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EDITORIAL

THE END OF THE WAR.

The greatest war the world has ever known has come to an end, and justice and right have prevailed. It has been proven beyond the suspicion even of a doubt that Germany caused the conflagration; and now her people are reaping the reward of following the leadership of such monsters as the ex-Kaiser and his war-lord advisers.

But in addition to causing the war, Germany, through her rulers, especially her military rulers, has carried on the war in a most detestable manner. Every crime thinkable has been authorized by the German militarists and has been committed. Such names as Cyrus, Alexander, Cæsar, Ivan, Nero, Attila, Napoleon, Alva, etc., grow dim and appear as nothing when placed beside the ex-Kaiser. What the world owes to those who faced the German hordes in the defence of Liberty no words can express. Their eternal monument is the Freedom of the World, the establishment of Truth and Right.

It has been estimated that in all the countries engaged in the war there have been at least 45,000,000 casualties, of which at least 10,000,000 are dead, about an equal number soldiers and sailors and civilians. This is the fruit of one man sowing the earth with dragon's teeth.

It is no longer necessary to recite the awful cruelties inflicted upon those who fell into German hands as prisoners of war. These numerous charges have been proven again and again.

Add to all this the destruction of property and the expenditure of billions upon billions in money. Cause of it all was the dream of world power in a madman's brain. We have on several occasions pointed out the perverted psychology of the ruling German mind This in turn tainted the entire nation.

In the struggle for freedom against great skill and cunning backed up by brute force, we all take the greatest pride in what our own Cana-

dians did. One of the earliest acts of our boys was to save Calais by closing the way at Ypres, while the very last act of the war was the entering into Mons by the same boys. The part played by our medical men shall never die. It is written in letters of gold on Parian marble.

INFLUENZA.

Nearly the entire world has passed through a severe epidemic of influenza, which began, so far as Europe is concerned, last summer in Spain. It is almost certain, however, that it came from that great pest house, Central Asia. For this reason it has been called Spanish Influenza. In 1890 there was a widely spread and severe epidemic of influenza; as it began on that occasion in Russia, it was called by that name.

There have been many well recognized epidemics of the disease. There was an outbreak of the disease in 1658 that made Britain a vast hospital. It was from an attack of this disease that Oliver Cromwell died. In the seventeenth century the disease was called ague, which no doubt came from the French word aigue, acute or sudden.

A very violent epidemic of the disease swept over Europe in 1743, beginning in Italy, and carrying with it the Italian name "influenza," which means an unseen or unknown cause, some mysterious force or "influence." About 1712, the French name grippe was given to it from the verb gripper, to seize suddenly.

In America there have been epidemics of the disease, in 1647, 1655, 1789, 1807, and subsequent dates. In 1890 it spread over the entire continent.

The New York Academy of Medicine recently gave out this statement: "The disease is of germ origin and probably is spread most commonly through germ-laden droplets of mucus thrown into the air in unguarded coughing, sneezing, and spitting. The Public Health Committee, therefore, strongly endorses the educational propaganda which has been carried on by the Health Department of New York City and other health authorities throughout the country, warning the public against the dangers of overcrowding and the lack of sunlight and ventilation, as well as those arising from ignorance or careless habits."

Dr. James J. King, of New York, puts forth the view in the *Medical Record*, of 12th October, that the present epidemic is similar to the pneumonic plague of China. He points out that in the latter disease the bacillus pestis and the streptococcus are almost always found along with the pneumococcus. The events that have transpired in the present influenza epidemic do not justify the conclusion it is the same as the deadly pneumonic plague, though often accompanied by pneumonia.

Commander Hamilton Glover, of the U.S.N., issued among other instructions, the following:—"It must be remembered that coughing is the means whereby contagious diseases are most effectually spread and men are enjoined to bear this fact in mind whenever they are in enclosed places in company with other men. Stop that coughing, will prevent the inception and spread of disease."

Dr. Copeland, New York City Health Commissioner, lays down the following rules:—

"Avoid crowded places and poorly ventilated places.

"Keep as far as possible from sneezers and persons with coughs.

"Avoid use of public and all insanitary drinking cups.

"Persons with colds should sneeze and cough only into handkerchiefs, to protect their neighbors.

"Persons who actually contract Spanish influenza should immediately go to bed, and remain quiet. Disease will normally run its course in three days. So far, there is no known cure for it."

Surgeon-General Blue, of the Public Health Service, Washington, has issued a statement in which he makes the following assertions: "The infectious agent is the bacillus influenza of Pfeiffer; the sources of infection are the secretions from the nose, throat and respiratory passages of cases or carriers; the incubation period is one to four days; the mode of transmission is by direct contact, or contact with soiled articles, common water supply, contaminated dishes, etc. The period of infectivity lasts so long as the germs are found in the discharges; methods of control are the isolation of infected persons and the dissinfection of articles used by him; immunizing vaccines are used with only partial success; attendants should wear gauze masks.

The latest and most reliable reports go to show that in influenza there is often intense congestion of the mucous members that may cause hemorrhage from the nose, throat, trachea, bronchi, stomach, and bladder; but that when a true lobar pneumonia occurs there is also found the pneumococcus present.

Dr. Blue gives the treatment thus: "The treatment is simple, but important, consisting principally of rest in bed, fresh air, abundant food, with Dover's powder for the relief of pain. Every case of fever should be regarded as serious and kept in bed until the temperature is normal. Convalescence requires careful management to avoid complications, such as bronchial pneumonia. Such drugs as asparin may be used in the early stages for the relief of pain."

Dr. Beverley Robinson, writing to the *Medical Record* of 28th September, claims much benefit from the administration of salicylate of ammonia and coffeine. To an adult he gives from 5 to 10 grains of the

former and one-half grain of the latter every two hours for four to six doses. If there is fever add one grain of phenacitin to each dose. At bed time stop the foregoing and give half teaspoonful of spirits of aromatic ammonia and half a teaspoonful of sweet spirits of nitre in an ounce of water. If the nose is stopped up or discharging use a one per cent carbolic vaseline, or a menthol ointment. If there is much cough, nasal obstruction, or malaise, the patient is made more comfortable by a hot mustard foot bath, dry well and put on long stockings.

THE LIQUOR PROBLEM

The working of the Ontario Temperance Act is not giving satisfaction. The reasons are apparent.

In the first place it is not satisfying the extreme advocate of temperance, because there are ways of securing liquor that defeat the purpose of the Act to a great extent. When these people become ill and require alcohol for medicinal purposes they learn by practical experience that the Act is not working too smoothly. Then, again, there is a good deal of illicit trade in liquor.

But the Act is not satisfactory to those who are quite temperate, but feel they should have the privilege of purchasing a bottle when they wish to do so. They never drink to excess, but keep it in the house for use either as a medicine, or in a social way with strict moderation. This class think that their liberty has been invaded.

Further, the Act is not working well for the sick. There are too many difficulties in the way of securing liquor when required. Half a dozen vendors for Ontario is a joke. In some cases it takes several days to secure the liquor ordered by a doctor. For medicinal purposes this is of no use. But even in Toronto we have known persons in line for hours before they could be served.

Very specially, the Act is far from satisfactory to the medical profession. Liquor must be ordered for medicinal purposes only, and yet it is dispensed by a lay vendor. The doctor must set out the disease from which his patient is suffering. Now, this is not a very proper thing to have to do, and have this order go before clerks in a liquor store, and a board of enquiring commissioners. We think this is very wrong, and should be remedied at the earliest moment.

Doctors find much trouble from many who wish orders for liquor, not because of actual sickness, but because they wish to have some liquor in the house. It calls for much judgment and enquiry to know what to do in such cases. Some of these requests are perfectly genuine and honest. A person may call on a doctor for an order for liquor for his father who is old and subject to "heart spells." This story is not "a fake." The old man does take bad spells. But, by strict interpretation

of the Act, the order cannot be given under these circumstances. Doctors have often to refuse friends and patients because there is no actual illness at the time.

Then there is another feature that must not be overlooked. Once the person secures the liquor the doctor has no further control in the matter, and it may be used as a beverage as well as a medicine. There are not a few who pretend some illness to secure the order and then use the liquor purely for beverage purposes.

There is one feature in the Act that must have seemed offensive to most doctors, namely, where he has to declare that the quantity ordered is the least required for the case. This, we think, is an insult to the medical profession.

All these difficulties can be overcome. The Government should take over the traffic and supply the best grade of liquors at cost plus required expenses. There ought to be a sufficient number of stations so that the public can be served in a reasonable time and with the least trouble. The declaration that this is the least amount required should be dropped. Further, it should not be necessary to give the disease. The statement that it is for medicinal purposes should suffice.

MILITARY HOSPITALS

The recent investigation into the Toronto Base Hospital has forced upon the public mind the feeling that other military hospitals may be far from satisfactory. The sick or wounded soldier should have proper hospital accommodation. This must be assumed as an axiom which calls for no proof.

In General Logie's evidence it came out that the old General Hospital was originally intended to furnish accommodation for 150 sick or wounded soldiers. About April, 1917, it was decided to raise its capacity to 800 beds. With regard to the personnel he said: "That was raised at the same time, on paper, but never was filled to the establishment required to handle 800 beds." General Logie also stated that he had recommended a hospital of 2,000 beds for High Park.

It is quite apparent to any one who knows anything of the old General Hospital, that it could not properly care for 800 patients. This condition was greatly aggravated by the fact that there appears from the evidence to have been a serious shortage in the number of doctors and nurses.

In answer to a question, General Logie said: "In 1915 and 1917 I represented the acute conditions to Ottawa and asked that the Park School be taken over. The Board of Education had placed it at the disposal of the Government until September, 1918. My recommendations was not approved because of the shortness of time. I also recom-

mended that the Davisville School be taken over for orthopedic purposes, but that was not approved because there were other plans in the air."

The net result was that there was not sufficient accommodation, and when the influenza epidemic came the overcrowding became very great and had serious consequences. On the 4th of October, there were 714 patients in the buildings on the old General Hospital grounds.

Lieut.-Col. (Dr.) F. W. Marlow, A.D.M.S. for M. D. No. 2, during a considerable period of the war, said, in giving his evidence:

"In February, 1917, I asked for accommodation for 1,000 more beds in this district at once and 500 more in six months' time. They were not provided. I do not consider the accommodation at the Base Hospital at the present time sufficient. I suppose failure to get the needs met in a satisfactory way was one of the reasons of my resignation. When we had 700 patients in the building I considered the hospital overcrowded."

One feels quite at a loss to know how Surgeon-General Guy Carleton Jones, Inspector of Hospitalization, could express the opinion that: "I do not agree that the present Base Hospital has not sufficient utilitarian qualities to handle 714 patients."

From his evidence it appears he visited the hospital on 21st September, but not at a later late. He said that he "was satisfied with the way Col. Irving, A.D.M.S., was handling the situation."

In Col. (Dr.) F. W. Marlow's evidence, the following appears, in answer to a question if he had made any complaint: "Yes, several times. The chief complaint was that the hospital was not brought up to a proper standard."

Then, again, he said: "In February, 1917, I requested 1,000 more beds at once, and 500 more in six months' time."

Answering the question, "Was it large enough in 1917"? he replied: "No. The only time I consedered the hospital accommodation sufficient was when the men in the district were sent overseas just before the M.S.A. came into effect."

Dr. J. N. E. Brown, who was Medical Superintendent for a number of years, condemned the hospital severely; and said it had not accommodation for the number of beds place in it. But it should be remembered that Dr. Brown was speaking of conditions as they were some years ago. Many changes and improvements have been made in the meantime.

From the evidence of Col. Dr. A. Primrose, the following statements are taken:

"I did see the wards to-day, and from the number of patients as

represented by the beds I saw in the hospital, it is not overcrowded. It is in very good condition—it is clean and comfortable.'' My personal conviction is that a man in the Base Hospital had just as good a chance for recovery as patients elsewhere. The doctors and nurses all did their duty.''

Dr. C. K. Clarke, who followed Dr. J. N. E. Brown as Medical Superintendent of the General Hospital, said there was accommodation in the public wards for 320 beds and in the private wards for 80 beds. Dr. Clarke admitted that he never had 700 patients in the institution. He thought 400 beds would be the limit of crowding.

Director-General Fotheringham was of the opinion that much of the trouble arose from those who had some grievance to air, and did so in the press, and by anonymous letters. He also said that the public press was at fault in knocking the hospital. Answering the question about overcrowding, he said: ''I won't admit it was. I don't believe it was.'' Having the high regard for General Fotheringham which we have, we regret he made these remarks.

Col. Irving, the present A.D.M.S., admitted that the hospital was overcrowded. He said: ''I think it was on the 2nd my attention was drawn to the overcrowding. I went to the R.A.F. and saw Major Rubie, and told him we were up against it for space. I told him that it was necessary that we should get the east residence of Burwash Hall to relieve the congestion.'' Col. Irving admitted that the hospital is not a model one, but would do for an ememgency one. He admitted that if there had been a hospital of 1,100 beds there would have been no overcrowding.

From all these opinions one must conclude that there was a good deal of overcrowding at the Base Hospital. This must be admitted as bad for patients, no matter what the diseases may be, and especially bad in an epidemic of influenza.

It has been proven that overcrowding gives rise to pneumonia cases. What has been observed is that several thousand persons working in confined quarters will yield more cases of pneumonia, tuberculosis, and bronchitis, than a similar number of persons working in the open. When this is the case among the well, it is doubly so among the sick, and particularly if the sickness is of a pulmonary character.

No one will gainsay the statement that our soldiers should be treated as men, and given the best that is going. In the army no one is entitled to greater credit than the private; for it is he who faces the enemy at closest range, and bears the brunt of the fighting. He gives and receives the shock of war. All honor to him, and treat him well. The Jury hearing the case, condemned the accommodation in the hospital. This finding is given on another page.

ORIGINAL CONTRIBUTIONS

SOME NOTES ON THE VALUE OF THE X-RAY IN DIAGNOSING URINARY CALCULI.*

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WITHIN the past few years the roentgen-ray examination for urinary calculi has reached a high degree of perfection, and, although well known, has not, as far as I can remember, been previously dealt with before this Academy.

Therefore, it may not be amiss to take up some points in connection with its value as a routine diagnostic procedure.

Of the diagnostic methods at our disposal for the detection of calculi, roentgenography holds the premier position of importance.

Let me say at the outset, however, that the older methods of physical and chemical examination have not been displaced. The roentgenologist should receive at least brief clinical details when the patient is referred to him. It is unwise to have him approach the case without knowledge of the principal clinical findings. Such findings will enable him to interpret shadows more intelligently, as there are times when a correct diagnosis on the sole basis of plate findings is utterly impossible.

That it occasionally happens, even with the most approved technic, that calculi are undetected by the X-Ray, is generally admitted. Some enthusiastic roentgenologists have claimed their ability to detect the presence of any urinary calculus, irrespective of its size, location or composition. Others, more modest, have placed the measure of their success as low as 65 per cent.

In one's own experience, one is impressed with the fact that so many cases in which a negative X-Ray finding is obtained, accept this as final, and are not subjected to other methods of diagnosis for verification. Consequently it would appear that an accurate estimate in this matter is not readily arrived at. One feels convinced, however, that calculi of "surgical size" are rarely missed in the kidney. In the Ureter, where the shadows of the spine and pelvis are frequently superimposed, failure to detect a stone is somewhat more common, whilst in the bladder one has known of stones of soft consistency and considerable size escaping detection.

The failure to detect the shadow of a calculus may be attributed to one of four conditions: (1) The consistentcy of the stone is soft.

*Read before the Surgical Section of the Toronto Academy, April 17th, 1917.

Most roentgenologists admit that pure uric acid calculi do not cast a shadow. This seems to apply to certain phosphatic concretions also. This class of calculus is, however, rare, and especially so in the kidney or ureter.

(2) The presence of a large amount of abdominal tissue may seriously interfere with the examination.

(3) The location of the stone, particularly when in the lower ureter, may add to the difficulties.

(4) Imperfect radiographic technique may be the reason for failure.

When the shadow cast by a stone is inconspicuous, a pyelogram may occasionally come to our assistance by demonstrating changes in the renal pelvis or ureter which accompany calculus, or, if collodial silver be used in making the pyelogram, the stone may absorb sufficent of the silver solution to render it visible in a radiograph taken the following day.

Technique.

Technique is of the utmost importance, but as this is chiefly the concern of the Reontgenographer, I will not deal with it here, except in so far as it interests the practitioner referring cases for examination.

This class of X-Ray work is done almost entirely with plates, as the fluoroscopic screen is, as a rule, quite unreliable.

The examination, to be of value, should include the eleventh and twelfth ribs, on both sides, the lumbar vertebrae, particularly their transverse processes, and the pelvis. This complete examination is necessary because:—

(1) Calculi may be found on the side opposite to the one suspected.

(2) Cases occur in which the symptoms are referred to one side only, but calculi are found on both sides.

(3) Calculus may be in the ureter and not in the kidney as suspected.

(4) A short time after an attack of renal colic, the calculus may have passed into the bladder.

It is perhaps needless to add that before operating on a kidney it is important to ascertain the condition of the other kidney and its surrounding structures.

Preparation of Patient.

Inasmuch as proper preparation, in many cases, means the difference between success and failure, in locating a calculus, it is important that this should be generally understood by the practitioner referring a case for X-Ray examination. It is a not uncommon experience to have patients referred for examination with no preparation whatever.

To be properly prepared, a patient should have one ounce of castor oil on each of the two nights preceding the examination, and an enema the same morning about four hours before the examination. It is desirable that the enema should contain from ½ to 1 ounce of alum to one quart of water. The patient should be without food for 24 hours, but if he will not submit to this, have him on a liquid diet, avoiding mineral waters and milk. By following this procedure the resistance to the penetrating rays is lessened and the interference of shadows of fæcal masses obviated.

Diagnosis.

In urorœntgenology special precautions must be taken to avoid errors, as there are many extra-urinary bodies which may be mistaken for urinary calculi. Among these are:—

(1) Phleboliths and pelvic blotches.
(2) Calcareous glands.
(3) Tubercular glands in the messentery.
(4) Calcified plates in the arterial wall.
(5) Calcified portions of the costal cartilage.
(6) Foreign bodies in the alimentary canal.
(7) Biliary calculi.
(8). Prostatic calculi.
(9) Calcarious cyst of the kidney.
(10) Papilloma of the skin in the lumbar region.
(11) Apendicular concretions and enterliths.
(12) One has recently heard of a case where a shadow lying in the line of the ureter and diagnosed as calculus, proved, on operation, to be an immature tooth contained in a dermoid cyst.

The presence of bismuth, or iron salts will, as a rule, be eliminated by proper preparation of the patient.

For the identification of these shadows, one cannot always rely on subjective symptoms, and even a negative urinalysis does not necessarily exclude stone.

There are times when the cystoscope, the ureteral catheter or bougie, or the uretero-pyelogram are indispensible aids to the roentgen diagnosis.

Symptoms.

The similarity of subjective symptoms, which not infrequently occurs, between urinary calculus and other abdominal conditions, is so frequently noted in the roentgen laboratory, that one cannot help but feel, that clinical data alone, are insufficient for the diagnosis of many cases of urinary calculi. With the possible exception of the actual finding of the stone in the urine we cannot be absolutely convinced that we are dealing with a nephritic calculus, if there is one or many, or of their

location. If, upon operation, only one stone is found it is not conclusive evidence that others are not present either in the ureter or some other part of the kidney.

Many cases are referred with directions to "find the stone," in which the trouble is found to be extra-urinary; and conversely, in cases referred for a gastro intestinal examination, one not infrequently discovers a renal calculus. There appear to be many pathological conditions which urinary calculi may simulate, and these come within the range of both physician and surgeon.

In the realm of the surgeon, the appendix appears to be the chief sufferer. Other unnecessary operations one has noted are: exploratory laparatomies, fixation of a kidney supposed to be movable and producing symptoms, removal of a tube and ovary, unsuccessful search for gall-stones, attempt to relieve adhesions which did not exist, stripping the capsule of a kidney for nephralgia, and, supra-pubic cystotomy on a normal bladder for a stone which was situated nearly two feet away.

To physicians rather than surgeons we may credit the following mistaken diagnosis: chronic dyspepsia, ulcer of the stomach, lumbago, sacro-iliac strain, acute and chronic Bright's disease, chronic cystitis, and, neurasthenia.

If we turn the tables around and look over the cases in which a provisional diagnosis of renal calculus was made, many were proved to have some of the following conditions: Orthopedic difficulties, including abnormalities of the spine; sacro-iliac joint trouble, and faulty attitude; disease of the kidney and urinary system, gall-stones, chronic appendicitis, and, perforated gastric ulcer.

Summary.

1. Roentgenography is the simplest, and most valuable single diagnostic method, for the detection of urinary calculi, which we have at our disposal, and a roentgenogram should invariably be taken before other less convenient and safe methods are attempted.

2. To identify calculi requires skill in both technique and interpretation.

3. Proper preparation is essential and that a brief clinical history should accompany the case is desirable.

4. That calculus may be encountered in cases presenting symptoms referable to other organs than the kidney or ureter.

5. That symptoms indicative of urinary calculus may be of extra-urinary origin.

References.

(1) Braasch, (2) Bythel & Barclay, (3) Cabot, (4) Geraghty & Hynman, (5) Friedman, (6) Kassabian.

CURRENT MEDICAL LITERATURE

SICKNESS SURVEYS.

The first sickness survey conducted by the Metropolitan Life Insurance Company was made in Rochester, N. Y. The work was then extended and similar studies were conducted in North Carolina, Boston, Mass., and the Chelsea district of New York City. The company has just issued a report on the Sickness Survey of Principal Cities in Pennsylvania and West Virginia, which is the Sixth Community Sickness Survey. The authors are Dr. Lee K. Frankel and Dr. Louis I. Dublin. A separate report is made on the sickness survey of Pittsburgh, Pa.

In the general report, the health status of 374,001 persons was obtained by the company's agents. The agents were asked to record only serious cases of sickness. They discovered 7,333 cases, making the sickness rate 19.6 per 1,000.

It was found that sickness was responsible for the loss of at least 2 per cent. of the effective working time of the wage-earners. This causes not only loss of wages, but frequently is a source of misery and destitution. Of the 7,333 persons reported ill, 6,908, or 94.2 per cent., were unable to work, and 5,384, or 73.4 per cent., had a physician in attendance, 25 per cent. of the sick were in bed at home, 8.2 per cent. were in hospitals, and 61 per cent. were ambulant cases, unable to work. Those sick, yet able to work. constituted 5.8 per cent.

Accidents and injuries were the chief cause of sickness in this survey, amounting to 602 cases, or 11.2 per cent. Then came "rheumatism," which amounted to 433 cases, or 8.0 per cent. "Rheumatism" probably refers to such diseases as neuritis, tuberculosis, gonorrheal and post-traumatic diseases of the joints, bones and muscular system and function neuroses. Influenza caused 392 cases of sickness; pneumonia, 307 cases; diseases of the stomach, 183 cases; functional disorders of the nervous system, 181 cases; tuberculosis of the lungs, 180 cases; colds, coryza and rhinitis, 166 cases; bronchitis, 156 cases; normal childbirth, 125 cases. There were other causes of sickness, such as asthma, diseases of the heart, tonsilitis, appendicitis, cerebral hemorrhage, apoplexy and paralysis.—*American Journal of Public Health.*

THE WASSERMANN REACTION.

J. H. Larkin, I. J. Levy and J. A. Fordyce, New York (*Journal A. M. A.*, June 1, 1918), reply to the article by Drs. Symmers, Darlington and Bittman, in *The Journal A. M. A.*, Feb. 2, 1918, p. 279. According to Larkin and his collaborators, the test has fallen into disrepute with

clinicians unacquainted with the laboratory side of syphilology for four reasons: "1. The discovery that the reaction was a nonspecific one. 2. The attempt to modify the reaction so as to make it available to the practitioner in his office. 3. The use of reinforced antigens and other changes in technic to render the reaction more sensitive. 4. The practice by some physicians of sending their blood specimens to commercial in preference to recognized hospital laboratories." The first factor was a disappointment. Nevertheless, while the authors could not explain why alcoholic extracts gave positive fixations with specific serums, the fact remained that such was the case, and to the serologist is left the problem to be settled at a future date. The application of the test is another matter. The second factor, the attempt to modify the reaction so as to make it available to the practitioner in his office, is a serious one. Makeshift methods are too quickly accepted, and the need of special training of the serologist has been too much overlooked. The use of reinforced antigens and other changes in technic to render the reaction more sensitive, has also been a stumbling block to physicians. In recent cases of florid syphilis the Wassermann reaction is, as a rule, strongly positive with all antigens, but the old and long treated cases require one or more synchronous test for their detection. The fourth factor, the practice of physicians of sending their blood specimens to commercial laboratories, few of which, according to the authors, deserve serious recognition, is met with in all laboratory work. The authors give their experience in the various forms of syphilis, and point out the value of the Wassermann reaction. Pathologic study is the one method for an accurate estimation of its value. Spirochetal demonstration would be the ideal method, but it is not so often possible. They summarize their paper in the following: "The term 'Wassermann reaction' includes several methods of serologic procedure. An accurate interpretation of each method is essential in arriving at a proper diagnosis. A positive reaction is the most constant symptom of syphilis. The value of the reaction in diagnosing undoubted syphilis is shown by the fact that: 1. The reaction is positive in practically 100 per cent. of the cases of florid syphilis. 2. In active tertiary syphilis of the skin and bones the reaction is positive in about 94 per cent. of the cases. 3. In syphilis of the central nervous system, cognizance must be taken of the reaction in both blood and spinal fluid. The blood is positive in about 80 per cent. of the cases. 4. In a pathologic study, the Wassermann reaction (alcoholic antigen, warm fixation) was positive in 94 per cent. of the cases of syphilitic aortitis. As a means of corroborating syphilitic infection, the Wassermann test is at least 90 per cent. dependable, as shown in a series of positive reactions in which 90 per cent. could be

accounted for by syphilitic changes in the aorta alone. The value of a negative reaction has been studied and its reliability confirmed by the negative reactions obtained in nonsyphilitic affections of the skin. In a series of necropsies in which it was demonstrated pathologically that the aorta was free from syphilitic disease, negative reactions were obtained in 91 per cent. The conclusions of Dr. Symmers and his co-workers are shown to be fallacious and a misrepresentation of facts owing to: 1. The apparent disregard of the different results obtained by various serologic methods and the employment of a questionable technic. 2. The careless survey of pathologic material."

A PLEA FOR SICKNESS PREVENTION.

Conference Board presents a research report under the title of "Sickness Insurance or Sickness Prevention?"

In these days of conservation, it is high time the public was made to realize the extent to which sickness and physical disability sap the energies and impair the efficiency of the nation. It is time we answered the question "If it costs a billion dollars to insure the health of the United States, why not prevent disease?"

Under the heading "How For are Diseases and Physical Defects Preventable?" the report states:

"The diseases most frequent in the industrial population, other than strictly 'occupational diseases,' are those of the degenerative type, such as Bright's disease, *cancer,* apoplexy, cirrhosis of the liver, and arterial diseases. These are particularly frequent causes of disability and death after the age of 45 years, although they often exert a detrimental effect on the efficiency of workers at earlier ages. Predisposing factors which contribute to the occurrence of those diseases often exist in the very early periods of life. While opportunity for prevention of these diseases may be less promising than in the case of communicable diseases, there is undoubtedly a large field for successful preventive work if undertaken in time." . . .

"Preventive work in the case of such communicable diseases as typhoid fever, tuberculosis, pneumonia, and diphtheria has been brilliantly successful. That in less than a generation the mortality rate for tuberculosis per 100,000 population has fallen from over 200 to less than 150 and that for typhoid fever from 35.9 to 12.4 is a tribute to the efficiency of prevention, since in the main these results have been accomplished by preventive agencies. The results already attained with a comparatively modest expenditure in this field are an earnest of the possibilities of still greater progress in the future and of broad success in the field of non-communicable diseases as well, if these are attacked

under a definite policy with a permanent and efficient organization and sufficient funds.

"The results already achieved in sickness prevention through local effort with limited funds established beyond a doubt the urgent need for a thorough-going investigation of its further possibilities under a definite national policy. Such an investigation should be undertaken at once. The withdrawal from production of hundreds of thousands of the most robust workers for military service has already increased the relative importance of the sickness burden as related to national efficiency, and it will be accentuated by further withdrawals as the war goes on."

THE MEDICAL PROFESSION AND THE WAR.

In his presidential address, Dr. A. D. Bevan, Chicago, (*Journal A. M. A.*, June 15, 1918), after briefly noticing the organization and activities of the Association, takes up the problems raised by the war, and the relation of the profession to the people and the government in the present crisis. The necessary number of officers for the army and navy will require at least 20 per cent. of the medical men of the country, and the Association, through its county and state societies and general organization must supply the need. The census of the medical men has been completed, and the honor roll of those who have come to the aid of their country has been published in *The Journal*. The Government has very wisely taken steps to prevent the disruption of our medical schools and to keep up the supply of physicians by following out the suggestions of Surgeon-General Gorgas. The medical professions of England, France, Belgium and Italy have been well nigh exhausted in this war, and the United States is looked to for a supply. A small medical department that existed before the war has formed the leaven to change the great body of physicians coming from civil life into efficient military surgeons and efficient hospital and ambulance units. Dr. Bevan here pays a deserved compliment to the work of Surgeon-Generals Gorgas and Braisted of the Army and Navy, and to the splendid work of Surgeon-General Blue in the Publis Health Service. If we compare the mobilization of the United States for war with that of other countries under similar conditions we find ample reasons for congratulations. In spite of epidemics, unavoidable in the congregation of so vast a body of men, analysis of the facts shows an average mortality from disease less than that in ordinary civil life. Strikingly successful has been the handling of the venereal problem, and no such moral and clean army has ever been mobilized as is the American Army. None has been as free from intemperance. It is fortunate that our mobilization occurred at the time when it could obtain so much popular support from

the general interest in reform in this line throughout the country. The problem is far from settled, and Dr. Bevan pleads for the united action of the organized medical profession to secure protection by law against the injury that drink has done and is still doing. Each individual member of the profession and each state and county society should take a part. The nurse problem is also mentioned, and he commends a movement by the Surgeon-General of the Army for the establishment of nurses' training schools at the cantonments. Other problems mentioned are the reconstruction and reeducation of the wounded and disabled coming back from the war, and the creation and maintenance of industries for the production of the necessary drugs and chemicals, surgical instruments and other medical appliances. It is important that the profession should not lose sight of the health needs of the civil population. They should demand state and national organization for keeping up and developing strong health departments in every section. The war makes this matter not less but more important. In organizing the medical profession there is one fundamental and basic condition that must be met. The profession must not go into the war as simply efficient but as 100 per cent. loyal to our national Government and its aims. If there are a few who are disloyal they should be sought out and interned where they can do no harm, and every individual physician and every county or state medical society should take part in searching these out. Dr. Bevan believes we owe it as a duty to ourselves and to the German medical profession to state clearly our feelings towards them. There is no question of the guilt of the Central Governments in this war, and their outrages and attempts on ourselves which have finally drawn us into the conflict are without the remotest shadow of an excuse. We have not been a military nation but have been forced to defend ourselves, and we have absolute confidence in the ultimate success of uor cause.

ANTIGONORRHŒAL VACCINATION.

We have on various occasions discussed the question of antigonorrhœal vaccination. It has been given a trial by numerous observers. For instance Dr. Maublanc is unhesitatingly hostile to the method "The vaccine, he remarks, often sets up violent reactions and in certain subjects, just as with the anti-typhoid vaccine, it is better abstained from". It is true that according to this observer it is possessed of numerous advantages especially that of calming the pain in orchitis.

"In short, an auviliary sometimes useful medication which however must always yield precedence to local treatment".

Similarly, in two cases Dr. Blumenthal (*Presse Medicale Belge*) was obliged to suspend the use of the said vaccine because after each injection disqieting symptoms supervened such as high fever, headache, nausea and rapid emaciation. The method for that matter did not appear to exert any influence on the urethral discharge.

Same conclusions on the part of Dr. Denis who states that the injection is sometimes followed by sharp local pain and an actual recrudescence of the local symptoms, the anterior urethra becoming congested and the constitutional symptoms assuming such a degree of acuity that the treatment had to be stopped.

According to Drs. Bonnamour and Salle two methods only are worth retaining.

Nicolle and Balaisot's vaccine possesses an indisputable curative action but it is very variable in its effects. Moreover the injections are often badly borne. Subcutaneous they give rise to distressing persistent erythema, intragluteal they cause very severe pain lasting upwards of half an hour.

With regard to the antigonococcal serum recommended by Drs. Pissavy and Chauvet it is suitable for certain cases of gonorrhoœal rheumatism especially those in which pain and phlegmonous tendencies predominate. In these cases it proves analgesic and curative. The treatment, reduces to a minimum the duration of the disease and the sojourn of the patient in hospital. This enables us to obviate the grave sequelæ: atrophy and ankylosis. According to all authors who have had occasion to observe the ultimate effects these are excellent. At most in severe cases does there remain slight functional impairment. Thanks to the anti-gonococcal serum we avoid the risk of early arthrotomy and ankylosis in good position will in future not be the guiding predominant idea in the surgeon's mind. No atrophy and consequently no deformity and no bony formations which are so often the consequence thereof".

Lastly, in a case reported by Dr. Fontanilles, of a man age 32 the urethral discharge dated back twelve months and was still mattery, containing numerous gonococci; for two months past he had complained of pain in the right knee and, on the same side, of talalgia, pain in the shoulder and in the sternoclavicular articulation. The classical treatment not having yielded any result they tried Nicolle's vaccine by intravenous injection. Three days later the joint trouble had disappeared.

It will be seen therefore that there is still great difference of opinion as to the curative value of vaccination and with respect to its indications. No doubt it is especially indicated in gonorrhœal rheumatism and perhaps also in certain diseases of the uterine adnexa. But even here it

often falls short of our hopes and this without any plausible explanation of the failure. On the other hand it is by no means rare for the injections to be badly borne, setting up severe local pain or intensifying the constitutional symptoms. Moreover, unless the practitioner be in a position to keep his patients under close observation for a sufficient length of time he will find it advantageous to stick to the classical methods of treatment which have long since established their reputation and, properly handled, determine unhoped-for improvement and even prompt recovery. According to Professor Fournier the conditions of success for these substances are three in number:

1° To give them at the proper time *i e* neither too early nor too late.

2° To give them in suitable doses *i e* neither too much nor too little.

3° To persevere with them as long as is necessary (*Jaccoud Dictionarys* article on *Blenorrhagie*).

These prescriptions have their *raison d' être* when the practitioner only had at his disposal impure balsams uncertain in their action and often badly tolerated. Now that we have at our disposal products such as Arheol, a well-defined chemical compound which is neither more nor less than the active principal of sandalwood oil, there is no need to hamper ourselves with these restrictions. We can, as is shown by the experience of innumerable practitioners, administer Arheol at all stages of the disease, as well at the onset as when fully developed, in urethritis just as in gleet, and in the treatment of local accidents: prostatit is and epididymitis just as in constitutional complications (rheumatism) with the best possible results provided we give it in adequate doses and prolong its use as long as may be necessary.

HIGH GRADE DEFECTIVES AND THE STATE.

Dr. Josephine E. Young stated that, except when specially indicated, the following statistics have reference to conditions in the United States:

The total number of the feeble-minded is approximately 300,000, or 0.5 per cent. More than 16,000 of these are found in Illinois, 6,000 in Chicago.

The number of individuals in institutions for the feeble-minded in 1910 was 20,731. There may be 30,000 at present. Of the entire feeble-minded population, about 5 per cent. have special institutional care. They are found also in reformatories, poor houses, public schools, and at large. Probably 25 to 30 per cent. of the reformatory, more than 50 per cent. of the poor house, and one per cent. of the public school populations are feeble-minded.

Of the entire feeble-minded population, 4.5 per cent. are in institutions for the feeble-minded (Lincoln, Illinois); 1.0 per cent. are in

reformatories (in Illinois, Pontiac, St. Charles, Geneva); 2.9 per cent. are in poor houses; 40.0 per cent. are in public schools; 51.6 per cent. are unaccounted for.

Of the unaccounted for, a few are in state prisons or jails, but most of them are at home.

The Royal Commission of England gives the proportionate number of the three great groups of feeble-minded as:

Idiots (with an intelligence below three years), 5 per cent.; imbeciles (with an intelligence between 3 and 8 years), 20 per cent.; morons (with an intelligence between 8 and 12 years), 75 per cent.

The first two low grade groups are comparatively helpless and correspondingly harmless. The morons are a great danger to the community. Kuhlmann says that the institutions have about 60 per cent. of the harmless, low grade feeble-minded, and only 2 per cent. of the dangerous type who are chiefly in the public schools or unaccounted for. These supply material for the courts, where the males appear as murderers, incendiaries, thieves, and so forth, and the females as sex offenders. Of the 169 morons, out of a total group of 489 seen during 1917 and 1918 at the Orthogenic Clinic at Rush Medical College, 30 per cent. were mothers, to whom were born 45 illegitimate children. Out of the 20 per cent. so-called normals, who came to this clinic for examination, there were 12 attempted suicides, and a number of pregnant, unmarried females from 14 years of age upward. The State Training School for Girls at Geneva, Illinois, classifies 60 per cent. as normal, but a large proportion of these girls exhibit a tendency to pathological sex perversions that are unspeakably shocking. These moral degenerates, classed as normals, are among the most dangerous of all members of society. Among the 489, there are 44 feeble-minded families averaging 3.5 defective individuals per family, or 154.

Illinois provides for only 14 per cent. of its feeble-minded population. There are 2,245 patients at Lincoln, 936 of which have come from Cook County. Lincoln can accommodate very few more. There are 1,332 sub-normal children in special classes in the Chicago Public Schools.

The northern part of Illinois needs provisions for a large colony for the feeble-minded near enough to Chicago so that families may visit their children who are there.

The courts, psychologists, social workers and women's clubs are keenly alive to the situation. The Chicago Medical Society provides for a special committee that has done notable work in procuring clean milk for babies, maintaining a permanent propaganda and investigation. It is equally important that it, or its neurological branch, appoint a

permanent committee to push larger plans to meet the crying need of suitable care for the feeble-minded. It is also very essential that the medical departments of the universities create more ample means for research and for the instruction of students in this very important matter.—*Bulletin Chicago Medical Society.*

VENEREAL DISEASE BUREAU CREATED.

The Legislature of New York has passed and the Governor has signed an Act and also an amendment to the Public Health Law which will give the State Department of Health far greater power to suppress venereal disease than it has had in the past.

The special Act provides for establishing a Bureau of Venereal Disease within the State Department of Health, and empowers the Department to "buy, manufacture and dispense . . . remedies for the treatment of venereal diseases, to examine specimens submitted to it, to make all necessary tests, to provide and distribute literature, and to use such other means as may seem desirable for the instruction of the public and the suppression and cure of venereal diseases, and to take such further action as seems necessary to secure this end."

The second amendment gives the health authorities power to examine persons reasonably suspected of being infected with venereal disease and furthermore provides that persons convicted of prostitution shall be examined, and if found infected shall be treated until it is decided by the health authorities that such persons are no longer a menace to public health.

ROCHESTER CHAMBER OF COMMERCE EXHIBITS VENEREAL DISEASE FILM.

On the evening of July 31 more than 500 men accepted the invitation of the Chamber of Commerce of Rochester, N.Y., to see the film "Keeping Fit to Fight." This film is being used by the War Department in the camps for the education of the soldiers on the ravages caused by venereal diseases.

The Mayor, in opening the meeting, expressed in a few words his interest in this great work. He advocated quarantining those affected with venereal diseases in the infective stage.

The speakers of the evening were Mr. Myers, Director of the Law Enforcement League, and Lieutenants Wiseman and Zinsser of the Men's Work Section of the Social Hygiene Division. These young men in a very enthusiastic way told of the effective methods employed by the army in the suppression and treatment of venereal diseases.

PERSONAL AND NEWS ITEMS

Dr. James Algie, of Toronto, and surgeon of the staff of the Hospital for the Insane, received word that his son, Lieut. W. L. Algie, had been killed in action on 11th October.

Lieutenant-Commander J. J. Nadewein, senior surgeon on a British vessel of war, died 24th October, a victim of his zeal in working for men suffering from Spanish influenza on the vessel. The British war ship arrived at a Pacific port with more than 200 of the crew ill.

Dr. E. Stanley Ryerson begs to announce that he has again resumed his practice in general surgery at 143 College St., Toronto.

Dr. J. R. Irwin, of Cobourg, who has been with the Army Medical Corps for the past three years, has returned. He was decorated for devotion to duty in going to the help of some entombed men at great personal danger.

Sufficient influenza serum has been prepared to meet the needs of Medical Boards throughout Ontario; and any physicians who apply for it.

Dr. J. G. Rutherford, of Calgary, has been appointed a member of the Board of Railway Commissioners, in succession to Mr. D'Arcy Scott. Dr. Rutherford was at one time a member of the House of Commons for Lisgar, Manitoba.

Mayor Soverville, of London, and an advisory committee decided upon "the Westminster Military Hospital of London" as a name for the new military institution being erected at a cost of $1,000,000 in Westminster Township south of the city.

Headquarters at the Base Hospital, Camp Fremont, San Jose, California, announced the discovery of a postive cure for the pneumonia which follows Spanish influenza, and which always has been the fatal stage of the disease. The treatment consists of intravenous injections of coaguline, and has been found, it was announced, to prevent hemorrhage of the lungs, which characterizes this type of pneumonia.

The Ingersoll, Ontario, Council has appointed Dr. J. D. McDonald Medical Health Officer, as successor to Dr. Canfield. The salary is $200 a year.

Captain Fred G. Banting, M.B., Medicine, '16, whose home is in Alliston, has been reported wounded. He has been in France since spring and several times has gone "over the top."

Lieut. John Stanley Reaume, of Meds., '18, is reported missing. In 1914 he went overseas as a private and several months later received a commission in his own battalion. He is a son of Hon. Dr. J. O. Reaume of Windsor, and was prominent in athletic circles while at 'Varsity.

The Sick Children's Hospital is seeking a grant from the city to help meet a deficit of $89,735 for 1918.

The Army and Navy Veterans are recommending to Sir Robert Borden that Brig.-Gen. A. E. Ross, M.P.P. for Kingston, who is attached to the British Army Headquarters Staff in France as Canadian A.D.M.S., be appointed to the Senate in succession to the late Senator Richardson of Kingston.

Dr. W. S. Downham, who since the resignation of Capt. H. W. Hill, has been acting medical officer of health for the city of London, has been recommended by the Board of Control for permanent appointment.

The Connaught Laboratories are now turning out an ample supply of Influenza vaccine. The vaccine is distributed by the University of Toronto entirely free. The strain was received from the Boston and New York authorities.

On a date just preceding the armistice, the Germans made an air raid on a couple of American hospitals. These hospitals were well marked. Those raids were not made in ignorance, but with the evident design of doing damage.

It was reported some time ago that Col. Etherington, who is in command of Queen's Hospital in France, would return home, and that he would be succeeded by Lieut.-Col. W. T. Connell. It is officially stated, however, that Col. Etherington will remain in command, and that Lieut.-Col. Connell will continue his university and military duties in Kingston.

The Winnipeg General Hospital is asking the city for a grant of $90,000 to meet its needs.

The Province of Alberta appropriated some time ago the sum of $218,000 for hospital purposes during the year.

The McLaughlin Company, of Oshawa, have donated to the town a maternity hospital to be called the Llewellyn Maternity Hospital.

The rates in the Toronto Isolation Hospital for scarlet fever and diphtheria are: public wards, $1.25; semi-private, $2.00; and private wards $3.00 per day.

St. Thomas Hospital, London, has done its share in the great war. Serving in the army there have been 60 past and present members of the staff, and 1,050 former students. Of these, 100 have been awarded honors and 50 have been killed. This is a most creditable record.

There are now nine hospitals in Canada caring for tuberculous patients, with 3,000 beds, and maintained at a cost of $900,000 a year. Nine years ago there were six institutions with 350 beds costing annually $150,000.

The Canadian Government donated a hospital to France for the treatment of French soldiers. The hospital is located at St. Cloud, and Lt.-Col. (Dr.) Casgrain is the officer in command.

Dr. H. L. Abrahamson, who has done a great deal of work in connection with infantile paralysis, has been given charge of the Provincial Laboratory in St. John, N.B.

Col. J. M. Elder, of Montreal, was recently appointed consulting surgeon in the R.A.M.C. in the Rouen area. Dr. Elder has done excellent work abroad.

Dr. John E. Somers died recently at Cambridge, Mass., U.S.A. He obtained his general education at St. Francis Xavier's College, and his medical education at Bellevue. He continued a fast friend to St. Francis Xavier, and his death is a great loss to it.

The report of Dr. E. S. Bolton, the health officer of Brandon, shows that the condition of the city is very satisfactory. There was no case of typhoid fever, and only one death from diphtheria.

Dr. Douglas, the Winnipeg officer of health, is urging the erection of a hospital for smallpox.

The anti-tuberculosis league of Saskatchewan, with Dr. A. B. Cook at its head, has been doing much good work. It is estimated that there are 25,000 active cases of the disease in the Province. The Province will give $150,000 and the Federal Government $175,000 this year.

Dr. John R. Shannon, formerly of Kingston, Ontario, has been appointed surgeon-in-chief and head of the clinic, and has been elected a director of the Manhattan Eye and Ear Hospital, New York. His predecessor in the first-named position was Dr. Webster, a native of Cambridge, Nova Scotia, and a distant relative of Sir Charles Tupper. Dr. Shannon was educated at Queen's University and the Royal College of Physicians and Surgeons, Kingston. After leaving Canada he spent two years in London and Vienna continuing his studies. Returning to America, he became connected with the Manhattan, and was for a number of years lecturer on diseases of the eye in the Polyclinic. He was for two years chairman of the ophthalmological section of the New York Academy of Medicine and is a past president of the Canadian Club of that city. Dr. Shannon is a brother of Brigadier-General Lewis W. Shannon, C.M.G., of London, Ontario, and of Mr. R. W. Shannon, K.C., legislative counsel for Saskatchewan.

Walter B. Swift, A.B., S.B., M.D., of Boston, has just been appointed Consulting Expert for Speech Defects to the Division of Medical Inspection of the Public Schools of Cleveland, Ohio. He is engaged in installing methods in speech correction by directing some 15 teachers to conduct speech correction classes. These teachers he trained up last summer to do this work.

The Surgeon-General of the U.S. Public Health Service has just issued a publication dealing with Spanish Influenza, which contains all known available information regarding this disease. Simple methods relative to its prevention, manner of spread, and care of patients, are also given. Readers may obtain copies of this pamphlet free of charge by writing to the "Surgeon-General, U.S. Public Health Service, Washington, D.C."

Sir Philip Sydney Jones, M.D., Lond., died at Sydney, Australia, at the age of 82. For a long time he was connected with the University of Sydney.

President Wilson has nominated Major-General Merritte W. Ireland, of the Medical Corps, to be Surgeon-General in succession to Major-General Gorgas who is retired by the age limit.

The American Red Cross had up to 1st July, 1918, expended in all its work in France, the sum of $36,613,682. Of this amount, $15,453,049 had been devoted to purely military purposes, the balance to aid refugees.

The war has reduced the German birth-rate from 1,839,000 in 1913 to 1,103,000 in 1917. This is one result of the deprivations and hardships of war.

The United States army figured on one doctor for every 500 men. The army of 5,000,000 proposed would have called for 50,000 doctors.

The National American Women Suffrage Association established an overseas hospital. Three women surgeons received appointments to its staff, namely, Dr. Mary L. Edward, Dr. Anna Von Sholly, and Dr. Caroline Finley, all of New York.

Major James T. Pilcher, of Brooklyn, has found the following valuable in gas bacillus infection. Quinine sulphate 1, H.CL. 0.5, glaciel acetic acid 5, No Cl. 17.50, thymol 0.25, formol 1, alcohol 15, water up to 1,000. The quinine is dissolved in the two acids, the thymol in the alcohol, and the salt and formol in the water, before mixing. The solution is very stable, and has been tested in the worst sort of cases.

The influenza epidemic was very severe in South Africa. In Kimberly and several other places the death rate was as high as 10 per cent. of the total population.

In Paris, France, in one week, when influenza was at its height, there were 2,566 deaths.

Up to the end of October, there had been 11,000 deaths in the State of Massachusetts.

During the time of the epidemic of influenza in Toronto the Jews established an emergency hospital.

The Department of Statistics at Ottawa is going to take steps to secure a much more complete system of registration of births, deaths and marriages.

During the influenza epidemic the demands for liquor were so numerous that it was almost impossible for the two licensed vendors to supply these demands. The Commissioners found it necessary to insist that the vendors provide more adequate means of waiting upon the public.

Eighteen hundred and nine deaths is the record of bodies interred during the month of October in the Toronto cemeteries. This is the greatest number for any one month in the history of the city. The superintendents of these cemeteries, while not having compiled any figures, say that the number from influenza and pneumonia was about equally divided.

OBITUARY

E. K. HENDERSON, M.D.

At Haliburton, Ontario, on 7th November, the death occurred of Dr. E. K. Henderson, a well-known Toronto physician, and youngest son of Mr. James Henderson, former Postoffice Inspector, who retired from active duties some time ago, and resides at 34 Brunswick Avenue. The death of Dr. Henderson is particularly sad on account of the recent death of a brother, Dr. James Henderson, who served with the fighting forces in Flanders and Mesopotamia. Both succumbed to pneumonia. Dr. E. K. Henderson was an eye, ear, nose and throat specialist, and was only 31 years of age. It is believed by the Toronto doctor who went down to Haliburton to attend him, that he caught cold while out all night one night attending a patient. He was a graduate of the University of Toronto, and had wide experience, considering his years. He was for a time a house surgeon at the old General Hospital, and assistant to Dr. Wishart in Grenville Street. Then he had experience abroad, in London,

Paris and Vienna. In Toronto he was a member of Bloor Street Presbyterian Church. He settled in Haliburton some time ago, after marrying a Haliburton woman named Miss Emma Anderson. He was well-known throughout the county of Haliburton, and was medical officer for the county battalion raised there some time ago for active service. A private funeral was held at 34 Brunswick Avenue.

CAPT. W. F. LUTON, M.D., C.A.M.C.

Governor Wm. Luton, of Elgin County Jail, received a cablegram 29th October that his son, Capt. William Franklyn Luton, M.D., who who went overseas with the A.M.C. in September of this year, had died of pneumonia in hospital at Bristol, England, after a brief illness of influenza.

Capt. Luton was born in Yarmouth township twenty-nine years ago, graduating in medicine from the Western University, London, Ont. He practised in St. Thomas for a year, during which time he was physician to the county House of Industry. He removed to British Columbia several years ago, and had been practising there until his enlistment at Vancouver. One brother, Major R. M. Luton, D.S.O., who returned from the front a short time ago after serving three years with the Canadian forces in France, is now in charge of the military hospital at Fredericton, N.B., while another brother, Dr. George R. Luton, formerly of Santa Barbara, Cal., is now an officer with the American forces overseas.

JAMES F. BOYLE, M.D.

One of the sad echoes of the great epidemic of influenza, which is now sweeping the West, reached Toronto recently, when Mrs. Boyle arrived from Edmonton with the body of her husband, Dr. J. Boyle. Night and day, an exemplar of the finest traditions of his profession, he fought the epidemic in Edmonton, heedless of any personal consequences. When the disease attacked him it found his resistance weakened; pneumonia developed and he died on Tuesday, October 29th.

Dr. Boyle was a comparatively young man in the prime of life. He was born forty-six years ago at Elora, Ont., the son of the late Dr. David Boyle, who for many years was the superintendent of the Provincial Museum in Toronto. In 1896, he graduated and received his degree of M.B. from the University of Toronto. Shortly after, when the South African War broke out, he served on one of the British transports, and after the war took up post-graduate work, and received degrees at the Universities of Edinburgh and Glasgow. On his return to Canada he practised for five years in Priceville, Ont., and since then for eleven years

in Edmonton, where his public spirit in the affairs of the city and his disinterestedness and devotion in his duties as a physician have won him a reputation and many friends. He is survived by his widow, his mother, Mrs. Boyle, of Hamilton; his sister, Mrs. Anne Anderson Perry, journalist, of Vancouver, and his three brothers, Dr. S. P. Boyle, of Independence, Iowa, and John D. and W. R. Boyle, of Vancouver. The funeral to Mount Pleasant Cemetery took place from the residence of his brother-in-law, Mr. Thos. Cumbers, 24 Victoria Park Avenue, Toronto.

R. W. FAULDS, M.D.

The death occurred on 28th October, after a brief illness from Spanish Influenz aof Dr. R. W. Faulds, a widely known and successful practitioner in Elmira. He fell a victim to the epidemic but a few days before his death, having devoted his best energies to attending patients. He settled in Elmira nine years ago. He was a graduate in Medicine of the University of Toronto, and prior to settling in Elmira was house surgeon at the Erie County Hospital, Buffalo. He was born at Harrietsville, Ont., thirty-six years ago, the son of Mr. and Mrs. William Faulds. He was Medical Officer of Health of Elmira, a member of the Masonic and the Oddfellows' fraternities. He is survived by his parents, one brother, Oliver Faulds, of Edmonton, one sister, Mrs. J. M. Elson, St. Catharines; his wife and two little girls. At the time Dr. Faulds was taken ill he was attending one hundred and sixty cases of the influenza and was physically worn out from the strain.

ELISHA JESSOP, M.D., M.P.P.

Dr. Elisha Jessop, member for the County of Lincoln in the Ontario Legislature for over 20 years, died on 24th October. About ten days previously he was taken ill with influenza, but was recovering when he was seized with an attack of heart failure, and gradutlly sank into unconsciousness. He was born in Norfolk County, England, in 1843, but came to this country at an early age, his parents settling in the Township of Reach. He attended the Normal School, Toronto, in 1864. For about eight years he was a school teacher in Enfield and Enniskillen. In 1898 he entered politics. In 1914, when the county was divided into two constituences, he was elected for the eastern section over James A. Wiley by over 1,500 majority. His wife died several years ago and he left no family, the only immediate relative being a sister, Mrs. Heal, of Port Perry. He was a very close friend of the late Sir James Whitney, Dr. Jessop was very popular, and held the confidence of his constituents to a remarkable degree. He was a good type of a public man. The

Provincial Government was represented by Hon. W. D. McPherson. The interment was in Victoria Lawn Cemetery, St. Catharines.

J. A. JOHNSTON. M.D.

Dr. J. A. Johnston succumbed on 27th October to an attack of pneumonia following influenza, after an illness of ten days. Although quite unfit he had been attending influenza patients for a week, and was unable to fight the disease when he gave in. He was a prominent and popular citizen, having served on the School Board and Town Council, and was also a member of the Masonic Order and Canadian Order of Foresters. He was in his sixty-fifth year and leaves a wife and three young children. He had resided for many years in Stayner.

JAMES EWART BROWN, M.D.

Dr. James Ewart Brown, 10 Carlton Street, Toronto, died on Saturday, 19th October, from an attack of the grippe. Dr. Brown took ill early in the week, but despite a high temperature, continued his practice. His son, Dr. W. E. Brown, of Carlton Street, was also ill, and was unable to see his father before he died. The son was overseas a year ago when the mother died. Dr. Brown was born near Bowmanville in 1857, and graduated from Trinity Medical College in 1884. He took a post-graduate course in Edinburgh, and served in hospitals in London, England, for two years. In Edinburgh he won the degree of F.R.C.S. On returning to Canada he practised in Stratford and Arkona, coming to Toronto in 1904, though he did not practise here until two years ago. He was one of the members of the "gold rush" to the Klondyke in 1897. His only son survives him, as well as four sisters and two brothers, Rev. S. G., of Almonte, and T. A., of Ottawa.

JAMES L. STAPLETON, M.D.

Following an attack of Spanish influenza, Dr. James L. Stapleton, chief anæsthetist at Victoria Hospital, and one of the youngest and most promising of the city's practising medical men, died at his home, 396 Dundas Street, London, on 2nd November. He was thirty-two years of age. He was educated in the London schools, and graduated from Western Medical College in 1908. His early experience was gained on the staffs of the Lackawanna Steel Company's hospital in Buffalo, the Hospital for the Insane in Hamilton, and as house surgeon at Victoria Hospital here. For a time he was also on the staff of the Western Medical College. The funeral was held this afternoon. He is survived by his wife, formerly Miss Annie Grieve, daughter of John Grieve, M.P., of

Parkhill; his little daughter, Marsha; his mother and one sister, Mrs. Mackintosh, of Toronto, and three brothers, Will, of Toronto; Harry, of Denver; and Col. Benjamin, of Detroit.

W. T. LITTLE, M.D.

Dr. William Thomas Little, of Flesherton died on 2nd November as a result of complications which set in after an attack of influenza. He had served fourteen months overseas as a medical officer, with the rank of Captain in the R.A.M.C., with the British army in Mesopotamia and at Bombay, and his brother, Lieut. Herbert Little, is on a mine-sweeper in the Royal Navy. He was a son of Mr. and Mrs. Johnston Little, of Owen Sound. His wife was seriously ill with pneumonia following influenza.

A. W. STINSON, M.D.

Dr. A. W. Stinson, well known throughout Northumberland county, died at his home in Cobourg on 29th October, from influenza, which he contracted while attending patients. On account of overwork he was in a run-down condition and had not the strength to fight off the disease. He practised in Brighton some years ago. He is survived by his widow and a son, who was formerly associated with him in the practise of his profession. The funeral took place from the late residence, George Street, Cobourg, to the C.N.R. station, thence to Brighton for interment.

NORMAN H. BEAL, M.D.

Spanish influenza caused the death at Rochester, Minn., of Dr. Norman H. Beal, of London, son of C. J. Beal, of 341 Waterloo Street, and brother of Principal H. B. Beal, of London Technical and Art School. The death of Dr. Beal, news of which reached London on 27th, was the occasion of great regret, not alone because of his social popularity, but especially because of the early ending of a brilliant career. The doctor, who graduated ten years ago as gold medallist of Western University, devoted himself to advanced surgery, and had already earned a wide reputation in Western Ontario and elsewhere. He was generally regarded as one of Canada's coming men. A month ago his skill gained the recognition of the Mayo brothers of Rochester, Minn., and he arranged to become associated with their hospital. He removed from London to Rochester, and a few days after his arrival in that city he contracted the influenza, and pneumonia developed. His father and wife were with him.

H. R. BARKER, M.D.

Dr. Harold Richmond Barker, of Sharbot Lake, Ontario, died suddenly of pneumonia, following an attack of Spanish infleunza, in his thirty-third year. Dr. Barker was the son of Rev. W. R. Barker, of 173 Grenadier Road, a superannuated Methodist minister. He was a graduate of the Toronto College of Medicine and also the College of Pharmacy, of which he was the gold medallist four years ago. He has been in practice at Sharbot Lake for the last two years, and is survived by a widow and a son nine months old.

T. H. BALFE, M.D.

Dr. Thomas Hugh Balfe, one of Hamilton's leading physicians, passed away recently at his residence, 225 James Street North, following an illness of two weeks' duration. He had been in feeble health for a considerable time, due to overwork consequent upon a heavy practice. Two weeks ago he contracted Spanish influenza, which terminated fatally. He was a native of the Township of Loughboro, Frontenac County, and was forty-seven years of age. He was graduated from Queen's University in 1892 with the degree of M.D.C.M. He spent his entire professional career in this city. Deceased was a member of St. Mary's Cathedral, and was examining physician for the local branches of the C.M.B.A. He is survived by his widow, formerly Miss Florence C. Jones, daughter of J. W. and Mrs. Jones, the well-known local barrister, and five children.

A. S. LOVETT, M.D.

The death took place, 18th October, at Paris, Ont., of Dr. Alepheus S. Lovett, in the 46th year of his age. He was taken ill about twelve days ago, but continued at his post of duty until the very last. Since last Sunday his case had been extremely critical. He was born at Ayr, the eldest son of Dr. Wm. Lovett. He was educated at Dr. Tassie's school in Galt, and graduated from the University of Toronto in 1898. He practised medicine with his father at Ayr till he came to Paris in 1904, where he had built up a large practice. He was one of the most progressive and patriotic citizens of Paris, always taking an active interest in all measures for the improvement of the community. He was a member of the Board of Education, and was Medical Officer of Health, as also on the Sanitarium Board at Brantford. In 1906 he was married to Miss Flora Bingham, eldest daughter of Rev. Thos. Bingham, who survives, with one son, and three daughters.

W. F. CHAPPELL, M.D.

Dr. Walter F. Chappell, F.R.C.S., one of the most noted nose and throat specialists in America, died suddenly on 26th October, at his residence, 7 East 55th Street, New York City. He was born at Deew Falls, Lincoln Co., Ont., and received his early education at St. Catharines. In 1879 he was gold medallist at Trinity College, and silver medallist at Toronto University. He was a widower with three children and is survived by his mother, Mrs. Mary A. Chappell, of 541 Sherbourne Street, one brother and two sisters.

MAJOR HARVEY TODD, M.D.

Major (Dr.) Harvey Todd died at Quebec on 17th October, of pneumonia. He was a son of Dr. J. A. Todd, of College Street, Toronto. Shortly after the commencement of the war he joined the C.A.M.C., and saw much active service overseas. He graduated in medicine from the University of Toronto about ten years ago. He was accorded a military funeral. The band and escort were provided by the Garrison Battalion, and his medical officers were honorary pall-bearers. Major Rev. T. Crawford Brown and Rev. Dr. Murray, St. Paul's Presbyterian Church, officiated at the family residence and at Mount Pleasant Cemetery. The deceased officer went overseas in the Fall of 1914 with the Royal Canadian Dragoons. He was wounded three times, and came home on sick leave. While en route to resume his duties in May last he was appointed on the staff of Military Headquarters, which position he retained until the date of his death. He was about 35 years of age and married, his wife being with him in Quebec when he died.

JAMES P. RUTHERFORD, M.D.

Death, on 24th October, removed a well-known citizen of Chatham and prominent physician in the person of Dr. James P. Rutherford. The deceased gentleman, who was in his 75th year, had been ill for about four weeks. Dr. Rutherford retired from practice last February after 51 years of activity in a large practice. He is survived by a wife and two sons, Dr. J. W. Rutherford and Dr. Reg. Rutherford.

W. C. SWENERTON, M.D.

Dr. W. C. Swenerton, a prominent surgeon of Vancouver, B.C., succumbed 26th October, to influenza, contracted while waiting on patients. He was born in Exeter, Ont., and was a graduate of the University of Toronto of the class of 1911. He was 31 years old.

WILLIS A. SARGENT, M.D.

Dr. W. A. Sargent died at Colborne on 1st November at the age of 48. He graduated from Trinity University in 1891, and practised at Springbrook for 15 years, and Colborne for 12. He is survived by his wife, one daughter, a nurse at St. Michael's Hospital, Toronto, and one son overseas. Dr. Sargent was regarded by all who knew him as a most generous man and ever ready to assist others. He was a very able and conscientious practitioner.

THOMAS SCOLLAY, M.D.

Dr. Thomas Scollay died recently at Depot Harbor, Parry Sound. He was a missionary of the English Baptist Mission at Sianfu, Province of Shensi, China.

CAPT. JAMES T. W. BOYD, M.D., C.A.M.C.

Capt. Dr. Boyd died on active service at the age of 27 from an attack of nephritis. He was a native of Nova Scotia and graduated from Queen's University in 1914 as M.D., C.M. After serving a year in the Kingston General Hospital, he enlisted in the C.A.M.C. and went overseas in 1916, being attached to Queen's Hospital, No. 7, located at Etaples. He was engaged in laboratory work till February, 1917, when he had to return to England on account of ill health. During the past fifteen months he was doing laboratory work in Kitchener Hospital.

W. N. BROWN, M.D.

Dr. W. N. Brown died at 375 Spadina Road, Toronto, on 30th August, 1918. He formerly practised at Roseneath, Ontario.

E. P. LACHAPELLE, M.D.

Dr. Lachapelle was one of the best known and most respected medical men in Canada. At the time of his death he was in his 73rd year. He went to Rochester, Minn., to be under the care of Dr. Charles Mayo, as he had been suffering from cholecystitis. He underwent an operation and seemed to be doing well, but during the heat wave in July he suddenly collapsed. For many years he was Professor of Hygiene in the University of Laval. For many years he was a Governor of the Medical Council of Quebec. He was also a member of the Dominion Medical Council, of which body he became president at the time of his death. He was for many years Dean of the Medical Faculty of Laval University. He was Medical Officer of Health for Montreal for some years. He was a member of a number of medical societies.

ANDREW McCONVILLE, M.D.

Dr. Andrew McConville, a native of Kingston, died at Burwash, Ontario, on 9th November. He contracted a severe form of influenza. He was a graduate of Queen's University, and, during his college days was a noted Rugby player.

HILLYARD ROBINSON, M.D.

Dr. Hillyard Robinson, formerly of Toronto, died on 8th November, in Cleveland, where he has had a practice for several years. His death was due to pneumonia. Dr. Robinson was the son of the late Henry Robinson. He attended Harbord Collegiate, and graduated from Trinity University, afterwards taking a special course at Bellevue Hospital, New York. He secured his degree at John Hopkins' University, Baltimore. He is survived by his widow, formerly Miss Howie Macdonald, daughter of Mr. Peter Macdonald, of Toronto.

JAMES ARTHUR STANLEY, M.B.

James Arthur Stanley, M.B., 1916, is reported killed in action. Early in 1915 he went overseas as a private in a casualty clearing station, but later returned to college to complete his course. After graduating he joined the R.A.M.C., and saw service in Egypt and the Balkan front.

BOOK REVIEWS

GRAY'S ANATOMY.

Anatomy of the Human Body by Henry Gray, F.R.S., Fellow of the Royal College of Surgeons, Lecturer on Anatomy at St. George's Hospital Medical School, London. Twentieth edition, thoroughly revised and re-edited by Warren H. Lewis, B.S., M.D., Professor of Physiological Anatomy, John Hopkins' University, Baltimore, Md. Illustrated with 1,247 engravings. Philadelphia and New York: Lea and Febiger, 1918. Price, in cloth, $7.50; in leather, $9.00.

This work on anatomy has stood the test of time for sixty years, and during this long period twenty editions have appeared. These two statements tell all that a reviewer needs say. But this splendid work on anatomy ever claims attention, as the evergreen favorite of both practitioner and student, for who that follows the art of Aesculapius would be without Gray's Anatomy! Everything about the minute and gross anatomy of the human body that one can desire is to be found in it. The present edition presents a unique feature and, at the same time, a distinct improvement, by the prefixing to each section an account of histology and development of the structures about to be described. As

one looks through this edition he recognizes much that is familiar in letter-press, illustrations and tables, and also much that is new in these respects. This is necessary if the volume is to be kept up-to-date. The several colors employed in the illustrations add much to the utility of the worth, and facility of study very materially. The engravings are scattered profusely throughout the volume, the typography is the best possible, the paper is such as should be found in a high-class book, and the binding is in keeping with these merit points. We congratulate Professor Lewis on the superior manner in which he has done his work of revision, and we feel that Gray could have wished for no better successor. For many years Lea and Son and now Lea and Febiger have published this work on anatomy. We most cordially praise their efforts in the completion of this new edition. In anatomy Gray takes first place.

THE NATION'S WELFARE.

The future of the medical profession, being the Cavendish Lectures delivered before the West End London Medicho-Chirurgical Society, with introduction and Folding Plan of Model Health Centre. By Major-General Sir Bertrand Dawson, G.C.V.O., C.B., M.D., F.R.C.P., Army Medical Service; Physician-in-Ordinary to H.M. The King; Physician to the London Hospital, etc. Cassel and Company, London, New York, Toronto and Melbourne, 1918. Price Sixpence.

This is a very able pamphlet and should be read by everyone who has an interest in Public Health on the one hand, and the future of the Medical Profession on the other. The author covers in a very lucid manner many topics on the management of hospitals and the administration of health. The part that will attract much attention is what is said in support of a minister of health.

ORAL SURGERY.

The Surgery of Oral Diseases and Malformations, their Diagnosis and Treatment By George Van Ingen Brown, D.D.S., M.D., C.M., F.A.C.S., Major, Medical Officers' Reserve Corps, U.S. Army, and Oral Surgeon to St. Mary's Hospital and to the Children's Free Hospital and Columbia Hospital, Milwaukee; Fellow of the American Medical Association, Member of the National Dental Association, Chairman of the Section of Oral Surgery of the Fourth International Dental Congress, etc. Third edition, with 570 engravings and 20 plates, and a selected list of examination questions. Philadelphia and New York: Lea and Febiger, 1918. Price ——.

The work is especially useful to the dental surgeon, but it has a place of value for the general surgeon who frequently has to perform operations on the oral cavity. The contents of the book give one a good idea of its value. These are anæthesia, pathological dentition, infectious diseases, diseases of the mucous membrane of the mouth, diseases of the

nervous system affecting the buccal region, diseases of bone, diseases of glands, tumors, diseases of the maxillary sinuses, diseases of the tongue, nasal deformities and diseases, malformations and diseases of the lips, cleft palate, treatment of war wounds, and list of examination papers. Diseases are discussed under the headings of etiology, classification, pathology, diagnosis, prognosis and treatment. The publishers have done well in the matter of paper, type, illustrations, etc., and the author has executed his share of the work in a most commendable manner. Any work that can find its way into a third edition in the comparatively short time of three years has undoubted merits—as no book could fool the profession for long. Edition after edition, with steady revision and improvement speaks of high standard. Reviewing this work from all aspects one could hardly see how any practising dentist, or surgeon who operates in the mouth, could dispense with it. Our advice is to get it and read it.

MEDICAL VOCABULARY.

English, French, Italian Medical Vocabulary. By Joseph Marie, Philadelphia, including reference tables of special value to physicians and nurses; phrases for directing first-aid to injured, articles on pronunciation, European money tables, etc. Copyrighted 1918 by P. Blakiston's Son and Co., publishers, 1012 Walnut Street, Philadelphia. Price 50 cents.

This handy little booklet is got up for the pocket. The words are arranged alphabetically, and in three columns. All the words in common use by a medical practitioner will be found here, with the corresponding French and Italian terms. This small volume would surely be of the utmost value to those who seek its pages. It should find its way into the pocket of every doctor.

MORTALITY STATISTICS.

Department of Commerce, Bureau of the Census—Sam. L. Rogers, Director, 1916. Seventeenth Annual Report. Washington Government Printing Office, 1918.

It is impossible to review a work such as this which contains 550 pages of all sorts of information regarding the death rates of various districts in the United States, of nearly all the diseases, and the ratio of those who die to the living. It gives the death rate from diseases, and lays down rules for the prevention of much wrongful waste of human energy. A study of the enormous amount of data in this volume has the effect of opening one's mind to errors under which we labored in the past.

THE INSTITUTION QUARTERLY.

Issued by the Department of Public Welfare of Illinois. Editor, A. L. Brown, Superintendent of Charities. Printed by the authority of the State of Illinois at Springfield.

The Institution Quarterly is a most readable publication. It always contains much matter of the very best quality. The present number for 30th September is one of the very best in the series. Everyone who has anything to do with the management of public institutions should study this quarterly.

MISCELLANEOUS

THE BASE HOSPITAL CONDEMNED.

The Jury that heard the evidence in the case of the Toronto Base Hospital on Gerrard Street, came to the folowing conclusion:—

"We find that Cadet F. N. Davidson died at the Base Hospital on October 13th, 1918, from influenza, which developed into bronchial-pneumonia.

"We also find and strongly censure the Militia Medical Council of Ottawa for not providing better hospital accommodation for soldiers after four years' duration of war.

"The largest military district in Canada, has sent most men overseas, and has been provided with the least accommodation by the Militia Council, which we think is not fair to the people of Military District No. 2.

"We also strongly condemn the Militia Medical Council for the overcrowded condition of the Base Hospital, and we condemn the Base Hospital building as unsuitable for hospital purposes."

A rider was added expressing the thanks of the jury to Mayor Church, Dr. McCallum, the coroner; Crown Attorney R. H. Greer, and the press of the city for the share they had taken in the investigation.

VITAL STATISTICS REFORM.

Ottawa, November 7.—It is announced by the Dominion Bureau of Statistics that a long step toward the solution of public health problems will be taken with the completion of the work now in hand in organizing the vital statistics (births, deaths and marriages) of Canada. A conference of officials was held at Ottawa in July last and preliminary action taken toward a scheme of Dominion and Provincial co-operation.

The object of the conference was to arrive at a scheme of uniform

legislation and administration by the Provinces, and the setting up by the Dominion of a central clearing house. Agreement was reached on the general principle involved, and a model bill and set of forms for reference to a committee for final adjustments. Announcement as to further developments will be made later.

OLD PEOPLE NOT SUSCEPTIBLE.

Dr. J. W. S. McCullough, Provincial Medical Health Officer, states that the reports of deaths from influenza received from various points in the province would indicate that few old people are being affected by the malady. Of 106 deaths reported, the figures worked out, according to age, as follows:—

1 to 15 years	11
20 to 30 years	65
35 to 45 years	23
55 to 65 years	5
75 to 80 years	2
Total	106

INFLUENZA IN TORONTO.

The following is a table of statistics on the mortality from the epidemic from October 1 to October 22:—

	Influenza.	Pneumonia.	Two Diseases.
Under 10	48	37	85
10-19 (inclusive)	60	24	84
20-29	188	77	265
30-39	134	59	193
40-49	32	14	46
50-59	23	14	37
60-69	14	6	20
70-79	8	4	12
80 and over	0	2	2
Age not stated	7	2	9
	514	239	753
Males	265	135	400
Females	249	104	353
	514	239	753

TORONTO STATISTICS.

The returns of the Health Department for the month of October show a falling off in the cases of diphtheria as against the corresponding month for last year, although a substantial increase in scarlet fever is noted. Only 45 cases of tuberculosis were reported as against 112 for the corresponding month of last year.

The following are the figures:—

	Oct., 1918.	Sept., 1918	Oct., 1917.
Diphtheria	112	111	176
Scarlet fever	62	54	35
Typhoid	9	29	8
Measles	20	19	76
Smallpox	0	0	0
Tuberculosis	45	51	112
Chickenpox	24	29	51
Whooping cough	25	96	23
Mumps	12	16	33
Diphtheria carriers	8	23	34
Spinal meningitis	1	0	1
Infantile paralysis	0	0	0
Erysipelas	0	1	1

THE WAR AND POPULATION.

The waste of human material during the war, the diminution of births, and the deaths from diseases caused by the malnutrition are being felt more by the Central Powers than the Entente Allies. Whilst in Germany and Austria-Hungary the annual increase of the population has shown a serious decrease, the populations of Entente countries have shown relatively small decreases.

The population of Great Britain has continued almost the same, as the births have balanced the deaths. The proportion of births over deaths has been maintained in the United States of America. As the war is prolonged the loss in population of both groups of powers will augment; if it lasts after next year the German Empire will have lost 10 per cent. of its population and a much higher percentage of its industrial power.

Germany, taken altogether, will have in June of 1919 5 per cent. less of its population than at the beginning of the war. The majority of the deaths have been of men in the very prime of life. The German Empire has lost at least three million men in the various fighting zones.

The number of births has fallen by 300,000. The number of deaths in Germany during the same period has been more than a million over the normal. The enormous mortality among the children and civil population is the direct result of maladministration of foodstuffs in favor of land owners.

During the coming year Germany will have 7,025,000 inhabitants less than if that empire had been at peace. In Austria-Hungary the conditions are still worse. The population will have decreased 11 per cent.

On the other hand, the conditions of life in Great Britain, thanks to a discriminating liberality, are better than before the war. During the same period, notwithstanding the losses of Great Britain on all the battle fronts, the population will have increased.

ONTARIO STATISTICS.

The October returns by undertakers to the Provincial Board of Health show that at least 3,383 people died of Spanish influenza during that period. Even this high figure is admittedly under the mark since many undertakers fail to comply with the regulations and report all deaths. The effect of influenza and pneumonia on the death rate in Ontario is shown by a comparison with the normal rate from all causes of 12.8 per thousand. The epidemic jumped the November rate to 27.2 per thousand of population.

Smallpox has been averaging 45 cases a month this year, but during October the number dropped to 6. There was less diphtheria during the month, but it was of a more virulent form than usual. Scarlet fever, measles and typhoid increased. There was a further reduction in the cases of venereal disease reported, the month's total being 253 compared with 367 in September.

A FEDERAL HEALTH BUREAU.

A bureau of public health is shortly to be organized by the Federal Government and placed under the jurisdiction of Hon. J. A. Calder, Minister of Immigration and Colonization. It is likely that the bureau will be under the charge of a competent medical doctor, with a staff of medical men and scientists under him. It is likely that a national laboratory will be also instituted in connection with the bureau along the lines of the National Laboratory in Washington for research and other medical work.

The project of having a separate Federal department of public health has for several years been urged upon the Government in Parlia-

ment, and the matter has been brought to a head by the present epidemic and the need for Federal supervision of public health.

It is likely that a Government announcement concerning the matter will shortly be made, making public the plans of the Government and the personnel of the bureau.

COMPULSORY VACCINATION.

The first compulsory Vaccination Act was passed in England sixty-four years ago. Ten years later vaccination became obligatory in Scotland and Ireland, and this means of protection against smallpox has since become general in nearly all civilized countries. There was, of course, much opposition to the new law in many quarters, and anti-vaccination societies were formed. These exist even to-day in many parts of the world. Thirty-three years ago an anti-vaccination riot occurred in Montreal. A mob attacked the City Hall and threatened to burn the newspaper offices, but the police succeeded in quelling the disturbance. Similar outbreaks, especially among eastern peoples, have occurred from time to time.

CONTAGIOUS DISEASES IN ONTARIO.

The following is comparative table, showing cases and death from communicable diseases.

	1918		1917	
Diseases	Cases	Deaths	Cases	Deaths
Smallpox	6	0	17	0
Scarlet fever	187	3	130	2
Diphtheria	351	52	375	20
Measles	188	4	141	1
Whooping cough	72	31	98	6
Typhoid fever	111	31	69	5
Tuberculosis	259	181	160	86
Infantile paralysis	2	0	14	4
Cerebro spinal meningitis	6	4	2	0
	1,182	306	1,006	124

Venereal diseases reported by medical officers of health:

	Oct., 1918	Sept., 1918
Syphillis	56	114
Gonorrhœa	193	246
Ghancroid	4	7
	253	367

MAJOR HAROLD ORR'S DISCOVERY.

In a recent bulletin of the Canadian Army Medical Corps, Major Harold Orr, only son of Mr. and Mrs. W. Orr, of 466 Euclid Avenue, is officially given credit for devising one of the most effective methods of killing trench lice. Major Orr, while captain and sanitary officer, Shorncliffe area, conducted a series of experiments in infestation. Professor Nuttall, F.R.S., who in 1915, had demonstrated that lice and their nits could be destroyed by exposure to dry heat at the comparatively low temperature of 55 to 61 degrees centigrade, says of Major Orr's invention: "His results seemed to indicate that it was heat rather than coke fumes which brought about the destruction of lice and nits in his experiments."

Prof. Nuttal advised Major Orr to continue his experiments on a larger scale and authority was obtained to build a hut for this purpose. Preliminary tests showed that exposure at 54 degrees centigrade or at 60 degrees for fifteen minutes was lethal. To allow a good margin of safety under working conditions Major Orr adopted an exposure of 60 to 65 degrees centigrade. "By this means," says Prof. Nuttall in the bulletin, "no harm is done to clothing of any order (including leather articles) and if they are hung loosely in the chamber all pediculi and their eggs are surely destroyed."

So successful has Major Orr's device proved that "Orr's Huts" are now to be employed throughout the British Army overseas. Prof. Nuttall says: "Incidentally I desire to put on record that the credit for having first employed hot air huts belongs entirely to Major Orr, who erected and proved the efficiency of one built at Shorncliffe in the end of 1915. The tests subsequently carried out by Grant and Peacock were conducted with this identical hut."

Major Orr is a Toronto man. He attended Ryerson school and graduated in medicine from Toronto University in 1911. For two years he was Medical Health Officer at Medicine Hat. He went overseas in April, 1915, and the following February was married in London, England, to Margaret West, a nurse in the Medicine Hat Hospital from Quebec who went overseas in February, 1915.

PRESCRIBING LIQUOR.

The following letter is so good that it is reproduced here:—

To the Editor of *The Star*.

Sir: Some time ago I wrote a letter to your paper re the imposition of making the doctor responsible for prescribing liquor, I advocated

then that the physician be not allowed to prescribe more than six ounces or at most eight ounces of liquor. Since this epidemic of influenza the requests for prescriptions for a bottle have been more than ever a nuisance. I would like to point out to the powers that regulate such matters, that the physician is often persuaded to prescribe a quart or an original sealed bottle in place of a smaller amount, because the public generally is suspicious of the quality of liquor purchased in other than original sealed bottles and moreover they are asked a price for six or eight ounces that would almost buy a full bottle. The natural feeling of everyone is one of resentment at being "done," and when they are charged 75 cents for six ounces of liquor and $1.25 for more than five times that quantity in a sealed bottle they feel that they are being fleeced. So they ask the doctor to please let them have a quart. Now I would like to say this: The man who wishes to use liquor as a beverage would not bother the doctor if he could only get six or eight ounces. So why not have a regularly appointed person at the City Hall or elsewhere who would make enquiry as to the needs of the case and put in his hands the responsibility of prescribing the larger quantities and then in case such permit for larger quantity was abused to prosecute the person who had obtained the permit for a breach of the Act. The officer in charge would know from his files whether the same person was turning up at three, four or five-day intervals for a supply in which case it would be apparent that it was being used as a beverage; while, with a physician's prescription the same party might get a prescription from Drs. A, B. C. D. and E on different occasions and keep himself well supplied. My plea along these lines is not so much *pro bono publico* as *pro bono selfo.* I don't like to be bothered and I don't like the responsibility of signing a document containing a clause: "I hereby certify that the amount of liquor hereby prescribed is the minimum quantity necessary for the patient for whom it is ordered." There are cases of chronic hearts where a nip of whisky is as efficient to tide over a bad spell as a whip in the hands of a good driver is to get a horse with a load through a mud hole. To my mind the whip is not good horse feed, nor the whisky good heart feed, but many other physicians' opinion is the contrary. I think that the whisky has its place in therapeutics as the whip has in the equipment of a good teamster. These cases may require only an ounce, but they feel better in knowing that the bottle is on the shelf against a time of need. I have heard of one physician paying $50 for acting on his belief that a chronic heart case was entitled to have a quart in his pantry. Give the physician the protection he is entitled to, relieve him of a responsibility that should never have been placed upon him. Let some filing system be organized

that will show at a glance whether John B—— or Adam C—— is coming so often for a quart as to prove that it is not being used medically and the matter would be settled. The average physician is, I believe, conscientious and disinclined to profit by the weakness of his neighbor, but it is hard to give offence by refusing to make the prescription for a quart when the law allows it and the physician may award it. Hoping to see some plan evolved that will relieve us of such troubles as outlined.

J. S. McCullough.

ADVANCES IN SURGERY.

Writing in *The Illustrated London News* of the wonders of modern surgery, which dates from the introduction of anæsthetics, E. F. Osborn says:—

"It is not easy nowadays to realize the horrors of hospital practice when every movement of the surgeon's knife severed the patient's soul as well as his body. Professor George Wilson, the second patient on whom the famous Syme performed his operation of amputation at the ankle joint (first carried out in 1842), has left on record his emotions during the ordeal. 'During the operation,' wrote Wilson, 'I watched all the surgeons did with a fascinated curiosity. Of the agony it occasioned I will say nothing. Suffering so great as I underwent cannot be expressed in words, and thus, fortunately, cannot be recalled. The particular pangs are now forgotten; but the black whirlwind of emotion, the horror of great darkness, and the sense of desertion by God and man, bordering close on despair, which swept through my mind and overwhelmed my heart, I can never forget, however gladly I would do so.' Time was torture then, and the long, deliberate operations of to-day were impracticable.

Wonderful Progress Made.

"To-day the surgeon can carry out the most complicated example of 'reconstructive surgery' with the deliberate carefulness of a chess player, and he can be sure that the wounds will heal healthily without matter forming to destroy his artistic handiwork. And the present war has so vastly increased his opportunities and experience that he can now accomplish feats of physical reconstruction that were utterly undreamed of in peace time. Nobody who knows the progress made by surgery on every scientific front in the last four years is likely to chal-

lenge the saying of a famous military surgeon: 'There is something to be said for a great war, after all. A century of peace time practice could hardly have told us what we now know—and our new knowledge may in the end enable us to save more lives than the war has cost us.

"The transplanting of skin, flesh and bone—often contributed by others—is the new method which most amazes the lay mind. In one military hospital there is a patient whose defects have been made good by bone borrowed from three comrades. The repair of shattered and dehumanized faces is another crowd compelling wonder. But the making of new joints, the replacing and re-education of nerves, and, above all, the new idea of a useful stump, though less easily explained, are even more wonderful. The last-named advance, which is mainly due to the Italian surgeons, is nothing less than a revolution in amputation. It is no longer a question of preserving a mere stump—every bit of muscle and sinew which can be kept is now utilized as motive power for the movable parts of wonderfully designed artificial limbs. As a wounded soldier told me the other day: 'Why, I can feel and think down this new leg of mine!' "

INFLUENZA IN U.S. ARMY.

On 22nd October the following statement was issued from Washington: A slight improvement in the influenza situation over the country was indicated by reports received to-day by the Public Health Service, but in many places the epidemic apparently has yet to reach its crest. In the far West and on the Pacific coast the situation has not proved nearly as serious as in the East and South.

Continued abatement of the epidemic in army camps was reported to-day to the office of the surgeon-general of the army. New cases during the 24 hours ending at noon to-day totalled 2,773, against 3,007 the day before, while deaths decreased from 404 to 392. There was a slight increase in the number of pneumonia cases.

Army medical officers said influenza may now be said to be epidemic in only five camps, the others reporting less than fifty new cases each day. The total cases since the disease became epidemic number 292,770, with 15,497 deaths.

In the East and South generally conditions among the civilian population are rapidly improving, according to reports to the Public Health Service.

"FLU" IN SOUTH AFRICA.

Some idea of the magnitude of the influenza scourge can be gained from the fact that almost every village has sustained losses. Besides 7,500 victims in Cape Town, 4,500 in Kimberley, the known deaths total 1,000 in Pretoria, 600 each in Johannesburg and Stellenbosch. Durban escaped with only 47 deaths. Naturally it was the colored population that suffered most, but latterly many whites succumbed to septic pneumonia. Deaths among the British official and military community in Southwest Africa to date have been 125. Up to the present time it has been impossible to estimate the death roll in native territories.

The outstanding feature of the epidemic has been the success of the influenza vaccine from the Government bacteriological laboratories. This has proved to be a wonderful preventive and safeguard against pneumonia, while some doctors achieved remarkably satisfactory results from inoculation during illness.

CHANGES IN THE C.A.M.C.

The following officers have been struck off the strength for various reasons:—

Lieut.-Colonels G. R. Philip, L. C. Harris; Majors W. A. Burgess, W. Bethune, G. W. Brown, R. Gibson, D. Stewart; Capts. W. P. Walker, W. C. Arnold, H. C. L. Lindsay, J. W. Woodley, A. R. Cunningham, W. J. H. Gould, T. A. Carson, B. F. Steeves, C. G. Imrie, C. W. Anderson; Lieut. T. Stevenson.

The following officers have returned to Canada:—

Colonel J. T. Clarke; Majors L. J. Rhea, A. S. Langrill, S. S. Skinner; Capts. C. G. Imrie, J. H. Fisher, G. B. Wiswell, D. G. Elliott, M. J. Gibson, W. S. Atkinson, C. B. Trites, W. J. Donswell, A. W. Park, J. T. Mulvey, N. J. Amyot. J. C. McCammon, C. D. Rilance, G. S. William, S. Trayner, W. A. Harvey, N. T. Beeman, T. Gaddes, A. J. B. Hebert, G. A. McPherson, H. W. Byres, K. F. Rogers, C. Howson, J. C. Calhoun, W. E. Ainley, J. J. White, Lieut.-Colonel J. F. Kidd, Major K. F. Rogers.

The following Nursing-Sisters have returned to Canada:—

N. B. Montgomery, J. H. Carr, L. G. Long, R. G. Peterkin, C. Brosseau, M. O. Gauvreau, T. A. E. Lloyd, B. A. MacKinnon, M. MacKintosh, M. B. Hanna, A. E. Gardner, G. M. Ferguson, B. Countryman, H. M. Gleeson, G. B. Hiscock, S. A. L. Manchester, M. E. Patterson, J. B. Pringle, D. M. Webber, M. F. Haliburton, A. R. Layton, J. W. Cochrane, M. K. Brown, E. T. Rogers, L. Walker, L. A. Spry, M. Morkin, E. Melando, M. Fortune, A. Hicks, C. E. Greenwood, M. Carmichael, C. C. MacDonald, L. A. Dawson, M. Parks, D. M. Cotton.

The following Nursing-Sisters have been struck off the strength for various reasons:—

A. Forbes, H. M. Bellisle, W. Lamarche, M. E. Casey, M. A. Thompson, B. L. Symon, J. A. M. Pelletier, G. H. Ferguson, C. O'Brien, A. B. Hamilton, M. E. Shaw, E. C. Anderson, D. E. Batkin, F. M. Colvin.

Promotions (Overseas):—

To be Lieut.-Colonels, Majors G. S. Mothersill, W. A. G. Bauld, A. L. Johnson, F. H. Mackay, F. A. Young, N. V. Leslie, W. G. Turner. To be Major, C. E. Anderson, E. L. Pope, H. G. Wood, H. K. Bates, W. L. Mann, W. J. E. Mingle, J. Seager, F. E. Pettiman.

To be Acting Matron, Nursing-Sister A. G. Hogarth.

Promotions (Canada):—

To be Major while acting as D.A.D.M.S. (Regina), Capt. G. O. Wood.

Appointments:—

Major Charles McMane becomes A.D.M.S. at Quebec in place of Major G. A. Winters who has joined the Siberian Force.

Capt. A. F. Menzies has been appointed Cholera Expert for the Siberian Force.

Capt. P. H. Desnoes becomes Chief Surgeon at the Fredericton Military Hospital.

ADVICE TO THE IMPAIRED.

According to the U.S. Public Health Service experience, everywhere shows that the proportion of persons with physical impairments is considerably greater in persons between 30 and 40 than in those between 20 and 30 years of age. This waning vitality at ages over 30, so commonly accepted as inevitable, can be postponed to a large extent. In this connection, it is pointed out that 60 per cent. of the physical defects found in the last draft were of a preventable or curable nature.

In addition to furnishing all the local draft boards throughout the country with a sufficient number of the circulars to supply one to each registrant because of physical disability, arrangements have been made to furnish specimens of the circular of life insurance companies, fraternal organizations, labor unions, employers of labor and others who desire to reprint the circular in its present official form for wider distribution.

"The U.S. Public Health Service will be glad to furnish specimens of this circular on application and urges all organizations that can reach large groups of people to reprint and distribute the circular and thus contribute materially to the public welfare and the national defence."

The circular issued by the U.S. Public Health Service is entitled: "Information for Guidance and Assistance of Registrants Disqualified

for Active Military Service Because of Physical Defects." It is a four-page leaflet, containing specific information relating to the commoner causes of rejection or deferred classification, *e.g.*, Defective Eyesight, Teeth and Disease, Feet, Underweight, Overweight, Hernia, Hemorrhoids, Varicocele, Varicose Veins, Bladder, Kidney and Urinary Disorders, Ear Trouble, Heart Affections, High Blood Pressure, Lung Trouble, Rheumatism, Venereal Disease, Alcohol, Nervous and Mental Disease, and Miscellaneous Conditions. The information is presented in simple form and has been approved by the highest medical authorities. At the end is a striking quotation from President Wilson: "It is not an Army we must shape and train for war; it is a Nation." This is followed by the following personal appeals:—

"Do not go through life with handicaps that may be easily removed. Do not shorten your life, reduce yeur earning capacity and capacity for enjoying life, by neglecting your bodily condition."

"While other men are cheerfully facing death for the cause of democracy, do not shrink from facing a little trouble and expense to make yourself strong, healthy and fit."

Over a million copies of the leaflet have been sent out to the draft boards. Requests for specimen copies should be addressed to the U.S. Public Health Service, Washington, D.C.

MEDICAL PREPARATIONS

THE PNEUMONIA CONVALESCENT.

In spite of all of the modern advances in scientific therapy, and the improvements in the general handling and management of acute infectious diseases, Acute Lobar Pneumonia still deserves the title ascribed to it by Osler: "The Captain of the Men of Death." There are, however, especially during the Fall and Winter months, many cases of the lobular or irregular Pneumonia that so often complicates or follows La Grippe. When this condition supervenes it is more than likely to follow a subacute or chronic course and convalescence is frequently long delayed. Under such circumstances, in conjunction with treatment designed to hasten resolution, a general blood tonic and vitalizing agent helps materialally to shorten the convalescence period. Pepto-Mangan (Gude) is of much value in this field, because it not only increases the solid elements of the blood, but also acts as a true tono-stimulant to the organism generally. As Pepto-Mangan is free from irritant properties and con-

stipating action, it is especially serviceable in the reconstructive treatment of the devitalization following the Pneumonia of the aged.

INFANTILE INTESTINAL DISORDERS.

As an adjunct to other measures, favorable consideration invariably should be given to the use of digestive ferments. For its proteolytic action Pepsin Cordial, P. D. & Co., can be commended. It is agreeable to the taste, attractive in appearance, and one fluidrachm is capable of digesting 4,000 grains of coagulated egg-albumen. From one-half to one teaspoonful may be given about fifteen minutes after feeding. In the case of a very young infant the initial dose might be 20 to 30 drops, properly diluted. Pepsin Cordial is indicated when the stools contain undigested casein.

When there is evidence of starch indigestion in cases of children fed upon cereals, Taka-Diastase offers a satisfactory means of relief. It is the most active amylolytic agent available in medicine, being capable of liquefying 300 times its weight of starch in ten minutes.

For the treatment of infants the preparation of choice is the Liquid Taka-Diastase, containing 20 grains of the enzyme to the fluidounce. The dose is one-half to one teaspoonful, to be given immediately after feeding. The powdered Taka-Diastase may be prescribed for older children doses of 2 to 5 grains.

WHAT TO GIVE THE LITTLE FOLKS.

Not only is Cascara Evacuant pleasant to take, but it is also a very efficient laxative. For this reason it is especially popular as a cathartic for children. It may be prescribed in doses of one to three drops for very small children, and in doses of three to ten drops for children ranging in age from five to twelve years. Above the latter age and during adult life from ten to thirty drops may be required to produce the desired effect.

Sometimes it is found well to give but a single dose at night: in other cases two or three doses daily are required. Once the acceptable dose has been established in chronic cases the preparation should be continued for a time in that amount, and then gradually reduced to the vanishing point. It may be stated, however, that in chronic cases the bitter fluidextract of Cascara Sagrada (P. D. & Co.) appears to be generally preferred because of its tonic effect upon the bowel. We have some readable printed matter on Cascara Evacuant that we shall be glad to mail to physicians desiring to look into this subject of palatable laxatives. Write for it to-day.