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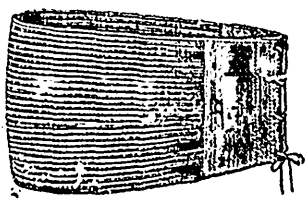

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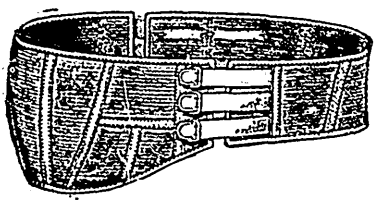

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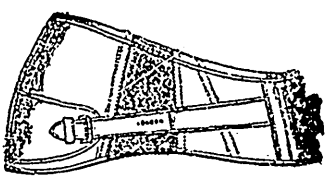

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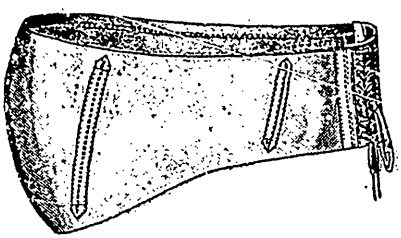

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WINNIPEG.

MEDICAL JOURNAL

VOL. IV OCTOBER, 1910 No. 10

EDITORIAL

Colleges of Physicians and Surgeons.

In last month's issue we published a letter from Mr. Pitblado, the solicitor for the Manitoba College of Physicians and Surgeons, in answer to a letter of enquiry from the retiring president as to the powers of the Colleges. He showed in his reply their impotence and also their subjection to the Manitoba University. Each year large sums are paid out for mileage and for per diem allowances to members of the council. Four meetings are supposed to be held yearly and for all this expenditure the profession in truth gets nothing. Last month a new Council was elected and the reported rumor of the Medical College candidates proved correct. The Medical College elected their own three representatives and in their selection evinced the narrow policy which is at present a distinguishing feature of this body. Dr. Paterson, the member who has longest served on the Council and till now one of their representatives on the Council, was dropped simply because he has advocated progressive measures such as eliminating the annual fee and making a standard registration fee. The finances of the Medical College will demonstrate what Dr. Paterson during his term of office has done for the real interest of the College. Of course those in control of the Medical College may refer us to their charter. The charter, however, was obtained in the interests of the medical profession and it is only the lethargy of the general profession that has permitted affairs to get into the present state, making it a closed, private corporation.

Statistics.

We draw the attention of our readers to the splendid paper of Dr. Hurty on the "Bookkeeping of Humanity," taken from the Journal of the American Medical Association. It should be particularly instructive to the profession of Western Canada, the keeping of statistics being very lax and the laws very stringent. As has been said, let there be few laws, but let the few be well enforced.

The Carnegie Report.

The Carnegie Report on Medical Education is very interesting and instructive. Regarding the part devoted to Manitoba, we consider the report rather misleading. The number of professors seems overstated and the number of beds open for clinical teaching also overstated. This may come from the delegates having made a too hurried visit and not allowing proper time for a detailed examination of the condition of affairs. At present the primary subjects are in good hands and there is ample clinical material, but the hospital report does not give 400 free beds as stated, and regarding good laboratory facilities, that is indeed a matter of comparison.

ORIGINAL COMMUNICATIONS

REPORT OF A CASE OF TETANY IN A CHILD.

By Drs. D. Reilly and R. F. Rorke, Winnipeg.

Tetany being sufficiently rare as a children's disease, we thought it might be of interest to report a case which occurred in Winnipeg as well as to review the present status of this affection.

Some authorities on children's diseases place it in a diathesis which they call spasmophilia by which is meant a constitutional condition characterized by a measurable mechanical and electrical over-excitability of the nervous system producing predisposition to certain partial and general clonic and tonic convulsions. The other diseases in this group are laryngospasm and infantile eclampsia. Eustace Smith says that "Tonic contraction appears to be one of the many forms of reflex disturbance to which rickety and excitable children are so generally prone." "It is most commonly met with in young patients whose nutrition is imperfect either from injudicious management or natural delicacy of constitution and is almost invariably associated with a disordered state of the stomach and bowels. The phenomena of tetany seem to be the consequence more or less direct to toxic absorption from the alimentary canal. The poison seems to have a special preference for the motor fibrous and ganglion cells of the anterior horn of the spinal cord."

Chvostek, of Vienna, has recently discussed the symptoms of tetany at some length from the side of diagnosis. His view is that the value of the mechanical over-irritability of the motor nerves has changed considerably in the course of time. Formerly one was inclined to look upon the increase of the irritability of the facial nerves as almost pathognomonic,

now owing to finding it in other affections as pellagra, tuberculosis, hysteria and epilepsy it has lost its definite importance. The intensity of the phenomenon is most important, an intense reaction being strongly in favor of tetany.

Chvostek claims that since tetany has become less frequent in Vienna there has been a decrease of those showing the facial phenomenon, but who are otherwise healthy, also that the number of those exhibiting this symptom varies from month to month with the frequency of tetany. This proves that these cases belong to the disease under discussion and that it is a latent manifestation of tetany. There is a small number not belonging to this class that does not show this change of frequency. There is in them, evidence of changes in the muscles and nervous system which cause this symptom which is in such cases but very slightly marked. This author believes the mechanical over-irritability of the nervous system is a sensitive reagent to indicate the disturbance of the function of the parathyroids, an explanation for this phenomenon not accepted by many authorities.

This symptom is the most constant one in tetany and the most important when it is marked, that is when it is produced by a light blow or rub on the trunk of the facial nerve. It is often the only manifestation in the latent period. In examining 500 persons who were either healthy or ill with some other disease, this symptom was only found once in the intensity characteristic of tetany. This he considers does not affect its value when it is taken into consideration that this affection is so common in Vienna.

The electrical over-irritability of the motor nerves has been claimed by some authorities to be so important that its presence or absence decided the diagnosis. As you know a much weaker current than normal either galvanic or faradic causes muscular contractions which become tetanic by slight increase when tetany is present. Owing to the fact that normally there is a wide variation in the strength of electrical energy necessary to produce these contractions and that in the acute stage of this affection there is frequently no in-

creased reaction, this manifestation loses much of its value as a diagnostic agent. Under such circumstances it is best to compare the decrease of the electrical reaction with the decrease of the intensity of the other symptoms present in the case. Westphal has reported a case where the electrical reaction was absent. Chvostek has never seen a case where repeated examination failed to reveal it. It may also disappear very soon after the convulsive seizures cease. In the intensity in which it occurs in tetany it scarcely manifests itself in any other disease just as in the manifestation of the facial phenomena. In the latent stage it is not nearly so apt to be present as is the Chvostek sign.

The so-called Troussea symptom produced by pressure in the bicipital groove causing contractions in the muscles of the forearm and hand is of less value than either of the other two already discussed. It fails quite frequently even in the acute stage of the disease and disappears at a time when both the mechanical and electrical reactions are quite well marked. It rarely occurs in the latent stage. Chvostek does not remember to have found it when the contractile seizures, and some one of the other symptoms were absent. It is not pathognomonic as it is certainly found in hysteria typically developed where no other signs of tetany can be made out. The spasmodic contraction in the hand may be produced in tetany by pressure upon the spinous processes or pressure on one arm may cause the contraction in the other, and also in hysteria by pressure over the ovarian region or the spinosu processes. Therefore there is nothing of diagnostic value in the phenomenon. The position the hands may assume is not always the characteristic "obstetric hand." The spontaneous seizures as well as those artificially produced may assume various forms.

The parathesia which should always precede the trousseau phenomenon may fail. Sufficient pressure for sufficient time will usually cause a mild form of the muscular spasm in normal persons, also when the seizure sets in quickly the parathesia may fail.

Spasmodic muscular contractions are a constant symptom in the acute stage. While the typical position of the hand is the rule, still there are many variations from it. Usually the legs are extended at the knees with planter flexion in the foot, but the leg may be flexed at the knees and extended at the foot. In the upper extremities there is usually flexion at the wrist and at the fingers in the obstetrical position, but there may be extension of the arm the hand closed as fist or fingers extended and spread out or the clawhand.

Cases occur in which these spasmodic seizures remain entirely in the background or so slight as to require very careful observation. In such patients the pain and parathesia seem to dominate the clinical picture.

Tetany has been found to be a very chronic disease. When Von Frankl-Hochwart examined patients who had had this affection years before the time of examination he found that four-fifths of them were still fully or partially sufferers from this ailment. One-fifth suffered from chronic tetany, more than one-half were in a tetanoid condition and one-sixth in a condition which resembled myxoedema in many respects.

The writer again refers to the relation of the parathyroids to this condition saying that it is due to a hypofunction of these glands. Total cessation of functions leads to death as occurs acutely after total thyroid extirpation. A decrease of their function in varying degrees leads to varying manifestations of tetany. The cause is unknown at present but seems to be related to that in endemic goitre. One must suppose such a cause to explain the endemic outbreaks in definite areas or places. Perhaps the position of the head in certain callings as shoemakers, tailors has an influence by interfering with the circulation in the parathyroids. The season of year seems to have an influence, most cases occurring in March and April. Some cases may be congenital.

The insufficiency of the parathyroids by itself may not produce any disturbance that would be noticed until some exciting cause is added, when an acute attack occurs which is

followed by a relapse into the previous condition. Among these exciting causes are over-exertion, emotion, infections, affections of the various organs, pregnancy, etc. Injection of tuberculin in a predisposed individual may cause an acute attack.

Mechanical and electrical over-irritability of the peripheral sensory nerves is usually present in the acute stage of the affection. This so-called Hoffman's sign may usually be found if carefully sought, but it disappears early as a rule.

A hyperaesthesia of the auditory nerve to the galvanic current has been frequently found and is of value when no middle ear disease is present.

Fibrillar twitchings of some of the affected muscles is also frequently present and is a symptom of value.

The formation of cataract is found in many cases. A distinctive facial expression has also been described. It consists of a puffy and bluish appearance.

Mother complaind that child had fits and cried a good deal.

Personal History. Child 14 months old. Nursed at breast until five months old when given cow's milk and at period of illness was being fed bread, cake, meats, potatoes, candy, etc.

Had been a perfectly healthy baby—no evidence of rachitis, no previous convulsions. Home environment was unhygienic—cow and other animals practically stabled in a portion of the house with the family.

Family History. Father and mother healthy. Patient is the youngest of four children. Mother has had five miscarriages at about the 3rd or 4th month. This child born as a result of normal labor. A previous child died at the age of five months in a state of convulsions—cause not known.

Present Illness. Child was quite well on 1st of April

1909. After having some cheap candy and cakes on the previous day the mother says the child commenced to scream as if in pain followed by a convulsion or spasmodic seizure. The hands became spastic, then the feet. This began in the distal parts of the extremities, then the spasm extended upwards. The typical obstetrical hand" was not present in the first attacks. The fingers were stiff and extended. The hand was flexed at the rest and at the elbow. There was flexion at the knee and extension of the foot producing plantar flexion. There was slight rise of temperature to almost 100 degrees, pulse, 130.

This attack lasted about twelve hours then subsided and on the following day the patient was fairly well. A second attack similar to the first occurred on the 5th of April and a third seizure on the 9th. On the 14th of April there was a forth attack which was more severe than any of the previous ones, the temperature reaching 107 degrees. The muscular rigidity was marked and the sensorium dull. At this time the facial phenomenon of Chvostek was well marked and the spontaneous spastic contractions forming the obstetrical hand was definite. Breathing was somewhat interfered with by the rigidity. The attack lasted rather more than twelve hours, the contractions relaxing so that the trousseau symptom was difficult to produce. The facial twitching was easily produced by tapping lightly over the seventh nerve.

On April 19th and 20th another but milder attack occurred and again after an interval of twenty-four hours. Following this for a period from April 22nd to May 9th, there was a condition characterized by marked tendency to increased reflexes so that the patient seemed just a little below the line of a fresh seizure. The Chvostek sign continued to be easily produced but not so the trousseau symptom which disappeared early.

We regret not being able to give the electrical reactions. The treatment was directed to improving the condition of bowels and stomach by means of purgation, irrigation of the

lower bowel and a carefully regulated diet. The reflex excitability was benefited by moderate doses of chloral and bromide. The child at present is rugged and healthy.

Diagnosis. As to diagnosis, the oetiological factors present, the characteristic seizures occurring at intervals of a few days and exhibiting the facial phenomena and the muscular contractions of the hands and feet give a clinical picture scarcely admitting any other interpretation.

Epilepsy is considered relatively rare under three years besides we know that no other attacks have occurred for one year.

Hysteria which frequently causes so much difficulty in adults can scarcely be thought of in a child still in infancy.

Pseudo-tetanus can be excluded owing to the seizures coming in intervals instead of being constant for 2 to 4 weeks as in this affection.

HINTS REGARDING POST-GRADUATE STUDY IN VIENNA.

In a letter to the Journal of the American Medical Association Dr. Richardson, Brooklyn, gives the following very useful hints regarding post-graduate work in Vienna:

(1) The American Medical Association of Vienna is like a graduate college in connection with a large university. It has a floating membership of one hundred students, graduates in medicine; arranges for courses by university professors, docents, instructors and assistants; and through the Dean of the University of Vienna grants a "Zeugnis" or certificate for work done and courses taken. The courses embracing all the branches of Medicine and Surgery, general and special are posted on a bulletin board at the Café Klinik which serves as headquarters and general rendezvous for the American physicians. The courses generally run for one month, costing about $10 to $20 a month.

The Special Work in Children's Diseases.

Courses are given in pediatric diagnosis, infant feeding, laboratory methods especially applicable to children, etc., and other subjects. Special work is done in the dispensary where two men handle the actual work with and constantly under the supervision of the assistant. This is considered one of the best courses.

Then there is Docent Knoppelmacher's course at his own Karolinen Kinderspiel and valuable short courses in tracheotomy and intubation.

Very valuable too is the opportunity in Vienna for post-graduate work in skin and ear. Valuable reviewing of one's knowledge in all branches can be obtained. The course system is not so well developed in Germany as in Austria. Even for those who can only spare a month or two the mental broadening and inspiration thus obtained are not the least of the benefits obtained.

THE BOOKKEEPING OF HUMANITY.*

J. N. Hurty, Phar. D., M.D.

Secretary Indiana State Board of Health, Indianapolis.

The accurate collection, tabulation and analysis of records of births, still-births, deaths, marriages, divorces, and sickness may be said to constitute the bookkeeping of humanity. The bookkeeping of dollars is very important, but of far greater importance is the bookkeeping of those events in the lives of human beings which are fundamental to an understanding of the movements of mankind, and which are also fundamental to the practical application of hygiene, to secure higher efficiency, longer duration of life and fuller measure of happiness.

Without vital statistics, a nation cannot know its vital latitude and longtitude, its national time of day on the great ocean of time. Through vital statistics a nation is able to know its temperature and pulse, and follow and understand other vital functions. Or, again, its vital potentialities are reflected and comprehensively expressed in such statistics.

To live a successful life, a man must notice the symptoms which forecast his demise, that he may take action to neutralize them or to prepare for his end; and so should a nation carefully collect and keep such checks and balances that tell of increase or decrease in numbers, and causes affecting the same, and which tell the status of social conditions, so that the question of living or dying may be rationally considered. We have this illustrated in the case of France, where lately vital statistics disclosed the fact that the death-rate exceeded the birth-rate, thus forecasting, if the conditions continued, the demise of a great nation.

Human life in its beginning, its duration and ending, is

*Chairman's address before the Section on Preventive Medicine and Public Health of the American Medical Association, at the St. Louis Sassio,n June 7-11, 1910

the predominant consideration in all personal, social, state and national problems. The standing of a nation is finally to be measured by the standard of human lives.

No thoughtful person denies these facts. Yet, what a surprise it is, yes, a shock, to remember that we ignore in a great degree these important matters. We do not fail to keep records of all legal procedures, of all commercial transactions, no matter how insignificant; we will deny ourselves needed rest and sleep to record a little or big real estate deal; we will keep careful minutes of a town meeting or of a social club; yet in many states a human being, made in the image of God and endowed with an immortal soul, can be born and can die without any public and frequently no private record of the fact. However, it is not so with animals and plants. For them, elaborate systems record their birth, entire career and death. Every pedigreed calf, colt, dog, rooster, ram, and even cat, has its birth and death recorded; yet children, our hostages to fortune are born, and fathers and mothers die, without record. The National Government at the Cost of millions annually maintains a Bureau of Animal Industry which looks after hog cholera, Texas fever and sheep rot, keeping accurate statistics; it also maintains at a cost of millions annually a Department of Agriculture, which collects crop statistics, beef, poultry and mule statistics, but in not a single place in the whole country do we so accurately know the number of cases of diphtheria and the deaths from this cause among our babies. These conditions make one ask, "Is civilization a failure or has the caucasian played out?"

Importance of Vital Statistics to the Individual.

Besides the general importance of vital statistics to a nation as a nation, they also have an importance of the greatest moment to the individual. For instance, by vital statistics must be determined the right to attend school, to enter certain occupations, to vote, to marry, to hold or to dispose of property, to employment by the state or country in military or civil service; responsibility for crime or misdemeanor;

exemption from military or jury duty; qualifications or disqualifications for certain public offices; and privileges and immunities of a public nature; also private contracts in great variety, as in insurance and partnership. Indeed, there is hardly a relation from the cradle to the grave in which the evidence furnished by accurate vital statistics may not prove of the greatest individual and general, social or governmental value. The two great important events in the lives of men are birth and death; the alpha and omega, the beginning and the end. For a state not to make these events of accurate record for each individual is to neglect to keep abreast of practical civilization; yes, to be really civilized.

Sanitary Value of Vital Statistics.

The public and individual value of vital statistics has been briefly set forth, but after all, their sanitary value is of great importance. The value of the practical application to every-day life of the ounce of prevention, will be hardly be disputed; and surely the prevention of disease constitutes the very crown of scientific medicine. The connection between the accurate registration of the existence of infectious diseases, of all deaths and the cause of death, and the practical prevention of disease, seems to be apparent. Whatever throws light on the causes of sickness and death, or whatever hastens or retards marriages or increases or decreases the number of births, must be helpful, yes, vitally necessary; but to be so, must have numerical treatment.

Plainly, the capable health officer must have vital statistics at hand to be efficient in instituting such measures as are reasonable and necessary to prevent disease. The general must know the position, numbers, equipment and character of his enemy in order to carry on a successful battle. So for a successful fight the hygienist must have a like knowledge of his enemy.

Educational Value of Vital Statistics.

Then there is the educational value of vital statistics.

Need this point be dwelt on? It is required to show how the relative destructiveness of the various diseases, the death-rates and sickness-rates from them, would educate the people to the necessity of action? The fact that the number of deaths from tuberculosis leads all the rest, the fact that pneumonia is the next greatest cause of death, and other life facts, are surely to the highest educational value. To convince and lead to action the keepers of the public purse so that the state can do her part in disease-prevention, vital statistics are absolutely essential. Surely, sanitary administration will be defective where vital statistics are wanting, and it will be efficient where they are accurate and complete. Low ideals of cleanliness and of health, accompanied by low ideals of morals, will exist to a greater degree where vital statistics are ignored than where they are accurately collected. Immediate records of births and deaths should be made, because experience teaches that an accurate record in all cases cannot or will not be secured unless reports are made forthwith and at once. The facts which should be given on birth and death certificates are now pretty well determined, and to the practitioner of medicine alone belongs the highly important duty, and also the privilege in cases of death, to render a correct statement of cause of death. The science of medicine, in the person of the medical attendant, is the only possible source of this knowledge which fraught with such great importance to the family of the dead, to society at large and to medical science.

Reporting Infectious diseases.

Every parent naturally wishes to protect his household against disease, just as he would protect against the rending of wolves or the sting of serpents. To have this protection, the aid of the physician is necessary, and gladly should the aid be given. When the infection of scarlet fever or other transmissible disease appears in a household, it is indeed wicked for any person possessing the information not to lend his most efficient help to prevent its extension. A physician negligent in reporting an infectious disease which comes under his care, or negligent in warning and instructing the

family in regard to the preventing of transmission to others, is an enemy to society, an enemy to himself and an enemy to the profession of medicine. More, he is a dangerous member of society and should be hunted down and brought to book as would be a poisoner of wells, the assassin, or the incendiary. In reporting an infectious disease, that proper measures for control may be instituted, the physician not only renders a service to society, for which society might well pay, but he also renders help to his neighbors, he helps himself, he performs a Christian duty, he performs a service to scientific medicine and fulfills his Hyppocratic oath.

If a patron asks a physician not to make public the fact that an infectious disease exists in his house that he may not be troubled with placard and quarantine, let the physician kindly and firmly, with proper exposition of the law and with a gentle reminder of the Golden Rule, give his absolute refusal. Let not the representative of the noble and learned profession of medicine for one instant enter into even the shadow of an act which is contrary to the statutory law and which opposes that divine rule of action, "Do unto others as you would have them do unto you."

As to compensation for service in reporting infectious diseases: The public can well afford to give compensation but in case it does not, still the duty of reporting and the honor of fulfilling the duty remain with the physician. We often hear quoted the clause of the Constitution which says in effect that all services rendered to the state should be paid for; but let us look into this proposition. If required to return many data the physician should certainly be paid therefor, but for the return of the simple fact of the existence and location of an infectious disease, he is not altogether entitled to pay nor should he ask it. The right of the government to require that the physician be licensed need not be argued; the license system is desired by the profession. But what is a license? As regards infectious disease the license is clearly granted to deal with this class of cases on the tacit understanding, first, that he has the diagnostic ability to recognize

these cases when he sees them; second, that he will promptly give the state the benefit of his special knowledge.

The special duty of reporting infectious diseases, is, therefore, imposed when a license to practice medicine is asked for and granted. It has been argued in courts that the payment of fees for reporting the presence of infection would be as contrary to a proper public policy as to give fees for reporting a fire or for reporting a theft clearly seen in operation.

Value of Vital Statistics to Medical Science.

Medical science, like all other sciences, must, for its development, have co-ordination of the facts, and numerical expression must be given. In the numerical relations of the destructiveness of the various diseases, in the numerical relation of diseases and deaths compared with various age periods, in the numerical relations of sex, nationality, social condition and occupations and employments, scientific medicine finds much valuable material for her advancement. All of these relations and also other facts are supplied by vital statistics. Every true physician is in love with his profession; he would have it make all advancement possible and will always lend his aid and services to such end.

It follows then, that for the science he has adopted for his life work, if not in the service of his patients and if not in the service of society, he will gladly and eagerly contribute his part to vital statistics.

Actual Instances.

Two actual instances showing the responsibility of physician to family in the matter of reporting births will probably serve a good purpose. A young man and wife came from Switzerland to Indiana. They settled in Switzerland County, probably being attracted by the name. In time a child, a girl, was born to them. The father was thrifty and intelligent and within three years became a foreman in a saw-mill. When his child was about two years old the father was accidentally killed by a log rolling over him. Time had not been sufficient

for him to accumulate property. So the wife struggled with wash-tub and needle to support herself and child. One day the news came that a brother of the father, the child's uncle in Switzerland, had left $12,000 to the issue of his brother. great was the rejoicing, which on account of the neglect of a physician to record the birth, was to become bitter sorrow. Before the Swiss government would turn over the property it must have proof that the little child was the issue of the dead man. As said, the physician had made no record and now he was dead. Neighbors knew of the birth of the child but could not testify except as to their belief of the fatherhood. The testimony of the mother was not admissible in her own country for she could lead any child into court and declare any man to be its father. It was the physician's birth certificate made at the time of birth and presumably in the presence and by the authority of the father, that the law demanded. It could not be produced, and the helpless infant whom the physician should have been eager and happy to protect and serve, lost its inheritance. What a cruel and unnecessary blow was this, from the hand of a practitioner of the learned and benevolent science of medicine! Surely, a physician's duty to the families he serves and to the helpless infants he pilots into this world, are not fully performed until he has made out a certificate of birth and taken reasonable care that it is made of due legal record.

Another incident. Farmer Hadley, of Indiana, dying, left his valuable farm in trust to his unthrifty son, to go to his granddaughter on her twenty-first birthday. The girl had been told the date of her birth and always celebrated as her birthday the annual recurrence of the same. However, when she believed she was twenty-one, and then claimed her inheritance, her father denied her age, saying she was only nineteen. The family Bible was appealed to, but the leaf with the family record was gone. No birth record had been rendered, and the attending physician was dead. The court was in a quandary. A Solomon was needed for judgment. At last a neighbor remembered that a valuable cow belonging to

the grandfather had given birth to a calf on the day the girl was born, and he could swear to it. Perhaps the grandfather had recorded that date of the birth of the calf. His farm books showed this to be the case. The date of the birth of the human being was established.

Summary—Conclusions.

The importance of vital statistics to the family, to the state, and to medicine, can hardly be overestimated. The physician, the representative of the science of medicine, is, except in instances, the only member of society who can supply information in regard to causes of deaths and the presence of infectious diseases. As it is of very great importance to the family that its births, deaths, and cases of infectious diseases be legally recorded, and as the family presumably pays for the physician's services, the physician, therefore, should not consider his services fully performed nor that he is entitled to his fee until the certificates which are of such great importance are duly made. And again, the physician should remember when reporting vital statistics, that he is giving obedience to the status of his state, on which he depends for protection; that he is protecting the helpless; that he is doing a general good, and that he is serving the science of medicine.

SURGERY'S BALANCE SHEET

"When an accident occurs in a mine, and death results, an inquiry is held in order to find out what caused the accident, whether proper measures were taken to prevent it and who, if any one, was responsible for its occurrence. The inquiry may show that all known steps were not taken to make an accident improbable or that, although such measures were taken, their effect was nullified by the incompetence or negligence of someone connected with the mine. On the other hand it may be found that all proper precautions had been taken, that there was no incompetence and no negligence, and that the cause of the accident was unknown or not preventible. The inquiry is held primarily not in the interest of property but in that of human well-being and life.

The surgeon has to deal with human life—the highest and most valuable asset of a State. His object is to make the asset more valueable, if possible, and to prevent its deterioration or absolute loss. But even higher than this purpose, in relation to the State, is his duty in relation to the individual and the family. Indeed, the surgeon must, first of all, consider the individual and family and thus, too, he acts in the best interests of the State. If he fails to do this and looks upon the individual merely as a patient on whom he may practice his art, his motive and action are wrong.

The first object of a surgeon is to cure disease; if disease be present, he must remove it if he can. He must be sure as far as it is possible to be sure in a living being, that a pathological condition exists; then, before he proceeds to operate, he must be satisfied that his work will improve or cure the patient and, at the worst, will not result in the patient's death.

The first thing, then, is to be sure that disease exists and, if possible, what its nature is. In former days, in abdominal disease, for instance, every care was taken, by careful observation and consultation with colleagues, to find out what the disease was. Now there is less care and time spent on this object; a surgeon rarely consults with a colleague but proceeds forthwith to open the abdominal cavity in order to find by sight and touch if there be disease and, if there be, what

it is. This is a much simpler and easier method for the surgeon, it is too often absolutely falsified. And no one is so optimistic as your amateur surgeon, who repeats the aphorisms and imitates the optimism of his teacher, the hospital surgeon.

Imagine, then, a man who dies not of disease but of its mimicry; surely this is tragedy. The mimicry would not, of itself, kill the patient—the operation does. But suppose that disease, say of the vermiform appendix, is found to exist—either by examination without operation or after the abdominal cavity is exposed. In the former event is it right in every case to operate? The surgeon says "yes," and if appendicitis were never recovered from without operation, or if the mortality of the operation were very low, his answer would have some justification. But every medical practitioner knows that many cases of appendicitis recover without operation, and that recurrence of the affection occurs only in a small minority, and he knows too well the appalling mortality of the operation. This mortality is very variously stated: some patients give as low a percentage as three; others anything up to twenty or twenty-five. But, again, every practitioner knows that some surgeons have a mortality of a hundred per cent.—that is, these surgeons lose every case they touch. And there are physicians who assert that more cases recover without operation than after it.

How are we to interpret a mortality that varies, in different hands, from three to a hundred per cent? Are we to say that the hundred per cent. surgeon had only very grave cases, the three per cent. only very slight cases, and the surgeons with the intermediate percentages, cases of various degrees of severity? Or shall we take another view, and say that the determining factors in the mortality are the judgment and competence of the operator? A low mortality may indicate that the surgeon has exercised judgment in his diagnosis of the nature of the case and of its fitness for operative treatment and competence in the execution of the operation. The latter view, I am sure, is the correct one. I know men who, in every operation for appendicitis or supposed appendicitis,

have lost the patient who was subjected to the knife.

To take another region of the body: the medical practioner knows how very fatal is the operative treatment of brain tumors. These, apart from the innocence or malignity of their nature, if we exclude certain specific tumors, are fatal from their mere locality. The mortality from operation is 100 per cent., seldom lower. And yet operations are daily done for these tumors—the patients being given what is called a sporting chance although in reality there is not even this chance. It is like throwing one who cannot swim into mid-Atlantic on the chance that he may be picked up. The thesis is that, if a brain tumor is diagnosed, it must be removed; the object is the removal of the tumor. But, if the patient is already doomed—and not one in 100 recovers from such an operation—is it moral to operate? Is it right to operate merely because a tumor is present irrespective of the result to life or of the discomfort of one's last hours?

One might refer to the daily operations for malignant disease in various situations of the body, and even in the very old, in whose case there is no hope of cure or even of relief. But, to come to the purpose of this paper, we ask:—

1. Are such operations justifiable?

2. What measures should be taken by the State to ensure that only justifiable and legitimate operations are performed?

Operations in which the mortality is very high are jusifiable only if death without operation is certain. To operate for appendicitis involves the opening of the abdominal cavity with the exposure and handling of the peritoneum and other contents. This does not strike us as a difficult or brilliant piece of work; it has become commonplace. And yet, even in the hands of the most accomplished surgeons, death is a common result. The hospital surgeon has, from the beginning of his career, access to the dead body either in the anatomy rooms or elsewhere; he learns to practice an operation not on the living body but on the dead. The novice, whether in provincial town or country district, practices operation on the living. If the expert surgeon is so very often unsuccessful,

what can we expect from the novice? I say then that such operations are justifiable only when necessary to prevent death and when executed by a surgeon of proved competence. If the surgeon, or the surgeon in combination with the physician, is not able to say that death is inevitable without operation, and that operation is likely to prevent death, then he knows too little to be entrusted with the life of a human being.

What measures should the State take to ensure that only justifiable operations are performed? Many unjustifiable and fatal operations are daily performed of which the public learn nothing. Only the registrar of deaths, the relatives of the patient, and the surgeon may know the facts; if any members of the public hear a whisper of the truth, they may be horrified and even mildly critical. But the surgeon, in his own sphere, is an autocrat. It is pathetic to see the blind confidence placed in him by the public when we know and he knows how little he knows.

The term "appendicitis" is a veritable gift from the gods to the medical profession. Any pain in the abdomen, that is not easily explained otherwise, is explicable at once by "appendicitis." A working-man, of thirty-five years, had acute abdominal pain with sickness; a surgeon diagnosed appendicitis and proposed an operation; the family doctor diagnosed chronic constipation, and appropriate treatment enabled the patient to resume work in a week's time. A girl of twelve years was attacked with acute abdominal symptoms; the medical attendant agreed with a colleague that appendicitis was present, and an operation was performed. Both before and after operation the medical men assured the parents that the case was a hopeful one; within twenty-four hours the girl was dead. Ten minutes before death, in response to the mother's expressed fears for her child, she was assured that the child was doing well; on her return to the sick-room she found her daughter dead. The mother had objected to both operator and operation, but was overruled. One need only recall the frequent announcement in the press that "on Monday a successful operation was performed on Mr. A. B. for appendicitis, and the distinguished patient is doing well"; on Wednesday appears a notice of the patient's death. It is with-

in the writer's knowledge that a surgeon had nine consecutive cases of death after operation for "appendicitis."

If a captain in the mercantile or naval service loses or even endangers his ship and crew on the Goodwins, an inquiry follows. If he loses a ship not once but three times in the same locality, what is the opinion of the court? If a workman is killed in the course of his employment a court of inquiry is held. If a patient dies while under the influence of an anaesthetic an inquest is held. If one dies within an hour, or a day, or a week after he has been subjected to a surgical operation, there is no investigation by the State. This may be the tenth consecutive death after operation by the same surgeon for the same disease; the public appear to be satisfied that this is as it should be. Should the public be so satisfied? Are they anaesthetized by the brilliant setting of the tragedy? I take the explanation to be that the public are the victims of their own ignorance. Now and again there is a spasmodic protest in the press—mostly by members of the medical profession. But the operations and tragedies go on. There was a time when ships were wrecked, mines flooded or exploded, and when trades killed their workers. The State was moved from its lethargy by intelligent public opinion and, recognizing at last that the welfare of the individual was also that of the State, Acts were passed to safeguard the health and lives of workers. These Acts, opposed at first by employers, proved to be in their interest as much as in that of their employees.

What we advocate now, although primarily in the interest of the public, would, we are sure, prove to be in the best interests of the medical profession. The State should compel all hospitals—public, private and cottage—to be registered and to publish the percentage of recoveries from each disease and operation. The names of the physicians and surgeons, under whose care the patients are, should be given. In the case of a surgical operation, followed by death, the operating surgeon, whether in hospital or private practice, should notify the coroner and an inquiry should forthwith be held.

The conscientious and competent surgeon would no more fear investigation than would the competent ship captain or conscientious mine owner. And the public would realize that the State was concerned for their welfare." M.A.; M.D. ;M.C.

COLLEGE OF PHYSICIANS AND SURGEONS MANITOBA.

Financial Statement, 1909-1910.

Receipts—

Cash on hand Oct. 1st, 1909	$1,787.49
Cash received from Treasurer during the year	3,701.00
Cash from Nurses' fees	234.50
Cash from the bank as interest on deposits	18.43
Total of cash on hand and receipts	$5,741.42

Expenditures—

Paid for books, journals, etc.	$ 184.98
" " printing, binding, etc.	112.00
" " insurance	48.90
" " rent	360.00
" " light	30.00
" " telephones	87.00
" " legal expenses	107.00
" " detective work	20.00
" " postage	44.00
" " expenses of delegations to B. C. and Banff	295.00
" " mileage and per diam to members	451.10
" " Librarian	625.00
" " Registrar	500.00
" " Treasurer	200.00
" " Auditors	50.00
" " sundry small items	39.15
Cash in Bank of Hamilton to balance	2,587.29
	$5,741.42

COLLEGE OF PHYSICIANS AND SURGEONS MANITOBA.

Standard Trust Account.

1909		
June 5th.	Amount to credit of the council	$18,405.43
	Interest added 31st Dec., 1909	460.13

Interest added 30th June, 1910.....	471.65
Interest accrued from 30th June to date	283.43
	$19,620.62

Cash at the Immediate Disposal of the Council—

Credit balance in savings department of bank....	$ 931.13
Credit balance in ordinary account in bank.....	1,656.26
Credit balance with Standard Trust Company.....	19,620.62
Total	$22,208.01

In presenting this my last financial report, I wish to thank all of those with whom I have been associated upon this council during the last 24 years for the courteous treatment I have always received.

When I was appointed Treasurer 15 years ago, there was less than $1,000 in the treasury. It gives me pleasure to tell you to-night that you own everything, books and furniture, contained in this room absolutely free from debt. You also have $22,208.01 cash at your immediate disposal. Part of this money is deposited to your credit in the Bank of Hamilton; and the balance is with the Standard Trust Company, bearing 5 per cent. interest, compounded half-yearly.

Not one dollar has strayed, been lost or stolen. There are no liabilities that I know of.

Before I take my departure there is a little information that I would like to impart to you. It came to my knowledge just two days before the late election of members to this council. I obtained liberty to give it to you because I think it all important and I believe it to be correct so far as my judgment goes.

When the resolution was past last year raising the license fee from $75 to $125 and abolishing the annual fees, three medical men, one a resident of this city, the other two outsiders, who have never been on this council, who have never

even been candidates, who are not adverse to the council, who were in arrears for their annual dues and thereby disqualified, made up their minds to look into this annual due question; into the legality of the course being adopted. They investigated far enough themselves to convince them that a most peculiar condition of affairs existed. They then engaged one of the shrewdest, one of the most able lawyers in this province to go into the whole matter and give them his opinion with the result that he advises them:

That an annual fee is mandatory under the present provincial statute. That it must not be less than $2 nor more than $5.

That the exact amount of it must be fixed by by-law of the Council of the College of Physicians and Surgeons.

That when this by-law has been passed, and not before, then all who do not pay their annual dues are disqualified both as voters and as candidates for seats at this council board.

That he is informed that from the inception of this council up to the present date no such by-law has even been legally passed.

That such being the case, no man whose name is upon the medical register for this Province should ever have been, or can now be, considered in arrears and thus disqualified in any way.

That the refusal to accept the votes of those who did not pay the fee for the present year, at the late election, accentuates the position at the present time.

That those yet in arrears cannot be made to pay by any suit in court because no by-law fixing the exact amount of the yearly fee at two dollars has ever been passed.

That those who have paid annual dues during the last 24 years have grounds for asking for a refund, as they paid under an erroneous impression propogated by the council.

That the new council, in proceeding with business, should exercise the greatest caution, because there is the danger of

incurring personal liability instead of that of legally elected members.

That the only legally elected members of the new council are the three representatives of the Manitoba Medical College and probably the Homeopathic representative, as no vote either for or against the latter has ever been rejected.

I think this matter is of very great importance.

(Dr. Gardner, as treasurer for the coming year, received from Dr. Paterson $22,208.01 for which he is responsible to the medical profession of Manitoba and personally liable until the present council's legal status is established. It is apparently necessary for the Lieutenant-Governor-in-Council to be called upon to order a new election and to point out that Dr. Gray's post-card disqualifying those who had not paid their annual dues was illegal. Every registered man in Manitoba has a vote and may be a candidate for the council. At the last meeting, when officers for the ensuing year were elected, there were ten present and only two were qualified and so no business carried through is really legal. It would be interesting if Dr. Gray would send us the number of votes accepted and those rejected for each candidate as it is reported several were elected upon their own votes and those alone.—Editor.)

ANO-RECTAL AFFECTIONS OF INFANCY AND CHILDHOOD.

By A. J. Zobel, M.D., San Francisco, Cal.

This paper briefly described those ano-rectal affections of infancy and childhood which may appear on one's daily work or in consultation practice.

From the first hour after birth the ano-rectal region is of vast importance. At that time malformation may be determined and proper relief promptly afforded.

The various malformations were enumerated and briefly described. Some of these abnormalities pass unnoticed throughout a long life but others are the source of great discomfort and distress.

Mention was made that while hemorrhoids are common in adults the possibility of their presence in the young is rarely considered. Yet they may appear in children of tender years. The various causes for hemorrhoids in the young were reviewed in this paper.

Malignant growths of the rectum, while rare, are occasionally met with. Cases were quoted where the disease was found in children as young as five years of age.

Benign growths are more common. Adenoma is the most frequent of these. They are often diagnozed as internal hemorrhoids, and like them, may become strangulated. They may exist for some time and attain quite a size without producing any symptoms until strangulation occurs.

Fissure of the anus is believed by the writer to be present more often than it is usually diagnosed. It may cause severe crying in nurselings. May cause reflex symptoms to appear which for a time may baffle the diagnostician. Some of these may resemble coxalgia. The incautious and improper introduction of syringe nozzles and thermometers into the anal canal frequently cause fissures. Other causes were also mentioned.

Especial stress was laid on the subject of Pruritus Ani

in children. The writer believing it to be a very frequent source of great discomfort and torment to the little ones. It is very rarely suspected or diagnozed and he believes that it accounts for much of that peevishness in these little ones for which no cause can usually be assigned. The child is seen to rub his anal region saying, "It hurts." Does not complain of itching. Seems to misinterpret the sensation. He has found superficial lesions of the anal mucous membrane in these cases, and as the symptoms disappeared when local treatment was instituted he feels assured that these were the cause of the trouble.

Fistula-in-ano is met with occasionally in children and even in nurselings. While it may be tubercular it may also be of a congenital nature.

Ischio-rectal abscesses are met with even in early infancy. When incised they rarely end in fistulae.

Prolapse of the mucous membrane of the anus and rectum is a common condition during the second and third years of life. Long continued tight binding in babyhood may be the starting point. Diarrhoea is the most common antecedent. Anything that induces prolonged and severe straining as stool may be a cause. Some of these causes were mentioned.

The varieties and causes of proctitis were also dwelt upon. Proctitis is often taken for ordinary catarrhal diarrhoea due to improper feeding. It is advised that when gonorrhoea of the genital tract exists in children that a secondary infection of the ano-rectal region should always be considered.

It is hoped that this reminder that infants and children have ano-rectal troubles as well as adults, will lead to more thought being given in this direction, and that it will bear fruit in bringing relief to some of these little sufferers.

THE TREATMENT OF RECTAL FISTULA.

By J. Rawson Pennington, M.D., of Chicago, Illinois.

Who referred to three methods, viz., simple incision,

the injection of bismuth paste, the incision or excision with immediate suture (Proctorrhaphy).

Of the **Simple Incision** he said: Those of us who are operating quite frequently for this malady know its disadvantage, drawbacks, and frequent failures to cure. That this operation has done more than any other, unless it be that of the ligature or clamp and cautery operation for hemorrhoids, to bring disrepute upon rectal surgery. That the laity dread a rectal operation more than any other surgical procedure because of the fear of pain, the fear of recovery and the fear of loss of control over the bowels. Yet, we know that each of the above operations in the hands of experts give good results. Concerning the injection of bismuth paste, he said: To treat a rectal fistula, the paste is liquefied by heating in a water-bath and injected into one of the openings with a metal or glass syringe. The other opening or openings are kept closed by an assistant while the injection is being made. Enough force is used until one feels reasonably sure that all tracts and diverticuli have been filled. The paste may be forced into some line of cleavage if too much tension is used and carried along this line to some distant organ or healthy tissue and deposited there with deleterious results.

Of excision or incision with immediate suture, (Proctorrhaphy) he said: This method is the most rational of all surgical procedures, that he dissects and removes the entire tract when a probe or director can be passed through the fistulous channel and into the rectum. That he then searches out and removes any diverticuli or tracts connected with the main tract. If this cannot be, or should not be done he then incises the fistula and dissects out all granulation tissue. If needs be the wound is disinfected with carbolic acid and alcohol.

Suturing the wound may be done by lembertizing the line of incision from its termination in the rectum to the anus. The ends of the severed sphincters as well as the deeper portions of the incisions are next brought together with interrupted catgut sutures. The skin and fascia are sutured with

interrupted silk-worm gut. He dresses the wound with iodoform or plain gauze and applies a T-bandage. He maintains that Proctorrhaphy, or the paste, or a combination of the two, offers the nearest approach we have to the ideal method of treating extensive rectal fistula.

THE TUBERCULIN REACTION IN CASES OF PERIRECTAL INFECTION.

By Collier F. Martin, M.D., of Philadelphia, Pa.

The author was so impressed with the frequent coincidence of pulmonary tuberculosis and perirectal infections that he began a series of tests and examinations to determine their relation.

He uses the Moro tuberculin reaction, combined with physical and bacteriologic examination.

In his preliminary report of 36 cases, which he divides into two groups, he got the following results:—

Group 1.—Rectal pyogenic infections, including here fistulae, abscesses, and deep rectal ulcerations. There were 20 positive reactions out of 21 cases. The negative case was one profoundly tuberculous.

Group 2.—Non-pyogenic rectal cases. There were 11 cases, including hemorrhoids, fissures, and catarrhal proctitis, with three positive tuberculin reactions. This he holds, is probably the ratio of tuberculosis in this class of cases. One negative case in this group was intensely tubercular, with extensive lung lesions evident, and with abundant tubercle bacilli in the sputum.

Accepting the tuberculin test as a specific one, he got 100% positive in group 1, and 36% in group 2. The four cases giving negative reactions, yet being proved tuberculous, by sputum examination, proved to be of very low resistence, two dying in a few months and two, at present, in a precarious condition.

He emphasizes "continuous history taking" as being ex-

tremely valuable to the proper appreciation of the case.

The author places particular stress on the prognostic value of the tuberculin test.

Accepting the positive reaction to tuberculin as indicative of a tuberculous lesion somewhere in the body, his conclusions are as follows:—

1. Two consecutive, negative reactions, with no physical signs in evidence, is conclusive proof of the absence of such lesions.

2. Two consecutive negative or feeble reactions, with physical signs of a lesion somewhere, is indicative of a very grave prognosis.

3. The degree of the reaction is directly proportionate to the degree of the resistence of that individual.

4. That the tubercle bacillus, like no other, reduces the bodily defences to pyogenic invasion.

5. That in practically all rectal pyogenic infections, there is a tuberculous lesion somewhere in the body.

6. That the classification of perirectal infections into tuberculous and non-tuberculous is untenable.

His investigations have caused the author to raise the following questions:—

1. Is the primary tuberculous lesion pulmonary?

2. Is the local infection tuberculous?

3. Do the tubercle bacilli gain entrance into the body through the respiratory or the alimentary tract?

4. Is such infection carried to the rectal and perirectal tissues by the blood current, the lymphatics, or directly, by the fecal current?

5. How does the tubercle bacillus influence the pyogenic infections—locally, as in mixed infection, or by lowering the body-resistence to the invasion by pyogenic bacteria?

ULCERATION OF THE RECTUM IN PREGNANT WOMEN AND THE PART IT PLAYS AS A FACTOR IN ABORTIONS; WITH A REPORT OF CASE.

By Leon Straus, M.D., of St. Louis, Mo.

Sixteen years devoted to diseases of the rectum exclusively has offered the author the opportunity to see and classify a large number of cases of irritable ulcer of the rectum in pregnancy, to say nothing of a much larger number not associated with this condition. He has kept a very careful record of these most interesting cases and has classified them with reference to certain conclusions, namely, that is a factor not infrequently overlooked. Then, too, many general practitioners make the contention that an operation is uncalled for and unwarranted, that is to say, an operation will certainly produce the very result which it is intended to avoid.

He dissented absolutely from this contention and for that reason reported the results of his work along this line final conclusions. He has operated twenty-four times for the result of irritable ulcer of the rectum in pregnant women. Not all these operations were made to prevent abortion. In fact, only fourteen had had one or more abortions. That leaves ten for which the operation was made to relieve the distressing pain from which these patients suffer. A number of these cases are unique and teach a lesson apart from the average case. The history, symptoms and results, of several such cases were reported and the following conclusions were drawn:

1. That irritable ulcer of the rectum is not an infrequent factor in abortion and miscarriage.

2. That the local lesion is not recognized by the general practitioner as a factor in abortion and miscarriage.

3. That you will meet strong opposition to operative interference by the general practitioner.

4. That you can and should operate at any period of the pregnancy if indicated.

5. That the danger and only danger is in leaving the fissure without operating.

6. That you may and will often have to assume the entire responsibility for the outcome of the operative procedure.

7. That we proctologists should teach on the by-ways and highways of surgery the invariable indication for surgical interference in these unfortunate cases.

SOME OBSERVATIONS ON THE PATHOLOGY OF MULTIPLE ADENOMATA.

By Jerome M. Lynch, M.D., of New York City, N. Y.

Who presented the results of his observations on two interesting cases of rectal multiple adenomata. He hoped that others would be sufficiently interested to record and report their own cases, and that our admittedly scanty information on the pathology of this unusual and serious diseased condition would be materially added to.

It was his impression that approximately 46% of recorded cases of this adenomata terminate in cancer and that the ultimate results are commonly fatal; yet the scientific investigation of these tumors has been so comparatively rare and isolated that our actual knowledge of the causes and conditions is lamentably meagre. It may be said that the pathology is not at all established.

Location.

According to Lichtenstein the relative number of instances of these tumors in the different parts of the intestinal tract is indicated in the following arrangement—(the most frequent site being in the rectum),—rectum, ileum, colon, ilio-cecal valve and duodenum.

Malignant degeneration naturally affects the parts named

in about the same comparative order of distribution, with the exception of the ileum; this latter being less exposed to insult by reason of the fluid condition of the feces in that region.

It may be noted that these tumors usually manifest themselves in patients between 25 and 35 years old, and the malignant degeneration consequently occurs much earlier than cancer usually occurs.

About 50% of the cases collected from the literature were under 35 years of age.

A brief summary of the current theories followed.

Pathological Findings.

Several tumors were removed from each case, from the smallest size to the largest. The smaller tumors (that is, those that had recently sprung up) were shown to be composed mostly of granulation tissue, which showed numerous small blood vessels and interstitial fibroblasts. The entire structure is infiltrated by an acute exudate of leucocytus and serum, showing an acute inflammatory process. At the base of the polyp are a few slightly hypertrophied but rather typical glands. The surface epithelium over the polyp shows complete desquamation. The tumor appears to be composed almost entirely of an inflammatory granulation tissue.

Diagnosis—Inflammatory Tissue Polyp.

The section through the large polyp, taken from the same individual as the above, but at an advanced stage, showed a growth composed of adenomatous glandular proliferation. There is a narrow peripheral margin in some places about the growth, which shows granulation tissue. The greater part of the growth about the periphery is composed of simple adenomatosu glandular proliferation. Throughout the polyp there is an exudate of serum and leucocytes, the latter showing a predominating number of eosinophiles. There is complete desquamation of the superficial epithelium. Some of

the glands in the adenoma appear typical; but the greater number are very much larger than those of the rectal mucosa, and are in a condition of marked hyper-secretion.

Diagnosis—Adenomatous Polyp.

These two reports were selected as being typical of what was found in the small and in the well-developed tumor; and go to show an inflammatory starting point, with a later proliferation of granular tissues, which corresponds, to a great extent, with the findings of Lebert and Schwab. Much more might have been learned had the writer been fortunate enough to have secured a post-mortem on the case that died, as he was confident some of the tumors in the upper part of the sigmoid would have shown carcinomatous degeneration. Again, a section through a growth, down into the bowel, might have thrown some further light on the subject.

He hoped to continue the investigation when another opportunity offered.

Reports of cases followed.

EXTRACTS.

CARNEGIE REPORT.

That we are suffering from an overproduction of ill-trained physicians due to multiplicity of poor medical schools, is the principal thesis of a recent Carnegie Foundation report that has aroused no little attention in medical circles. This report, a volume of 346 pages, forms the first of a series on professional schools to be issued by the Foundation and is from the pen of Abraham Flexner, with an introduction by President Henry S. Pritchett. President Pritchett begins by reminding his readers that trustees called upon to administer a fund for the benefit of institutions of higher education must necessarily begin by an investigation, to find what institutions deserve this name. The present research has revealed, he says, an enormous overproduction of uneducated and ill-trained doctors, due in the main to the existence of schools "for revenue only," and to the failure of large universities to realize their own responsibilities in the matter, especially in the provision of proper hospitals under complete control of the teaching authorities. We need, he says, fewer and better medical schools. These are the conclusions that have caused excitement. To quote Dr. Pritchett:

"It is evident that in a society as are our modern States, the interests of the social order will be best served when the number of men entering a given profession reaches and does not exceed a certain ratio. For example, in law and medicine one sees best in a small village the situation created by the overproduction of inadequately trained men. In a town of 2,000 people one will find in most of our States from five to eight physicians where two well-trained men could do the work efficiently and make a competent livlihood. When, however, six or eight ill-trained physicians undertake to gain a living in a town which can support only two, the whole plane of professional conduct is lowered in the struggle which ensues, each man becomes intent upon his own practice, public

health and sanitation are neglected, and the ideals and standards of the profession tend to demoralization.

"A similar state of affairs comes from the presence of too large a number of ill-trained lawyers in a community. . . . . It seems clear that as nations advance in civilization they will be given to throw around the admission to these great professions such safeguards as will limit the number of those who enter them to some reasonable estimate of the number who are actually needed. It goes without saying that no system of standard of admission to a profession can exclude all the unfit or furnish a perfect body of practitioners, but a reasonable enforcement of such standards will at least relieve the body politic of a large part of the difficulty which comes from overproduction, and will safeguard the right of society to the service of trained men in the great callings which touch so closely our physical and political life. . . . . .

"No one can become familiar with this situation without acquiring a hearty sympathy for the American youth who, too often the prey of commercial advertising methods, is steered into the practice of medicine with almost no opportunity to learn the difference between an efficient medical school and a hopelessly inadequate one. A clerk who is receiving $50 a month in the country store gets an alluring brochure which paints the life of the physician as an easy road to wealth. He has no realization of the difference between medicine as a profession and medicine as a business, nor as a rule has he any adviser at hand to show him that the first requisite for the modern practitioner of medicine is a good general education. Such a boy falls an easy victim to the commercial medical school, whether operating under the name of a university or college, or alone."

These things have been said before without causing much excitement, but when they are said in the name of a body of men having several million dollars to distribute, they carry much farther and penetrate much deeper when they hit. The bulk of the report by Mr. Flexner is a statistical analysis of the facts summed up by Dr. Pritchett and of their causes.

Naturally there are those who are unwilling to give these gentlemen the last word. It is even reported that one medical college has brought suit for damages against members of the committee under whose auspices this investigation was made. A correspondent from Utica, N. Y., writes to The Evening Post (New York, June 13), protesting against what he calls the Rooseveltian or "big-stick" methods of the committee. He says:

"What Mr. Flexner ignores, what all men ignore who would permit only men of culture, refinement, and college training to practice medicine, is that the frontier and the backwoods need physicians as well as the aristocratic sections of Boston, New York, Philadelphia, Baltimore, and the other cities.

"And the United States is still largely frontier and backwoods. . . . The standards recommended by the Carnegie Foundation report would rule out from the medical profession two classes of men. One class would be the men of the Gross, Agnew, and Leidy type, men endowed by nature for leadership in their profession. The other class would be the large number of humble, hard-working doctors who ride almost impassible country roads on stormy nights, who encounter the snow-drifts in the mountain passes, and ford the swollen streams in the effort to relieve human suffering. We should have, thus, in certain favored places a limited number of perfectly respectable doctors, a little overcritical, perhaps, not given much to the enthusiasm that leads to self-sacrifice, careful about their fees, which would increase with the absence of competition. But the flooded stream, the black, unlighted prairie, the narrow mountain road, the lonely farm, would not be within reach of their automobiles. Because this is so, because the sober sense of masses of people in action covers a wider range of fact than can be gathered in the closet, the recommendations of the report are futile."

The daily press, however, generally commends the report. The New York Times (June 12), in a two-column editorial,

concludes that two practical and beneficial results must follow. It says:

"The conditions of admission and graduation in schools of the highest attainable excellence will be much more severe than those now enforced. The number able to enter the profession with due certificate of adequate training will be greatly reduced. There will be much fewer physicians and better, not chiefly because preparation will take more time and money, but because the number fitted for the severer training will be less. On this point, as cardinal, the report of the Foundation is elaborate and emphatic. It is in the main sound. On the face of it a plan to restrict the physician's career may seem a wrong one to those seeking to enter it, may savor of the denial of the individual freedom to which we Americans are devoted—and addicted. But there will remain complete liberty for the more competent only shall be allowed to practice is one of the plain, universal, inalienable rights of the whole community."

The report, and especially the part of it relating to hospitals, was recently emphasized by President Schurman, of Cornell, in an addres at the graduation exercises of Cornell University Medical School in New York City. He said, as reported in the New York Sun (June 6):

"The greatest need of our first-class medical schools today is the free and unhampered use of hospitals which they own or absolutely control on the medical and educational side. The only way in which these schools can utilize hospitals is by appointing to their faculties gentlemen who are already members of the hospital staffs. But this fatally limits the choice of the authorities of the university in selecting professors for their medical schools. . . . . .

"The most vital question in connection with medical education is this State and indeed in the United States to-day is whether the great privately endowed hospitals of this city will recognize the immense opportunity which now stands

open to them for self-improvement by offering positions on their staffs to the best physicians and surgeons in America."
—From Literary Digest, July 16.

The Stimulous of Society. An individual alone and the same individual in a group are two different beings, considered psychologically. Recent investigations show that this is true not only of adults but of children. Dr. Mayer, of Würzburg, Germany, in tests of school children of all grades of ability, behaviour and temperament has found that group work is generally far better than individual work, being not only quicker, but of better quality.—From Literary Digest.

"Enthusiasm breakfasts on obstacles—lunches on objections—dines on competitors and rests in peaceful slumber on their scattered tail feathers."—A. P. Landon.

MEDICAL NEWS

A number of citizens are endeavoring to establish a hospital at Fort George that will prove adequate to the needs of that rapidly growing district in the West. A subscription has been started headed by Mr. and Mrs. Hammond for $5,000. All they are asking from the government is the site.

The medical men of Calgary have been requested by the Medical Health Officer to report all cases of typhoid coming under their care.

There has been a great outbreak of typhoid in Toronto which is said to be due to bad water and poor milk supply.

Regarding the alleged outbreak of fever in Lynn Valley, North Vancouver, the medical officer stated there were only two cases.

The British Columbia Medical Association, at its annual meeting held at Tranquille, elected the following officers:—President, Dr. Octavius Weld, Vancouver; Vice-President, Dr. Charles Doherty, New Westminster; Secretary, Dr. Alexander S. Monro, Vancouver; Treasurer, Dr. James D. Helmcken, Victoria.

Now that the question of a pure milk supply is so much before the public it is interesting to read that Mr. Alexander Peacock, a millionaire, who is devoted to raising choice cows, has completed plans for a model dairy. The barn will be equipped with every convenience, even to a room with a bath. This is to enable the cows to bathe winter and summer and in addition the teeth of the cow will be scrubbed.

The site of the British Columbia University is rumored to be Point Grey.

The new Medical Building for McGill, the gift of their benefactor, Lord Strathcona, will be ready for the opening session. The west wing with accommodation for hygiene and pharmacology with a large theatre for general meetings will

be opened next year. Early in the year the formal opening takes place. A great reunion of all medical graduates is proposed. The medical library is a feature of the new building.

The annual meeting of the Winnipeg Medical and Surgical Society was held on October 7th. The following officers were elected for the ensuing year:—Dr. Prowse, President; Dr. Galloway, Vice-President; Dr. Gunn, Secretary-Treasurer; Dr. Todd, the retiring president, wound up his year's work by giving an enjoyable social evening at his residence to the members of the profession.

The Order of Providence, Montreal, is prepared to build a hospital costing $50,000 at North Battleford provided certain concessions are granted.

Throughout the Empire the principal memorials of the late King Edward are taking the form of hospitals or medical aid and the Victorians are considering the question of erecting a memorial hospital.

The Province of Saskatchewan is said to have most up-to-date public health laws which are recognized as constituting the most progressive legislation on sewerage disposal and waterworks in the Dominion.

Infantile Paralysis has been declared epidemic at Vancouver.

Dr. Fagan is representing British Columbia at the conference of the Commission of Conservation at Ottawa which has been called owing to the standing Committee on public health and food inspection having recommended that the Commission of Conservation be called together in order that means might be devised to prevent foods not up to the standard demanded by the United States laws being dumped upon the Canadian market. The advisability of a pure food law for Canada will be discussed and the manufacture of vaccine and antitoxin under government supervision. At present these are purchased in the States.

The new quarantine hospital for British Columbia is to be erected on Digby Island at the mouth of Rupert Harbor, Prince Rupert. Dr. Tremaine is in charge.

The Commission of Conservation of Canada has published recently its first annual report. The question of public health is to be dealt with by the commission, including protection to infant life, improvement of the health of school children,prevention of typhoid fever and other diseases due to organic filth, and prevention of tuberculosis. Dr. Chas. A. Hodgetts, who for many years ably fulfilled the duties of secretary to the Ontario Board of Health, has accepted the position as medical adviser to the Commission of Conservation, and has left Toronto for Ottawa.

In the scathing survey of medical education in the United States and Canada, by Flexner and Pritchett, some of the Canadian medical schools were severely handled. There are eight medical schools for a population of about 7,000,000; number of physicians, 6,736; ratio, one to 1030 inhabitants. In the matter of medical schools, says the report, Canada reproduced the United States on a greatly reduced scale. Western University (London) is as bad as anything to be found in the States; Laval and Halifax medical colleges are feeble; Winnipeg and Kingston represent a distinct effort toward higher ideals; McGill and Toronto are excellent. The eight schools of the Dominion thus belong to three different types, the best adding a fifth year to their advantages of superior equipment and instruction. The outstanding feature of the report with respect to Canadian medical schools is the praise lavished on Toronto University Medical School, praise which, it may be noted, is well deserved. The strides made by the school within recent years have been almost astonishing, and only go to show the results which may be achieved by the expenditure of money guided by intelligence. Toronto Medical School has sprung from the ruck of such teaching institutions into quite the front rank. Of McGill Medical School little can be said in further praise. McGill has long ago won its spurs.

VITAL STATISTICS

Calgary, September.—Births, 117; Deaths, 79; Marriages, 62.

Winnipeg, September.

Diseases.	Cases.	Deaths.
Typhoid	78	6
Scarlet Fever	100	16
Diphtheria	23	1
Measles	14	..
Tuberculosis	9	5
Erysipelas	1	..
Whooping Cough	5	..
Chicken Pox	3	..
	223	28

Vaccinations, 269.

29 typhoid cases originated at point outside the city.

Portage la Prairie. Deaths, 10; Births, 4; Marriages, 2.

BIRTHS

Fraser—October 1st, the wife of Dr. W. F. Fraser, of a daughter.

MARRIAGES.

Hart—McDonald, at Minnedosa, Sept. 22. Miss Annie Rose McDonald was married to Dr. D. S. Hart of Kipling, Sask. Dr. and Mrs. Hart are visiting Toronto and Eastern points and later will reside at Kipling, Sask.

Rondeau—Elmslie, Sept. 30. Miss Grace Emslie was married to Dr. Albert Rondeau, of Winnipeg.

PERSONALS

Dr. Fred Buller and Mrs. Buller have returned to Vancouver.

Dr. W. J. Gunne, of Kenora, has been visiting Moose Jaw.

Dr. J. J. Thomson is the new district medical officer of North Vancouver. Dr. Thomson is from Lanarkshire, Scotland, and a graduate of Edinburgh University.

Dr. and Mrs. Doherty have returned to New Westminster.

Dr. and Mrs. McPhillips spent last week at Harrison Hot Springs, B. C.

Dr. and Mrs. Robert Mackenzie, of Vancouver, are visiting Winnipeg.

Dr. F. C. Bell has been appointed superintendent of the Winnipeg General Hospital.

Dr. and Mrs. Lachner, of Didsbury, are visiting the Coast and Seattle, Victoria and Vancouver.

Dr. and Mrs. Fagan are visiting Tranquille, B. C.

Dr. and Mrs. W. J. Knox and Dr. and Mrs. Shepherd, of Kelowna, B. C., have returned from their visit to the Coast.

Dr. C. H. Higgins, Dominion Government Pathologist, who established the laboratory at William Head Quarantine Station ten years ago and who is now in charge of the Government Laboratory at Ottawa, has been visiting the West.

Dr. and Mrs. Gillespie, of Cumberland, B. C., have been visiting Winnipeg.

Dr. and Mrs. Boucher have been visiting Fish Lake.

OBITUARY

Dr. Kendall, one of the best known of the younger physisians of Vancouver, died October 8th of typhoid. He had been ill since the Alpine Club meeting, which he attended. Dr. Kendall leaves a wife and three children.

REVIEW.

"Physiology and Pathology of the Semicircular Canals." By Adolf K. Ibershoff, M.D. Foreword by Royal S. Copeland, A.M., M.D. New York: Paul B. Hoeber, 1910. This is in reality a publication of notes taken in the Vienna clinics of Dr. Barany and others, relating to recent work on the physiology and diagnosis of diseases of the semicircular canals. It seems to cover the subject sufficiently, although it is not of course at all exhaustive. There are three tables of differential diagnosis that ought to be of assistance,—namely, the differentiation between labyrinthine suppuration and perilabyrinthitis, neuritis of the eighth nerve, and cerebellar abscess.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by Leading Members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M.D., Philadelphia, U. S. A. Volume IV. Nineteenth Series. Philadelphia and London: J. B. Lippincott Company, 1909. The latest volume of this well-known quarterly consists of numerous articles under the headings treatment, medicine, surgery, röntgenology, and obstetrics, genitourinary diseases, pediatrics, parasitology, laryngology, and pathology. The section on "Medicine" contains an article on Glenard's disease worthy of mention, and the report of a case of "Spontaneous Cure of Gangrenous Appendicitis" is of interest. Hand and Jobson report a case of "Pneumococcic Arthritis." "The Serum Treatment of Epidemic Cerebrospinal Meningitis" is well described by Dunn, his conclusions being summed up in the statement that "one more dread disease has been robbed of a large part of its terrors." At the end of the volume a general index for all four volumes of the series is appended.

International Clinics. A Quarterly of Illustrated Lectures and Especially Prepared Original Articles by Leading

Members of the Medical Profession Throughout the World. Edited by Henry L. Chattell, A.M., M.D., Philadelphia, U. S. A. Vol. I., Twentieth Series, 1910. Philadelphia and London: J. B. Lippincott Company, 1910. Drs. Swift, Noguchi and Sachs treat on the Serum Diagnosis of Syphilis in an interesting fashion. Dr. Sachs' article on Parasyphilides of the Nervous System is well worth studying. Drs. Watson and King write papers on Peliagra. Dr. Emil Beck gives a paper on Bismuth Paste in Chronic Suppuration. Finally there is a review of the Progress of Medicine during 1909.

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Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of Dominion lands in Manitoba, Saskatchewan and Alberta, excepting 8 and 26, not reserved, may be homesteaded by any person who is the sole head of a family, or any male over 18 years of age, to the extent of one-quarter section of 160 acres more or less.

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

DUTIES:

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

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

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

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

W. W. CORY,

Deputy of the Minister of the Interior

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