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## EDITORIAL

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### THE CARE OF THE FEEBLE-MINDED.

Although the act is not perfect, yet progress has been marked by its passage last session. It is much easier to secure amendments to an act than it is to secure the act in the first instance. On this theory, it will be well within the range of possibility to improve upon what has been done. Then, again, education is going on; and, here, legal recognition is of the utmost value, because one can always appeal to the act as admitting the class of feeble-minded persons as being entitled to special care and consideration.

We are now in the age of preventive medicine, and the old cobbler's saying of "a stitch in time saves nine" comes very true in medicine. It would be quite beyond our intention to go into any lengthy argument along the line of heredity. We do not propose discussing the theories of Weismann, Galton, Mendel, Bateman, Darwin, or others who have written so ably on the influence of heredity. We will not go far astray to accept the words of Tennyson, "Tis but the blot upon brain that shows itself without"; or the words of Browning, "Born into life we bring a bias with us here," as nearly expressing the views of scientists on this vexed question.

A wrecked and ruined nature is not likely to be the parent from which to expect normal and robust offspring. We know the certain diseases run in families. Some are afflicted for generations with the appearance of nervous maladies among them; other families break down in their vascular system; and others show a marked tendency to pulmonary disorders. Let us give one example. The mother very seriously deranged mentally, one son quite odd, two sons insane, one daughter extremely eccentric and weak-minded, and two others imbeciles. It will thus appear that a badly balanced mind is very liable to be transmitted.



The work of Dr. C. K. Clarke is entitled to full recognition for his efforts in behalf of the feeble-minded. In season and out of season he has advocated the cause of those who could not advocate it for themselves. The good he has accomplished he can never know, but in fancy he can look into the future with confidence that the lot of this element in the community will be made better and brighter, and that they will be restrained from becoming the victims of vicious habits.

How can the members of the medical profession assist in this work? In a very simple, but effective way. They can send a report of cases to Dr. C. K. Clarke, they can communicate their views to the member of the Legislature for their localities, and they can write to members of the government setting forth the need for the proper care of the feeble-minded. This is not by any means the only great question before the governments of the day; but it is one of them, and the solving one question very materially assists in the solution of others. "They must onward still, and upward, who would keep abreast of Truth."

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#### THE CARE OF THE RETURNED SOLDIER.

The number of disabled soldiers in this country under treatment a years ago was 1,530, while on 15th April of this year the number had risen to 5,677. This increase in the number means that many under treatment in Britain have sufficiently recovered to return to this country, and to a considerable extent are convalescents. This return of soldiers greatly relieves the pressure on the hospital accommodation in Britain. This had the effect of reducing the invalids in Britain from 20,256 on 20th October last to 14,545 on 30th March of this year. Of this number 8,926 were cared for in Canadian hospitals, 92 of the number being consumptives.

Among the new hospitals in Canada we may mention the following: at St. John, N.B., for 350 beds; at Kingston, Ontario, 550 beds; at Winnipeg, Man., for 320 beds; at Quebec and Montreal, for a considerable number of beds later on.

The provision for consumptives are as follows: At Kentville, N.S., for 64; at Kingston, Ont., for 175; at Hamilton, Ont., several pavilions; at London, Ont., several pavilions; at Ninette, Man., two pavilions; at Regina, Sask., a large school is arranged. These institutions will furnish accommodation for 1,250 soldiers.

Room for convalescents have been provided in the following places: Halifax, N.S., Sydney, N.B., Montreal, Que.; Whitby, Ont.; Guelph, Ont.; Toronto, Ont.; Winnipeg, Man.; Moose Jaw, Sas.; Saskatoon,



Sask.; Edmonton, Alta.; Vancouver, B.C.; Qualicum Beach, B.C.; Sidney, B.C. The institutions in these various locations will furnish homes for 8,500 of the convalescent class.

At ports of arrival accommodation is arranged as follows: Halifax for 450, and at Quebec for 1,000.

At present 500 to 600 men are at work converting buildings and rendering them suitable for hospital purposes and homes.

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### THE CHRISTIAN SCIENCE AUTOLYCUS.

A short time ago John Randall Dunn, a member of the Board of Lecturers of the Mother Church in Boston, gave an address in the Christian Science Church on St. George Street, Toronto, choosing for the title of his lecture "Christian Science, the Supreme Discovery of the Age."

To begin, Christian Science is not a discovery. What is in it of a religious character is found in the New Testament. What is in it of a healing character is only suggestion which is as old as the hills. It is true there is any amount of idealism, mysticism, ignorance thrown in by way of good measure.

The fact is that it is no difficult task to show that Mrs. Eddy was a woman of unbalanced mind. She belonged to a class of religious monomaniacs of whom Mahomet, Brigham Young, Peter the Hermit, and Doweys are good examples. The way she says she made her discovery, the method of cure from ill health, the style of her writings, her preposterous claims to having received a revelation, and the way she commercialized her pretended discovery, all brand her as of unsound mind, or studiously fraudulent. We believe the former view to be the correct one. Her followers are therefore following the teachings of a person of radically unbalanced mind.

By all means let them follow such a system of religion if they so desire; but by all means do not permit to palm off this method of treatment on those who are unaware of its origin and its worthlessness. The silent prayers, or absent treatment, or the mind influence by suggestion, might temporarily act upon the victim of some functional nervous disorder. This much is known for almost all forms of treatment. It is expressed in the old poem about "Mother," when it says "who kissed the part to make it well."

Dr. Dunn goes on to speak of the method of discovering a Christian, and quotes from the New Testament as follows: "And these signs shall follow them that believe: In my name shall they cast out devils;



they shall speak with new tongues; they shall take up serpents; and if they drink any deadly thing, it shall not hurt them; they shall lay hands on the sick, and they shall recover." Now, we make bold to assert that Mrs. Eddy did not possess these powers. When challenged to prove her claims of the ability to cure organic disease she remained silent. She did not speak with a new tongue, unless her wild statements in "Science and Health" be taken as her "new tongue."

But Mr. Dunn wishes to impress us with the merits of Christian Science and quotes this from Science and Health: "Jesus beheld in Science the perfect man, who appeared to him where sinning mortal man appears to mortals. In this perfect man the Saviour saw God's own likeness, and this correct view of man healed the sick. Thus Jesus taught that the Kingdom of God is intact, universal, and that man is pure and holy." This quotation sets forth Mrs. Eddy's teachings. We must either cast the New Testament over board, or we must reject Science and Health; but we cannot follow both. The above quotation is the antithesis of New Testament teachings.

If the power to perform miracles is conferred upon any one, we are sure that it was not upon Mrs. Eddy. Her commercialized system of healing and religion was not such as to appeal favorably to the Almighty. When Mrs. Eddy said she brought out a blossom on an apple tree in winter, she was either deceived herself, or she was trying to deceive other people. When she said she cured a tuberculosis bone that could be dented with the finger, she was either wrong as to the nature of the trouble, or she did not tell the truth.

It is monstrous to think that God will allow himself to be brought into such accord with the human mind, or the reverse, that disease will disappear, and all because of the silent prayer or mind healing method of some one who charges a fee for the bringing of the human mind and the divine mind into this perfect harmony. Science and Health, the textbook of Christian Scientists, teach that sin and disease are unreal. This is not the teaching of true religion and true science. Our bodies are not dilutions of mortal mind; but are real, and so are the many diseases to which it is subject. To teach anything else is to teach utter nonsense, as our senses and our judgment tell us.

To show very clearly how far the view of the unreality of things has carried the votaries of Christian Science let us quote the following from an article specially written for the Christian Science monitor of Boston, and appearing in the issue for 18th May, 1917: "Christian Science declares that the origin of disease is always due to false belief, that it is an inharmonious condition of the human mind made manifest in the human body. But as the body is itself a false concept of the human



mind, disease is but a belief in the reality of evil, or matter, or inharmony. To put it somewhat differently, disease is a false belief that heaven or harmony is not ever-present." Ah then ——!

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#### A UNIQUE VOLUNTARY HOSPITAL.

The following story comes from Paris and is so good that it should be repeated. It tells of an interesting hospital thirty miles from that city.

"This Abbaye de Teyaumont is how one of five hospitals financed, initiated, organized, and staffed by the Scottish Women's Hospital Fund for the allies' wounded in their own country. It is known as Hospital Auxiliaire No. 301, affiliated to the Societe Francaise de Secours aux Blessés Militaires, and under the British Red Cross.

"The surgeons, with Miss Ivens at their head, numbering, with the bacteriologist, seven, wear a simple uniform of grey linen, with the silver badge on velvet of the French medical service on their collars. Comely capable women, as sincere as they are skilful at their work, they are no longer supervised in operations (as at first) by French surgeons, because it was recognized after a few days that their profession was backed by expert performance. The badly wounded men who come there feel confidence in these marvellous fingers, whose dexterous accuracy of touch is enhanced by softness, and they are soothed by the feminine voices.

"These lion-hearted women are performing as many as a hundred and fifty or more operations in a week. They avoid amputations wherever possible, of course, and one man whose hand seemed hopelessly crushed owes the restoration of three fingers to their expert method of repair.

"Such work as is being carried on by British women in France and elsewhere, must surely bring England into close and sympathetic touch with her allies. The men who leave the abbaye healed of their wounds (for only three per cent. have succumbed hitherto) will not fail to remember, and to tell the women at home who are dear to them, of those other women with 'the strength of silk who came across sea and land to be sisters to the brothers-in-arms of their country.'"

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#### THE VENEREAL MENACE.

Last winter the Academy of Medicine, Toronto, took up the question of the management of certain phases of the venereal diseases problem. A strong committee was appointed which got to work at once and laid before the Provincial Secretary several suggestions. These received



a very sympathetic hearing, and in due time found their way to the statute book. As the result of this action much will be done towards a more efficient diagnosing and treating of such diseases. Under this plan several centres will be designated and financial aid will be granted, to enable true scientific tests to be made. The problem is both serious and urgent. So much is this the case that it is being handled with vigor in Britain, and Australia already has an excellent one in operation.

It is sometimes well for the medical profession to listen to what others say upon important topics such as this, where the scientific and medical interlace with the interests of the general. In other words where the medical and publicist views become to a certain extent common ground. The following from *The Toronto Globe* of 5th May is to the point:

"Sir Hamar Greenwood's speech on the social evil cannot be ignored either in Britain or Canada. The stupid cowardice of the ostrich hiding his head in the sand has filled the cup of misery and disaster to overflowing. Cowardly neglect, prurient fear, and weak self-deception have had their day, and have too long directed official helplessness. Toronto, with a highly efficient police force, eagerly determined on suppression, armed with unusual authority, restrained by no obstructing influence, and conscientious in its work, has faithfully tried to meet the highest demand of her best citizenship. And the social survey has ruthlessly torn the mask of hypocrisy from Toronto's face. This was before war assembled the young manhood of Canada in camps. Civilian and soldier are alike menaced. We need not limit our advice and indignation to Great Britain. The problem that demands all our courage and energy is hert in our midst.

"We turn the most difficult of all sociological problems over to the police, asking only that they do not make it impossible for us to keep ourselves in ignorance. Stamping out is a failure. The problem requires brains, not feet. It may be well to banish the hope of any immediate betterment. A broader enlightenment is necessary, and that is of slow growth. Cowardly and calamitous silence will continue to rule, and the courageous reformer will meet the fate of all pioneers. Dr. Clarke, Superintendent of the General Hospital in Toronto, should be assisted and encouraged in the efforts he has courageously made. He knows the menace, and knows also the mass of ingrained prejudice and conventional timidity that must be assailed and modified before results of real moment can be achieved. All that can be accomplished under the present outlook is the encouragement of the pioneers who are willing to lead the way toward a broader understanding and a united effort against the most insidious and dangerous menace of modern society."



In speaking on the second reading of the Venereal Disease Bill in the British House of Commons, Captain Frederick Guest said:

"Captain Frederick Guest expressed a fear that the machinery of the free treatment scheme would be too slow adequately to tackle the disease for the purposes of the war. In his opinion, there were only two ways in which good could be done. The first was to remove the temptation from the soldier and the second to subject the civil population to compulsory treatment and detention until cured. It had been stated that the percentage of the disease in the army was 43 per 1,000. Reckoning such an army as we might be imagined to have had last year, Captain Guest said this percentage showed something like 107,000 cases. Those seemed to him very serious figures when we were hunting to get recruits in hundreds. These were the War Office figures, and he did not know whether they covered all the cases that had occurred in France as well as in England. He had certain figures which made him rather suspicious. His own figures were open to challenge. He submitted them for the purpose. During two and a half or two and three-quarter years there had been admitted into the hospitals of England over 70,000 cases of gonorrhoea, over 21,000 cases of syphilis and over 6,000 cases of soft chanere. What the figures were in France we did not know, as they were wisely kept wrapped up. But he did know of a British hospital in France instituted to deal with such cases where accommodation for 500 or 600 had been expanded to accommodate 2,000, and it was continually full. He would be delighted if the Government could inform him that he was wrong in saying that during this war between 40,000 and 50,000 cases had passed through our hospitals in France. Some of these cases reappeared as admissions to England, but he believed not many. Coming to the figures for gonorrhoea, Captain Guest said the figures given him suggested that the number was between 150,000 and 200,000 cases, and that few of them reappeared in England. Passing down to the sectional considerations, Captain Guest said, as to the Canadians, that in one camp during sixteen months there were 7,000 cases."

Sir Hamar Greenwood and others supported the Bill, when the second reading was declared carried without a division.

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#### THE TREATMENT OF SYPHILIS.

As the subject of venereal diseases are acutely before the medical professional at present, it may be well to give the conclusions arrived at by Drs. B. A. Thomas and C. H. J. Barnett in their article in *The New York Medical Journal* for 12th May:

1. The treatment of syphilis, notwithstanding the promise of sal-



varsan and its substitutes, judged from the excellent serological results, extending in many instances over several years, remains, in a sense, empirical.

2. The ultimate proof of cure does not rest necessarily upon continuously negative Wassermann reactions for one, two, three, five, ten, twenty, or even forty years, but rather upon complete freedom from symptoms for a generation or more.

3. The Wassermann reaction furnishes the best control of treatment and is the most reliable index of cure subsequent to proper treatment.

4. The sheet anchor in the treatment of syphilis is no longer mercury, but salvarsan, neosalvarsan, or one of their substitutes. It is of paramount importance, however, that the injections of arsenobenzol in the beginning be administered as early as possible and intensively in full doses commensurate with the physiological tolerance of the patient, not scattered indefinitely over months, interspersed here and there with a Wassermann test. In view of the possibility of immediate cure by this drug properly administered in the primary if not the secondary and latent stages of the disease, the treatment of syphilis, particularly in the chancre period, prior to the advent of a positive Wassermann, becomes an emergency operation, in many instances no less imperative than the administration of antitoxin in diphtheria. Our experience dictates, as a reliable routine, two injections of salvarsan in the early chancre stage; at least three injections in the late primary and throughout the secondary or latent stage of the disease, and during the tertiary and hereditary forms of syphilis not fewer than four to six injections, supplemented by mercury and the iodides. If, after such treatment, the Wassermann still appears positive, a second series of injections should be administered.

5. Serologically judged on a three month to a five year duration, syphilis, in the chancre stage, if diagnosed early, either clinically or if necessary by either the dark field microscope or the Wassermann reaction, may be cured by two injections of salvarsan or neosalvarsan; indeed, if the diagnosis is made, particularly before the advent of a positive Wassermann, one dose of either of these drugs may be sufficient.

6. Secondary syphilis seems to do just as well without as with mercury, provided enough salvarsan or neosalvarsan is given to produce a negative Wassermann.

7. The serological results in tertiary syphilis treated intensively with salvarsan and its substitutes are not so brilliant as those of the secondary period.

8. The French preparation of arsenobenzol and the Canadian diar-



senol art excellent products and may be just as efficient as salvarsan and neosalvarsan, but on account of their greater tendency to toxic phenomena are not destined to supersede the original German products. Likewise arsenobenzol, owing to its lesser potency in the reduction of the Wassermann reaction, must be regarded as inferior to the German products.

9. The arylarsonate "soamin" and sodium cacodylate, both clinically and serologically, have no place in the effective treatment of syphilis.

10. Sociologically, in view of the fact that less than twelve per cent. of our hospital syphilitics return for treatment until discharged cured, a problem is presented which urgently demands the co-operation of our civil authorities and health boards for the necessary control and treatment of this disease, not, however, to be realized until all hospitals receiving State aid are compelled to maintain evening dispensaries with paid attendants for the proper treatment and admission, when necessary, of venereal patients.

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#### INTRAVENOUS TREATMENT.

Once upon a time the only treatment was by the mouth. There came a time, well within the memory of many now living, when the hypodermic method of administering drugs was brought forward. It marked a distinct advance. Now, much is said about the intravenous method. This bids fair to marked a great advance in medicine.

Already a number of drugs and combinations of drugs are given by this route. Various arsenical preparations have proven, when given intravenously, to possess great power to control the ravages of syphilis. Some antiseptic solutions are employed in this way to control certain infections in the body, notably meningitis. Anæsthesia can be induced in this way by the combination of an anæsthetic with normal saline. Antimony is now used in this way for the cure of malaria; and great hopes are being entertained the trypanosome will yield to some drug entered by this route.

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#### YPERMAN, THE FLEMISH SURGEON.

Somewhere about 1280 there was born at Ypres one who was destined to become a noted surgeon. As far as can be determined he died about 1329. Yperman, for this was his name, was granted money from the town to enable him to go to Paris and study under Lanfranchi.

He wrote a work on surgery, only known in manuscript, in which are laid down very exact descriptions of how to proceed in operations, and a careful account of the instruments to be used. Nearly this was



reduced from his own experience. He advised pressure, heat, and cold for bleeding wounds, and these failing, torsion or ligation of the vessels.

He held the wounds of the small intestines were mortal, but a person might recover from wounds of the large bowel. These he said might be sutured. It was his practice to leave the sutures hanging out and the wound open till the sutures came away. If bowel protruded through the opening it should at once be reduced.

He also gave a good description of necrosis of bones, and the treatment of the sinuses that are caused in this way. For hernia of the brain he recommended reduction, and the protection of the opening by a thin plate of wood or lead.

He was familiar with trephining, and for the operation preferred the gauge, but also used the chisel and mallet. So Yperman may be ranked with the great men that have made medicine and surgery what they are to-day.

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#### SIGNIFICANCE OF THE STATISTICS.

The fact that the 30,000 blind represented in the returns of the United States had on the average been blind for 16 years makes plain the gravity of this misfortune. Although the risk of blindness in infancy, childhood, or youth is relatively small, yet, as shown by these figures, the complete elimination of that risk would reduce the blind population by nearly one-third. Similarly, the elimination of the risk of blindness during the early or middle years of adult life would reduce the blind population by nearly one-half, while the elimination of the high risk in old age would cause a reduction of only one-fifth in the number of existing cases. Of course, the earlier the age at which the sight is lost, the greater the magnitude of the misfortune; loss of sight in infancy means a life of blindness, while loss of sight in old age ordinarily means only a few years of that affliction. For this reason the increase in individual happiness and the benefits to society in general that would accrue from a successful campaign against blindness in early life would obviously be vastly greater than would result from a corresponding reduction in the blindness occurring in old age. In this connection it is significant that since 1880 there has been a distinct decrease in the proportion of blind who lost their sight in infancy. In 1880 persons who became blind before completing their first year of life formed 15.3 per cent. of the total reporting, as compared with only 11.6 per cent. in 1910. This decrease is explained largely by the great progress made toward preventing blindness among newborn infants through the use of the Credé method of prophylaxis for ophthalmia neonatorum, which was discovered in 1884.



## ORIGINAL CONTRIBUTIONS

## THE PRESIDENT'S ADDRESS.

Ontario Medical Association, 30th May, 1917, By A. Dalton Smith, M.D.,  
Mitchell, Ont.

**M**R. VICE-PRESIDENT, ladies and gentlemen of the Ontario Medical Association,—I should like to avail myself of this the first opportunity which has offered to thank you for the great, and so far as I know the entirely undeserved honor which you did me a year ago in electing me to the presidency of this association, representing as it does the medical profession in the large and important Province of Ontario. And though deeply sensible of the personal honor, I am still very far from appropriating it in the personal sense. I take it that you wished to recognize and to honor the claims of the members of this association residing in the western part of this Province; and on behalf of my confreres of Western Ontario and especially of the Huron District, I desire to thank you for your recognition and for your courtesy.

It is perhaps fortunate that the constitution of this Association rather definitely prescribes what shall be the scope and general character of the president's annual message. I shall therefore follow the example set by a large number of my respected predecessors in this office, and confine my brief remarks to some matters of general interest at this important time in the history of the world and in the history of the great empire to which we belong, and also to a few questions of especial interest to the members of our profession in this province at the present time.

We are meeting now and for the third time under the awful shadow of the greatest war in all the world's long history. Greatest in the number and importance of the nations involved. Greatest in the vast number of men engaged in actual conflict. Greatest and most terrible because of the perfected engines of war, which modern science has produced. And greatest because of the important issues which we believe to be at stake, and which threaten not only our national existence, but also the existence of those personal and political liberties which our forefathers through long centuries have bravely fought for and as bravely died to obtain.

I recall the forceful words of my predecessor who a year ago told us that, "Our Empire and her Allies were engaged in a death struggle to uphold the cause of freedom and justice against a military despotism which under the guise of Kultur is seeking world power with the ethics and by the methods of the barbarian," these words entirely true when



spoken have had their truth emphasized and confirmed through the days of another long and fateful year. It has been many times said during the past three years that the Teutonic mind was entirely incapable of understanding the Anglo-Saxon mind or the Anglo-Saxon point of view. It is perhaps equally true that we Anglo-Saxons have not for at least a long series of years, properly comprehended the Teutonic point of view, as witness our vast and incomprehensible lack of preparation for a conflict which we can now see was being with wonderful thoroughness prepared for by our enemies. To take an illustration with which we are somewhat familiar and which serves to explain the awful horrors and barbarities of the present conflict. British and American physicians and surgeons who have visited the clinics of Berlin and Vienna during the passed twenty-five or thirty years were frequently amazed and shocked by the inhumane and oftentimes cruel treatment meted out to the poor patients in these large clinics. They were in many cases not a little ashamed to view and profit by methods of treatment which would not for one hour be tolerated in the clinics of London, New York or Toronto. We now recognize that this was but the logical result of a philosophical teaching which places the interests of the State above every consideration of humanity or morality, and which, in the same way, places the interests of science, which contributes to the power of the State, also above every consideration of humanity or morality. The rights of the individual unit disappear in the larger rights and interests of the State. This is not liberty as we have learned to know and to love liberty. God help us who own British allegiance, in the future as in the past, to fight strongly, to endure much, to sacrifice much, in order that our long cherished ideals of humanity, of liberty, and of personal and national morality may not perish from the earth.

What of our own profession in this great conflict? Those in best position to know tell us that when the history of the war is written, one of the brightest pages will be that which records the splendid work of the medical and surgical services. Taking the new recruit from the moment of his enlistment searching out, and if possible remedying his weak spots; with vaccination and inoculation protecting him against those infections which have ever been the bane of military camps, placing him amid sanitary surroundings; finally going with him to the trenches in the firing line, and in many cases searching him out amid the shell holes and mine craters of No Man's Land in order to succor and comfort him; the record of the medical services is one of which we may well be proud. The same self-sacrifice and courage, which enables a practitioner in a country district to brave the darkness and loneliness of night, in the face of biting cold and driving storm, over miles of untracked road, at the



call of duty, is not likely to desert him amid the dangers and emergencies of the battle line.

We would not pass from this subject without a warm tribute to the fine courage unselfish devotion, and efficient service rendered by our Sisters of the nursing profession, without whose faithful and efficient help the work of the medical and surgical services could not have been done. The nursing profession has indeed gone far since, amid the pestilent hospitals and fever haunted camps of the Crimea, the devoted Florence Nightingale blazed the road and pointed the way for the nursing sisterhood for all the years that follow.

On the purely technical or scientific side, the response to the great emergency has been in every way creditable and in some respects revolutionary in character: the outstanding fact being the great triumph of preventive medicine.

Typhoid infection which in some previous wars had been responsible for a mortality greater than that from the bullets of the enemy has been so controlled as to become a practically negligible quantity, and this too in face of local conditions of the most unfavorable kind. Tetanus, greatly dreaded, especially on the western war front on account of the unfavorable soil conditions due to intensive cultivation has been in large measure eliminated as a result of the routine employment of the prophylactic serum. I need not weary you with further reference to matters with which you are all familiar and I mention them only because of their large importance during the year that is past. So too the available facts in the purely surgical records of the war shows, as was expected, an improved technique in the management and drainage of septic wounds making possible a conservative surgery which has resulted in a large saving of human life and avoidance of mutilation quite impossible under older methods and in itself constituting a bright epoch in surgical history.

While our attention has been focused, on the immediate events of the war, we must not forget the many pressing problems which are crowding upon us as a result of the same. The problem of the returned soldier, and his relation to society, considered both from the moral and industrial point of view. The problem of the disabled soldier, and the duty of the state to aid him in his effort to return to a civil occupation which shall make him a useful member of society. The care and education of the blind. The question of pensions. These are a few among the many pressing questions of the present hour in which medical men are specially interested. This is neither the time nor the place to discuss any of these matters in detail. Canada, her population and resources considered has played a brilliant part in this great world conflict, and



her people will surely demand the most generous and efficient treatment of the men who have so well represented her. The men chosen for the various commissions, necessary in dealing with the different phases of this important situation should surely be chosen because of their judicial qualifications, and eminent fitness for this work and not as a reward for purely political services. We venture to express the hope, that, whichever of the great political parties may chance to be in power, the problems of the returned soldier may be placed on a higher level than that of mere party politics. In view of the splendid response which has been made to the empire's call by the very flower of the young manhood of this Dominion, and this without reference to race, or creed, or political affiliation. It would, forever, be a blot on the name of Canada, if any man who had served his country faithfully and well were to be humiliated by the fact that it was necessary to pull a party string, or to invoke a partizan influence, to get those things to which the quality of his service entitles him.

We bow with profound respect and reverence at thought of those members of this association and of our profession in this Province and Dominion who have nobly gone forth to serve and who will not return. We respectfully tender an expression of our deep sympathy with those members of our profession who have been bereaved by the death of their sons, their daughters perchance, or of other near friends. They have the mournful satisfaction of knowing that these lives have been sacrificed in a crusade as holy as the world has seen, and can echo the words of the Roman Horatius:

"For how can man die better  
Than in facing fearful odds  
For the ashes of his father  
And the temple of his Gods."

Coming to matters of more immediate interest to the profession in this Province. For many years it has been recognized by thoughtful men that an improved organization of the medical men in the Province and in the Dominion was a matter of the greatest importance. It is true that we have had a national association, The Canadian Medical Association. Provincial associations in the provinces and local associations in the cities, larger towns, and in many of the counties; all of these purely voluntary associations of medical men, anxious to promote the general interests of the profession and to profit by the scientific and social features of the meetings. These societies have filled a very valuable place in the professional life of this country. But there were many grave defects in this form of organization. These societies were isolated and had



no real organic connection with each other, and embraced in their membership a minority of the members of the medical profession. It is also true that we have had in this Province, the Ontario Medical Council, an elected and representative body, created by statutes, whose services have been of the greatest possible value, but whose activities have been largely confined to matters of education and discipline, and which, from the very nature of its composition was not competent to speak with final authority upon those larger questions of professional and social interest, in which members of the profession of medicine are so largely interested. The first definite step in this direction was taken by the Canadian Medical Association, when, in 1907, at their meeting in Montreal, a new constitution and by-laws was adopted, in which it was provided, that any provincial association could, by resolution of such association, become affiliated with, and thereby become a branch of the Canadian Medical Association. The Ontario Association has been rather slow to take full advantage of this offer, and it is only during the past year, that, through the activity of the committee on by-laws, and especially of a small sub-committee, to whom the profession in this Province are greatly indebted, that a new constitution and by-laws are now ready for adoption. In addition to providing a new constitution and by-laws for this Ontario association, a suggested constitution and by-laws has been prepared for adoption by the city, county and district associations in the Province, thus providing for a uniform organization of the local societies, each of which may, by resolution of its members become affiliated branches of the Ontario Medical Association.

Time will not permit me to review all the various features of the new constitution, but I wish to draw special attention to the most important committee provided for. This is called the Committee on General Purposes. The vice-president of the Ontario Association is by virtue of his office chairman of this committee; whose members are elected by the local affiliated societies, each society having the power to elect one representative for every fifty or part of fifty members. This committee on general purposes has power to supervise the work of the other committees of the association, and in a general way has power to initiate or direct the activities of the association. In this manner the work of the provincial association becomes directly representative of the medical profession throughout the length and breadth of the Province. It is hoped that the new organization will include in its membership every reputable member of our profession in the province. It is also hoped that without unduly taxing even the poorest member of the profession, funds sufficient will be provided to pay the salary of a permanent all-time secretary, who in addition to his duties as secretary, shall be prim-



arily responsible for perfecting and making effective the proposed organization.

I have referred at some length to this matter, for the purpose of strongly urging the formation of a local society affiliated with the Provincial Association in every county or district in the Province, and for the purpose also of strongly urging upon every medical man in this Province, and especially of the members of the profession in the smaller villages, and country districts an active interest in, and attendance on the meetings of the local societies. The local societies are the essential foundation stones upon which the larger organizations are built and are therefore vital to the whole scheme.

We are sometimes told by physicians as a reason for non-attendance at medical meetings, that they are too busy to go from home, or that an important case has claimed their attention; but these excuses are sometimes entirely valid, and yet it is a matter of constant observation that it is the really busy, and influential, and interested men who continually find time to attend the meetings of the local and other medical associations. I can think of no greater honor than for a medical man to be elected by his fellow practitioners as a member of the Committee of General Purposes of the Ontario Medical Association.

It is only by a perfected organization that we can hope to exercise that influence in matters coming within the legitimate sphere of our work, which we as physicians and enlightened citizens, are entitled to exercise.

If a better organization has been needed in the past, much more is it needed at the present time; we are living in very important days, no great upheaval like the present war can possibly leave the world as it found it; eyes are opened, forces are unchained, which are bound to change the face of the future. If the signs fail not we are now standing upon the very threshold of a great democratic and socialistic movement, world wide in its sweep and which may shake the very foundations of our present social and industrial structure. Physicians, from the very nature of their touch with the great masses of men, must regard such a movement with sympathy and with a desire to help. Great wisdom and restraint may be needed if such a movement is to prove an unmixed blessing. Under such circumstances, I know of no class of men capable of exercising a more salutary influence than are the general practitioners of medicine in this or any other country. In the homes of the people, in their hours of greatest domestic felicity and exaltation, with them also in the time of greatest domestic grief and bereavement, they easily pass into a special class of trusted friends, and advisers the power of whose influence, no man may measure. Let us see to it that our influ-



ence is exerted to the full on the side of moderation, and of social and industrial sanity, believing, as I think we all do, that a progressive and beneficent social and industrial evolution, is safer and better than a drastic and revolutionary change with its uncertain future and its unheralded dangers.

Quite along the line of this thought I should like to congratulate the committee of this association on the Workman's Compensation Act which under very able leadership has aided in securing amendments to this act which greatly enhances its efficiency, and at the same time secures, to some extent, the legitimate interest of the physician or surgeon.

We as physicians are deeply interested in this kind of legislation, because it has to do, not only with industrial accident or illness, but with the whole environment of the industrial worker, on which so largely depends his general physical fitness and efficiency. It is an interesting phase of the age long struggle between capital and labor, between employer and employee. Begun under socialistic influences as a measure solely in the interests and for protection of the workman, it is increasingly being recognized, as also in the interest of the employer, in securing better and more continuous service, and increased industrial efficiency. We are likely in the near future to see a more extended application of the principle of compensation, practically to cover all forms of employment.

We are still awaiting with much interest, the report of the Royal Commission on medical education in this Province. A number of sessions of the commission have been held during the past year, at which the representatives of the various medical bodies, have ably outlined our attitude on this most important question. We have endeavored to make it plain to the commission, that the regular profession of medicine, does not in any way desire to dictate or control to form of treatment which shall be used for the cure of disease; but, we do most earnestly ask that a high and uniform standard of general and technical education shall be demanded of all those who undertake the diagnosis of disease, and the treatment of those who are sick.

I desire, with some reluctance, to speak of a question, to which, during the past few months, attention, from many quarters has been directed, viz., to the undesirable moral surroundings in which our soldiers on duty in Britain and France have been placed, and to the consequent increased incidence of certain types of disease. Only an acute sense of public duty compels a reference to this matter which has been the subject of warm debate in the British House of Commons, as well as of correspondence in leading British newspapers. We sincerely hope that the picture has been too highly colored. Speaking on behalf of the



medical men of this Province, I venture to draw attention to the serious responsibility resting on the Canadian Government and on the Canadian Army Medical Department acting under the Government, to assure the people of this country that no soldier, of whatever rank, shall be discharged from military supervision and control, while suffering from any form of infectious disease, and more especially of those types of disease which in their final results, entail a moral disaster, and a physical degeneracy, even to the third and fourth generation. During the past few weeks important action has been taken by some of the leading medical societies of Great Britain in regard to this matter, and I am strongly convinced that definite action by this and other medical associations in Canada would greatly strengthen the hands of the Government and the Military Medical Department in dealing efficiently with this difficult and important question. In referring to this subject I desire to make it plain that I cast no reflection on the splendid body of men, who with infinite credit to themselves and great honor to Canada are representing this country on the battle fields of Europe.

May I be permitted to say, to our visitors and guests and especially to those who come from the great American Republic, how cordially we welcome you to our 37th annual meeting and how greatly we value the good will which has prompted you by your presence here, to add so much to the value and interest of our programme. The unbroken friendship between our respective countries, with thousands of miles of international boundary unmarked by forts and unvouched by great standing armies has for more than a century of years been to all the world a great object lesson in good will and international decency. It has also been a splendid demonstration of an ideal world possibility towards which we look with longing eyes. The vision grows brighter as we realize that we are now brothers in arms, and allies in the great fight for world wide liberty and democracy.

I cannot close this brief address without an expression of my personal thanks to the officers of this association, the chairman and secretaries of the different sections and the members of the various committees who often I know, at much personal sacrifice, have worked so hard and so unselfishly to complete the preparations for this meeting. Those of us who come from distant parts of the province, are glad to again testify to the uniform kindness and courtesy as well as to the generous hospitality, which has always been extended to us by our professional friends as well as by the citizens of this beautiful city of Toronto.

In conclusion allow me to express the hope that when next we meet tht thunders and the horrors of war may have passed, That the splendid energies which are now devoted to war may then be directed to the



work of reconstruction and to rebuilding the ruin which has been wrought. That the hearts of men chastened by sorrow and refined by physical suffering may realize, as never before, the larger and better things of life. That the day of true and unselfish democracy may dawn in which the privileges of the few shall disappear in the larger liberty and greater opportunity of the many. Surely then we may with Britain's best loved Laureate, anticipate a golden era in the history of the nations.

“When the war drum throbs no longer  
 And the battle flags are furled  
 In the parliament of men  
 The federation of the world.  
 There the better sense of most  
 Shall hold a restless realm in awe,  
 And the kindly earth shall slumber  
 Lapt in universal law.

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#### NON PENETRATING ABDOMINAL INJURIES.

BY REGINALD BELT, M.D., OSHAWA.

**T**HERE is no more trying experience to a medical man than to be brought face to face with a serious case of abdominal injury where the symptoms are not at all proportionate to the dangers that are to be apprehended.

If operation is necessary it should be performed at once to be successful. A delay of a few hours may make our efforts futile, and even if life is saved thereby irreparable damage may have been caused by the delay.

In pathological conditions we have no such time limit. The case can be diagnosed and differentiated on most instances at our leisure. Tests of various kinds can be employed. Medicines of known action can be used and if relief is not given the consent of the patient and friends is more easily obtained for operation, and a more thorough preparation can be given for it.

The inducement for the administration of an opiate are very strong. The sufferings of the patient; pain may be of great severity. Possibly there is vomiting and peristalsis which should be controlled. The distress of the family and the intermission it gives to the medical attendant to look after other perhaps pressing matters often weigh unduly and



the medical press is fully of case reports where the administration of narcotics has been followed by post mortem findings which show the disastrous results of such a course.

A writer in an old number of the *Therapeutic Gazette* (Jan., 1895) on "The Therapy of Severe Abdominal Contusions" gives a long list of traumatic conditions of the abdomen in a very able article. He commences as follows: "In the light of modern progress where surgery has so far invaded the regions of the abdomen it may be timely to determine how far the new regime has advanced or improved the treatment of serious abdominal contusions."

And although the majority of the authorities he quotes seemed to favor early interference if at all indicated. Yet he states that it is his custom to give morphine or opium to relieve suffering but adds that it is well known that pain is a great antidote to opium and if it is pushed a dangerous narcosis may result. Such unfortunately has been the fate of a large proportion of the cases.

Protracted manipulation the persevere application of certain scientific tests as aids to diagnosis often adds to the patient's suffering and may be prolific sources of serious changes. No one will gainsay the importance of precise determination of the seat of trouble. But to place our patient's life in danger simply to gratify curiosity or to definitely establish certain unimportant details in diagnosis is inhuman and most reprehensible.

By inspection we may note abdominal retraction or distention. The former is often met with in intestinal colic and after perforation. Distention and tympanites are late symptoms which point to peritonitis which we wish to anticipate. They may be caused by intestinal dilation but may be due to free gas after perforation. Peritoneal exudate may be in part responsible for a considerable degree of distension. Respiratory movements may be entirely suppressed over the whole or a limited portion of the abdomen. Paresis tends to delay diagnosis, if present. Visible peristalsis, if in the small intestine is situated centrally and has a step ladder appearance it is generally associated with obstruction at or above the caecum.

Palpation with the warm hand laid gently and quite flat on abdominal wall may convey considerable information as to rigidity, tenderness, and relative inequalities. Auscultation and gentle percussion may elucidate matters. But the findings are often disappointing, and meagre. The pulse is given first place by many as conveying information as to the seriousness of the condition. A rising pulse rate is to be watched with



the greatest anxiety. Hourly or even half hourly records should be taken.

A very severe blow is regarded as sufficient cause for interference. A kick from a horse should generally require operation without positive evidence of visceral lesions.

Shock is present to some extent in all cases but its degree must not be taken as a true criterion of the extent of the injury. The face is often palled and the expression anxious. Respirations jerky and rapid. The pulse feeble and cold sweats may be present. Vomiting generally occurs at the time of the accident, but is due to reflex action or pressure.

Gently passing a catheter may clear up any doubts as to vesicle injury, and is a wise precaution in most cases. If without adding unduly to the shock or traumatism the patient can be conveyed to some well ordered hospital. The chances will be much more in his favor. The case can be watched with intelligence and everything is convenient in case of emergency. Frequent reports can be obtained as to the progress of the symptoms. Proper treatments can be given and preparations can be carried out at the same time for operation if thought advisable.

The patient is put to bed with as little disturbance as possible. Rest is all important, warmth is the best restorative. Saline for subcutaneous infusion should be at hand. But neither morphine or strychnine should be given, but rather adrenalin or Philbrary Textract. Nothing must be given by mouth.

If after a short time spent in close observation there is no amelioration of the symptoms we should not allow the favorable time for surgical interference to slip by, or as it is put by Dr. A. Rennie Short "He who (doctor) hesitates is lost." The sound rule is to advise immediate operation in all cases of acute abdominal pain affecting the patient's pulse and general condition unless caused by an acute illness. The dangers of exploration are small; the dangers of neglecting an abdominal perforation are immense. It may be humiliating to explore and find nothing, but it is absolutely disastrous to delay exploration until it is too late, and the second mistake is commoner than the first."

I have notes of fourteen cases during the last twenty-five years. The traumatic causes were various. One internal perforation from lifting a heavy weight, verified by post mortem. Five resulted from kicks from a horse, only one recovered. Three resulted from being run over, one recovery. Two were crushed in freight jam, both fatal. One from internal hæmorrhage. Two were struck by board thrown from saw in mill. One recovering. Operation was performed on four cases with three recoveries. Operation refused in five cases. All fatal and post



mortem findings allowed in only two which operation might have saved.

The following case has been under my care lately and presents several features that are unusual. Especially his ability to walk so far while in such a condition.

I.W.B., a carpenter, aged 40, was working on a shaper in an auto factory when a motor door frame he was shaping caught in the knives of the machine which makes 6,000 revolutions per minute and was thrown with great violence striking him on the abdomen knocking him several feet over onto the floor. He was picked up, and though suffering considerably he refused assistance and was able to walk to his home, a distance of half a mile. When I saw him shortly after he was lying on a lounge feeling pretty sore and weak from the shock, yet there were no well marked symptoms of any grave internal injuries. Pulse 68. Respiration and temperature normal. After enjoying complete rest and abstinence from food and applying local applications to relieve the soreness, I left to call later. In an hour's time thinking an action of the bowels would give him relief, and in spite of the warnings, he got up and went to stool. He was there taken with several cramps and agonizing pain. On being hastily summoned I recognized the seriousness of his condition and had him carefully conveyed to the Oshawa Hospital without delay, where he arrived some three hours after the accident. There was then considerable rigidity especially over the left rectus muscle, no distension or nausea. Immediate operation was advised and while getting the consent of himself and family, one quarter of a grain of morphine was given hypodermically. This relieved him to such an extent that he was not willing at the time for operation. He was placed in a Semi Fowl position. Turpentine stoupes applied and pituitrin 1 cc. given. Pulse was then at 6 p.m. 68, temperature 97 deg. Respiration 22. He passed the night in a fairly comfortable condition. Hourly reports showed the pulse to have gone up to 90 falling to 70 at 8 a.m., temperature 99 deg. at which time the pain became violent again. Very little change was noted at this time. Rigidity not so marked, no distension or nausea, slight peristalsis noted over central area, a little more dulness in flanks, no distension. Morphine was repeated while preparations were made for operation. This had the same effect as before, patient being fairly comfortable till noon and postponing operation. By one p.m. the pain had returned and seeing the futility of repeating the opiate it was refused and operation urged.

The patient's suffering wrung his unwilling consent and he was prepared for operation, twenty-four hours after accident. I made an incision over inner boarder of left rectus where rigidity was most prominent and found considerable blood effused in sheath of the muscle, and



oozing from a torn vein which was ligated. The muscle being very dark from the bruise. On opening the abdominal cavity the escape of air, bubbles and serum pointed to a rupture in the intestinal tract. Coil after coil of the intestines were very intensely congested and covered with plastic lymph. Considerable fecal matter was encountered, and infamatory exudate, and was mopped out. On going deeper I found a tear in the ileum about one inch in extent, from which fecal matter was escaping. This was repaired and being very friable three rows of suture were put in. After doing the peritoneal toilet as rapidly as possible. The abdomen was closed with several cigarette drains. Patient returned to bed in fair condition. Fowler's position, proctolysis with free drainage, and good nursing for which our hospital is famous, did much as life-savers in this case.

The convalescence was steady though protracted. A small slough from the torn left rectus delayed matters. He is now fully recovered and at work again two months after the accident.

Oshawa, April 27, 1917.

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#### THE NEUTRALIZATION OF POISONS BY VARIOUS ORGANS.

Certain trends of conceptions of the nature of immunity furnish some foundation for the hypothesis that every organ in the body, every tissue, and indeed every cell possesses a certain amount of ability to deal with poisons by means of chemical receptors which unite with the toxophore groups.

This topic has been experimentally taken up by W. N. Worontsoff (*Roussky Vratch*). The author isolated the liver, spleen, kidneys, and muscle organs Ringer-Locke's solution containing alcohol, muscarine, and ricin. He found that the kidney absorbed a certain amount of alcohol, but less than the liver and muscles. Thus, the liver neutralized 46.1 to 49.9 per cent. of alcohol, the muscles 33.9 to 38.4 per cent., and the kidneys only 18.4 to 25.9 per cent. Experiments with ricin showed that the kidneys not only failed to neutralize the toxicity of that substance, but actually increased it 27.7 to 36.8 per cent. Identical results were obtained when the poison was passed through muscles. On the other hand the liver neutralized the toxicity from 32.7 to 122 per cent. When muscarine was passed through the spleen, no loss in toxicity was observed nor was there any detoxication found when the substance was passed through the muscles. On the other hand, the liver destroyed from 16.4 to 150 per cent. of the poison. Similar results were obtained with ricin, neither the spleen nor the muscles showing any detoxicating effect.

These experiments, performed as they were on organs devoid of blood, afford some valuable light on the general problems of chemical detoxication.—*New York Medical Journal*.



## CURRENT MEDICAL LITERATURE

## BIRTH AND INFANT-MORTALITY RATES IN FOREIGN COUNTRIES.

The table given below presents a comparison of the birth and infant-mortality rates for the registration area of the United States with those for foreign countries. The figures for the registration area of the United States relate to 1915, since that is the only year for which such statistics are available; but those for the foreign countries—taken from the annual report of the Registrar-General of England and Wales, 1914—refer in each case to the last calendar year which terminated prior to the outbreak of the European war and for which data as to both classes of rates are available. The birth rates represent the number of infants born alive per 1,000 of population, and the infant-mortality rates represent the number of deaths of infants under 1 year of age per 1,000 born alive.

| Country.  | Birth rate. | Infant-mortality rate. |
|---|-------------|------------------------|
| U. S. (registration area only: 1915) .....  | 24.9        | 100                    |
| England and Wales (1913) .....  | 24.1        | 108                    |
| France (1912) .....   | 19.1        | 78                     |
| German Empire (1912) .....  | 28.3        | 147                    |
| Austria (1912) .....  | 31.3        | 180                    |
| Russia in Europe (excluding Finland and the provinces of the Vistula and of the Caucasus: 1909) | 44.0        | 248                    |
| Italy (1913) .....  | 31.7        | 137                    |
| Spain (1913) .....  | 30.4        | ...                    |
| Norway (1913) .....   | 25.3        | 65                     |
| Sweden (1912) .....   | 23.8        | 65                     |
| Denmark (1913) .....  | 25.6        | 94                     |
| Belgium (1912) .....  | 22.6        | 120                    |
| Holland (1913) .....  | 28.1        | 91                     |
| Switzerland (1913) .....  | 23.1        | 96                     |
| Japan (1911) .....  | 34.1        | 157                    |
| Australia (1913) .....  | 28.3        | 72                     |



## TARTAR EMETIC IN PROTOZOAL DISEASES.

Aldo Castellani (*Brit. Med. Jour.*, October 21, 1916) states that tartar emetic is most efficacious in yaws, but its action is not very rapid and prolonged treatment is necessary. An easy method of administration is therefore requisite and the oral route has been adopted by Castellani, who uses the following formula:

|   |               |
|---|---------------|
| ℞ Antimonii et potassii tartratis ..... | 0.065;        |
| Sodii salicylatis .....                 | 0.6;          |
| Sodii bicarbonatis .....                | 1.0;          |
| Potassii iodidi .....                   | 4.0;          |
| Glycerini .....                         | 8.0;          |
| Aquæ .....                              | q. s. ad 30.0 |

The foregoing is a single dose which should be given diluted with about four times as much water and administered three times daily. In children of eight to fourteen years half the dose, and in younger children one third the dose is given. Tartar emetic and potassium iodide are the active drugs; the sodium salicylate seems to hasten the disappearance of the yellow crusts; the sodium bicarbonate decreases the emetic action and to a certain degree prevents iodism; and the glycerin serves to maintain a clear solution. Tartar emetic is also very effective in kala azar and may be given either intravenously, intramuscularly or orally. For intravenous injection a sterile one per cent. solution in normal saline may be used in doses of two to ten mils daily for ten days and later every other day or twice weekly. The following is also a most useful formula for intravenous use in doses of half to two mils, diluted at the time of injection to five mils with normal saline:

|                              |        |
|------------------------------|--------|
| Tartar emetic .....          | 4.0;   |
| Phenol (two per cent.) ..... | 100.0. |

For intramuscular injection two formulas have proved satisfactory; the first is slightly acid, the second slightly alkaline, and the dose of either is half to one mil on alternate days injected into the gluteal muscles.

1.

|   |                |
|---|----------------|
| ℞ Antimonii et potassii tartratis ..... | 0.5;           |
| Phenolis .....                          | 0.0;           |
| Glycerini .....                         | 12.0;          |
| Aquæ destillatæ .....                   | q. s. ad 30.0. |

2. The same as the foregoing with the addition of 0.02 gram of sodium bicarbonate.

For oral administration to children from one to two teaspoonsful of the following may be given three times a day in water:



|   |                 |
|---|-----------------|
| ℞ Antimonii et potassii tartratis . . . . . | 0.32;           |
| Sodii bicarbonatis . . . . .                | 2.00;           |
| Glycerini . . . . .                         | 30.00;          |
| Aquæ chloroform . . . . .                   | 30.00;          |
| Aquæ . . . . .                              | q. s. ad 90.00. |

Twice the dose stated above may be given to adults. Oriental sore, and relapsing fever also respond favorably to tartar emetic, but in the latter condition salvarsan or neosalvarsan is much more effective. If tartar emetic is to be used in relapsing fever it should be given intravenously, either in the one per cent. solution or in the form of the phenol solution mentioned earlier.—*N.Y. Med. Jour.*

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#### THE TREATMENT OF CANCER BY CUPRASE.

SIR,—In your issue of January 13th a corerrespondent records an unfavorable experience on one case.

I wish to record a favorable experience on one case, that of a woman aged 38, with cancer of the uterus. She had been discharged from a hospital as inoperable. The diagnosis is not in doubt. When the patient came under my care first she was painfully emaciated, and suffered from frequent attacks of hectic fever with night sweats, and considerable pain and discharge from the vagina. The slightest examination caused profuse hemorrhage.

I have now given seven injections. Improvement started from the first injection. Only slight pain local to the site of injection occurred, lasting a few hours. The local reaction in the skin was also limited to some redness. The skin generally of her body and face has now a slight coppery tint. All pain has ceased, the discharge is less, hectic fever and night sweats have stopped, appetite has improved, and with it the body weight. In these circumstances I am going to continue the injections. I am, etc., H. Vallance, M.R.C.S., Lewes, Sussex, Jan. 20th.—*British Medical Journal.*

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#### PREPARATION FOR BURNS.

Lieutenant-Colonel Hull, in the article above referred to, describes a preparation, called by him "No. 7 paraffin," which he regards as superior ever to ambrine. This is made after the following formula:



|                          |              |
|--------------------------|--------------|
| Resorcin . . . . .       | 1 per cent.  |
| Eucalyptus oil . . . . . | 2 per cent.  |
| Olive oil . . . . .      | 5 per cent.  |
| Paraffin molle . . . . . | 25 per cent. |
| Paraffin durum . . . . . | 67 per cent. |

<sup>F</sup> Melt the paraffin durum, and add paraffin molle and olive oil. Dissolve the resorcin in absolute alcohol (soluble 2 in 1), add the alcoholic resorcin, and lastly add the eucalyptus oil when the wax has cooled to about 55° C. A smaller amount of resorcin may be used or beta-naphthol, 0.25 per cent., may be substituted for it. The hard paraffin is subjected to a temperature of 130° C. by means of superheated steam, this, the author believes, being the essential process in the manufacture of ambrine.

The burn, after being washed and dried, is covered with a layer of the No. 7 paraffin at a temperature of 50° C. (122° F.) either by a spray or by means of a broad camel-hair brush, over this is placed a thin layer of cotton wool, and a second layer of paraffin is then applied, the dressing being completed by another layer of wool and a bandage. Concerning the results of this treatment, Colonel Hull says they surpass those of ambrine. "Severe burns of the third degree, accompanied by sloughing, and in a very septic condition, have cleaned and taken on healthy repair under this treatment, after a trial of the ambrine treatment. Severe burns of both palmar and dorsal surfaces of the hands, extending to the tendon sheaths, have healed in three weeks without contracting cicatrices. Extensive burns of the flexor surfaces of the limbs, the regions most likely to be altered by contracting cicatrices, have healed without apparent scarring. Burns of the face heal with a new healthy skin without scarring."—*Medical Record*.

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### THE BIOLOGY OF WAR.

Much is said these days about the human and basic necessity for war as an institution. If such an institution be a necessity, however, it must assuredly find its reason in some biological requirement of the human race, and this, it is asserted, does of reality exist. Few scientists have examined into the nature of this necessity and therefore unusual interest attaches to the opinions expressed by Jacques Loeb (*Scientist*, January 26, 1917). Loeb concludes that the views expressed above pertain to a pseudoscience and have no true basis in observed data either experimental or quantitative, and that wars, biologically speaking, are neither justifiable nor desirable.

Loeb states that the war enthusiast's biology is antiquated, in that it



depends on the old literal ideas of the survival of the fittest, and the struggles for existence which Loeb goes on to show are not of universal application and are metaphorical rather than exact. War is especially welcomed by "individuals with a strong homicidal mania, who just manage to suppress their paranoiac tendencies since it removes for them the burden of constant inhibition." And yet human society is dependent for its existence on the very consciousness of that inhibition and "a nation is liable to pay a high price for the privilege of having a semipathological individual at the head of its government."

Loeb takes decided exception to the view that so-called strong or superior races have the right to impress their ideas and type of civilization on other races because of an inherent biological necessity or obligation. No such thing exists. A new type of statesmanship is needed which shall be based on the application to international affairs of the practical and also the theoretical results of exact science, and which shall follow the methods of experimental and quantitative science in its operation.—*New York Medical Journal*.

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#### SIMULATION OF COXALGIA BY INGUINAL ADENITIS.

Savariaud states that any inflammation which extends to the psoas muscle and causes contracture of the tendons can simulate coxalgia. In 1910 Bonvoisin, a student of the author's, wrote his graduation thesis on adenophlegmon of the iliac fossa and its simulation of coxalgia, yet there is no mention of this condition in standard works on orthopedics, under the differential diagnosis of coxalgia. Two illustrative cases are given. A girl of eleven consulted the author for an affection of the right leg with limp, of three months' duration. She was free from pain. The limp is worse when she first begins to walk and improves after walking somewhat. No fatigue pain. There was a voluminous adenopathy in the iliac fossa, painful, with fluctuation. The leg cannot be flexed beyond a right angle, but abduction is free. The condition was a cold abscess pointing below Poupart's ligament inside the crural vessels. The diagnosis lay between a primary adenopathy with extension to the psoas tendons, coxalgia, and Pott's disease. Puncture brought away 50 gms. of grumous pus. Radiograph negative. The child walked well after the puncture. As the abscess healed, however, flexion diminished to 45°. Renewed suspicion of coxalgia. She wore plaster for two months and after its removal showed apparent elongation of 2 cm. (this had been present throughout), atrophy of left buttock, abduction to 65°, flexion to less than 45°. Complete extension is likewise impossible. The case report is incomplete for as yet



the spine and hip have not been absolutely eliminated, but the author feels certain of the absence of all bone and joint mischief the degree of crippling being such as can be explained by implication of the psoas tendons. The glandular swellings have not yet undergone involution. The second case in a child of fourteen years was similar to the first. An iliac adenitis determined the symptoms of psoitis and periarticular contracture simulating coxalgia in the second stage, which was the initial diagnosis. To sum up in a diagnosis of adenitis simulating coxalgia the points to be borne in mind to identify the former are absence of nocturnal pains; lameness improves on walking; no delimitation of movements of abduction and rotation; absence of pressure pain behind hip joint; negative radiographs.—*Medical Record*.

#### TREATMENT OF SCABIES AND OTHER SKIN AFFECTIONS.

H. G. Adamson (*Lancet*, February 10, 1917) recommends the following as a very rapid and effective method of curing scabies. For three successive days a hot bath of half an hour's duration, combined with vigorous scrubbing with green soap, is taken and followed by an inunction by the patient of his whole body with sulphur ointment. After each inunction he puts on an old sleeping suit, gloves, and socks and goes to bed, where he remains until the next bath. Under no circumstances should the treatment be continued beyond the three days, at the end of which time the majority of patients will be cured, though some itching may remain. This is best controlled by sopping the following lotion on the affected parts night and morning:

|                                   |       |
|-----------------------------------|-------|
| ℞ Liquoris picis carbonis (B. P.) | 4.0   |
| Aquæ . . . . .                    | 600.0 |

Papular urticaria is best treated by a lotion of ordinary vinegar, and eczema responds to the avoidance of all baths and the application of the following:

|                             |       |
|-----------------------------|-------|
| ℞ Zinci oxidi . . . . .     | 30.0  |
| Amyli . . . . .             | 30.0  |
| Petrolati q. s. ad. . . . . | 300.0 |

Impetigo contagiosa can be cured promptly if the patient be made to mop off all crusts with cotton and hot water, apply a 1 to 6,000 solution of bichloride of mercury for a few minutes and then follow with an application of the following ointment:

|                                 |      |
|---------------------------------|------|
| ℞ Hydargyri ammoniati . . . . . | 0.6  |
| Petrolati . . . . .             | 30.0 |



## PERSONAL AND NEWS ITEMS

Dr. James Little, who was for many years Regius Professor of Physics in the University of Dublin, died recently at the age of eighty. He was a noted teacher, and for a long period edited the Dublin Quarterly Journal of Medical Sciences, which he changed later on to a monthly under the title of the Dublin Journal of Medical Sciences.

Mr. Richard Barwell died last December at the age of ninety. He became a fellow of the Royal College of Surgeons in 1852, and had been for some years the senior fellow. He wrote excellent works on the Treatment of Club Foot, the Treatment of Lateral Curvature of the Spine, Diseases of the Joints, Aneurism, etc. He was for a time Demonstrator of Anatomy at St. Thomas' Hospital, and later surgeon to Charing Cross Hospital.

The New England war funds are up to date as follows: Belgian, \$808,665; French Wounded, \$226,180; Armenian, \$182,084; Serbian, \$117,745; Permanent Blind, \$111,294; French Orphans, \$100,985; Serbian Hospitals, \$90,607; Surgical Dressings, \$84,877; Boston Ambulance, \$82,983; Italian, \$40,198; Lafayette, \$26,976; Louvain, \$10,017; Serbian Ambulance, \$6,839; St. George's, \$17,283. These amounts coming from only one district of the United States speak of the great generosity of this country as a whole.

The second convocation of the American College of Physicians will take place at the Hotel Nassau, Long Beach, Long Island, on June 9th, 1917. About 90% of all the Fellows who have not entered on duties connected with the war are expected to be present. About fifty physicians of national repute will be admitted to Fellowship.

The British office has instructed recruiting officers all over the country to call up immediately all medical practitioners of military age, namely, under 41 years. The growth of the army, the number of doctors who have been killed or disabled, and the torpedoing of hospital ships have created a real emergency in the medical services.

Dr. Pierre Marie has been appointed to the chair of clinical neurology in the University of Paris in succession to the late Professor Dejerine.

Dr. Abraham Jacobi, emeritus professor of pediatrics at the College of Physicians and Surgeons, Columbia University, celebrated his eighty-seventh birthday on Sunday, May 6th. A dinner was given in his honor at the New York Yacht Club by about twenty of his former assistants at the college.

Students of the University and Bellevue Hospital Medical College



have organized a committee to raise a fund of \$15,000 for purchasing ten ambulances to be sent with American troops for foreign service. Contributions should be sent to Dr. J. Eidelsberg, chairman of the Ambulance Fund Committee, Twenty-sixth Street and First Avenue.

A committee has been appointed in Philadelphia to procure substitutes to take care of the practices of physicians who are called to duty in war service. Dr. W. W. Keen is chairman of the committee, Dr. F. P. Henry is secretary, and Dr. G. A. Knowles, Dr. J. Torrance Rugh, and Dr. G. D. Fussell are members.

Dr. John K. Mitchell, of Philadelphia, son of the late Dr. Weir Mitchell, died on 10th April. He graduated from Harvard in 1880, and from the medical school of the University of Pennsylvania in 1883. He was well known in the United States as a lecturer, teacher, author and clinician. He possessed a charming manner.

The orthopedic surgeons and the representative heads of the several orthopedic hospitals met on March 29 at the Hospital for the Ruptured and Crippled, on the invitation of Dr. Virgil P. Gibney, and effected an organization for the surgical care and treatment of orthopedic patients in the event of hostilities, with Dr. Gibney as president and Dr. George Barrie as secretary.

A meeting of the medical board of the Council of National Defense was held in Washington on Tuesday of this week, in order to discuss the problem of furnishing an adequate number of physicians and surgeons and an adequate supply of medicines and surgical instruments for the army of 1,000,000, which is to be raised the first year of the war and for the 2,000,000 the second year.

The annual meeting of this association will be held in Montreal, June 13th, 14th, and 15th, under the presidency of Dr. A. D. Blackader, of Montreal. Sir Thomas Roddick, of Montreal, is honorary president; Dr. Murray MacLaren, of St. John, is the retiring president. Dr. W. S. Morrow, of Montreal, is vice-president. Other vice-presidents are the presidents of affiliated societies, and the presidents of provincial societies *ex-officio*. Dr. W. W. Francis, who is secretary-treasurer, is in active service in the war zone in Europe, and Dr. J. W. Scane, of Montreal, is acting secretary-treasurer. Dr. D. G. Campbell is local secretary.

Dr. J. J. Dejerine, of Paris, died on 27th February. He was born in 1849 and was educated in Paris. He became a noted neurologist and at the time of his death was professor of nervous diseases. He was an eminent author and investigator.

Dr. Emil Von Behring, of Marburg, died recently. He is known as one of those who took a prominent part in the introduction of antitoxine in the treatment of diphtheria.



The New York State Board of Charities has recommended the registration of all feeble-minded persons, especially children, in the State and the development of public institutions caring for them. The estimated expenditure is \$12,500,000.

According to the latest United States census there were in the country 57,272 blind persons. About thirty per cent. lost their sight under twenty years of age.

The late Mr. James Bulhanan Brady left \$4,000,000 to the New York Hospital to establish a department of neurology, and \$300,000 to Johns Hopkins Hospital for the erection of a memorial neurological institute.

After the conference of the medical board of the Council of National Defense with Colonel T. H. Goodwin, of the Royal Army Medical Corps, in Washington, D.C., on April 29th, it was announced that plans had been made to send one thousand American surgeons to Europe for service with the allied armies. This offer came from the American College of Surgeons. The deans of forty-six medical schools met in conference with the general medical board and agreed to continue instruction without shortening the courses so as to furnish new graduates. Both the schools and the hospitals, however, will cut down in the number of men on the staff as much as possible so as to set them free for service in the army.

The death at the age of seventy-four of Sir William Taylor removes one of the most distinguished of Britain's army medical officers. He served in India, Atlanti, Soudan, Burma, China, and other scenes of army activities. For some years he was director-general of the army medical service.

Major John A. Amyot, well known in Toronto as an authority on sanitary science, and went as a member of the University of Toronto Base Hospital, has been made a Lieut.-Colonel.

Dr. Thomas J. Bourque, of Richibucto, New Brunswick, has made a Canadian Senator.

Dr. W. Harley Smith has been sent to France to do duty in the C.A.M.C. there. He had the rank of major in the Ontario Hospital at Orpington.

Dr. Arthur G. Price has been appointed medical officer of health for Victoria as successor to Dr. G. A. B. Hall who is on active duty overseas.

Dr. Jules Albert Galliot, of Notre Dame de Lourdes, Manitoba, serving in the French Army Medical Corps, has been awarded the Cross of the Legion of Honor.



General J. T. Fotheringham, C.M.G., was in Toronto for a short time when his friend gave him a complimentary dinner at the York Club. He is now hard at work in Ottawa arranging for the care of returned wounded and sick Canadian soldiers.

Dr. Walter McKeown (Lieut.-Col.) who formed one of the staff of the University of Toronto Base Hospital, and was afterwards on the Pension Board in England, has been made surgeon to the Kitchener Hospital at Brighton, England.

Major T. Stanley Ryerson, Toronto, has been appointed successor to Col. F. W. Marlow. Dr. Ryerson was with the University of Toronto Base Hospital at Salonika for some time.

Dr. J. N. E. Brown, for some time the medical superintendent of Ford Hospital in Detroit, has resigned and is at present in Toronto.

Dr. Arthur Winters, some time ago in practice on north Yonge St., Toronto, and doing post graduate work in England, is now A.D.M.S. for the Quebec Military District with the rank of Lieut.-Colonel.

Colonel George Rennie, M.D., Hamilton, has been appointed medical director at Shorncliffe.

Dr. H. M. Briggs, Health Commissioner of New York, has gone to France to study the tuberculosis question among soldiers.

Col. G. L. F. Foster, M.D., for some time in the Army Medical Service in Toronto, has been made director of medical services in England with rank of surgeon-general.

Dr. (Col.) A. E. Ross, of Kingston, who has been director of Canadian medical services in France for some time, is in excellent health and very busy.

Surgeon-General Jones will act in this country for some time a special examiner. He will have charge of the Canadian Army Medical Service.

Dr. Hastings, M.H.O. for Toronto, is urging that there be erected a measles hospital at a cost of \$75,000. He is quite hopeful of success.

The annual meeting of the Canadian Public Health Association and the Association for the Prevention of Tuberculosis will meet in Ottawa in the fourth week in September.

The Regina General Hospital is to have an enlarged laboratory, and a paid pathologist will be engaged.

In the Legislative Assembly of British Columbia, Dr. J. W. McIntosh made an attack upon the sanitary laws of the Province, and pointed out that tuberculosis was rapidly increasing in frequency.

The Halifax City Council and the Board of Health have decided to prevent overcrowding, and to prevent rents being collected on condemned premises.



Kitchener is to have a new three storey hospital called St. Mary's Hospital.

The General Hospital at Galt will be enlarged, making accommodation for children's ward.

The recent amendment to the Ontario Hospital Act provides for \$1.25 a day from municipalities.

Typhoid fever has been prevalent in a number of localities throughout Quebec. The inference is to look after the water supply.

Contracts have been let for a sanatorium at Fort Qu'Appelle, Sask. The building will be commenced at once.

Dr. (Capt.) Arthur C. Armstrong, M.D. of Alexander, Man., has been awarded the Croix de Guerre of the French Army.

Dr. W. T. Connell, of Kingston, has been appointed to the command of the Queen's Military Hospital at Kingston.

Dr. Hyman Lightstone, R.A.M.C. of Montreal, has been awarded the medical of honor by the French Government for his services in controlling an epidemic of typhoid fever in a district of France.

Dr. A. Primrose, C.A.M.C., with rank of colonel is acting as consultant to the Canadian Expeditionary Force.

Capt. W. N. Gilmour, M.D., R.A.M.C., of Brockville, has been wounded and admitted to the hospital at Boulogne.

Under the direction of the Canadian Baptist Foreign Mission Board a new hospital has been opened at Pithapuram, India. It is in charge of Drs. E. D. Smith and Jessie Allyn. The buildings were the gift of the Rajah and Rani of Pithaupuram, who are greatly interested in the medical work being carried on to relieve the sufferings of their countrymen. When the hospital was undertaken 20,000 rupees were received from this source and at the dedication of the buildings another 5,000 rupees was subscribed by the Rajah for an enlargement of the work. This is the equivalent of about \$15,000 in Canadian money.

Dr. Frederick S. Munns desires to announce that he has moved to 14 Bloor Street East, Toronto, phone North 141.

The Military Hospitals Commission has now accommodation for nearly nine thousand returned soldier patients. This accommodation will be increased to admit fifteen thousand when buildings now in process of construction are completed.

There are forty-five members of the medical class of 1920, University of Toronto, on active duty, out of a total of 110. Of those volunteering to form the university casualty clearing station, eighty per cent. were from the second year.

The war so far has caused a death roll of 7,000,000 men. This multiplied by five will give about the casualty list. Of the casualties at least



one-fourth are permanently disabled. It will readily be seen that war is not very profitable.

The action brought against Drs. J. Allan Spiers and W. T. Hamilton, both of Toronto, to recover damages to the amount of \$2,500 under a charge of malpractice was dismissed. The defence set up was that the child's mother had not carried out instructions.

Capt. Arthur Ardagh, son of Dr. Ardagh of Orillia, was killed in action in France on 17th May. Dr. Harvie, of Orillia, has also lost a son at the front.

Since the beginning of the war 3,800 graduates and under-graduates of the University of Toronto, have enlisted for overseas service, and of these 232 have been killed. This statement was made at the annual meeting of the Alumni Association of the University, held yesterday afternoon in the West Hall of the University College. President Falconer being the speaker quoted. Besides warmly praising the work of men, he paid a tribute to the work the women of the University had done in many branches of the work. Mr. Justice Masten presided over the meeting.

The members of Northwestern University Hospital Unit No. 12, from Chicago, passing through Canada to France, were given a reception during their short stay in St. Thomas, on 17th May. At noon the Daughters of the Empire served light refreshments, and the members of the convent presented each man with a British flag. Among the nurses in the party was Miss Eva Silcox, daughter of T. A. Silcox of Frome, near St. Thomas, and whose brother, Trooper Hugh Silcox, fell at Vimy Ridge.

Now that the medical inspection of the public schools of Toronto has been taken over by the medical health officer the separate school board unanimously agreed to introduce medical inspection into the schools under its control.

The Women's College Hospital and Dispensary on Rusholme Road, Toronto, will be enlarged at an early date so as to admit twenty additional patients.

German submarines are still ignoring every rule of civilized warfare and are sinking hospital ships on all occasions that come their way, and without warning.

The physicians and surgeons of New York are not in favor of forming a definite scale of fees. They do not concur in the action taken by the Bronx County Medical Society in publishing a fee rate.

Dr. R. Tait Mackenzie, who has had control of recreation in the training camps of Britain's new armies, has offered to take up similar duties with Uncle Sam's armies-in-the-making. Dr. Mackenzie, who was



for years a professor at McGill University, Montreal, is Canadian-born. He was Director of Physical Education at the University of Pennsylvania when the war began. He immediately offered his services to Kitchener, and has since had complete supervision of Tommy's play.

Dr. Michael Steele, member for South Perth, submitted a few weeks ago a resolution to the House of Commons looking towards the establishment of a Department of Health. This has been talked of for many years, and the time is more than ripe for action. Hon. Martin Burrell, Minister of Agriculture, said he thought the time was coming when it would be necessary to co-ordinate all activities in regard to human health, medical research, national health, international health problems, and sanitation.

The Mowat Hospital at Kingston, which could care for ninety tubercular patients, is to be enlarged by the Canadian Hospitals Commission so as to provide for two hundred tuberculous soldiers.

Mrs. Reeve, wife of Dr. R. A. Reeve, of Toronto, died on 14th May. The many friends of Dr. Reeve in the medical profession will extend to him their sympathy in his bereavement.

After May the control of the Military Hospital on Gerrard Street may pass from the A.D.M.S. of No. 2 Military District to the Military Hospital Commission. From that time only active service patients will be treated at that institution. Clearance is to be effected among the patients who are at present located there. When the troops go to Camp Borden the Base Hospital for this district will be at Pine Plains.

At the annual meeting of the Medical Alumnae of the University of Toronto, held on May 4, the following officers were elected:—Honorary President, Dr. E. R. Gray; President, Dr. Helen MacMurchy; Vice-Presidents, Dr. Eleanor Bennett, Dr. McConnell, Dr. Sears, Dr. Willson, Dr. M. Parks, Dr. J. Allen; Treasurer, Dr. Hume; Secretary, Dr. Catharin Woodhouse; Representative to United Alumnae, Dr. Isabella Wood.

Dr. McAllister has been nominated for the House of Commons for the Constituency of Royal, in New Brunswick. He was a member for King's and Albert from 1908 to 1911.

Four Toronto medical officers—Captains W. G. M. Smith and H. A. Abraham, and Lieutenants F. H. Boone and D. G. Finlayson—have been chosen by the Militia Department for special service of a confidential nature. The officers left early in May for Vancouver, proceeding to China on a special mission, and then to France on overseas service.

The Laval Hospital is being pushed to completion as rapidly as possible owing to difficulty in procuring the material for its construction. It is supplied by Laval University, Montreal and Quebec, and is located at Bois de Vincennes, France. It is constructed as a series of huts, as this has been found to be the best design for hospitals.



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**OBITUARY**

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**SIMON J. TUNSTALL, M.D.**

Dr. Tunstall of Vancouver, died there at the age of sixty-four. He took a lively interest in the Canadian Medical Association and was its president in the year it met in Vancouver, 1904. He had also been president of the College of Physicians and Surgeons of British Columbia. He took an active share in promoting the welfare of the Vancouver General Hospital and was one of its directors.

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**JAMES K. NEWCOMBE, M.D.**

Dr. J. K. Newcombe graduated from Victoria University in 1860. He practised for many years in Toronto where he had a large clientele. He then went to England where he lived for many years prior to his death, which occurred on the 19th of March of this year.

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**JAMES A. ROSS, M.D.**

Dr. James A. Ross, aged fifty-one years, an eye, ear, nose and throat specialist of Barrie, since 1895, passed away on 1st May, following an illness of a year's duration. He was born in Oro township being a son of the late James Ross, was educated at the University of Toronto, and later took post-graduate courses at Edinburgh and Glasgow. He was of a retiring disposition and took no active part in public life. He was a Liberal, and Presbyterian. He was unmarried. He is survived by three brothers and three sisters. The brothers are: Capt. (Dr.) W. A. Ross, serving in a hospital in France; Capt. (Dr.) Victor Ross, Hamilton, who was Sanitary Officer at Niagara Camp last year, and Dr. W. A. Ross of this place. The sisters are: Mrs. G. Mason, Cottingham St., Toronto; Mrs. R. Robertson, Shanty Bay, and Mrs. A. Campbell, Oro.

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**ROBERT HOME, M.D.**

Capt. Home went overseas in October, 1915, and was attached to the staff of the 17th Field Ambulance. On reaching England he was transferred to the R. A. M. S. He was 26 years of age and a graduate in



medicine of the University of Toronto. For about three years prior to enlistment he was a medical practitioner in Toronto, and had been for some time demonstrator in anatomy at the University of Toronto. He was also connected with Grace Hospital and Toronto General Hospital. He was single and while in Toronto resided with his parents at 674 Spadina Ave. He met death on 22nd April while discharging his duties as a medical officer close to the front. Dr. Home was bright and energetic young man and held in high esteem by all who knew him. A short time before his death he was visiting his parents, but felt that the need was so great at the front he hastened back to resume his duties.

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A. P. PEACOCK, M.D.

Dr. Andrew Parker Peacock graduated from the University of Toronto last fall. He was in Calgary and was in a motor along with his brother, Lieut.-Col. M. B. Peacock, when the motor was struck by a street car, causing the death of Dr. Peacock with tragic suddenness.

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NEWTON R. COLTER, M.D.

Dr. Colter died on 7th April at his home in Fredericton, New Brunswick, after a very brief illness of only two days. He contracted a very severe pneumonia while attending the funeral of his brother. He was born in 1845 in Sheffield, N.B. He was educated at Mount Allison University, at Harvard and Queen's College, London. He practised for a time at Woodstock. In 1891 he entered the House of Commons as member for Carleton. In 1897 he was appointed post office inspector for New Brunswick, a position which he held till the first of April when he resigned, a few days before his death. He was much esteemed by all who knew him, and was a very public-spirited gentleman.

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WILLIAM MORRISON MCKAY, M.D.

Dr. McKay died in Edmonton on 25th February. He was born in Stirling, Scotland, in 1836, and was one of the practitioners to go to the MacKenzie District in the days of the old Hudson Bay Company. He studied in Edinburgh, where he graduated in 1858, and joined the Hudson Bay service in 1865. In 1868 he located Fort Simpson and from there made many a long journey to look after the Indians during epidemics among them. In 1882 he was placed in charge of Fort Dunvegan. In 1889 he went to Fort Chipweyan, and ten years to Edmonton, where he resided till his death.



## MAJORS JONES AND BENTLEY.

Major H. Jones of the C.A.M.C., and Major D. B. Bentley, C.A. M.C. of Sarnia, have both died abroad in active service.

## THOMAS McQUAID, M.D.

Dr. Thomas McQuaid, of Sault Ste. Marie, died in the hospital of that city, on 25th May, from an attack of pneumonia. He was a native of St. Columban, Ont., and in his early professional career taught school in that vicinity, afterwards studying medicine in Western University and the University of Toronto. For two years he was house surgeon in the London Hospital. Upwards of four years ago he married Miss R. L. Fitzgtrald of Petersburg, Ont., who survives him, with one son and one daughter.

Ten years ago he went to the Soo, taking up the practice of medicine. For three years he had been an Alderman of the city, and had taken a lively interest in city affairs. Previously he had been a member of the Separate School Board. In fraternal circles he was a member of the C. M. B. A., Knights of Columbus and Catholic Order of Foresters. His remains were taken to St. Columban for burial.

## BOOK REVIEWS

## FRACTURES AND DISLOCATIONS.

A Practical Treatise on Fractures and Dislocation. By Lewis A. Shinson, B.A., M.D., LL.D., Professor of Surgery in Carvell University, Medical College, New York; Consulting Surgeon to New York and Bellevue Hospitals; Corresponding Member of the Societe de Chirmgie of Paris. Eighth Edition. Revised and Enlarged. With 475 Illustrations and 39 Plates in Monstint. Lea and Febiger: New York and Philadelphia, 1917. Price, in cloth, \$6 net.

Complete, trustworthy and readable are the characteristics of this work on Fractures and Dislocations by Dr. Stimson. On former occasions we have had the pleasure of reviewing this work; and, as one edition follows another, the pleasure of reviewing each increases. It is needless to state that the whole field indicated by the title is fully covered. The author devotes 480 pages to fractures, and 453 to dislocations. Each topic is dealt with fully, but the author's large experience enables him to know what subjects should receive special attention; and to these special attention is given. Like all the books that are issued by



the well-known house of Messrs. Lea and Febiger, the paper, binding, typography, and illustrations are of the very best. From every test that can be applied this work can be pronounced one of both science and art. Any one who possesses a copy of this work has a safe guide in the management of two very important divisions of surgical practice. We most heartily recommend this volume.

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### EMERGENCY SURGERY.

Emergency Surgery. By John W. Sluss, A.M., M.D., F.A.C.S., Associate Professor of Surgery, Indiana University School of Medicine; Ex-Superintendent of Indianapolis City Hospital; Surgeon to the City Hospital. Fourth Edition. Revised and Enlarged with 685 Illustrations, some of which are printed in colors. Philadelphia: P. Blakiston's Son and Company, 1012 Walnut Street. Price, \$4 net.

Good old Bishop William Butler, as we read in Walton's Complete Angler, once said that a better berry than the strawberry was never made. In like manner, we can say that on emergency surgery a better book was never written than this one by Dr. Sluss. We have reviewed it on former occasions, and have pleasure and profit in doing so again; for author and publishers are both entitled to a full measure of praise. The volume is one of handy size but contains 850 pages, because a thin paper of excellent quality has been selected. The binding is in limp leather. The illustrations are all that one could desire. On the surgery that demands immediate action this book is a genuine vade mecum. For the doctor in general practice who may at any moment be called upon to deal with a surgical difficulty. This book of Dr. Sluss's will be found invaluable.

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### EYE, EAR, NOSE AND THROAT.

A Manual for Students and Practitioners. By Howard Charles Ballinger, M.D., Professor of Oto-Laryngology in the Chicago Eye, Ear, Nose and Throat College, etc., etc. And A. G. Wippert, M.D., Attending Oculist and Aurist to St. Elizabeth's Hospital, Chicago, etc., etc. New Second Edition. Thoroughly Revised. Illustrated with 180 Engravings and 8 Colored Plates. Lea and Febiger: Philadelphia and New York, 1917. Price, \$3.50.

This is a manual of convenient size and well suited to the use of the general practitioner and the student. In 525 pages the authors give the essentials on the diagnosis and treatment of the diseases affecting the parts coming within the scope of the book. The book is arranged to suit quick reference. The paragraphs, diseases, symptoms, diagnosis, treatment, and such like are all indicated by black-faced type. The descriptions of disease are brief but clearly stated. The illustrations have been carefully selected and aid the text very much. The authors



are experienced teachers and practitioners, facts which enable them to select their matter and to arrange it in such a manner as to be of special value for those who may make use of this book. Altogether it is a first class manual, coming as it does between the small compend, and the large text book. We have much confidence in recommending this volume to all who wish a modern work on this group of diseases. It will not disappoint.

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### INTERNAL SECRETIONS.

The Internal Secretions, Their Physiology and Applications to Pathology. By E. Gley, M.D., Member of the Academy of Medicine of Paris; Professor of Physiology in the College of France, etc.; Translated from the French and edited by Maurice Fishberg, M.D., Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College; Attending physician, Montefiore Home and Hospital for Chronic Diseases. Authorized Translation. New York: Paul B. Hoeber, 1917. Price, \$2.

Professor Gley has been before the scientific world for many years as an original investigator on the function of the secretory glands. He has done much work and in this volume gives a clear exposition of his discoveries and conclusions. The first portion of the book is devoted to a conception of the subject in a general way, during which a succinct account is given of the history of the discoveries that have led up to our present knowledge of the function of secretory glands. This portion of the work is of a highly scientific character, and manifests the vast amount of study the author has given to this phase of the question. He then goes on to take up the "Distinctive Characteristics of the Internal Secretory Glands and the Principal Products of Their Activities." In this part of the study the author deals with the conditions essential to internal secretions. The characteristics of internal secretions, and the classification of the internal secretory glands. The remaining portion of the book is taken up with "The Function of the Internal Secretory Glands." Here the author discusses "The Normal Activities," and "The Diseased Functions." One of the most interesting portions of the book is that in which the reciprocal relationships of these glands are set forth, such as that of the pancreas and adrenals. The thyroid and adrenals, the thyroid and the pancreas. The work is an excellent one.

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### ACUTE APPENDICITIS.

Practical Points from a Twenty-five Years' Experience. By C. Hamilton Whiteford, M.R.C.S., L.R.C.P., Late Specialist in Surgery, Military Hospital, Devonport, etc., etc. London: Harrison and Sons, 45 Pall Mall, G. W. Booksellers to His Majesty, 1917. Price, four shilling, net.

This is a neat little book of seventy pages. It gives diagnosis on the headings of aids and difficulties. It then takes up treatment under



general principles, pre-operative, operative, and post-operative. He then takes up some of the post-operative complications. It would well repay the time spent in a study of what the author has to say on the subject of diagnosis. He pays special attention to pain, nausea, tenderness, fever, leucocytosis, and to the way in which disease of the appendix may simulate that of other organs and to what extent inflammation of other organs may resemble inflammation of the appendix. All the points in treatment are dated with commendable brevity and clearness. On the matter of drainage he states "the practice of closing the abdomen without drainage, after removal of an acutely inflamed appendix, has little to recommend it." He also states that "drainage by rubber tubes is employed in every case of abscess, and in all cases of removal of the appendix in which the inflammation has reached the appendiceal peritoneum." With the first part of this statement most will agree, but we do not think that surgeons generally will agree with the latter part. This small book is a very good statement of the treatment of appendicitis.

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### CANCER.

Cancer, Its Cause and Treatment. By L. Duncan Bulkley, A.M., M.D., Senior Physician to the New York Skin and Cancer Hospital, etc. Volume II. New York: Paul B. Hoeber, 1917. Price, \$1.50.

In this volume as in his former one, the author takes the position that cancer is a medical disease and must be treated dietetically and medicinally, as the surgical treatment has proven a failure, because the more surgery and the more radical the method of operating, the more the death rate from this disease rises. He contends that surgery has not succeeded. In the matter of etiology he holds that it is mainly a meat caused disease, advancing a good deal of proof that it increases with the increase in the consumption of animal food. This being his view, he reverses the process in treatment and insists on all patients with cancer becoming strict vegetarians. Perfect mastication is another matter of the utmost moment. Then absolute abstinence from alcohol is necessary. The kidneys and bowels must receive proper attention, so that impurities be not retained. Coming to the medicinal treatment the author places most reliance on acetate of potash. This he may give alone, but usually in combination with some tonic and laxative. The author contends that the proper regulation of metabolism and elimination is the true method of treating cancer.



## DISEASES OF CHILDREN.

A Manual for Students and Practitioners by George M. Tuttle, M.D., Clinical Professor of Pediatrics, Washington University Medical School; Consulting Pediatrician, St. Louis Maternity Hospital, and Phelps G. Hurford, M.D., Pediatrician, St. Louis Lutheran Hospital; Assistant in Pediatrics, Washington University Medical School; Physician to Out-patients, Pediatric Clinic of Washington University; Associate Physician, St. Louis Hospital for Infectious Diseases. Third Edition. Thoroughly Revised and Enlarged. Illustrated with 47 Engravings and 3 Plates. Lea and Febinger: Philadelphia and New York, 1917. Price, \$3.50.

A very large number of medical practitioners are familiar with this work on the diseases of children. This number is steadily growing; as the work is now in its third edition. It would be a most desirable event were every student to study this book while he is preparing for his final examinations, as it would be difficult indeed to conceive of a more perfect manual for such a purpose. The authors have made this book reliable and not too large. The publishers have also turned out the book in a most attractive form. We have no hesitation in recommending this volume as a most trustworthy guide towards a sound knowledge of children's diseases.

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 THE CHICAGO CLINICS.

The Medical Clinics of Chicago, Mar, 1917, Vol. 2, No. 5. Published Bi-monthly by W. B. Saunders and Company: Philadelphia and London. Price per year, \$8.

The present number is a good one. This is an excellent series and can be recommended.

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 THE INSTITUTION QUARTERLY.

The Official Organ of the Public Charity Service of the State of Illinois.

This quarterly journal or report is always interesting and contains much useful information on the management of public charities. It also contains many valuable scientific articles.

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 MISCELLANEOUS

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 PROTECTION OF CHILD LIFE MUST RECEIVE GREATER ATTENTION.

The importance of infant welfare work at this stage in the nation's crisis is daily becoming more generally recognized by all classes of the



community. For many years our public health authorities have been sowing on what seemed very barren ground, but the outpouring of the nation's blood, the willing sacrifice of thousands of the best and most virile of the race, has caused the apparently lost seed to germinate, and there are now prospects of an abundant harvest. Had we looked after our infant life during the last forty years there ought to have been to-day between the ages of 18 and 40 another 1,300,000 men available for the fighting forces. In other words, we have allowed, through our blindness, thousands of men to die in their infancy, male babies born often healthy and in all respects capable in due time, if proper attention had been given them, or if their home conditions had been better, of growing up and doing their full duty to the nation as our splendid sons to-day are doing in the battlefields of the world. Because of ignorance which is curable, because of improper conditions around them which are removable, thousands of these fellow citizens of ours whom we shall "too late" wished we had saved, now die within twelve months of their arrival in the world.—W. H. Edmunds, in *Journal of the Royal Sanitary Institute*.

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#### CHILDREN'S AID SOCIETIES OF ONTARIO.

An announcement was made by Hon. W. D. McPherson, Provincial Secretary, in an address to the third annual meeting of the Association of Children's Aid Societies of Ontario, that the Government is giving much attention to the problem of the care of the feeble-minded, and that in a short time it is expected a definite policy will be proclaimed.

Delegates from all parts of the Province were in attendance at the convention, when notes were compared, legislation discussed and plans formulated looking to the more effective carrying on of the ever-growing work.

The members attending the convention were guests of the Provincial Secretary at luncheon at the Parliament Buildings during their stay.

The following officers were elected:—President, W. L. Scott, Ottawa; Vice-Presidents, Sir Louis Davies, Ottawa; His Honor Judge McDonald, Brockville; J. K. Macdonald, Toronto; W. H. Wardrope, K.C., Hamilton; Col. Farewell, K.C., Whitby; Sheriff Cameron, London; Charles McCrea, M.P.P., Sudbury; Thos. Ritchie, Belleville; Honorary Secretary-Treasurer, Rev. W. M. H. Quartermaine, Renfrew. Executive Committee—Hugh Ferguson, Stratford; Frank Blain, Fort William; C. R. Miller, Kitchener; A. Tovell, Guelph; J. L. Axford, Brantford.



## ROCKEFELLER FOUNDATION MAKES APPROPRIATIONS FOR WAR RELIEF.

The Rockefeller Foundation has announced appropriations of \$875,000 for purposes in connection with the war. Of this, \$475,000 will be spent in America for medical research and humanitarian aid and the remaining \$400,000 will go to continue relief activities now being carried on abroad.

The Rockefeller Institute for Medical Research gets \$200,000 for the Carrell Hospital to be established during the next few months in connection with it. This model hospital of 100 beds under the direction of Dr. Alexis Carrel, is to be used to teach the new methods of surgical treatment for infected wounds, worked out by Doctor Carrel and Doctor Dakin in France.

The Rockefeller Institute receives an additional \$60,000 for instructing military and other surgeons in new methods of diagnosis, for the preparation of serums similar to those it has sent abroad for use in army camps, and for the purpose of finding improved means of treating peritonitis and shock.

Funds were also provided for thorough study abroad of mental diseases among soldiers, and the kinds of provision needed for their care at the front and in base hospitals. This investigation is to be undertaken by Dr. Thomas W. Salmon, medical director of the National Committee for Mental Hygiene, who is to supervise American psychiatric hospitals to be established by the Government. Doctor Salmon will develop methods of receiving, classifying, and distributing the various kinds of mental and nervous disorders. The Foundation has appropriated \$15,000 for buildings for a naval psychiatric hospital to be erected on the grounds of the United States Marine Hospital in New York by the National Committee for Mental Hygiene and operated by the United States Public Health Service.

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## ROBINSON'S REMINDER.

This little book is a very convenient one, and just the size for the inside pocket. The pages are blank and perforated both ways so that a section can be torn out and filed away or given to any one a card. It is very suitable for jotting down thoughts as they occur or address. The copy received is with the compliments of Hayden's Viburum Compound.



## AMERICAN MEDICAL UNIT.

King George and Queen Mary, accompanied by the Prince of Wales and Princess Mary, recently received and extended a welcome to the American medical unit under Major Gilchrist, which reached England. The corps, including twenty-five surgeons and sixty-four nurses from the fourth base hospital of the United States army, shortly will take its place beside the British allies at the fighting front in France. It was a simple but impressive ceremony, one which will stand as a landmark in American history as the first of its kind to occur within the walls of Buckingham Palace.

"It is with the utmost pleasure and satisfaction that the Queen and I welcome you here to-day," said His Majesty. "We greet you as the first detachment of the American army which has landed on our shores since your great republic resolved to join in the world struggle for the ideals of civilization.

"We deeply appreciate this prompt and generous response to our needs. It is characteristic of the humanity and chivalry which has ever been evinced by the American nation that the first assistance rendered the allies is in connection with the profession of healing and the work of mercy."

## INVALIDED SOLDIERS.

The number of men under the care of the Military Hospitals Commission increased from 5,952 to 6,515 in the first week of this month.

The figures issued by the commission to-day show that on May 8 there were in the convalescent hospitals 2,155 men returned from overseas and 435 camp men, with 2,474 overseas and 440 camp men on the out-patients' list, making a total of 5,504 convalescents.

In the sanatoria for tuberculosis on the same date there were 396 overseas and 212 camp men, besides six overseas and four camp men as out-patients, making a total of 618 under this heading.

At other institutions there were 307 overseas and 83 camp men, besides three overseas men as out-patients, a total of 393.

## WESTERN UNIVERSITY MEDICAL GRADUATES.

Western University Medical College announced the results of the examinations on 15th May and at the Convocation held a few days later, the degree of M.D. will be conferred upon the following: Messrs. F. J. H. Campbell, B.A., London, gold medolist; H. O. Foucar, China, (son of a missionary there), silver medalist; E. N. Ballantyne, W. L. Denny, J. A. Renwick and J. M. Young, London; D. D. Ferguson, C. J. A. Mc-



Killop and F. H. Nelson, St. Thomas; L. M. Jonts, Chesley; A. J. McKay, Woodstock; R. S. Murray, Galt, and C. J. Shore, Glanworth.

F. H. Campbell, B.A., of London, won the gold medal for the highest standing, while Mr. Foucar, the son of a missionary to China, is the silver medalist.

Messrs. Henry Baby, Chatham; Lieut. M. G. Graham, A.M.C., and S. L. Spicer, of Galt, took their examinations for the Ontario Medical Council.

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### COLORED STUDENTS IN MONTREAL.

The Montreal Maternity Hospital has closed its doors to colored students, and as a result the medical faculty of McGill University has been compelled to inform all intending colored medical students that it cannot guarantee to graduate them. The diploma of McGill cannot be given by the University unless the full course is carried out, and this includes the carrying out of twenty maternity clinical cases by each student at the end of their fourth and during their fifth year. For many years this clinical work has been taken in the maternity hospital, but the white patients object to being treated by colored students.

Dr. W. W. Chipman, head physician of the maternity hospital, will try to make arrangements for the colored students to get their clinical work in New York.

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### UNIVERSITY OF TORONTO MEDICAL GRADUATES.

Those receiving degrees were: York Blayney, B.A.; James S. Crawford; Nicholson W. Furey, Henry R. Hargrave, James H. Howell, B.A.; Harold J. Irvine, Cecil O. Miller, Wm. T. B. Mitchell; A. E. Mackenzie; John W. Mackenzie, Charles Russell MacTavish, H. C. Nash, Harry A. Rawlings, J. Whittier Reddick, C. V. Scott, B.A., Percy R. Shannon, Frank R. Smith, Geo. F. Skyes, Elfred C. Tate and Charles A. Wells.

Degrees were conferred in absentia on: Ruth C. Cale, B.A.; Mary E. D. Johnston, E. G. Berry, A. J. Butler, C. K. Fuller, B.A.; J. A. R. Glancy, W. Hall, B.A.; Robert Morley Harvie, George D. Jeffs, B.A.; J. L. King, F. W. Leech, and B. S. Loney.

The degree of M.D. was conferred on W. R. Campbell, H. K. Detweiler, and E. C. Dickson.

The Star gold medal was awarded to E. C. Dickson.



## CHIROPRACTORS CONDEMNED BY JURY.

A St. Thomas jury investigating the death of Wm. Pickles, M.C.R., the engineer, who died from the effects of typhoid fever and while under the treatment of a chiropractor, returned a verdict that Mr. Pickle's death was due to the fever and to lack of nourishment and proper treatment. The finding also says: "We strongly recommend that the city solicitor or proper officials petition the Provincial Government with a view to compelling chiropractors to pass their matriculation, and define in their diplomas the diseases in which they are entitled to practice. We further are strongly of the opinion that they should not be allowed to mislead the public by their professional advertising."

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## UNIVERSITY HOSPITAL SUPPLY.

Mrs. F. N. G. Starr, Honorary Treasurer of the University Hospital Supply Association, reports the receipt of \$6,602 since the statement published March 31st. This includes \$4,000, the result of the appeal to graduates of the University; \$1,410.84 from the Ontario Society for the Reformation of Inebriates, and \$140 from the Victoria College Ladies' Choral Club. Mrs. Kenrick, Convener of the Packing Committee, reports that during April 53 cases were packed, composed of: 912 pairs of pyjamas, 162 day shirts, 144 caps, 98 8pairs of socks, 45 dressing gowns, 126 surgical shirts, 54 laparotomy stockings, and 378 miscellaneous articles. These were forwarded to the Canadian Red Cross Society, excepting 630 pairs of socks sent to the Canadian Field Comforts Commission for the men in the trenches.

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## ACADEMY OF MEDICINE ELECTS ITS OFFICERS.

The annual meeting of the Academy of Medicine, Toronto, was held in the Academy Building, 13 Queen's Park. The following officers and members of council were elected for the season of 1917-18: President, Dr. D. J. Gibb Wishart; Vice-president, Dr. A. Primrose; Honorary Secretary, Dr. J. H. Elliott, Honorary Treasurer; Dr. J. H. McConnell; Past President, Dr. John Ferguson; Chairman of sections—Of Medicine, Dr. G. W. Ross; of Surgery, Dr. W. A. Cerswell; of Pathology, Dr. F. W. Rolph; of State Medicine, Dr. Gordon Bates; of Ophthalmology and Oto-Laryngology, Dr. F. C. Trebileock; of Pediatrics, Dr. George E. Smith; Drs. A. H. Perfect, H. B. Anderson, F. N. G. Starr, J. G. Fitzgerald, Wm. Goldie, C. P. Lusk, W. A. Young, B. P. Watson.