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# Dominion Medical Monthly

And Ontario Medical Journal

Volume 39

TORONTO, JULY, 1912

Number 1

## ANNOUNCEMENT.

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# Dominion Medical Monthly

And Ontario Medical Journal

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No. 1

## Original Articles

### PRESIDENTIAL ADDRESS.\*

By HERBERT A. BRUCE, M.D., F.R.C.S.

President of the Ontario Medical Association; Associate Professor of Clinical Surgery, University of Toronto; Surgeon to the Toronto General Hospital.

Owing to the custom which has prevailed of electing your President at the end of the Annual Meeting, this is the first opportunity that has been afforded of thanking you for the distinction which you were good enough to confer in electing me to fill this very important position. While fully appreciating the honor which you have done me, and for which I am most grateful, at the same time I am fully aware that it carries with it very serious responsibilities. On looking back over the long list of distinguished men who have preceded me, I realize that it is a difficult task to maintain the high traditions of this office. I need scarcely say that I have done my best to justify the confidence you have placed in me, and have been exceedingly fortunate in securing on the various committees the assistance of able and energetic men, who have devoted a great deal of time and consideration to the working out of the details connected with this meeting.

As you will see from the programme, we have very considerably altered the character of the meeting. Realizing the interest and value of clinical work, instead of having sessions devoted to the reading of papers, we have endeavored to make the meeting entirely a clinical one, and I trust that the result will justify the experiment.

In view of the fact that members from a distance could not conveniently bring cases to the meeting, and wishing to give them an opportunity of taking part in the proceedings, we have asked

\* Delivered at the Thirty-second Annual Meeting of the Ontario Medical Association, held at Toronto on May 21st, 22nd and 23rd, 1912.

them to give us short case reports, and have in this way secured a few short papers.

We felt that the presentation of clinical cases, with the ensuing discussions, would be of much greater interest and advantage to the profession than listening to a number of lengthy papers. Our policy has been to invite members outside the city of Toronto only to take part in the symposia and to read papers, and it was only because, in some of the sections, we failed to secure a sufficient number in spite of repeated appeals, that we have had to fall back upon some of the Toronto members. I think the members of the Association generally do not fully realize the extreme difficulty, often amounting to impossibility, of securing papers from members in country districts.

Whilst we have endeavored to provide a varied and interesting clinical programme, we have not been unmindful of the social side, and I therefore hope you will find the meeting both instructive and enjoyable.

I should like to take this opportunity of referring to the great loss which the profession in the Province of Ontario has sustained in the untimely and tragic death of a former President of this Association, the late Dr. James F. W. Ross. He always took the keenest interest in the affairs of this Association, and was present at our last meeting at Niagara Falls. He could always be relied upon to do his utmost to further the interests of his beloved profession, and it is scarcely necessary for me to say that the profession, as a whole, and this Association in particular, has lost a very staunch friend, and one whose place it will be difficult or impossible to fill.

I should like also to refer to the loss which the profession throughout Canada has sustained in the death of Dr. James Bell of Montreal. He was one of our truly great men, and has done a great deal to elevate the standing of the Canadian medical profession.

As each year of my professional life passes, my conviction becomes stronger that an organization of some kind to bind the profession together is an absolute necessity, and that for this purpose we could have nothing better than our Ontario Medical Association, which is a potent influence for the good of the profession and the public.

When it was first suggested that this Association should become a branch of the Dominion Medical Association, many of us feared that in this way we might lose our identity. As the scheme has eventually materialized, however, I think it a distinct advantage

to the Ontario Medical Association. Whilst we have retained our autonomy, and are thriving and prosperous, we are at the same time—I think I may say without boasting—the most important branch of the Dominion Association, and can feel that our interest is not merely provincial, but that we have a larger and wider outlook through our connection with the National Association.

I think it very desirable that there should be an increase in the number of small County Medical Societies, and I should like to suggest that for this purpose the Province be divided into ten districts, corresponding to the ten health districts recently established by the provisions of the new Health Bill. As there are forty-seven counties in the Province, this would mean that each society would include four or five counties, which appears to me to be a practical arrangement. Then the method of securing membership in the Ontario Medical Association would be simplified by accepting the members of these smaller societies, which would obviously be in a better position to determine their qualifications.

When the Ontario Medical Council was first established there were three Licensing Boards in Canada, in addition to the medical schools and universities, namely, the Upper Canada, the Homeopathic and the Eclectic Medical Boards. The universities, in addition to conferring degrees, really possessed licensing power, inasmuch as the holder of a university degree was entitled to practise medicine on proving his identity and paying a small fee. The Provincial license enabled the holder of it to practise in the Province conferring it, or, in fact, in any other Province, so that as a matter of fact there were in Upper and Lower Canada, exclusive of the other Provinces now constituting the Dominion, seven or eight Licensing Boards responsible to no central authority. On the establishment of the Ontario Medical Council it became the central authority and the only licensing body.

Before this time the schools and universities fixed their curricula, both for matriculation and professional examinations; some of the Licensing Boards required no standard of matriculation at all, and the professional acquirements necessary to become a practitioner of medicine were of a very inferior character.

The first step taken to remedy this state of things was the "Parker Act," passed in 1865, providing for the formation of a Council with power to fix the standard of matriculation and that of the medical curriculum, but giving it no power to enforce this standard. The Homeopathic and Eclectic Boards were not interfered with, and the provisions of the Act were found to be very defective. An arrangement was then made with the homeopaths

and eclectics and the various schools and universities, whereby the whole of the profession became subject to the Medical Council of Ontario, as a central authority. This Council was made up of representatives, elected from and appointed by the general profession, the medical schools and universities, and also from the homeopathic and eclectic bodies. This Act came into force in 1868, and conferred upon the Council power to fix the standard of all examinations and appoint examiners to conduct them.

Prior to 1867 the matriculation examination of our colleges was simply a matter of form, and could be passed at any time before going up for the degree. Now it is equivalent to a second-class teacher's certificate, with compulsory Latin and physics and the science course. I believe that at the present time all the colleges and universities in the Dominion require four years of study before a student goes up for his degree, and in McGill University and the University of Toronto five years are required.

The President of the University of Toronto, in his last published report, suggests that the entrance standard for medicine in the University of Toronto shall be senior matriculation, which really amounts to the first year at the University, and I may say that recently the Medical Faculty has recommended to the Senate that an examination equivalent to that of senior matriculation shall be demanded of all students entering the Medical Faculty of the University of Toronto in future.

Last year the Ontario Medical Council very wisely decided to discontinue its Primary and Intermediate Examinations, accepting the Primary and Intermediate Examinations of the Universities, and only requiring a Final Examination in Medicine, Surgery and Obstetrics. As soon as the Dominion Medical Council comes into operation, it would seem unnecessary for the Ontario Medical Council to hold even the Final Examination, as a student would naturally prefer to take the examinations of the Dominion Medical Council, which would entitle him to practise in any part of the Dominion. This takes away one of the functions of the Ontario Medical Council, and while it may have other duties to perform of a sufficiently important character to justify its existence, I think there is a general feeling that its numbers might, with advantage, be greatly reduced.

The number of homeopathic representatives is altogether out of proportion. Through the courtesy of the Registrar, Dr. Bray, I have learned that there are 48 homeopaths practising in the Province, and 3,280 regular practitioners. These 48 homeopaths have 5 representatives on the Council, that is to say 1 to about every 93.

The 3,280 regular practitioners have 18 representatives, and if we add to these the six representatives from the colleges, making 24 altogether, we may say that they have one to every 136. Amongst the members elected from the colleges we find that there is a representative for Victoria University, for Trinity University and for Ottawa University, none of which have medical faculties, and I can see no reason whatever why they should continue to have representatives on the Council.

I would suggest that the Ontario Medical Council consist of ten members, one to be elected by the homeopathic physicians, and three to be elected by the universities having medical faculties, leaving six to be elected by the general profession. Even this gives the homeopaths a predominance in the Council quite unjustified by their numbers, and with the diminished amount of work required from the Ontario Medical Council this should be a sufficiently large body.

#### MEDICAL EDUCATION.

The question of medical education is at the present time receiving a considerable amount of attention, and both the teaching and practice of medicine are passing through a period of evolution. In the United States medical education has been a subject of discussion for a number of years, and committees have been appointed by various societies, more especially the Association of American Medical Colleges, in conjunction with the Confederation of Examining Boards of the United States and the Council of Medical Education of the American Medical Association, to enquire into the equipment, entrance requirements and curricula of the medical schools.

In 1905 the Carnegie Foundation was established by Mr. Andrew Carnegie<sup>1</sup> to investigate the subject of University Education in general, and a special committee was appointed to consider medical education in the United States and Canada. The report of this committee and the recommendations of the Council on Medical Education of the American Medical Association<sup>2</sup> show that the most urgent indications are reduction in the number of medical schools, elevation and uniformity of entrance requirements, maintenance of well equipped laboratories with capable teachers, and clinical training in a hospital in intimate relationship with the medical faculty—that is to say, in a properly constituted teaching body, there should be a hospital under the direct control of that body. The report of the Carnegie Committee also emphasizes the fact that the medical profession, both in the United States and

Canada, is at present overcrowded by poorly trained physicians and surgeons.

At the meeting of the Council on Medical Education<sup>3</sup> held at Chicago on February 29th of this year, the Secretary reported that whereas in 1906 there were 170 medical schools in the United States, constituting half the total number existing in the world, the number had now been reduced to 120. This reduction is due to the closing of some badly conducted and imperfectly equipped schools and the amalgamation of others.

As regards entrance requirements, Dr. Colwell stated at the above meeting that 47 of the 120 remaining medical colleges now require that a year or more should have been devoted to physics, chemistry and biology, together with a four-year high school course. Twenty-nine colleges require a minimum of two or more years' work in a college of liberal arts, with a four-year high school course. Nine state examining boards have now adopted preliminary requirements in excess of a four-year high school education. Of the 120 colleges, 79 are connected with liberal arts colleges or universities, but of these 33 only are in intimate relationship with universities. During the last seven years the college terms have been lengthened, new methods of teaching adopted, more salaried teachers employed, more endowments secured, new buildings erected, better laboratories and laboratory equipment, and better clinical facilities provided. Several of the larger medical schools have been reorganized, have built teaching hospitals and adopted higher standards of education, and the teaching of medicine has now been placed to a great extent on a university basis throughout the United States.

As regards Europe, in London there is more clinical material available than in any other city in the world, and the conditions for teaching are most favorable; and, in my opinion, there is no place at which one can get a better training in the fundamental principles underlying the practice of medicine. This, together with the exceptional clinical facilities, makes London the greatest medical centre in the world. In the University of Berlin no senior professor practises medicine. The universities, which are maintained by the State, pay salaries to the professors, surgeons and physicians, and also all expenses connected with the laboratories.

I am of opinion that, as education is a matter within the jurisdiction of the provinces of this Dominion, it is the imperative duty of the Provincial Governments to see that a certain definite standard of medical education is maintained, the individual medical colleges retaining their charters only if they continue to provide this standard. It will be their duty to see that these colleges are

provided with proper laboratory accommodation and facilities, and—what is perhaps equally or more important—a sufficiency of clinical material in hospitals connected with or under the control of the college.

Medical education attains its maximum efficiency only when it is based upon a good system of general education and is supported by the scientific and literary atmosphere of a university. Three of the greatest advances in modern medicine are due to laboratory work, namely, the work of Faraday in physics, of the Curies in chemistry, and of Pasteur in biology. Sir William Osler<sup>4</sup> thinks it advisable that this type of university work should be extended into our medical schools, and that we need “an active invasion of the hospitals by the universities.” In the city of Toronto we now have what may be described as “an active invasion of the hospital by the university,” in that the University of Toronto now has control of the Toronto General Hospital, thus making the latter to all intents and purposes the university hospital. We have here what is generally recognized as the essential thing in the training of medical students, namely, the intimate connection with and active control of the hospital by the university. When our new arrangements are in working order we hope to be able to give our students a great deal of clinical work in the hospital, so that they may thus have an opportunity of acquiring that familiarity with disease processes in the living subject which is so essential as a qualification for their life's work.

Medical education in Canada has always been up to a high standard. But in this connection it should be borne in mind that, owing to the development of the preliminary sciences, such as physiology, pathology and biology, the work of the student has practically doubled in amount, and is continually increasing. In view of this increased demand on the time of the student, a five-year course in medicine has now been adopted in all the leading Canadian medical schools, the final two years being devoted to practical work.

All writers on medical education emphasize the paramount importance of thorough training in practical work, with opportunities for the students to come into actual contact with patients. The efficiency of the practitioner, the welfare of the public generally, and the adequacy of the public health service are all dependent upon the quality of the training given in the medical schools, and the ideal at which we are aiming is uniformity in the requirements and standards exacted by all the examining boards throughout the country. We trust that this happy result will follow the adoption

of the "Canada Medical Act," establishing interprovincial registration, and a license which will enable the holder of it to practise in any part of the Dominion.

#### THE "CANADA MEDICAL ACT."

The "Canada Medical Act," which has for its object the establishment of a uniform standard of examinations and qualifications throughout the Dominion of Canada, was introduced in the Senate by Dr. Roddick in 1902. It was passed, but it was found impossible to bring the Act into operation at that time, owing to the fact that opposition was made by some of the provinces on the ground that their interests had not been sufficiently considered.

Owing to Dr. Roddick's perseverance and devotion to the work in connection with this bill, and that of a few others who co-operated with him, he succeeded in convincing the various provinces that it was to their interest to pass this bill, and consequently an amended bill was passed in the 1911 session of the Dominion Parliament. I wish here to express my sense of the debt of gratitude which we owe to Dr. Thomas G. Roddick for the unprecedented services which he has rendered to the entire medical profession of Canada.

This amended bill only became operative when a so-called "Enabling Clause" had been passed by every province. All the provinces have now passed this "Enabling Clause," Ontario being the last to do so. This means that now the "Canada Medical Act" is in operation, and it only remains for the Dominion Medical Council to be established in accordance with the terms of the bill, which are, briefly: That the Council shall consist of (a) three members, appointed by the Governor-General in Council, each residing in a different province; (b) two members, representing each of the nine provinces, to be elected by the Provincial Medical Council; (c) one member from each university or medical college, which has power to confer degrees in medicine; and (d) three members elected by the homeopathic physicians in Canada.

#### OSTEOPATHY.

The bill which was recently introduced by Dr. Jamieson, and which was withdrawn at the last session, contained a clause defining medicine, which, it is to be hoped, will be incorporated in a bill which will probably be passed at the next session of the Legislature. It is a great pity, as we all know, that this was not defined by the Legislature many years ago, when the Council was estab-

lished in 1867, and it is desirable that the profession should be thoroughly conversant with the terms of this bill.

The bill provides for the registration of any person who has matriculated in accordance with the requirements of the College of Physicians and Surgeons of Ontario, and holds a diploma granted by a school or college of osteopathy recognized by the American Osteopathic Association and has attended such osteopathic school or college for the time specified in the bill. It also provides for the registration of persons who have been practising osteopathy in Ontario prior to the passing of the bill, provided they hold such diplomas. It also provides that any person shall be held to practise medicine within the meaning of the Act who shall by advertisement, sign or statement of any kind allege ability or willingness to treat diseases, or to prescribe or administer medicines or treatment of any kind for diseases, defects, deformities or injuries, but specifies that this section does not apply to the practice of dentistry, pharmacy, the usual business of opticians, vendors of dental or surgical instruments, apparatus and appliances, nurses, chiropodists, bath attendants or proprietors. Every person registered under this Act as a practitioner of osteopathy in the Province of Ontario shall be entitled to recover fees for professional attendance.

This amendment to the "Ontario Medical Act," which permits of the registration of osteopaths, is not such a monstrous thing as it seemed at first. I take the view that a man is justified in practising any pathy he wishes, provided he has obtained a sufficient knowledge of the anatomy of the human body, its physiology, and the disease processes to which it is liable. It will be obvious to every sane man that such a knowledge is absolutely essential; for how can anyone attempt to treat a disease without understanding the nature of the disease in question or normal conditions?

At the present time the public is at the mercy of a large number of uneducated charlatans, whose work is not only of no value in any real disease, but is often of a highly dangerous character. We have all met with cases in which this lack of knowledge has resulted disastrously to the unfortunate patient.

If, as is proposed in the bill, those wishing to practise osteopathy must pass an entrance examination equal to that of any practitioner of medicine, and, in addition, pass a primary and final examination, which would include all the essential subjects, substituting their pathy for medicine, we should have no objection to their being licensed by the Ontario Medical Council. In this way the public would be protected by requiring of osteopaths a sufficient know-

ledge of these fundamental subjects, which is absolutely essential before attempting to treat the sick. If, after they have passed these examinations, they still think there is any value in their particular pathy, we have no objection to their practising it. I would take a similar attitude towards any other pathy.

When the Ontario Medical Council was organized the homeopaths and eclectics were taken in and the same examinations prescribed for them as for regular practitioners. What has been the result? The eclectics have practically ceased to exist. Very few homeopaths have been taking the examinations, as is shown by the fact that at the present time only 48 are practising in the Province of Ontario; but, unfortunately, I am unable to ascertain how many there were at the time of the formation of the Ontario Medical Council.

The only objection I have to the bill is that it proposes to take in a number of graduates of certain American colleges without passing any further examination. I think that a clause should be added requiring all these men to pass an examination before being registered; and although we may, for the time being, have to accept qualifications which are decidedly less than those which will be exacted from future candidates, we shall certainly have made a material advance in securing for the public very valuable protective legislation.

In support of the contention that those who are practising osteopathy at the present time should pass an examination I should like to briefly refer to the Carnegie report:—<sup>5</sup>

“Amongst medical sectarians the committee includes homeopaths, eclectics and osteopaths, all of whom admit in theory that medical education should be based upon the fundamental sciences of anatomy, physiology, pathology and bacteriology.”

It is stated that the catalogues of the eight osteopathic schools in the United States are a “mass of hysterical exaggerations, and fairly reek with commercialism.” Entrance standards are conspicuous by their absence. In the catalogue of the parent school at Kirksville it is stated that an applicant will be accepted if “he pass examinations in English, arithmetic, history and geography,” but he may be admitted even if he fails to do this. The Cambridge School (Massachusetts) states that “a diploma may be accepted or an examination required if deemed advisable by the directors.”

Whatever his opinions may be on the subject of treatment it is essential that the osteopath should be trained to recognize and to differentiate between the diseases he professes to treat, and not one of these osteopathic schools is in a position to give the training in

physiology, pathology, chemistry and bacteriology which "osteopathy itself demands." In none of them is there any effort to connect the "laboratory teaching with clinical osteopathy," and in none is there "anything approaching the requisite clinical opportunities."

In the eight osteopathic schools there are now over 1,300 students, paying about \$200,000 annually in fees, and for this they "receive an education which is practically worthless."

All candidates who intend to practise surgery—whether osteopaths or not—should be required to pass a uniform examination in this branch of treatment. It is absolutely essential that all who undertake the treatment of disease, irrespective of the form of treatment they propose to adopt, shall be educated in such a manner as to render them capable of distinguishing between the various diseases which may come under their observation.

#### PUBLIC HEALTH.

The rapid development of bacteriology and the establishment of the germ theory of infective diseases, due mainly to the scientific investigations of Koch and Pasteur, have led to corresponding development in practical and preventive medicine. Recognizing the importance of this development in relation to public health, Senator Owen, of Oklahoma, introduced a bill in Congress about two years ago to provide for the creation of a federal department of public health, which was strongly supported by the American Medical Association and various other medical societies in the United States.

The object of this bill was defined to be<sup>6</sup> "all matters pertaining to the conservation and improvement of public health, and to collect and disseminate information relating thereto." It also provided that the new Department of Public Health should include: (1) The Public Health and Marine Hospital Service; (2) foods and drugs, from the Bureau of Chemistry, which is now in the Department of Agriculture; (3) vital statistics, now in the Department of Commerce and Labor.

An amended draft of the Owen bill has recently been brought before the Senate,<sup>7</sup> which differs from the original Owen bill, in that it provides for an independent health service, at the head of which will be a director appointed by the president, but who is not to have a seat in the Cabinet, whereas the original Owen bill specified that the head of the department should be a physician, who would also be a member of the President's Cabinet. The amended

bill provides for the appointment by the President, with the approval of the Senate, of three commissioners of health, to act as assistants to the director, two of whom shall be skilled sanitarians and one a skilled physician.

On March 22nd, of the present year, Senator Smoot brought a bill before the Senate,<sup>8</sup> which contains practically the same provisions as regards the Federal Government, but varies essentially from the Owen bill, in that it arranges for the public health service to be under the control of the Secretary to the Treasury, and to be managed by an assistant secretary, who shall devote the whole of his time to public health work, thus ensuring representation in the Cabinet. The Medical Bureau, including the present Health and Marine Hospital Service, is made the predominating bureau, and it is proposed to transfer vital statistics to this department.

I have referred to this contemplated legislation in the United States in order to show what is being done elsewhere in regard to public health matters. Many of us have felt for years that a federal department of public health should be created, with a responsible minister at its head, and representations were made to the late Government by the Canadian Medical Association along these lines, but no action was taken.

I intend proposing a resolution to this effect during the course of the meeting, urging the Dominion Government to give this matter early and favorable consideration.

Early in the present year the Academy of Medicine, New York,<sup>9</sup> appointed a committee on public health, hospitals and budget, for the purpose of investigating existing conditions, and to give expert medical opinion upon various matters, including provision for contagious diseases, school sanitation and the use of public funds in the maintenance of public health, one of the most important being the consideration of the health of school children. The committee is not to interfere in political matters, but to endeavor to give such advice as will be serviceable to the community as a whole. This will include attempts to educate the laity to minimize conditions which tend to the spread of occupational diseases, and to educate general practitioners in matters relating to municipal health, sanitation and hygiene. We might with advantage follow their example.

#### DIVISION OF FEES.

Considerable attention has recently been directed, more especially by the various medical and surgical societies throughout the United States of America, to the prevalent practice of fee-splitting,

or the division of fees between consulting surgeons and physicians, or physicians and consulting physicians.

Judging from the papers which have recently been published, and the reports of the committees which have been appointed to enquire into the subject,<sup>10</sup> this reprehensible practice appears to have become exceedingly common. It is increasing to an alarming extent amongst the younger members of the profession, and has even been adopted in some cases by men of good standing, owing to the fact that it suits their convenience and that they find it profitable.

The division of the fee is accomplished by various methods, and is based on commercialism alone. It means nothing more or less than the payment by the consultant of a commission to the general practitioner, with the object of encouraging the latter to continue to send his patients where he is most likely to receive a share of the money paid for relief or attempted relief, irrespective of the skill and experience of the consulting surgeon or physician in question. The practice is even more common amongst surgeons than physicians, and is carried on without the knowledge of the patient, who is ignorant that a portion of the money, amounting, according to the report of the committee of the Erie County Medical Society,<sup>11</sup> to from 25 to 50 per cent., goes to the general practitioner who has recommended the surgeon.

There can be no question that it is a pernicious system, fundamentally opposed to the ethical traditions of the profession, and that it cannot be advocated by any honorable man. It represents a form of collusion between the consultant and the general practitioner, which is compromising and demoralizing to both parties, in that it is invariably practised without the knowledge of the patient, and is at the same time disadvantageous to the latter.

As regards the causes responsible for the prevalence of this evil, it is stated in the report referred to above that the committee was practically unanimous in the opinion that the principal predisposing factors in commercialism are the overcrowding of the medical profession, a low standard of medical education, and a lack of appreciation of professional ethics. The committee also includes amongst the contributory causes contract practice and its inadequate remuneration, and the fact that the general practitioner is often underpaid. This state of things should be rectified in a legitimate manner, by educating the public to understand that, in view of the advances in medicine and surgery, and the consequent increase in responsibility and work necessitated by modern methods of diagnosis, the general practitioner is justified in demanding a

larger fee in such cases. He frequently has to take his patient to a consulting physician or surgeon, and if an operation has to be performed he has to be present. It goes without saying that he should receive adequate compensation for such services, and it is unreasonable to expect him to spend his time in this way without remuneration. In spite of the increased cost of living, and the advances in medical and surgical science, the family practitioner is still receiving the same compensation as his predecessors of two or three generations ago. If the public will compensate the family physician fairly and promptly for his services, and insist that all transactions between the physician and the consultant be carried on with the full knowledge of the patient, the cause and the possibility of this evil will speedily disappear.

The committee also points out that the prospect of receiving a commission sometimes results in exaggeration of the necessity for operation, and thus leads to indiscriminate, reckless and useless surgery, performed in some instances by inefficiently trained and inexperienced surgeons. Although the general practitioner is assumed to recommend his patients to consult a competent surgeon, the possibility of receiving 50 per cent. of the fee may interfere with his discrimination.

It was suggested at the meeting of the Board of Regents of the University of New York, held on April 19th, 1911, that the Legislature be requested to consider the advisability of prohibiting the consulting physician or surgeon from paying fees to another practitioner without making known the fact of such payment to the patient or the relative or friend acting on his behalf; and also that it might be advisable for the Board of Regents to announce that it will revoke the licenses of physicians or surgeons determined to have been guilty of this practice.

Dr. A. S. Draper<sup>12</sup> is of opinion that correction of the evil must come from within the profession itself by means of the local organizations, and that if this is not done the public will probably take the matter into its own hands with painful results.

The Academy of Medicine, Toronto, appointed a committee to consider this question, and the following resolutions were passed at the annual meeting on May 7th, of this year:—

“1. That the payment of a commission to any person or persons who may be instrumental in influencing a patient or patients to apply for professional advice is wrong in principle and detrimental to the best interests of our profession.

“2. That when two or more practitioners are engaged in a case

the disposition of the respective fees shall only be made with the knowledge and consent of the patient.

"3. That we agree that the attending physician has often been inadequately paid for his services."

I would suggest that this matter be dealt with by this association at the present meeting, and that a similar action be taken to that of the Toronto Academy of Medicine.

#### PROGRESS IN SURGERY.

The last two or three decades have been a period of marvellous development and evolution as regards surgery, and there is no question that the chief factors to which this evolution is due are the discoveries of the bacterial origin of disease, of antiseptics, and the more recent development of asepsis.

I should like here to refer to the great loss which the medical world has recently sustained in the death of that distinguished scientist, Lord Lister, which occurred at Walmer, England, on February 10th, of this year. Many of you will remember the pleasure we had in meeting that kindly and unassuming man at the meeting of the British Medical Association in Toronto, with his gentle face and wonderful personality. His great achievements in the domain of medicine and surgery are well known to every member of the profession, and to his practical application of the discoveries of Pasteur we owe the fact that it has now become possible to secure the kindly healing of wounds without the suppuration which to the older surgeons seemed a necessary part of healing, and which made any operative measure extremely dangerous. Even in the cases in which recovery did ultimately take place it was accompanied by such complications as erysipelas, hospital gangrene and pyemia, which can now be avoided in practically all cases.

Another factor which has contributed to the reduction in the mortality of surgical operations is that in the majority of cases the surgeon is now consulted at an earlier stage of the disease than formerly, when the risk attendant on many operations was so great that they were undertaken only as a last resource. We now recognize that in many cases delay entails considerably greater risk than immediate operation, and that prognosis is often more favorable if the latter is undertaken at the earliest possible moment.

The above remarks apply more especially to what may be termed acute abdominal emergencies. The degree of perfection to which asepsis has now been brought renders it possible to open with safety the cavities of the body, and to expose freely the area of

disease, thus enabling the surgeon to operate with greater confidence. The knowledge of surgical pathology thus acquired has resulted in a coincident development of methods of diagnosis, and we have learnt that peritonitis represents only a late result in very various diseases. It has also led to more intelligent after-treatment, and, instead of keeping the intestines at rest as long as possible after an abdominal operation, as was formerly the custom, the aim of the surgeon now is to obtain resumption of normal physiological and mechanical intestinal functions as soon as possible, and thereby to prevent the supervention of peritonitis.

#### APPENDICITIS.

I should like here to refer very briefly to the treatment of acute appendicitis. For many years this subject has been discussed freely in our medical societies, and different opinions held as to the proper time for operation, but at the present time surgeons throughout the world are practically unanimous in the view that the proper time to remove the appendix is immediately the diagnosis has been made.

I think it very desirable that the public should be educated to appreciate the fact that a diagnosis of acute appendicitis invariably calls for immediate operation; that no other form of treatment is of curative character, and that delay is dangerous. Of course all we can do in the matter is to strongly advise operation. We cannot compel a patient to submit to operation; but, in view of the great risk incurred by delay in such cases, it is most important that the public should be educated to appreciate the imperative necessity for immediate surgical treatment.

#### BLOOD EXAMINATION.

Within the last ten or twelve years much has been learnt in regard to the value of examination of the blood in acute surgical diseases, and it has been extensively employed as an aid in the diagnosis of obscure suppurations, and more especially in differential diagnosis. The results of experimental and clinical work indicate that investigation of the blood and, above all, determination of the percentage of polymorphonuclear leucocytes, although not in itself sufficient to definitely establish a diagnosis, may, when considered in relation to the clinical symptoms, be an important factor in the differentiation of various acute surgical diseases.

In addition to the value of blood examination in diagnosis, the presence of marked leucocytosis often indicates a hopeful prognosis,

but the most conclusive results are obtained, both in regard to diagnosis and prognosis, when the total and differential counts are taken together, and considered in relation to each other and the clinical findings. The total count may be regarded as an index of resistance of the body to the infective agent, whilst the differential count indicates the severity of the infection.

#### INTRAVENOUS ANESTHESIA.

Improvement in the methods of inducing anesthesia has been an important factor in advances in surgery, inasmuch as it now results in much less functional disturbance and interference with the manipulations of the surgeon. Instead of being obliged to rely upon one method only, as was formerly the case, we have now a choice of many methods of inducing anesthesia, and can select that which seems to be most suitable for the condition with which we are dealing.

In this connection I may refer to intra-spinal anesthesia, which has been practised extensively abroad, and to some extent also in this country. A few years ago Bier<sup>13</sup> described the technique of intravenous local anesthesia, which has been found particularly useful in cases with pulmonary and cardiac complications. Bier injects novocain into the circulation, and under this method of anesthesia has performed various operations on the limbs, including resection of the elbow, resection of the knee-joint, and amputation of the lower part of the leg. He thinks there is not the slightest doubt that it is suitable for amputations of all kinds. More recently a method of intravenous general anesthesia has been suggested by Burkhardt of Munich,<sup>14</sup> which appears to be free from the many objections to inhalation anesthesia, and I believe has a great future in store for it.

At the present moment the safest all-round anesthetic for general purposes is undoubtedly ether, given by the open method. I may say that for many years I have been in the habit of insisting upon the use of ether as an anesthetic, feeling that it is much safer than chloroform or chloroform in combination with ether. I would further like to emphasize the very great importance of having the ether administered by a skilled anesthetist.

#### BRAIN SURGERY.

The most recent advance in the surgery of the brain consists in operations upon the hypophysis cerebri, which have been undertaken for the relief of acromegaly, and have in several cases resulted in retrogression of the symptoms.

## THE RÖNTGEN RAYS.

Röntgenology is now highly developed, and has become one of the most valuable adjuncts to surgical diagnosis. It has also greatly contributed to render surgery a more exact science, as it gives us a clearer understanding of the condition of many of the cases which come under our observation, and in many instances also gives indications for treatment.

In fractures the Röntgen rays are of the greatest possible service, as we are able to ascertain by means of a skiagram whether or not the fractured portions of bone are properly adjusted. It is also most useful in disease of the bones, as it is capable of showing the most minute alterations in structure.

Great advances have recently been made in Röntgenology, as applied to the diagnosis of disease of the alimentary canal, and it has greatly increased our knowledge of its physiology and pathology. In this region it is second only to an exploratory laparotomy, and by enabling the surgeon to make an early diagnosis renders it possible to operate at a much earlier and more favorable time. The radiographs are taken after the administration of bismuth subcarbonate, which obstructs the rays, and is considered the most suitable preparation.

By this method displacements of the stomach can be determined with a greater degree of accuracy than by any other means, with the exception of an exploratory laparotomy. The more recent methods of Röntgenology have rendered it possible to demonstrate the site of stenosis of the alimentary tract; to distinguish in some cases between functional and organic constriction; to observe the peristaltic action of drugs and the functioning of intestinal anastomoses; to determine the existence of visceroptoses and of diverticula. The X-rays have also been used in the diagnosis of pulmonary and other intra-thoracic conditions, and Rosenbaum<sup>15</sup> reports a case in which a diagnosis of miliary tuberculosis of the lungs was made, the skiagram showing numerous small tuberculous areas in both lungs.

Schurmayer<sup>16</sup> emphasizes the value of Röntgenopalpation of the abdominal viscera, which is practically manipulation of the organs under the guidance of the eye, and he considers it to be especially useful in the diagnosis of pathological fixation of organs.

Although an X-ray examination is of the greatest assistance in diagnosis, it should not supersede the older methods of accurate clinical investigation, but should be used in combination with them.

As a therapeutic agent, however, the X-ray has been very disappointing, and has frequently been attended with harmful results. It has been successful in the treatment of certain superficial forms of carcinoma, but in these cases a quicker and more satisfactory result would, as a rule, be obtained by the use of the knife.

#### RADIUM TREATMENT.

The exact value of radium in the treatment of disease is at present complicated by the question of expense, and it is, of course, possible that in cases in which small doses fail larger doses would be successful.

Dr. Louis Wickham,<sup>17</sup> who has had considerable experience with this mode of treatment at the Radium Institute at Paris, has recently reported his results. He is of opinion that in the case of malignant growths, which are difficult to remove, intense application of radium previous to operation is beneficial, and may facilitate removal of the growth.

It is sometimes useful in the treatment of superficial lesions, such as rodent ulcer and epithelioma, but I have recently seen a case of superficial epithelioma in which it was positively injurious, and, after six months' treatment, it was necessary to remove the growth by operation. I have also seen cases of rodent ulcer which were in no way benefited by radium treatment, and required subsequent surgical removal.

It is of undoubted value in the treatment of certain vascular lesions, such as naevi, port wine stain, etc. Wickham considers it also of value in surgical tuberculosis and other skin lesions.

My feeling about it in malignant disease is that it should never be used where an operation is possible; but, after the growth has been removed, there can be no objection to its use for a time, in the hope that it may prevent recurrence.

That it should be used as a cure for cancer is an unfortunate mistake, and has brought radium into disrepute in many quarters. It is a great pity that the opinion has got about that radium will cure cancer, or that anyone should employ radium for a treatment of malignant disease where surgery is possible. I have met with a number of instances in which a great deal of valuable time has been wasted in the use of radium, the delay meaning that the growth was becoming inoperable.

In addition to the therapeutic use of radium, small doses of it have been found to stimulate the healing of wounds.

## THORACIC SURGERY.

In 1908 Sauerbruch devised a cabinet which rendered it possible to open the thorax freely, whilst respiration was kept up under the influence of either positive or negative pressure. This led to great advances in thoracic surgery, and many intrathoracic conditions can now be dealt with in a way that was impossible a few years ago. Dr. Willy Meyer<sup>18</sup> subsequently constructed a cabinet which was an improvement on Sauerbruch's apparatus, in that pressure could be changed from positive to negative at the will of the operator, or both kinds of pressure could be used simultaneously. He describes this cabinet as the "universal pressure chamber."

In 1909 Meltzer and Auer<sup>19</sup> suggested a new method of artificial respiration under positive pressure, which they called intracheal insufflation, and the very satisfactory results in curarised dogs led to its employment for intrathoracic operations in man. Subsequent experience has shown that in the Meltzer-Auer method we have a simple and apparently safe method of producing intra-pulmonary pressure, permitting of open operations upon the pleura and other intrathoracic structures without the use of any cumbersome apparatus, and that, owing to these advantages, it is likely to supersede all the more complicated pressure cabinets.

Dr. Elsberg<sup>20</sup> has anesthetized about two hundred patients in this way at the Mount Sinai Hospital, New York, and states that the results are extremely satisfactory. The operations in which he has employed it include craniotomy, thyroidectomy, thoracic empyema, removal of tuberculous cervical glands, pulmonary operations, etc.

Operations upon the heart represent a comparatively new field of surgery, although an attempt was made by Farina in 1896<sup>21</sup> to suture a wound of the heart. In 1909 Vaughan<sup>22</sup> collected 150 cases of suture of the heart, with 35 per cent. cures. Eugene H. Pool<sup>23</sup> collected 77 cases, operated upon between 1909 and 1911, with 55 per cent. recoveries and 45 per cent. deaths. The use of differential pressure methods has greatly improved the prognosis in these cases, and recent literature on the subject indicates that the heart can be manipulated and treated surgically in the same way as any other organ in the body.

Amongst the most important contributions to the surgery of the heart and blood-vessels is the work of Professor Carrell, which was commenced in 1902 at the University of Lyons, France; continued at Chicago, and more recently carried on at the Rockefeller Institute, New York. He uses the Meltzer-Auer method of insufflation anesthesia, and, as you will hear from his lecture this evening,

has been able to perform successfully circular suture of arteries or veins, arterio-venous anastomosis, transplantation of segments of veins into arteries, patching of arteries with pieces taken either from veins or the peritoneum, the reversal of circulation in the thyroid, transplantation of the kidney from one side to the other in the same animal or to another animal of the same species, and more recently the transplantation of entire limbs. The results of his experimental researches indicate that we may in future be able to cure many diseases of the heart and blood-vessels by means of surgical procedures.

#### FÖRSTER'S OPERATION.

Surgery has again come to the relief of what has hitherto been regarded as a purely medical condition, namely, tabes dorsalis, and resection of the posterior spinal roots has been performed for the relief of the gastric crises met with in this disease.

The *rationale* of the operation is based on the assumption that in the various crises which occur in the course of locomotor ataxia, affecting the stomach, intestines, bladder or larynx, there are invariably three cardinal signs, namely, symptoms of motor, sensory and secretory irritation of the organ involved. In Förster's opinion sensory irritation is the primary condition, the other two being secondary. Förster and Küttner<sup>24</sup> operated on a patient suffering from tabes, the seventh to the tenth thoracic roots inclusive being divided. Pain and vomiting subsided, the appetite improved, and the patient gained in weight.

It has also been recommended for the spasticity which obtains in cerebral diplegia, and which is due to loss of inhibition from the higher centres, but far better results have been obtained in the lower than in the higher extremity. The immediate results are great diminution in or disappearance of the spasticity, and of spontaneous contractures and cramp, if present.

#### OSTEOPLASTIC SURGERY.

During the last few years osteoplastic and cosmetic surgery has undergone remarkable development, and bone transplantation has recently been extensively employed in the correction of congenital defects and in replacement of bone which has been destroyed or removed by injuries or destructive diseases of various kinds.

Some surgeons, including Lexer, Enderlen and Königsberg, have successfully transplanted entire joints. Lexer<sup>25</sup> reports four functionally successful cases, in which portions of bone and adjacent joints were replaced by bone and cartilage. In two cases of

synostosis of the knee, due respectively to suppuration and tuberculosis, the entire knee was resected, and a new knee-joint, with a portion of the shaft of the tibia, implanted. These patients, four and seven months after the operation, experienced no pain on standing or walking, and could use the knee to a slight extent, passive movement to an angle of 45 degrees being possible in one case. Lexer usually procures his material from limbs amputated for senile gangrene.

In a more recent publication Lexer<sup>26</sup> reports several cases in which he has transplanted bone for cosmetic purposes, including formation of a nose or ear, correction of defects after operation for cancer of the face, transplantation of a portion of the scalp to supply a moustache or beard, and of a wedge of bone from the tibia to form a frame for the nose.

Kirschner<sup>27</sup> has had excellent results from transplantation of fascia from the iliotibial band of the fascia lata. He has used it chiefly to wrap around vessels or organs after suture, to close defects and reinforce hernia operations, to interpose between organs which have grown together, to make a sling for suspension of a displaced kidney or other organ, and for closing gaps in the dura. He also thinks it suitable for a substitute for tendons.

In the treatment of paralytic deformities of the extremities bone transplantation has been largely superseded by periosteal implantation of normal tendons, which is based upon the fact that normal muscle tendons will continue to functionate normally, even if the muscles pull in an altered direction. Lange of Munich arrived at the conclusion that it is inadvisable to impair and possibly sacrifice normally functioning tendons when the result is problematical, and therefore devised the method of implantation of silk, the results of which are the best that have been attained up to the present.

#### ALCOHOL INJECTIONS IN TRIGEMINAL NEURALGIA.

From time to time many experiments have been made with the object of relieving the pain of trigeminal neuralgia and preventing its recurrence, these experiments consisting chiefly of the injection of chemical solutions and fluids of various kinds into or around the affected nerves. The procedure which has, up to the present, had the most satisfactory results is that of deep injections of a solution of alcohol into the trunk or trunks of the nerves involved. If the injection is skilfully performed, and the needle punctures the nerve sheath, the alcohol instantly paralyzes the nerve at the point of injection, and destroys the fibres. Resection of the Gasserian

ganglion, which is an exceedingly severe operation, is, however, the only effectual means of obtaining a permanent cure, but the alcohol injections may relieve the pain for a period of from six months to two or three years, and the great advantage of the procedure is the possibility of repeating the injections indefinitely at short intervals if the pain returns.

#### EHRlich's SALVARSAN.

The last three or four decades have been a period of extraordinary development in regard to the science of applied bacteriology, and more especially with reference to its value in the diagnosis and prognosis of infective diseases.

Syphilis is one of the diseases to which attention has been directed in this connection, and the recent advances in its treatment date from the researches of Professor Metchnikoff, who in 1903 succeeded in transmitting the disease to apes by inoculation, and thus proved that it was due to a specific infection. Further investigation along these lines led to the discovery in 1905 of the spirochete *pallida* as the infective agent, and to that of the Wassermann serum reaction in 1906.

Early in 1910 Ehrlich<sup>28</sup> made the assertion that the chemical compound dioxy-diamino-arseno-benzol, to which he gave the name of "606," is capable of producing "sterilization of the system." After making a large number of experiments in animals, Ehrlich sent samples of the drug to physicians in different parts of the world, in order that they might make a trial of its efficacy in the treatment of human syphilis. The immediate results were brilliant, but the intramuscular injections, which were at first used, had the great drawback of causing extreme pain and disability, and this method has been discarded.

Since that time the preparation has been greatly improved, chiefly in the direction of solubility, and it has successively become "606 ideal," "606 hyperideal," and, lastly, "Salvarsan."

Ehrlich subsequently recommended that the drug should be administered intravenously in small doses, and in some cases in combination with mercury. Many writers, including Sir Malcolm Morris,<sup>29</sup> employ this combined form of treatment, and are of opinion that until time has shown that the effects of salvarsan are permanent this is the more prudent course.

Although Ehrlich's idea that the drug would be capable of destroying every spirochete in the body has not been completely realized, and although it is no longer considered to be an infallible specific which is indicated in every case of syphilis, there is no

doubt that it is the most powerful antisymphilitic remedy which we possess at the present time. It was at first feared that the administration of salvarsan might result in injury to the optic nerve, but Ehrlich states that he has not heard of a single case of blindness in connection with it, and Wechselmann, who has used it in over 1,200 cases, has not observed injury to the nerve in any one of them.

#### ETIOLOGY AND TREATMENT OF CANCER.

During the last few years extensive investigations have been undertaken by various scientists, including those carried out by the Cancer Research Commission in London, England, and at the Rockefeller Institute, New York, but up to the present no definite conclusion has been arrived at with regard to the etiology of cancer.

In this connection I should like to refer to the very valuable work in regard to cancer which has recently been done by Sir Henry Butlin, the great surgeon and pathologist, who died at London, England, on February 24th, of this year. He had devoted special attention to diseases of the throat and tongue, and, strange to say, he died of cancer affecting the larynx.

At the last annual meeting of the Cancer Research Commission, held in London in July of last year<sup>30</sup>, the Secretary, Dr. Bashford, stated that it has now been proved beyond the possibility of doubt that cancer, to begin with, is a local, and not a constitutional, disease. This fact contributes to render prognosis comparatively favorable, provided operation can be undertaken at an early stage, whilst the disease remains circumscribed. Precise evidence has also been secured in regard to the existence of hereditary predisposition to spontaneous cancer. Its wide distribution throughout the entire human race and the vertebrates, even when living in a state of nature, and the fact that the only way in which it can be transmitted from one individual to another of the same species is by the implantation of living cancer, proves, according to Dr. Bashford, that it is not due to a common causal parasite. The almost invariable success of reimplantation into an animal of a portion of its own spontaneous tumor, and the almost invariable failure of implantation of any spontaneous tumor into other spontaneously affected animals, lead him to the conclusion that each tumor is individual, and genetically related to the particular organism in which it originates.<sup>31</sup>

In his Hunterian Lectures, delivered at the Royal College of Surgeons, London, England, about a year ago, the late Sir Henry Butlin<sup>32</sup> brought forward a theory of the intrinsic, as opposed to

the extrinsic, origin of cancer. According to this theory, each cell in the human body is regarded as equivalent to an entire individual amongst the protozoa or other unicellular organisms, and the cancer parasite is taken to be in effect simply the cancer cell, which by a process of atavism has reverted more or less to the condition of the original protozoa, and has become in its relation to the normal cells in the body the equivalent of an intruding protozoan parasite. This cancer cell, to which he gives the name of *unicellula canceri*, is considered to be a completely independent organism, which has not entered the body from without, but has been generated within it, and which, instead of acting in harmony with the normal cells, acts in opposition to them, and thus produces anarchy and destruction.

Two objections have been made to this view, namely, that in the first place the cancer cell, so far as we know, undergoes no process analgous to that of fertilization, and that, in the second place, it is apparently incapable of growth apart from the organism in which it has primarily developed.

As regards the second of these objections, Dr. Peyton Rous, of the Rockefeller Institute, New York,<sup>33</sup> has produced malignant sarcoma in fowls by the subcutaneous injection of the filtrate of a similar growth obtained from a bird of the same species. Professor Alexis Carrel and Dr. Burrows, also of the Rockefeller Institute, report a still more conclusive experiment, in so far as the human subject is concerned, in that they have made a successful culture from a sarcoma removed by operation from a female patient, although in this instance growth was less luxuriant than that of the fowl sarcoma.

In this connection it may be mentioned that Dr. Simon Flexner<sup>34</sup> draws attention to the fact that it has recently been discovered that a number of diseases occurring in man and the higher animals are due to microscopic parasites, epidemic poliomyelitis being an instance of this.

Sir Jonathan Hutchinson<sup>35</sup> states that his experience indicates that the administration of arsenic, even if only for a short period, may result in predisposition to cancer, more especially epithelioma, and he thinks that it is probably also responsible for some cases of endothelioma and sarcoma. He suggests that the drug may act as a depressant to growth, and thus allow of the appearance, after a short interval, of degenerate forms of growth nearly allied to those of vegetation.

From time to time a large number of remedies have been suggested for the treatment of cancer, and some of them have been used with a certain amount of success. Several writers report cases

in which they have employed serum prepared from cancerous material. Berkeley and Beebe<sup>36</sup> find that autogenous is more effective than stock serum, and think that this mode of treatment may be serviceable in the prevention of recurrence of malignant tumors after operation.

Dr. Coley, of New York,<sup>37</sup> claims to have cured a few cases of sarcoma of the femur by injection of the fluid which bears his name. Sir Henry Butlin states that the Continental and English surgeons have not been equally successful in the use of this fluid; and, although we have used Coley's fluid here a number of times, we have never seen a case in which it has been of value.

Acting upon the suggestion of Professor Ehrlich that the cancer cell might possibly be influenced by a specific drug, Wassermann and others<sup>38</sup> have found that a compound of eosin and selenium, injected intravenously into mice infected with malignant tumors, causes marked softening of the tumor after three injections; after four injections absorption of its liquefied contents, and in favorable cases its complete disappearance in about ten days. In the case of exceptionally large tumors, which tend to soften rapidly, the animals frequently succumb to the action of the toxic material absorbed from the tumors. Autopsy indicates that the preparation has been deposited electively in the tumor, indicating its affinity for the cancer cells. It apparently has a destructive action upon the nuclei of these cells, whilst it does not affect the normal cells. In animals which have been kept under observation for months after disappearance of the tumors no recurrence has been noted, but if a tumor is only partially destroyed recurrence is rapid.

In the report of the Cancer Research Commission, previously referred to, Dr. Bashford emphasizes the fact that nothing but harm can arise from the premature application to the treatment of human cancer of methods which have been found effective in modifying inoculation cancer in animals. A method which produced active immunity in inoculated cancer was tested in thirty-three mice with natural cancer. It resulted in no arrest of growth or dissemination, and did not prevent recurrence of spontaneous cancer after operation.

During the last thirty years or so there has been marvellous improvement in the results of operations for cancer, and extensive and early operation, with removal, as far as possible, of all the cancer cells in the body, has been attended with great success. In view of the fact that most of the writers on the subject agree in considering individual resistance an important factor, if not the chief factor, in the cure of cancer, it is obvious that even when the

disease is sufficiently advanced to be no longer localized, and cancer cells have already migrated, it is highly desirable to remove the chief source of supply of these cancer cells, and thus assist the defences of the organism in their endeavors to re-establish normal physiological conditions.

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# Dominion Medical Monthly

And Ontario Medical Journal

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## COMMENT FROM MONTH TO MONTH.

The Annual Meeting of the Ontario Medical Association, held in Toronto, May 21st to 23rd, was one of the best, if not the best, in a dozen years.

Dr. Herbert A. Bruce made an admirable presiding officer, was at all times attentive to his duties, courteous, solicitous for the enjoyment of the members of the Association, had a keen edge on his authority as chairman, clear-cut, incisive in his presidential address, as well as happy as host at the various functions.

The outstanding features of the meeting were the President's address, the most interesting address in surgery by Dr. Crile, the epoch-making demonstration by Dr. Caller, the admirable paper by Dr. Turner, read by Dr. Fotheringham, and the annual banquet.

Without the shadow of a doubt, the character of the speeches at the banquet on the evening of the second day were by far the best heard in a long time at any medical banquet; and the address of Ven. Archdeacon Cody was one which will not soon be forgotten. A polished, graceful and forcible speaker, it was said by those who knew that the Rev. Archdeacon surpassed himself.

Amongst others who contributed to the success of this evening were President Falconer, Mr. Justice Riddell, Hon. Adam Beck, Dr. M. M. Seymour, Regina; Dr. H. G. McKid, Calgary, President

of the Canadian Medical Association; the Superintendent of the Toronto General Hospital, Drs. Bingham and Fotheringham. The speeches were of a high order of excellence, and this function alone would have amply repaid anyone for his attendance.

Two mild ructions occurred at the meeting. One was over the so-called "fee-splitting" business; the other over the so-called "wanton" destruction of cultures, pathological specimens, etc., at the laboratories at Gravenhurst.

Of the former nothing definite was done except to place the matter in the hands of a special committee to report a year hence. The discussion brought out the fact that there is no inconsiderable unrest over the present financial arrangements as regards the general practitioner and operator. The sentiment seemed to be unanimous that "fee-splitting" was dishonorable *per se*. If so, we submit, it is something for the Medical Council to deal with, as not through the medium of the Ontario Medical Association can anything be done to offset it. As it is a question which affects the entire profession of the province, it thus comes within the purview of the Medical Council, as it cannot possibly be rightly nor correctly adjudged by any local association in which the membership is voluntary. It would seem to be no good for the one thousand or more members of the Ontario Medical Association to condemn it and ostracize their guilty associates, when two thousand practitioners beyond the pale of the Ontario Medical Association could hew wood and draw water as they wished.

The "wanton" destruction of specimens, the result of painstaking research work, wherever it takes place is to be thoroughly condemned; and the medical profession in Canada is entitled to know the whole truth of this matter and to have both sides of the story. Acts of vandalism can never be condoned. Accidents, we know, may occur in the best of regulated households; and the profession will read with intense interest the presentment of the parties thereto.

The suggestion of the President to round out affiliation with the Canadian Medical Association by the organization of district associations has often before been advocated in these pages, and it is a scheme which meets with our hearty endorsement. We are not in a position to say just how many or what provincial associations are properly affiliated with the national medical body, nor what provinces have county or district medical associations in close touch with the provincial associations. This was the purport of the re-organization scheme of the Canadian Medical Association some years ago, but it looks as though there had been tardiness in the

completion of the reorganization and that there still existed a belief that "half a loaf was better than no bread."

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**The trade in patent and proprietary medicines** is to be investigated by a select committee in Great Britain under the chairmanship of Sir Henry Norman.

This committee is the result of generations of protest on the part of the medical profession of the United Kingdom, and will be sure to bring more prominently before the eyes of the public the many dangers incident to the promiscuous and indiscriminate drugging with "patent medicines."

It is quite certain that an exhaustive examination of the whole question will be made, and that it will be conducted with the sole object in view of the public good.

The Canadian Medical Association might well interest itself in promoting a similar committee for the Dominion of Canada.

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**Summer tourists** would do well to consult their family physicians or at best the health officer of the district into which they are going before deciding definitely upon their summer retreat.

The anticipation of a summer holiday is sometimes as replete in happiness as the full fruition of it, but often the happiness is cut short by a hasty return to the city and some weeks of sick-bed or hospital life through an ill-advised selection of the holiday resort.

Particularly is this the case where typhoid fever has been contracted; and it is of first importance to the holiday seeker after rest and recreation that he should satisfy himself that there is no chance of being contaminated by this disease in any community in which the sojourner elects to stay for a period.

People should be satisfied as to the quality of the water they are going to drink, the source and handling of the milk supply, location and sanitary conditions of privies, drainage, and that screens are employed towards protection and comfort from flies, insects, mosquitoes, etc.

The question of the sanitary environment of the summer resort in which one is going to spend three or four weeks or a couple of months does not often enter into the plans and deliberations of the summer tourist, but it will always be found a wise and safe procedure to consider at least whether typhoid has or has not made its appearance.

**Church, law and medicine** must act in unison, said Venerable Archdeacon Cody, in his address at the Ontario Medical Association banquet, in building up a fine nationhood for Canada.

Someone has said eugenics and modern civilization are incompatible. This forces the necessity for co-operation of the learned professions.

We must look to the legal profession in framing wise and judicious legislation, to the medical profession to determine the physically and mentally normal, and to the clerical profession to abstain from binding in the holy bonds of matrimony the physically, mentally and morally unfit.

Under the administration of the present Government of this Province of Ontario health matters, hospital expansion and administration, prison reform, stand in an advanced position. A decided step forward will be taken when, as we have advocated before, the issuing of marriage licenses is placed in the hands of properly qualified medical men.

There is at least one church in the United States whose clergy will hereafter require certificates from reputable physicians that the contracting parties are physically and mentally normal before solemnizing the marriage ceremony. It were well if all marriages were consummated by the clergy and that such were the basis of all marriage contracts.

The Ontario Medical Association might well take up with the Government the question of making medical men the issuers of marriage licenses, and the clergy that they, alone, perform the marriage ceremony.

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**The National Insurance** scheme of Mr. Lloyd George has now been before the English public for one year, yet success for the measure is not in sight.

That the medical profession is not treated fairly by this measure there are many evidences other than those set forth in the medical press.

The new move by the profession, designed to bring Mr. Lloyd George to his senses, is for the doctors to cut off all their contract relations with friendly societies. This step has been forced upon the profession by the Chancellor of the Exchequer, who for the past twelve months has not ceased in every way to bring the medical profession in line with the proposals of his bill.

It seems that the profession mistrust the insurance committees of the friendly societies, for on these committees the doctors will

be in the minority, and they mistrust the undiluted societies still more.

The British Medical Association, through its State Sickness Insurance Committee, is now pledging members to resign from club and lodge practice and not to accept appointments under this Act. They are taking this step to offset Mr. Lloyd George, who has practically used all sorts of threats, as well as flattery and invective, to bring the medical profession to his feet, and thus to the feet of the friendly societies.

This, of course, is very serious business. It is practically the employment of the trade union boycott, and is forced upon the profession by a man who will go the whole length in seeing his ends accomplished.

This bill degrades the honorable status of the medical profession, does away with the independent medical man in part, and makes many the mere hired employe of the State.

The Bill and the trouble therewith directs attention to the evils of lodge practice more than anything occurring in the last quarter of a century.

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### CANADIAN MEDICAL ASSOCIATION.

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The forty-fifth annual meeting of the Canadian Medical Association will be held at Edmonton August 10th to 14th. It is expected that the first day, being Saturday, will be devoted to business. The scientific part of the programme will begin on Monday and occupy the three days, Monday, Tuesday and Wednesday. At the conclusion of the meeting the G. T. P. offers an excursion to the famous Yellow Head Pass.

While it was at first thought that one day of the meeting should be spent in Calgary, that idea has been abandoned. A visit to Calgary may precede or follow the meeting in Edmonton. Everything goes to show that a splendid programme of papers will be ready, and the proverbial hospitality of the West is shown in the numerous arrangements already made for the amusement and the comfort of the visiting members.

As to railway rates, the standard convention certificate plan will be in force from all points in Canada, that is, the rate will be single fare plus 25c. for the return trip. Members are urged to ask from their local station agent for the standard convention certificate, which will be honored for ticket for return trip. It is neces-

sary that a certain number of certificates be secured before the rate can be valid. It would be wise also to secure sleeping car reservations early.

Those members who desire to go on to the coast, or return by one of the United States routes, can secure summer tourist rates which are very low.

The meeting in Edmonton offers an excellent opportunity to men in the East of seeing the West economically and at one of the most favorable times of the year.

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## XVII. INTERNATIONAL CONGRESS OF MEDICINE.

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The second official circular of the Seventeenth International Medical Congress to be held in London, England, August 6th to 12th, 1913, has recently been issued.

The Address in Medicine is by Professor Chauffard, the Address in Surgery by Prof. Harvey Cushing, while Prof. Paul Ehrlich is to deliver the Address in Pathology.

The circular contains the Provisional Programme of subjects for discussion in the 23 sections constituting the Congress.

It is hoped that the profession in Canada will take full advantage of an event of such great importance in the medical world in particular, as the profession in Canada has been accorded such recognition by the British authorities in charge of the Congress.

Dr. W. H. B. Aikins, who is Secretary of the Canadian Committee, will be pleased to send these circulars or furnish other information to anyone interested. The Secretary's address is 134 Bloor St. West, Toronto.

## News Items

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Dr. J. M. Lane, Mallorytown, Ont., died on the 9th of June.

Dr. A. H. Caulfield has resigned as pathologist at the Sanatorium at Gravenhurst.

Dr. Colin Campbell, Toronto, is on a motor trip through England and Germany.

Dr. Chas. McGillivray, Whitby, Ont., has been elected President of the Ontario Medical Association.

The Hon. Adam Beck has been elected President of the Canadian Association for the Prevention of Tuberculosis.

Dr. Fred. Parker, Milverton, Ont., has gone on a two months' trip to Western Canada and the Western States.

Drs. W. J. Wilson and W. A. Young, Toronto, have returned from the meeting of the American Medical Association at Atlantic City.

Drs. Simpson, Halpenny and Gorrell, Winnipeg, Man., announce that May 15th new offices will be occupied in the new Sterling Bank Building, corner Portage and Smith Street. The number of the office phone will still be Main 272.

The following have been appointed District Medical Health Officers: Dr. D. B. Bentley, Sarnia, headquarters at London; Dr. T. J. McNally, Owen Sound, at Palmerston; Dr. D. A. McClenahan, Waterdown, at Hamilton; Dr. Paul J. Moloney, Cornwall, at Kingston; Dr. R. E. Wodehouse, Fort William, at Fort William; North Bay to be appointed.

## Publishers' Department

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THE MESSAGE INSTITUTION at 20 Walmer Road, Toronto, just north of Bloor Street, established only a few months ago, and conducted and supervised by Mrs. MacKinnon, is now one of the established medical institutions of Toronto. All branches of massage are carefully administered, Mrs. MacKinnon having had considerable experience in the Home Country. There are also electrical, electric light and needle spray baths; and the appointments and surroundings are all that could be desired. Male patients are attended by a masseur of practical experience. In every way, Mrs. MacKinnon attends to the comfort and best requirements of all patients. Physicians are invited to visit and inspect the institution.

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PHYSICIANS desiring to secure a location for practice in Ontario, Manitoba, Saskatchewan, Alberta or British Columbia, can secure a list of from 25 to 35 openings in these Provinces, some with and some without property, by applying to Dr. Hamill, who conducts the Canadian Medical Exchange, 75 Yonge Street, Toronto, for the purchase and sale of medical practices and property. Bona fide prospective buyers can get particulars free of any offer simply by applying therefor and agreeing in writing that all information received is confidential and that they will not offer opposition for a reasonable time to any physician whose offer is submitted to them. A partial list of such practices for sale will be found among our advertising columns each month, the completion of which naturally changes with each issue.

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PREPARE THE BABIES FOR HOT WEATHER.—During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term. Careful attention to feeding is, of course, a *sine qua non*, and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies