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EDITORIAL

CHRISTIAN SCIENCE ONCE MORE.

The following letter is the excuse for returning to this subject. We give the letter in order that all may judge for themselves. We are confident what that judgment will be. It cannot be any other than the severest condemnation of anyone who can say: "As Christian Scientists are healing disease without a course of medical study, and as such study would be a positive hindrance instead of a help to them, why should they be forced by those who do not understand Christian Science to undergo any such course?" But, please read the entire letter.

Toronto, April 1st, 1916.

Editor,

Canada Lancet,
Toronto.

Dear Sir,

In the editorial article entitled "The Irregulars" in your issue of March, there is an evident effort to belittle the work of Christian Scientists in the healing of the sick. Christian Scientists do not claim to work miracles, but that the sick are being healed by its ministrations is beyond question. Nor are the cases thus healed confined to the simple ailments specified in the article named. There were prepared and presented to the Medical Commissioner, Mr. Justice Hodgins, a number of declarations duly attested, of persons who had been healed through Christian Science treatment of various diseases. The list of diseases healed included cancer, tuberculosis, impaired sight, insanity, stomach trouble, tumors, and many other troubles. In many cases the individuals making the declaration had been given up by the "regular" physicians. In almost all cases the names of the physicians who had attended the patients were supplied with the original declaration.

As Christian Scientists are healing disease without a course of medical study, and as such study would be a positive hindrance instead of a help to them, why should they be forced by those who do not understand Christian Science to undergo any such course?

Is the opposition of the "regular" schools to the "irregulars" wholly disinterested? Is the effort to prevent their work entirely in the interests of the public?

Yours truly,

(Signed) J. EDGAR FIELDING,
68 Beatrice Street, Toronto.

"The list of disease healed included cancer, tuberculosis, impaired sight, insanity, stomach trouble, tumors, and many other troubles." Mr. J. Edgar Fielding states that evidence was submitted to Mr. Justice Hodgins that the foregoing diseases "had been healed through Christian Science treatment." In the first place, we have a right to ask who made the diagnosis of these cases; and who furnished the proof of their cure? We make bold to state there never has been cured in this way a true case of cancer. We know that there are some sores or tumors that are regarded by the ignorant concerning such things as cancer, which are not, and in time disappear or heal. Such persons would declare that the most common sort of ointment they may have used brought about their recovery; or, likewise, if a Christian Scientist, that it wrought the cure. This is nothing better than a child playing with fire, or the blind with two-edged swords.

But Mr. Edgar Fielding states that "in many cases the individuals making the declaration had been given up by the 'regular' physicians." Now, this is an old story. Many persons making such statements consulted a doctor on some occasion; and had some such a statement made to them as that this disease might be of a cancerous nature, and should be kept under close observation, with the view of verifying, and clearing away any doubt. This is not a final opinion; but is often taken by those who do not weigh carefully what is said to them as if it were a definite statement. In this way it is quite common to meet with persons who will say they were informed they had cancer, or tuberculosis, whereas the real truth was that they had only a tentative expression of opinion, and were told that they must wait.

If one will take the trouble to carefully read "Science and Health," the text-book of the Christian Scientists, as we have done, he will come to the conclusion that the people who accept such teachings are to be sincerely pitied. Well might the words be quoted, "Lord forgive them, for they know not what they do." Mrs. Eddy's teachings are most abominable hodge podge of misconstrued scripture, misunderstood science, and misapplied religion that was ever put before suffering and gullible humanity. From the beginning to the end of her book one meets with one gross, monstrous misstatement after another, until it becomes

a marvel that anyone could ever be led away by such crudities, and insane metaphysical vaporings. Anyone who will study the life of Mrs. Mary Baker G. Eddy, the religious monomaniac who founded Christian Science, will come to the conclusion that her system is an unmitigated fraud, and she the victim of a delusion; for she held that her system was a direct revelation from God, and she the equal with Christ; and she commercialized her system so as to accumulate a vast fortune before she died, and all this was got from those who took up the huge absurdity, that *commercio—religio—metaphysico—biblico—scientifico—medico—system* which she put before the world. Her religion is not religion, her science is worse than vulgar superstition, her medicine cannot be called anything but the compound essence of ignorance, her metaphysics are only mysticisms, and the interpretation she puts on Bible passages bears no resemblance to them.

But just look at her life for a moment. When young she married Glover. He died in about three months, but much as she said she loved him, there is nothing to mark his grave, which to-day is unknown. Then she married Patterson, with whom she spent twenty rather unhappy years, and he ran away, and she secured a divorce. Then she married Eddy in 1877, giving her age as 40, though she was really 56. Well, we are told that she brought him back from death twice; but the third time she did not intervene, and he remained dead. By this time she had attained to great eminence as a Christian Science healer, and the marvel is she did not heal Mr. Eddy of his heart disease. She got over this difficulty by stating that he did not die of heart disease, but of arsenical poisoning, mentally administered to him, by enemies. But she took unto herself a fourth husband, in the person of the one who drove her around, Mr. Calvin Frye.

But look at some of her wild claims. In that portion of the Book of Revelation dealing with the figure of the "woman clothed with the sun, and the moon under feet, and upon her head a crown of twelve stars," and then she claims: "the woman clothed with the sun, Mary Baker G. Eddy." Further on she claims that the little book in the hands of the mighty angel mentioned in the 10th chapter of Revelation was "Science and Health," of God's authorship, but copyrighted by her, Rev. Mary Baker G. Eddy. In a poem she published in 1894, there is a picture representing Jesus seated on a stone holding the right hand of Mary, while in the left hand she holds a scroll bearing the words "Christian Science." Around the head of each there is a halo. But it is needless to give any more on this phase of the case.

Now, let us look at some of the teachings set forth, and credited to God as a revelation. "The condition of the stomach, bowels, food,

clothing, etc., is of no serious importance to your child." "The less we know or think about Hygiene, the less we are predisposed to sickness." "Treatises on anatomy, physiology and health sustained by what is termed material law, are the promoters of sickness and disease. It is proverbial that as long as you read medical works you will be sick." "Not because of muscular exercise, but because of the blacksmith's faith in muscle, his arm becomes stronger." "The blood, heart, lungs, brain, etc., have nothing to do with life." "Gender is also a quality, a characteristic of mind and not of matter." "Man is the same after, as before, a bone is broken or a head chopped off." "That life is sustained by food, drink, air, etc., that it is organic or in the least dependent upon matter or sustained by it, is a myth." "The daily ablutions of a baby are no more natural or necessary than would be the process of taking a fish out of the water every day and covering it with dirt, in order to make it thrive more vigorously in its native element." Mark Twain said of this sort of stuff that it provoked God to laughter and thereby it escaped destruction.

That Christian Science is a sham on religion we propose to leave with the religious bodies. They may expose it in any way they think best. One thing we may say, however, instead of the system being a revelation from God, it is a modification of what eccentric Dr. Quimby taught. We shall say only a few things about her healing. In the New York Sun for 16th December, 1898, Mrs. Eddy published this letter: "I challenge the world to disprove what I hereby declare. After my discovery of Christian Science, I healed consumption in its last stages, that the M.D.'s, by verdict of the stethoscope and the schools, declared incurable, the lungs being mostly consumed. I healed malignant tubercular diphtheria and carious bones that could be dented with the fingers, saving them when the surgeon's instruments were lying on the table ready for their amputation. I have healed at one visit a cancer that had so eaten the flesh of the neck as to expose the jugular vein so that it stood out like a cord." But Mr. Fielding states in his letter, Christian Scientists do not claim to work miracles." Mrs. Eddy's letter could come under no other meaning than that of supernatural power and the working of miracles. In the New York Sun of 1st January, 1899, Dr. Charles A. L. Redd, of Cincinnati, published a challenge to Mrs. Eddy to the effect that he would furnish her with cases like those she claimed to have cured; and that if she could cure them, he would bend his knee to her. But silence was the only reply. Take a concrete case. Mrs. Mary Ann Baker, the widow of Mrs. Eddy's brother, died in Boston in 1902, after many years' suffering of cancer of the heart. Here was a near and dear friend who died of that very disease that Mrs. Eddy had said

in her letter to the Sun four years previously she could cure. She must either have been lying, or have been a callous friend. Why did she not cure Mr. Eddy of his heart trouble? Why did she not cure Mrs. Leonard, a noted healer herself, of her diabetes? Why did she not cure of his pleurisy Mr. Armstrong, who had done so much for her, and save him from the grave? But the solemn truth is that every one of Mrs. Eddy's miraculous cures were frauds! And she was the greatest of all the Scientists. But recall the case of the Earl of Dunmore. He became a convert to Christian Science, because he believed it cured him of a disease a London surgeon said to him was incurable; but he died a few weeks later of the very disease he thought had been cured, and that he had published as a cure.

But we have the confession of those who have been healers for many years, but from whose eyes the scales have fallen, that they never healed or cured any real case of disease, and that they never knew of any healer who had. It is well known that strong emotion may cause a cure; but a Christian Scientist would never admit that anything earthly would effect a cure.

What shall be said of the abominable system of greed to be found in the Christian Science system? First of all Mrs. Mary Baker G. Eddy charged \$300 for seven lessons. So that this *Christian Science* be sold for this sum of money. In a number of cases Mrs. Eddy sued for her tuition fees, but she lost these suits, and the courts held she had not given value. This may explain the rule in later years of cash in advance. In 1881 she established the Massachusetts Metaphysical College. The staff was Mrs. Eddy, her husband and her adopted son. The course of instruction was 12 lessons, and the fee \$300, strictly in advance. No chance taken with the courts now. This was the College of Christian Science Metaphysical healing. Thus she was selling at \$25 a lesson what she said God had revealed to her! Here is her explanation: "When God impelled me to set a price on Christian Science mind healing, I could think of no financial equivalent for the impartation of a knowledge of that divine power which heals; but I was led to name three hundred dollars as the price for each pupil in one course of lessons at my College; a startling sum for tuition lasting barely three weeks. This amount greatly troubled me. I shrank from asking it, but was finally led by a strange Providence to accept this fee. God has since shown me in multitudinous ways the wisdom of this decision." So the matter of the fees for teaching others was a matter of revelation; for she was "led by a strange Providence." Most would think it was a rather *strange* Providence that should busy itself about Mrs. Eddy's fees! In 1888, she had become so proficient in the art of teaching that she could do in seven les-

sons all that was necessary, but the fee remained the same. Compare all this with the picture where she wears a halo beside the Lord Jesus! All this is a monstrous travesty on the picture where Jesus is holding her by the hand. She announced from time to time that no human pen or tongue taught me the science contained in this book and neither tongue nor pen can overthrow it." Then she advances the claim, "The perusal of the author's publications heals sickness." Here she boldly places her publications above the Bible, for no one ever claimed that reading it would cure sickness. The reason is apparent, namely, to create a sale for Mrs. Eddy's writings. Mr. Eddy laid down the following: "It shall be the duty of all Christian Scientists to circulate and to sell as many of these books as they can. If a member of the First Church of Christ, Scientists, shall fail to obey this injunction, it will render him liable to lose his membership in this church." But Mrs. Eddy had other ways of raising money. Note her advertisement for contributions towards three garments. She never said how much she obtained. Then note her Christian Science spoons, of which each Scientist *shall* at least own one spoon, and those who can afford it, one dozen spoons. The price of the silver spoons was \$3 each, and with gold plated bowls, \$5.

If anyone wishes the account of a grasping mercenary action, read the way in which Mrs. Eddy secured the site of the First Church of Christ Scientist in Boston. It was this. There was a society known as the Church of Christ, Scientist, in Boston. The land was mortgaged for \$9,000. The society had reduced it to \$5,000, and then failed to make further reduction. Mrs. Eddy paid the mortgage, and took an assignment of it. She then turned it over to a new organization with the right to repossess herself of it for any church that might be built thereon. She juggled her own friends out of their equity. They had paid \$7,000 and got nothing, she paid \$5,000 and got all. If one requires further evidence of her unfair methods, look into her dealings in the matters of the Falmouth street property, Boston, and the case of the *Christian Science Journal*.

But the worst has not been told. Mrs. Eddy, though four times married, denounces marriage. She makes St. Matthew say what he never said, and then she goes on to state that marriage among Christian Scientists is objectionable. The marriage relation is regarded as sensuous and impure. It is part of the teaching of Mrs. Eddy that a married woman or man if they love each other cannot be effective healers. Mrs. Eddy calls children 'sensual and mortal beliefs.' In the *Christian Science Sentinel* of 16th June, 1906, and in the *Christian Science Journal* for July, 1906, Mrs. Eddy characterized marriage as "synonymous with legalized lust."

When Mrs. Eddy tries to stamp the child as an impure thing, we have reached the very depths of the viciousness of Christian Science.

Were there time, much might be said about Mrs. Eddy's teachings on mesmerism, and how one may murder another by mental methods. In one place she says "then, if it be clear that the so-called mind of one mortal has killed another, is not this mind proved a murderer?" In another place she says, "the crimes committed under this new regime of mind-power, when brought to light, will make stout hearts quail. Its mystery protects it now, for it is not yet known." And, again, we read thus; "The mental malpractitioners or mesmerists employ the argument of poison to kill people. They cause your patients to suffer from arsenical poison in the blood or stomach, mercurial poison, morphine, or any other form of mineral, vegetable or animal poison which they may name in their arguments." There is no need to quote any more to show that she believed in witchcraft as firmly as did any old woman in the dark ages. There is ample evidence that she believed in the power of malicious animal magnetism. Those who accept Christian Science accept what Mrs. Eddy founded; and to follow her is to follow one of the most revolting characters in history.

Mr. J. Edgar Fielding asks, "Is the opposition of the 'regular' schools to the 'irregulars' wholly disinterested? Is the effort to prevent their work entirely in the interests of the public?" We answer most emphatically that this opposition is wholly disinterested and wholly for the public. That anyone who accepts the teachings of Mrs. Eddy should be granted the privilege of treating the sick, the injured, the insane, the infant, the unconscious, would be nothing short of a crime. Her entire system is a monstrous confusion of absurdities and errors, while she was thoroughly mercenary and grossly ignorant. All that is demanded is that those who treat the sick and injured shall be taught in some other way than that laid down by Mrs. Eddy, whose life was a mixture of greed, imposture, falsehood, and hypocrisy. The medical profession raises no objection to anyone following Mrs. Eddy's system of religion, foolish though it be; but the whole medical profession, in the name of humanity, objects to anyone being granted the right to foist her abnoxious system of treatment upon the public, which is as "the baseless fabric of the vision" of Prospero in the *Tempest*. We challenge Christian Science to produce a case of cancer, proven to be such by proper medical examination, cured by that system of healing.

ORIGINAL CONTRIBUTIONS

THE HISTORY OF MEDICINE IN BRITAIN.

BY JOHN FERGUSON, M.A., M.D.

WE have seen in our former article that the teaching of clinical medicine was established in England by Mayerne, Glisson and Sydenham. Following these three great men came Radcliffe, Garth, Arbuthnot, Freind, Sloane and Mead, and each did his share in placing medicine, and especially clinical medicine, on a sound and practical footing.

Radcliffe was very highly esteemed in his day, and had the reputation of being a very astute observer of the phenomena of disease, though his notes have not come down to us. He was also noted for his great generosity to learning and medicine. Sir Samuel Garth wrote very little on medicine. Dr John Freind, his contemporary, has left us some excellent notes on diseases. The numerous cases reported by him are well arranged and often replete with detail. He followed the method of Hippocrates closely, but his style is modern. Mead's notes are not very numerous and are of a reminiscent character.

A distinct step in clinical medicine was made by Sir John Floyer, who, in his book, "The Physician's Pulse-Watch," published in 1797, introduced the systematic study of the pulse and the value of keeping a record of it. This brings us to the beginning of the eighteenth century, when clinical medicine may be said to have been recognized as a most necessary department of the practice of medicine and the study and treatment of disease. During that century clinical medicine was making steady progress, and reached a very high degree of perfection by the end of the century, as shown by the writings of Dr. William Heberden, which were published in 1802. His classical work, "Commentarii de Morborum Hystoria et Curatione," was the last medical book in England to appear in Latin. He was for some time a Fellow of St. John's College, Cambridge, and lectured on medicine in that university. Later on he settled in London. Dr. Erasmus Darwin attended his lectures in 1752, and has left notes of these lectures, and some references to the books Heberden read. Heberden's method was to write down what he observed at the bedside of the patient and what he was told by the patient. Once a month he read these notes and recorded what he had written in a more concise system of notes under the various diseases that had come under his notice. From these latter, when he was seventy-two years of age, he wrote his treatise on the history and cure of diseases. He died in 1801, at the age of ninety years, and his

son gave his manuscript to the world the year following. This treatise is of very great value for two reasons: first, because of the method he followed, and, second, because of the facts he has recorded. While later observations have added much to what he knew, the remarkable fact remains that almost everything he taught has been upheld. His style is one of great simplicity, and he does not follow any other writer, but tries to make the opportunities of his long life and extensive practice prove useful to future generations. In addition to the methods of examination, cases prior to his day, he greatly extended Floyer's work on the pulse, but auscultation, the ophthalmoscope, and the laryngoscope has not as yet been introduced.

In 1817, another step was taken onward when Dr. A. J. G. Marcet published his treatise on the clinical history and medical treatment of calculous disorders. He complained that the hospitals did not keep a record of their cases. Sydenham before him had made a similar complaint, and had expressed the hope that the methods of the botanists would be introduced into medical studies. Marcet evidently was influenced in his exact methods by the study of botany, and aimed after a somewhat similar system of classification.

We have now arrived at the period in the history of medicine when the study of science in general began to influence in a very material manner the study of medicine. Botanical and zoological studies were now coming to the front and building themselves into that of medicine. Few men deserve greater praise in this regard than Dr. James Douglas, whose name comes down to us as associated with the fold of Douglas. He was a remarkably well informed man, and as widely known in general literature as in medicine and science. In 1725 he published a volume on the lily, and in 1727 one on the coffee plant. In 1707 he issued his comparative myographia, in which is revealed an extensive knowledge of comparative anatomy. In 1715 he gave out his treatise on the history of anatomy from Hippocrates to Harvey. In 1739 he published his edition of the first ode of Horace. He became a Fellow of the Royal College of Physicians in 1721. For a long time he was a physician to St. Bartholomew's Hospital. He published his observations in the wards in the Philosophical Transactions for 1715. In these observations he describes with great accuracy a case of hypertrophy of the heart, diseased mitral and aortic valves and adherent pericardium. During the life of the patient he had observed the violent action of the heart that could be both seen and felt, and states that there was a noise that could be heard at some distance from the bedside. It will be seen from this case that he came very close to making the great discovery of the cause of cardiac bruits.

Sir Hans Sloane deserves more than a passing notice. He was born in County Down, Ireland, in 1660, and died in 1753, in London. His father was head of a Scottish colony sent over to Ireland by James I. As a youth he was fond of collecting objects of natural history. In order to follow his studies he went to London and devoted himself to botany, materia medica and pharmacy. He became useful to John Ray and Robert Boyle. He travelled in France and visited the leading cities of that country taking his degree in medicine from the University of Orange in 1683. He brought home with him a large collection of plants and curiosities. He was elected a Fellow of the Royal Society, making the acquaintanceship of Sydenham, who gave him an introduction into practice. In 1687 he became a Fellow of the Royal College of Physicians, and then went to Jamaica. While there he collected about 800 new plants, of which he issued an account in two folio volumes from 1707 to 1725. He became secretary of the Royal Society in 1693, and edited the *Philosophical Transactions* for twenty years. In 1716 he was made a baronet, being the first medical man to receive a hereditary title. In 1719 he became president of the Royal College of Physicians, an office which he held for 16 years. In 1722 he was appointed physician-general to the army, and in 1727 physician to King George II. In 1727 he followed Sir Isaac Newton as president of the Royal Society, which he continued to fill for thirteen years, until he was in his eightieth year. He left his enormous collection of books, manuscripts, plants, curiosities, etc., to the nation, for which his estate was paid by the Government £20,000. To this collection the library of George II. was added, and all was opened to the public in 1759, as the British Museum. He gave the Apothecaries Society his botanical gardens at Chelsea. Among his collection were the writings of Harvey, Mayerne, Glisson, Sir Thomas Browne, Edward Browne, the letters of many medical men, and the note-book of Dr. Nathaniel Hodges, who died in a debtors' prison, notwithstanding his heroic conduct during the time of the great plague, along with Dr. Francis Bernard. What a change from then and now! No one now dies in prison for a petty debt. There was also the manuscript of the Anatomy of Highmore, of Antrum fame. There was also the extensive collection of letters which Sloane had received from all ranks of society.

Sir Thomas Molyneux was to Ireland somewhat as Sir Hans Sloane was to England. He was the descendant of a French family that settled in Ireland. When in London he made the acquaintance of Newton, Tyson, Evelyn, Flamsteed, Browne, Dryden, etc. He went to Holland and the University of Leyden, where he met John Locke. It was mainly due to Molyneux that Locke published his work on education. On re-

turning to Dublin, in 1687, he took his M.D. degree. When the Irish College of Physicians was organized, in 1692, he is named as one of the charter fellows. He became president of King's and Queen's College of Physicians in 1702. He published an account of the Irish elk, and of the large horns found in the Irish bogs. He wrote some articles on comparative anatomy, which appeared in the *Philosophical Transactions*. He wrote on diseases of his time, and especially an account of an epidemic of colds and coughs. He died in 1733, and was buried in Armagh, where a statue stands to his memory. He was the first noted physician in Ireland. Natural science and medicine were joined together in his studies and writings in a manner akin to that found in the writings of Sloane. His grave is but a short distance from the birthplace of Sloane. Sir Thomas Molyneux by his efforts in establishing the College of Physicians in Ireland did for that portion of Britain a work of the same kind as that of Thomas Linaere in founding the Royal College of Physicians in London, or Sir Archibald Stevenson in his efforts to procure the charter of the Royal College of Physicians of Edingurgh from Charles II. in 1861.

Into the very early history of medicine in Edinburgh we shall not enter at present. The first noted effort began in the reign of James I., who issued a warrent, in 1617, approving of the formation of the Royal College. This was frustrated for a time. The attempt was renewed in the reign of Charles I., in 1630. In 1656 Cromwell issued a patent creating the Royal College of Physicians of Scotland. In 1681, Charles II. granted the charter referred to already in mentioning the great efforts of Sir A. Stevenson. We shall pass over a number of the leading men of Edinburgh of that early period, such as Stevenson, Trotter, Burnet, Dundas, Eccles, Stewart, Halket, etc., and come down to Dr. William Cullen.

William Cullen was born in Hamilton, Lanarkshire, Scotland, in 1710. He was educated at Hamilton, and in the University of Glasgow. He began the study of medicine with John Paisley, of Glasgow. He then went as surgeon on a vessel trading to the West Indies. In 1732 he practised in Shotts, Lanarkshire. In 1734-36 he studied medicine in Edinburgh, and was one of the founders of the Royal Medical Society. He then practised for a time in Hamilton, and, in 1737 to 1740, had William Hunter as his pupil. In 1740 he took his M.D. in the University of Glasgow. In 1744 he located in Glasgow, where he gave lectures on medicine, botany, materia medica, and chemistry; but the medical department of the university was in a very disorganized condition. He was a very successful teacher and drew to his classes many noted students. In 1751 he was appointed professor of medicine. In

1756 he was made point professor of medicine in the University of Edinburgh, and in the following year sole professor, which he continued to be for ten years. In 1757 he commenced giving clinical lectures in the Royal Infirmary. He gave lectures on materia medica, which he issued in book form in 1771. In 1766 he was made professor of the Institutes of Medicine, as successor to Robert Whytt. He now resigned his chair in chemistry. In the same year he made an arrangement with John Gregory to give some lectures on the theory and practice of medicine. In 1773, on the death of John Gregory, he became sole professor of medicine, which he held until within a few months of his death, in 1790. He was a clear writer and a forceful teacher. He was strongly opposed to the humoral theory of his day, as he saw many of the evils to which it led. He was disposed to attribute more importance to the solid tissues of the body than to its fluids in the causation of disease. Among his writings might be mentioned the "Institutes of Medicine," in 1770; the "Principles of the Practice of Medicine," in 1774; a "Medical Nosology," in 1785. In this latter work he divided diseases into four groups: (1) The pyrexia, (2) the neuroses, (3) the cathexia, and (4) local diseases.

Dr. John Gregory was also a noted member of the Edinburgh school if the middle of the eighteenth century. He was born in Aberdeen in 1724, and died in Edinburgh of the gout in 1773. He was educated at King's College, Aberdeen. In 1741 he attended medical classes in Edinburgh. In 1745 he went to London to complete his medical studies. During his absence King's College, Aberdeen, conferred upon him the degree of M.D. On his return he was made professor of philosophy at King's College. In 1754 he went to London and was made a Fellow of the Royal Society. In 1755 he became professor of medicine in King's College, Aberdeen. In 1766 he was elected professor of medicine in the University of Edinburgh.

James Gregory was born in Aberdeen in 1753, and came to Edinburgh with his father, John Gregory. He studied medicine in Edinburgh, and classics in Christ's Church, Oxford. He graduated in medicine at Edinburgh in 1774, and then proceeded to Holland, France and Italy. In 1776 he was appointed professor of medicine in the University of Edinburgh, and next year began giving clinics in the Royal Infirmary. On the death of Cullen he became the head of the Edinburgh Medical School, and the leading consultant in Scotland. He was president of the Edinburgh College of Physicians in 1798. For publishing some private documents belonging to the college he was deprived of his Fellowship in 1809.

Turning our attention for a moment to Ireland, we find that Dr.

John Stearne was one of the fourteen charter members of the Irish College of Physicians. Dr. Richard Helsham was made regius professor of physics in the University of Dublin in 1733, the year in which Sir Thomas Molyneux died. The Dublin School of Medicine, however, did not come prominently to the front until the time of Stokes and Graves.

Among medical men in England in the middle of the eighteenth century, due mention should be made of Dr. John Fothergill. He was born of a Quaker family at Carr End, Yorkshire, in 1712. He took his degree in medicine in Edinburgh in 1736. Of his teachers in Edinburgh five of them, namely, Monro, Alston, Sinclair, Rutherford and Plummer, had all been pupils of Boerhaave, of Leyden. The aphorisms of Boerhaave were translated, and the fame of this noted physician was spread in Britain by his Edinburgh pupils, especially by Cullen, Gregory and Rutherford. Dr. John Fothergill was the first to publish in English an account of diphtheria under the title, "An Account of the Sore Throat with Ulcers." It was translated into several languages. He died in 1780.

The influence of Boerhaave was carried to Dublin by Dr. George Cleghorn. As a piece of excellent clinical work Cleghorn's treatise on the epidemic diseases of Minorea from 1744-49. This work went through four editions in the lifetime of the author. He located later in Dublin and became professor of anatomy in the university there in 1751. He gives a clear account of pneumonia, ague, dysentery, and a continued fever, which was, no doubt, typhoid fever. He died in 1789. When a student in Edinburgh he formed a close friendship with Dr. John Fothergill. Both Cleghorn and Fothergill had a marked fondness for natural science, and gave a marked impetus to the study of medicine along clinical lines, both being fully familiar with the teachings of Boerhaave from their own stay and studies in Edinburgh.

Another name of note was that of Dr. John Huxham. He was a pupil of Boerhaave's in 1715. In 1755 he published his observations on ulcerous sore throat. He noticed that in some of these cases there was a paralysis of the muscles of the palate. This connects the disease with what is now called diphtheria.

The influence of Mayerne, Glisson and Sydenham was very great during the seventeenth century; for to these three more than any others of that period belong the credit of introducing the clinical study of medicine into the British Isles. The great master of clinical medicine during the eighteenth century was Boerhaave, of Leyden. His methods of clinical investigation were introduced into Britain largely through the Edinburgh teachers, and those who studied there, such as Fothergill and Cleghorn, or by those who studied with Boerhaave and come direct

from him to England, as was the case with Huxham.* What the present position of medicine owes to these men cannot be fully estimated. The position of medical science, as they found it, was backward in the extreme, and they have handed down to us a glorious heritage. They did great things under adverse conditions. They made nature yield up her secrets. They went to nature and found a great revelation, which they have handed down to us, and,

Thus at the roaring loom of Time they plied,
And wove the garment we see things by.

* To this there is one great exception in the eighteenth century in the person of William Heberden, who was thoroughly original and thoroughly British, borrowing nothing from any foreign source.

CANCER OF THE LIP.

W. W. Grant, Denver (*Journal A. M. A.*, April 29, 1916), after stating that cancer of the lip must be considered as an occupational disease, largely of the male sex, and insisting on its early radical excision as giving the only promise of permanent relief, describes his method of operating. The removal of the diseased lip will be the first step, and the sooner this is done the less the danger of distributing the virus by the subsequent manipulations. Safety demands wide excision and as complete removal as possible of submaxillary glands and lymph nodes, regardless of evidence of their being involved. The V incision has no place in surgery unless with a very small growth in a large mouth. The semilunar incision is objectionable, even in small superficial ulcers, for it leaves a depression at the site of the disease and, like the V incision, does not afford the most satisfactory conditions for reconstructing the mouth. The operation is best which involves the fewest incisions for complete work and replaces the diseased lip by soft elastic tissue desembling the original as near as possible with the best cosmetic results. The stationary chin tissue is of great importance as a point of fixation for the sliding flaps, which constitute the reconstructed mouth, and Grant rejects the methods of making the chin flaps of the leading authorities. He again expresses the opinion that his method published in 1899 and again more elaborately in 1905 (*Journal A. M. A.*, Sept. 30, 1905, p. 962) is the best operative procedure and reproduces the technic in detail. No condition probably requires more attentive and skilful after-treatment. The first dressing should be changed in from twenty-four to thirty-six hours and repeated at these intervals through the week, the mouth being irrigated through the T tube with warm boric acid and normal salt solution. The patient should be nourished with liquids through a feeding tube until the stitches are removed, after a week or ten days.

CURRENT MEDICAL LITERATURE

TESTING THE GERM THEORY ON HUMAN BEINGS.

Editor CANADA LANCET,—

The Germans are largely responsible for two widely accepted theories, viz. :—

1st. That their army is invincible.

2nd. That disease is caused by germs—both theories have been challenged by Canadians. The reasons for questioning the germ theory are mainly three, viz. :—

1st. The divergent views of bacteriologists as to which germ caused the disease.

2nd. The stronger claim of the bio-chemic theory.

3rd. The absence of germs at the onset of disease (as the following sample cases show).

(a) A man crossing a river broke through the ice, was rescued, later became ill, and the doctor, fearing pneumonia, tested for pneumo-cocci—there were none present; when the pneumonia developed they appeared.

(b) After an oyster supper some men had cramps and diarrhoea, followed by typhoid fever—no Eberth bacilli were present in the first stools but were present later.

(c) Hurrying, a girl arrived at her shop sweating; as the shop was cold, she became very chilly; next day complained of a sore throat, but no Klebs-Löffler bacilli were found; later, when a diphtheretic patch appeared, the bacilli were present.

Here in each case the bacilli followed the onset of the disease.

Believing that the above germs were the result and not the cause of the diseases, tests of the germs of diphtheria, typhoid and pneumonia were made.

The first test was whether the Klebs-Löffler bacilli would cause diphtheria, and about 50,000 were swallowed without any result; later 100,000, 500,000 and a million and more were swallowed, and in no case did they cause any ill-effect.

The second series of tests was to decide whether the Eberth bacillus would cause typhoid, but each test was negative; even when millions were swallowed. The third series of tests showed that one could swallow a million (and over) pneumo-cocci without causing pneumonia, or any disturbance.

The investigations covered about two years and forty-five (45) different tests were made giving an average of fifteen tests each. I person-

ally tested each germ (culture) before allowing the others to do so; and six persons (3 male, 3 female) knowingly took part in the tests and in no case did any symptom of the disease follow.

The germs were swallowed in each case, and were given in milk, water, bread, cheese, meat, head-cheese, fish, and apples—also tested on the tongue.

Most of the cultures were grown by myself—some from stock tubes furnished by Parke, Davis & Co., and one tube furnished by the Toronto Board of Health through one of their bacteriologists.

As the tests were carefully made, they prove that there is not the danger from germs that bacteriologists claim; they also may stimulate other Canadians to undertake further experimental work, for the actual test on man decides the truth of the theory.

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THE TREATMENT OF VARICOSE LEG ULCERS.

In most surgical divisions of the out-patient departments of our hospitals varicose leg ulcers are considered as almost if not quite an unmitigated nuisance. The treatment of these cases is usually handed over to the junior members of the staff, who are generally allowed or even encouraged to pursue their own inclinations as to methods of treatment unhamp-ered, or with few words of advice from the senior surgeons. Unfortunately, most of them were taught that at some stage in the healing of an ulcer salves should be applied. Furthermore, the idea that salves is "soothing" to the ulcer is firmly implanted in the minds of the laity; hence both patient and doctor have felt that the right thing was being done when boric, zinc oxide, or some other ointment or Lassar's paste was applied to the ulcer and the treatment completed by the application of one or two compresses, held in place by a gauze bandage. This process has often been repeated every two or three days for weeks, months, sometimes even for years, and still for some mysterious reason the ulcer has not been cured. Such patients often migrate from clinic to clinic until finally they may be fortunate enough to fall into the hands of someone who appreciates the principles involved and carries out treatment on a rational basis.

When a varicose ulcer is first seen at the clinic usually two things are indicate: (1) the ulcer must be cleaned up and stimulated either by curetting, or by the application of a strong solution of silver nitrate, or some other such agent, and (2) the chronic passive congestion must be

eliminated as far as possible by the application of a firm supporting bandage. If there is any syphilitic taint, antisyphilitic treatment must be instituted, while steps must also often be taken to raise the general physical condition. Further local treatment will consist in stimulation of the ulcer, when necessary, the protection of the granulations, and, most important of all, proper support for the tissues, usually by a carefully and properly applied muslin bandage.

Some of these points are well brought out and elaborated by P. G. Skillern, Jr., in the *Annals of Surgery* for February, 1916. In this article he emphasizes three cardinal principles in the treatment of varicose leg ulcers, namely, the necessity for (1) protection, (2) drainage, and (3) support. In obtaining this last requisite he points out the efficacy of Unna's zinc-oxide-gelatin paste dressing in certain cases. His conclusions are mainly as follows: (1) The rationale of treating varicose leg ulcers is to establish a tendency to heal by combating the pathological hindrances to healing. (2) These hindrances to healing are due to chronic venous congestion. (3) The rational treatment of varicose leg ulcers depends upon the recognition and application of the principles of protection of the regenerating epithelial edge, drainage of the discharge from the ulcer, and support of the venous channels from without, thus neutralizing the baneful effects of chronic venous congestion. (4) The agents employed in the rational treatment of varicose leg ulcers may be summarized by terming the method the rubber tissue-dry gauze-muslin bandage method. In selected cases the calomel-adhesive plaster strapping method cures rapidly and efficiently; while for routine treatment of the average case Unna's zinc oxide-gelatin paste stocking serves as an efficient support. (5) The tendency to healing has been established when the base of the ulcer is covered with healthy, red, vigorous granulations, and when the epithelial edge becomes broader and assumes a pale, bluish-white tint. (6) If in a case of multiple varicose leg ulcers the smallest ulcers become completely covered with epithelium under the influence of treatment, it has thereby been proven that a tendency to healing has been established, and that in time the larger ulcers will heal, if not so large, excessively fibrosed, or adherent to bone. (7) Healing of the ulcers having been brought about, it remains to prevent recurrences. Recurrences may be prevented mechanically by the use of a silk-elastic stocking or by a Randolph bandage; and barking of the shin should be insured against by a shin-guard or wool padding of the part of the stocking that covers the shin. If an operation for excision of varicose veins is indicated it should be performed after healing of the ulcer has taken place; otherwise the operative wound might become infected from the ulcer and septic thrombophlebitis, with all the attendant dangers of embolism, might then

ensue. (8) The success of this treatment proves the fallacy as well as the futility of expecting cure from the application of medicaments, whole overlooking the fundamental pathological etiology of the ulcer.—*New York Medical Record*.

THE TREATMENT OF HEMORRHOIDS BY INJECTION.

Arthur S. Morley (*London Lancet*) relates his experience in the treatment of a large number of cases of hemorrhoids of all degrees of severity by injection. He says he at first employed the method on what might be described as medium cases, in which there was very moderate and occasional bleeding, slight prolapse, and slight pain on defecation, but owing to limited hospital facilities he extended the treatment to cases that he had considered suitable for operation and found that in an enormous majority of them all symptoms ceased like magic after a few injections. The treatment consists of the injection into each internal pile of a few drops of carbolic acid and glycerine, the following solution being used: Acid, carbolic, gr. xlviij; glycerine, dr. ii; aqua destilat, dr. ii. The injection is performed through a large speculum by means of a modified Dawson's dental syringe, having a bore needle about three-eighths of an inch long, fitted into an elbow-shaped socket. The only other essential is a really good light. Before making the injection the piles are sponged over with a weak solution of biniodide of mercury or 1-50 lysol solution, and then touched at the spot where the injection is to be made with pure carbolic. In making the injection the needle should be pushed up along the long axis of the pile to near its base; usually this means entering the needle to its full length. The needle is not withdrawn at once but allowed to remain in position for some 30 seconds until the pile has commenced to swell and become blanched. The treatment is not suited to cases of strangulated or irreducible hemorrhoids, or to cases in which there are complicating conditions, such as old-standing fissures, fistulae, ulcers, etc., or to cases that have become partly polypoid from previous attacks of thrombosis. It is important that the patient be instructed to keep quiet, if possible in bed, for the first twelve to twenty-four hours after injection. The obvious advantages of the treatment are "(1) that the patient need not lie up for more than at most twenty-four hours; (2) that there is no need for either general or local anesthesia, since the treatment is practically painless, if properly performed; (3) that it can be made quite inexpensive, so much so, that it may be brought within the reach of even a quite poor patient, who certainly could not face the expense of an operation in private; (4) that it is a perfectly safe procedure in patients, such as the very aged, pregnant women, and others who for some reason cannot take

an anesthetic safely, such as persons with dangerous heart or lung diseases; (5) that there is no after pain, and (6) that it is, as far as I have seen after employing it in a very large number of cases, in variably harmless."—*Medical Record*.

APPENDICITIS.

Catarrhal appendicitis with localized plastic peritonitis begins suddenly with pain about the umbilicus or right iliac fossa, vomiting, constipation, and slight fever. There is some tenderness at or about McBurney's point. A swelling, due to matted coils of intestine, may be felt, and there is always rigidity of the muscles in the right iliac fossa. There may be pain at the end of micturition, due to stretching of inflamed peritoneum as the bladder is emptied. The attack usually subsides in three or four days, leaving adhesions.

Appendicitis with a localized abscess begins in the same way, but one or more of the signs—pains, vomiting, tenderness, and temperature—is more severe. A well-marked swelling is usually present, and the pulse steadily increases in frequency. There is also a steadily-increasing leucocytosis. A persistently high temperature, or a subnormal temperature with an increasing pulse-rate, are strong indications as to the presence of pus.

Diagnosis.—The cardinal signs are pain and tenderness in the right iliac fossa, vomiting and constipation, with some rise of temperature. If a swelling and localized rigidity are present, there can be no doubt.

Treatment.—The cases, as regards treatment during an attack, fall into two groups: (1) Where there is only plastic peritonitis; (2) where there is suppuration. In the first group the patient should be kept at rest, with hot fomentations to relieve the pain. Fluid diet should be given, and the patient not disturbed for several days by purgatives or enemata. On no account should morphia be given, as it masks the symptoms of the onset of suppuration. Where pus is present or suspected, the abdomen should be opened over the swelling, and in most cases it will be found that there are adhesions to the anterior abdominal wall, shutting off the abscess cavity from the rest of the abdomen. A finger should be gently inserted to feel for and remove a concretion or the appendix; but no prolonged search should be made for the appendix for fear of breaking down the adhesions. A large rubber drainage-tube should be inserted, and the cavity will soon become clean and heal by granulation. If, when the abdomen is opened, no adhesions to the anterior abdominal wall are found, the cavity should be protected with gauze packing. The abscess will then be

found among a mass of matted omentum and intestine, and can be opened by gently separating them. A drainage-tube is inserted, and the gauze packing is left in for three days. By that time firm adhesions have formed and the peritoneal cavity is safe from infection. When general peritonitis is present, the abdomen must be opened and drained and the appendix removed; but these cases are almost always fatal. In any case in which the symptoms are excessive, especially with a rapidly increasing pulse-rate, an operation should be done, as this gives the only chance in cases where there is suppuration without adhesions, especially in those cases due to perforation or gangrene.—(From *Aids to Surgery*.)

MYOCARDITIS.

In the stage of insufficiency, J. M. Anders recommends the observance of absolute rest and in suitable cases the administration of the following:

R Strychninæ, gr. 1/5.

Sparteini sulphatis, gr. ij.

Caffeinæ citratis, gr. xvi.

M. et div. in pil. No. VIII.—*Penn Med. Journal*.

HORRORS OF A GERMAN PRISON CAMP.

In the *British Medical Journal* of March 18th, p. 421, reference was made to the experiences of Dr. François Léonetti during an epidemic of typhus in the prison camp at Langensalza in the early part of 1915. A still more damning record of German brutality is to be found in a report just issued by the Foreign Office of a Government Committee of which Mr. Justice Younger was chairman, on the camp at Wittenberg during the epidemic of typhus which raged there in the first six months of last year. The report is based upon information supplied by Major Priestly and Captains Vidal and Lauder, R.A.M.C., and other prisoners recently released. On the outbreak of the epidemic the German staff, military and medical, hastily fled, and six British doctors, Major Fry, Major Priestly, and Captains Sutcliffe, Field, Vidal, and Lauder, who had been detained at Halle in defiance of the Geneva Convention, were sent to Wittenberg. They found the conditions in the compounds almost indescribably horrible. The sick were practically left to their fate without attendance, medicine, or dressings. As a consequence of this neglect several cases of gangrene of the feet occurred, and one man had to undergo amputation of both legs. The only precautions taken by the Germans were to prevent

the spread of the epidemic to themselves by isolating the prisoners from the outside world. There were between 250 and 300 cases among the British prisoners, of whom 60 died. The mortality among the French and Russians was much greater. The medical officers and the nursing orderlies suffered most. Major Fry and Captains Sutcliffe and Field died of the disease. The Committee has no doubt that "the conditions to which the camp authorities had reduced the camp and the prisoners they had abandoned was directly responsible for the deaths of these devoted men." Captain Lauder fell ill on March 7th, but recovered; when convalescent he resumed duty. The report pays a glowing tribute to the work of the English doctors and orderlies. Only once during the whole course of the epidemic did Dr. Aschenbach, the German medical officer in charge, enter the hospital or even the camp, and that visit was of the most perfunctory kind. His callousness is illustrated by an incident related by Captain Lauder. Shortly after their arrival at the camp Major Fry asked him for some medical requisite that was urgently needed. Dr. Aschenbach, who was cautiously standing outside the entanglements, refused the request and turned away with the words, "Schweine Englaender." And this is the man whom his Sovereign delights to honour with an Iron Cross! Perhaps it has been fittingly bestowed, for this "decoration," which used to be a badge of honour, has, since its wholesale conferment on baby slayers, become a symbol of infamy. The conditions of the Wittenberg camp are said to have improved, largely owing to the representations of Mr. Gerard, the American Ambassador, and measures have been taken to prevent a recurrence of the epidemic. The commandant has been removed, but Dr. Aschenbach remains in charge, and as long as he is left in authority we can feel no assurance that sick prisoners will be treated with any regard to humanity. Perhaps, like the commandant at the Cassel camp, he feels that he is making war in his own way by letting the prisoners die. The report has sent a thrill of horror through this country, and we welcome Lord Robert Cecil's announcement that steps are being taken "to bring to the notice of all civilized States these shocking revelations of cowardice and brutality."—*British Medical Journal*.

WAR SURGERY, OLD AND NEW.

In an address delivered before the Philadelphia County Medical Society, Dr. William W. Keene, Emeritus Professor of Surgery in Jefferson Medical College, gave an interesting account of the surgery of the American civil war in which he did notable service. Dressings then con-

sisted of simple ointments, often only cold unboiled water, followed later by constant poulticing to produce an abundant flow of pus. The supply of ether and chloroform was plentiful. The hypodermic syringe was not in general use even towards the end of the civil war. For the examination of wounds surgeons had only the ordinary probe, which, being unsterilized, was often a means of introducing bacilli as well as detecting bullets. Surgeons were in blissful ignorance of the fact that the sponges they used harboured multitudes of germs which infected every wound they touched. "If one fell on the floor it was squeezed two or three times in ordinary water and used at once." With knives, saws, forceps, and needles, these appliances made up the whole armamentarium of the surgeon in the civil war. The haemostatic forceps was unknown; each artery was caught and held up with a tenaculum and tied with undisinfected silk. Meantime other arteries continued to spout blood until they could be tied one by one. Secondary hemorrhage was common. Keen was called to five cases in one night after the battle of Gettysburg. In all the years since 1876, when he adopted Lister's antiseptic method, he has not seen five other cases of this occurrence. The Red Cross, the trained nurse, and the motor ambulance—which have all come into existence since the civil war—have rendered inestimable service, but the greatest advance has been the discovery of the part played by sepsis. More than once Dr. Keen saw his teacher, the famous S. D. Gross, "give a last fine touch to his knife on his boot—even on the sole, and then at once use it from the first cut to the last." When threading a needle, all pointed the silk by wetting it with germ-laden saliva and rolling it between germ-laden fingers. Practically every serious wound suppurated. Of over 2,800 cases of pyaemia during the civil war only seventy-one ended favourably; less than eleven in every hundred cases of lockjaw recovered; the mortality from trephining was 61 per cent. Dr. Keene says that he has never seen a case of hospital gangrene since the civil war. In the present war the danger of infection of wounds by the germs in a soil which has been under cultivation for centuries is increased by the conditions of trench warfare. But some of the worst scourges have been abated, and it is reasonable to hope for increasing success as knowledge grows. That military surgery is, in Dr. Keen's opinion, undergoing transformation is shown by the very title of his address. He calls it "Old and New War Surgery," and it was delivered on March 24th, 1915. Already the "new" of a year ago has to a considerable extent become the "old." New conditions of warfare have brought new experiences which have led investigators to seek for new methods of treatment. These are on their trial, and are so recent that they are not mentioned by Dr. Keen.—*British Medical Journal*.

PERSONAL AND NEWS ITEMS

Dr. (Capt.) H. K. Manning is going overseas with the 198 Battalion. He graduated from the University of Toronto in 1911.

Lt.-Col. (Dr.) R. D. Rudolf has returned from No. 2 Canadian General Hospital. He has been on active service since the war broke out, except for a short furlough home last summer. He will resume his University class work.

It is estimated that the number of destitute persons, mostly women and children, in Belgium at the present time exceeds 3,000,000. Up to August, 1914, these people were happy and attending to their own affairs; but a powerful burglar broke into their houses, murdered the people, burned down their homes, and carried away their goods. A strong committee, consisting the Lord Mayor of London, the Archbishop of Canterbury, Cardinal Bourne, Duke of Norfolk, Lord Lansdowne, Earl Roseberry, Viscount Bryce, Arthur Henderson, M.P., John E. Redmond, M.P., J. H. Hartz, Chief Rabbi, J. H. Shakespear, of the Free Church Council, David Paul, of the Church of Scotland, A. S. Binn, treasurer, and W. A. M. Goode, secretary. This committee is appealing for funds. Communications should be addressed to Trafalgar Building, Trafalgar Square, London.

Among the many agencies now at work for the control of cancer in the United States, the various State Boards of Health are taking a prominent part. They are disseminating useful information about the earliest symptoms of the disease, and the best methods to be adopted for its relief or cure.

The young ladies, under the auspices of the Elizabeth Chapter, I. O. D. E., collected recently for the Hamilton Mountain Sanitarium \$1,041.

Dorothy Parr, aged nine years, and only child of Lt.-Col. (Dr.) F. W. Marlow and Mrs. Marlow, died on 6th May.

Canadian soldiers are undergoing treatment in a new special hospital on Epsom Downs, holding patients of all services. Major Irving, D.S.O., is commandant of the Canadian division, and his chief assistants are Capt. Murray and Capt. Goulden. The hospital is the first of its kind, and is intended for soldiers recovered from hurts but requiring special treatment like massage, Swedish drill and gentle route marching to enable them to rid themselves of such infirmities as stiff joints. Massage treatment is done by women. Six instructors in Swedish drill were imported from Shorncliffe.

There are several rumored changes in the Canadian Medical Service.

Col. Albert Shillington, now at Bramshott, is to be Assistant Director-General in charge of the personnel in London. Col. Wilde is to go to France in charge of No. 1 General Hospital. Finlay McLaren, now acting, will be Deputy Director-General of Services, and Col. Drum, at present indisposed with rheumatism, will get a new post, or possibly return to Montreal.

The Varsity medical class of 1917 to the number of 60 has started the special summer course which will enable the men to graduate at the end of November. The men will have a holiday during July. Every man of the class will go overseas as soon as he receives his degree. The special course is enabling the men to qualify for military service four or five months sooner than otherwise.

The new head of the Orthopedic Hospital, succeeding the late Dr. B. E. MacKenzie, is Dr. W. S. Verrall, formerly of Vancouver. He is a graduate of the Faculty of Medicine of the University of Toronto of about ten years' standing. He was in general practice in Vancouver, and specialized orthopedic surgery. The Board of Trustees appointed Dr. Verrall as Medical Superintendent of the hospital.

The British Government has agreed to allow medical supplies going to the American Red Cross Society to pass the blockade, but will not permit Germany to import medical supplies in general for her own use.

The differences between the Board of Education for Toronto and the City Council have been adjusted, and an allowance of \$50,000 has been made for the purpose of continuing medical inspection of the schools.

The new chair of pharmacology and therapeutics in Queen's Medical College will be filled by Dr. S. M. Asselstine, who has for the past two years been a lecturer in these subjects.

Miss Jean J. Gunn, Superintendent of Nurses, Toronto General Hospital, made the following statement on the occasion of the graduation exercises of nurses: "It was the thirty-fourth annual, and this was the largest class in its history. Since 1881 there have been 718 graduates, of whom 44 are deceased, 246 married, 72 heads of institutions, 120 doing private nursing, 12 are missionaries in the foreign field, 29 engaged in social service work, 48 in active work overseas, and six on active duty at home. The alumnae was formed in 1894, and helps to keep all graduates interested in their alma mater. Two years ago the Golden Rule was organized, and provides two Social Service workers in the obstetrical department; 1,060 visits were paid to the homes."

The Incas, ancient rulers of Peru, were one of the earliest authentic examples of the high eugenic development of the human race. Their system was to choose each year the finest physical specimens of young

womanhood from all classes to become "brides of the sun," or wives of the ruler.

Dr. Hastings, Medical Officer of Health for Toronto, is now making an effort to suppress unnecessary noises. Persons violating the regulations may be proceeded against at law.

The resignation of Miss Mina Rodgers, who has been Superintendent of the Berlin and Waterloo Hospital for two years, has been accepted with regret by the Board of Trustees. She is retiring from hospital work.

The presentation of a motor ambulance by the Sir William Osler Chapter, I. O. D. E., to Sir William Osler for overseas service, was formally made at the Parliament Buildings. Mrs. A. E. Gooderham, president of the National Chapter, made the presentation to Colonel Ryerson, of the Canadian Red Cross Society, who in turn gave the vehicle to Sir Edmund Osler, representing his brother, Sir William. Hon. Dr. Pyne, representing the Premier, congratulated the I. O. D. E. on the excellent work it has carried out.

On 11th May, Princess Louise opened the Daughters of the Empire Hospital for Canadian Officers at Hyde Park, furnished by Col. and Mrs. Gooderham. On Princess Louise's suggestion a cablegram of thanks was sent to the donors. It is the desire of Col. and Mrs. Gooderham that, at the close of the war, the furniture and equipment would be given to the British Red Cross for the Star and Garter Home at Richmond for the permanently disabled.

A party of Canadian nurses with the University of Toronto Hospital at Salonika saw the death of Dr. Yellowless by drowning. They had to wade through a dangerous marsh to make their escape, and were in great peril.

At the annual commencement exercises of Kingston General Hospital Training School for Nurses Friday night, announcement was made of a legacy of \$10,000 from the estate of the late E. H. Schmerhorn, Napanee. The money will be used in enlarging the nurses' residence.

The campaign for funds for the extension of the Toronto Women's Hospital realized the very substantial sum of \$41,500. An effort will be made to secure the sum of \$120,000 required to complete the plans in the interests of the institution.

The City Council of Brantford has agreed to submit to the ratepayers a by-law for \$58,000 for hospital extension. The vote will take place on 26th June.

The executive of the Hamilton Recruiting League recently decided that special provision should be made for caring for returned soldiers and that the new Mountain-top Hospital, when completed, be used for this purpose.

Dr. Howard Black has been appointed Assistant Superintendent of Toronto General Hospital.

The Cobourg General Hospital held its first Commencement recently, when ten nurses received their diplomas.

Arthur W. Mayburry has removed his office to 329 Bloor street west.

Dr. J. G. Fitzgerald, of Toronto, underwent an operation for the removal of his appendix a short time ago, and made a good recovery.

Dr. Forbes Godfrey, M.P.P., of Mimico, has gone for a trip to the West Indies.

Dr. N. S. Shenstone, of Toronto, who has been in England doing Army Medical work, has been made an assistant to Dr. Cameron, with the rank of Captain.

Col. McPherson, C.A.M.C., has been given the charge of the Ontario Hospital at Orpington.

We regret to announce the death of Mrs. Dr. J. O. Hastings, of Toronto.

Sir Alexander Russell Simpson, Emeritus Professor of Obstetrics in the University of Edinburgh, died 6th April.

The Isolation Hospital at St. John, New Brunswick, was destroyed by fire a short time ago. There were no patients in the building at the time.

An Isolation Hospital has been opened at Lindsay. The Dominion Government gave \$1,000 towards the purchase of the site.

Dr. Weir, of Auburn, has been appointed Medical Officer of Health for Blyth.

Dr. Frederick Adams was acting health officer for Toronto during the absence of Dr. C. J. Hastings.

On account of the recent outbreak of typhoid fever at Hull, the Provincial Board of Health has ordered a mechanical filtration plant.

A delegation from the Manitoba Medical Association has urged the Government to appoint an inspector of hospitals and charities.

Dr. Stuart Reid, of Prince Albert, has been appointed Government physician to the Indian Reserve at Mistawasis.

The Kootenay General Hospital, at Nelson, B.C., is to be reconstructed and greatly enlarged.

The Provincial Board of Health for British Columbia is advocating that town sites cannot be chosen without the approval of the Board as to their sanitary location.

It is proposed to enlarge the Tranquille Sanitarium, B.C., so as to accommodate 300 patients.

Sir William Turner, who taught anatomy in the University of Edinburgh for 49 years, and was Principal of the University since 1903, died recently in his 85th year.

Sir Charles Ball, the eminent Dublin surgeon, died a short time ago.

Dr. Paul A. Gillespie, formerly of Cannington, died on the 24th March of bubonic plague in South Africa. He graduated from Toronto in 1891.

Dr. R. B. Clarke died of pneumonia at Washington, D.C., last February. He was born in Ontario in 1841. For some time he had practised in California.

Dr. H. B. Christiansen, of New Westminster, B.C., was drowned at Venice, California. He had been in New Westminster about two years.

Dr. B. F. Campbell died in Brookline, Mass. He was born in Halifax in 1843, and graduated from Harvard in 1857. He had practised for some years in Boston.

Dr. Archer Irwin died in Honolulu. He had practised in the Hawaiian Islands for 20 years. He was fifty years of age, and was born in Nova Scotia.

Dr. K. M. Gunsolus died in Detroit, where he had been in practice for 25 years. He was born in Guelph, Ontario, in 1850, and was a graduate of Queen's University.

Word has been received that Dr. John Chassels has been given the commission of Captain in the Royal Army Medical Corps. Dr. Chassels left Toronto April, 1915, as a private in the University Medical Corps. In May of 1915 he, with others, was transferred to the R.A.M.C. with the rank of lieutenant. At present he is with the British relief forces in Mesopotamia. Dr. Chassels' home is at 30 Bloomfield ave.

Dean J. C. Connell received a letter recently from Col. A. E. Ross, which stated that the horse ambulance, purchased largely by public subscriptions in Kingston, had arrived in France. No. 7 General Hospital, Queen's, is now all under canvas at Treport, France, being situated on a hill commanding a view of the sea.

The long-expected authorization for the establishment of a military base hospital at Toronto (for which it is intended to use the old Toronto General Hospital), has at last been received, in a communication from Militia Headquarters.

Sir Thomas Boor Crosby, M.D., who was Lord Mayor of London some years ago, died on 6th April at the age of 86 years.

There is a rumor to the effect that Jefferson Medical College and the Medico-Chirurgical College may unite with the medical department of the University of Pennsylvania.

The total funds distributed by the Rockefeller Foundation during

1915 was \$3,643,000, of which \$582,339 was for war relief. The International Health Commission and the China Medical Board received \$441,301 and \$157,623 respectively.

A supper was given by the Harvey Society in honor of Dr. William H. Welch following his lecture upon medical education before the society on April 29. The supper was given in Sherry's ballroom.

In accordance with his wish, the brain of Prof. William White of Philadelphia, who died on April 24, was removed shortly after death and deposited in the Wistar Institute for Anatomy, University of Pennsylvania, where it will be used for scientific study.

Professor Léon Labbé, who died recently, was born at Merlerault (Oise) on September 29, 1832. He graduated at the Paris faculty in 1861, became agrégé in 1863, and surgeon to the hospitals in 1864. For more than thirty years he was one of the leaders of French surgery. Many years ago his name was brought prominently before the public by his successful removal of a fork from the stomach of a man who had swallowed it; the case was known as that of l'homme à la fourchette.

A dinner was given on the evening of May 3rd to Dr. Abraham Jacobi, in celebration of his eighty-sixth birthday, by the directors of the Hospital for Deformities and Joint Diseases. Announcement was made at this dinner that \$112,000 had been given toward the million dollar fund which is being collected for new buildings for the institution. Of this amount \$100,000 was subscribed by the directors.

Dr. James William White, emeritus professor of surgery in the University of Pennsylvania, Philadelphia, and a trustee of the university, died at his home, after a long illness, on April 24. Dr. White was born in Philadelphia on November 2, 1850, and was educated in the Philadelphia public schools and at the University of Pennsylvania, from which he received the degree of Doctor of Medicine in 1871.

Mr. Arthur E. J. Baker, Professor of Surgery in University College, London, died of pneumonia and nephritis on 8th April. He was born in 1850.

Dr. Thomas Colcott Fox, physician to the skin department of Westminster Hospital, died on 11th April, at the age of 66 years.

OBITUARY

ANGUS McKAY.

Following an illness of several months' duration, the death of Dr. Angus McKay, who for sixteen years represented South Oxford in the

Legislature and who was one of Western Ontario's widely-known medical practitioners, occurred at his home in Ingersoll. Although confined to his home for the greater part of a year, it was only recently that he took to his bed to await the final summons. He won for himself an enviable name as a public-spirited citizen in connection with civic affairs, and in provincial politics as the Liberal representative for South Oxford he was held in high esteem. He served the town very ably as Mayor and in other capacities. He was an able speaker, and whether in Parliamentary debate or otherwise invariably won the closest attention of his audience. Dr. McKay was a member of St. John's Lodge, A. F. and A.M. Besides his wife, he leaves two sons, Lieut. Wilfrid McKay, of the Ingersoll Company of the 168th Battalion, Ross, and two daughters, Misses Eleanor and Betty, at home.

NORMAN JAMES LANG YELLOWLEES.

Word of the accidental death by drowning of Dr. Norman Yellowlees, 676 Spadina avenue, Toronto, who was at Salonika with No. 4 General Hospital, was received at Toronto University, and the family were immediately notified.

Dr. Yellowless was with the No. 4 Hospital when it took over the work at Shorncliffe last July. A letter from him, descriptive of the busy life led by the doctors, who were called upon to treat an average of 200 operative cases a month, was published in Toronto. In that letter he described the review of the Shorncliffe garrison by the King and Earl Kitchener, at which 40,000 Canadians were on parade and at which he was present.

Dr. Yellowlees went to Greece with his unit in October, and on the way had a few days in Egypt. They had the distinction of being the first Canadian unit to be sent to the Balkans. He graduated from the University of Toronto Bachelor of Arts in 1907, Bachelor of Medicine in 1909, and the following year was appointed to the staff of the Toronto General Hospital. Since 1911 he has been engaged in the practice of his profession in Toronto and was physician in charge of the nurses at the Toronto General Hospital. A year ago he left with the University Base Hospital as Adjutant. He was one of the most promising of the younger physicians and his loss will be keenly felt, not only by the staff of the hospital at Salonika, but by his friends in Toronto.

Captain Yellowlees was trying to reach a wreck on horseback. With his horse he sank in soft mud while fording a swiftly-flowing stream.

He wrote of the University Hospital as being very busy. Frequently it had 1,200 cases, though only intended for 1,040. It was located within sight of Mount Olympus.

LT.-COL. HEW RAMSAY DUFF.

Dr. Duff was with the Canadian forces in connection with Hospital No. 5. He contracted pneumonia, of which he died. He was born in Kingston in 1857, and graduated from Queen's in 1884. He was with the Canadian forces in South Africa, and was medical officer of the Quebec Tercentenary celebrations in 1908.

CHARLES M. SANDFORD.

Dr. Sandford, of Brighton, died on 11th April. He was educated at Trinity Medical, Toronto, and graduated from Trinity University in 1886. He enjoyed a large practice until failing health some time ago compelled him to lessen his work.

CAPT. ALLAN MACKENZIE CLEGHORN.

Dr. Cleghorn was in connection with the Canadian army abroad. He died of pneumonia in Bramshott Hospital on 21st March. He was medical officer for the 44th Battalion. He was born in London, Ontario, in 1872, and graduated from Trinity Medical School, Toronto, in 1892. He did post-graduate work in Edinburgh, and was at one time connected with Harvard Medical College. He leaves a widow and two children.

LACHLAN McALISTER.

Dr. McAlister, of Nottawasaga, Ontario, died on 12th March, at the age of 73. He graduated in 1867, and practised for some time in Lindsay, but removed to Nottawasa.

GEORGE W. BOGGS.

Dr. Boggs, of Vancouver, died there last February, in his 78th year. He was born in Nova Scotia, and graduated from McGill in 1866. In 1891 he located in New Westminster, and later in Vancouver.

GAIUS T. SMITH.

Dr. Smith, of Moncton, N.B., died last March of pneumonia, in his 56th year. He graduated from the University of Edinburgh in 1887. He located in Moncton and built up a large practice. For the past ten years he has devoted much time to diseases of eye, ear, nose and throat.

WILLOUGHBY BRENT.

Dr. Brent died of heart failure at Mahone Bay, N.S., on 16th March. He had been in practice for 19 years. He was a brother of Bishop Brent of the Philippine Islands.

JOHN McBAIN.

Dr. McBain, of Montreal, died there on 27th March, in his 66th year. He was born in Glengary County, Ontario. He graduated from McGill University in 1874. He practised for some time at Martintown before locating in Montreal.

BOOK REVIEWS

ANALYTICAL PSYCHOLOGY.

Collected papers on Analytical Psychology, by C. G. Jung, M.D., LL.D., formerly of the University of Zürich. Authorized translation edited by Dr. Constance E. Long, Medical Officer, Education Board; Member Advisory Committee, Insurance Act; ex-President Association of Registered Medical Women, etc. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1916. Price, 12/6 net.

Dr. Jung has been known as an extensive writer and careful student of psychical phenomena. In the present volume Dr. Jung has given us a good translation, and the publishers have produced an attractive book. The author covers a variety of topics, such as the Pathology of Occult Phenomena, Somnambalistic Phenomena, the Unconscious Personality, Associated Methods, Psycho-Analysis, Dreams, and New Paths in Psychology. The work is worthy of careful study, as it reveals much thought and research on the part of the author. It covers an important, but too much neglected, subject. The work can be recommended.

MISCELLANEOUS

RESOLUTION ADOPTED BY THE SPECIAL COMMITTEE ON
MEDICAL LEGISLATION OF THE ONTARIO MEDICAL
ASSOCIATION.

That osteopathy, chiropractic and mano-therapy have signally failed to substantiate their claims to recognition and legalization as distinctive systems of medicine, and there that the Government and Legislature would not be warranted in granting their followers special powers and prerogatives based on such assumption, or in according them the status of legally qualified practitioners of medicine.

W L T ADDISON,
Secretary.

R. A. REEVE,
Chairman.

NINTH ANNUAL MEETING OF THE ACADEMY OF MEDICINE,
TORONTO, 2ND MAY, 1916.

THE PRESIDENT'S REPORT OF COUNCIL.

This session the Council of the Academy continued the progressive and aggressive course inaugurated on the establishment of this Academy in the endeavor to advance and safeguard all the best interests of the Fellows and of the Medical Profession in Toronto.

A determined effort was made to increase the membership by the inclusion of many excellent practitioners on the roll, and this effort was not without success, as fifty-three of those who made application were elected to Fellowship.

We greatly missed from the programme our confreres now on active service, as many of them were most energetic in the scientific work of the Academy, but their absence only stimulated those left at home, who took up and maintained the high standard of the work of previous years. Notwithstanding the fact that eighty-three of our Fellows are overseas, the average attendance at the stated meetings was 124.

The Programme Committee favored the securing of outside talent for three of the regular meetings, and Dr. Manton, of Detroit, Dr. J. A. For-
dyce and Dr. Snyder, of New York, agreeably accepted and satisfactorily instructed and entertained largely attended meetings with addresses and lantern demonstrations. We have already expressed our deep appreciation of their kindness in strengthening the bond of regard which exists in the profession of our countries at this time of "storm and stress." It

is wise to have as guests charming men of "light and leading" from the United States—outside the circle of Toronto influence—to inspire us with the knowledge of our shortcomings and also a contentment with the home product.

The other regular meetings were of great interest, one on "War Conditions," by the Vice-President, a second on matters vitally affecting the welfare of the profession—*re* the Medical Commission and the Workmen's Compensation Act, a brilliant symposium on the subject of "Nephritis" and one on "Anaesthetics"—completed the series of seven stated meetings.

The Council did not entirely overlook one of the beneficial features which is part of the creed of the Academy, the gathering together of the Fellowship in social union. A garden party to which were invited all the Fellows and their ladies, an informal reception following one of the stated meetings, an official Academy dinner for all the officers of the organization, graced by the presence of the Lieutenant-Governor, and other entertainments formed part of the Council's scheme to humanize, harmonize and fuse the Fellowship into happy unity.

Two Committees were appointed by the Academy: the Hospital Supplies Committee, which will be fully reported upon by Dr. N. A. Powell, Chairman; the Registry for Nurses, under the Chairmanship of Dr. H. J. Hamilton.

The principal of the establishment of a Registry for Nurses was adopted by the Academy, and a Committee was named to elaborate the essential details. In this connection I may refer to the endeavor to more fully establish a professional comradeship between the trained nurses and the nursing sisters, and the Fellowship as evidenced by the Council placing the Academy Building at the disposal of the military authorities for the funeral services in connection with the late nursing sister Ross. From many sources we have learned by the kindly comments of the nursing profession how highly this action was regarded.

The Council Committees are:

Re Patriotic Relief—Dr. H. B. Anderson, Chairman.

Re Medical Commission—Dr. A. J. Johnson.

Re Workmen's Compensation—Dr. Cotton, Chairman.

Re Midwifery Question—Dr. E. E. King.

The Milk Commission was discontinued.

The very valuable reports of these committees will be presented later, and I think you will agree with me in giving our warmest thanks to all the gentlemen who, without regard to personal convenience or time, have devoted their exceptional abilities to matters so important. I may not dwell upon these reports or delay the meeting by repetition. I recommend, however, that these various committees be re-appointed by the in-

coming Council. The Chairman of the Library Committee will inform you of the able way in which Miss Charlton has played well her part.

My words are idle things when referring to the efficiency of the Honorary Secretary and the Honorary Treasurer. That they have the full confidence of all is manifest by the unanimous voice in their re-election to office, and they have many words of praise for the competent Secretary, Miss Runciman.

The average attendance at the Council meetings was ten.

I have to thank the members of the Council for their brotherly, cordial support, their painstaking work, and the uniform courtesy displayed, which made pleasant the year in office, and help bridge over my many limitations.

W. H. B. AIKINS, President.

REPORT OF THE BOARD OF TRUSTEES.

In presenting their report for the year the Board of Trustees beg leave to say that owing to conditions which have prevailed for nearly two years, they have been unable to advise or proceed further with the plans for the new building, which were shown to the Academy a year ago. With confidence we look forward to taking up this work again when the times and finances will permit. At present, however, we think it quite inadvisable and impracticable to proceed with the scheme as presented two years ago.

The financial statement we think is very satisfactory.

On April 15th, we received notice from the Canada Permanent Mortgage Corporation, advising us that the British Medical Association Debenture of one thousand dollars (\$1,000.00) was due and allowing us a dividend of 5 per cent. per annum for renewal instead of 4½ per cent. as in the past. The Trustees thought it wise to allow this to remain as it was and signed the requisition for renewal for seven years. This we thought better than endeavoring to change the security for the small difference which we might have been able to secure per annum, inasmuch as the Canada Permanent Mortgage Corporation are themselves the Trustees for the debenture, which remains in their vaults.

Receipts.

To Balance in Bank, March 31, 1916.....	\$452.23	
“ Quarterly Dividend on Can. Perm. Stock.....	90.00	
“ Deposited Coupons, B.M.A. Debenture and accrued interest on same.....	170.85	
“ Half-yearly Interest on Bank Balance.....	12.51	
“ Quarterly Dividend on Can. Perm. Stock.....	90.00	
“ Quarterly Dividend on Can. Perm. Stock.....	90.00	
“ Interest (half-yearly) on B.M.A. Deb.....	20.00	
“ Half-yearly Interest on Bank Balance.....	10.41	
“ Quarterly Dividend on Can. Perm. Stock.....	90.00	
		\$1,026.00

Expenditures.

By Academy of Medicine (current account).....	\$170.85	
“ Bursar, University of Toronto, ground rent...	50.00	
“ John McKerracher	17.00	
“ Bursar, University of Toronto.....	50.00	
		\$ 287.85
Balance at Credit March 31st, 1916.....		\$ 738.15

Assets.

360 Shares Canada Permanent Stock, par value \$10.00 per share; present market value \$18.50 per share.....	\$ 6,660.00
Canada Permanent Debenture from investment of British Medical Association funds.....	1,000.00
Cash in Bank, March 31, 1916.....	738.15
No. 13 Queen's Park—renewed lease.....	6,845.87
Repairs and Furnishings to March 31st, 1916.....	8,597.78
Books, Periodicals and Pamphlets.....	25,000.00
	<hr/>
	\$48,841.80

Liabilities.

None.

All of which is respectfully submitted.

H. J. HAMILTON,
Chairman of the Board of Trustees.

REPORT OF THE LIBRARY COMMITTEE.

The report of the Library Committee for this year is of a very encouraging character, and shows that the Fellows are steadily manifesting a greater interest in that phase of the Academy's work—the building up a large collection of books. The objects of the Academy of Medicine are of a fourfold nature: First, that of fostering good-fellowship, or what may be called an *esprit de corps*: second, that of promoting the science of medicine in the widest sense; third, that of safeguarding as far as possible, the interests of the profession, by opposing, on the one hand, bad, and, on the other hand, favoring good medical legislation; and fourth, that of gathering within our walls the written wisdom of all ages and countries pertaining to our profession. The Toronto Academy of Medicine has just reason to be proud of its achievements along these lines; for, as Bayard Taylor truly said, “Life lives only in success”; or, again, with Emerson:

“One thing is forever good;
That one thing is success.”

To build a library is no easy task, nor can it be a speedy one. It must grow. To build well we must, in the language of Longfellow,

“Build to-day, then firm and sure,
In a wide and ample base,”

and the good-will of our Fellows constitute the width and amplitude of the foundation from which we shall firmly and surely hope to gather our ever-growing accumulation of volumes. But this means labour and work, not for one, or a few, but for all; and with that work, a love in its performance. No words better tell the truth than those of Mrs. Browning:

“Our work shall still be better for our love,
And still our love be sweeter for our work,
And both, commended, for the sake of each.”

There are many ways in which each Fellow can assist the building of our library. He can give from his own storehouse of reading matter. If ever the saying “It is more blessed to give than to receive” holds true, it is in the case of our library. The possession of a book, or journal, or pamphlets benefits the possessor; but the placing of such in the library may benefit almost five hundred Fellows. Then, each Fellow may induce others to give some book, or manuscript, or rare old picture; for, in the language of Shakespeare, “They are the books, the arts, the academics, that show, contain, and nourish all the world.” But, more, a start should now be made towards the creation of an endowment fund for the maintenance of the library. There are many who would be willing to make donations to such a fund, who would not do so for the erection of buildings. To all these let us open the door, and write over it the words of Horace, “*Et genus et formam Regina pecunia donat.*”

The present titanic struggle in Europe has had its effect upon the work of the Academy, and specially upon the library department. Many of the active and generous Fellows are nobly serving their country on foreign fields, and we miss their many gifts to our book shelves. It has also imposed new burdens on the financial resources of the Academy, and made it necessary to exercise more economy in the purchasing of books. It has also seriously interfered with our foreign exchanges. None of the German and Austrian publications have been received since the declaration of hostilities; and, for a time, a number of the French periodicals ceased publication. This latter difficulty is gradually righting itself. As an offset to this condition of affairs, many of the Fellows have been most generous; with the result that more books and journals have been received and a larger number of books accessioned than in any previous year in the history of the Academy. The following figures make this very clear. In the report for 1915, the books purchased numbered 50 and those donated 300, the number accessioned 500, while the number of journals received was 249. In this year's report it is shown that the books purchased numbered 32, volumes donated 1,366, and those accessioned 849, while the journals received numbered 200. These figures show that the Academy has withstood the shock of war; and its efforts for good, like those of the

allies for liberty, are being crowned with success. History records against the medical profession no wars or persecutions, and on the present occasion it longs for the fulfilment of the words of Longfellow

“That half the wealth bestowed on camps and courts
Were given to raise the human mind from error.”

More than a passing reference should be made to the kindness of Mrs. Ogden in donating to the Academy the medical books of the late Dr. W. W. Ogden. The suggestion that this would be an appropriate disposition to make of his books was at once accepted and willingly acted upon. It is to be hoped that this may become a precedent that others will follow, and oftentimes we will be able to say with Henry Vaughan, “Their very memory is fair and bright.”

During the unsettled conditions arising out of the war, and the absence of so many of our Fellows, the expected progress has not been made with our biographical department, though it has not been entirely neglected. Some valuable material has been collected, and preparations have been made whereby much more shall be secured, and arranged in due time in useful form. For this purpose a sheet has been prepared on which the Fellows may furnish the requisite information about themselves. Filing volumes have been adopted and are now in use. As soon as this department becomes better known, it will rapidly grow in extent and importance.

A number of sets have either been completed or have had gaps in them filled up. On this aspect of our work it would be well to adopt the practice of posting up for the information of the Fellows all numbers of sets that may be lacking to complete these. In many instances this would enable the Fellows to supply the missing links in such publications as *Progressive Medicine*, *International Clinics*, *Guy's Hospital Reports*, etc., etc. Too much attention cannot be paid to the perfecting of those series that go far back into the development of medical practice. The historical side of our library should ever be kept to the front. But in all this there is much work to be done, and it may be that most of us fall short of what each could do. “Blessed is he who has found his work,” says Carlyle; “let him seek no other blessedness.” Man is a being of four dimensions length of expectations, breadth of sympathies, depth of convictions, and height of aspirations. For each of these noble endowments there is ample scope in the building up of our library. In the words of the eminent Max Müller, “No good work is ever lost; many labourers must be content to sow; others will come to reap the harvest.” Let all of us be sowers, and we need have no fears that the harvest of the reapers of the future will not be abundant.

The Library Committee, in submitting the report for the year, also

makes its appeal for the continued support of the Fellows to the library. This is the great centre around which all our other actions turn, so far as the Academy is concerned. It is our *centrum ubique et circumferentia includeus*. "Nothing worth winning," says Stamats, "is won with ease, and the eagle of victory perches high." These words come as a genuine stimulus to us: for man's noblest achievements have ever been those obtained in the face of great difficulty. The present Committee passes out of existence, and hands on the lamp to others of fleeter foot, that it may be held more firmly aloft to the gaze of all. For the future Committee, as has been the experience of this one, the words of Longfellow will ring true:

"Labor with what zeal you will,
Something still remains undone,
Something uncompleted still
Waits the rising of the sun."

and so it remains eternally true that the master word is "*work.*"

STATISTICAL REPORT: BOOK ACCOUNT.

Additions:

Number of books added by purchase.....	32
Number of journals added by purchase.....	36
Number of volumes added by gift.....	1,366
Number of pamphlets added by gift.....	282
Number of various periodicals by gift.....	5,100

CIRCULATION STATISTICS.

Readers.....	1,320
No. of days library was opened.....	276
" evenings library was opened.....	30
" public holidays, closed.....	7
" not public holidays, closed.....	1½
Books.....	354
Periodicals.....	488
Pamphlets.....	4
	— 846

This does not include works consulted in the library.

Volumes received and added during the year: 849 volumes have been accessioned, an increase of 349 over last year; 314 volumes have been catalogued, an increase of 197 over last year; 1,366 volumes have been presented, an increase of 863 over last year; 284 volumes have been bound, an increase of 244 over last year.

The congestion in the reading room has to some extent been relieved by additional shelves. Additional shelving has also been added in one of the journal rooms. We have received \$14.34 from the sale of duplicates. During the year we have sent duplicate journals to the following places: University of Michigan, Cleveland Medical Library Association.

The gifts during the year have been numerous and exceedingly valuable, especially the gifts of Sir William Osler, Jenner's "Inquiry into the Causes and Effects of the Variolae Vaccine," London, 1798, and the rare incunabula, Rhazes' "Liber Nonus ad Almansoren," Venice, 1490. This is the first Incunabula possessed by any Canadian Medical Library. Other works of interest, pictures and Canadian medical tariffs have been presented by the following: Drs. W. H. B. Aikins, H. B. Anderson, J. H. Elliott, and A. H. Wright.

The Library is especially indebted for large gifts of journals and books to Dr. John Ferguson and Dr. W. A. Young. The Library is also indebted to the following donors: W. H. B. Aikins, H. A. Bruce, J. Price Brown, W. Geikie, Edmund E. King, James MacCallum, T. Millman, C. B. Murray (estate), R. A. Reeve, R. D. Dudolf, F. N. G. Starr, U. S. Surgeon-General's Office, through the kindness of Dr. J. H. Elliott.

All of which is respectfully submitted.

JOHN FERGUSON,
Chairman Library Committee.

REPORT OF THE HONORARY SECRETARY.

In presenting my report as Honorary Secretary for the current year, one cannot but feel exceedingly gratified in noting the increase in the number of Resident Fellows in the Academy, from 382 to 421. There has also been a satisfactory increase in the Non-Resident Fellowship. This increase, with the additional fees received by the Academy, has been particularly gratifying, with so many of our Fellows away on active service and whose fees have been remitted while absent. Doubtless other Fellows will be leaving, and it is very important that the Fellows co-operate with the Council in adding to our Fellowship more desirable men in the city. Seventy-nine Resident Fellows and four Non-Resident Fellows are on active service for King and country, and of those who have not been privileged to go overseas, many are attending to the work of those who are away, and undertaking special military duties at home.

Life Fellowship has been conferred upon Dr. H. Hunt, one of the older Fellows of the Academy, and Honorary Fellowship has been conferred upon Rr. J. A. Temple, marking the esteem in which he is held by the Fellows.

We have lost by death Dr. R. W. Bruce Smith, a man well known to us and whose many charming qualities as a man had endeared him to all who had the privilege of coming in close contact with him, also Dr. H. C. Burritt, a Life Fellow of the Academy, and Dr. B. E. McKenzie.

Following the rule instituted last year, no card programmes have been sent out for Section meetings, only monthly programmes being sent

to the Fellows. This represents a saving of nearly seven thousand pieces of mail, with the printing of the same. During the year there were eight regular Academy meetings and one special; there were eight regular Council meetings and six special. Six hundred and forty-nine notices were sent for Committee meetings, in all four thousand three hundred notices.

As seen by the reports of Sections, the attendance at the Academy has been exceedingly good for war year. The attendance at the stated meetings of the Academy has also been large, averaging 124, making it still necessary to secure an auditorium in the Mining Building, our own lecture room being too small.

The recent cataloguing and indexing of our growing library of books and journals has made the literature on our shelves more accessible and has led to an increase in our library facilities, as shown by the report of the Library Committee.

I cannot close my report without making due acknowledgment of the great assistance rendered by Miss Runciman, whose grasp of the work and whose attention to the details of the secretarial duties, has made my own responsibilities comparatively light.

J. H. ELLIOTT,
Honorary Secretary.

REPORT OF THE SPECIAL COMMITTEE RE PATRIOTIC RELIEF.

The work for the past year has proceeded satisfactorily. With the lessened amount of unemployment, the advent of better times and greater assistance from the Patriotic Fund Association, the amount of work which the physicians have been called upon to do has been gradually decreasing from month to month.

Recognizing the great burden that was being undertaken by the profession and the tendency in some instances to imposition on the part of applicants for relief, the Patriotic Fund Association consented to a minimum fee of \$5.00 being charged in obstetrical cases. Dependents on the fund have been notified accordingly.

More recently the Patriotic Fund Association has concluded that it is no longer necessary for them to undertake to procure free services for their dependents from the medical profession, but that this matter may safely be left to the doctors themselves to look after through their own organizations.

I have again to record the ready response of the large majority of members of the profession to undertake their share of assisting in relief work, and the Patriotic Fund Association wis me to convey to them its

appreciation of the "very patriotic, liberal and courteous manner which the doctors have shown towards the necessities of the dependents."

I beg leave to call your attention to the "pegged map" of the city, showing the distribution of doctors who have volunteered for patriotic relief work. From this it will be seen that there is a dearth of volunteering physicians in some of the suburban districts, and Miss McColl, who is in charge of the Patriotic Fund Medical Bureau, asks that a further appeal be made to the doctors in Weston, Lambton, Swansea and the eastern districts, particularly in view of the advent of hot weather and the likely increase of morbidity among infants and children. She also suggests that the physicians giving free services should refuse to accept patients unless they apply through the Patriotic Fund Medical Bureau—unless at night or on Sunday, when the office is closed—as in this way we would help to safeguard the interests of the doctors and lessen imposition.

I beg herewith to give statistical report from April 1, 1915, to April 1, 1916.

No. of Physicians giving Free Services.....	196
No. of Chemists giving Free Drugs.....	66
No. of Cases reported to Bureau.....	2,350
No. of Obstetrical Cases reported to Bureau.....	807
No. of Cases referred to Physicians.....	1,430
No. of Cases referred to Hospitals.....	371
No. of Victorian Order Nurses paid by Pat. Fund.....	302
No. of Practical Nurses paid by Pat. Fund.....	109
No. of Housekeepers paid by Pat. Fund.....	188
No. of St. Elizabeth Nurses who gave services free to Roman Catholic patients	10
No. of Visits of Public Health Nurses.....	10,711

H. B. ANDERSON, Chairman.

REPORT OF THE SPECIAL COMMITTEE RE HOSPITAL SUPPLIES.

The Committee on Hospital Supplies desires to report to the Council and to the Academy another year of sustained activity along the lines committed to its charge.

Money has been secured, supplies have been purchased and dressings have been turned out in a continuous stream. These dressings after sterilization have been soldered up in tin boxes and sent to the front through Red Cross agencies. With their ultimate distribution, your Committee has not thought it wise to interfere. The various overseas hospitals make known their needs, and are informally assisted in their work as far and as fast as the resources of the Red Cross Society admit.

Our work upon dressings has been made possible through the con-

tinued skillful help given us by various groups of ladies at the Academy and elsewhere during the year.

Every Fellow of the Academy, every surgeon now on active service, and still more, every wounded soldier, will appreciate the tireless energies of these our helpers in the efforts being made to save life and to lessen suffering. During the year over 300 boxes of sterile dressings have been sent forward. In addition to this, we have, in conjunction with the Belgian Relief Fund Committee, secured surgical instruments of an approximate value exceedingly \$500.00, and these, like previous shipments, will be sent to the Central Committee in England.

The money expended by our Committee came from the Fellows of the Academy, and from the members of the profession here, with the welcome exception of two gifts, one of \$319.63 from the Muskoka Lakes Patriotic Association, and another of \$100.00 from Mr. Chester D. Massey. The receipts for the year were \$2,762.70, and the expenditures \$2,101.36. This leaves us a balance of \$661.34 now on hand. While this is sufficient for immediate needs, additional contributions will not be declined, and later they may even be solicited.

N. A. POWELL, Chairman.

REPORT OF THE SPECIAL COMMITTEE RE WORKMEN'S COMPENSATION ACT.

Your Committee beg to report that shortly after appointment they had a very satisfactory interview with the Workmen's Compensation Board, discussing the questions that involved the position of the medical practitioner with the Board. The Board gave us much encouragement, and said that they would be glad to do anything in their power to assist us, but that they were an administrative and not a legislative body and could only carry out the laws as given to them. After considerable work and correspondence we were able to gather considerable information from the Workmen's Compensation Boards of various States of the Union, which we herewith append, and would suggest that the Fellows look over these reports very carefully and compare them with the working of our own Board.

Your Committee have further to report that towards the end of the Session they had a conjoint committee wait on the Attorney-General, consisting of representatives from the Ontario Medical Association and from the Ontario Medical Council. This interview was also satisfactory, and we were told that no doubt our grievances would be looked after but that it was too late to do anything in the matter at the present Session.

Your Committee would suggest to the new Committee appointed that they start their work earlier in the season, in order that legislation may be brought in along the lines we are working. They admit our contention is a just one, but the means of collecting the money towards our payment is the question which bothers the Legislature.

You will therefore see that your Committee can only report progress.

J. MITTON COTTON, Chairman.

REPORT OF THE SPECIAL COMMITTEE RE REGISTRY FOR NURSES.

The Special Committee Re Registry for Nurses has met four times and presented a report to the Academy of Medicine in the month of February. The report, which was adopted by the Academy, granted the Council power to establish a Registry for Nurses. Since that date the Committee have met and endeavored to make a draft of constitution and by-laws for the proposed Registry. At the meeting held April 14th, the Chairman of this Committee was authorized to interview the House Committee as to arranging for room for office and sleeping apartment, which would be required for a resident official or Registrar of the Registry. This has been done, but up to the present time the Chairman of the House Committee has not found it possible to secure for the Registry accommodation within the building, feeling that we need all the room at our disposal for conducting the business of the Academy.

Your Committee, therefore, beg to report progress as above, and ask to be re-appointed that they may complete their work during the coming year.

H. J. HAMILTON, Chairman.

VITAL STATISTICS FOR ONTARIO.

The measles epidemic that ravaged the province during the first three months of the year appears to be dying out. During April the number of cases reported dropped from over 5,000 to 3,206. Grey, Simcoe, Wellington and Waterloo Counties have suffered the most.

The general health returns show a decided improvement compared with March, there being a reduction in the cases of scarlet fever, diphtheria, smallpox, typhoid and whooping cough.

The detailed returns show:

Diseases.	April, 1916.		March, 1916.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox.	8	0	32	0
Scarlet Fever	185	1	252	11
Diphtheria.	197	17	265	23
Measles.	3,206	44	5,158	47
Whooping Cough	140	14	283	13
Typhoid Fever	36	11	74	24
Tuberculosis.	178	124	182	120
Infantile Paralysis.	0	0	0	0
Cerebro-spinal Meningitis.	23	14	34	20
	<u>3,973</u>	<u>225</u>	<u>6,280</u>	<u>258</u>

MORTALITY RATE HIGH.

In his report, Dr. Hastings, Medical Officer of Health, says:

“As has been predicted, the general mortality remains somewhat high. The number of deaths from all causes, exclusive of still births, in April was 564, as compared with 537 and 540 in April, 1915, and 1914, and the death rate per thousand population (as per annum) was 15.1, as compared with 13.7 and 13.3 respectively. The difference in the death rates is greater than the death figures would seem to warrant, because April this year had one less registration day than usual, the last day of the month falling on a Sunday.”

General Mortality.

April, 1916.....	564	15.1
April, 1915.....	537	13.7
April, 1914.....	541	13.3

The table of causes of death shows that the increases have occurred chiefly in the diseases of the respiratory system. Pneumonia and broncho-pneumonia head the list, with an increase of 23 deaths, and tuberculosis, including deaths in outside sanatoria, is responsible for an increase of 16.

UNIVERSITY OF TORONTO MEDICAL GRADUATES.

G. W. Armstrong (clin. medicine), R. H. Armstrong (clin. medicine), T. W. Ballantyne (clinical medicine), J. E. Barry, C. H. Black, W. A. Blake, A. M. Blakely, N. W. Bragg, P. B. Brown, C. M. Cameron, E. K. Clarke, I. Cohen, W. C. Connell, D. Corcoran, Miss L. W. Cringan, P. W. M. Curry, L. W. Dales, G. A. Davis, J. A. Dickson, H. A. Dixon, T. L. Dobson, C. P. Fenwick, V. P. Fleming, W. S. Foote, H. B. Freel, A. E. Gillies, W. C. Givens, S. G. Graham, A. V. Greaves, A. C. Greenaway, H. A. Hessian, H. B. Hetherington, L. R. Hill, W. E. Hodgins, A. Isaacson, A. B. Jackson, R. M. Janes, W. E. Jones, A. W. Knox, A. D. Lapp, C. T. Lewis, G. F. Lewis, A. R. Lindsay, N. H. Little, W. A. Lowe, H. B. Maitland, F. O. Mahoney, W. E. Martin (medicine, clinical medicine and clinical ophthal.), A. J. MacCallum, A. McCallum, W. P. McCowan, J. C. McCullough, A. E. MacDonald, A. R. MacDonald, J. L. McDonald, C. MacKay, W. J. McLean, D. S. MacLennan, V. P. MacMahon, J. A. MacMurchy, A. Y. McNair, E. E. McPherson, R. G. MacRobert, A. H. Naylor, A. C. Norwich, Miss O. G. Patterson, F. R. Pollock (clinical medicine, clinical surgery and clinical ophthal.), E. C. Pugh (medicine and clinical medicine), J. R. Rehill (clinical medicine)

and clinical surgery), R. B. Robson, W. B. Rutherford, P. A. Sarjeant, C. I. Scott, G. Soullard, J. H. Sharpe (clinical medicine), E. E. Shoultice, T. A. Sinclair, R. J. Snider (medicine and clinical medicine), F. Spearing, A. L. Speers, J. A. Stanley, E. H. Stephen (clinical medicine), G. H. Stobie, B. C. Switzer, G. E. Tanner, A. Thomson (clinical medicine and clinical ophthalmology), F. F. Tisdall, Miss M. Tyron (clinical medicine and clinical otolaryngology), C. H. Warriner, P. A. Williams, C. J. M. Willoughby, F. B. G. Wilson, M. J. Wilson, Miss A. M. Young, H. G. Young.

T. W. Ballantyne, C. F. Fenwick, H. B. Hetherington, R. M. Jones, A. D. Lapp and C. I. Scott were granted as quoted standing on certain subjects.

WESTERN UNIVERSITY MEDICAL RESULTS.

All the fifteen pupils of the graduating class of Western Medical School were successful. They are: J. E. Hawkins, London; A. J. Ireland, St. Catharines; O. W. Millen, Thamesville; W. N. McCormick, Trowbridge; D. C. McFarlane, Dorchester; E. E. Phoenix, London; H. O. Pope, Bothwell; G. W. Renton, London; J. G. Ross, London; H. A. Simpkins, Thamesville; D. A. Stewart, Thamesville; R. H. Taylor, London; H. J. Wildfang, Elmwood; D. R. Young, Thamesford; Alfred White, Chatham.

STATE HEALTH DEPARTMENTS FIGHTING CANCER.

Among the many agencies now active in the campaign against cancer, several of the most progressive State Boards of Health are making notable efforts to spread the gospel of hope which is found in the early recognition of the danger signals of the disease and its prompt and competent treatment. The health authorities of Massachusetts, New Hampshire, Ohio, Indiana, Michigan, Virginia, North Carolina, Kentucky, West Virginia and Idaho have been especially active in disseminating trustworthy information and advice about the prevention and cure of cancer.

The New York State Health Department, under the leadership of Commissioner Hermann M. Biggs, is the latest to enlist its forces in the war against cancer. The entire March number of "Health News," the Department's Monthly Bulletin, is devoted to consideration of the

nature, prevalence and treatment of malignant disease with the object of creating among the people "a healthy vigilance which leads to the taking of expert advice on the first appearance of danger signals."

"There is nothing that any one of us can do to prevent the occurrence of cancer except in avoiding certain specified causes of local irritation," says "Health News" in an editorial which opens the discussion. "On the other hand, there is incontrovertible testimony as to the probability of its cure in a large percentage of cases if taken in time. That cure consists in the complete surgical removal of the growth at the earliest possible moment. Early diagnosis, early removal—there is not now nor has there ever been any other successful method of curing the disease."

The leading article in this special issue of the Health Department's Magazine is by Dr. Francis Carter Wood, Director of Cancer Research at Columbia University. Additional papers are contributed by other notable figures in the scientific world, including Frederick L. Hoffman, LL.D., statistician of the Prudential Insurance Company and chairman of the Statistical Advisory Board of the American Society for the Control of Cancer, and Dr. Harvey R. Gaylord, director of the New York State Institute for the Study of Malignant Disease.

Writing on "What People Should Know About Cancer," Dr. Wood endeavors to dispel some of the mistaken popular notions which have grown up regarding this disease. He disposes of the stories regarding "cancer villages," "cancer houses," or "cancer belts," briefly showing that the occurrence of a number of cases in a house usually is due to the fact that the occupants are old people; that "cancer villages" usually are small towns from which most of the young people have emigrated, and that in like manner "cancer belts" are found to be sections of the country where the population is distinctly aged.

The idea that cancer is hereditary is likewise made light of by Dr. Wood, and he declares that there is no reason whatever to worry because one member of a family has suffered from the disease. "It does not at all follow that any other member of a family will have it," says Dr. Wood, and quotes from the laws governing statistics to show that if there are two or more cases in a family it is due purely to chance.

The quackery which is practiced by unscrupulous people in the treatment of cancer is severely censured both by Dr. Biggs and by Dr. Wood. It is made perfectly plain that cancer is comparatively easy to cure if it can be taken in time. The Bulletin declares that if the simple truth is thoroughly established that cancer begins in comparatively

innocent form and in most instances in a recognizable form, it can be successfully combated. Dr. Hoffman in his paper emphasizes "the supreme importance of the earliest possible diagnosis and the incalculable value of the earliest possible medical and surgical treatment." Dr. Wood puts stress on the declaration that if the disease can be diagnosed in its early stage, the cancer can be removed with very great possibilities as to permanent cure. "The Commissioner of Health takes this opportunity," says Dr. Biggs, "to warn the people of the state against the expenditure of money—often ill-afforded—the raising of false hopes and, above all, the waste of precious time through the use of alleged cancer cures and consultation with their unscrupulous purveyors."

In anticipation of a popular demand for information regarding cancer, a large edition of the "Health News" for March has been printed. Anyone who desires the full information as contained in the magazine may secure a copy of the publication, free of charge, by addressing the State Department of Health at Albany, N.Y."

COUNCIL OF THE TORONTO ACADEMY OF MEDICINE FOR 1916-17.

President, H. A. Bruce; Vice-President, John Ferguson; Honorary Secretary, J. H. Elliott; Honorary Treasurer, W. A. Young; Past President, W. H. B. Aikins; Elected Members of the Council: J. H. McConnell, N. A. Powell, C. L. Starr, E. E. King, W. H. Harris, H. B. Anderson, H. J. Hamilton, H. C. Scadding. The Chairmen of Sections: Medicine, F. A. Clarkson; Surgery, C. B. Shuttleworth; Pathology, F. W. Rolph; Eye, Ear, Nose and Throat, Angus Campbell; State Medicine, Gordon Bates; and Pediatrics, B. Hannah.

MEDICAL PREPARATIONS

PROTEXWEL.

This is a sheeting for the protection of beds. It is not a rubber goods, and it is not coated with rubber. It is not treated with paraffin, wax, or gutta percha. Every fibre is waterproofed in a permanent manner. Both sides of the cloth are alike; and it will not peel, chip, curl, crumple, shrink, or harden. It can be washed readily. It is non-porous and entirely non-absorbent, and does not become offensive, nor does it heat the patient. It is not an experiment, as it has stood the

severest tests. It is made in two grades—the best being pressed from Japanese silk, the second grade from Sea Island cotton. It is claimed for Protexwel that it will last much longer than any other kind of protective sheeting on the market. The best quality is \$1 per square yard, and the second grade 60 cents. Protexwel Manufacturing Company, 1010 South Michigan Ave., Chicago, Ill., U.S.A.

SILVOL: A NOTABLE GERMICIDE.

For application to mucous surfaces as a germicide, silver nitrate has long been recognized as a distinctly meritorious agent. It has had one serious drawback, however—its use in solution frequently caused irritation. Finally, as was to have been expected, the art of the chemist has overcome this objection. The combination of silver with a proteid base robs the former of its irritating effect. At the same time there is no loss of antiseptic value.

A proteid-silver preparation that is meeting with marked favor by eye, ear, nose and throat specialists, as well as by specialists in genito-urinary diseases, is offered by Parke, Davis & Co. under the name of Silvol. That this product has a number of advantages over most of the silver salts hitherto used is evident from the numerous commendatory references to it that are finding their way into the medical press. An article in point has just come under the eye of the writer and is worth noting in this connection. It appears in the December issue of the *Journal of Ophthalmology and Oto-Laryngology* and is from the pen of William C. White, D.D.S., Ph.G., M.D., of the University of Louisville.

Dr. White describes Silvol as "a metallic silver in colloidal combination with a proteid base, and slightly alkaloidal in reaction." In summarizing, Dr. White names these advantages as applying to Silvol: "Quick solubility in any solution necessary for application to mucous membrane; less staining than by other proteid silver preparations; high percentage of silver content; minimum amount of irritation when applied to mucous surface; low percentage solutions necessary as compared with other similar preparations."

Silvol is supplied in powder (ounce bottles) and in 6-grain capsules (bottles of 50). The contents of two capsules make one-fourth ounce of a 10 per cent. solution. Silvol Ointment (5 per cent.), for application to regions where the use of an aqueous antiseptic solution is not feasible, is also offered. This ointment is marketed in long-nozzled collapsible tubes—two sizes, designated as large and small.