

# Dominion Medical Monthly

And Ontario Medical Journal

Vol. XLVII.

TORONTO, JULY, 1916

No. 1

## Original Articles

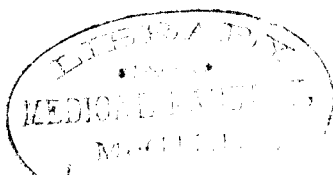
### THE ONTARIO MEDICAL ASSOCIATION: PRESIDENT'S ADDRESS

BY H. B. ANDERSON, M.D.

In accordance with the Constitution of the Ontario Medical Association, it is the duty of the President to address the annual meeting, setting forth the condition of the profession in the province. The difficulty confronting one at this time is not to find topics suitable for discussion, but rather to select from among the multitude of important matters which suggest themselves those of most immediate and pressing interest, and attempt to consider them with due regard to their relative importance. While I deeply esteem the honor of having been elected to the presidency of the Association, one cannot but appreciate the difficulty of doing justice to the position, or of rising to the responsibilities and opportunities of so critical an occasion in our national and professional history.

We are meeting at a time pregnant with the most momentous issues since the dawn of the Christian era, under the shadow of the greatest calamity in history, with our Empire and her Allies engaged in a death struggle to uphold the cause of freedom and justice against a military despotism which, in the guise of kultur, is seeking world power with the ethics and by the methods of the barbarian.

Those who have admired, perhaps too highly, German learning, scientific achievement, energy and genius for organization, have lived to see all of these directed by an ambitious and cruel autoeracy, abetted by subservient professors, clergy and publicists, and prostituted to the basest of material ends. As members of a profession which has acclaimed German discoveries that have saved thousands of human derelicts, we must hereafter charge the autoeratic system which encouraged their scientific achievements with the subordination of all the resources and capabilities of the nation to an aggressive war, which has led to the slaughter of millions in the flower of manhood; and reflect-



ing on this we shall in future be more appreciative of the blessings of democracy, even with its attendant muddling and inefficiency. Well may we pray to be delivered from the blessings of kultur and efficiency if they must be acquired by the sacrifice of freedom, of honor, and of those principles of religion, ethics and morality which have served in the past as standards by which men and nations are judged.

In the presence of these great events monopolizing the attention and absorbing the energies of our people, all other interests fade into insignificance. And yet we must not neglect "the daily round, the common task," as we look with confidence beyond the present struggle, but prepare ourselves in every department of our national life for the stern competition of the period of reconstruction and advancement which will inevitably follow.

On this occasion we miss the familiar faces of many of our colleagues who in answer to their country's call are now on duty overseas, in the Motherland, in Flanders, France, Greece and Egypt, and we are proud of their record. "The members of the Canadian Army Medical Corps," as recorded by the official historian in describing the battle of Ypres, "rivalled in coolness, endurance and valor the men of the battalions who were their comrades."

Important duties also have fallen to those who are left behind, in organizing and manning the medical services of units preparing for active duty; in ministering to the medical necessities of the dependents of our soldiers, and not least, in giving their services for the restoration to health and usefulness of the sick and wounded who are returning from the front. The burden cheerfully undertaken by the medical profession of Canada has been a heavy one, and we believe has been creditably borne.

I feel assured indeed that I express the feeling of every member of this Association in saying that we regard it not only as a duty, but a privilege to do what we can toward the restoration to health and usefulness of our brave countrymen now returning, whose heroic deeds have won imperishable fame for themselves, and shed enduring lustre on our country. To them Canada may fittingly apply the words of the poet of the Yukon:

"I will not be won by weaklings, subtle, suave and mild,  
But by men with the hearts of Vikings and the simple faith of  
a child;  
Desperate, strong and resistless, unthrottled by fear or defeat,  
Them will I gild with my treasure, them will I glut with my  
meat."

An unusual feature of the present meeting will be the military session arranged with the collaboration of the Military Hospitals Commission and the officers of the Army Medical Corps in this district. While there will be a number of papers on medical topics of present military interest, the chief purpose of the session will be a discussion of the "invalided soldier problem" in all its bearings, so as to bring before the doctors of the province the importance of the question and the aid which they can render toward its solution. That our efforts so far are not unrecognized is evidenced by a letter recently received from the chairman of the Military Hospitals Commission, in which he says—"that the Government of Canada is indebted to the Ontario Medical Association for its interest and to the medical profession for the splendid spirit which they have shown."

If our deliberations assist in co-ordinating the military, medical, vocational and employment aspects of the situation, and in evolving a more efficient and uniform system of management in the various Military Convalescent Hospitals and subsidiary institutions, an important object will have been attained.

The war has brought us many disillusionments, has impressed many stern lessons, given us a wider national perspective, a keener vision of the responsibilities of citizenship, and stimulated a wholesome spirit of sacrifice to the common good. Those who have seen the beneficial influence of military training on the development of the physique and discipline of our young men, whatever may be their views regarding compulsory service, are unlikely hereafter to overlook the advantage to the nation, not only in a military but in a material way, of compulsory military training. A properly trained and disciplined manhood will not only increase individual efficiency for civil duties, but will go far to solve the problem of national preparedness.

We are indebted to Professor Blackader for having brought forward another lesson of the war, viz., the question of drugs and medicinal agents from the national, economic and professional standpoints, a matter which should receive the serious attention of the Association. Who can estimate the influence on the present war of the amazing lack of foresight which permitted Germany to appropriate to her advantage the discovery of the aniline dyes by Sir William Perkins? This one shrewd deal added a billion dollars a year to the national wealth of Germany, increased immeasurably her scientific prestige, gave her first place in the world's trade in drugs and dyestuffs and assured her early in the war the advantage in high explosives. The responsibility

for so great a blunder does not rest upon our profession, though we must admit that no feature of the centrally organized and far-reaching system of pan-German propaganda has been more successful than the exploitation of the university men of other countries in the interests of her campaign for military and commercial supremacy. No one will be disposed to speak lightly of the value to medicine of the scientific output of German laboratories, though we may properly plead for a more discriminating judgment in separating the wheat from the chaff, and especially for a less complacent acceptance of the literature of German commercial houses as the gospel of science.

Neither should we recognize a dual system of medical ethics under which state-controlled professors in German clinics may advertise in text-books and trade literature patented or trade-marked preparations, in a manner contrary to our code, nor should we allow ourselves to second their efforts by prescribing those products as if there was some peculiar virtue attached to all things medical emanating from the fatherland. Now, when the spell of the superman is broken, when even our academic Olympians, beguiled by flattery or tempted by self-interest, are perhaps aware of the true inwardness of German intrigues, and when those who control our universities are awakened from their dreams of an era of scientific advancement under the direction of exchange professors approved by the Prussian Ministry of Education, will be an opportune time to consider more sympathetically the rights, interests and scientific possibilities of our own people.

More especially should we oppose the sale of common drugs, marketed in fancy packages under fancy names and at fancy prices. Some of these abuses can be controlled by legislation; some by a stricter adherence to our ethical code, or, if necessary, by revising it so as to be fairer to our own manufacturers; much can be done by an educative campaign, not only for the benefit of the medical profession but the public, to make known the kind of competition we have to face and the best means of meeting it; and perhaps most important of all, by our medical schools giving to students a more thorough grounding in practical therapeutics, such that they may not be left after graduation to be instructed in the use of drugs by the literature and agents of manufacturing chemists. The medical and pharmaceutical professions should be more closely in touch with the manufacturers and exercise more control over their products, by encouraging their legitimate activities and enlisting their assistance in supplying

real professional needs. I am fully convinced that a more sympathetic co-operation should replace the present aloofness of our professional and scientific men from manufacturing and commercial interests, and that this could accomplish much for the benefit of all concerned. The medical profession should learn, however, to place its dependence on the carefully appraised preparations in our national pharmacopeias, which should contain all really useful remedies, rather than in the commercially-biased catalogues of drug houses, with their too-frequent irrational polypharmacy. Other countries should not forget that in Germany everything is subordinated to military efficiency, and that in supporting even her legitimate activities, they are contributing to her aggressive designs.

In the task before us we should cultivate a self-respecting national spirit, avoiding equally the attitude of the superior cosmopolitan,

"The sturdy patriot of the world alone,  
The friend of every country but his own,"

and the reverence for antiquated inefficiency and smug self-confidence, which at times parade as patriotism. Neither should we be so blind to our own interests as to neglect to profit by the lesson Germany has given us of the necessity for laborious study and investigation, of strenuous and concerted effort, scientific organization and co-ordination of national aims, and the value of their direction by experts in the different spheres of activity.

Turning to matters of local interest, the most important are those being considered by the Commission on Medical Education, appointed last autumn by the Provincial Government. It is expected that the report and recommendations of the Commission will be made the basis for legislation which will settle many important questions that have been pending for some years.

Foremost among the questions being considered are all matters relating to education for the practice of medicine in the province. Recent years have witnessed a rapid evolution—the passing of the old proprietary schools, the lengthening of the course of medical study, the addition of many full time professors to the teaching staffs of our schools, the extension of laboratory facilities for the teaching of the fundamental sciences, the beginning development of libraries and the erection of commodious hospital buildings. As in other parts of the English-speaking world, the course of events with us has been influenced by the reports on medical education of the Carnegie Foundation

and the Royal Commission of the British Government. The contention, on pedagogic grounds, that medical education should be considered an educational rather than a medical question, thus separating teaching more widely from practice, the movement for the appointment of full time professors in the clinical departments and the far-reaching schemes of Germany to create centres of propaganda in our universities, have all been lively topics of interest. In the midst of this evolutionary unrest the outbreak of the war has added to the confusion, and the most sanguine would scarcely claim that a satisfactory conclusion has yet been reached. Thus far we appear to have adopted a compromise between the British and continental systems, incorporating the worst features of both and the advantages of neither. The clinical branches in our hospitals still suffer from the lack of laboratories, properly equipped and manned for the study of the problems of the wards. Those having the interests of clinical progress at heart, however, will confidently expect the fulfilment of the Government's promise that the inquiry will be an exhaustive one, that all interested will have an opportunity of expressing their views, and that the Commissioner's report based thereon will remove many defects in our present system of organization.

The position taken by the representatives of the Ontario Medical Association and other medical organizations, regarding the legislative recognition sought by osteopaths, chiropractors and other cults, upholding the principle of a uniform standard of education and examination for all who wish to practise medicine in the province, is well known, and calls for no special reference on this occasion.

Never in the course of history has there been such a demonstration of the national importance of a thoroughly trained medical profession as during the present war. The service which scientific medicine has rendered in protecting our soldiers against typhoid fever, dysentery, cholera and other scourges of armies, has saved tens of thousands of lives and trebled military efficiency.

Ask our wounded soldiers who have been made oblivious to suffering during operations under ether or chloroform, or whose pains have been eased by morphia, what they would think of "drugless treatment" at the front? Should our colleagues then, who under danger and privation are rendering such services, at great personal sacrifice, have their interests at home unnecessarily jeopardized by the granting of special privileges to the

uneducated or poorly trained output of foreign proprietary institutions, that are unable or unwilling to meet the requirements for preliminary education and professional training, exacted of the graduates of our own and other recognized universities? Let us remember, however, that it is not sufficient that we ourselves are assured that we seek only what is just, and in the public interest; we must be prepared to defend our cause, keeping in mind the words of Sir Thomas Browne "that a man may be in as just possession of truth as of a city, and yet be forced to surrender" if unprepared to back up his principles by intelligent action.

It would be well at this critical juncture in our professional history to recall the chaotic condition of medical affairs which existed in the province prior to the organization of the College of Physicians and Surgeons in 1866. At that time the public clamor for protection against the prevalent quackery forced the government to take action, and the universities and different medical bodies to unite in establishing a representative institution of the profession to control the curriculum, examinations and practice of medicine in the province. The lapse of time, and the criticism frequently directed against the management of our affairs by the College of Physicians and Surgeons, has caused some to forget too readily "the pit whence we were digged" and the large amount of valuable constructive work which we owe to that body. The medical profession of the province should be slow to admit its own incapacity for self-government. For this reason I believe the movement to make the medical degrees of our universities qualify the holders for the right to practise, is to return to a system which has proved a failure in the past and from which the universities, the profession and the public at large all sought deliverance. We should, therefore, endeavor to maintain the *entente cordiale* and to co-operate for the general good, rather than by magnifying difference, cause a cleavage between the universities and the profession and thus leave ourselves more vulnerable to attack by the enemies of medical progress.

The adjustment of difficulties arising out of the present duplication of examinations should be possible without such radical changes as would endanger the rights and privileges of self-government now enjoyed by the medical profession.

In some of our universities the non-clinical departments, those having in charge the fundamental scientific and theoretical rather than the practical aspects of the training of students, it

is well known, exercise a preponderating influence, and clinicians and practitioners alike should view with misgivings any tendency to place the control of the profession more fully in the hands of those who neither by training, experience nor circumstances are closely in touch with the requirements for efficient practice.

Another live topic for discussion at present is the administration of the Workmen's Compensation Bill. This law has now been over a year in operation, and has occasioned much dissatisfaction and resulted in many protests from medical practitioners, who have been either inadequately remunerated or unpaid for their services. The injustice of the bill has not yet been fully experienced, because many manufacturers still pay the medical attendant for his services to employees, as they did before the inauguration of the present law.

It is satisfactory, however, to state that both the Compensation Board and the Government, aware from experience elsewhere that the hearty co-operation of the medical profession is essential for the success of the scheme, have shown a willingness to consider fairly the grievances complained of and to adjust matters on a more equitable basis. The failure to pay properly for medical attendance has naturally resulted in a large surplus in the first year's operation of the scheme, which makes it imperative for us to press for fair consideration at this time. It would be regrettable if any avoidable friction arising from a sense of injustice should impair the usefulness of a progressive and necessary measure.

The question of medical fees, a subject of perennial interest to both the public and the profession, is one of the matters being considered by the Commission on Medical Education, and I may, therefore, be pardoned for referring to it. Whatever truth there may be in the complaint against excessive fees charged in individual instances, it can be stated without fear of contradiction that the remuneration of the great body of practitioners has not begun to keep pace with the expense of acquiring a proper medical education and the increased cost of living in the province. A comparison with tariffs published in Toronto in 1839 and 1886 will prove that in many cases fees are actually lower now than at those periods. Nor have ordinary medical fees increased in proportion to the cost of maintenance in the public or private wards of hospitals. One cannot but sympathize with the burden imposed on people with moderate incomes, in procuring proper medical and surgical attendance, hospital accommo-



dation and nursing under present conditions, but the fault lies with the other developments of modern practice more than with the doctor.

It is well known that no body of citizens has labored so unremittingly for the promotion of preventive medicine and the public health, regardless of their own financial detriment. The medical profession also has borne without complaint the burden of attendance on the indigent sick, and too frequently as well, on impostors, who pass as such in order to escape their financial obligations. We may justly claim that mercenary motives have always discredited a man in the eyes of his professional colleagues, and that he who would make the acquirement of gain the chief object of his calling would be well advised to seek another field for his labors.

In no class of illness is the financial hardship so apparent as in the management of nervous and borderland psychopathic cases, in which the usual prolonged duration, the necessity for constant attendance of nurses and the procuring of suitable accommodation, often tax the resources of the family to the utmost degree. I believe that general experience warrants the statement that one of the most urgent needs in the province at the present time is the provision by the Government of suitable accommodation at a moderate price for the proper control and treatment of borderland nervous cases, incipient or temporary insanity, inebriates and drug habitues.

The complaint is heard occasionally among our more prosperous citizens that, like the butcher and baker, the doctor should charge the same fees to rich and poor, but if they would recall the fact that the poor to a considerable extent receive free treatment, the impossibility of adopting such a rule would be obvious.

I hope I may now be pardoned for referring to something more in the nature of a family affair, viz., the disproportion between the remuneration of the surgeon and specialist as compared with the physician and general practitioner. This is freely admitted by all, and the opinion was embodied in a report adopted by the Ontario Medical Association a few years ago. This disparity is undoubtedly one of the causes underlying the pernicious custom of fee-splitting, by which less scrupulous members of the profession arrange a secret adjustment of the difficulty—a practice we believe never very common in this province, and of which happily even less is heard in recent years.

There seems no good reason why the present inequality should continue. The basis for remuneration of physician or

practitioner and surgeon in a case should be the relative value of services rendered. The present custom, in cases requiring surgical operation for their relief, tends unduly to exalt the mechanical or technical phase of the operative procedure, and to minimize the importance of the preliminary investigation, the diagnosis and the after treatment. This is certainly not in the interests of either medical or surgical progress. The properly trained practitioner or physician to whom the patient first applies for relief should be the one most competent by training as well as circumstances to direct the latter aspects of the procedure, recalling the surgeon for consultation if in his judgment the interests of the patient require it.

Under such a plan it could be arranged to have the fee charged in a given case cover the whole procedure of preliminary investigation, diagnosis, operation and after treatment, and the remuneration of practitioner and surgeon determined by a previously considered and established value attached to each part of such a procedure. Under all circumstances the interests of the patient should be considered of first importance; there should be no secrecy, and the relative remuneration of each attendant should be determined by the services actually rendered and in accordance with a generally accepted rule. I suggest this merely as a possible equitable and ethical basis of adjustment in keeping with the interests of the patient, and fair alike to medical and surgical attendants.

In reviewing the present condition of medical affairs one cannot overlook the nursing problem, which is one of increasing difficulty, especially in private practice. Training schools for nurses connected with hospitals throughout the province have accomplished admirable results in raising the standard of training and supplying highly qualified professional nurses.

One must regret, however, a tendency, especially among recent graduates, to limit their professional work to hospital or other selected practice, where the work is easier, rather than to answer the call of duty wherever it may be. This is not in keeping either with professional ideals or a correct sense of duty, and if continued will assuredly tend to lessen the usefulness of the nursing profession and lower it in the public esteem. It is a custom which should be discouraged alike by hospitals, training schools and the profession at large. I would suggest a lower scale of fees for those who will undertake only selected work, as a practical means of remedying the difficulty.

Important progress in the domain of public health may be reported during the past year. Through the generosity of Col. A. E. Gooderham, the Department of Hygiene of the University of Toronto has been enabled to undertake the manufacture of various antitoxic sera and vaccines, and by the enlightened and public-spirited action of the Provincial Government, arrangements have been made for the gratuitous supply of these products through the profession. In this way will be placed more readily at the disposal of medical men the means provided by modern scientific investigation of dealing with different infective diseases.

It is also worthy of note that a local manufacturing company is now furnishing a product—diarsenol—which experience has shown to be a satisfactory substitute for diarseno-benzol. The commendable attitude of scientific and clinical men of the university staff in promoting this enterprise stands in pleasing contrast to a lack of encouragement heretofore frequently complained of, and, we trust, marks the beginning of a new era in the evolution of a policy of general application, rather than being merely one of the vagaries of the fairy godmother.

It is a matter of satisfaction to the profession that arrangements have been completed during the past year providing for reciprocity in medical registration between Great Britain and this province.

In order that we may be able to bring the corporate influence of the profession to bear in maintaining the status of medical practice, in directing aright the many problems now in course of adjustment, and in guaranteeing to the people the increasing benefits of modern practice, it is essential that we be well organized. I am glad to report that much progress has been made in this direction during the past year, and that we now have a fairly complete provisional organization throughout the province. Thirty-five local city, town or county societies are at present in existence, and ready to affiliate with the Ontario Medical Association. A provisional constitution has been drawn up to be submitted for the consideration and approval of the Association. There is still in some quarters a remarkable apathy to matters of crucial importance, but signs are not wanting of an awakening, which it is the duty of this Association to hasten.

We are pleased to have with us on this occasion the Executive Council of the Canadian Medical Association, and trust that our combined meeting may help to remove misunderstandings and to strengthen the bonds between the two Associations.

May I also express to our distinguished American visitors the great pleasure their presence affords us, and how much we appreciate the readiness they have shown to contribute to our programme, especially at a time when we are handicapped by the absence of so many of our own members. We take it as a further evidence of the feeling of kinship, common interest and sympathy existing between our countries, and which is so happily marked this year by the celebration of a century of peace.

It may be of interest to you gentlemen from the neighboring republic to know that there is now in this city a regiment of eleven hundred of your countrymen preparing to enter the fight to uphold those principles of freedom and justice dear alike to your country and our own.

We in Canada share a common belief that after the war the great centre of scientific medical interest and activity will be on this side the Atlantic—American in the widest application of the term—and those who have watched the wonderful progress which medical science has made in the United States in recent years will have no misgivings as to your qualifications for leadership.

To our fellow-countrymen who have come back after winning distinction in medicine under another flag we extend a hearty welcome. You will not find the Canada you left a few years ago the Canada of to-day, but a country chastened by recent experiences, conscious of great responsibilities, purged of many faults, yet quickened in every fibre of her national life, proud of her sacrifices for the Empire and humanity, and confident of her future.

It is a part of our national creed that what the nineteenth century was to the great neighboring republic the twentieth century will be to Canada.

The foundations of medicine in Canada were laid a century ago by the army surgeons who saw service in the war against Napoleon, and we may look for a similar influence in our further evolution to be exerted by those of our number now in service in the greater struggle against the Kaiser. The spirit of freedom and love of liberty which has called them to duty overseas will return with them accentuated by their experiences, to withstand injustice and tyranny from whatever quarter it may appear, to oppose weak submission to wrong and to assist in promoting a worthy national sentiment.

In conclusion, may I express to my fellow-officers of the Ontario Medical Association my deep sense of obligation and gratitude for the loyal support and co-operation accorded me in arranging for this meeting, under difficult and at times discouraging circumstances.

### THE ONTARIO HEALTH OFFICERS' ASSOCIATION

The fifth annual conference of the Health Officers of Ontario was held at the University of Toronto on the last two days of May. Dr. A. J. Macauley, Medical Officer of Health of Brockville, Vice-President, presided in the absence of the President, Dr. Macpherson of Peterborough, on active service.

The first forenoon of the meeting was taken up in a lengthy and animated discussion of measles following the reading of a paper by Dr. M. B. Whyte, Superintendent of the Isolation Hospital, Toronto, upon "The Quarantine Period for Measles." Dr. A. Dalton Smith, Medical Officer of Health of Mitchell, and Dr. V. A. Hart, Medical Officer of Health (Vespra), Barrie, also presented papers upon "Measles" and "Should the Breadwinner Be Quarantined?" The concensus of opinion seemed to be that the present quarantine of three weeks with a sixteen-day exclusion from school following exposure was of too great length. It is generally considered that measles is infective for from three to five days before the rash appears and for not longer than seven days following the rash, perhaps even shorter than seven days; that the exfoliation, third persons and fomites do not carry the disease. Second attacks are quite rare, consequently persons who have had the disease need not be quarantined. Those who have not had the disease should be held under quarantine for two weeks after last exposure. Those who suffer from the disease should be quarantined for seven days after rash appears unless there are discharges or nose bleed.

The discussion of this subject will probably induce the Provincial Board of Health to make some relaxation in the present regulations.

Dr. Fred Adams, Epidemiologist of the Toronto Health Department, read a paper entitled "Some Observations on Typhoid Fever in Toronto," in which he outlined the means taken to produce the much-lessened incidence as well as the death-rate from this disease in the last six years. In 1910 the death-rate from typhoid in Toronto was 40 per 100,000. In 1915 it had reached the phenomenally low rate of 1.9 per 100,000, the lowest rate for any of the large cities of America. The chief factors in this condition of affairs were announced to be: chlorination of the water supply, pasteurization of all milk except certified milk, and the campaign against flies and outdoor privies.

The Health Department of Toronto deserves the strongest commendation for its success in abating this preventable disease.

Dr. J. G. Fitzgerald read a short paper upon "Epidemic Cerebro-Spinal Meningitis," giving the marked features of the disease and advising the necessity of its early recognition by means of spinal puncture. The treatment is by repeated puncture and injection of anti-meningitis serum, with careful feeding, guarding against relapses, and the use in persistent cases of autogenous vaccine.

The occurrence of this disease among the troops has given peculiar advantages to those studying the disease, for the reason that it is diagnosed early and energetically treated. During the past season all the cases among troops in Military District No. 2 have recovered.

At the afternoon session the acting President, Dr. Macauley, gave an interesting address dealing with the value of the free distribution of antitoxin and other biological products by the Provincial Board of Health. He also referred to the necessity of the prevention of pollution of public water supplies, and described how his own town of Brockville was proceeding in the direction of a safe water supply.

The feature of the session was a paper by Dr. W. H. Park, Director of the Public Health Laboratories of New York City. Dr. Park has a charming personality and is well-known to public health and medical men as an advanced authority on diphtheria, upon the diagnosis and treatment of which his paper treated.

Dr. Park advised the use of diphtheria antitoxin in large doses. He showed by comparison of results that the intravenous use of antitoxin was much more effective than either the intramuscular or the subcutaneous. In ordinary cases in the child he gives three to five thousand units intravenously. In severe cases five to fifteen thousand units, with correspondingly large doses in the adult. Laryngeal cases require early and large dosage.

Dr. G. R. Cruickshank, Medical Officer of Health of Windsor, read an original and interesting paper upon the subject of "Adenoids and Tonsils," advancing reasons for the belief that these organs are responsible for a great deal of infection in early life.

Following a free discussion of this subject by Drs. Hill, Varden and Dewar, Dr. F. A. Dales, Medical Officer of Health, read a paper entitled "Suggestions for Improvement of Association Meetings," citing the following problems for discussion, viz.:

- (1) Are our quarantine methods satisfactory?
- (2) What changes, if any, are necessary?
- (3) What are the reasons for such changes?

(4) Should there be separate sections to discuss health matters affecting cities and towns and for rural communities?

(5) Salary of health officers.

(6) Payment for reports of births and deaths.

In regard to the latter, it came out in discussion that the reporting of births and deaths was a duty the physician owed to the state, and that, while there seemed to be some ground for the question of payment for reports of notifiable diseases, the physician should have sufficient interest in his patient's baby to notify its birth.

A paper on "Deductions of a New Ontario Medical Officer of Health," by Dr. Edgar Brandon, Medical Officer of Health, North Bay, gave an insight into the necessities and difficulties of Health Officers in the newer and rapidly growing towns of the province, where the influx of foreigners and varied elements make that officer's task no light one.

The public meeting held in Convocation Hall in the evening was largely attended. A most interesting and instructive lecture upon Sanitation in Serbia was given by Major W. D. Sharpe, who served as surgeon with the British Naval Hospital in Belgrade in the first year of the great war. The lecture was illustrated by a large number of slides. He was followed by Capt. Ruggles George, A.M.C., who gave a most interesting story of the first contingent, illustrated by slides which carried the troops through Valcartier Camp, Salisbury, and for some months in Flanders. Capt. George certainly made good use of his spare time and powers of observation while on active service.

The second day's proceedings were begun by an excellent paper upon "Auxiliary Aids in Public Health Work," by Dr. H. W. Hill, Medical Officer of Health, London. In this paper Dr. Hill discussed the various means whereby public health measures may be advanced, laying particular stress upon publicity of public health education by means of lectures, leaflets, moving pictures, health exhibits, newspaper propaganda, etc., etc. The matter received a thorough discussion, among those contributing being Dr. Murphy of Minnesota, Dr. Hastings, Dr. Cruickshank and many others.

Dr. P. J. Moloney, District Officer of Health, read a splendid paper upon "Rural Sanitation," and F. A. Dallyn, Esq., the Provincial Sanitary Engineer, read a portion of an exhaustive paper upon "Methods of Collection and Disposal of Domestic Wastes in Small Municipalities." These papers have very great value, and when they appear in the journals will be read with great interest.

The morning session was concluded by a paper upon "The Treatment of Sewage by Activated Sludge," read by T. Chalkley

Hatton, Chief Engineer of the Milwaukee Sewerage Commission. This paper, which will appear in the Public Health and other journals, should be carefully studied by medical and other municipal officers, as it seems to indicate a comparatively cheap and most effective treatment of one of the greatest problems, viz.: sludge treatment, in the disposal of sewage. Mr. Hatton has contributed extensive experiments in sewage treatment and is an engineer of repute in the United States. His remarks were listened to with more than ordinary interest.

Dr. H. Logan, Medical Officer of Health of Niagara Falls, gave a paper on the "Prevention of Tuberculosis in Children." This was discussed by Drs. Alan Brown, Kidd and Hastings.

Dr. J. S. Nelson of Westboro read a paper on "Water Supply and Sewage Disposal for Suburban Residences," and E. C. Henderson, Esq., of London, described the forms used by him in keeping records of communicable diseases.

This meeting was perhaps the best in point of papers and discussions yet held by the Association. It is intended to hold the next meeting in Toronto on the last Tuesday and Wednesday of May, 1917.

The officers elected were: Dr. A. J. Macauley, President; Dr. T. W. Vardon, Vice-President; Dr. J. W. S. McCullough, Secretary. Committee on Papers and Arrangements—The officers-elect and Dr. W. A. Crain, Crysler; Dr. W. McBain, Rainy River; Dr. J. A. Roberts, Hamilton.

---

### THE HEALTH HAZARDS OF MODERN INDUSTRY

The health hazards of modern industry are emphasized by the new strain of manufacture due to speed, monotony, and piece-work, as well as the injurious physical surroundings due to the lack of adequate sanitation in factories, shops and institutions where work is performed.

The nature and effects of fatigue are constantly referred to by writers on occupational disease, and a summary of the present theories as to the origin of fatigue makes patent the importance of hours to repair the tissue damage incident to the expenditure of energy. The bad effects of long hours on safety as well as upon morals and the general welfare merit careful study by the medical profession.

From this very valuable compendium, it is evident that physicians have not been blind to the importance of fatigue as a disease-producing agency. A large proportion of the authorities quoted



belong to the medical profession. It is frequently asserted that physicians have neglected the general subject of industrial hygiene. The compilation here provided would tend to point out the fallaciousness of a statement of this kind. A very large part of the material quoted has been gathered from the writings of physicians in Great Britain, Germany, Austria, France, Belgium, Norway, Switzerland, Roumania, Italy and the United States. The existence of this vast literature was scarcely suspected by those interested in medical sociology and its compilation at this time makes it available to all students of public health.

Here again is further evidence of the important relations between social and economic questions and communal health. Hours of labor have generally been regarded as matters related to questions of strikes and lockouts, labor disturbances or possibly to interesting civic problems in economics and sociology. It is certain, however, that excessive hours of labor constitute a serious medical problem, the understanding of which is especially necessary in order to constructively establish laws and ordinances to protect the community from preventable diseases and accidents now bound up with industrial life.

Health officers, medical legislators and social-minded physicians will find inspiration for greater efforts in a perusal of the brief. Fortunately, the two volumes are to be reprinted by the National Consumers' League and are thus to be purchasable at a very low cost, so that the splendid fund of information may be drawn upon freely by those interested in protecting the lives and limbs of the industrial population. The benefits of shorter hours will be manifest in the general welfare of society, the increase of leisure and recreation, an improved citizenship and a healthier community.—*American Medicine.*

---

### OBLITERATIVE ARTERITIS AND LEAD POISONING

The etiology of obliterative arteritis is somewhat obscure. In the *Boston Medical and Surgical Journal* of April 13th Dr. W. Timme has reported a case the interest of which lies in the fact that lead poisoning appears to have been the cause. A painter, aged 36 years, was admitted into hospital on December 21st, 1915. During the last year he had a typical blue line on the gums, which responded to local treatment by a dentist. He had no palsies, but he complained of pain along the sciatic nerves and in some joints. In 1913 pain in the left leg began after walking and ceased on resting, to begin again on walking. This intermittent claudication

became gradually worse, so that only short distances could be walked without resting. In February, 1915, he could no longer walk. The left leg became heavy and helpless and cold and the seat of extreme pain and tenderness. The calf became smaller and flabby. He was treated with electricity and potassium iodide, but grew steadily worse. Hot packs, massage, rest, and exposure to the sun were then tried and he improved. A few ulcers developed on the outer side of the foot and spread rapidly. They were treated with the therapeutic lamp and they healed. In October the ulcers re-formed and necrotic areas developed at their site. Three weeks before admission to hospital the little toe was removed, but the sloughing continued. On examination the patient was found to be a frail, anemic, ill-nourished man. The tongue was coated and there was a suggestion of a blue line on the gums. The muscles of the left thigh and leg were markedly atrophied. No pulsation could be felt in the dorsalis pedis or any other artery of the left lower limb up to and including Poupart's ligament. The urine contained traces of lead. The fundi were normal. The Wassermann reaction was negative. Nothing is said about the treatment of the case, Dr. Timme remarking: "No adequate therapy has yet been devised." In this country Dr. F. Parkes Weber has pointed out the comparative frequency of arteritis obliterans among male Jews in the East End of London who are in the habit of smoking a large number of cigarettes. He suggests that unwholesome food and racial factors play a part in the etiology. Other causes suggested are syphilis and arterio-sclerosis. Kolisko has stated that he has seen obliterative arteritis frequently in chronic lead poisoning. This view is borne out by an American writer, Victor C. Vaughan, who, in an article on mineral poisons, declares that the changes in the vessels in lead intoxication are those of arteritis obliterans. Arterio-sclerosis, of course, is a well-recognized result of this poison.—*The Lancet*.