity and their value to the state are the highest and when their responsibilities for the support of others have been fully assumed. During the last twenty years, the number of insane under treatment has increased more than ninety-seven per cent., while the population has increased in the same time only fifty-three per cent. Alcohol is given as

an etiological factor in nearly forty per cent. of all admissions to New York state hospitals. The actual loss to the state of New York through alcoholic insanity is \$2,400,000 each year, and as an example, the state of New York in the year 1908 provided for nearly fifty thousand who were physically and morally diseased. They were found in prisons, reformatories, hospitals and asylums for insane and defectives, the expenditure reaching the enormous sum of ten million dollars. Not having the exact figures for this Dominion it is impossible to give any approximate estimate of what similar conditions mean to this country.

The study of the prevention of insanity, epilepsy, imbecility and feeble-mindedness is necessary, because by the framing of proper laws thousands of persons would be saved to the country, each one of whom would be adding to the nation's wealth, lightening the burden of others and not increasing it.

This is considered dangerous ground, as it opens up the question of the marriage of those who are likely to hand down a blighted offspring. The state has, however, worked out the question of the marriage of near relatives, and just so can it be worked out in the case of the unfit. The states of Indiana, Michigan and Connecticut have already made statutory provision along these lines.

It is essential, for the solving of many of our sanitary and economic problems, that the provincial laws be progressive and uniform, that they be enforced by competent municipal officers of health, but it is equally necessary from a national standpoint that a national bureau or department be organized to co-operate and work in harmony therewith, and equally important that the education of the public in respect to personal hygiene be made a more prominent feature in the future than it has been in the past.

It is impossible in a paper of this length to touch upon many of the features of national health work. Only a few have been referred to. They are of sufficient importance in themselves to justify any government in beginning the work of organization, for once properly organized, development of health work along national lines will appeal to the people, and in the people confidence is well grounded.

"A FEW NOTES IN CLINICAL SURGERY"*

By C. N. Cobbett, M.D., M.S. (Edin.), Edmonton

MR. PRESIDENT AND GENTLEMEN :

When I agreed to contribute an item to the programme of this convention, I had it in mind to report a series of cases of somewhat unusual interest.

It has since occurred to me that instead of a formal report it will be better to select a few cases in order to illustrate certain clinical points, some of which may be deemed worthy of discussion by this Association. With this object in view, I will, with your permission, entitle this communication "A Few Notes in Clinical Surgery."

Note I—"On the Surgical Treatment of Gastric and Duodenal Ulcers."

Some eight or nine years ago the modern operation of gastro-enterostomy had become so popular that it was regarded by many as a panacea for almost all diseases of the stomach. But with the lapse of a little time the result of many cases was shown to be disappointing, the relief afforded being merely temporary.

At the present time it seems to be clearly established that the operation is of no value in any neurotic or purely functional disorder, nor, in fact, in any case, unless there exists some amount of pyloric obstruction. I may remark, however, in passing, that it is surprising what a number of supposed neuroses are eventually proved to be due to organic changes in the viscera. It may also be regarded as well established that the operation of gastro-jejunostomy in suitable cases is a sound one, and very successful. The rest afforded to the parts by means of the anastomotic opening leads to rapid and permanent healing of the lesion. Even in cases of active haemor-

* Read before Alberta Medical Association, Banff, August 11, 1910

rhage the operation is followed by cessation of bleeding, and healing of the ulcer. It is rarely necessary to excise the ulcer. The writings of Mayo, Robson, Moynihan and W. J. Mayo give abundant authority for these statements, and by way of illustration permit me to refer briefly to two cases upon which I operated about a year and a half ago.

(a) One was a young married lady who had suffered from symptoms typical of gastric ulcer for five months. The symptoms were marked and there was great emaciation. The relief from all symptoms was complete and immediate. The patient has regained her health and has given birth to another child.

(b) The other was a man of 53, who had suffered for 25 years, and was just recovering from his seventh severe attack of haemorrhage. He was also an alcoholic. The ulcer was in the first part of the duodenum. The stomach was not dilated, but there was considerable inflammatory thickening at the pylorus and adjacent portion of duodenum. The immediate result of the operation was all that could be wished, except that he had to go through an attack of post-operative pneumonia. When, however, the patient was released from observation, his delight at being able to eat anything with impunity led to indiscretions in diet, and he had to be restricted. The result, now, is very good. He has gained over 20 pounds in weight, and has no symptoms so long as he is reasonably careful. I think sufficient time has elapsed to pronounce both these patients cured. In both cases I made use of the method known as the "Posterior no loop" operation, making large openings, and completing the anastomoses by simple suture, and in both with reversed peristalsis. Reversed peristalsis is said to lessen the risk of "vicious circle," but a careful study of the statistics of a large number of published cases leads me to the conclusion that normal or reversed peristalsis makes no difference one way or the other. The great safeguards against vicious circle are a free anastomosis and the avoidance of any loop. I do not believe in the anterior operation, except in cases where the other is impracticable, and I am not in favour of the use of any mechanical contrivances. Simple suture, carefully done,

is sufficiently speedy and absolutely safe. Where time is of great importance, suture by Halstead's method is almost as quick as anastomosis by button.

Note II—"On the Fate of two Unsterile Silk Ligatures."

In October last year I had to operate in the middle of the night on a woman in whose case I had diagnosed acute appendicitis. It turned out to be an ovarian cyst with tightly twisted pedicle. The appendix was perfectly normal. The woman was six months pregnant. She recovered, and went to full term. About six weeks after the operation a small sinus formed at one end of the cicatrix and persisted until a silk ligature came away.

Early in May, of this year, I was turned out of bed in the middle of the night to the same patient, and again I diagnosed acute appendicitis. On opening the abdomen I found a hard, firm mass almost as large as my fist, which proved to be the greatly hypertrophied stump of the ovarian pedicle. Densely adherent to it, and doubled twice upon itself in the form of the letter S, was the appendix. The appendix was as large in diameter as my thumb, and its walls were enormously thickened, so much so as to make the treatment of the stump a matter of difficulty.

After separating and removing the appendix, I turned my attention to the ovarian pedicle and found inside it an abscess cavity, and curled up in the abscess, the other silk ligature. The patient made a perfect recovery.

At the first operation undertaken at 3 o'clock in the morning for supposed appendicitis, there was a sudden call for heavy silk. My impression is that there was none at hand which had been boiled, and that what was handed to me had been merely immersed in carbolic lotion. An instructive point in the case is that the appendix was apparently infected from without by the abscess in the old stump.

Note III—"On the use of Antistreptococcic Serum in Puerperal Fever."

In one of the recent volumes of the "Transactions of the Edinburgh Obstetrical Society" there is an article in which the writer advocates the use of the serum in puerperal septic-

aemia, supporting his argument by a report of six or seven cases which he had so treated, all of which recovered.

In the discussion which followed the reading of the paper, all, or nearly all, the speakers condemned the treatment as useless, and held that the cases reported would have got well anyhow, and that the serum had nothing to do with the result. Reference was made to the finding of a New York Commission, which, after elaborate research, reported that antistreptococcic serum was of no value in puerperal septicaemia. What the truth may be, I do not pretend to say, but I have the honour to bring to the notice of this Association the following facts:

Some few weeks ago, I was asked by Dr. Blais to see a patient who had been ill for three weeks. Temperature running up to 104 degrees, or thereabouts, every night, pulse 120 to 130, occasional chills, much abdominal distension, pelvic organs tender and immobile, hard masses in the broad ligaments, both thighs swollen and tender, and left wrist joint red and very painful.

I advised a trial of the serum. She had, in all, five doses of 1000 units. From the first dose improvement set in. The temperature only once rose above 100 degrees. The pulse fell to 84 to 98, the chills ceased, the swelling left the thighs, and the inflammation of the wrist subsided. In short, the patient rapidly became convalescent.

This result may be a coincidence, and not an effect, but if so it is a very remarkable one.

Note IV—"On a case of Renal Surgery."

A man, aet. 60, exhibited all the signs of stone in the kidney. Frequent renal colic, localized pain, and daily haemorrhage. He had had continued fever for some three or four weeks. An X-ray examination resulted in a positive diagnosis.

On May 26th, of this year, I cut down on and exposed the kidney. The operation was very difficult, the patient being a large, stout subject, with little room between ribs and pelvis. A number of hard, dense adhesions were separated, and some dense inflammatory tissue at the upper pole was felt. I was not able to deliver the kidney, but I prodded it with a long

needle in various directions and found no stone. After providing for drainage, the wound was closed. I am inclined to think there was some perirenal suppuration undiscovered at the operation, but anyhow, the wound suppurated. The fever and all symptoms disappeared at once.

Now, I happened to be present at the first operation of exploring the kidney for stone performed in London. The operation was at University College Hospital, in 1881, and the surgeon was the late Marcus Beck. The case aroused considerable interest at the time, and there was a distinguished gallery of spectators. No stone was found, but the patient immediately got well. I remember something of the attempted explanations offered. One was that the operation acted as a kind of high class counter irritant. Another was that the exposure and handling of the kidney had led to a rapid destruction of the organ by atrophy. Many similar cases have been reported since.

I presume that my case was one of suppurative perinephritic, and that the dense, inflammatory tissue at the upper pole cast the shadow seen in the skiagraph.

Note V—"On a case of Epulis."

A man, aet. 61, with a large tumour on the anterior part of lower jaw, chiefly on the left side, and adherent to the mucous membrane of the lower lip. My diagnosis was myeloid sarcoma, and about three months ago I did the usual operation, removing the whole of the alveolar border on each side, together with the growth and a portion of the lower lip. Dr. Revell made some beautiful sections, and confirmed the diagnosis.

The disease recurred with startling rapidity, and the patient soon reappeared with the growth as large as ever. I told him nothing short of an extensive operation, involving considerable deformity and loss of function, offered any prospect of eradicating the disease. Accordingly, at his urgent request, I removed, in one piece, the whole of the horizontal ramus on the left side, rather more than the anterior half of right horizontal ramus together with the growth and three-



DR. C. N. COBBETT'S CASE OF EPULIS—TAKEN TEN DAYS AFTER OPERATION

fourths of what remained of the lower lip and the submaxillary and submental glands.

The ultimate outlook is, I fear, not good, but the photograph shows much less deformity than one might expect. There has not been any difficulty in swallowing, and not much in speech, partly due, I think, to the precaution taken of uniting the genio hyoglossus muscles to the inner surface of the flaps. I never saw myeloid sarcoma of such malignancy, and I am inclined to think, with all deference to Dr. Revell, that the tumour belongs to the class of carcinomata.

Note VI—"On a case of Graves' Disease."

About a year ago, I removed the greatly enlarged right lobe of the thyroid from a patient aet. 45, the subject of advanced Graves' disease. The symptoms were pronounced. Tumour, tachycardia, and exophthalmos and tremor and weakness marked, and emaciation extreme.

The immediate result was very good, and about six weeks after the operation the patient was shown to the Edmonton Association. The symptoms were much less marked, and the outlook was considered very hopeful. Shortly afterwards, however, the patient was taken ill and had to go back to hospital. She then exhibited a train of symptoms which have been described as "late phenomena."

There was fever, with delirium; haemorrhages from the lungs and bowels; marked jaundice and tachycardia.

These symptoms lasted for about three weeks, and then cleared up. The patient is now very well, does all her own housework, including laundry, has gained flesh, and all symptoms are greatly lessened.

Recent researches of various observers, more especially those of Dr. John Rogers, of New York, go to show that the symptoms of Graves' disease, in the earlier stages, are due to the absorption of an excessive amount of normal thyroid secretion. Later on it appears that owing to degenerative changes in the hypertrophied gland there is a diminished amount of normal secretion and an excessive amount of secretion. So that in the end the patient may be suffering from hypothyroidin, instead of hyperthyroidesin.

Thyroidectomy appears to be indicated in all cases which do not readily yield to medicinal and hygienic remedies, and the best authorities agree that there should be no delay. Cases which are going to respond favourably to medical treatment do so at once.

In the case to which I have alluded, this disease was far advanced, and the operation, which did not look very promising, has proved of great benefit. I have no explanation to offer of the occurrence of the serious illness referred to as "late phenomena," two months after operation, and at a time when the benefit was becoming very apparent.

Of the clinical points illustrated in this superficial sketch there are three which do not appear to admit of discussion. They are:

First—"That a little failure in asepsis, such as may be due to an unsterile ligature, may have far reaching effects."

Second—"That symptoms of stone in the kidney may be closely simulated by inflammatory lesions."

Third—"That the principle of wide excision in malignant disease should not be influenced by considerations of deformity."

There are three points, on the other hand, which seem to invite discussion, and it would be very gratifying to hear the views of members on any of them.

These points are:

First—"That posterior gastro-jejunosomy by simple suture is an ideal treatment for gastric and duodenal ulcer."

Second—"That antistereptococcic serum is of value in some cases of puerperal fever."

Third—"That thyroidectomy is indicated in Graves' disease, and may be beneficial even in advanced cases."

THE ESSENTIALS FOR THE PRODUCTION OF WHOLESOME MILK *

By Dr. John Park, Edmonton

Mr. President and Gentlemen :

I esteem it a great privilege and honor to introduce to this Association, for discussion and deliberation, the most important food, the cheapest food, the food that nourishes four-fifths of the babies of this country, the food that has no substitute—pure milk. The question of providing clean, wholesome milk is now occupying the attention of the physician, the bacteriologist, the chemist, the veterinarian, the dairyman, and the sanitarian as never before. It is only a few years since we have given the subject of milk really serious thought. But the problem of sanitation is one that is uppermost in the minds of the people today, and no science has made such rapid progress in recent years.

The entire civilized world is throwing itself into the fight against unnecessary and shameful loss of life resulting from unsanitary conditions from impure milk.

It is said today that national intelligence may be known by national sanitation. General conditions being the same, the city having the best milk supply has by far the lowest death rate. The city of Copenhagen, Denmark, reduced its death rate from one of the highest to one of the lowest by simply purifying its milk supply. The question of wholesome milk as food is, therefore, especially pertinent. Milk is used so extensively that it holds a peculiar place in the dietary of the nation, because of its varied applicability. It contains all the essentials of a perfect ration, viz., proteids, carbohydrates, fats, inorganic salts, and water, making it capable of almost universal use.

It is especially for these reasons that "The essentials for the production of wholesome milk" challenges our best endeavors.

* Read before Alberta Medical Association, Banff, August 12, 1910

The three cardinal requisites, cleanliness, cold, and speedy transportation from the cow to the consumer must be observed and the cow must be free from disease. For their fulfilment, intelligence and care on the part of the dairyman and milk dealer are absolutely necessary. The greatest need that is confronting the public today with reference to the milk question is education both on the part of the consumer and of the producer—education of the consumer to the difference existing in the quality and value of milk; and education of the producer to the faults which may be overcome without prohibitory additional expense.

It is quite evident, therefore, that the production of clean, wholesome milk is *largely a matter of cost and education*. The law of supply and demand—other things being equal—regulating the cost to the consumer.

We can hardly exaggerate the full importance of pure milk; and every citizen should feel a proper sense of responsibility in the matter and insist that all reasonable health laws be complied with in the production and distribution of wholesome milk to the consumer.

It is also necessary that dairy inspectors be men who are strictly practical, thoroughly familiar with the dairy business, and who are capable of giving instructions instead of being mere prosecutors. The enforcement of any law is made easier when people are made to understand the purpose for which the law was made. The milk producer, whether he be a farmer or a dairyman, will more readily comply with the rules and regulations of the health department and meet the requirements of the inspector if he understands what purpose is served by such regulations. *The work of inspection properly begins at the farm*, for, if improper methods are carried out in the beginning no subsequent treatment can fully correct the damage done.

The city of Edmonton has recently appointed a dairy inspector whose special duties are to visit the dairies and dairy farms for purposes of *instruction and co-operation*. This inspector has been selected with special reference to his fitness for the work, having had about ten years' experience as a practical dairyman. Since he began his work of inspection

every dairy and dairy farm whose milk or cream is retailed in Edmonton has been inspected, and I am pleased to be able to report that almost without exception improvement has followed. Every dairy and dairy farm visited is rated on a score card, on which is noted the essential points in the production of good milk.

The policy has been to point out defects in equipment and methods, but except in exceptionally filthy conditions, to insist, at first, only on the correction of easily remediable conditions.

At practically every place visited the inspector has been cordially received, and the dairyman has shown a spirit of appreciation and co-operation. Practicability, not theory, must be the basis for improved methods.

The dairyman is not in the business for sentiment; the law of supply and demand, of profit and loss, governs him as in other lines of business. But, here also, as in other lines of business, improved methods and equipment are more profitable than slipshod, slovenly methods and poor equipment, and upon this fact must be based our hope for the future.

In conclusion, I may sum up by saying that the essentials for the production of wholesome milk, from the standpoint of the handler, are healthy cows, in healthful surroundings, milked by clean men in air free from dust and odors, and immediate chilling of the milk; this makes clean, cold, wholesome milk.

THE SASKATCHEWAN MEDICAL JOURNAL

HARRY MORELL, M.D., C.M., *Chairman of Publication Committee*

All communications relating to this publication should be sent to the Saskatchewan
Medical Journal, Regina, Saskatchewan, Canada.
Box 1106.

Editorial Notes

We announce with pleasure that this publication has been named as the Official Organ of the Alberta Medical Association, and, as such, will publish at first hand all the scientific papers and the transactions of this body.

Progress

This, we hope, will be of mutual benefit, bringing the medical men of Alberta in touch with each other and with all matters affecting the profession, and at the same time increasing our circulation.

It is our intention that every active practitioner in Alberta shall receive a copy of this Journal.

The success of a journal depends not only on moral or personal support, but the financial aspect enters into consideration also.

This magazine is published and conducted under strict professional control and is absolutely free from any influence internal or external—no inspired articles—and with an editorial department which is independent in action without any trade or commercial connections or affiliations to answer.

We have received great encouragement in our work. For instance, last month the following communication, which certainly warmed our hearts, reached this office:

"From the Regius Professor of Medicine, Oxford,

July 14th, '10.

"Very glad indeed to see a copy of the Saskatchewan Medical Journal. What a revolution old Father Time has effected that you could have a beautifully printed medical magazine issued from what was once the Great Lone Land.

"Sincerely yours,

"WM. OSLER."

Our subscription list is growing rapidly; at the same time there is no reason why every active medical practitioner in the Canadian West should not be a subscriber, as the reading pages or the shaping of the various policies belong to each member of the profession and to our colleagues.

We have reason to believe that the medical men of the Canadian West appreciate and encourage progress and honest effort; to that end we ask the personal, moral, and financial support of each one.

Many enquiries have reached us as to the annual meeting of the Saskatchewan Medical Association. For the edification of these, and for general information, we append the **Why?** following extract from the constitution:

"The regular meetings of the Association shall be held annually, at such times and place as may be determined by the Association at its previous annual meeting, in default of which the time and place shall be fixed by the Executive.

"Ten permanent members shall constitute a quorum for the transaction of business at any annual or special meetings.

"Special meetings may be called by the President upon a requisition stating the objects of such meeting, signed by ten permanent members."

Alberta Medical Association

The Alberta Medical Association met at Banff, August 11th, 12th and 13th. About thirty members were present.

Several papers of unusual interest on professional matters were given, one deserving special mention being "Recent Studies in Diseases of the Heart," by Dr. Fisher, of Calgary.

The section on public health included papers by Dr. Hodgetts, of Ottawa, on "The Importance of Public Health from a National Standpoint"; by Dr. Revell, Provincial Bacteriologist, on "Tuberculosis," and by Dr. Park, of Edmonton, on "The Essentials for the Production of Wholesome Milk." These papers produced very full discussion, leading to a number of resolutions to be handed to the Federal and Provincial Governments, urging (a) The establishment of a sanitarium for the care of persons suffering from tuberculosis; (b) better legislation for public health; (c) legislation regarding marriages of the unfit.

The President in his address referred to several matters of great interest to the profession, amongst others the prevalence of local contagious diseases and their relation to alcoholism, and the alarming increase in abortion work in the Province. Instances were cited, one in particular a clear case, but in which the police were loath to act in spite of the direct evidence. The association recommended that this case be referred to the attorney general's department. It seems that the demand for this illegal practice is becoming more and more frequent and if some strong effort is not made to put a stop to it, the result in the near future will be that only those men who are willing to undertake such work will get the large family connections. There will be no room for the conscientious physician. As was pointed out by one of the speakers in the discussion, the offence has the sympathy of the women, all

the unmarried, and a large proportion of the married, regard the abortionist as one who confers a benefit.

During the convention, Dr. Johnson, of Edinburgh, a retired specialist on throat diseases, was introduced and addressed the meeting. In the course of his remarks, which were quite audible to all, Dr. Johnson stated that some five years previously he had to undergo an operation for a malignant growth in his larynx, the whole of the right vocal cord being removed, a better demonstration of a very successful result could not have been found.

The following officers were elected for the ensuing year, the place of meeting to be Edmonton:

President—Dr. L. S. Mackidd, Calgary. Vice Presidents—(1st) Dr. J. Park, Edmonton; (2nd) Dr. W. S. Galbraith, Lethbridge; (3rd) Dr. H. S. Monkman, Vegreville; (4th) Dr. A. W. Parks, Cochrane. Secretary Treasurer—Dr. T. H. Whitelaw, Edmonton.

Dr. and Mrs. Brett entertained the members and visitors at their home on Friday evening, August 12th.

The attendance was far too small. In the best interests of the Medical Profession it would appear as if Banff, charming spot as it is, were not a very suitable place of meeting; for the present it would probably be productive of better results if the conventions were held alternately in Calgary and Edmonton.

Correspondence

August 25, 1910.

The Editor, Saskatchewan Medical Journal,
Regina, Saskatchewan, Canada.

Dear Sir,—

I would be greatly indebted to you for any assistance that you could render me through the columns of your Journal in enabling us to secure specimens of the nervous system from fatal cases of epidemic poliomyelitis, a disease which is widely prevalent throughout the United States and Canada at the present time. We would like to obtain portions of the spinal cord, and, by preference, of the lumbar or cervical enlargement removed as soon after death as possible, and preserved in plenty of pure glycerine, either Squibb's or Merck's or Kahlbaum's, which specimens are to be used for experimental purposes. I would greatly appreciate any editorial or other notice to this effect. The specimens can be sent by express at our expense, or by mail addressed to me at the Rockefeller Institute, 66th Street and Avenue A, New York City.

Yours very truly,

SIMON FLEXNER.

Personals

Dr. and Mrs. E. B. Blain, of Edmonton, were in Regina on a short visit during the latter part of August. We are glad to note that Mrs. Blain is convalescing nicely.

Mr. R. B. Murray, representing the Wingate Chemical Company, of Montreal, was in Regina a short time ago on his way East. Mr. Murray reports a very good trip, and speaks glowingly of the western Canadian provinces.

Dr. M. E. MacKay, of Paynton, Sask., has been in the large medical centres for some time past, attending classes in Chicago and New York.

Dr. O. W. Murphy, of Kingston, Ont., one of the successful candidates of Saskatchewan Council of Physicians and Surgeons, and who has been in Regina for some time, left the city for the northern part of the province, where he will likely take up his residence.

In Militia Orders dated August 13, we note the following: Lieut. H. P. Lafferty, to No. 1 Company R.C.G.A. Lieut. H. R. N. Cobbett, R.C.A., from No. 1 to No. 2 Company R.C.G.A.

The officers referred to in the above are sons of prominent medical practitioners, the former is a son of Dr. J. D. Lafferty, Calgary, and the latter a son of Dr. H. N. Cobbett, Edmonton. Lieut. Cobbett is considered one of the very best cricketers in Canada.

Dr. J. W. Mahan, of Fillmore, was in Regina during the latter part of August. The doctor recently received the Provincial Rights nomination to contest the riding of Francis at the next general election in the province.

Dr. James McLeod, of Regina, has returned home after spending some time on the Pacific coast, where he went to recoup after an attack of illness. The doctor has quite recovered.

We failed to note the marriage of Dr. Frederick L. Beer, of Carlyle, Sask., to Miss Gertrude Rondeau, formerly of Cortwright, Ont. The marriage took place at Portal, Man., on July 2nd.

Melvin Howarth, infant son of Dr. and Mrs. J. A. Cullum, of Regina, died on Thursday, August 25th, aged 11 months and 12 days.

Book Reviews

THE DIAGNOSIS OF LIVING ANATOMY AND PATHOLOGY IN EARLY LIFE BY THE ROENTGEN METHOD. By *Thomas Morgan Roach*, M.D., Professor of Pediatrics, Harvard University. Octavo, 303 Illustrations. J. B. Lippincott Company: Philadelphia, London and Montreal. Cloth. \$6.00.

DISEASES OF THE HEART AND AORTA. By *Arthur Douglass Hirschfelder*, M.D., Associate in Medicine, Johns Hopkins University. Octavo, 650 pages and 329 illustrations, J. B. Lippincott Company: Philadelphia, London and Montreal. Cloth, \$6.00.

This is an entirely new work, and when one considers for a moment that the volume contains about six hundred and fifty pages devoted to one organ, it would seem that something out of the ordinary must be included within its pages. The assumption is correct, for Professor Hirschfelder has given us a work which comprises all of the latest views, both diagnosis and treatment.

The copious illustrations form a valuable feature of the work. The author's ability to draw his own figures has enabled him to combine technical skill with a knowledge of the features which should be portrayed, and to portray at a glance in diagrams and schematic drawings conditions to which pages of description are devoted, while his plastic drawings and photomicrographs reproduce faithfully a wealth of valuable pathological specimens.

To the general practitioner, one of the most important considerations is that which applies to the matter of treatment. This we quote:

A discussion of the general methods of treatment, embracing the gymnastic, hydrotherapeutic, and electrical methods and their mode of action; a discussion of the principal drugs used in treatment of cardiac disease, their mode of action in animals and man, their mode of administration, the mechanisms by which they remedy conditions, and the mechanisms through which harm may result from their injudicious use.

The whole volume in every way is strongly recommended.

HARRY MORELL.

Items of General Interest

THE ANTITOXIN TREATMENT OF DIPHTHERIA

Again are we nearing the season when the problem of diphtheria and its treatment must be met and solved. The writer of this paragraph is forcibly reminded of the fact by the receipt of a modest but important brochure of sixteen pages bearing the title "Antidiphtheric Serum and Antidiphtheric Globulins." A second thought is that here is a little work that every general practitioner ought to send for and read. Not that the booklet is in any sense an argument for serum therapy. It is nothing of the kind. Indeed, the efficacy of the antitoxin treatment of diphtheria is no longer a debatable question, that method of procedure having long since attained the position of an established therapeutic measure. The pamphlet is noteworthy because of the timeliness of its appearance, the mass of useful information which it presents in comparatively limited compass, and the interest and freshness with which its author has been able to invest a subject that has been much written about in the past dozen or fifteen years. Its tendency, one may as well admit, is to foster a preference for a particular brand of serum, but that fact lessens not one whit its value and authoritativeness.

Here is a specimen paragraph, reprinted in this space, not so much to show the scope and character of the offering as to emphasize its helpful tone and to point out the fact that its author was not actuated wholly by motives of commercialism:

"Medical practitioners have learned that, inasmuch as the main problem presented in the treatment of a case of diphtheria is the neutralization of a specific toxin, the true antitoxin cannot too soon be administered; moreover, that antitoxin being a product of definite strength, a little too little of it may fail when a little more would have succeeded—hence larger or more frequently repeated doses are becoming more and more the rule. One more point: if the medical attendant is prompt, as he must be, and fearless, as he has a right to be, the full justification of his course will hinge upon the choice of the best and most reliable antidiphtheric serum to be had; for while there is little or no danger of harm ensuing from the use of any brand issued by a reputable house, the best results—which may mean recovery as the alternative of death—can only be hoped for from the use of the best serum."

The brochure is from the press of Parke, Davis & Co., who will doubtless be pleased to send a copy to any physician upon receipt of a request addressed to them at their main offices, Walkerville, Ont.

Many physicians are prescribing Sal Lithofos, which is indicated in many conditions. This preparation contained the various elements as lithia and soda combined in proper proportions. It has been found useful in renal and bilious disorders, the uric acid diathesis and rheumatism. It is a pleasant aperient given in graded doses. A sample may be obtained by writing the Wingate Chemical Co., Montreal.