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THE

# CANADA LANCET

A Monthly Journal of Medical and Surgical Science, Criticism and News

THE OLDEST MEDICAL JOURNAL IN THE DOMINION

Vol. LIV

TORONTO, CANADA, FEBRUARY, 1921

No. 6



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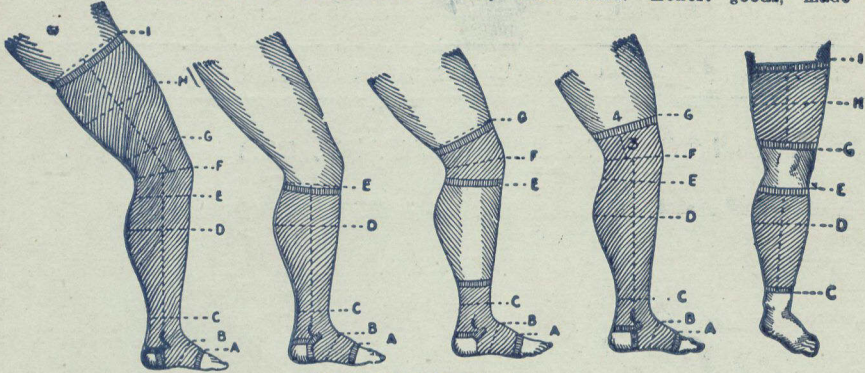
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No. 6

## INDEX TO CONTENTS

EDITORIAL .....	241
Faith Healing—Ottawa and Smallpox—Psychonalysis—The Treatment of Tuberculosis—Hiccough Epidemic.	
THE ORIGIN OF THE WORD "SYPHILIS" .....	Justice W. R. Riddell 248
CURRENT MEDICAL LITERATURE .....	262
Venereal Disease — Inoculating Against Hay-fever — Endocrine Imbalance in the Feeble-minded—Infections Eczematoid Dermatitis—Chronic Nephritis—Rickets and Vitamines.	
PERSONAL AND NEWS ITEMS .....	268
OBITUARY .....	271
Archibald Henderson—H. S. Bingham—John S. King—Thomas Hossack—Thomas Gray—H. A. McCallum—S. G. Thompson—J. D. Langham—M. O. Klotz—N. W. Washington.	
BOOK REVIEWS .....	276
Medical Treatment of Disease—Practice of Medicine—Roentgen Diagnosis—Practical Psychology and Psychiatry—International Clinics—The Rockefeller Foundation.	
MISCELLANEOUS .....	278
Salvarsan Fakes—Operated on Himself—Sleeping Sickness Communicable—"Certified" Water—Sir Joseph Flavelle—Lambton Medical Meeting—Toronto's Vital Statistics—The Cure of Leprosy—Tuberculosis Preventable—Mental Hygiene—Medical Men See Drury—Develop Graduate Work—Toronto's Health Bill.	
MEDICAL PREPARATIONS .....	288
Men Need Tobacco.	

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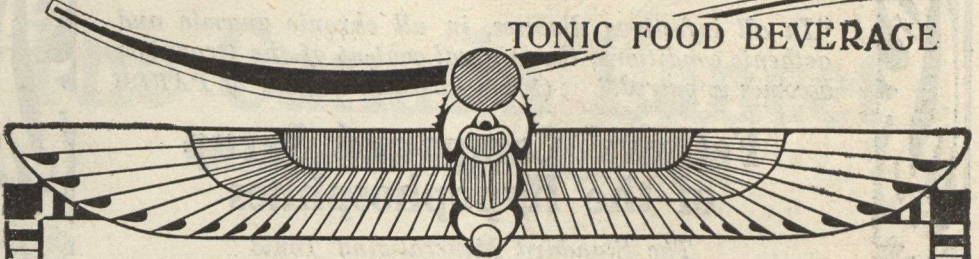
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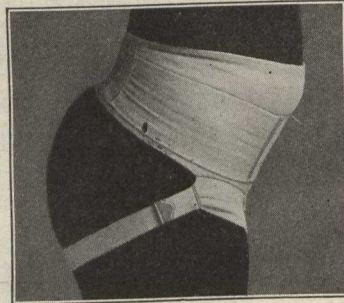
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## EDITORIAL

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### FAITH HEALING

This subject is discussed here solely because it comes within the range of therapeutics, and not from a theological standpoint. It is from the medical aspect only that we propose to offer our remarks, as all forms and types of healing fall within the purview of a medical journal.

One of the first things to be asked and answered is what is Faith Healing? The answer to this will determine to a great extent the mental attitude to the subject of the person making the reply. One may hold that by Faith Healing he means that in answer to prayer and through faith a cancer is dissolved and made to disappear by a divine fiat, or by the command of the deity; or, in other words, a miraculous cure is effected through the intervention of God.

Another might hold a different view and believe that faith in men and means aids nature in effecting relief from pain and in curing disease. This may be put in the words "I have confidence in my doctor."

But underneath the whole problem lies the question, What is disease? This is a question that only the experts can answer. Those who are not trained in medical lore cannot offer any opinion on this subject. The mind that is not medically educated would fail completely to recognize the profound difference between a paralysis that is caused by an embolism in a cerebral artery, and a paralysis of the side due to hysteria. In like manner a distinction could not be made by those ignorant of medical diagnosis between an inflammatory swelling and a malignant new formation.

But disease falls into many groups, and this fact makes a vast difference in the prognosis. Some of these groups may be outlined thus:

(1) Those that are of the sort spoken of as functional, such as hysteria in its multifarious varieties.

(2) Those ailments that arise from injuries, which have the effect of causing pain, swelling, perversion of function, and which nature does so much to cure.

(3) The large group of diseases caused by infections such as typhoid fever, measles, etc. This group of diseases have, in most instances, an inherent tendency to recover in a given limit of time. Some of this group may be very chronic, such as syphilis, leprosy, and tuberculosis.

(4) All those morbid processes known as tumors, or new growths. Some of these, as the fatty or cartilaginous tumors, do not tend to kill unless mechanically by pressure. Others, such as sarcoma and carcinoma, do tend to kill regardless of their mechanical effects. They are malignant. Some tumors are mere swellings resulting from injury, or the infection of a tissue such as a group of lymphatic glands, and may soon disappear through nature's healing power.

(5) Then there is a group of diseases and impairments that are wholly dependent upon what is called degenerative changes in some part of the body, as a cataract, or hardening of the arteries, or sclerosis in the spinal cord.

Now, some of these conditions will merge into each other. Thus, locomotor ataxia, so often spoken of as a degeneration, is the result of spirochaetic infection, and a cataract may result from an injury, or the presence of too much sugar in the blood as in diabetes mellitus.

It will be seen at a glance that the effect of treatment is going to vary vastly in these different groups, and also the form of treatment must be very different. Faith in the doctor, in some drug, or in one's own power of recovery, or in supernatural help, would have very different results in disease, according to its kind. Faith in any of these agencies might readily cure lameness caused by a hysterical knee, but would have no effect in ameliorating the distress caused by a tumor in the brain.

We have been reading from time to time of persons regaining sight and speech, or paralyzed persons becoming able to walk. But the medical profession is familiar with such cases. The person that is blind will suddenly see, or the dumb person will unexpectedly speak, the lame one will arise and walk. Here the fundamental fault was mental or neurotic, and required some counter mental stimulus, or suggestion, to bring the cure. Faith in the doctor, the hypnotist, the operator, the drug, or in a supernatural power, may any one of them improve or cure the patient. Thus Rasputiu was a villain, but he was an adept hypnotist.

Hope of cure is a powerful suggestion to the mind, and influences human functions to a great extent. Tell a dying consumptive that he can be cured, and he will feel better, eat more, gain in weight, but the

inevitable must come. His disease will speedily undo all this and he will succumb to the ravages of the tubercular bacilli. And the same thing may be said of many other diseases. It is a well known fact that hope of a recovery stimulates bodily functions, and this may go on for some time, but at best are only temporary when the disease is of an incurable character. The following news item is to the point:

"Montreal, Feb. 9.—The startling alleged cures performed at the evangelistic meeting conducted here by Anna Semple Macpherson, the celebrated 'healer', in the latter part of November, were but temporary in their effect, according to information received in recent investigations."

But where are we to draw the line? There are from time to time reported wonderful cures as the result of the ministrations of most varied types of "healer". Some time ago the papers contained the account of the accomplishments of Mr. J. M. Hickson. In the Mail and Empire for 5th June, there was an account of the cures wrought by one Vignes in the South of France. Last November the city of Montreal was set agog by the "cures" of Anna Semple Macpherson. Not long ago we read of some wonderful happenings of this sort near Baltimore. Years ago Mrs. Eddy set up the claim to have "cured" many persons, and any one who will take the trouble to read her "real" life must come to the conclusion that she was a greedy, harsh, vindictive, and deceitful woman; and such as would not likely win the ear of the Great Physician. Her work was suggestion—and humbug. But the kings of olden times, and they were mostly a bad lot, cured by the laying on of hands. Some years ago a man was cured of what "seemed" to be a serious condition by a Doweiyite.

But has it never occurred to those who are urging the claims of faith healers that their position is illogical and leads to a *reductio ad absurdum*. If one disease, such as a functional nervous affection, can be "cured" by "faith", used in the supernatural or divine sense, then another disease, such as a tumor in the brain, could be "cured" by "faith" construed in the same way; for there is no limitation to divine power. It then follows that all diseases would be equally amenable to treatment by this method. But the whole history of medicine and the church in recent centuries, when history becomes reasonably trustworthy, is silent regarding the "cure" of what are regarded as "incurable" diseases.

But if "Faith", used in the sense of supernatural, divine, or miraculous power, cured disease, then there would be no deaths here, as the decays of old age, such as loss of teeth, hardened arteries, the failing heart, would all yield to this sort of treatment, and we would have found the "Elixir of Life." Now, this is not said in any mocking or slighting spirit, but in a serious desire to place the effect of "faith" where it

properly belongs, and we decidedly maintain that its influence is along the line of suggestion, and a quickening of ordinary body function. But this is just as natural as the application of a splint to a broken leg, or a purgative for constipation. There is nothing supernatural in the fact that "hope" improves digestion.

Under the mental stimulus of the hope of cure, a person may forget pain and throw away the crutch used but an hour ago, but this is not cure. Dumb person may speak and a blind person may see, for both conditions may be neurotic and respond to suggestion. But the person unable to speak because the recurrent laryngeal nerve had been severed, or blind through atrophy of the optic nerve never was cured by "faith". There is no such cases cured, and they have gone to all sorts of "healers."

But what is to be said for children, the insane, or the unconscious through disease? These cannot exercise "faith" in anything, and they may have no friend with sufficient "faith" to act for them. Then, further, we know that the most saintly men and women of all times have died. They have never been cured by "faith" of such diseases as tumor in the brain, cancer of the pancreas, sarcoma of the femur and organic heart disease. Nevertheless, from a religious aspect they were the very salt of the earth. The days of our years are three score years and ten; and if by reason of strength they be fourscore years, yet is their strength labour and sorrow; for it is soon cut off, and we fly away.

---

#### OTTAWA AND SMALLPOX

Ottawa has had for some time an epidemic of smallpox on her hands. One would expect this. Montreal had a bad one in 1885 and Toronto a little over a year ago. Such things are bound to happen when ignorance and superstition set themselves up as guides for the people instead of science. It has been proven beyond dispute that vaccination, carefully performed, is a safe operation, and when the vaccine is of good quality a protective measure of great potency. This much is sound science.

But then comes along ignorance with its blatant tongue, and shouts that the introduction of some poison or pus into the system cannot prevent smallpox. This is wrong, but it appeals to many people. Then we are told by those who wish to prevent the use of vaccination that the operation is a very dangerous one. Terrible stories are circulated about those who have lost their arms, or their health, or their lives, or who have had some fearful disease introduced into the system. This is all wrong. The vaccine is obtained from a healthy animal, and would not

convey such disease as tuberculosis or syphilis. Nor is there any danger when care is taken from the operator, and by the person who has been vaccinated.

The real question is, however, the one of protection. Fortunately the records are ample, and prove beyond doubt that the protection is most valuable and enduring. If a person is successfully vaccinated in childhood, and again when grown up the protection is regarded as equal to that secured by having had the disease. Any one should prefer the vaccination method to the smallpox method.

Authorities fear opinion and shrink from performing one of the highest and noblest functions of the legislator. The cry, entirely misguided, that personal liberty must not be curtailed in any way is shouted from the housetops; and in fear of the ignorant voter who opposes vaccination, municipal councils refrain from putting the law calling for compulsory vaccination into operation. So it comes about that from time to time great cities have the health and lives of the people endangered, the community put to great expense fighting a preventable epidemic, and business sent to the four winds. This is the condition of Ottawa, because the voice of the ignorant has been allowed to prevail over the councils of the wise.

---

### PSYCHOANALYSIS

Some years ago Freud, Breuer and others brought before the medical attention a form of investigating mental troubles which they called Psychoanalysis. The principle underlying this method of the study and treatment of mental and nervous disorders is that there is buried in the mind some thought or impression of an injurious character that acts as a wounding or traumatic force. This hurtful impression or thought may have been forgotten, nevertheless it acts. It is often revealed in dreams, and may be resurrected by a series of suggestive words. When the injurious and suppressed thought is discovered it is expelled, and the person makes a recovery. How very beautiful!

The fad is assuming alarming proportions at present in Britain. It is to be hoped that the monstrous humbug will not gain a foothold in this country. It would be very regrettable if the medical profession here should have to waste its time in counteracting the theories of Freud. There are enough wild theories abroad without this one.

The plan is to work along by the aid of the patient's dreams, and by questions. When a question is put that the patient is not willing to answer, it is framed in some other form and again put. When the examiner finds some subject or thought that the patient avoids he con-

cludes that he has discovered the repressed thought that is wounding or injuring the mind. Thus he "ministers to the mind diseased," and after further questioning "raises the rooted sorrow." Mrs. Eddy's theories about disease were crude in the extreme, but this would make a close cousin.

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### THE TREATMENT OF TUBERCULOSIS

Tuberculosis is caused by a bacillus, and any drug or serum that would destroy the germ could be regarded as a curative agent. Quite recently high authorities have given out some very encouraging statements. The following comes from Paris:

"After a lapse of about seven or eight years Professor d'Arsonval, member of the Institute of the Academy of Medicine, has presented a report to the French Academy of Sciences on the curative treatment of tuberculosis by a new method discovered by the Swiss bacteriologist, Henry Spahlinger. The method was first applied in 1913 and 1914 in hospitals in England, France and Switzerland on patients suffering both from the minor forms of tuberculosis and advanced phthisis.

"Since that time those patients, who are pronounced cured, have been kept under observation. All of them are declared to be alive and in good health, and they have shown no symptoms of a relapse for the last six years, although they underwent no further anti-tubercular treatment of any sort.

"These results are vouched for, among others, by the London physician, Dr. Leonard L. B. Williams, Fellow of the Royal Society of Medicine and other scientific bodies.

"The treatment takes the form of injections of anti-toxins and ferments which are modified according to the condition of the patient. Briefly, it aims first at eradicating the acute symptoms, then immunizing the patient, completing the cure and preventing a relapse.

"As originally described before the Academy of Medicine by Professor Letulle, the method consists of intramuscular injections of a combination of antigenic solutions and ferments. It is claimed that the treatment causes the closure of lung cavities and the disappearance of the bacilli."

These names stand well in the medical profession, and are deserving of attention and waiting with some degree of expectation. Also from Paris comes another statement along an entirely different line, and also under well known names. Professor Calmette has issued the following:

"We have succeeded in rendering the Koch bacilli inoffensive by passing them in numerous cultures of beef bile and glycerine. The bile

is extremely alkaline and attacks the cero-greasy shell, which encloses the microbe and renders it porous. It is this shell, which containing the plasma of the Koch bacillus makes the secretions of the latter so noxious.

"This being done the bacillus remains living, but it is absolutely harmless. Its presence in the organism is immunifying.

"My conferee, C. Guerin and myself have asked permission to establish ourselves on the Island of Los, in French Guinea, where we expect to spend a year experimenting on chimpanzees.

"If our experiments succeed on the chimpanzees there is no reason why they should not be completely successful in the case of children.

"However, I wish to hold out no false hopes. Before a human serum is completely evolved more than ten years are likely to pass all of which I propose to consecrate to the subject."

The bacilli rendered harmless by the foregoing method are injected into the veins of the patient and fight the virulent form of the bacilli, eventually destroying them. Professor Calmette, noting that the bovine variety of the bacilli are harmless to man, is working along the line of trying to find out to what extent these bacilli may be introduced into the system to counteract the action of the human bacilli. It may turn out that much fruit will come from these efforts. Prof. Calmette claims that this method is successful in cattle. He is following up his investigations by studies of experiments with chimpanzee monkeys.

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### HICCOUGH EPIDEMIC

Europe's newest malady, the "hiccough" epidemic, has completely baffled British physicians. After sporadic outbreaks on the Continent it has at last reached England, and there are more than a dozen cases in London hospitals. One death is recorded. Several other sufferers are in a serious condition.

The complaint has been most prevalent in Paris, where, in one instance, it lasted six days, the temperature of the patient rising to 102 degrees. French expert opinion connects the malady with encephalitis, a view which is accepted with reserve in England.

"The origin of the disease, if it can be called that, is a complete mystery," explained a leading hospital physician. "I have been a sufferer myself, my experience being distinctly unpleasant. It was impossible to eat and drink as usual, and I suffered greatly from the racking effort. We do not know anything about it, and the medical world views the situation, if it spreads, with considerable alarm."

## ORIGINAL CONTRIBUTIONS

## THE ORIGIN OF THE WORD "SYPHILIS"

Hon. William Renwick Riddell, LL.D., F.R. Hist. Soc., Etc.,  
President, Canadian National Council for Combating Venereal Diseases.

THAT Syphilis made its appearance in Europe in the last decade of the 15th century and during the invasion of Italy and siege of Naples by Charles VIII is a fact universally admitted—that there is no trace of its existence previously in Europe or western Asia is practically certain—indeed, as nearly certain as anything can be that must depend on negative evidence alone. It is incredible that Aristophanes in all his ribald wit, Horace and Ovid in their jocose and serious complaints of love, had they known of syphilis, should have omitted to mention this, the most terrible evil to which the lover is liable, and the object of the shafts of the wittiest and most ribald where it was known.<sup>1</sup> Juvenal in his fearful lashing of the vices of his Rome could not have failed to say something of this, the consequences of one kind of vice, had he ever heard of it—"pox" is as familiar in Shakspeare's mouth as household words. The Bible, one of the great magazines of information concerning the Eastern world, contains nothing that can fairly be referred to this disease<sup>2</sup>: the Arabian Nights, another such great magazine of knowledge, is equally silent.

Its importation from the New World may admit of honest doubt<sup>3</sup>—but that it was not known in the Old World before the discovery of the New by Christopher Columbus may be taken as certain.

The name given to the fearful plague by the several peoples of Europe generally had reference to the place from which it had come to them. The French called it "Mal de Naples", the English "French Pox", etc., and in the course of time it acquired hundreds of names more or less appropriate or opprobrious,<sup>4</sup> the usual name in the profession being "Morbus Gallicus". All these names have given way to the mysterious "Syphilis", which is now employed all over the world.<sup>5</sup>

That this name owes its invention to Girolamo Fracastoro<sup>6</sup> of Verona all now admit: but the derivation has been a matter of much doubt and discussion. Fracastoro (Latinized Hieronymus Fracastorius) published his celebrated poem, "Syphilidis seu morbi Gallici libri tres" in 1530, and in the third Canto of this poem we find for the first time the word "Syphilis"—clearly an invention of the author. In Fracastoro's book, then, we must look for the derivation of the word.



In the first Canto the author is concerned with the aetiology and pathology or at least the symptomatology of the disease. He considers it due to some cosmic cause not earthly but emanating from the outer universe and he considers that it frequently attacks not one country alone but all the world at once. Of course this theory was wholly in accord with current views of plagues and epidemics. Some of his symptomatology may be worth quoting.

“Scilicet extemplo non sese prodit aperte,  
 Ut semel est excepta intus, sed tempore certo  
 Delitet, et sensim vires per pabula captat.  
 Interea tamen insolito torpore gravati,  
 Sponteque languentes animis et munera obibant  
 Aegrius et toto segnes se corpore agebant.  
 Ille etiam suus ex oculis vigor, et suus ore  
 Dejectus color haud laeta de fronte cadebat.  
 Paulatim caries foedis enata pudendis  
 Hinc atque hinc invicta locos, aut inguen edebat,  
 Tum manifesta magis vitii se prodere signa.”

In the second Canto is told the story of Ilceus, a young hunter, who attacked by the disease quickly loses his radiant health and strength. He cries aloud for aid and the Nymph Lipare takes him into her subterranean grotto and there bathes him in liquid silver, i.e. mercury, whereupon he steadily recovers his health.

As was seen by Fracastoro's contemporaries, this myth is a conscious imitation of that of Aristaeus in the 4th Book of Vergil's *Georgics*.<sup>8</sup>

So far the word “Syphilis” is wanting, but it appears in the third Canto. This Canto describes the voyage of an explorer<sup>9</sup> to a New World theretofore wholly unknown to Europeans. The sailors slay some of the sacred birds of the Sun-god and are cursed by one of the persecuted birds, which uttered terrible threats with an imprecation of punishment, distracted wandering, dissension and a new and fearful disease. So far the myth follows the *Odyssey* of Honor—the sailors in the *Odyssey* are warned against interference with the herd of the Sun, which “increases not nor diminishes”; notwithstanding the solemn warning, “through the blindness of their own hearts, they perished, poor fools, who devoured the oxen of Hyperion Helios, and the God took from them the day of their homecoming”—all but the wise Ulysses who lay sleeping and abstained from the sacrilege; he alone of all the band came home to Hellas.<sup>10</sup>

To this extent, the artificial myth of Fracastoro fits in with his original; but now there is a wide divergence—one would expect an

immediate stroke by the Sun, but that would not agree with Fracastoro's aetiology.

The New World seekers landed upon an island called Ophire<sup>11</sup> and entered into friendly relations with its inhabitants. At a solemn feast in honour of the Sun-god the newcomers saw many men afflicted with this strange disease who laid upon the altar of the god, offerings of sacrifice to mitigate and avert his anger. The newcomers were informed by the venerable chief that the disease had been sent by the Sun-god, Apollo.<sup>12</sup> Many years before, a King, Alcithous by name, reigned in the Island—his herdsman, Syphilus, one day resented the hot waves of the Sun, thinking them but an ill return for the sacrifices offered up so freely: he consequently repudiated the service of the god and set up the King as his divinity. He scoffed at the poverty of the celestial god, who had but one Ram, one Bull, one Dog,<sup>13</sup> as compared with the wealth of Alcithous, who had immense flocks and herds; he succeeded in drawing the whole people into the same sacrilege. Apollo was swift to anger as among the Greeks of Homer; he speedily sent a fearful plague which attacked first the herdsman, then the King<sup>14</sup> and his people, and was called Syphilis, the first time the dread word was spoken by mortal lips.

All hope was not gone: the Nymph Ammerice promised her aid if the sinners should repent, desert their sin, return to their former reverence and bring sacrifices to the old gods. This they did; and forthwith like Jonah's gourd there sprang up a new and hitherto unknown tree, Guaiacum, with its healing wood.

It might be expected that the story would proceed that the newcomers became infected with the disease, and took it back with them to Europe, but that would not fit in with the origin as given in the first Canto—a cosmic cause, a fatal conjunction of the stars, which had the same effect the world over. Accordingly we find that the astounding news is brought to the voyagers by new ships arriving from Europe that the disease had broken out there also. The chronology limps—the outbreak in Ophire had been many years before—but we must not ask too much consistency in a poet, especially when he is contriving a myth, artificial and conscious, in competition with the unconscious and natural creation of the ancients.

The purpose of the whole poem seems to be, and that of the third Canto certainly is, to promote the use of guaiacum as a remedy for Syphilis. No words of praise are too warm for the divine wood.

“Salve magna Deûm manibus sata semine sacro,  
Pulchra comis, spectata novis virtutibus arbos:  
Spes hominum, externi decus et nova gloria mundi.<sup>15</sup>”

Thus far, there is no difficulty, but we are still but at the threshold of the enquiry as to the ultimate derivation of the word "Syphilis".

Many guesses have been made—some who did not know of Fracastoro's herd derived the word from "sus" and "phileo", two Greek words meaning "sow" and "I love"—as indicating that the disease came from unnatural intercourse with a sow. Even when Fracastoro's work became known the same derivation was given for the name of the herdsman as indicating his love for swine.<sup>16</sup> Others derived the word with more or less plausibility from the Greek words "sun", "with" and "phileo", "I love"—this is equally untenable.<sup>17</sup>

The matter was first put on a satisfactory footing by Dr. Franz Boll, of Heidelberg, in 1910. His first proposition is that at first Fracastoro intended to call his work "Syphilis" i.e. "the story of Syphilus" on the analogy of "Aeneis", the story of Aeneas, "Achilleis", the story of Achilles, "Thebais", etc., that having written the title "Syphilidis seu Morbi Gallici libri tres", the very conjunction of the two genitives induced him to make one the equivalent of the other and thereby name the disease itself "Syphilis." Whether this be likely or not will be a matter of opinion,<sup>18</sup> but in any event this hypothesis has no effect upon the argument for the derivation which Boll advances.

He rightly rejects the theory of Walter Pflug deriving the word from the Arabic "Sifle", "Sufle" meaning "lower." Fracastoro drew such inspiration as he had from Latin authors and was of the fine flower of the Renaissance; he had nothing in common with Arabian lore or literature.<sup>21</sup>

Leaving aside "Ammerice" the derivation of which is obvious, "Ophire" scarcely less so, and "Atlas" (the great progenitor of the Island people, who will be spoken of later in this paper) only two proper names occur in the third Canto, namely "Alcithous", the name of the king, and "Syphilus", the name of the herd. Alcithous is to my mind certainly from Alcithoe, the Nymph of Ovid's verses:—

"At non Alcithoe Minyeias orgia censet  
Accipienda Dei: sed adhuc temeraria Bacchum  
Progeniem negat esse Jovis sociasque sorores  
Impietatis habet."<sup>22</sup>

She for her impiety was changed into a bat.<sup>23</sup>

Boll prefers—I do not agree with him—to take the name from King Alcathous, son of Pelops and founder of Megara, spoken of by both Ovid and Vergil.<sup>24</sup> However that may be, the other proper names in Fracastoro's poem are taken from the Latin poets, for "Ilceus" in the second Canto can be nothing else than Vergil's and Ovid's Hyleus (or

Hylaeus)<sup>25</sup> the Arcadian Centaur who offered violence to Atlanta and was shot down by her.

It is therefore natural that the original of the name of the herdsman Syphilus should be found in the ancient poets—and Boll's great triumph is to have found it.

Sipylus was the mountain on the frontier of Lydia and Phrygia from which came the unfortunate Niobe and on which she sits turned into stone—and Sipylus was the name of one of her sons.<sup>26</sup> Niobe was called after her place of origin, "genetrix Sipylea."<sup>27</sup>

The story of Niobe is well known—in the pride of wealth and station she boasted of her wealth and status; with pride of her motherhood she boasted of her seven sons and seven daughters and deemed herself superior to Leto, who had been buffeted from land to land, from sea to sea, until the floating island of Delos gave her a place in which to bring forth her young, and there she had borne two children, Apollo and Artemis. These two children of Leto—Sun-gods be it remembered—took revenge for the insult and slew the fourteen—the unhappy mother was carried to Mount Sipylus, was metamorphosed into stone, and there weeps forever the misfortune with which the angry gods visited her.

Fracastoro's herdsman, too, compared the wealth of earth with the poverty of heaven, and was punished by the Sun-god, and it would be most natural that he should receive a name reminiscent of the story of Niobe, his prototype, of whose story his was a conscious imitation.

Sipylus, the mountain from which Niobe came and on which she forever weeps, gave its name to her second son and what more natural than that the new blasphemer should receive the same name?

To make the argument the more strong, Boll in his second article points out that in some manuscripts "Sipylus" for both mountain and man is written "Siphylus."<sup>28</sup>

An argument of persuasive force to a classical scholar is to be found in the quantity of the antepenult. In compounds of "sus" in Greek the "u" (of course "y" in Latin) is short, as in "subosion", a herd of swine, "subotes", a swineherd—and in all but the nominative case the "u" is short in the noun itself. In "Sipylus" (Siphylus) the first syllable is long and Fracastoro makes the first syllable of Syphilus long also. This cannot be a mere coincidence, he was exceedingly careful of his quantities at all times—indeed the celebrated Sannazarius from reading this poem declared that he thought it superior to anything produced by himself or his contemporaries.

So far I have followed in the main the argument of Boll—the quotations are my own—he does not elaborate the argument based upon quantity.

But, as it seems to me, he misses another strong argument—the inhabitants of the Island Ophire have Atlas as their progenitor—it was one of the boasts of Niobe that Atlas was *her* grandfather.

..... maximus Atlas  
Est avus aetherium qui fert cervicibus axem.<sup>29</sup>

That Syphilus was named after the mountain home and the second son of "Niobe all tears" can now be taken as certain.<sup>30</sup>

WILLIAM RENWICK RIDDELL.

Osgoode Hall, Toronto, November 4th, 1920.

#### NOTES

<sup>1</sup>I have reread Aristophanes, Horace, Ovid, Juvenal, Catullus and other Greek and Roman authors with the purpose of detecting any trace or indication of the existence of this plague in antiquity—and I have found nothing even to suggest that it was known in those times. There is, indeed, much in Aristophanes that the editors ignore or fail to appreciate, that no one but a psychopathologist can appreciate, and a complete and adequately annotated edition of his comedies would startle the world if it could find a publisher—which is doubtful.

A most powerful if amusing argument on this subject is to be found in a work by the Advocate Linguet "le fecond et turbulent Simon Henri-Nicolas Linguet" in 1766 and reprinted at Cologne (i.e. at Paris) in 1797, during the French Revolution, "La Cacomonade". No candid and competent reader can, I think, resist the reasoning and conclusion of von Notthafft in his "Die Legende von der Altermums-Syphilis" (Leipsic, 1907) that syphilis did not exist in the Ancient and Mediaeval World. One of my copies of "La Cacomonade" purports to be printed at Cologne, 1756—but it is a reprint—certainly dating after 1850—Linguet was only 20 years of age in 1756; my other copy is the highly prized second edition of 1797. This book does not appear in the list of Linguet's works in the—in other respects satisfactory—life in Chalmers' Biog. Dict. Vol. XX pp. 290 sqq. The second edition is said to have been due to "Mercier de Compiègne libraire peu intelligent et litterateur des mediocres"; but it is a creditable production.

<sup>2</sup>Of course I am not ignorant of Job's afflictions or of David's trouble with his bones and the loathsome disease in his loins, etc., but how these can be considered symptomatic much less pathognomonic of syphilis without other more serious symptoms, passes my comprehension.

<sup>3</sup>I have no doubt of the fact, but it is possible that one should hesitate dogmatically to decide "sei sie . . . ein verhaegnisvolles Geschenk der neuen Welt an die alte oder aus anderen unbekanntem Gruenden erwachsen" (Ffanz Boll, quoted later in the text.)

<sup>4</sup>In Iwan Bloch's well known work "Der Ursprung der Syphilis" (Jena, 1901) a simple list of names alone fills 18 pages—pp. 297-315.

<sup>5</sup>The practically universal use of the word is largely due to Francois Boissier de la Croix de Sauvages (1706-1767) the father of Nosology in his system of diseases, 10 classes, 295 genera and 2,400 species; his smaller book "Nouvelles Classes des Maladies", 1732, was enlarged and systematized in his "Nosologica Methodica, etc.", 1763, which contained his full system. Probably he was the only man who ever selected for his Doctoral Thesis the question "Si l'amour peut être guéri par les remèdes tirés des plantes."

<sup>6</sup>Fracastoro (or Fracastorio) was born at Vernon in 1483—he is said to have been born with his lips so closely adherent that they had to be separated by the surgeon's knife and to have escaped injury when a flash of lightning killed his mother holding him, a mere infant, in her lap.

He became a splendid Latin scholar and poet—the celebrated Julius Caesar Scaliger said that he was the best poet after Vergil alone in the world—he was a physician, philosopher, mathematician, astronomer, all of the first rank, and was intimate with Scaliger, Cardinal Pietro Bembo and others of note of his time. He published many productions both as a poet and as a physician; he practised without fee and published comparatively little of what he wrote. His complete works were published at Venice in 1574 and at Padua in 1735. The edition of his “Syphilidis, etc.”, used by Barthélemy (see note 7, *post*) was published at Leipsic, 1830.

His most celebrated work is “Syphilidis seu morbi Gallici tres”, sometimes called “Syphilis seu de Morbo Gallico”, mentioned in the text. This was written at least in substance as early as 1521 but was at Cardinal Bembo’s suggestion revised; and it appeared at Verona in 1530. There have been many versions in French and Italian. Nahum Tate produced an English translation in 1686, “Syphilis or a poetical history of the French disease.” The verse of the original is dactylic hexameter, the quantity unexceptionable, the language pure—if any fault can be found it is in the caesura, which is not, *me judice*, quite up to Vergil’s high standard. That, however, is rather a matter of taste; while one of the strongest arguments for the conclusion in the text is the exactitude of his quantities.

“It does not immediately make itself manifest but lurks hidden for a time and little by little eats up the powers of the body. In the meantime those afflicted languid and weighed down by unaccustomed torpor go to their daily tasks without energy and are sluggish throughout the whole body. The eye itself loses its sparkle and the face loses its colour under the sad forehead. Little by little caries originating in the foul pudenda, without check eats into the various parts of the body or the thigh—the symptoms of the disease are now manifest.”

The translation is free. The only word to which even a purist could object in the above is “delitet”—it is unusual, indeed, but is found once in Pliny.

Auguste Marseille Barthélemy the well known French satirical poet whose fame has perhaps suffered eclipse in these latter days, published a little known work “yphilis Poème en quatre Chants.” Himself a translator of Vergil, he had been struck with the pure Latinity of Fracastoro’s work “qui me semblaît refusée aux auteurs modernes, et j’ose le dire, une foule de beautés empreintes d’une poésie antique et tout virgilienne.” (May I venture to express my concurrence in this expert opinion?) At first, Barthélemy intended to translate the work but finally decided “d’actualiser la matière et de créer moi-meme. . . non seulement une oeuvre de poésie, mais une oeuvre de morale et d’utilité publique”. His poem already mentioned was the result. My own copy was published by Martinon at Paris, 1851, and has notes by Dr. Girardeau de Saint Germain:

Il se cache, il hésite, il couve sourdement.  
Et semble en notre sein prendre son aliment  
Cependant le malade en proie à ses atteintes.  
Sous un poids inconnu sent ses forces éteintes.  
Une torpeur de plomb s’appesantit sur lui  
Aux travaux journaliers il vaque avec ennui  
Les symptômes fâcheux ne tardent pas d’éclore  
L’oeil perd de son éclat, le front se décolore  
La hideuse carie, étendant ses progrès  
Porte sa lime sourde aux organes secrets  
Ronge les lieux voisins et s’étend jusqu’ aux aines  
Le mal n’est plus douteux, ses marques sont certaines.

Barthélemy’s own description does justice even to “ce mal impur (qui) dès le berceau des ages,

Ait ~~sur~~ le genre humain promené ses ravages,

by which

“Vengeant sur nous sa liberté mourante,  
L’Amerique ait conquis l’Europe conquérante.”

Here is a sample:

Que l'amour vienne donc contempler ces ruines,  
 Ces noires cavités en place de narines,  
 Ces lèvres que laboure un sulfureux sillon,  
 Cette langue épaissie en forme de bâillon  
 Ce front illuminé de pustules grossières  
 Ces paupières sans yeux et ces yeux sans paupières.  
 Désespérants tableaux; dont la réalité  
 S'imprime tellement dans l'œil épouvanté  
 Que leur souvenir seul, leur image ternie  
 En passant devant nous dans des nuits d'insomnie  
 Leur simulacre en cire, ou leur pâle dessin  
 Hérissent nos cheveux et glacent notre sein."

The frontispiece is an appalling picture of a young man in the height of strength and health making love to a masked woman, the mask all youth, health and beauty but behind, a grinning skull, with hollow eyesockets and rotten nose.

In a very interesting and amusing work in two volumes "La Médecine et Les Médecins", by Louis Peisse, Paris, 1857, the learned, versatile and brilliant author (not a medical man, be it said) in Vol. II., discussing "Medico-Literature", gives an account of "un poème médical", by Dr. Andreveton, in which the poet calls blennorrhagia, "le flux de Cypris" and describes "les altérations syphilitiques en bourgeons, en fleurs, en fruits et en rameaux, et dans un cas bien caractérisé chez femme

Contemplant de son sein les abords et l'entrée,  
 Il voit en espalier l'arbre de Cythérée."

Peisse considers it natural that doctors should write poetry for "it is notorious that Aesculapius was the son of Apollo and that filiation determines the kinship of poesy and the healing art."

He speaks of the first medical poet Nicander who wrote in Greek on the *theriaca* and the *alexipharmaca*; Emilius Macar, who wrote Latin hexameters on antidotes: Rupert of Ephesus, who discussed *Materia Medica* in hexameters: Quintus Serenus Samonicus, Marcellus surnamed Empiricus, all blessed—or afflicted—with the divine frenzy; John of Milan, who celebrated the oracles of the famous School of Salerno; Nostradamus, who gave us his Centuries; Julius Caesar Scaliger, unequalled critic and commentator as well as poet; Silvius (Jacques Dubois) of Amiens, the redoubtable adversary of Versalius; Meibomius (Heinrich, not Johann Heinrich), who discovered the *glandulae Meibomii* of the eye and many other French, English, Scottish, German, Italian—of Fracastoro, Peisse says:

"Mais la gloire de ces versificateurs et de mille autres de même force s'eclipse devant la resplendissante auréole de Jérôme Fracastoro, de tous les poètes latiniseurs modernes facile princeps. Ainsi l'ont décidé les connaisseurs, et nommément Scaliger qui, transporté d'enthousiasme à la lecture de *Syphilitis*, composa en son honneur un poème intitulé *Arae fracastoreae*. Quelques critiques lui ont opposé Sannazar, d'autres Vida. Nous devons, nous médecins, tenir mordicus pour Fracastoro, d'autant que nous pouvons aujourd'hui le lire couramment, traduit en beaux alexandrins français par Barthélemy."

Peisse probably never saw the original Latin of Fracastoro: he certainly never compared it with Barthélemy's work—or he could not have said that the latter was a translation of the former. What Barthélemy did was "actualiser" (the word is unknown to Littré) the material, that is set out in terms of actuality and describe in Alexandrines of the undoubted beauty which was to be expected from such a writer.

<sup>s</sup>Vergil's *Georgics*, Book 4, Vv. 315-558.

Aristaeus, the father of bee culture, loses his bees by disease; he cries upon his mother, Cyrene, sitting in her underground chamber "ad extremi sacrum caput . . . amnis", she hears him, takes him to her chambers and put him in the way of recovering his loss. The story is probably from the Greek but there can

be no certainty as to its origin. See Conington's "P. Vergili Maronis Opera", London, 1881, Vol. I. pp. 338, 378-407 and notes.

<sup>9</sup>The name of Columbus is not mentioned but there is no doubt that this voyage of discovery is indicated.

<sup>10</sup>The words quoted are a translation of *Odyssey*, I., vv. 7-9; the warning is *Odyssey* XI., vv. 112-113; XII., vv. 137-141, "if thou hurtest them, I prophesy ruin for thy ship and for thy men"; the men refrained from the kine until "hunger gnawed at their belly" and then slew the best of them and ate the flesh, Ulysses, being asleep—this on the Island of Thrinakia. All dismally perished but Ulysses; *Odyssey*, XIII., vv. 405-453. The seven herd of kine, fifty in each flock, "who increased not nor diminished," were long ago identified by mythologists as the 350 days of the original year.

<sup>11</sup>No doubt from the ancient Ophir—variously placed by scholars in the North of Asia, India, Malacca and America; perhaps Fracastoro by this use of the word in this connection indicated his concurrence in the view that America was the true Ophir; thousands of his countrymen in later years have found it so.

<sup>12</sup>Everyone will remember the beginning of the first book of the *Iliad* where Apollo angered by an insult to his priest and his temple sends shaft after shaft upon the camp of the Greek "terrible was the clang of his silver bow" and "the people kept dying". This has always been recognized as a poetical description of an epidemic, perhaps typhus.

<sup>13</sup>Of course the constellations Aries and Taurus and the Dogstar, Sirius.

<sup>14</sup>It is fatal for any King to listen with assent and approval to the cry of his people, "It is the voice of a god and not of a man." Herod found it so in his day.—Acts XII, 21-23—and some are finding it so to-day.

<sup>15</sup>"All hail, great tree planted by the hands of the gods from seed divine, beautiful in foliage, glorified by new virtues; hope of mankind, distinguished ornament and new glory from the land of the stranger."

Guaiacum is said to have been introduced into Italy in 1517; Ulrich Von Hutten had called it a divine gift in his "De Guaiaci Medicina et Morbo Gallico liber unus", Moguntiae, 1519, (Fracastoro calls it "Hyacus" and "Huyacus") Thomas Paynell's (Chaplin to Henry VIII.) translation of von Hutten's work, 1533, contains the first mention of this medicinal wood in English—the disjunction between the *guaiacum officinale* and the *guaiacum sacrum* came much later.

<sup>16</sup>This is what I was taught less than half a century ago—and I am not ashamed to say that I retained this view until after I had been, much to my own astonishment, elected President of the Canadian National for Combating Venereal Diseases, when my attention was called more particularly to syphilis—indeed I find I have given this derivation in a comparatively recent paper, written in substance, however, some time ago.

Franz Boll's article came to my attention fortuitously some months ago—I find it, however, referred to in Murray's New English Dictionary, sub. voc., "Syphilis."

<sup>17</sup>If from "sus" and "phileo" the word should be "Suophilis", if from "sun" and "phileo", it should be Symphilis—this is not conclusive for have we not the word "telegram" instead of the regularly formed "telegrapheme"? And what of the monstrosities, Cablegram and Marconigram, which make a decent etymologist's hair stand on end?

<sup>18</sup>First published as an article "Der Ursprung des Wortes Syphilis: Eine Quellenuntersuchung" in "New Jahrbuecher fuer das Klassische Alterthum Geschichte" for 1919, pp. 72-77, and a second article, "Zum Ursprung des Wortes Syphilis" in the same volume, p. 168.

Much of what follows is taken from these articles, which are not available for examination to most medical men—and who could have expected to find this subject in such a Journal? I am wholly responsible for the quotations, translations, etc.

<sup>19</sup>My own opinion (for what it is worth) is against the proposition but there is no evidence and one guess may be as good as another.



<sup>20</sup>Der Kaiserliche Regierungsrat Walter Pflug "Syphillis oder Morbus Gallicus, eine Etymologische Betrachtung", Strassburg, 1907, a learned but unsatisfying book.

<sup>21</sup>His many medical works are all in Latin as are his "De Anima Dialogus", "De Poetica", "de Intellectione", etc.

<sup>22</sup>"But Alcithoe, the daughter of Minyas, refused to join in the orgies of the god (Bacchus). She rashly denied that Bacchus was the son of Jove and she had sisters of like impiety."—Ovid, *Metamorphoses*, Lib. IV., vv. 1-4.

<sup>23</sup>Adhuc Minyeia proles  
Urget opus spernit Deum festumque profanat  
Tympana cum subito non apparentia raucis  
Obstrepuere sonis et adunco tibia cornu  
Tinnulaque sonant. . . . .  
Fumida jamdudum latitant per tecta sorores  
Diversaeque locis ignes ac lumina vitant  
Dumque petunt latebras; parvos membrana per artus  
Porrigitur, tenuique inducit brachia penna  
Nec qua perdiderint veterem ratione figuram  
Scire sinunt tenebrae. Non illas pluma levavit.  
Sustinere tamen se perlucentibus alis.  
Conataeque loqui, minimam pro corpore vocem  
Emittunt; peraguntque levi stridore querelas.  
Tactaque, non sylvas, celebrant: lucemque perosae  
Nocte volant; seroque trahunt a vespere nomen."

Ovid, *Metamorphoses*, Lib. IV, vv. 389-393: 405-415.

"The daughter of Minyas kept on contemning the god and profaning his festival—when suddenly unseen wings rustled with harsh noise, and flute and tinkling cymbal sounded along with the curved horn . . . and now the sisters hide in the smoke-filled room, scattering, they flee the fire and the light. Then they seek hiding places, membranes form between their slender limbs and overspread their arms with tenuous wing—the darkness allows not to see how they lose their former figure; no feather bears them up, yet they fly on transparent wings. Trying hard to speak, they utter but the slightest sound compared with the size of their bodies; they squeak out their lament, roofs not woods they frequent, hating the light they fly by night, and in aftertimes they take their name from the eventide." ("Vespertilio", the Latin word for "bat" is derived from "vesper", the evening, and means "the creature which flies in the evening.")

<sup>24</sup>Ovid, *Metamorphoses*, Lib. VIII. v. 8; Vergil, *Ciris*, vv. 105, 106.

"Stat Megara Actaei quondam munita labore  
Alcathoe Phoebique; deus namque adfuit illi."

"There stands Megara, built by the labour of Actaeus, Alcathous and Apollo—for the god was present assisting him."

It does not appear that Alcathous was ever blasphemous or aught but devoted to and beloved by the god—he was fortunate all his life and had games dedicated to his memory after death: we have seen the sin and the fate of Alcithoe

<sup>25</sup>Vergil, *Aeneid*, Lib. VIII, vv. 293-4. . . . .

. . . Tu nubigens, invicta, bimembris,  
Hylaeum Pholumque, manu, tu Cresis mactas."

"Thou the cloudborn Centaur slayest Hylaeus and Pholus."—Ovid, *Metamorphoses*, Lib. VIII, vv. 7, 8, speaks of "urbe Alcathoi."

<sup>26</sup>The whole story of Niobe is familiar to all. Ovid's description has, in my opinion, never been excelled in vigour or tragic beauty:—

Ecce venit comitum Niobe celeberrima turba  
Vestibus intexto Phrygiis spectabilis auro  
Et, quantum ira sinit formosa . . .  
. . . aut cur colitur Latona per aras

Numen adhuc sine thure meum est? Mihi Tantalus auctor  
 Cui licuit soli Superiorum tangere mensas.  
 Pleiadum soror est genitrix mihi: maximus Atlas  
 Est avus, aethereum qui fert cervicibus axem:  
 Jupiter alter avus: socero quoque glorior illo.  
 Me gentes metuunt Phrygiae: me regia Cadmi  
 Sub domina est: fidibusque mei commissa mariti  
 Moenia cum populis a meque viroque reguntur.  
 In quamcumque domus adverto lumina partem,  
 Immensae spectantur opes. Accedit eodem  
 Digna Deae facies. Huc natas adjice septem,  
 Et totidem juvenes; et mox generosque nurusque.  
 Quaerite nunc, habeat quam nostra superbia causam:  
 Nescio quoque audete satam Titanida Coeo  
 Latonam praeferre mihi; cui maxima quondam  
 Exiguam sedem pariturae terra negavit.  
 Nec coclo, nec humo, nec aquis Dea vestra recepta est.  
 Exul erat mundi; donec miserata vagantem,  
 Hospita tu terris erras, ego, dixit, in undis,  
 Instabilemque locum Delos dedit Illa duobus  
 Facta parens, uteri pars est haec septima nostra.  
 Sum felix, quis enim neget hoc? felixque manebo.  
 Hoc quoque quis dubitet? tutam me copia fecit.  
 Major sum, quam cui possit Fortuna nocere.  
 Multaque ut cripiat; multo mihi plura relinquet.  
 Excessere metum mea jam bona. Fingite demi  
 Huic aliquid populo natorum posse meorum,  
 Non tamen ad numerum redigar spoliata duorum  
 Latonae.

Ovid, *Metamorphoses*, Lib. VI., vv. 165-167; 175-200.

"See here comes Niobe with shining gold interwoven in Phrygian robes, surrounded by her glittering court of followers and beautiful—yes beautiful as anger permits . . . . Why is Latona honoured at the altar and mine is without incense? My father is Tantalus, the only mortal permitted to sit at the table of the gods, (Taygete), one of the sister Pleiades, my mother—the mighty Atlas, is my grandfather who carries on his shoulder the vault of heaven. Jupiter is my other grandfather and I the more illustrious than he is my father-in-law. Before me the Phrygian people tremble—the Kingdom of Cadmus is mine—the walls constructed by my husband's lyre are governed by me and my husband with their people. Into whatever corner of my house I turn my eyes, they see enormous treasures—in face and form, I am worthy of being a goddess. To all these add my seven daughters, my seven sons—soon too, sons and daughters-in-law. Ask now what cause I have for pride. I know not how ye dare prefer this Latona, daughter of some Coeus or other, to me—Latona whom once upon a time the whole earth refused even a little spot for her to give birth to a child—neither heaven nor earth nor sea would receive your goddess. She was an outcast of the world, until at last commiserating the wandering one, Delos said, "Thou art a vagrant and a stranger on the land, I in the waters", and gave her her restless soil for a resting place. She has brought forth two children—this girl is the seventh offspring of my womb. I am blessed—who may deny it? and blessed I shall remain—who can doubt it? My very numbers will keep me secure. I am beyond the reach of Fortune to injure; let her take away many, far more will remain to me, my wealth places me above fear. Even supposing something should take away the half from the multitude of my children—not then, despoiled as I would be, would I be reduced to the number—the two—of this Latona?"

And the punishment was swift. Leto might have imitated the Queen of Beasts who, when jibed at by the prolific rabbit, because she bore only two children, said: "Yes. but they are lions." Leto was too small-minded for such a magnanimous part. She called to her children, Phoebus Apollo and Phoebe Artemis, and they

slew one by one the seven sons and seven daughters, the pride and boast of the blaspheming daughter of Tantalus.

Ismenus first, Niobe's eldest son.

"Ei mihi! conclamat, medioque in pectore fixa  
Tela gerit, fraenisque manu moriente remissis  
In latus a dextro paulatim defluit armo."—vv. 227-9.

"Ah me!" he cried, the dart transfixing his breast, the slackened reins dropping from the dying hand he slowly falls from the right side of his steed.

Then the second son Sipylus,

" . . . . summaque tremens cervice sagitta  
Haesit, et exstabat nudum de gutture ferrum."—vv. 235-6.

"The arrow stood trembling in the upper part of the neck and the naked iron protruded from the throat."

Phaedimus, Tantalus, Alphenor, Damasichthon, Ilioneus, all met the same fate and six daughters followed them to death.

"Ultima restabat; quam toto corpore mater  
Tota veste tegens Unam, minimamque, relinque  
'De multis minimam posco', clamavit, 'et unam,'  
'Dumque rogat, pro qua rogat, occidit.'"—vv. 297-301.

"But one, the last remained—her the mother hid under her robe and cried, 'Leave me one, the littlest one—out of so many I ask only one, only the very littlest one,'—and while she prayed she for whom she prayed was slain."

The mother moved no hair, bloodless she sat, without motion or life.

"Flet tamen et validi circumdata turbine venti  
In patriam rapta est: ubi fixa cacumine montis  
Liquitur, et lacrymas etiam nunc marmora manant."—vv. 310-312.

"Yet she weeps and wrapped round by the whirlwind she is carried to her fatherland. Here fixed on the peak of the mountain she ever sits weeping and to this day the rock flows down in tears."

<sup>27</sup>Statius, *Silvae*, V. I, 33—also "Sipyleia cautes", Ansonius, *Epitaphia*, 27.

<sup>28</sup>Ovid, *Metamorphoses*, Lib. VI, v. 149, the mountain, v. 231, the son. See references in Boll's second article, p. 168.

<sup>29</sup>Ovid, *Metamorphoses*, Lib. VI, vv. 174-6; see note 26 *supra*.

<sup>30</sup>At a public meeting in Toronto called a short time ago by the Canadian National Council for Combating Venereal Diseases, after speaking of the origin of the word "Syphilis", I said:

"When we hear the word "Syphilis" let us think of Niobe weeping for her children. The very origin of the name of the disease should make us think whenever we hear it that we must see to it that so far as we can prevent, mothers shall not weep for their children. Niobe cannot recall hers from death, they cannot return; but may we not prevent the like fearful calamity to mothers of our own times and of succeeding generations? That is our task—God help us to perform it successfully.

"It is no holiday pastime, no undertaking to be embarked on lightly: to meet the hideous syphilis and her worthy sister needs all our powers of body and mind, all our resources, social and financial.

"Some sixteen centuries after Ovid had written his elegant *Metamorphoses*, another poet in Italy, less celebrated but equally gifted, gave to the light a work in Latin equally good or better. He also wrote myths, but his were artificial, his own manufacture, not like those of Ovid, the traditional folk lore of the race and largely a poetical interpretation of natural phenomena. Hicronomo Fracastoro, of Verona, a Latin poet, inferior only to Vergil, (if to him) a great physician who gave his services free to all who sought and needed them, a mathematician, an astronomer, published in 1530 his celebrated book in Latin hexameter descriptive

of the disease which had made its appearance in Europe just a generation before (1497).

"Of the three Books or Cantos of this poem we may pass over the first, which describes the symptoms, and the second, which tells the story of a young hunter who was cured by bathing in liquid silver—of course mercury—on the prescription of a pitying Nymph. In the third Canto we meet the real story—in a voyage of exploration the sailors kill some of the sacred birds of the Sun-god and are threatened with discord and a new and fearful disease. Making in the New World the hitherto unknown Isle of Ophire, they learn from a venerable chieftain the cause of a disease which had afflicted the islanders. The shepherd of a former King of the Isle, angry at the scorching heat of the Sun, had renounced the worship of the sun-god and set up his King as his god; he boastfully compared the wealth of the earthly monarch with his countless flocks and herds and the poverty of the heavenly with his one Ram and Bull, just as Niobe had boastfully compared her earthly treasures and the poverty of Latona. The people were led astray and punishment swiftly followed—the Sun-god smote with a new and strange disease, first the presumptuous shepherd, then the King, who had allowed himself to be deified, and the people who had followed the erring shepherd in blasphemy and sin.

"Seeking a name for the impiously vaunting shepherd what could be more natural than to find it in the story of his prototype Niobe, whose story was consciously imitated by the Italian poet? Niobe sits forevermore melting in tears on Mount Siphylus (or Sipyulus) and her second son called after her paternal mountain home fell, pierced by Apollo's dart: Fracastoro, with true poetic genius and insight, called his shepherd Syphilus and Syphilis the disease inflicted for his impiety.

"Niobe weeping for her children!" Nearly if not quite half of the surgical diseases of the female generative organs are caused by infection from the husband—many of these deprive the victim of the possibility of bearing a child—and she weeps her unborn children.

"Niobe weeping for her children!" The young bride in the height of health and beauty receives the fatal marriage gift from him who has just sworn to love and cherish her—and she dies—her mother weeps her beloved dead.

"This is no figment of the imagination—not many weeks ago a mother came to me with a photograph of her young daughter, the picture of all that is winning, and told me the shocking story of honourable marriage dishonoured by the infected husband who had won her hand with her virgin heart and had repaid with fatal disease. The law, you say? What can the law do towards giving back the dead to the living? Niobe—nay in this case it was Rachel—for she was a Jewess—weeping for her children:

"A voice was heard in Rama,  
Weeping and great mourning,  
Rachel weeping for her children;  
And she would not be comforted, because they are not."

"Niobe weeping for her children!"

"Nearly if not quite one half of all the abortions and miscarriages are caused by syphilis."

"Niobe weeping for her children!"

"Of those blind from birth four out of five have perfect organs of sight but are blinded by venereal disease in the mother—one-tenth of all blindness comes from this cause. You women, you good women, you devoted women, who are so deeply interested in the blind, who sacrifice your time and money, your ease and comfort, that you may alleviate their bitter lot a little, will you not help us to prevent the utterly unnecessary increase in their number?"

"Niobe weeping for her children!"

"Venereal disease is one of the chief causes of the mentally defective, the idiot, imbecile, what is strangely and cruelly called the natural; it causes most of the fits, apoplexy and paralysis of children."

"Niobe weeping for her children!"

"Not far from one-third of all insanity, nearly if not quite all locomotor ataxia, much of the softening of the brain, the disease of the heart and arteries are the work of the same enemies of mankind.

"Elizabeth Barrett Browning many years ago appealed to the conscience of England for the child in the factory.

"Do you hear the children calling, O my brothers?" and the great heart of England answered. Does Canada hear the cry of her children; and if she hears what is her answer?"

I subjoin here the derivations from the dictionaries under my hand:

1874. Dunglison's Medical Dictionary (which I consulted as a student of Medicine). The Etymology is uncertain. Some consider it to proceed from "sus" a hog, and "phileo", I love; others, "sun" with and "phileo", I love; and others with more probability from "siphlos" formed by contraction from "sipalos" a reproach. As to the last derivation "siphalos" is an adjective not a noun and means "crippled", "maimed", "defective", "purbblind", etc. ("siphlos" seems to be the poetic form. See Liddell & Scott's Greek Lexicon *sub voc.*). The quantity of the first syllable, which is short, excludes the word as the original of "Syphilus."

1872. Worcester's Unabridged follows and quotes Dunglison.

1891. The Standard Dictionary "from Syphilus, a fanciful name having a Greek aspect but no actual Greek basis. If either of the usual conjectures is correct, it should be either Symphilus (from "sus", a hog, and "philos").

1911. Dorland's American Illustrated Medical Dictionary, Latin, origin not certain.

1914. Webster's New International. French and Neo-Latin from Syphilus, the name of a shepherd in the Latin poem of Fracastoro, "Syphilis sive morbus Gallicus", which was published in 1530, perhaps from Greek "sus" hog, and "philos" dear, loving.

1914. Funk & Wagnall's Standard Dictionary. French from Syphilus, the name of a shepherd in "Syphilis seu Morbus Gallicus", a poem by Fracastoro from Greek "sus" and "philos."

Century—Neo-Latin syphilis, a word introduced into technical use by Sauvages from the name of a Latin poem by Hieronimo Fracastorio (Hieronymus Fracastorius) an Italian physician and poet (1483-1553) entitled "Syphilis sive Morbi Gallici libri tres" and published in 1530, the name Syphilis is a fanciful one having a Greek aspect but no actual Greek basis. If either of the usual conjectures is correct, it should be "Symphilus" from the Greek "sun" with and "philos" loving, fond (philein, love) or "Syophilus" (a name appropriate for a swineherd) from "sus", hog, and "philos" loving (philein, love).

1919. Murray's New English Dictionary. Modern Latin syphilis (syphilitidis) originally the title (in full Syphilis seu Morbus Gallicus) of a poem published in 1530, by Girolamo Fracastoro (Hieronymus Fracastorius) (1483-1553) a physician, astronomer and poet of Verona but used as the name of the disease in the poem itself—the subject of the poem is the story of a shepherd, Syphilus, the first who suffered from the disease, the name Syphilis being formed on the analogy of Aeneis, Thebais, etc. The term was employed systematically by Fracastoro in his treatise "De Contagione" II, 11 (1546).

And it is added: The source of the name Syphilus is disputed: it has been suggested that it is a corrupt mediaeval form of Sipylus, the name of a son of Niobe (so called after a mountain) in Ovid, Metam. VI, 146 ff. (See F Boll in Nene Jahr. f. d. klass. Altherthum, 1910, XXV. 72 ff. 168).

1848. Hooper's Lexicon Medicine—According to some, this word is derived from the name of a shepherd who fed the flocks of King Alcithous, and who insulted the sun, in vengeance of which the venereal disease was sent upon earth. Others derive it from "siphlos", disgusting. Dr. Mason Good says that the term was probably invented by Fracastoro from the Greek "sun" and "phileo" importing mutual love", for such is the title by which he has designated his celebrated and very elegant poem on this very inelegant subject. (This last phrase is indicative of the attitude even of medical men a very few years ago towards Syphilis. No one would say of the Black Death or the Sweating Sickness that it was a "very inelegant subject.")

## CURRENT MEDICAL LITERATURE

## VENEREAL DISEASE.

Unsavoury as is the whole subject of venereal disease, it is forced more frequently than ever upon our attention, alike by the anomalous efforts of restrictive legislation and the doctrinal differences of the medical profession as to the efficacy or legitimacy of certain methods for the prevention and treatment of the various forms of venereal disease. The problem is complicated enough on the medical side without the importation into it of moral issues, which have neither technically nor logically anything to do with the case. The National Council for Combating Venereal Disease being a mixed body of members of the medical profession and the laity, it is perhaps not surprising that they should have condemned venereal prophylaxis mainly on moral grounds, although at the same time *inconsistently* approving of early disinfecting treatment. But we must confess to some disappointment in discovering that the Medical Women's Federation, in a document on "Some Suggestions as to the Duty of the State in the Control of Venereal Disease," take the same line, with no pretext of justification as to laical dilution or perversion of judgment. After cavalierly dismissing the evidence for the efficacy of venereal prophylaxis, which according to other eminent medical authorities has, wherever properly applied, proved highly successful, the authors and authorities of the pronouncement oracularly affirm that by its means "Safety from infection would not be attained, whole moral degeneration and sex excesses would rot the very foundation of society." This utterance, than which nothing could be more gratuitous and unscientific, is unfortunately characteristic of the general attitude of the Medical Women's Federation to the whole problem, for which they offer no better solution in this so-called "Constructive Policy" than all-round repression, tempered with moral education of both sexes. Medical women as citizens have as much right as other members of the community to hold and express whatever opinions they please about the moral considerations involved in the prevention and treatment of venereal disease. In their professional capacity, however, it is their business to deal with preventive and remedial methods solely on their scientific merits. It is for the community, as it is supposed to be represented at any given time by its Government, to settle and appoint the moral principles applicable to the case. Judged by the individual conscience, many things that are lawful may not be expedient, and *vice*

*versa*. It might plausibly be argued that it is immoral for a medical practitioner to restore to health a monster of depravity, only to give him a fresh lease of life for the renewal and aggravation of a career of crime or vice. The practitioner whose conscience forbids him to do so is, however, false to the Oath of Hippocrates, and had better seek some other calling, in which, if that be possible, he can escape from the moral entanglements and contradictions in which life abounds. The ghastly problem of the prevention and treatment of venereal disease, if it is to be solved at all, must be handled on sane and scientific lines. The mitigation and possible ultimate abolition of this age-long scourge and shame of humanity will be hindered rather than hastened by mixing morals with medicine. —*The Pharmaceutical Journal and Pharmacist, London, Eng.*

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### INOCULATION AGAINST HAY-FEVER

Will Walter, Evanston, Ill. (*Journal A. M. A.*, Sept. 4, 1920), reports his experience with pollen extract, teaching that in this particular protein the phenomena of desensitization do not follow the usual course of the bacterial protein, so far as symptoms show. The early mild pollenoses, namely, those from rose, timothy, daisy and the like—the so-called “rose colds”—are helped by inoculations of their respective proteins. Ragweed presents a difficult problem and search must be made to find reason for this failure to prevent hay-fever and for the ill effects of pre-season inoculation. The ragweed protein is more toxic than that of other pollens when split up by the sensitized subject. It is to be feared, therefore, that when the mass of pollen comes, the split products go to flood tide; an anaphylatoxic poisoning results, and that preliminary inoculation cannot be carried far enough with ragweed protein to evolve antianaphylactic bodies on account of the size of the dose of ragweed protein at season. A case of anaphylaxis is reported in which a previously harmless dose produced anaphylaxis when added to the local pollen adsorption.

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### ENDOCRINE IMBALANCE IN THE FEEBLEMINDED

One hundred cases of feeble-mindedness were studied clinically and postmortem. Data were collected from a gross pathologic study of this series of brains and somatic organs, especially the ductless glands. In one third of the cases a microscopic examination of the glands was also made. Aplasia, hyperplasia, pigmentation and interstitial change not due to age, glandular proliferation, anomalies such as absence or accessory

organs with lessened or increased function, besides special changes in the secreting epitheliums and cells of the individual and various glands are the main factors included in the summation of the changes. The evidence of gland changes without particular reference to endocrinology is so constant and multifarious that Oscar J. Raeder, Boston (*Journal A. M. A.*, Aug. 21, 1920), states emphatically that they must be regarded most seriously. There were gland changes of one sort or another in 74 per cent. of cases. Marked gland changes occurred in 21 per cent. With the constant and characteristic bony and soft tissue changes microsomnia, lowered resistance to infection, poor circulation, loose jointedness and changes in the glands of internal secretion, Mongolian idiocy bids fair to be founded on an endocrine pathology. The internal secretions begin to exert their influence early in the life of the organism. It is known that permanent adjustments of the other glands and tissues follow on the absence of dysfunction of one gland or set of glands. In order to avoid such permanent changes as infantilism, dwarfism, acromegaly, microcephaly and feeble-mindedness, it is imperative that these conditions be recognized and remedied by supplying the deficient hormone or inhibiting the hyperfunction of a gland early in the course of the disease. After permanent adjustments have formed, improvement is difficult; with early treatment, results are often little short of marvelous. Much of the finer pathology of the ductless glands is concerned with biochemical reactions. Further studies of feeble-mindedness by physiochemical and roentgenologic research would seem to throw more light on this obscure field.

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### INFECTIOUS ECZEMATOID DERMATITIS.

In a series of seventy-four case histories, selected at random and scattered over a period of two years, Richard L. Sutton, Kansas City Mo. (*Journal A. M. A.*, Oct. 9, 1920), found a record of concurrent urticarial eruptions in nineteen instances (more than 25 per cent.). The antecedent disorders varied greatly, but were fairly characteristic: lacerated, infected wound of the hand; furuncle of the right thigh; scabies; infected ingrowing toe-nail; ecthyma; infected wound of the right forefinger; otitis media; infected, incised wound of the right hand; infectious discharge from the nose; infected wound of the right shin; furuncle of the left axilla; paronychia; infected wound of the thumb, and furnucle of the scalp. As a rule, the anaphylactic manifestations did not appear until after the staphylococcic disorder was well under way. All of the attacks were nonfebrile. As a rule, the earlier lesions



were frankly suppurative (of fourteen cases in which cultures were made, *Staphylococcus aureus* was recovered in eleven), and autoinoculable. In the later, more generalized eruptions, however, attempted cultivation frequently proved unsuccessful. In the earlier stages of the disease Sutton had found that a mild astrigent, such as an aqueous solution of aluminum acetate (0.5 per cent.), or even lead and opium lotion (lotio opii et pulmbi subaceticis) is more effective than one of the greasy preparations. At the end of forty-eight or seventy-two hours, however, one may profitably begin the use of a weak ammoniated mercury ointment 2 per cent.), together with a bland dusting powder containing a small amount of boric acid. After the tendency to supuration has been overcome, phenolated zinc oil may be substituted for the mercurial ointment. For the relief of the pruritus which often accompanies the urticarial lesions, calamine lotion, to which liquor carbonis detergens (from 2 to 10 per cent.) has been added, affords much relief. If necessary, a small amount of phenol (1 per cent.) or menthol (0.5 per cent.) may be added to the ammoniated mercurial preparation, and the ointment used in conjunction with the lotion. Internally, alkaline preparations, such as sodium acetate and sodium citrate in large doses, combined, if the patient is nervous and irritable, with sodium bromid, frequently prove helpful. If these, too, fail, Sutton has found the most serviceable remedy to be a mixed staphylococcus vaccine. The initial dose should be small (from 25,000,000 to 75,000,000), and he usually repeats the injections every third day, gradually increasing the amount each time.

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#### CHRONIC NEPHRITIS.

L. A. Turley El Reno, Okla. (*Journal A. M. A.*, Oct. 9, 1920), says that if one would attempt to describe the history of the process leading to the condition commonly known as chronic interstitial nephritis, it would be somewhat as follows: Whenever the kidney is the site of an acute nephritis of any severity, there are some of the functional units that do not regenerate but degenerate and atrophy, and the connective tissue in the immediate neighborhood undergoes some hypertrophy and contracts into the loose cicatricial form. Later, following another attack of acute nephritis, more tubules undergo the same process. This process continues until a considerable part of the kidney is involved. As soon as the reduction in the number of tubules becomes considerable, the remaining tubules undergo compensatory hypertrophy. In later years

some of these hyperplastic tubules and some of the more normal tubules become plugged with casts or by some other means, and the epithelium undergoes an atrophy from the centre outward. Thus we have the picture seen in the sections of the small red, granular kidney, namely, areas of increased connective tissue in which are to be found the epithelial cords representing former tubules, and the whorls of connective tissue representing former glomeruli; hyperplastic tubules with fairly normal epithelium; hyperplastic tubules with atrophied epithelium and filled with casts or other material and between which there is little if any more connective tissue than in the normal kidney, and tubules in all stages between these and the cords mentioned above. Therefore, since we find that the connective tissue increase follows and does not precede the reduction of the parenchyma, and that the increase of connective tissue depends on a form of parenchymal reduction that results in the diminution of the size of the tubules; and since we find areas in otherwise normal kidneys in which there is such reduction in the size of the tubules followed by connective tissue increase in the immediate environment, we are forced to the conclusion that there is no such condition as chronic interstitial nephritis, and that the condition now known by that name is the end-result of a process that begins in early life and is added to as the years go on, a process characterized by the degeneration and atrophy of some of the functional units following each attack of acute nephritis, and which results in later life in a very much reduced functional parenchyma, and an increase in the interstitial connective tissue. In giving this condition a name, if we would conform here to the custom of naming like conditions in other parts of the body, we would call it senile nephritis.

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### RICKETS AND THE VITAMINES.

Rickets is one of the diseases believed by many investigators to be due to a deficiency of the vitamine element. There is, however, another band of observers who believe in the prime importance of defective hygiene in its etiology and yet others who hold the theory that the condition is brought about, not only by a deficiency or lack of vitamins but by a deficiency of certain articles of diet which produces ill balanced metabolism. Hess and Unger undertook a series of clinical experiments, the results of which were published in the *Journal of the American Medical Association*, 74, 1920, which appear to show that deficiency in the fat soluble vitamine has little to do with the causation of rickets.

In a paper read before the British Medical Association recently, Dr. F. Gowland Hopkins, professor of biochemistry in the University of Cambridge, subjected these experiments to criticism. He remarked that though they were of considerable importance, they failed to set the question at rest and he was struck with the exceptional constitution of the diet upon which infants were placed when it was intended to create a vitamine deficiency. He pointed out that in respect of rickets developing in the infants when they were placed on an apparently normal fat supply, no full analysis of the cases was given. Only two cases were mentioned in detail. The most striking of these, one in which rickets developed in the child while it was on a very full supply of whole milk, showed at the time some added abnormality because the generous milk diet, with the addition of spinach, failed to produce growth.

Hopkins thought it was note worthy that the rickets was cured and growth became normal when at the thirteenth month codliver oil was added. On the other hand the five children in whom rickets did not develop, although their food was presumed to be highly deficient in the fat soluble vitamine, were given a diet of an extremely high total caloric value, containing, together with a vegetable fat, a large daily ration of a skim milk powder. Hopkins was of the opinion that to contrast the nutritive effects of skim milk, fortified with vegetable fat, with those of whole milk, was doubtless a legitimate method of testing the influence of the fat soluble vitamine, so long as both milks were administered in normal amounts. But he drew attention to the fact that skim milk was by no means free from the so-called fat soluble substance. He had experimental evidence to show that highly separated milk contained an amount decidedly in excess of what the residual fat would seem to indicate. When, then, so large an amount as 180 of a milk powder, equal to nearly two litres of the original milk, was daily administered, as in Hess and Unger's experiments, in infants aged from four to nine months, the supply of the fat soluble vitamine was far from being negligible. Therefore, Hopkins deemed that valuable as this clinical study might be, he did not think it brought evidence that was final.

It does seem certain, that the more investigations undertaken to determine the causation of rickets, the clearer it becomes that more than one factor is concerned in its causation. Too great stress has been laid on the vitamine element, just as too much emphasis has been placed on defective hygiene in the etiology of rickets. Each plays a part, and the dietetic factor is not confined to the vitamine content of the food. The point that requires study now is the relative importance of each factor.—  
*New York Medical Journal.*

## PERSONAL AND NEWS ITEMS

Nineteen medical inspectors and seven constables comprise the machinery which has been set in motion by the Superior Board of Health of the Province of Quebec to prevent the entry of unvaccinated persons coming from Ottawa and Hull into the district of Montreal, and other parts of the Province where smallpox has not made its appearance in epidemic form. The municipalities cut off from communication with the rest of the Province of Quebec are: Hull, Hull South, Pointe Gatineau, Deschenes, Aylmer, in Quebec; and Ottawa and its suburbs in Ontario. Passengers on trains from these points are, if not recently vaccinated, required to be vaccinated on the train, and if they refuse are forced to leave the train at the first station within the Province of Quebec. There are nineteen trains on seven lines that are being watched.

At a full board meeting of the trustees—National Sanatorium Association—held at the Gage Institute recently Hon. W. A. Charlton, M.P., was unanimously elected to the office of president, filling the vacancy caused by the death of Sir William Gage, Mr. A. E. Ames being unanimously elected vice-president. Plans are being prepared for the erection of a new Muskoka Free Hospital to take the place of the buildings recently burned, and a careful survey of the whole situation is being made with a view to carrying on the work in the most efficient manner.

Talking constantly since Saturday, February 5, all efforts have failed to stop Miriam, eight-year-old daughter of Mr. and Mrs. M. Rubin, 132 Gillett avenue, Waukegan, the strange malady baffling the medical skill of specialists. Miriam, who has been a pupil in the North School, recently complained of pains in her arms and shoulders. The following night she began talking, sometimes rapidly and at other times more slowly, and has kept up conversations with members of the family and attendants constantly, without sleep, except for two hours last Monday night, but even during her slumbers kept on talking.

Smallpox is nearly as prevalent as it was at this time last year. Statistics for January show 1,004 cases and three deaths. A year ago there were 1,188 cases and six deaths.

Last month was one of the worst the province has ever had for diphtheria, although was 876 cases there were only 63 deaths, compared with 70 deaths out of 636 cases in Jan., 1920. Measles are not as prevalent. There were only 34 cases and 18 deaths of influenza and pneumonia.

The Federal Department of the S.C.R. took over the operation of Christie Street Hospital from the Militia and Defence Department early

in November, 1920. At the time of taking over this hospital there were some 200 patients being treated and this number has rapidly increased till there are approximately 600 patients. Christie Street Hospital is the largest hospital of its kind in Canada. In Christie Street Hospital, apart from the medical and surgical cases, there are special groups of cases treated for the whole Dominion, such as facial and orthopaedic cases.

A bronze tablet was placed in the Toronto General Hospital in honor of the chairman of the Board of Trustees, Sir Joseph Flavelle. The tablet was unveiled last week. The inscription reads: "This tablet is erected as a tribute to Joseph Wesley Flavelle by his co-trustees on the Toronto General Hospital Board. To his energy, foresight and perseverance is due the conception and erection of these buildings.

Mayor Church's motion for a hospital commission to deal with grants provides that the membership shall consist of the Mayor, the Finance Commissioner and Dr. Hastings, M.O.H. The Mayor and treasurer constitute the Treasury Board, and the Mayor is a member of the Hospital Boards by virtue of his office. It is intended to restrict the applications for grants to once a year.

Dr. Rothwell, of Oshawa, who while in Toronto is staying at 37 Chicora Avenue, fractured his thigh when he fell while alighting from a moving Avenue Road car at Colborne and Yonge Streets recently. He was removed to the General Hospital.

Work on the Indian wing of the Lady Minto Hospital in Cochrane is progressing rapidly. The building is required for the use of the increasing number of Indian patients being treated at the hospital there. Some of the patients have come from the shores of James Bay, four coming from Moose Factory last year. The Department of Indian Affairs at Ottawa has contributed nearly \$5,000 toward the cost of the new addition.

The death occurred of Mrs. Jennie Fotheringham at her home, 20 Wellesley street, two weeks ago. The late Mrs. Fotheringham was Honorary President of the Women's Auxiliary of the Canadian Army Medical Corps of which she was one of the organizers in 1914. She is survived by her husband, Dr. J. T. Fotheringham, two daughters, Miss Helen and Mrs. (Rev.) George Kirkpatrick, of Ottawa, and one son, Donald, attending the University of Toronto.

Two fresh cases of smallpox were reported in Montreal, 24th January, making a total of six since January 1st, three of which are of persons coming directly from Ottawa. Notifications have been sent to employers in the city that the vaccination by-laws must be complied with.

Encephalitis Lethargica, or known to the layman as "sleeping sickness," has claimed its second victim in Toronto—Izy Kliemich, a Rus-

sian Jew, aged 35 years, who resided at 58 Centre avenue. Kliemich, after contracting the disease, was removed to the Toronto General Hospital, but failed to respond to treatment.

Members of the Ontario Medical Association recently waited upon Hon. W. R. Rollo, Minister of Health, to discuss combating venereal diseases. The deputation advocated that an arsenical product should be allowed to be imported into Ontario without any restriction so long as it complied with the standard set by the Federal authorities. The deputation also asked that the Minister arrange for a conference with the Workmen's Compensation Board to discuss raising the medical fees payable under the act. Mr. Rollo will arrange for a deputation from the association to confer with the License Commissioners regarding the number of prescriptions for liquor which may be issued by doctors.

Dr. Angus A. Campbell announces the removal of his office from 96 College street to 151 Bloor street west, where he will continue to limit his practice to diseases of the eye, ear, nose and throat. Telephone North 6800.

Dr. W. H. B. Aikins, of Toronto, took a vacation trip on the Megantic to Panama and St. Martinique, expecting to be home by first March.

The Crown has instituted proceedings against Dr. Percival Faed on a charge of manslaughter in connection with the death of Miss Monica Kenney, following the administration of diarsenol.

A substantial decrease in the total number of smallpox cases in Ottawa was reported on 11th February by the Health Department at the City Hall. Only two new cases were reported recently, while 11 patients were released from their homes and the hospital on Hopewell Island. Two houses were placed under quarantine and 12 houses were released.

The attempt to make old people young by the inserting of glands obtained from monkey's does not appear to be proving successful. This treatment was introduced by Dr. Serge Voronoff.

It is understood that the University of Toronto will permit a hospital for mental and nervous cases to be erected on the land adjoining Surry Place, just north of College street. This hospital is to take the place of the Reception Hospital that has been closed for some time, and will be known as the Psychiatric Clinic. This has been talked of so long, it is to be hoped that there will be no further delay. It is expected to cost \$400,000.

Elizabeth Mary Osler, widow of the late B. B. Osler, in her will made the following bequests: To the Home for Incurable Children, \$2,000, to

endow the Britton Bath Osler Cot; to the Osler Memorial Home, Dundas, \$200; to the Aged Women's Home, Hamilton, and to the Women's Exchange, each \$100.

Dr. C. Stewart Wright advises the removal of his office from 99 Bloor street west to 12 Madison Avenue where he will continue, as formerly, to confine his practice to diagnosis and treatment of Orthopedic conditions. Improved provision has been made for the application of Physiotherapy, including selected methods of Electrical Treatment, which experience in Army and Civil practice has been found most applicable.

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## OBITUARY

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### ARCHIBALD HENDERSON, M.D.

Following an attack of pleuro-pneumonia which lasted only four days, Dr. Archibald Henderson, who prior to the war practised on Wilton Avenue, Toronto, died at Hamilton on 12th February. The late Dr. Henderson, was a son of the Rev. Dr. W. C. Henderson of Guelph, and graduated from the University of Toronto in Arts and Medicines. On the outbreak of war he enlisted in the Medical Corps. Following service overseas he was invalided home. Subsequently he was attached to the Brant House at Burlington and the Mountain Sanitarium, Hamilton, as a chest specialist.

The deceased is survived by his wife, a daughter of Dr. Foster of Guelph, two children, Isabell and William, all of Hamilton, and two sisters, Mrs. J. C. Eaton and Mrs. J. N. Skelton of Toronto. The funeral will take place at Guelph on Tuesday.

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### HUGH S. BINGHAM, M.D.

Resulting from a general breaking up in health, the death occurred 22nd December, 1920, of Dr. Hugh S. Bingham, C.P.S., aged 70, at his home, 523 Dovercourt road. Born in Darlington Township, he was graduated from Trinity Medical School, Toronto, and afterwards took a post graduate course in England. He practised in Cannington, Ont., for many years. For 13 years he had resided in Toronto. He was a member of the Canadian Order of Oddfellows and of the Masonic Order. Surviving are his widow, one son, Everett, and one daughter, Muriel.

## JOHN SUMPTER KING, M.D.

Dr. John Sumpter King, one of the city's prominent physicians and also distinguished as a writer, died on 14th February at his home, 37 Fuller Avenue, aged 78 years. During the later years of his life Dr. King acquired considerable note in connection with psychical research. He was president of the Canadian Society for Psychical Research for the eight years of its existence and less than a year ago he published a book on spirit communication, "The Dawn of the Awakened Mind." In this work he related experiences of communication with his wife since her demise several years ago and also W. T. Stead and others. Dr. King's office was located for many years at the corner of Church and Shuter Streets, later being removed to 1215 King Street west.

He was born at Georgetown in 1843, the son of Stephen and Margaret King, the latter of United Empire Loyalist descent. He obtained his license to practise in 1876 and his M.D. degree from Victoria University in 1879. In 1889, the University of Toronto conferred upon him its degree of M.D. He was appointed surgeon of the Andrew Mercer Reformatory for Females and the Industrial Refuge for Girls at the opening of that institution in 1881, and continued in that capacity for thirty-five years. He was medical director of the Home Life Association from its beginning until absorbed by the Sun Life.

A writer of ability, he served for three years on the editorial staff of the Toronto Globe under the late Hon. George Brown. During this time he was Canadian correspondent for the Chicago Tribune and a correspondent for a number of Canadian papers. His book, "The Dawn of the Awakened Mind," contains a slate message supposed to be from the late George Brown. He was a frequent contributor to magazines and weekly papers and devoted much time to research work since 1894, on the results of which he had published three volumes.

Dr. King was actively interested in a large number of fraternal organizations and was president of the Canadian Fraternal Association in 1895. He was a past master and member since 1866, of the Masonic Order, and had also held high offices in the A. O. U. W., the Sons of England, I. O. O. F., Knights of Pythias, the Royal Arch and Select Knights. He was Grand Chancellor of the Grand Lodge of Ontario of the K. of P., four times and for four consecutive years was Supreme Prelate of the Supreme Lodge.

Surviving him are one daughter and his daughter-in-law, Mrs. Mary C. King, with whom he lived his retirement last May.



### THOMAS HOSSACK, M.D.

Dr. Thos. Hossack, fourth son of Duncan Hossack, County of Oxford, died at his home in Lucan, Ontario, on 15th February, from the effects of a paralytic stroke which had lasted four days. The late Dr. Hossack was born on December 9th, 1844, educated at Ingersoll Grammar School and graduated from the Jefferson Medical College, Philadelphia, in 1865. He came to Lucan in 1867, was country coroner of Middlesex for 50 years and a member of Ormiston Presbyterian Church there, since its foundation. Dr. Hossack was chairman of the first Public School Board of Lucan and of the first High School Board. In 1869 he married Miss Charlotte A. Clark, daughter of Orange Clark, London. Mrs. Hossack predeceased him in 1905. One daughter, Mrs. E. F. McL. Smith, wife of the minister of Knox Church, Alliston, survives.

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### THOMAS GRAY, M.D.

Dr. T. Gray, a popular and successful physician, who had practised in Acton, Ontario, for the past twenty-one years, passed away 24th January after four months' illness. Last August, while performing an operation, he sustained a slight wound in his right hand. Infection followed and it was not long before there were serious complications. The doctor's splendid constitution withstood the inroads of the ailment much longer than usual.

Dr. Gray was a native of Edinburgh, a graduate of McGill Medical College, Montreal, and took postgraduate courses in Edinburgh, London and Glasgow. He practised for a time in Newfoundland, then for a few years in St. Marys and Parkhill—his home town—and in 1900 went to Acton. He was chairman of the citizens' committee of five which carried to a successful completion the erection of a memorial monument to Acton's soldier heroes who fell in the Great War, which was unveiled on Armistice Day, 1920. In 1880 the doctor married Miss Jessie Taylor, daughter of the Rev. J. B. Taylor, of Blyth. Mrs. Gray and their two children, Col. A. C. Gray, of Winnipeg, and Miss Loretta, Music Bac., Acton, survive.

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### HUGH A. McCALLUM, M.D.

Dr. Hugh A. McCallum, M.D., LL.D., M.R.C.P., distinguished London physician, died at his residence, Queen's Avenue, 25th January, of pneumonia, contracted a few days previously after he had attended a patient in company with Dr. W. J. Tillman.

Dr. McCallum was born sixty years ago in the Township of Westminster, where his father, Alex. McCallum, was one of the Talbot settlement pioneers. He commenced life as a school teacher, graduated from St. Thomas High School, and first taught in Norfolk County near Vienna. He spent two years there before moving to London to study medicine at Western University. He graduated as the gold medalist of the class of '86. Subsequently he took post graduate work in Johns Hopkins Hospital, New York, and London, becoming in the latter place professor of the department of medicine at his alma mater, and later he was made Dean of the Faculty. During the war he rendered valuable service as a Colonel in the A.M.C., and chief consulting physician for Military District No. 1. His studies in internal medicine have been the subject of professional discussion in Canada, United States and Great Britain. While in London he is credited with having secured the establishment by the Provincial Government of the Institute of Public Health. He introduced a plan for reorganization which, carried out under his personal direction, gave Western University Medical Department a substantially increased rating from the Educational Committee of the American Medical Association.

The doctor's brother, Prof. A. B. McCallum, was until recently administrative chairman of the Advisory Council for Industrial and Scientific Research. He is survived also by his widow, three sons, Hugh, John and Archie, and one daughter, Catherine. The funeral was held privately to Mount Pleasant Cemetery. The services were in charge of Rev. D. C. McGregor.

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#### S. G. THOMPSON, M.D.

Dr. S. G. Thompson, who died at the residence, 239 Jarvis Street, 30th January, was born in Hamilton in 1853, and shortly afterwards came to Toronto where he had resided for the greater part of his life. At the age of ten, the spirit of adventure showed itself in his nature and in company with a companion, he ran away to Buffalo where he found employment driving horses on the Erie Canal. At the age of fourteen he became a member of the Queen's Own Regiment and saw active service at the Battle of Ridgeway. A little later he became warmly attached to Parliament Street Primitive Methodist Church, and became a local preacher, filling appointments at Davisville, Seaton Village, Don Mills and other places. He shortly afterwards became a probationer, and was stationed at Shanty Bay. He did not remain long, but returned home and took up the study of medicine. He attended Jarvis Street Collegiate and Toronto Medical College.

Several years afterwards he continued the study of medicine in New York, London, Eng., Glasgow and Germany. Returning home he settled in Stouffville, where he had a good practice. Leaving Stouffville he came to Toronto and had been actively engaged in the practice of his profession up to eight years ago, when he practically withdrew from it.

On October 10th, 1888, he married Miss Elizabeth J. DeLaports, of Jarvis street, who predeceased him. His only son predeceased him. He was an extensive traveler, and made world-wide trips. He was a member of the Board of Education for several terms. He was a member of Carlton Street Methodist Church, where he regularly attended. He is survived by an only brother, John Thompson, of 723 Kingston Road.

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#### JOHN DONALD LANGHAM, M.D.

Dr. John Donald Langham, who died of heart disease 4th February, in his 27th year, at Minitona, Manitoba, was a son of Edward Langham of the Alexandra Apartments, University avenue, Toronto. Dr. Langham was born in Lindsay, Ont., but went west as a youth and entered upon a course in medicine in the University of Manitoba. He served in France for two years with the medical corps sent by the university, returning on leave of absence to finish his medical course, subsequently serving a year on a hospital ship.

Dr. Langham is survived by his wife. The body was interred in Mount Pleasant Cemetery, Toronto.

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#### MAX OTTO KLOTZ, M.D.

Max Otto Klotz, eminent surgeon, clubman and sportsman, died at his home in Ottawa, 31st January, of pneumonia after a week's illness.

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#### NELSON W. WASHINGTON, M.D.

Dr. Nelson Washington died at his home, 35 St. Edmund's Drive, Toronto, on 6th February. Deceased had suffered a paralytic stroke four years ago and had been sick ever since. Born near London, Ont., he graduated from the University of Toronto in 1870. For some years he lived in Port Huron, but for more than 20 years he practised in Milwaukee. He was a member of Queen City, I.O.O.F., and the Masonic Order, and was a Methodist in religion. Surviving are his wife, one daughter and four granddaughters.

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## BOOK REVIEWS

## MEDICAL TREATMENT OF DISEASE.

Notes on the Medical Treatment of Disease for Students and Young Protestioners of Medicine by Robert Dawson Rudolf, C.B.E., M.D., Edin., F.R.C.P., Professor of Therapeutics in the University of Toronto; Clinician, Toronto General Hospital; Consulting Physician, Victoria Hospital for Sick Children, Toronto; Fellow of the Royal Society of Medicine; Member of the Association of American Physicians; Vice-President of the American Therapeutic Society; Colonel Canadian Army Medical Corps (Reserve), and late Consulting Physician to the forces overseas. University of Toronto Press, 1921.

We have here a very practical, a very readable, and a very instructive book. Prof. Rudolph has evidently put much labour upon the manuscript, as it contains the essentials of treatment, and yet, the book is not a large one. In 450 pages small octavo the author has covered the ground in an interesting manner. The general plan is to give a brief statement about the disease, such as etiology and complications. There is then a moderate space given to diagnosis, which though brief, is very ably outlined. The treatment, of course, occupies the largest amount of space, and covers such topics as environment, that is, how the patient should be placed as to room, air, and warmth, etc. There is a useful note on diet, which is too often overlooked in most works on treatment. Treatment is further given under the headings specific and symptomatic. This scheme enables the author to group his recommendings in an orderly way. We can recommend this volume to our readers. Though it is intimated as being for students and young practitioners, we feel that most practitioners whether young or old would be benefitted by a study of this book. We congratulate the author on the merits of his contribution to the very important subject of treatment, which is the goal of all medical effort.

## A TEXT-BOOK OF THE PRACTICE OF MEDICINE

A Text-book of the Practice of Medicine, by James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine Graduate School of Medicine, University of Pennsylvania, Fourteenth Edition, thoroughly revised with the assistance of John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania. Octavo of 1,284 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1920. Cloth \$11.00 net. Canadian Agents, The J. F. Hartz Co., Limited, Toronto, Ont.

The book on the practice of medicine has long been known and recognized as a leading text-book for both students and practitioners. We have had the pleasure of reviewing former editions, and that pleasure is

increased by the excellent merits of the present edition. The revisions have been so carefully performed in former editions that there is nothing calling for adverse criticism. The arrangement of the subject matter is scientific and simple. The illustrations are numerous and well selected, the text is carefully written and up-to-date, the press work is first class, and the binding substantial and attractive. We can recommend this volume on the practice of medicine as one of the very best we are acquainted with. It will always prove very helpful to those who consult it.

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### THE ROENTGEN DIAGNOSIS OF DISEASES OF THE ALIMENTARY CANAL

The Roentgen Diagnosis of Diseases of the Alimentary Canal, by Russell D. Carman, M.D., Head of Section of Roentgenology in the Division of Medicine, Mayo Clinic and Professor of Roentgenology (Mayo Foundation), Graduate School of Medicine, University of Minnesota, Second Edition Thoroughly Revised. Octavo of 676 pages with 626 original illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth \$9.50 net. Canadian Agents: The J. F. Hartz Co., Limited, Toronto, Ont.

This very valuable volume on Roentgen Diagnosis of Diseases of the Alimentary Canal is now in its second edition. It has been enlarged by 98 pages, and 122 new illustrations have been added. This book gives the very latest methods and views on this subject, and is from the pen of one who has enjoyed very many opportunities of observing the effects of special meals. This book should be in the hands of every one who has to take plates of the abdominal organs, as seen when test meals have been given. Until one studies a work like this he has but a limited knowledge of how valuable Roentgen Diagnosis is. The results depend much on the technique, and here very explicit instructions are given.

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### PRACTICAL PSYCHOLOGY AND PSYCHIATRY

For use in Training Schools for attendants and nurses and in medical classes, and as a ready reference for the practitioner, by C. B. Burr, M.D., Medical Director of Oak Grove Hospital, Flint, Mich., for mental and nervous diseases; Member of the American Medico-Psychological Association of the American Medical Association, of the American Neurological Association; Fellow of the American College of Physicians; Foreign Associate Member of Société Medico-Psychologique of Paris, etc. Fifth edition, revised and enlarged, with illustrations. Philadelphia: F. A. Davis Company, Publishers, 1921. Price, \$2.00.

Here we have a very superior manual of 269 pages. The book is written by one who by study and experience is very well prepared to

undertake such a task. The outstanding feature of the book is its very practical character. The first part is devoted to psychology, the second and third to insanity, the fourth and fifth to cases of insanity and their treatment. The book is a most useful one.

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### INTERNATIONAL CLINICS

A quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia, U.S.A., and with the collaboration of many noted specialists and teachers. Vol. IV, Thirteenth Series, 1920. Philadelphia and London: J. B. Lippincott Company. Price, \$2.25.

This volume contains 7 clinics, 5 articles on Medicine, 1 Industrial Diseases, 4 on Paediatrics, 3 on Surgery, and 2 on Neurology. There are a number of excellent plates. There are twenty-four well-known contributors to this volume. On the whole it is a worthy edition to a splendid series, and will well repay careful study. There is not a weak article in it.

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### THE ROCKEFELLER FOUNDATION

The annual report of the Rockefeller Foundation, 1919. The Rockefeller Foundation, 61 Broadway, New York.

This report contains a very able review by the president, Dr. George E. Vincent. There are articles on the prevention of a number of diseases, and a full review of the work that is being done in China. The report is very interesting and instructive.

### MISCELLANEOUS

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#### SALVARSAN FAKES.

The inclusion in the programme of the All-American conference on the Great Red Plague, which meets in Washington early in December, of a discussion of the use of sundry arsenic "substitutes" for arsphenamine (salvarsan) in the treatment of the plague is highly commended by Surgeon General H. S. Cumming, of the Public Health Service.

"Medical officers of the Service and others concerned," he said, "were especially cautioned last spring against the use of arsenic pre-

parations not belonging to the arsphenamine group and were directed to use only the arsphenamine produced by licensed firms under the rules and tests prescribed by the U. S. Public Health Service.

“Testing of these arsenic preparations is very necessary because of their poisonous nature. If not properly prepared, they may be deadly no matter how carefully they are used or what is almost as bad, may be entirely worthless and may delude those who use them with illusory promises of a cure that cannot result.

“Some of the unlicensed preparations that have been foisted on the market were frauds pure and simple, containing no arsenic or other curative agent at all; but most of these were soon detected and their manufacturers punished. Many of those that are still being made result from efforts to circumvent the rigid tests required by the Public Health Service for the protection of the public and to market substitutes which are sold with unwarranted claims as to their curative value.

“Salvarsan (66) was devised by Ehrlich in 1910 after 605 unsuccessful experiments in trying to find a preparation of arsenic that would kill the germs in the patient's blood without also killing the patient. It was carefully protected by patents, taken out in Germany and elsewhere, that which enabled enormous prices to be charged for it. During the war inability to import it from Germany, where it was chiefly manufactured, caused the United States to seize the patent rights and to authorize manufacture in this country.

“Later, in an effort to standardize the drug and to prevent the sale of worthless substitutes the name “arsphenamine” was adopted and licenses for its manufacture were granted by the Treasury Department to all persons who complied with certain conditions that were considered essential for safety and health.

“No one who does not comply with these regulations may call his product “arsphenamine”; but there seems to be no law to prevent the manufacture of substitutes bearing other names and claiming to obtain the same results.”

Several firms are now manufacturing arsphenamine and neo-arsphenamine under licenses from the Treasury Department. Every batch of their products is rigidly inspected and tested by the U. S. Public Health Service; and these products alone are used in the various hospitals and clinic of the Service. “We do not consider that any other products have been shown to be sufficiently reliable,” says Dr. Cumming. “But the value of arsphenamine is well established.

### OPERATED ON HIMSELF FOR APPENDICITIS

Dr. E. O. Kane, chief surgeon at a hospital in Kane, Pa., recently operated upon himself for chronic appendicitis. He applied a local anæsthetic during the operation, and his only assistant was a nurse who held his head forward that he might see.

The doctor was propped up on the operating table with pillows. He dissected the tissues and closed the blood vessels as the knife penetrated the abdominal wall, and when the appendix was located, he pulled it up and cut it off.

Dr. Kane is 60 years old. He has been a surgeon 37 years. Several years ago the doctor amputated one of his own fingers.

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### SLEEPING SICKNESS IS COMMUNICABLE

The health authorities of New York have established the fact that Lethargica Encephalitis or sleeping sickness, is a communicable disease, according to a statement issued by Dr. Louis I. Harris, director of the Bureau of Preventable Diseases.

Two deaths from sleeping sickness and eleven new cases were reported in one day in New York city. Reports from neighboring cities indicated that the disease is spreading steadily through that section of the country.

The cause of sleeping sickness and the manner in which it is communicated have not been established, Dr. Harris said.

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### "CERTIFIED" WATER

Within the last 12 months the danger to railway travellers of infection with typhoid fever, dysentery, and other water-borne diseases has been reduced to a minimum throughout the greater part of the country by the co-operation of the U. S. Public Health Service with the different State Boards of Health in the testing of the water user on railway trains for drinking and cooking. And, within the next few months, similar protection will be afforded to passengers on river and lake steamers and to ocean steamships sailing from American ports. This will tend to end the severe outbreaks of typhoid fever that have from time to time been traced to ships (especially to excursion boats) as well as to the probably more numerous but far less easily traced illnesses of railway travellers from smaller pollution.

"The work," said Surgeon General Cumming, of the U. S. Public Health Service, "was really begun in —June of last year, when at the



convention of State and Territorial Health Officers, in session at Washington, D.C., a plan was decided upon whereby the Service was to cooperate with the States in reducing typhoid fever supplies or by helping them to organize State divisions of sanitary engineering to look after the work.

"Work has since been done in nearly half the States of the Union, in many of which sanitary divisions were lacking. In nearly all of these such bodies have been or are now being organized; and in about half of them surveys have been made of many or all important water supplies, most of which have been found safe for us on trains. Periodic inspection is, however, of course necessary."

"In carrying out this work the Public Health Service has grouped the States east of the Mississippi River, into four districts and it will group those west of the Mississippi into five other districts as soon as may be practicable. Each district will be provided with a sanitary engineer from the Service, who will render aid to the State sanitary officers in his group when requested.

"the work is a little different, for at present it has to do with the investigation of the sources and the information obtained will permit us to frame regulations to govern the water supply of all vessels on American lakes and rivers or sailing from American sea ports."

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#### SIR JOSEPH FLAVELLE HONORED

In the presence of many of Toronto's distinguished citizens, his Honor the Lieutenant-Governor on 14th February unveiled at the Toronto General Hospital, Toronto, a handsome bronze tablet erected in honor of Sir Joseph Flavelle, who for the last 19 years has been chairman of the board of trustees. The panel, an excellent portrayal of "The Healer," occupies a prominent position in the main corridor directly opposite the main entrance. It is a tribute of appreciation from his fellow members on the board for the years of faithful service which Sir Joseph Flavelle has given in connection with the General Hospital. To his initiative and resource is attributed the existence of the present fine buildings with their splendid appointments for the care of the sick.

In performing the unveiling, the Lieutenant-Governor referred to the deep regret at the prospective retirement from the chairmanship of Sir Joseph. "I believe you will all agree with me," he said, "that no one has given of himself more zealously and completely to what he deemed to be his public duty, and that for many years, than has Sir Joseph Flavelle,

whom we are honoring in a slight way this afternoon; and we all join in hoping that he will be so benefitted in health and strength by the partial relief from arduous duties, which he desires, that for many years to come he will be able to take his proper place among us as one of our leaders in many of the movements that are promoted for the welfare of the people."

In warmly voicing his thanks, Sir Joseph referred to the Mayors' of the city, the Government of Ontario, the Governors of the University and the body of private citizens whose generous subscriptions and gifts made the hospital premises possible. He paid tribute to the architect, contractors and builders who had provided a maximum of sunshine in the wards and had given honest service. There was great need, he said, for a convalescent home to which to send the patients while recovering. Greater provision should also be made for dealing with contagious diseases. The physicians, the nurses and house-men were giving faithful and untiring service in aid of the sick.

Among those present were Lady Flavelle and her two daughters, Mrs. Barrett and Mrs. McEachren; Mrs. Larkin, Mrs. Rundle, Miss Snivley, Miss Gunn, Sir Edmund Walker, Dr. Bruce MacDonald, Sir Robert Falconer, Mr. J. D. Flavelle, Mayor T. L. Church, Mr. Irving Cameron, Mr. W. T. Kernahan, Dr. A. McPhedran, Colonel Fraser, Mr. A. Scher, Dr. N. A. Powell, Dr. G. E. Wilson, Dr. A. Primrose, Dr. B. Z. Miller, Dr. G. Bingham, Dr. F. N. G. Starr, Dr. B. P. Watson, Dr. Geoffrey Boyd, Dr. Perry Goldsmith, Dr. G. E. Richards, Dr. Herbert Bruce, Dr. E. A. Grey and others.

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#### LAMBTON MEDICAL MEN HOLD ANNUAL CONFERENCE

Lambton County Medical Association annual meeting held on 10th February was attended by the following: Drs. Bell, Bradley, Kenny, McDonald, of Sarnia; Drs. Reid and Houghton, of Wyoming, and Drs. Smith and Hamilton, of Petrolia; Dr. Sawyer, of Watford, and Dr. Brown, of Camlachie. The election of officers for the ensuing year took place and the following officers were elected:

Dr. Sawyer, of Watford, re-elected president; Dr. Hamilton, vice-president, and Dr. Smith, of Petrolia, secretary-treasurer.

During the meeting a most interesting paper was read by Dr. Routley, of Toronto, showing the necessity of doctors using their best ability educating the public against irregular charlatans of the present day.

## TORONTO'S VITAL STATISTICS

The Board of Health at a recent meeting adopted the report of the medical health officer, which urged the resumption of measures in the interests of mental defectives. A recent survey has revealed 538 children mentally subnormal out of 32,347 children in 38 public schools. The average in all public schools was placed at 1.66 per cent. The report continues:

"It was interesting to note that in numerous cases that had been reported as giving evidence of being mentally defective, a careful examination revealed the fact that the trouble was not with the child, but with his home conditions, lack of control, late hours, improper food, too frequent visitations to the moving pictures. Sometimes it was the youngest of a large family, practically brought up by older children; absence or lack of one or both parents; late working hours of one or both parents, were occasionally noted.

"It is a well-recognized fact that the vast majority of cases of the mentally defective give a history of having inherited weakness."

According to the report there is a decrease of communicable diseases in the city. Following is a statement of cases and deaths reported in January, 1921:

	Cases.	Deaths.
Typhoid fever .....	8	1
Smallpox .....	24	0
Measles .....	27	1
Scarlet fever .....	187	3
Whooping cough .....	130	7
Diphtheria .....	275	18
Chickenpox .....	157	0
Mumps .....	14	0
Cerebro spinal meningitis .....	1	1
Encephalitis lethargia .....	1	0

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 THE CURE OF LEPROSY

The Daily News publishes an interview with Sir Leonard Rogers, Professor of Pathology at Calcutta, who claims to have discovered a treatment for leprosy which may result in the possibility of permanent cures.

He is said to have followed the work of Dr. Heiser, an American practising in the Philippines, who took up the work in 1915. Rogers discovered the value of salt with a preparation of Chaulmoogra oil which Dr. Heiser first used successfully as an injection.

Rogers' improvement enabled injections to be made intravenously with greater effect on the disease, destroying the leprosy bacillus. In one case a leper recovered his sight. Others regained the sense of touch.

One man who could not walk 200 yards now walks ten miles. Several cases have remained apparently cured two and a half years. It is not yet possible to say there have been permanent cures owing to the long period of incubation of the disease.

Rogers made a preparation from cod liver oil giving the same results and is now testing it in Indian leper hospitals.

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### TUBERCULOSIS PREVENTABLE IF SPITTING HABIT STOPPED

Addressing the farmers' course at the University of Toronto Professor Fitzgerald of the Connaught laboratories declared that pneumonia, influenza and tuberculosis were preventable diseases if people would refrain from spitting and from coughing and sneezing into the faces of others. He commended the drastic action adopted by the Chicago authorities, who set aside one day per week to round up those guilty of such offences. He attributed the deaths of many Ontario young men between the ages of 20 and 29 to the fact that they had been given infected unpasteurized milk or because they had come in contact with people without a sanitary conscience.

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### MENTAL HYGIENE HAS LARGE FIELD

Short addresses explaining the work in the past few years and the plans for the future of the Canadian National Committee for Mental Hygiene were made at a recent meeting of the Kiwanis Club by Dr. C. K. Clarke, one of the foremost authorities on mental hygiene on the continent, Dr. C. M. Hincks, one of the prime movers in the organization and work of the committee, and George Ross, finance commissioner for the city, who is associate treasurer of the committee and who read a message from Sir George Burn, the honorary treasurer, who was unable to attend on account of illness. All the speakers stated that the field of work was so large that it had been decided to extend the scope of the

organization but in order to gain the support of the public, which is considered imperative, it has been decided to inaugurate a public educational campaign to form a "5,000 Club" in Canada, and Toronto is expected to furnish 1,500 members. The local Kiwanis Club was the first organization approached for support and the speakers outlined the scheme. The plan has been considered by the public affairs and executive committees of the club are unanimously approved and the decision of the club, whether it will support this work of service to humanity, will be made at a future meeting. If adopted by the members it will form one of the chief activities of the local Kiwanians during the present year.

A large number of visitors were present at the luncheon, Charles H. Leslie, president of the Lion's Club, rendered two solos and also extended the greetings of that organization to the Kiwanis Club stating that both organizations had the one object of being of service to humanity.

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#### MEDICAL MEN SEE DRURY

Representing the Ontario Medical Association, Dr. V. Henderson and Dr. F. C. Routley, Toronto, Drs. J. H. Mullin and J. P. Morton, of Hamilton, and H. A. Boyce, Kingston, waited upon Premier Drury and Hon. Walter Rollo, Minister of Health, on 17th February to urge upon the Government:

(1) The advisability of making a survey of the amount of unattended sickness occurring in the province.

(2) The advisability of transferring the present nursing and medical school inspection from the Department of Education to the Department of Health.

(3) The real necessity for measures which will guarantee the continuous and efficient standardization of drugs.

(4) The necessity for carrying post-graduate teaching to more remote places where practitioners cannot leave their homes to attend the great institutions of learning.

The deputation urged that the hospitals of the province should be carefully inspected as to the standardization of their scientific equipment, and as to what further equipment would be required to bring them up to a degree of modern efficiency.

The medical men asked the Government for a grant of \$10,000 towards a fund established to assist the association's committee on education in connection with the post-graduate schedule it had arranged.

The Prime Minister promised that the Cabinet would fully consider the requests made by the deputation.

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### DEVELOP GRADUATE WORK

Some fifty members of the medical faculty recently attended the second "staff assembly" in Hart House, Dean Primrose presiding during the addresses and discussion.

Reviewing the post-graduate work that is being done by the faculty, Dr. V. E. Henderson emphasized its comprehensive nature in meeting the demands both of the general practitioner and the specialist. For the former, refresher courses are being given in the various clinics in Toronto, while for the intending specialist well-organized courses in post-graduate instruction extending over three years have been planned.

It is no longer necessary for a medical practitioner in Ontario to go outside of this province for the very best in medical instruction," asserted Dr. Henderson. "The large number of doctors who have already availed themselves of these courses and also the letters of appreciation, which many have sent, testify to the success of the enterprise.

Organization of the Department of Medicine in Toronto University was also outlined by Prof. D. A. L. Graham, who gave an interesting account of the development of the all-time teacher in clinical departments. This system has now been in vogue for over ten years in many colleges in the United States and has been adopted as well in many of the leading schools in England.

Toronto is only falling in with the general trend of development in adopting it in Toronto. Here, however, the scheme has been modified so as to make it possible for the various members of the staff in medicine to devote a certain proportion of their time each day to private practice.

The advantages of this are: First, it keeps these men in contact with private patients and, secondly, it allows them to acquire an outside connection, which after several years of service in the clinic will serve as a basis upon which to develop a larger outside practice if they so desire.

Another point receiving special emphasis was the fact that the all-time teacher in medicine work with a considerable number of other physicians who are mainly occupied in outside practice, teaching for only a few hours each week.

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## TORONTO'S HEALTH BILL

The local board of health for Toronto estimates, which have been adopted and sent on to the board of control, call for capital and departmental maintenance expenditure of \$1,575,000, of which \$675,000 is capital expenditure, and about \$900,000 maintenance. The total for maintenance is \$150,000 greater than the estimates of last year.

The increase, said Dr. Hastings, M.O.H., in his statement to the board, was due to the expansion of the city and the necessity of keeping abreast of the times in health administration. The department, he said, were now inspecting 3,000 farms in connection with the city's milk supply.

The board authorized putting on another inspector, also one officer for venereal disease work, 14 more public health nurses, five more dental officers for the schools, four more food inspectors in the schools and another house surgeon at the Isolation Hospital, another nurse for mental disease cases, and other minor appointments.

The plans of the nurses' home to be erected on the jail property, near the corner of Broadway and Gerrard street, at a cost of \$375,000, were approved and sent on to the board of control. The \$300,000 capital expenditure item is for a new isolation hospital. The board decided to make no recommendation regarding the purchase of a site for a municipal hospital in the east end of the city. Dr. Hastings said the special committee appointed last year and dealt with the local hospital situation in a comprehensive report and the board of control had not disposed of this report yet. It was decided to ask the board for a statement as to the fate of this report.

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## MEDICAL PREPARATIONS

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### MEN NEED TOBACCO

A writer in the London Times, discussing the smoking habit, says that many have tried at some time or another to give it up, but have found it difficult to work without the aid of tobacco. "The mind robbed of its usual stimulus", says the Times, "can become a horrid blank".

When problems are to be solved, a man reaches for his pipe and tobacco. Many men in Canada have had the same experience and have found that smoking is an absolute need.



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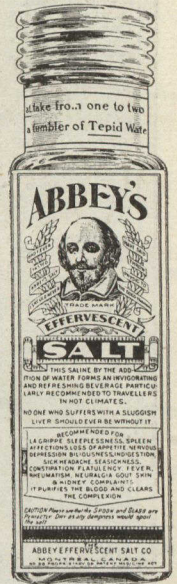
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applied warm and thick over the entire thoracic wall, *relieves the congestion* by increasing the superficial circulation. The *cutaneous reflexes* are *stimulated*, causing contraction of the deep-seated blood vessels. The over-worked *heart* is *relieved* from an excessive blood pressure, *pain and dyspnoea* are *lessened*, the *elimination of toxins* is hastened and the *temperature declines*.

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# Adrenalin in Medicine

## 6—In Endocrinology

THE action of Adrenalin is so fleeting as to narrow the scope of its utility in organotherapy. Its important place in clinical endocrinology is that of a diagnostic indicator of deviations from the normal secretory activity of certain glands.

Hyperthyroidism can be detected by the Goetsch test. This test is based on the fact that thyroid secretion sensitizes the sympathetic nerve endings to the action of Adrenalin. The technique consists of the subcutaneous injection of 0.5 cc Adrenalin 1:1000 and the subsequent observation of objective and subjective phenomena.

Blood-pressure readings are taken over a period of one and one-half hours at intervals varying from two and one-half minutes at the beginning of the reaction to ten minutes at the end. In positive cases the systolic blood-pressure rises at least ten points during the first fifteen minutes with an accompanying increase of about ten beats a minute in the pulse-rate. Soon there is noted a slight fall in systolic pressure and then a secondary rise. In about ninety minutes the blood-pressure is back to normal.

The subjective symptoms are sometimes

striking. There are heart consciousness, apprehension, and marked tremor and pallor occasionally followed by flushing and sweating. The greatest diagnostic importance of the Goetsch test is in distinguishing cases of mild hyperthyroidism from those of incipient tuberculosis.

A satisfactory test for suprarenal function can be performed by injecting subcutaneously fifteen to twenty minims of Adrenalin 1:1000 and estimating the consequent variations in blood sugar. In cases of suprarenal irritability there is an increase in blood sugar which comes on in about thirty minutes and lasts for several hours. A transient glycosuria may likewise be noted.

Loewi's test for pancreatic diabetes is dependent upon the fact that the suprarenal glands and the pancreas are physiological antagonists. In pancreatic diabetes there is impairment if not destruction of the secretory cells which allows certain Adrenalin effects to be more pronounced. One or two drops of Adrenalin 1:1000 should be instilled into one eye. In positive cases—cases of pancreatic insufficiency—there will be a prompt dilatation of the pupil.



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