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EDITORIAL

POISONOUS GASES IN WAR.

For some time the Germans had been stating that the Allies were making use of poisonous gases. On the authority of Sir John French this may be branded as a falsehood. But entirely unexpectedly the Germans employed gases, and, by this means, gained a temporary advantage. It now becomes quite clear that the allegation that the Allies had made use of gases was only to lay down an excuse for their use by the Germans, and prepare the mind of neutral nations for what actually came to pass. The neutral nations, as well as those fighting Germany, have learned to discredit statements coming from that country. Such a form of warfare is thoroughly illegal, and contrary to rules of war to which Germany is a party; but no obligations bind her in any way.

With regard to the gases employed several things are quite clear. In the first place these gases are intensely irritating to the eyes, and those exposed to them are speedily blinded by the copious flow of water from the eyes, the swelling of the conjunctiva, and the pain. This takes considerable time to pass away, and may induce severe inflammation.

Another effect of the inhalation of the gases is a very severe and distressing inflammation of the respiratory passages. The difficulty in breathing is extreme. Many die of this dyspnoea. The reaction is very marked, and the resulting laryngitis and bronchitis is most violent and painful. There is not uncommonly necrosis of tissue; in all cases the oedema is pronounced.

A third effect is the deadly and depressing effects of these gases. Those affected lose strength. If they live through the acute stage, they undergo a slow process of poisoning. Their extremities are swollen and covered with large blotches. There is some type of blood poisoning. There is a deep stupor that lasts for several hours. Several kinds of gases appear to have been used, including chlorine, the vapors of sulphurous anhydride, and others, the nature of which has not yet been determined.

Four methods were employed, the report states, in generating these gases. The first was to light fires in the first line of trenches and permit the wind to blow the gas formed towards the lines of the Germans' enemies.

Three other methods involved enclosing the gas in some kind of missile.

These included cans thrown either by hand or mine howitzers, cylinders of compressed gas or shells containing compounds which were transformed into gas when they exploded.

The effects of the fumes were felt a distance of half a mile.

A German prisoner belonging to the sixteenth army corps, who was taken on April 15, stated that gas cylinders were placed along the entire front held by this corps. There was one every six feet and men specially instructed in their use were tolled off to see that they produced the desired effect. These men were provided with smoke-helmets while all the soldiers had respirators served out to them.

It has been contended by some that explosives containing picric acid have been employed. When these discharge a yellowish and very irritating gas is set free.

A number of experts sent over from Britain, especially Dr. J. S. Haldane, of Oxford, claims that the gas used by the Germans was in most instances chlorine. This gas is two and one-half times heavier than air, and this has a suffocating effect apart from its irritating qualities. The French scientists are inclined to think that in many instances the gas was bromine. Chlorine gives a greenish-yellow color when set free, while bromine yields a yellowish-red color. This latter has been observed on a number of occasions.

It may be mentioned that Germany is said to have large quantities of bromine on hand, obtained in the manufacture of potash. This would enable that country to use bromine, which is very irritating. The color, yellowish-red, observed on a number of occasions, points to this substance having been used.

It appears that one method of using these gases was that of forcing them through tubes from high-pressure cylinders.

A high authority speaks of these gases thus: "The symptoms and other facts so far ascertained point to the use by the Germans of chlorine or bromine for purposes of asphyxiation. There are also facts pointing to the use in the German shells of other irritant substances, though, in some cases at least, these agents are not of the same brutally barbarous character as the gas used in the attack on the Canadians. The effects

are not those of any of the ordinary products of the combustion of explosives. On this point the symptoms described left not the slightest doubt in my mind."

Dr. Nasmith thinks that in most instances it was chlorine gas which was used by the Germans.

THE UNIVERSITY HOSPITAL.

This hospital has left Toronto, and at the moment of writing is on its way to the scene of action. There is a staff of thirty-nine physicians and surgeons, some seventy-five nurses, and three hundred other helpers.

The Board of Governors, the Senate, and the various faculties of the University bade them farewell a few days before they left. On that occasion President Falconer stated that \$25,000 had been donated for the hospital proper, and that \$13,000 had been given for supplies. Since that date a number of large donations have been received, one for \$40,000 from Mr. Hardy, son of a former Premier of Ontario.

In addition to the cash donations, there has been a marked display of generosity in the matter of giving useful supplies. These have been estimated at \$20,000.

Many ladies are engaged in the preparation of the various articles required in the proper conduct of such a hospital. Towels, sheets, slippers, socks, hot water bags, surgeon's gowns, bandages, ether jackets, nurses' caps, etc. Volunteer workers are needed to keep up the supplies, as in a short time the demand will be heavy.

One thing is certain, nothing must be left undone to make the University of Toronto Hospital one of the most efficient in the war arena. The cause is a great one. The work the hospital has to do is of the noblest sort. None of us must fail in our duty.

MENTAL DEFECTIVES.

In Ontario we are informed that the mental defectives are increasing. This one would have expected to be the case, as no steps have been taken of an active nature to restrain the marriage of mental weaklings, and consequently this unfortunate class goes on increasing. Dr. Helen MacMurchy in her report on these defectives remarks:

"They could be well and economically cared for, and their number prevented from increasing by placing them in training schools and industrial farm colonies. The population of Ontario is about 2,500,000. The number of mental defectives is about 2 to 3 per 1,000 of the total

population, or, say, 5,000 to 7,000. It is probable that, in addition to over 800 cared for at the Orillia Hospital for the Feeble-minded, about 1,700 are in refuges, jails, orphanages, industrial schools and other institutions where they are cared for temporarily at a greater cost and not cared for permanently at all. Finally over 2,500 are without any institutional care, and the cost of this, though not so easily computed, is much greater still. It is the most expensive way of all."

There must be some steps taken to properly care for these defectives, and this can only be done by a concerted effort on the part of the Provincial Government, the municipalities, and public-spirited citizens. By such an effort proper accommodation could be furnished for this class, such provision would include land, buildings, maintenance and management. The good work that has been done in this field of operation by Dr. Helen MacMurchy cannot be too highly lauded. She then makes some useful suggestions, in brief, as follows:

"The sources of revenue are: (1) The work done by the inmates of the institution, which should be self-contained and self-supporting as far as possible, doing its own work, making its own clothes, producing its own food, erecting its own buildings, building its own roads and otherwise using its own labor to the best advantage. (2) The estates and resources of the inmates for their several use and benefit. (3) The fees paid by parents, guardians, relatives or friends. (4) Payments per capita per annum in certain cases by the municipality to which the inmate belongs. (5) Municipal grants. (6) Government grants. (7) Private benevolence. Such a policy, it is claimed, would be humane, sensible, financially sound, economical and patriotic.

Before practical results come there must always be much education of the people. Then the public conscience must be aroused to a sense of its duty. Such a work as that done by Dr. Helen MacMurchy will do both of these things. The practical results will soon follow, and towards this end all should give a helping hand.

THE CRY OF SERBIA.

The cry of Serbia has not gone forth in vain. That little country has made a desperate struggle for its liberty, and the sun of hope is rising in the East. War has done its worst. The hordes of Austria have inflicted upon the Serbian people terrible injustice. What the

Austrian bullet could not do, their loathsome disease, typhus fever, has been vigorously trying to do. Infected with the malady, the Austrian prisoners have been spreading the disease among the Serbians.

But while war has always been the agency for the calling forth of many of the most brutal of all the human passions, it has also been the means of awakening many men's noblest gifts of head and heart. Many, as a response of the call from Serbia, have gone forth to that little kingdom to minister to its needs with their money and their skill. The splendid work of the American and British Red Cross workers will live in history long after the brutalities of the Hun have been forgotten.

Among the many who have lent their aid to Serbia, none deserves higher words of praise than Sir Thomas Lipton. It is difficult, indeed, to give the faintest idea of his signal services to that unfortunate people. But then there are the doctors and nurses from this country, the United States, and Britain, who have dared the pestilence, and gone to the aid of the sick. The death of such a man as Dr. Donnelly must appeal to all. Day by day and night by night the sisters are at work; but they work on, notwithstanding that they see their fellow workers fall by their side. The three diseases that are raging in the country at present are typhus fever, smallpox and scarlet fever, the most deadly and widespread being typhus fever. Whole families are being wiped out.

Serbia is quite unable to cope with this problem. The country is poor, is exhausted after so much war, has never had many doctors, and almost no trained nurses. Here is a great field for useful work. The country is in urgent need of any assistance that can be given it. Money, drugs, clothing, hospital supplies, tents, doctors and nurses are equally in demand. Already a number have gone; but many will be required. Though the Allies and their friendly nations have gigantic problems on hand, we hope they will not forget the needs of Serbia.

THE FIRE IN THE CHILDREN'S HOSPITAL.

It was with deep regret that all learned of the fire that destroyed the Lakeside branch of the Children's Hospital. Apart from the monetary loss, serious enough, there is the derangement to the care of these little patients during the summer. We hope that those who can give will respond promptly to the needs of this institution and restore the lost building. It is true that the war has placed great demands upon the people, but the country is rich, and is now only beginning to realize its strength, and to acquire the giving spirit.

MEDICAL EDUCATION IN CHINA.

Through the courtesy of Sir James Grant, M.D., K.C.M.G., of Ottawa, we have received an interesting piece of news regarding medical education in China. A system of co-operation has been established between the Chinese at Changsha and Yale University in the United States. Ever since 1906 Yale has been paving the way for the practical results that came into operation in 1913.

Much attention has been given towards assisting Red Cross work in China, and other philanthropic movements, and especially those for the improvement of sanitary conditions. In 1913 a large gift was obtained in the United States for the erection of a new Yale hospital. The Chinese became interested and seized the opportunity. More than eighty prominent persons of Honan and a number of provincial officials sent in a united petition to the Governor asking that an agreement be made with Yale for the establishment of a medical college. This was granted and an agreement made in 1913 between Yale and the Governor of Honan.

In addition to the opening of a medical college, with standards similar to those in the East, there will be two nursing schools, one for men and one for women. There will be a hospital and research laboratories for the investigation of public health matters and diseases peculiar to China. The Honan Government is to provide the college buildings, costing \$156,000, nine acres of land, worth \$50,000, and an annual sum of \$50,000 for the maintenance of the college and hospital. Yale has undertaken to provide a hospital at a cost of \$150,000. A medical preparatory department and the two nurses' training schools were opened in 1913.

When the question of the language to be used was considered, the Chinese authorities unanimously agreed that it should be the English language. The preliminary education and some of the lower form work may have to be given in the Chinese to enable the students to grasp the more advanced teaching. The opinion was quite decided among the Chinese in order that the college be a first-class one, the English language must be used; and that the Chinese students should receive a first-class training with this end in view this appeared to be the only way.

The medical preparatory college with nineteen students, another two training schools for nurses with 35 in attendance have been in full operation, under the management of Yale, for some time. This whole movement will introduce sound medical teaching into China and do much to spread the use of the English language.

ORIGINAL CONTRIBUTIONS

PRESIDENTIAL ADDRESS, ONTARIO MEDICAL ASSOCIATION.

BY D. J. GIBB WISHART, M.D.

Professor of Otology and Laryngology, Medical Faculty, University of Toronto.
Fellow members of the Ontario Medical Association:

THIS gathering to-night in the city of Peterborough marks an epoch in the history of our branch of the Canadian Medical Association, in that for the first time in our history we have elected to hold our sessions in one of the smaller centres. The burden thus thrown upon a comparative few of our medical brethren has been, as you will agree from the welcome you have already received, most loyally shouldered, and the experiment has become a complete success. On your behalf I beg to thank Dr. Cameron and the members of the Peterborough Medical Society for their hard, resolute and unfailing labor in the preparation involved for our gathering here this week.

For the first time, too, we meet in conjunction with the Provincial Officers of Health, and I trust that the result of this union of effort will be followed up by a continuation of these combined meetings. It will benefit both associations. United we stand, divided we might fall.

Before proceeding to the subject proper of my address this evening, I must beg your forbearance while I refer to several matters of common interest to us as professional brethren.

We are, as a nation, in the midst of a grave war, and we as a profession have risen to the emergency in Canada, and therefore naturally in the Province of Ontario.

It is a matter of pride to be able to state that thus far we have provided:

1. A Base Hospital, No. 4, from the University of Toronto, of 1,040 beds, a staff of 35 physicians and surgeons, and 20 medical students in the rank and file.

2. A Casualty Clearing Hospital, No. 2, with a staff of physicians and surgeons, and over 39 medical students and young graduates in the rank and file.

3. Two further hospitals have been offered to the Government, one by the Western University, and the second by the Medical Society of the city in which we are meeting now. The handsome offer of the Peterborough Medical Society, which numbers 25 all told, was to furnish a stationary hospital, with medical staff, 35 nurses and rank and file, together with the needful supplement of the Government issue in the

way of initial supplies, and in addition, to guarantee \$350 per month until the close of the war, to be used for comforts and necessities for the men. It will be difficult to find an equal of this offer, and you will agree with me that the Peterborough medical men are a force to be reckoned with. Congratulations to the Medical Society of Peterborough.

4. Over 40 medical officers have accompanied regiments and field ambulances, etc., and many more are awaiting orders. Not a few of our brethren are enrolled in the combative ranks, and some of these have already shed their blood for our liberties. In No. 1 General Hospital, under the command of the last president of the Canadian Medical Association, our genial Dr. Murray MacLaren, of St. John, there were four officers from Ontario, and in No. 2 General Hospital, fourteen. In reply to a request from the British War Office for Canadian medical men, offering to give them temporary commissions in the Royal Army Medical Corps, over 125 responded from Ontario, and 35 of these are now on their way to their posts of duty.

In addition to this long roll, training units were established in each of our provincial universities, in which our students of medicine were not behindhand in enrolling. It has been impossible for me to obtain the exact figures, but in the Western University 160 students were in training. Queen's has sent with the Army Medical Corps, first contingent, three doctors, and seven undergraduates; with the Duchess of Connaught's Hospital at Clivedin, 21 graduates, and 9 undergraduates, and with No. 6 Field Co. of Engineers, 3 medical undergraduates; and these are additional to the large body of students who took the Officers' Training Corps drill. In Toronto, there were over 1,800 students in the O. T. C., of whom 450 were from the Faculty of Medicine. Long after the war has ended, and God grant it may be soon, the effect of the self-sacrifice exhibited by the practitioners and students of medicine in leaving wives, children and lucrative practices, or in abandoning a course of study attained after years of effort, just when the goal came into view, will continue to clarify our vision, and give us a truer perspective. We are reminded of the words of our Master: "But I am in the midst of you as he that serveth." Noblesse oblige.

The Germans may at least be indirectly credited with one good deed—in that owing to the necessity which arose last September that holders of the licence of the College of Physicians and Surgeons of Ontario, should proceed with the Canadian forces to the British Isles, and later to the Continent, and thus work under the War Office, it became obligatory upon the part of our Provincial Council to take the necessary steps to establish medical reciprocity with Great Britain. The Council passed the enabling legislation on the 22nd of December last, and

when the Ontario House rose at Easter, the Lieutenant-Governor gave the royal assent to the Ontario Medical Amendment Act, 1915. A doctor holding a qualification to practise in Britain may now register in Ontario, and vice versa. Thus Ontario is now in line with the Provinces of Prince Edward Island, Nova Scotia, New Brunswick and Quebec, and a step forward has been taken in regard to the creation of one professional standard for the British Empire. Those gentlemen who drew up the provisions of the Act of British North America and brought into being our Dominion of Canada, may have acted wisely in leaving the control of education to the respective Provinces, but should, in the light of subsequent events, have excepted the profession of medicine. We have long labored under the yoke then placed upon our necks, and every step in the process of release must be hailed with triumph, for we belong to a profession which is bound only by the inadequacy of the human mind to comprehend the height and depth and breadth of the states of health and disease. As Osler writes, "A man who presents evidence of proper training, who is a registered practitioner in his own country, and who brings credentials of good standing at the time of departure, should be welcomed as a brother, treated as such in any country, and registered upon payment of the usual fee." And again, "Medicine is the only world-wide profession, following everywhere the same methods, actuated by the same ambitions, and pursuing the same ends. This homogeneity, its most characteristic feature, is not shared by the law, and not by the church, certainly not in the same degree. While in antiquity the law rivals medicine, there is not in it that extraordinary solidarity which makes the physician at home in any country, in any place where two or three sons of men are gathered together. Similar in its high aims and in the devotion of its officers, the Christian Church, widespread as it is, and saturated with the humanitarian instincts of its Founder, yet lacks that catholicity, *urbi et orbi*, which enables the physician to practise the same art amid the same surroundings in every country of the earth. There is a unity, too, in its aims—the prevention of diseases by discovering their causes and the cure and relief of sickness and suffering. In a little more than a century, a united profession, working in many lands, has done more for the race than has ever been accomplished by any body of men before."

In the *British Medical Journal* of November 21st last, there was published an article by Prof. C. Jacobs, of the University of Brussels, in which in few yet pregnant sentences he drew a picture of the hideous sufferings into which the cruelty of Germany had plunged our Belgian confreres in medicine and pharmacy. At least one-fifth of these two professions had been reduced to abject poverty. Of these says Prof.

Jacobs, "many of them, victims of a barbarian foe, are homeless, deprived of their laboratories, instruments, and their medical stores. What will become of those that still remain of our people, threatened as they are by the grim havoc of war and by contagious diseases, its constant followers? I have witnessed such misery amongst them. Some have had to work as navvies in order to have a few pence in their pockets; others have told me that they have not seen bread for a fortnight, but had lived exclusively on potatoes. Others had a meagre bunch of straw laid on the bare ground as a bedstead; the only pair of boots owned by one of them was falling to pieces in tatters. Men I have seen were dressed in torn garments and their children were in rags. One of my colleagues had to live on wayside herbs for three days and three nights, and his wife shared his fate. A professor of a university, bereft of everything, was, when I saw him, in dire want of a bed, and another of equal academic standard was wandering haggard over the countryside searching in vain for a beloved family. And some of our ranks have been taken as hostages, others have been shot, and their widows and orphans have been deprived of everything."

This appeal to our sympathies at once brought about in Britain the foundation of a most representative committee, under the chairmanship of Sir Rickman J. Godlee, who visited this country in 1913, and upon his request a committee for Canada was shortly afterwards formed, consisting of the leading representatives of the profession in every Province. I am happy to state that the response from our brethren throughout the length and breadth of the Dominion has been most enthusiastic, prompt, and self-sacrificing, and that the cash in hand at date amounts to the handsome sum of \$7,622, of which Ontario has contributed \$4,919. In addition to this, the sum of \$2,600 was forwarded by a French committee in Montreal, so that the total for Canada amounts to \$10,222. From the *British Medical Journal* of the 24th April we learn that the British committee to whose care the Canadian committee has remitted to date the sum of \$6,916, that £964 10s had been forwarded to Belgium to meet the urgent needs of Belgian doctors and pharmacists remaining in their own country, while a further sum of £350 had been devoted to the purchase of drugs and clothes, and by way of loans. The total sum received by the British Committee, according to the same authority, amounts to £10,012 11s 2d.

While we are pleased at the results attained, we must remind ourselves that if poor Belgium has passed through the fire already, its furnace of suffering will be heated yet again seven times, in the slow and awful torture which must be inflicted upon its cities and citizens during the expulsion of the ruthless foe.

As Prof. Sarolea has stated in his Toronto addresses, so full of soul anguish, and yet so resolute, Belgium is between the upper and nether millstones, and will be ground to dust. The need for help will outlast the war, and neither must our purse strings be drawn, nor our sympathies dried up until our professional brethren in Belgium are once more reinstated. "When the days come for the nations to adjust the balance, and right the wrongs which Belgium has suffered, one of the first duties of the medical profession throughout the world will be to see that the practitioners who have played so distinguished and useful a part in the life of their country are reinstated. We cannot at once rebuild the houses of Belgian doctors, or restock the shelves of Belgian pharmacists, but it is clear that the people require prompt medical attention, and it is a debt of honor to try and meet the immediate necessities of their doctors and pharmacists."

To-morrow afternoon there will be placed before you for consideration the results of the labors of Dr. Wallace's committee upon affiliation with the county and town medical societies. I trust that you will decide to adopt the recommendations offered.

Were admission to the county and town society, within whose borders a physician practises, made the one portal of entrance to the Provincial body, and through the latter to the Dominion Association, all doubt would be removed as to the eligibility of the candidate. He would literally be judged by his peers, a truly British method. On the other hand, the impossibility of obtaining admission to the Dominion or Provincial body, if refused by the local society, would serve to regulate the steps of the beginner in practice. It is in the smaller towns and country districts that conditions are most favorable for mutual misunderstandings. Only those who have been brought up in such surroundings can appreciate how hard it is for physicians to keep on good terms with one another. The practice of medicine calls equally for the exercise of the heart and the head.

The association of all the physicians of a district in a society where they may frequently meet with one another, and so learn to value the good points, and excuse the bad points of their confreres, will do much to unite the profession in this Province, and prevent misunderstandings. These beneficial results are obvious, and extremely valuable, but there is another end to be gained from the scheme proposed, an end to which no real approach has ever been made by our Canadian profession hitherto, namely, the enrollment of every member of the profession in an organized whole, which may speak with the authority consequent upon its composition, upon any matter which affects its welfare or that of the health of the public. At present, associations and societies may

only speak for their respective members, and a government may decide to consider these non-representative; whereas there are many questions, the solution of which cannot be properly secured without the aid of our profession. Assemblies, conferences and synods speak for every member of the various religious bodies, and the benchers for the lawyers, but our profession has no united voice, nor will it have until each practitioner be enrolled in a common membership of a common body, and recognize that he belongs to a guild, the interests of which are incompatible with all professional bitterness, all rancour or personal hostility. The brethren must dwell together in unity.

The attention of the representatives in both Houses of Parliament should be directed by our members to the Act for the curtailment of habit-forming drugs—opium, heroin, codeine, cocaine and morphia—which was enacted in Washington recently. The above mentioned drugs, together with all like preparations, are withdrawn from sale except under very restrictive conditions, which, if carried out in the spirit of the Act, will tend to minimize the evil, if not to wipe it out altogether.

“No person or company may sell one of these articles, except under licence of the Bureau of Internal Revenue. The consumer of the dangerous drugs must present either a prescription or an order written by himself, for the drug in question, which order calls for a full description of the purchaser, including age, color of eyes, occupation, etc., and is later examined and reported upon by a Government inspector. The sale of the drugs, in fact, is made so irksome to both parties in it that it is expected that the drug victim, or the possible drug victim, will shrink from the red-tape and the prospect of exposure which the law has provided for drug buyers and users.” It is stated that the result of the passage of this law already is that every institution for the treatment of the victims of the drug habit, is crowded with patients who would rather be freed from its curse than attempt to satisfy their cravings under the difficulties provided by the act. Our own laws in regard to the sale of similar drugs may be improved with advantage to the inhabitants of Canada, and the results of the passage of this act in the United States should be carefully noticed, with this in view. I trust that you will individually keep your member posted so that a further important step in preventive medicine may be gained.

The subject which I have chosen as the main topic of this year's presidential address is “The Evolution of the Specialist in Oto-laryngology,” yet what I have to say will apply equally perhaps to any of the so-called specialties. The subject conveniently arranges itself under four heads: (a) The definition of a specialist; (b) The need for his existence; (c) The training required; (d) The nature of his relationship to the general practitioner.

In developing this subject, I shall require to use some plain speech, because between the degradation, but alluring effect of the establishment of certain polyclinics or post-graduate schools, where, to quote the Carnegie report, "the training is of a practical, not of a fundamental, or intensive kind," "calculated to teach the trick," or perhaps better to exhibit an instructor in the art of doing it," and on the other hand, the desire of the wearied practitioner to get into something "easy," this country is threatened with becoming burdened by a load of ill-trained specialists.

Believing that, in the words of Oliver Wendell Holmes, "fear of open discussion implies feebleness of inward conviction, and great sensitiveness to the expression of individual opinion is a mark of weakness," and disclaiming all intention to offend, I invite your attention and forbearance.

A specialist has been defined as "one who knows as much about all parts of his subject as any, and more about one part of it than any other," but I would paraphrase this definition and bring out its meaning more fully. A specialist is one who, *after* completing the usual time of medical study and obtaining his degree, pursues a further course of instruction over a number of years, in some limited field, and abandoning the practice of every other branch of medicine, confines himself solely to that branch in which he has thus become qualified to speak with authority. No one has a right to pose as a specialist who has not proved his title to do so by such a prolonged course of special study, and let me remind you that the cards which some of our numbers permit to appear in the advertising columns of the newspapers, reading somewhat as follows: "Dr. ———, Physician and Surgeon, graduate of the Ontario College of Physicians and Surgeons of Ontario (as if he could practise at all without this). Special attentoin given to Diseases of the Eye, Ear, Nose and Throat," are strictly unethical, according to the code of this association, and in my personal opinion, beneath contempt.

The backbone of our profession is the general practitioner. As Osler writes, "There never was a time in our history in which he was so prosperous, so much in evidence, in which his prospects were so good or his power in the community so potent. He still does the work, that great mass of routine practice which brings the doctor into every household in the land, and makes him, not alone the adviser, but the valued friend. He is the standard by which we are all measured. What he is, we are; and the estimate of the profession in the eyes of the public is their estimate of him. A well-trained sensible doctor is one of the most valuable assets in a community, worth to-day, as in Homer's time,

many another man. To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild."

But medicine advances by leaps and bounds, and it is absolutely impossible for one brain to compass the length and breadth of medical knowledge. Nor is it reasonable that the man just graduated should be expected to be equipped with a full knowledge of medicine, embracing all the newest procedures, and ultimate tests in every specialty. If this were demanded, the curriculum of the medical course would be stretched out by many years, and the task of entering upon the practice of the healing art, already difficult enough, would be made impossible for the average man or woman. In addition, the pecuniary results to be obtained afterwards would not be worth the investment of time and money. Our licence to practise does not even yet demand that the graduate be able to recognize a membrana tympani, the hearing of a few lectures will not teach him this. In the Universities of McGill and Toronto it is only very recently that the course has been made clinical, instead of didactic.

The public is both ignorant and superstitious; they have been accustomed to think that the letters M.B. or M.D., C.M. mean that the owner of these mystical characters is possessed of a complete knowledge of all things medical. On the other hand, you know, and I know, that we are vastly ignorant, and that medicine is far from an exact science, and therefore we should strongly combat this wrong opinion on the part of the general public.

Reason there is, and the very best, that men should specialize, should fit themselves to know all there is to know upon some one of the various branches of the healing art.

The specialist exists to give assistance to his brethren, the general practitioners, not to enter into competition with them in any shape or form.

But if the specialist exists for the assistance of the general practitioner, I would have the latter fixed in his determination to demand high qualifications of these whom he calls upon for such assistance. What should those qualifications be?

1st. An excellent general preliminary education, including a knowledge of the more important modern languages, an indispensable accomplishment for one who must follow the international literature of the day.

2nd. A post-graduate position as hospital intern, preferably in medicine, but better still in both medicine and surgery.

3rd. A year or more in general practice, during which he may try himself out, and when he chooses his specialty, choose wisely.

4th. If the choice be oto-laryngology, then must there follow an internship of at least eighteen months, devoted exclusively to the special subjects, where he will toil daily with patients in a special clinic, mastering the details of examination and diagnosis, and be trained under a master eye in the technique of operations.

5th. Lastly, he must place a coping-stone of a further year at some university where he will obtain post-graduate instruction upon:

- (1) Clinical diagnosis and treatment.
- (2) Functional tests especially.
- (3) Bedside work on surgical cases.
- (4) Surgical practice on the cadaver.
- (5) Practical treatment and minor operations in the out-patients' ward.
- (6) Demonstrations and lectures on normal and pathological anatomy, histology and physiology.
- (7) Diagnosis and pathology and labyrinth diseases.

When finally he seeks the suffrage of his fellows of the general profession, he must become attached to a hospital where he can maintain his contact with a public clinic, for otherwise he can never hope to advance, or even to keep abreast of his subject.

I have given you above the qualifications demanded by the American Laryngological, Rhinological and Otological Society, and also of the hospital where I have the honor to control the oto-laryngological service.

Am I too ambitious in making these demands? No, if we, as specialists, are to deserve the respect of our confreres, we can demand no less.

Unfortunately, although specialism, with its implicit claim of superior skill in one direction, is now recognized as both efficient and useful, it remains on a very informal basis, and few universities are yet equipped to give adequate preparation for specializing, but a better day is dawning, and this function will be recognized by the universities, and indeed specialization will not be allowed without such university post-graduate training.

As the Carnegie Report says: "Improved medical education will undoubtedly cut the ground from under the independent post-graduate school as we know it. This is not to say that the under-graduate medical curriculum will exhaust the field; on the contrary the under-graduate school curriculum will do only the elementary work; but that it will do, not needing subsequent and more elementary instruction to patch it up. Graduate instruction will be advanced and intensive, the natural prolongation of the elective courses now coming into vogue.

For productive investigation and intensive instruction, the medical school will use its own teaching hospital and laboratories; for the elaboration of really thorough training in specialties resting on a solid under-graduate education, it may use the great municipal hospitals of the larger cities. But advanced instruction along these lines will not thrive in isolation. It will be but the upper storey of a university department of medicine. The post-graduate schools of the better type can hasten this evolution by incorporating themselves in accessible universities, taking up university ideals, and submitting to reorganization on university lines.

The truth is, we have too many so-called specialists, the damaged fruit of commercial post-graduate colleges, managed by a board of stockholders for the sake of the almighty dollar. The unfinished product of these institutions has resulted in the establishment of a class of mediocre specialists, who often bring discredit upon the whole institution of specialism. To quote from a recent writer in the *New York Medical Journal*, "The true specialist can never afford to stop working scientifically. The continued wave of progress in medicine must be closely followed by him, lest he remain behind. In his practice the true specialist should be before all a reliable diagnostician. Acquaintance with the commoner diseases of any organ may safely be expected of any well-trained and fairly experienced general physician. But we have a right to demand from the specialist thorough and easy familiarity with rare and exotic affections, also, in other words, in his rôle of consultant, he should be an expert. Likewise he should be fully at home in all therapeutic methods pertaining to his specialty. Whereas to the mediocre specialist his specialty is nothing more than a mile high. Such a man probably enters medical college with a firm determination of eventually 'making a specialty' of a certain class of diseases. While in college he considers everything which is not directly related to his prospective field as irrelevant, gets through his medical course, easily, about well enough to barely pass his examinations without being plucked. His sheepskin still damp from the signatures of the faculty members, he at once goes abroad for special studies, to Paris, London, Vienna. These studies are largely devoted to a minute investigation of the most famous cafes, restaurants, theatres and other places of amusement; a few special courses of privat-docents or assistants, given in a poorly understood foreign language, are, however, usually taken along by the way, as it were. Six or twelve months later he arrives home, where his friends have already been prepared by numerous letters of his wonderful attainments abroad, armed with instruments of the latest pattern, declaiming about the very most recent

methods of treatment of which he is now the only possessor, and superciliously sneering at old-fogeyish Dr. X. whose competitor he starts out to become."

The nature of the relationship of the specialist to the general practitioner must be considered from opposite sides. The specialist must remember that he is dependent for his practice upon the general practitioner, and that his advice is sought for the purpose of a skilled diagnosis in determining the line of treatment, which often may be carried out fully by the family doctor. He is to be the ally, not the competitor, ever ready to support, and never willing to supplant. It is upto him, in association with the pathologist, the physiologist and the clinician, to do the bulk of the real work in the science and art of medicine.

On his side the general practitioner should make free use of the specialist. Is he to refer all cases in oto-laryngology to the specialist? No. But it is wrong for him to fail to do so, when he cannot fairly claim that he possesses the requisite knowledge of the conditions before him, which will enable him to serve the best interests of his patient. His conscience should tell him whether he has arrived at the point where his patient should have the benefit of a knowledge beyond his own. If this point is reached, failure to employ this extra knowledge is nothing short of criminal. If he is absolutely steadfast in calling to his aid every possible means of securing the best interests of his patient, he will surely and steadily build up for himself a reputation for reliability and carefulness, which will establish his high standing in the community and give him the priceless possession of a conscience void of offence toward all men.

To do the opposite is to descend to the commercial basis of the public, the results of which are seen in the deplorable editorial attitude of many of our leading newspapers towards all things medical, in the scepticism of the Legislature to the altruistic intentions of the profession as a body, and in the too widespread opinion among the general public that the physician is not sincere in the promotion of measures which might prejudicially affect his pocket, because it would not be "business."

As Osler puts it, "Faith is the great lever of life; without it man can do nothing; with it, even with a fragment, as a grain of mustard seed, all things are possible to him. Faith in us, faith in our drugs and methods, is the great stock-in-trade of the profession. To wrest from Nature the secrets which have perplexed philosophers in all ages, to track to their sources the causes of disease, to co-relate the vast stores of knowledge, that they may be quickly available for the prevention and cure of disease, these are our ambitions."

BIBLIOGRAPHY.

- The Jnl. of Oto-Laryngology and Otology, May, 1912.
 Carnegie Foundation, Medical Education in U.S.A. and Canada. Bulletin
 Four, 1910.
 British Medical Jnl., Nov. 21, 1914.
 Cleveland Medical Jnl., Jan., 1909.
 New York Medical Jnl., March 1, 1913.
 Aequanimitas, Osler.
 Jnl. American Medical Association, Vol. xxxvi., 1901.
 New York Medical Jnl., Vol. 95, 1912.

SOME ERRORS IN DIAGNOSIS.*

BY J. J. THOMPSON, M.D.
 Toronto.

IN surveying the countless fields in medicine, on which I might write this paper, it is exceedingly difficult to choose one that might be interesting enough to warrant your appreciation of my efforts. So it is with fear and trembling that I follow the example of quality set by my colleagues. I thought what was interesting to myself might be interesting to others, consequently my choice of subject, "Some Errors in Diagnosis," although practically a *freshman* in general practice, compared with many of my hearers, I have met with such glaring examples mistakes in diagnosis. The city of New York is dealing with it as an terest, if not helpful. We all make mistakes and it is often by mistakes we learn, but those mistakes must be noted by the physician, as well as the student.

This paper does not even attempt to describe all sources of errors, but shall include only a few of the commoner examples. I might first of all deal with the question why errors are made. This seems to be very important. Post-mortem findings are constantly revealing clinical mistakes in diagnosis. The city of New York is dealing with it as an important problem. Recently in London thirty-four specialists were invited to speak on the subject, keeping as far as possible within their own fields. Abrahams, of London, in the *Practitioner*, of 1914, gives a good account of these papers.

I might, for convenience, divide errors into *social*, and *clinical*. Under *social* errors, first, bad deportment; second, lack of tact plays havoc with many a physician called for the first time, perhaps to treat a patient suffering from a functional disorder, such as hysteria, psychasthenia and neurasthenia. The confidence necessarily involved for success is lacking.

Clinical errors are of many types. First of all, ignorance, such

* Read at the West Toronto Medical Society.

as overlooking wax as a cause for deafness; or a tumor in the abdomen, following confinement, as acute metritis when it was due to retention of urine. Ignorance of fundamental facts, ignorance of rare conditions, and ignorance of recent progress in medical science. Second, poor judgment, too, is a factor in making errors. Pregnancy *when not present*, and pregnancy *not* existing when such is *true*, are errors of judgment always to be regretted. A child, merely deaf, is diagnosed as mentally deficient; bad judgment, of course. Third the error of obsession, the syphilologist sees in all lesions the unmistakable ravages of the spirochæta pallida. The mental specialist sees a case of dementia præcox because the patient was a Barnardo boy or butt of the village. Fourth, anatomical errors are frequent appendectomy to remove a low down distended appendix to prevent rupture, when an ovarian cyst is the offender, and vice versa, appendectomy for stone in ureter. Appendectomy advised at once for ruptured appendix, when a gall-stone was the essential and only trouble. Appendectomy for gall-bladder sluggishness, etc. Mayo, Murphy and others have repeatedly stated that many needless operations are done. Difficulties in the case itself, X-ray plates show shadows that might easily be mistaken, such as gall-stone for stone in right kidney, or a calcified gland. Small shadow of stone in bladder, size of a pea, when it was size of large walnut, caused the useless application of the lithotrite. Fifth, self-esteem has caused mistakes in not consulting with others; and, last but greatest of all is, I am obliged to admit, due to incomplete examination. Nearly all avoidable blunders are due to this cause. Lack of time may be the excuse, or, worse, laziness on the part of the physician himself. Countless laboratory results are false or misleading, due to laziness. I know of a case that was passing through a course of typical malarial fever, whose chest the physician in charge was pounding daily to find possible tuberculosis, and examining the spleen for a possible cause of the ailment. The blood had been pronounced normal by the pathologist in question, when, at the same time, it was teeming with plasmodia. Another case, urine ordered examined in case of stone in urinary bladder, and patient having but one kidney. No pus, and only a slight trace of albumin was reported, while pus poured from the urethra. I can merely judge this case on its merits.

Some patients, however, object to complete examination, but this is a poor excuse. Much better to tell the patient to go elsewhere. Your reputation is of more importance than a single patient.

Do not pronounce a patient showing progressive loss of weight and strength with cough, expectoration and even hæmoptysis and abnormal physical signs in the chest, as necessarily one of an advanced stage of

tuberculosis. The case may be amenable to treatment directed to the real cause of the symptom complex. Always exclude possible cardio-renal conditions in such patients.

Remember pneumonia and its sequelæ as a possibility. One sputum examination, either positive or negative, is not sufficient.

Dr. Ash, of Harvard Medical School, investigated the autopsies in about 200 cases in the Boston Consumption Hospital at Mattepan, and 23 cases, or over 11 per cent., proved to have had no active T. B. lesion. They had been sent to the institution by practising physicians. Eight had died from the sequelæ of pneumonia, 5 from chronic cardio-renal disease, 2 from oartic aneurysin, 5 from malignancy, 2 septicæmia, 1 from actinomycosis.

This roughly applies to investigations from several other institutions.

Many misconceptions are formed by an opinion based on the apparent evidence by missing the true condition by a more or less narrow margin. It has been contended that being near the condition is not usually a dangerous error, because it is better than far away; but being near is not sufficient, unless pointing to the truth, and always, as you well know, parallel lines never meet.

A common illustration is the term para-typhoid fever. Have you ever observed a case with continued fever, frontal headache, dirty tongue, growling bowels, abnormal defecation, and negative widal well on in second week, temperature gradually falling by lysis, and, at the end of third week, the whole condition clears up, leaving practically no trace of its ravages? Vice versa, la grippe, for real typhoid fever may prove detrimental, both to the patient and the community. Some years ago I knew of a case of typhoid fever running an apparently natural course which two physicians placed into ice packs, to bring down a supposed fever reaching, according to three thermometers, 112 degrees. The temperature dropped and the patient by good fortune recovered. This case was reported in the *Journal of the American Medical Association*. The attendant, in taking the temperature, had passed the thermometer over a hot water bottle, previously placed between the patient's knees and obscured from the view of the two physicians present, and who subsequently had the patient placed in the ice pack.

Lobar pneumonia and pleurisy are often mistaken for each other. This is seldom costly, because they are of identical location and changes are promptly noted. The physician may, however, become subject to censure, if, having given a favorable prognosis on the basis of pleurisy, he is called upon to explain the symptoms of perhaps a fatal pneumonia.

Fecal stasis at the ileo-caecal juncture has been taken for appendicitis. Tenderness over McBurney's Point, constipation, furred tongue, and nausea would resemble either condition. Castor oil in these cases usually gives remarkable results.

In infants, many grave phenomena of cerebral origin, pyrexia, irritability, nausea, and even convulsions, disappear like magic on the cutting of a tooth. The doctor of "old times is ridiculed to-day for his *optical* conclusions. To-day, however, when we are forced to give an opinion and unable to reach a rational conclusion as to a condition, we are positive the child must be teething. No doubt our forefathers had crude and limited resources, and had none of the expensive equipment and discoveries of a modern diagnostician, yet they fortified themselves with a stronger power of observation. Dentition is a natural process we argue; so is parturition, and defaecation. Is parturition or defaecation always natural? Have we not heard of and seen many of the evils of parturition and of defaecation? Why not abnormal conditions directly associated with or caused by dentition? Children may have a luetic, tubercular, gouty or alcoholic inheritance.

Alcohol may produce peripheral neuritis, resembling oncoming locomotor ataxia, as, (1) lack of co-ordinating power in legs; (2) Romberg sign because of anæsthesia of soles; (3) pains in legs suggesting lightning pains of tabes; (4) absent knee jerk from affection of nerve supply to quadriceps extensor cruris; (5) sluggish pupils (but not typical Argyll-Robertson).

Subsequent events will clear up these cases. Be careful of these as many mistakes have been made to the embarrassment of the incautious.

In a case of a young man I have particularly in mind, "lumbago" was given as a cause of pain in the back. Some said it was purely neurotic, others nothing the matter at all, that he would be well in a short time. No less than fifteen careful men had given these opinions. He had met with a squeeze in a street car in March and was dead in about seven months, the cause being malignant sarcoma of mesentery, primarily at its attachment to spine, explaining one cause of malignancy.

It is the opinion of the writer of this paper that skin afflictions give, as a rule, little concern, and get scant attention from the profession generally. This may be the result of student life. The feeling universally was that skin diseases were of minor importance, and were regarded with indifference by most students who preferred the graver ills that killed, maimed and blighted. We ignore the fact that epithelioma might kill; lupus, maim, and lues, blight.

We who have got down to the grind of everyday practice realize how important it is to know the things that are of most interest to the masses. We know it to be of greater advantage to be able to detect and control the common diseases of the skin than it is to be able, for example, to detect a case of sleeping sickness. Lives have been blasted by repulsive lesions of skin, marriage voided, careers destroyed, dispositions changed, and health endangered; yet, in spite of the distress of itch or intense pruritis; the cause of acne, eczema and psoriasis, the undue suspicion of inebriety, because of rosacea; detriments to employment, marriage, etc., the skin is shamefully ignored by the student of medicine. Lues for lupus and lupus for lues are persistently and vigorously treated. The complement fixation pathological tests remove the difficulties; other factors aid also—lupus occurs usually in the young, cancer in the old.

Lupus has apple jelly nodules in the ulcerating surface, remaining as yellowish red points on pressure. The scar is tough, there is slow progress and a negative Wasserman reaction.

Lues has no jelly granulations, the scar is thin, flexible, rapid progress, and there is a positive Wasserman reaction.

The common itch has been mistaken for syphilis, the most terrible affliction of the human race. The ordinary individual, however, burdened for long periods with this irritating mite, owing to its obscurity through being unrecognized, would readily accept the relative afflictions of lues, so far as he was concerned.

Itch mistaken for eczema. Patients have been dieted, dosed and plastered with astringent, irritating ointments, and wanders about from one to another for two years seeking relief, only to meet with disappointment. Itch for dermatitis herpetiformis, and vice versa. Itch avoids face and leaves nopigmentation which is not the case in the latter.

Common urticaria has frequently been treated for scabies, especially where intense scratching has taken place, leaving hæmorrhagic points at the abrasions in the skin.

Eczema is a haven of refuge for many to fall back upon; no need of further observation; like the teething infant, eczema and ague go hand in hand as of yore.

Eczema (the erythematous, vesicular, papular, and squamous) has been mistaken in its various forms for other conditions; for everything, indeed, that itches and many that do not. Cases have gone from one doctor to another, until a hit or miss prescription, containing countless ingredients, landed on the enemy like a shrapnel shell, annihilates it into oblivion.

Mistakes in diagnosis are constantly made, some are attended with risk and embarrassment. The purpose of this paper is to call attention to this matter and interest ourselves in the means of eliminating these errors. The means at our disposal are *caution, deliberation, concentration* and *consultation*.

Avoid a snap diagnosis. No man is wise enough to make one. Opinions should be arrived at after slow deliberation. Concentrate all your faculties upon the problem in hand. Errors may lurk in the most unlikely place. If there is the slightest reason for doubt, have a consultation. Preserve every case of faulty judgment for future reference. Acknowledge and retrace them, a better future will then be assured.

OBSERVATIONS FROM 24 CASES OF EXOPHTHALMIC GOITRE.
A NEW SYMPTOM.

BY D. SMITH, M.B., L.R.C.P. and S., Edin.
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I DESIRE to speak to the general practitioner, answering some of the questions that arise during the course of the disease, which are not referred to in the text-books, and to point out an important symptom that was found to be almost constant in this disease. I was led to give my experience with this symptom after reading a paper by Dr. Llewellys Barker on the symptomatology of exophthalmic goitre, in which he makes no reference to it, nor has reference been found to it in the text-books.

I speak from an experience of 24 cases, 21 of which have occurred in my own practice and three in consultation with other doctors. Of these, three were males and 21 were females.

Enlargement of thyroid gland, previous to development of symptoms of exophthalmic goitre, was noted in 13 cases out of 21. One outstanding case was an unusually large goitre quite as large as a fetal head in a woman 63 years of age which had existed for 35 years. She had a very severe attack, developed insanity, which lasted four months, finally recovered and died eight years later from influenza, with cardiac involvement and tracheal pressure. The oldest was 87 and the youngest 18.

In the case at 87 the pulse for a period of three months never fell below 160, the enlargement was entirely in the middle lobe, which became pulsating. She finally died of symptoms resembling cerebral hemorrhage.

There was recurrence of the disease in four cases of the 21, two of which proved fatal. The other two have developed what might be

called chronic exophthalmic goitre. The symptoms will light up in them with slight provocation, such as slight illness or nervous shock.

Recurrence of the disease seems to be quite serious—somewhat akin to the behavior of pernicious anæmia.

Two cases developed marked symptoms of exophthalmic goitre during treatment of simple enlargement of the gland with iodine preparations, so there is a real danger there.

Two cases developed insanity, one being treated in the hospital suddenly developed insanity in the night and quietly walked out of the hospital home. This was a case of recurrence. She died in the course of three weeks. The other case recovered as reported above, after four months of insanity. The characteristics of the insanity in both cases were: 1st, Sudden development without warning. 2nd. They both wished to go away from where they were and required constant watching. Surgical work during course of the disease. One case developed an acute infection of the gall bladder. I operated, drawing off nearly a quart of fetid pus. During the course of the operation and subsequent treatment the pulse was constantly above 160. The operation seemed to have no effect in the course of the exophthalmic goitre. The patient recovered and is still in good health.

Will the eye symptoms recover? This is a question very frequently asked by patients, and no answer was found to it in the textbooks. But you can assure your patient that the eye symptoms will disappear, but in severe cases it may take four to five years.

The prognosis seems to be directly in keeping with the pulse rate. If the pulse rate does not go above 160 prognosis is good, above that it is in directly inverse ratio to the pulse rate. Two cases in this series had a pulse rate of 180 followed by recovery—no case where the pulse rate reached 190 recovered.

There were three deaths in the series—two of these were cases of recurrence. Death seems to come from direct wearing-out of the heart muscle. The heart gradually becomes faster. In one I counted the heart beats with the stethoscope at 280 per minute, another at 240, the third at 220 in a woman 65 years of age. One of these was a very acute case. She was approached by a young man in the dark and greatly frightened, following this she developed the symptoms and inside of seven weeks from the fright she died of exophthalmic goitre, her pulse reaching 240.

The symptom to which reference is made in the title of this paper was noted in the sixth case treated, and has been found constant in all except one of the last 18 cases—the one case where it was absent was

in the case referred to where the enlargement and activity were entirely in the middle lobe. No reference to this symptom has been found in the literature, hence the decision to put it before you.

The symptom is too-and-fro blowing bruit synchronous with the heart beat heard with the stethoscope at first over the region of the superior thyroid artery, and as the disease develops over the whole lobe, or the whole gland, if both lobes are affected. Both the "too" and "fro" part of the bruit are about equal—in this way differing from a murmur produced by pressure of the stethoscope over an artery which produces a single murmur.

The bruit appears very early in the disease—before exophthalmos or tremor, and generally before any noticeable enlargement of the gland. In one case it was heard when the pulse rate was only 85 and at this stage in development the disease yields well to treatment.

As the disease develops the bruit spreads over the whole lobe or gland, and may be heard as a loud blowing bruit over any part of an enlarged gland, and as the disease begins to abate, the bruit recedes, both in loudness and extent of area until it is again heard only over the superior thyroid artery.

One case applying for treatment showed in a marked way the importance of this symptom. It was a case of recurrence. One lobe was decidedly larger than the other and I expected to find it the active lobe, but to my surprise I found only the smaller lobe to be affected. In this case a surgeon removing one lobe, as is sometimes done, would have removed the wrong lobe and given rise to disappointment in results.

Next to increased pulse rate this is the most important symptom of the disease, as it enables positive diagnosis much earlier than waiting for the four classical symptoms with which you are all familiar.

RATTLESNAKE VENOM IN EPILEPSY.

Dr. Ralph H. Spangler, who has contributed several times to the *Journal* (September 3, 1910; September 9, 1911; September 14, 1912; April 5 and October 4, 1913) the results of his treatment of epilepsy with rattlesnake venom, returns to the charge, despite the adverse criticism excited by his reports, in the *Interstate Medical Journal* for January. After citing the favorable evidence of Fackenheim, Boston, Woodruff, Mays, Keatley and Calmette, he states that he has personally administered the venom in over 300 cases of epilepsy and has received written reports from 131 physicians with similar although less extensive experience.

CURRENT MEDICAL LITERATURE

TREATMENT OF CHRONIC PROSTATITIS.

Kantorowicz, in his recently issued work entitled *Störungen der männlichen Geschlechtsfunktionen*, presents the following formulas, which he considers of much value in the treatment of prostatitis:

I.

- ℞ Argenti nitratis gr. i (0.06 gram)
 Cocainæ hydrochloridi gr. ii (0.12 gram)
 Olei theobromatis ℥iiss (6 grams)
 Fiant suppositoria No. vi.
 Sig.: One to be inserted before retiring.

II.

- ℞ Zinci acetatis gr. iss (0.1 gram)
 Aluminis gr. iss (0.1 gram)
 Olei theobromatis ℥iiss (10 grams)
 Fiant suppositoria No. x.
 Sig.: One to be inserted twice a day.

III.

- ℞ Iodi gr. v (0.36 gram)
 Petrolati gr. xxxvi (2.4 grams)
 Olei theobromatis ℥iiss (12 grams)
 Fiant suppositoria No. xii.
 Sig.: One to be inserted two or three times a day.

The first formula should be employed in the early stages of the condition, the other two later. The suppositories should be introduced as high up in the rectum as possible. Massage of the prostate is, of course, not to be neglected, as it is beneficial in several in several ways. If well borne, it should be practised two or three times weekly for several weeks.—*New York Med. Jour.*

RECTAL FISSURE.

Recent fissure complicating hemorrhoids may at times be cured without operation. The fissure can be touched with a silver-nitrate solution varying in strength from 10 to 30 grains to the ounce of water every two or three days; on the alternate days a 5 per cent. cocain solution can be carefully applied (a few drops only); or the following ointment can be alternated with the silver application, or substituted for a time:

℞ Hydrargyri chloridi mitis	gr. xv
Opium pulveris	gr v
Extracti belladonnæ foliorum	gr. v
Petrolati	℥ss
Fiat unguentum.— <i>Med. Fortnightly.</i>	

ANTITOXIN IN TETANUS.

E. E. Irons (*Jour. A. M. A.*, June 27, 1914) has analyzed 225 cases of tetanus treated with antitetanic serum after the development of the disease. From these statistics it appears that the mortality of cases thus treated is about 20 per cent. lower than the average mortality when serum treatment is not employed. The mortality in those treated by efficient methods and adequate dose is considerably lower than when only small doses are used subcutaneously. It should be generally recognized that tetanus antitoxins when used properly and sufficiently early may save life. Of course, not every case can be saved, but there is every reason to believe that the present great mortality can be materially lowered. "It is important," he says, "that the full effect of the antitoxin be obtained immediately, and this may be accomplished by giving, as outlined by Park, 3,000 units introspinally, and from 10,000 to 20,000 units intravenously at the earliest possible moment after symptoms of tetanus appear. The blood remains strongly antitoxic for several days. On the following day the intraspinal injection of 3,000 units may be repeated. On the fourth or fifth day 10,000 units should be given subcutaneously to maintain the antitoxin content of the blood." The use of antitoxin does not replace other non-specific methods of treatment. Surgical treatment at the site of infection should be employed at once; the use of sedatives to control convulsions, a quiet darkened room, adequate fluid nourishment, and attention to elimination are also to be employed. The danger of an overdose of sedatives should not be overlooked, and their use should be carefully supervised by the physician.

TUBERCULAR PERITONEAL AND RETROPERITONEAL GLANDS.

1. *Tabes mesenterica* is often a primary disease with sometimes a fairly distinct clinical history and signs. It most often simulates acute appendicitis, and when in this stage should demand surgical intervention.

2. In the absence of palpable glands, however, it is impossible to make a correct preoperative diagnosis in many cases, there being no symptom-complex distinctive enough of this condition.

3. A great many people harbor tubercular mesenteric glands in various stages of activity without symptoms.

4. The disease has two clinical types: (a) a slowly progressing one, generally with palpable glands; (b) an acute fulminating type, most often simulating and impossible generally to differentiate from appendicitis.

5. The prognosis in the subacute stage is good without operation. In the acute stage exploratory laparotomy should be done, but the glands not removed unless there are definite indications either from adhesions, ulceration or size of mass producing pain or mechanical obstruction.

6. In children and young adults with a history of right-sided abdominal pain, with or without palpable masses, *tuberculosis mesenterica* should always be considered as a possibility.—E. H. Risley in *Boston Medical and Surgical Journal*.

TUBERCLE BACILLI IN THE URINE.

Lawrason Brown of Saranac Lake, N.Y., in discussing the significance of tubercle bacilli in the urine (*Journal A.M.A.*, March 13 1915), begins with consideration of the other acid-fast bacilli from a diagnostic point of view. The cold blooded tubercle bacilli, while possibly slightly infectious for men, can be disregarded in most patients, and lepra bacilli and acid-fast streptothrices play only a small part in the human pathology. The occurrence of milk and butter bacilli and timothy hay bacilli should be borne in mind in diagnosis, but their occurrence in the bladder must be rare. Of all the organisms, the smegma bacillus is the most important in diagnosis from the tubercle bacillus. Young and Churchman believe that through cleansing of the penis and rinsing with large quantities of water, together with careful irrigation of the anterior urethra, using three glasses for reception of the urine and using only the third for the search for tubercle bacilli, will exclude the smegma bacillus and alcohol and acid-fast bacillus and the third glass may be considered as tuberculous. Petroff and Brown have found that the so-called smegma bacilli which grow longitudinally cannot resist treatment with normal sodium hydroxid (4 per cent. solution) for fifteen minutes, which pro-

cedure affects tubercle bacilli very little, if at all. Of course, until the satisfactory method for cultivating the true smegma bacillus has been discovered it is useless to base any diagnostic methods on a procedure which depends on their growth, but Petroff's new "egg-meat-juice-gentian-violet" medium will enable us to grow tubercle bacilli readily. If at the end of ten days or two weeks no growth takes place in a tube inoculated with a sediment containing acid-fast bacilli, we are almost justified in excluding the tubercle organism. Frequent examinations are requisite for absolute determination. This point is emphasized. A more satisfactory method of finding tubercle bacilli in urine is probably that of Petroff, and is as follows: "Add to the urine to be examined, which has been acidified with 30 per cent, acetic acid, 2 per cent, of its volume of a 5 per cent. solution of tannic acid. This urine is then put in the ice chest for twenty-four hours. The precipitate can then be centrifugalized redissolved with dilute acetic acid, centrifugalized and the sediment placed on slides and stained, or the first precipitate treated with normal NaOH and cultivated." A simple method that may aid in diagnosis is to place the bacilli to be stained on the same slide with a few typical tubercle bacilli which have been immersed in urine and the two smears be subjected to the same method of decolorization. If the questionable bacilli are decolorized when the control still retains the third stain, it is presumptive evidence that they are not tubercle bacilli. Brown admits a possible loss of faith in animal inoculation experiments in the diagnosis and mentions a case which has apparently shaken his belief. Many other points of interest in regard to the diagnosis of tubercle bacilli in the urine are mentioned and in regard to treatment he believes it impossible to give tuberculous kidneys functional rest, and it seems to him, he says, theoretically, that renal tuberculosis of any degree should be treated by nephrectomy. After nephrectomy, tuberculin is of great value. In conclusion Brown says: "1. No staining method differentiates, absolutely tubercle bacilli from smegma bacilli, but cultured methods may aid greatly. 2. Animal inoculation, with the production of tuberculosis, is an absolute test, but of value only when positive. 3. The same care about the collection of urines should be exercised as about the collection of sputum. 4. Tubercle bacilli can be excreted through apparently normal kidneys. 5. Radiography may aid in the quick detection of caseous foci when the urine contains no tubercle bacilli. Spontaneous healing is often fictitious. 6. The final, and after the best, treatment for renal tuberculosis on diagnosis is nephrectomy, followed by the use of tuberculin. 7. Tubercle bacilli occur in the urine in genital tuberculosis usually late in the disease and are consequently of little aid in diagnosis of the condition."

PERSONAL AND NEWS ITEMS

Ontario.

The University of Toronto Base Hospital has with it a large and complete refrigerating plant capable of making daily one ton of ice, and cooling a refrigerator ten feet square to a temperature of 34 degrees. This is the largest plant of the kind ever sent to the front.

Immediately on receipt of the news of the battle of Langemarck, Mr. Noel Marshall, the chairman of the executive committee of the Canadian Red Cross Society, cabled that \$15,000 of the funds in London be handed over for the purchase of dressings and medicines. Within one hour the transfer was made. The request for the money came from Dr. Hodgetts.

The Canadian Red Cross Society has sent \$5,000 for relief work in Servia. The money was sent to Sir Edward Boyle, treasurer of the Servian Relief Fund in London, England.

A few evenings before going to the front, Dr. V. H. McWilliams was entertained at dinner in the Ontario Club, Toronto, by a number of friends.

Dr. W. J. O. Malloch, one of the surgeons of the University of Toronto Hospital, was given a dinner prior to his departure and presented with a wrist watch.

Dr. Henry McKellop and Dr. H. B. Jeffs, both of Toronto, and attached to No. 2 Field Ambulance, escaped safely from the field of Langemarck.

According to the will of the late Senator Fulford, \$400,000 will be paid in October to the Brockville General Hospital for the purpose of erecting and maintaining an Aged Woman's Home. It has been suggested that four acres of the Fulford athletic grounds be secured for a site.

Dr. C. K. Clarke, dean of the Medical Faculty of the University of Toronto, has been made treasurer of the University Hospital Fund, instead of Dr. A. Primrose, who has gone to the front as one of the surgeons.

The physicians of Lambton county have offered to the Government to equip a hospital of 200 beds. The cost would be about \$10,000, and this would be furnished by the city of Sarnia and the county of Lambton.

Dr. J. W. Edwards, M.P., has been nominated for the constituency of Frontenac in the Canadian House of Commons. He has represented this seat for a number of years.

Dr. C. O. Fairbank, of Petrolea, has withdrawn from the political field in Lambton, for which constituency he was nominated for the House of Commons. Dr. Fairbank is much interested in military matters and had offered his services for abroad.

Lieut.-Col. J. D. Courtney, M.D., of Ottawa, has been appointed for special duty at the front to treat diseases of the eye, ear, nose and throat occurring among Canadian soldiers. Such events show how much better soldiers are cared for now than formerly.

Dr. A. T. Tufford, of St. Thomas, had a narrow escape for his life a short time ago. His car turned turtle and severely bruised his face and arms, while Mr. Wise, who was in the car with him, was pinned down and killed. The car slipped and went over an embankment.

Dr. W. G. Anglin, of Kingston, who will be chief surgeon with the Queen's Stationary Hospital in France, has been granted the rank of lieutenant-colonel by the Minister of Militia.

Mr. H. D. Warren, of Toronto, presented a motor ambulance to the Shorncliffe Queen's Hospital, which is in charge of Dr. Donald Armour.

Dr. Charles H. Gilmour, who is at the front with No. 2 General Hospital, is a son of Dr. Gilmour, superintendent of the Ontario Reformatory.

All will sympathize with Dr. G. Sterling Ryerson in the terrible bereavement that has befallen him. His son was killed in the battle of Langemarck. His wife and daughter were on the Lusitania to visit the other son, who was wounded. Mrs. Ryerson was drowned when the vessel was torpedoed and sank off the south of Ireland. The daughter was saved. Dr. Sterling, at the time, was in England in the interests of the Red Cross work.

A dinner was given Dr. Walter McKeown and Dr. J. A. Amyot a few days before their departure with the University Hospital for France. There were present about 150 to do honor to the two doctors. Dr. Silverthorn presided over the gathering.

A by-law for \$15,000 has been carried by the voters of Galt to pay off a debt on the new wing of the General Hospital there.

From Abroad.

A number of medical bills were reported against by the Public Health Committee of the State of New York Assembly. These were Tallett's bill to regulate nursing; Tallett's bill to legalize chiropractice; Seely's bill to restrain physicians from advertising.

The amendment to the sanitary code of Buffalo, enabling the Health Commissioner to require the vling of the formulæ of patent medicines, has been declared unconstitutional.

Mr. Josephus Daniels, Secretary of the Navy, U.S.A., has taken an active interest for the suppression of venereal diseases among the men and boys of the navy. He thinks the navy is not a mere machine, but an aggregate of persons, over whose morals the Government should exercise what control it can. He holds that every effort should be made in this direction.

A strong medical committee has been formed, under the chairmanship of the Director-General, Army Medical Service, for the purpose of compiling a comprehensive medical history of the war. Among the names on the committee are Osler, Lushman, Pilcher, Burghard, Horrocks, Brereton, Andrews and others.

The Rönttgen Ray Association, of New York, celebrated on 5th May the twentieth anniversary of the discovery of the X-ray. A number of papers were read.

At a recent date the New York Belgian Relief Fund amounted to \$995,579, the American Jewish Fund to \$579,996, the New York Red Cross Fund to \$475,350, the New York Committee of Mercy to \$137,523, the New York Polish Relief Fund to \$28,916, and the New York Serbian Fund to \$25,217.

In the *Medical Record* of 8th May, there is a letter from the late Dr. James F. Donnelly, surgeon under the American Red Cross Society. He gives his experience in a factory in Servia that had been converted into a hospital of 2,000 beds. The sights he describes as awful, and yet the Servians are so patient and brave. He mentions a visit from Sir Thomas Lipton and his party, and Sir Thomas gave him a gold four-leaf shamrock. A short time after this Dr. Donnelly was taken down with typhus fever and died in four days. He was buried in the American flag which Sir Thomas had given him!

Dr. J. Riddle Goffe, of New York, writes of Belgian doctors thus: "Many have been killed and their families are in want; doctors in country towns are ruined, as everything has been destroyed. Those living in the cities are ruined because everything they had has been commandeered. The country is full of infectious diseases."

The King Edward Hospital Fund has received donations during the year to capital account amounting to £315,093, and to general fund £214,792. The disbursements for the year amounted to £140,000. Lord Revelstoke was elected treasurer as successor to Lord Rothschild, deceased.

Sir Thomas Smith Clouston, for so long known as a great authority on diseases of the mind, died at Edinburgh on 19th April, in his 75th year. He held the positions of superintendent of the asylum at Carlisle and the Morningside Asylum at Edinburgh. He was an extensive writer on mental diseases.

Lieut.-Col. Henry Smith, I.M.S., is urging the establishment of a post-graduate school of ophthalmology in India. In 1881 in six provinces of India there were 3,957 operations for cataract, whereas in 1913 there were 41,595.

Sir Thomas Lipton has interested himself very greatly in the cause of Serbia. He has loaned his yacht *Erin* to the British Red Cross for use in that country, and is establishing supply stores for the relief workers. Money gifts should be sent to British Red Cross Society, 83 Pall Mall, S.W., London, marked "For Serbia." Goods should be sent to Miss Christitch, care Mrs. Carrington Wilde, 5 Cromwell Road, S.W.

Lieut. James Robertson Greenlees, M.B., has been appointed Companion of the Distinguished Service Order for gallantry and devotion at Neuve Chapelle, where he attended the wounded under heavy fire. He had on previous occasions been mentioned for signal acts of bravery. Lieut. J. G. Priestly, M.B., R.A.M.C., has received the military cross for gallantry and devotion to duty at Neuve Chapelle, when he attended to the wounded under fire, though wounded himself.

The Canadian military hospitals in France, and under the control of the Canadian Government, are: one at Wimereux of 300 beds, under the command of Major McKee; one at Le Touquet, under the command of Colonel A. T. Shillington, and one at Le Triport, of 1014 beds, under the command of Lieut.-Col. Bridges. Accommodation is being arranged at Etaples for 3,000 beds, to be staffed by the Universities of Laval, McGill, and Toronto. There are also other Canadian hospitals on the lines of communication. The work of the Red Cross Society is to supplement the supplies to these hospitals and the field ambulances.

Many doctors and nurses have gone to Serbia to aid that unfortunate country. From the United States there are Drs. T. W. Jackson, H. Zinsser, B. W. Caldwell, A. W. Sellards, G. C. Shattuck, F. B. Grinnell, W. S. Standifer, R. P. Strong. All these have had much experience in medical, surgical and sanitary affairs.

Buffalo has authorized a bond issue for \$600,000 for a tuberculosis hospital. This was finally agreed upon after a good deal of opposition.

Mr. Block has a bill for the State of New York that would make the physical examination of patients compulsory before prescribing for them. Laws may readily go too far.

Dr. Ernest P. Magruder, of Washington, and Dr. Joseph P. Donnelly, of Brooklyn, have died of typhus fever in Servia, where they went with the American Red Cross Society.

Prof. Friedrich Loeffler, of Berlin, known as the discoverer, along with Klebs, of the diphtheria bacillus, died last April at the age of 63.

The Presbyterian Hospital, of New York, has taken an option on the old American League Baseball Park, which contains over nine acres, in the upper Washington Heights district, as a site for the new buildings of the institution.

Donald Armour, F.R.C.S., surgeon to the Queen's Canadian Hospital at Shorncliffe, has cabled to his brother, Mr. Eric Armour, of Toronto, to convey to the Canadian people his warmest thanks for their generosity to the hospital, by which it has been possible to enlarge the scope of its good work.

Dr. George Lovell Gulland has been appointed professor of medicine in the place of Dr. Wyllie, who recently resigned.

OBITUARY

W. W. OGDEN.

There are very many members of the medical profession all over the world wherever the English is spoken who would hear of the death of Dr. William Winslow Ogden with feelings of a personal loss. For many years he taught medical jurisprudence in the Toronto School of Medicine, and all who came into close contact with him soon learned to respect and admire the man. He was a good and conscientious teacher, and his influence among the students was of an inspiring and elevating character.

His father was of English descent and his mother Irish. His father served in the York Rangers in the troublesome times of the Upper Canada Rebellion of 1837 and 38. The late Dr. Ogden was educated at the old Grammar School, on Jarvis Street, Toronto. He received his

medical education in Rolph's Medical School. Among Dr. Rolph's students were W. T. Aikins, M. Aikins, Uzziel Ogden and W. W. Ogden. Later on these four organized and founded the Toronto School of Medicine when Dr. W. T. Aikins seceded from Dr. Rolph's school, with which he was for a time connected after graduation. When the Toronto School of Medicine affiliated with the University of Toronto Dr. Ogden retired with the title of professor emeritus.

The late Dr. Ogden was a most worthy citizen to the best and highest ideals of the city. He was a member of the School Board for the unusually long period of forty-four years. During all this period he was universally liked and trusted by the teachers, whose trials and difficulties he was always ready to consider in a most sympathetic and helpful manner. The influence he had in the School Board was very great and always used for the betterment of the educational methods and standards of the city. He was chairman of the board several times.

On two occasions he contested one of the Toronto constituencies for a seat in the Legislature, but without success. He was an excellent business man as well as an able and successful practitioner. In 1862 he married Miss Elizabeth Price, who survives him, as also does his two daughters, Mrs. Dr. S. M. Hay, of Toronto, and Mrs. George Stone, of Sault Ste. Marie.

Dr. Ogden had and continued to hold until he retired, one of the largest practices in Toronto. He was in his seventy-eighth year at the time of his death.

And thus he bore without abuse,
The grand old name of gentleman.

GEORGE JERROLD POTTS.

The death of Dr. Potts occurred in Clinton, Ont., on 22nd April. Dr. Potts had at one time resided in Toronto, and also in Belleville. At the time of his death he was in his 80th year. He was a graduate of the old Rolph school and held the diploma of M.R.C.S., England.

Dr. Potts was for some time editor of *The Toronto Daily Leader*, the organ of the Conservative party in Ontario in the days of the Sandfield Macdonald Ministry. As a young man he joined the Canadian militia and later he saw considerable active service with the British Imperial forces. He was surgeon to the British Consulate in Siam when the Indian mutiny began, and was ordered to India, where he served until the close of the troubles there. He then went to China with the

Anglo-French expedition and witnessed stirring scenes in that campaign. Having resigned from the British service he joined the United States Federal forces and served through the Civil War with the rank of surgeon-major, being appointed by President Lincoln himself. At one time he was coroner of Victoria, Northumberland, and Durham counties and later of Peterboro county. He had travelled in nearly every country in the world, and was a Freemason of high degree. He is survived by three sons and two daughters.

G. N. FISH.

Dr. George N. Fish, of 307 Markham Street, Toronto, died 23rd April, following an illness of more than twelve months' duration. Dr. Fish had practised in Toronto for about six years, and was 40 years of age. Born at Thornhill, Ont., son of the late Rev. Charles Fish, deceased received his education at Harbord Collegiate and Trinity College, graduating from the latter. He began practising in 1900 at Brougham, Ont., remaining there until six years ago, when he came to Toronto. During his residence in Toronto he attended Dunn Avenue Methodist Church. He was a member of the I.O.O.F., College of Physicians and Surgeons and the Woodmen of the World.

Besides the wife and one daughter, the five brothers survive, including Dr. W. A. Fish, of Toronto.

FRANCIS BRITTON MARR.

Dr. Francis B. Marr died at his home in Ridgetown on 19th February, 1915.

S. GOWAN.

Dr. S. Gowan, of Brockville, died of typhoid fever in March 13th, at the age of 41. He was a graduate of the University of Toronto of the class 1902.

ARCHIBALD MONTGOMERY.

Dr. Montgomery graduated from the University of Toronto in 1894, and practised at Peace River. He died in Toronto of heart disease on 9th March. His brother, Douglas Montgomery, is professor of sumatology in the University of California.

BOOK REVIEWS

ORMSBY'S DISEASES OF THE SKIN.

A Practical Treatise on Diseases of the Skin. By Oliver S. Ormsby, M.D., Professor of Skin and Venereal Diseases in the Rush Medical College, Chicago. Octavo, 1168 pages, with 303 engravings and 39 plates in colors and monochrome. Cloth, \$6.00 net. Philadelphia and New York: Lea & Febiger, Publishers.

Dr. Ormsby's recognition as one of the world's foremost dermatologists gives to this work the stamp of high authority. He has brought to the task of preparing a complete consideration of present-day dermatology, with its broadly divergent aspects, peculiar qualifications resulting from thorough study and broad clinical observation, and has not failed to profit by his long association with the late Drs. J. Nevins Hyde and Frank Hugh Montgomery. The appearance of his work at this time is particularly opportune, resulting in a careful, up-to-date, and final review and co-ordination of the numerous and important additions to the knowledge of this subject recently reported from various parts of the world.

The volume is concise, but its descriptions of cutaneous conditions are sufficiently detailed to be of real value to practitioner, specialist or student. Many new diseases have recently been differentiated, and new facts discovered concerning the nature and course of previously known diseases. All these findings are taken up and harmoniously developed in the author's finished consideration of the subject.

The striking results of recent research in the etiology and pathology of cutaneous diseases are assigned their proper places, and the newer methods of diagnosis are presented at length. The literature of the subject has been thoroughly reviewed and the author has not overlooked the rich fund of valuable material in the treatise of his distinguished colleague, Dr. Hyde. His quotations from the opinions of leading dermatologists, with references, afford the conscientious student a useful starting point for his further investigations.

The consideration of treatment is well developed, and the directions are most explicit. His therapeutic recommendations are clear and positive, and include not only the standard treatments, but the special methods which have been so extensively developed during the past few years.

The superb series of illustrations and plates includes some from the standard treatise of Dr. Hyde, and a very large number from new and

original photographs in the author's own collection and in those of his colleagues in recent dermatological research.

Its authoritative statement, clear explanations and concise diction make this volume peculiarly adapted to students' use. For the specialist it offers a complete summing up of present-day knowledge and practice in this rapidly developing field. For the practitioner its usefulness is established by its availability both as a reference book and working manual and by the emphasis placed on diagnostic factors and on treatment.

SIMON ON INFECTION AND IMMUNITY.

Infection and Immunity. A Text-book of Immunology and Serology. For Students and Practitioners. By Charles E. Simon, B.A., M.D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore; Pathologist to the Union Protestant Infirmary, the Women's Hospital of Maryland and the Mercy Hospital, Baltimore. Third edition, enlarged and thoroughly revised. Octavo, 351 pages, illustrated. Cloth, \$3.25 net. Philadelphia and New York: Lea & Febiger, Publishers, 1915.

The rapid and extensive advances of science in this field have made the revision of this work no perfunctory task, although less than two years have elapsed since the appearance of the second edition. Every line has been subjected to careful scrutiny and brought into complete accord with the latest information. Entire sections have been added and a vast amount of new material incorporated. Resultantly the new *Infection and Immunity* embodies every advance in this vitally important department of medical activity, with illuminating comment which renders the material presented of easy comprehension by the student and immediately available for the use of the practitioner.

In its previous editions Simon's work gave to the profession a clear, practical and peculiarly useful presentation of all that experimental medicine has accomplished in this field. These characteristics are retained, while the changes and additions made by the author in the preparation of the new third edition exactly measure the progress of the sciences of immunology and serology.

Dr. Simon has, in one compact volume of high didactic quality, opened up for student or practitioner the whole subject of infection and immunity. Moreover, he deals with a profoundly involved subject in terms that are readily grasped. Its terminology is assimilated without conscious effort by the reader.

The author has not failed to note and comment upon every addition to our knowledge of this subject. The consideration of anaphylaxis; active and passive immunization; auto and normal serum therapy; ferment and allergic reactions; the chemo-therapy of the pneumococcus and of cancer, and the serum diagnosis of pregnancy have been notably developed.

The recent advances in the study of Abderhalden's protective ferments and the associated technic are exhaustively presented. The section on the Wasserman reaction has been entirely rewritten. Detailed consideration is accorded methods of minimizing the danger from anaphylactic shock during serum treatment. The author carefully reviews the observations of Schick on the recognition through allergic skin reactions of individuals whose blood normally contains diphtheria anti-toxin in quantities sufficient for protection. The possibilities of better results in the serum treatment of tetanus through an improved technic is dwelt upon, and the potentialities of vaccine treatment in Hodgkin's disease are suggested. Minute attention is given immunity in various diseases; to the preparation of autogenous and other vaccines; to methods of immunization, and to the technic of immunization tests.

The plates are perfect in color and conformation and are selected and placed with discrimination. The author's delightful style and successful avoidance of obscure technicalities adds to the interest of a fascinating study.

Simon's work offers the student a condensed yet adequately complete manual, in a subject whose literature is voluminous, with full attention to laboratory technic. It is, moreover, a safe guide in more extended investigations. To the practitioner it affords that grasp of principles and methods which will enable him fully to avail himself of the aids that the modern laboratory places at his disposal in the diagnosis, control and treatment of disease.

PARKER'S MATERIA MEDICA AND THERAPEUTICS FOR NURSES.

Materia Medica and Therapeutics. A Text-book for Nurses. By Linette A. Parker, B.Sc., R. N., Instructor in Nursing and Health, Teachers College, Columbia University. 12mo., 311 pages, illustrated with 29 engravings and 3 plates. Cloth, \$1.75 net. Philadelphia and New York: Lea & Febiger, Publishers, 1915.

The author has carefully and with much discrimination weighed the knowledge of *Materia Medica and Therapeutics* requisite to the highest efficiency in the nurse, and has planned her work to embody precisely

this material. Her aim has been not to qualify the nurse to take the place of the prescribing physician or the compounding pharmacist, but to give her that grasp of the subject which will enable her to handle and administer drugs with intelligence. She has carefully avoided the inclusion of material that will not be specially useful to the nurse.

She has brought to the preparation of this volume a comprehensive knowledge of *Materia Medica* and a keen insight into the problems of the nurse and her special needs as regards rational training. The student whose careful study of this volume is supplemented by class room demonstrations of the appearance and characteristics of drugs the lines clearly indicated by the author will bring to the performance of her duties just that degree of knowledge that is most likely to serve the needs of the physician in attendance and the interests of the patient.

Essential facts only are presented, and details that might confuse the mind of the student are avoided. The nurse learns from this volume not only that certain drugs are administered in certain conditions, but the reasons for their selection. Recognizing the nurses' viewpoint, the author places emphasis not on the fact that a certain drug is prescribed in a certain condition, but on what action the drug ordered by a doctor may be expected to have, what untoward effects may be looked for, and the emergency procedure pending the physician's arrival in case of an overdose.

In the preliminary sections tables, technic and the necessary definitions are clearly stated and explained. The consideration of drugs is logically arranged by systems—nervous, muscular, circulatory, etc.—with an additional section devoted to specifics and drugs which affect nutrition. A concise chapter on legislation concerning poisons and habit-forming drugs includes consideration of the Harrison law, indicates just which drugs are restricted and how to conform to the law. In the chapters on Psycho, Hydro, Electro, Serum and Ray Therapy a clear insight is given into a department of scientific medicine, access to which has heretofore been had only through the most technical of medical treatises.

The illustrations are at once striking, appropriate and illuminative. The author's easy style, faculty of clear expression and ability to absorb the interest of the reader add to the usefulness of a book in which the scope and purpose indicated by the title are never departed from.

DIABETES MELLITUS.

Designed for the Use of Practitioners of Medicine. By Nelles B. Foster, M.D., Assistant Professor of Medicine, Cornell University; Associate Physician to the New York Hospital. Philadelphia and London: J. B. Lippincott Company; Montreal: Charles Roberts, Unity Building. Price, \$3.00 net.

The author, in a volume of convenient size, has given us a very clear statement about this important condition. He reviews normal metabolism, and then discusses the sources of glucose in the body. His next chapter is devoted to experimental glycosuria. He then takes up in turn pathogenesis, history, etiology, pathology, symptomatology, renal diabetes, diagnosis and course of treatment, and the identification of sugar in the urine. On all these topics the author is clear and careful in his statements, and gives the latest and the most reliable views. For a brief and clear exposition of what is to-day known about diabetes mellitus we can most heartily recommend this book.

THE COMMONER DISEASES.

Their Causes and Effects. By Dr. Leonhard Jores, Professor der Allgemeinen Pathologie und Pathologischen Anatomie auf der Universität Marburg. Authorized English translation. William H. Woglorn, M.D., Assistant Professor in Columbia University, assigned to Cancer Research; Assistant to St. Luke's Hospital, New York City. With 250 figures in the text. Philadelphia and London: J. B. Lippincott Company; Montreal: Charles Roberts.

This book deals with the anæmias, some forms of cardio-vascular diseases, cerebral hæmorrhages, aneurisms, some septic conditions, pneumonia, typhoid fever, appendicitis, tuberculosis, syphilis, paresis, carcinoma of bone, tumors of brain, mammary cancer, and some other diseases. Each chapter is well written, and sets forth the latest views. The author has had a large personal experience to draw from, and has made good use of it. The translation is well done. To those desiring a clear statement about the diseases mentioned this book will prove very satisfactory and satisfying.

HENRY PHIPPS INSTITUTE.

The Eighth and Ninth Reports for the Study of the Factors Affecting Garment Workers, and for the Study, Treatment and Prevention of Tuberculosis. The Henry Phipps Institute, Seventh and Lombard Sts., Philadelphia.

These reports are published under the auspices of the University of Pennsylvania. There is an able corps of scientific workers in the departments of preventive and state medicine, so that the material contained in these reports may be taken as thoroughly reliable. The report dealing with the prevention of tuberculosis is of more than ordinary interest and gives much documentary and statistical proof of what can be done. These reports should be widely read.

MISCELLANEOUS

THIRTY-FOUR THOUSAND AUTOMOBILES IN ONTARIO—IMPORTANT POSITION IN MOTOR WORLD REVEALED BY REGISTRATION FIGURES—ONE-THIRD ARE FORD CARS.

Toronto, Ont., May 30, 1911.—Only four countries in the world have more automobiles than the Province of Ontario—the United States, the British Isles, France and Germany. No other countries can boast as many cars as this Province. This interesting fact is shown by the registration figures of the Provincial Secretary.

Close to 34,000 cars are now registered in Ontario, which seems an amazing figure for only one Province of the Dominion. But this record would not be possible without the enormous sale of Ford cars in this Province, for there are over 11,000 Fords registered in Ontario.

As a matter of fact, the Canadian Ford Company's output of 30,000 cars for this year alone will be more than half as many as the cars of all makes now in Germany (57,000), and a third as many as are in France (90,000).

It is surprising to note that there are three times as many cars in use in Ontario as in the entire Russian Empire, and twice as many as in Austria. Australian registration figures show 15,000 cars owned in that continent, which is less than half the number of cars owned in Ontario, or half the number of this year's Canadian-made Fords.

In the city of Toronto there are over 6,000 cars owned and operated—more than all the cars in use in some of the principal countries in the world. According to a recent census, Toronto had as many cars as are owned in the Kingdom of Hungary, and a greater number than are owned in British South Africa, Sweden, Switzerland, Holland or Belgium. Fifty per cent. of the cars sold in Toronto are Fords, while 85 per cent. of those used by medical men, and 90 per cent. of all the cars owned by commercial firms are Fords.

THIS POST OFFICE SERVES TWO NATIONS.

Among Canada's thousands of Ford owners is one who has a distinction that is unique. This Ford enthusiast is W. P. Dixon, who is a postmaster in what is said to be the only double post office in the world. The office is half in Canada and half in Yankeeland, with Beebe, Quebec, on one side, and Beebe, Vermont, on the other.

An iron post in the middle of the front porch marks the international boundary line, and just beyond the division C. F. Bagley is postmaster for Uncle Sam. Aside from its location the building is of interest on account of the material from which it is built, which is granite, native to the locality, and on account of its age, which is about a century. The two prosperous communities which it serves, and which are practically one village, have a population of about 1,000, and are said to own more automobiles than any other village of this size in Canada.

UNIVERSITY OF TORONTO MEDICAL GRADUATES.

Fifth Examination—Pass—W. H. T. Baillie, R. Ball, J. D. H. W. Barnett, J. A. Bean, N. E. Betzner, R. A. Bond, C. O. Broad, J. R. Boyd, W. W. Buttle, W. A. Cameron, W. R. Campbell, T. A. Carpenter, W. A. Cathcart, Miss B. L. Collyer, W. G. Cosbie, J. H. Cotton, H. D. Courtenay, E. D. Coutts, R. D. Cowan (clinical medicine), J. G. Cunningham, G. M. Dale, J. Daly, J. H. Duncan, W. L. Evans, L. C. Fallis, D. H. Fauman, G. J. Ferrier, R. H. Fraser, T. E. P. Gocher, Miss E. H. Gordon, P. V. Graham (clinical medicine and clinical obstetrics), D. H. Guy, W. C. Haney, J. B. Hanley (clinical obstetrics), R. I. Harris, H. C. P. Hazelwood (clinical medicine), P. Hearn, A. B. Holmes, H. G. Joyce (clinical medicine), W. T. Kennedy, H. I. Letts, A. G. Ley, G. C. Livingston, L. B. Lyon, F. C. Marlow, W. M. Martyn (clinical medicine), H. K. Mitchell, A. B. Moffat, A. J. McGanity, W. R. McLaren, G. A. McLarty, D. McMullen, G. W. MacNeil, E. H. McVicker, R. W. Naylor, C. Newell, W. R. Newman, V. K. O'Gorman, A. R. Riddell, T. J. Simpson, Miss H. M. Smith, W. B. Stark, E. Z. Stirrett (clinical medicine and clinical ophthalmology), V. F. Stock, V. H. Storey, F. H. Sutherland, S. A. Walker, G. M. Watt, C. E. Wilson, W. N. Winkler.

J. W. Hayes is granted aegrotat standing in the subjects of the fifth year.

The following students have been granted the examinations of the fifth year, on account of active military service: H. Black, G. C. McIntyre, T. C. Routley.

VITAL STATISTICS OF TORONTO.

In diphtheria, scarlet fever and typhoid fever combined, the death rate per 100,000 of population has been brought down from 107 in 1910 to 31 last year. In 1911 it was 88, in 1912 60, and in 1913 it was 38.

Following are statistics showing the death rate per 100,000 of population:

Year.	Diphtheria.	Scarlet Fever.	Typhoid Fever.
1910	41.9	23.8	40.8
1911	37.0	30.8	20.0
1912	36.0	12.1	12.1
1913	17.8	9.1	10.4
1914	16.0	5.7	7.5

QUEEN'S UNIVERSITY MEDICAL GRADUATES.

Degree of M.B.—G. T. G. Boyce, Georgetown, B.C.; S. E. Burnham, Port Hope; S. H. Calnok, Kingston, Jamaica, B.W.I.; A. H. Campbell, Welwyn, Sask.; M. F. Coglon, Clainda, Alta.; T. F. Delaney, Joekvale; C. R. Donovan, Brockville; J. F. Doyle, Kingston; R. H. Fisher, London; H. C. Hagyard, Milton; G. A. Henry, St. Catharines; George Hooper, Kingston; J. H. Kemp, Rochester, N.Y.; D. L. Kennedy, Portsmouth; J. H. Leeds, Galt; Thos. Little, Kingston; D. M. Livingstone, Collingwood; S. H. Martin, St. John's, Nfld.; D. C. Matheson, Dalhousie Mills; L. W. Nixon, Richmond; T. V. Plows, Cobourg; G. J. Preston, Savannah-la-Mar, Jamaica, B.W.I.; H. F. Preston, Kerrobert, Sask.; T. D. Profitt, New Amsterdam, B.G.; W. V. Sargent, Kingston; W. R. Stackhouse, Blyth; C. B. Waite, Port Hope.

Degree of M.B. granted for overseas service—J. W. Coulter, Chatham; H. W. Whytock, B.A., Madoc.

Degrees of M.D., C.M.—D. E. Bell, M.B., Kingston; J. Carmichael, B.A., Collingwood; R. D. Collier, M.B., Picton; K. A. Denholm, B.A., Blenheim; J. A. Dobbie, B.A., M.B., Ottawa; W. V. Edwards, B.A., Souris, Man.; R. M. Filson, B.A., Kingston; N. M. Halkett, B.A., M.B., Kingston; M. B. Kidd, C.B., Ashton; L. M. MacDougall, M.A., M.B., Brooklyn, N.Y.; I. R. McKendry, M.B., North Gower; H. M. McLachlan, M.B., Lochaber Bay, Que.; R. W. McQuay, M.B., Foxwarren, Man.; F. X. O'Connor, M.B., Kingston; M. T. Smith, M.B., Carleton Place.

Faculty prizes in anatotomy—H. Heddon and A. A. Cauley.

Faculty prize (\$25) for highest marks on second-year examinations in anatomy, physiology, histology and chemistry—G. H. Clarke.

The New York Alumni Association scholarship (\$50) for best examination in physiology and histology—J. E. Fraser.

Faculty prize for highest percentage of marks on second-year examination in materia medica—H. R. Nicklin.

The N. F. Dupuis scholarship for highest marks in chemistry of the second year (\$60)—H. Heddon, with honor of N. Y. Alumni and Faculty scholarships.

The Dean Fowler scholarship for highest percentage of marks on the work of the third year, value \$50—H. S. Angrove.

Faculty prize for the best written and practical examination in third-year pathology—W. E. Brown.

The Chancellor's scholarship, value \$70, for highest percentage of marks on five-years' course—D. E. Bell, M.B.

Medal in medicine—R. H. Fisher, with honor of tying with medalist in surgery.

Medals in surgery—K. A. Denholm and W. V. Sargent.

NEED PSYCHIATRIC CLINIC.

William Crawford, of Toronto, arrested on April 20th on a charge of disorderly conduct, was treated by the jail physician, for the effects of drink. When brought to the City Hall for trial he was so weak he could not stand in the cell downstairs. He died on April 22nd, and the jury decided that he died from pneumonia.

The jury in its finding condemned the Ontario Government for not supplying sufficient detention accommodation for the insane. The verdict said:

"We the jury are of the opinion that when a person is arrested and found to be in a similar condition to that of the deceased a physician should be called to examine him before he is committed to a cell, and when advisable have the said person removed to a hospital for treatment.

"We the jury are strongly of the opinion that the accommodation for the care and treatment of lunatics in Toronto is disgracefully inadequate, and that the Ontario Government should wake up at once and establish a psychiatric clinic, with not less than 2,500 beds, and that the said institution be governed by a board of trustees, free from all political ties, and whose one object would be the prevention of insanity, and by proper medical treatment restore those mentally affected to their proper place in society."

OFFICERS OF THE TORONTO ACADEMY OF MEDICINE.

The officers of the Academy of Medicine are as follows:

President, Dr. W. H. B. Aikins; vice-president, Dr. H. A. Bruce; secretary, Dr. J. H. Elliott; treasurer, Dr. W. A. Young.

Chairman of the Surgical Section, Dr. J. M. Cotton; chairman of the Medical Section, Dr. W. B. Thistle; chairman of the State Medicine Section, Dr. George Porter; chairman of the Pædiatric Section, Dr. J. S. Graham; chairman of the Pathological Section, Dr. J. G. Fitzgerald; chairman of the Ophthal- and Oto-larynx, Dr. C. Campbell.

The above, with the following, form the Council of the Academy: Dr. H. B. Anderson (past president), Dr. F. A. Cleland, Dr. H. J. Hamilton, Dr. E. E. King, Dr. J. McConnell, Dr. N. A. Powell, Dr. Harley Smith, Dr. C. L. Starr and Dr. D. J. Gibb Wishart.

Dr. John Ferguson was again elected chairman of the Library Committee.

ONTARIO DOCTORS JOINING THE R. A. M. C.

The following have been accepted for overseas service in the British army. It would be an easy matter to secure the services of many more should they be required. This list is entirely from Ontario:

E. F. Frederick, 300 Charlotte Street, Peterboro, Ont.; J. F. McLay, Grimsby, Ont.; J. W. Sutherland, 67 Third Avenue, Ottawa; G. C. Anglin, Weston, Ont.; T. O. Hutton, 360 Queen Street, Sault Ste. Marie; Victor McWilliams, 427 Bloor West, Toronto; W. E. Pickup, Fort William; J. E. McLeod, Kincardine; A. F. Mavety, 173 Mavety Street, West Toronto; R. E. Hotkins, St. Michael's Hospital, Toronto; J. N. Humphrey, Wellesley Hospital, Toronto; F. M. Walker, Toronto; H. W. Kerfoot, Hospital for Insane, Penetang; K. G. McKenzie, Stationary Hospital, Exhibition Camp; F. W. M. Smith, Bayfield; N. King Wilson, 380 Bloor Street West, Toronto; O. W. Colbeck, Haileybury; A. Henderson, 152 Wilton Avenue, Toronto; R. Tennent, Belleville; E. A. Urie, Guelph; C. F. Wright, Iroquois Falls; F. J. Livingstone, Hospital for Sick Children; M. H. Patterson, Hospital for Sick Children, Toronto; Austin Evans, Whitby; H. Crassweller, 133 Oullette Avenue, Windsor; J. V. Brown, Stationary Hospital, Exhibition Camp, Toronto; R. L. Shields, Port Hope; J. Marcey, Parry Sound; F. J. Colling, College Strteet, Toronto; A. H. Machlen, Goderich; L. M. Dawson, 5 Irving Avenue, Ottawa; K. M. Simon, 653 Bloor West, Toronto; R. H. Bonnycastle, Campbellford; J. J. Middleton, 653 Bloor West, Toronto.

THE STAFF OF THE UNIVERSITY HOSPITAL.

The following is a complete list of those who have gone with the University Hospital to serve in France in the care of either Canadian

or British wounded or sick soldiers: Lt.-Col. J. A. Roberts, Lt.-Col. W. B. Hendry, Lt.-Col. Walter McKeown, Lt.-Col. A. Primrose, Lt.-Col. A. R. Gordon, Lt.-Col. Graham Chambers, Major C. S. McVicar, Major E. S. Ryerson, Major W. J. O. Malloch, Major H. C. Parsons, Major Gilbert Royce, Major D. K. Smith, Major Donald McGillivray, Major J. A. Amyot, Capt. R. G. Armour, Capt. G. E. Boyer, Capt. A. H. Caulfield, Capt. R. E. A. Gaby, Capt. J. G. Gallie, Capt. D. A. L. Graham, Capt. Geo. Gow, Captt. A. A. Fletcher, Capt. S. R. G. Hewitt, Capt. C. J. Imrie, Capt. W. J. Lowry, Capt. J. H. McPhedran, Capt. H. J. Middleton, Capt. R. Pearse, Capt. M. C. Sharpe, Capt. H. J. Shields, Capt. B. P. Watson, Capt. G. E. Wilson, Capt. F. E. Watts, Capt. H. J. Wookey, Capt. N. J. L. Yellowlees, Capt. J. J. Mackenzie, Capt. T. G. Brodie, Capt. L. Trump and Capt. M. A. Campbell.

The city has insured all these men.

THE HEALTH OF THE PROVINCE OF ONTARIO.

	1915		1914	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	38	1	31	0
Scarlet fever	171	2	349	11
Diphtheria	187	15	147	13
Measles	922	5	609	5
Whooping cough	80	6	180	8
Typhoid	27	5	55	5
Tuberculosis	144	92	145	90
Cerebro-spinal meningitis	17	14	17	15
	<hr/>	<hr/>	<hr/>	<hr/>
	1586	140	1533	147

VIOLENT DEATHS IN TORONTO.

Toronto's violent deaths for the month of April totalled no less than 25 and it almost reads like a casualty list from the front. So far this year 91 people have met violent deaths in this city and only a quarter of the year gone.

Divided into months the figures read: January, 16; February, 21; March, 29; and April, 25.

RELIEF FUND FOR BELGIAN DOCTORS AND PHARMACISTS.

Subscriptions not previously acknowledged: Dr. W. E. Plummer, \$5; Dr. L. G. Pinault, \$5; Dr. L. M. Curren, \$5; Dr. J. A. Guy, \$5; Dr. M. Ayer, \$10; Dr. Duvernet Jack, \$2; Dr. W. D. Rankine, \$25; Dr. E. A. Legace, \$5; Dr. W. M. Deinstadt, \$10; Dr. F. D. Welton, \$1; Dr. J. A. Langis, \$5; Dr. B. D. Dash, \$1; Dr. H. E. Gilmour, \$5; Dr. A. S. Lamb, \$3; Dr. J. A. Casswell, \$10; Dr. J. M. Baxter, \$5; Dr. H. W. Schwartz, \$5; Dr. A. B. Atherton, \$10; Dr. Jas. Bearisto, \$5; Dr. G. C. Vanwart, \$10; Dr. W. J. Weaver, \$5; Dr. S. F. A. Wainwright, \$5; Dr. H. H. McNally, \$10; Dr. D. C. Malcolm, \$5; Dr. G. H. Field, \$5; Dr. T. C. Lapp, \$4; Dr. H. M. Harrison, \$1; Dr. J. M. Irwin, \$5; Dr. J. A. Ivey, \$4; Dr. E. W. Hayden, \$2; Dr. G. C. Kidd, \$2; Mr. O. G. Johns, \$5; Mr. A. J. Gould, \$2; Mr. H. G. Paton, \$2; Mr. W. H. A. Semple, \$2; Dr. R. E. Valin, \$10; Dr. F. P. Quinn, \$5; Dr. E. G. Quesnel, \$2; Dr. R. K. Paterson, \$10; Dr. Slizabeth Embury, \$2; Dr. R. Chevriere, \$10; Saskatoon Pharm. Assn., \$500; Dr. J. F. Arvue, \$10; Dr. D. M. Robertson, \$10; Dr. R. Law, \$5; Dr. A. S. McElroy, \$10; Dr. T. H. Leggett, \$10; Dr. F. W. Mohr, \$5; Dr. I. G. Smith, \$5; Dr. W. F. May-Burry, \$10; Dr. C. H. Brown, \$5; Dr. C. E. Preston, \$5; Dr. Carren S. Lyman, \$5; Dr. Evans, \$5; Dr. M. H. Reynolds, \$5; Sir James Grant, \$10; Dr. J. D. Courtenay, \$25; Dr. Hugh Fleming, \$5; Dr. G. S. McCarthy, \$10; Dr. H. B. Moffatt, \$5; Dr. R. W. Powell, \$5; Dr. T. A. Watterson, \$5; Dr. C. Laidlaw, \$5; Dr. J. T. Basken, \$5; Dr. C. T. Balantyne, \$5; Dr. J. S. Nelson, \$10; Dr. R. E. Webster, \$25; Dr. R. S. Minnes, \$10; Dr. J. L. Chabot, \$25; Dr. D. T. Smith, \$25; Dr. J. R. O'Brien, \$25; Dr. E. M. Lambert, \$25; Dr. E. Bourque, \$3; Dr. R. H. Ellis, \$10; Dr. S. M. Nagle, \$5; Dr. R. H. Parent, \$5; Dr. H. L. Simms, \$5; Dr. J. H. Laidlaw, \$2; Dr. G. E. Booth, \$3; Dr. R. M. Coulter, \$10; Ottawa Medical Chiurgical Society, \$50; St. Thomas, per Dr. Lawrence, \$119.

TREATMENT OF MENIERE'S DISEASE.

F. Soca, in *Bulletins et mémoires de la société médicale des hôpitaux de Paris*, December 4, 1913, remarks that while quinine sulphate is a powerful remedy which eventually cures in the majority of cases of Ménière's disease, it tends to increase tinnitus and cause a temporary partial deafness. Lumbar puncture, which gives excellent results in cases where quinine had wholly failed, is frequently refused by patients and sometimes has to be repeated several times. Recently the author has been administering injections of thiosinamin; it proved promptly and decidedly useful.—*New York Medical Journal*.