Western Canada Medical Journal

A MONTHLY JOURNAL OF MEDICINE
SURGERY AND ALLIED SCIENCES

TWO DOLLARS A YEAR

WINNIPEG, CANADA

VOL. III. JULY, 1909 NO. 7

Western Canada Medical Journal

GEORGE OSBORNE HUGHES, M.D., L.R.C.P., M.R.C.S., Eng.
Editor.

REGINALD PHILLIPS,
Business Manager.

Commonwealth Block, Winnipeg, Man.

Published on the Fifteenth of Each Month

VOL. 3. AUGUST, 1909 No. 7

INDEX TO CONTENTS

NOTICES

Subscription price Two Dollars per annum in advance, postpaid. Single Copies 25 Cents.

Advertising rates to be had on application.

Remittances at the risk of the sender, unless made by Registered Letter, Cheque, Express Order or Postal Order.

Subscribers not receiving their Journal regularly would confer a favor by reporting such to the "Business Manager."

Original Articles, Letters and Reports should be addressed to "The Editor," P. O. Box 450 Winnipeg.

All Business Correspondence should be addressed to "The Business Manager," P.O. Box 450, Winnipeg.

WESTERN CANADA MEDICAL JOURNAL

VOL. III. JULY, 1909. No. 7

Manitoba Medical Association Annual Meeting
Brandon, June 22nd and 23rd, 1909

PRESIDENTIAL ADDRESS

BY

J. R. JONES, M.D.

WINNIPEG, MAN.

Gentlemen,—

My first duty as President of the Manitoba Medical Association is to thank you for my election, October 8th, 1908, at the time of the formation of our Association—an event of vast importance to the future welfare of our profession in this province. The position carries with it the responsibility of delivering an annual address. According to a wise tradition this address should not be technical but rather in the direction of our special interests and local needs. In the year 1891 a strenuous endeavor was made to form a provincial association. At the organization meeting Dr. J. H. O'Donnell was elected President and I was Secretary. This inaugural meeting was a most gratifying success in every way—in point of attendance, the production of excellent papers and in profitable discussion. As a reward for my work as Secretary, I was made President-elect, contrary to my emphatic protest because I felt I could be more useful as Secretary. I was absent in England for a time in 1892, hence I could exert no personal and direct influence in regard to our contemplated annual meeting. Our Secretary did nothing. The

profession did less than nothing. The President-elect proceeded to the advertised annual meeting to be held at the Manitoba Hotel. Here he met a corporal's guard of the profession placidly smoking on the pavement in front of the hotel. The President-elect at once returned home in a frame of mind better imagined than described. Such is the brief and inglorious career of the first Manitoba Medical Association which though vigorous at its birth died from inanition.

At that time there was no unity, no loyalty, no enthusiasm. Apathy and jealousy characterized our profession. Winnipeg was an overgrown village, Manitoba an experiment and all of us had a limited horizon.

Since then our country has undergone an amazing material developement and Winnipeg gradually became more and more metropolitan. Our profession likewise has changed for the better. This is largely owing to the stimulating influence of the Winnipeg Medico-chirurgical Society, Manitoba Medical College, the Clinical and other Societies, and last but not least the influence of the Western Canada Medical Journal.

Whilst we acknowledge the beneficial influence of these various factors, it is, however, essential that the whole profession of Manitoba should meet once each year at various points in the province.

It is fortunate that our first annual meeting should be held in the flourishing City of Brandon, so noted for its generous hospitality and for being the breeding ground of so many successful politicians. At first thought I imagined this selection was a mistake but now I am convinced of its wisdom. The meeting of the Canadian Medical Association and that of the British Association for the Advancement of Science would overshadow and dwarf our infant organization if we had selected Winnipeg.

The future of our Association hinges upon the outcome of this meeting. If this convention turns out to be an unqualified success—and your numbers today and the papers supplied are most assuring—we shall have no fears regarding the future.

The papers which will be read and I hope, thoroughly discussed, are numerous and many of them on subjects of great importance.

Let me limit myself, by way of introduction, to a brief state-

ment of the aims and objects of our Association. Meeting once a year, each member is enabled to bring before the profession his observations, experience and conclusions, thus furnishing his contribution of scientific truth for the advantage of all. The consciousness that our work will be argued before a jury of our peers, that our papers will be subjected to the search light of criticism, stimulates us to greater zeal, encourages a logical arrangement of our observations, and awakens a scientific interest in our daily task. In order to make intellectual progress, an interchange of ideas is essential. The circulation of ideas is as necessary for the well-being of our Association as is the circulation of the blood for physical life and growth. The battering of our cherished prejudices and often distorted perceptions, will broaden our minds and make us take stock of ourselves. It is impossible to imagine a more satisfactory mode of completely threshing out a medical problem than a public trial before competent judges with the advocacy of an earnest scientific investigation on the one hand and on the other side of a cool and skeptical rival minutely criticising the accuracy of every assertion and the logical value of each inference.

I have seen the intellectual gladiators of our profession in the arena of discussion, especially about the time of the introduction of Listerism.

I hope our discussion will stimulate scientific enquiry, give definite shape to nebulous ideas floating through the busy brain and fructify our faltering thoughts.

Among the chief advantages of our debates is that the most animated controversy may be carried on in a tropical manner, the most opposite opinions may be entertained and supported, the keenest rivalry may be engendered, without the slightest personal animosity but rather with an increase of good feeling and mutual respect regarding each other, not as antagonist but as fellow workers in the great cause of humanity. We should expect this from men engaged in the study of the highest and noblest of all sciences. We have to deal with the greatest work of God, in the most complicated machinery in the natural world.

The solitary worker in medicine is encrusted with empiricism and like the good ship plowing through the sea becoming covered with barnacles requires to be cleaned up at least once a year.

TUBERCULOSIS.

If a small fraction of the huge amounts of money spent on aeroplanes, Dreadnoughts and death-dealing machines, were used to fight the battle against the White Plague, what saving of life there would be, what assuaging of human misery and grief ! !

The brutal apathy of nations spending millions and millions on armaments, pageantry and pomp, while millions die from a curable and preventible disease reminds one of a historical parallel—Nero fiddled while Rome was burning.

None of the civilized nations of the world have discharged their duty in regard to tuberculosis, except, perhaps, Germany. Germany, with her accustomed thoroughness, has mobilized her scientific force in battle array against the battalions of tuberculosis. The marked diminution of the mortality during the last 15 years, since the adoption of the dispensary system, furnishes complete and irrefutable evidence that Germany's plan of the campaign is correct. The apathy and negligence of the various local governments are most culpable. Notwithstanding the flood of literature on the subject, the teachings and warnings of our profession, and demonstrated results of the modern treatment, our people are not yet really alive to the ravages of tuberculosis in the destruction of human life and in the national loss occasioned by a long continued illness.

In Canada alone one competent authority estimates it costs the nation annually twenty-four million dollars. While I am not in accord with all the arguments leading up to this apalling estimate, yet we know it runs up into many millions per annum. The most convincing argument to the lay mind is to regard tuberculosis as a social problem of national material importance. To round off this argument, permit me to quote a few statistics furnished by the International Congress on Tuberculosis held at Washington last October.

The death rate from all forms of tuberculosis in the United States is 164 per 100,000 of the population and the number of deaths in 1906 was 138,000.

At this rate of mortality of the persons now living in the United States five millions would die of tuberculosis. The average at death for males is 37.6 years, and of females 33.4 years. The expectation of life lost was at least 24 years. The averaged

period of disability preceding death from tuberculosis exceeded 3 years.

The money cost of tuberculosis, including capitalized earning power lost by death, exceeds $8,000 a death, and the total cost exceeded $1,100,000,000 a year.

Humanity will not awaken a nation but money will. Money spent upon the warfare against tuberculosis is a splendid national investment.

The most delinquent province of our Dominion in regard to the tubercular problem is Manitoba. Till a very recent date we have done nothing.

The Ontario Government gives to each municipality establishing a Sanitarium a grant of $4,000 and $1.50 per patient per week while in residence. The cost of the shacks for the treatment of these cases is a mere bagatelle.

If Manitoba gave a similar grant and the same allowance for treatment, sanatario would spring up in a fair number of municipalities. Every existing hospital in Manitoba should have a tubercular annex. The experience of other nations—England, Germany and Denmark—where the mortality from tuberculosis has been reduced 50 per cent. should stimulate us to spend our money in the beneficent warfare against the most relentless disease which affects mankind.

Pennsylvania spends out of the state revenue alone $2,000,000 annually. Maine, Massachusetts and Wisconsin have fallen into line.

How vigorously the Manitoba government will grapple with the rat problem !

On this question it will reach a higher altitude of duty but it will gaze on the tubercular problem with cretinous stupefaction.

A persistent campaign of education of our people is an essential pre-requisite before the government will act.

Lectures on tuberculosis should be given in every school in Manitoba, and instruction given to every school teacher during his normal course. The text book on physiology and hygiene for children and teachers should contain information about contagious diseases. "The Essentials of Health" adopted by the Board of

Education for British Columbia contains an excellent article by Dr. Fagan, Secretary of the British Columbia Board of Health.

As soon as public opinion has been moulded by education, special legislation can be enacted as in other communicable diseases, as smallpox, scarlet fever and diphtheria, with equally gratifying results.

HOSPITAL LEGISLATION.

At the last session of our local legislature important amendments were made to "The Charity Aid Act" which will have a salutary effect upon the maintenance and management of our hospitals. The provisions of the amended act will largely prevent hospital abuse. Each municipality must now pay for the treatment of its sick poor "at the rate of not more than one dollar per day."

Hitherto patients, well able to pay the local practitioner, have scuttled off to Winnipeg and Brandon and received free treatment, thus materially affecting the local doctor besides lowering his prestige in the estimation of the public. For ordinary diseases and for simple operations patients from all parts flock in our hospitals just to avoid paying the regular practitioner and the expenses of home nursing.

Now that the municipalities are forced to pay the shot there will be a careful enquiry into the financial standing of the applicant for admission into the public wards.

It will be no longer possible for well-to-do mechanics, salaried officials and fair wage earners to grossly impose on charity. In this new country we should strive to prevent all pauperizing tendencies. Imposition upon hospitals has been due to laxity and carelessness on the part of managers of hospitals. There has been no thorough systematic inspection of applicants seeking free treatment.

In order to show a contrast between places where there is practically no enquiry and where there is thorough inspection, let me quote Detroit with a population of 385,000 and Winnipeg with its population of 120,000.

In 1907 Detroit only paid $13,269.50 for the maintenance of its sick poor.

At the same rate per diem (85c) the cost for Winnipeg for the same year would have been $61,714.28. This shows the value

of inspection, and reveals to the general practitioner how he is cheated by the imposition of patients, assisted by careless supervision of a loose-jointed and misplaced philanthropy.

I think we have reached that stage of development where the Manitoba government should appoint an experienced medical man as Inspector of Hospitals and Charities. For many years Ontario has had this useful official. Here we have an Inspector of Public Buildings who knows nothing about sanitation, asepsis, hospital management and equipment. If we had an Inspector he would insist upon a uniform system of book-keeping and uniform reports to the governments so that a rational comparison could be made of the various hospitals and charities.

VITAL STATISTICS.

The importance of the prompt and proper registration of births, deaths, and marriages, as well as their compilation, can scarcely be overestimated. This is important from a legal and a health standpoint. Although the legal advantages of accurate registration are so manifestly obvious to the members of our Association, let me enumerate a few of these as examples—in the administration of estates, the settlement of life insurance policies, the disabilities of minors, proving the age of consent in case of rape, in the laws relating to compulsory education and child labour, the inheritance of property, the settlement of wills. Last year over 50,000 enquiries were made for legal purposes in the City of New York. It is superfluous for me to adduce arguments in favor of accurate vital statistics, their tabulation, etc., before an audience composed of physicians. Last month I visited the Department of Agriculture to investigate their system of book-keeping in reference to the recording of vital statistics. The present system began in 1882. Prior to that date the records are neglected and valueless. So far as the registration of deaths are concerned, they are of undoubted legal value. I am satisfied there is laxity and imperfection in the registration of births. Indeed many births are unrecorded. The health value of the government records at present, is almost nothing for there is no tabulation of the returns made by the clerks of the various municipalities. These returns are bound in half yearly volumes and contain a mine of information regarding deaths in our Province. Unfortunately the mine has not been worked. The desired in-

formation is there, but there is no classification, no tabulation of these valuable statistics. But this defect, this neglect, can be easily remedied. I think our Province is sufficiently developed to justify the Government in appointing an executive officer under the control of the Provincial Board of Health. To this official among his manifold duties might be deputed the registration and tabulation of vital statistics. Surely it is natural that these statistics should be under the supervision of the Provincial Board of Health instead of being a neglected appendage of the Department of Agriculture. The Commission on Uniform Vital Statistics of the American Medical Association has reported a model bill for the consideration of state legislatures. This bill has met with the approval of the Bureau of Vital Statistics of the United States Census Department and also of the Commissioners in Uniform Laws appointed by the Commission of the American Bar Association, and also of the officers of the American Medical Health Association. Should not Manitoba drop into line ? I would suggest that this Association appoint a committee to look into the whole question, and have power to assist the authorities so that our vital statistics may have scientific value.

INTER-PROVINCIAL REGISTRATION.

There is one question of far reaching importance to which I desire to direct the attention of this large representative gathering. I refer to Inter-Provincial Registration—the formation of a registration area consisting of Manitoba, Alberta, Saskatchewan and British Columbia. Surely this can be accomplished by the united efforts of the various local legislatures, and the body corporate of the profession in each of the Provinces enumerated. It has been suggested that the business of these federated districts be under the jurisdiction of an elective board, and that as one of its functions, it should have the power of conducting examination and granting the registrable qualification. Would this Western Canada Board require candidates to pass all the professional examinations, first, second, third, fourth and fifth year, or a primary intermediate and final, or lastly one examination on final subjects ? I am opposed to the useless re-duplication of examinations which are superfluous and expensive. The expenses of conducting even one final examination for approved students

(which would have to be held simultaneously at various centres) would be a severe drain upon the slender income of the Board and also a tax upon the candidates. The thoroughness of the proposed final examination might well be questioned. The medical degrees already obtainable within the proposed area should be registrable upon payment of the fee.

In order to secure Interprovincial registration, it is essential that we should banish from our minds the petty obstinacy of selfishness, and throw parochial politics to the winds. Let the spirit of compromise prevail. I hope this Association will lend its potent influence for the carrying out of this splendid purpose. If this policy receives your approval, I hope a strongly worded resolution will be passed and a provisional committee appointed to act in conjunction with other bodies, should the subject be brought up in the interval between this and our next annual meeting.

To establish this area upon a legal and enduring basis will require time, patience, and wisdom. It is easier to leave an object at rest than to set it moving. I can see the legal difficulties to overcome, obstacles to surmount, sectional interests to be considered, vested local authority to be conserved.

By co-operative action on the part of the College of Physicians and Surgeons in each Province and identical enactments by each local legislature, this scheme will soon reach completion without dislocation of any existing medical interest in any Province.

MEDICAL INSPECTION OF SCHOOLS.

It has long been recognized that the schools are active factors in the spread of contagious diseases.

A large number of children occupying small rooms, frequently inadequately ventilated, their close contact in the play grounds, their susceptible age, the handling of articles used in common, free text books which may be contaminated, produce favorable conditions for the spread of all forms of infection.

It is conceded by the medical profession that the greatest source of the transmission of infectious and contagious diseases, among children, is through contact at school, and that this transmission can be best overcome by systematic periodic examination of the school children by medical inspectors.

It is not necessary to argue the value and necessity of medical men ; but it is difficult to convince the laity, who through ignorance or indifference, do not understand the wisdom of precautionary measures.

Systematic medical inspection of our schools, not only in regard to the hygiene of the school house but the examination of the pupils for the purpose of excluding contagious and infectious diseases, must commend itself to the judgment of every thopghtful citizen of Manitoba.

It has been estimated that 70 per cent. of epidemics might be prevented by school inspections.

In Paris, France, medical inspection of schools began in 1842. The first inspection on this continent was at Boston in 1894. The school population of Manitoba is not medically inspected, even in large centres like Winnipeg, Brandon, and Portage La Prairie.

The total school population of Manitoba is 87,677 ; that of Winnipeg, 15,499 ; Brandon, 2,076 ; and Portage La Prairie, 1256.

France, Germany, and Switzerland, have had for many years medical inspection of school children. Their practical results, in the prevention of epidemics and the detection of physical and mental defects have been most astonishing. Only in 1907, did England pass an Act making it a duty for the local authorities to employ medical inspectors of Board Schools.

To my knowledge, some teachers afflicted with pulmonary tuberculosis have been employed. In one district two successive teachers were engaged and both died within two years from consumption. This is an outrage.

It is a crime. Every teacher before entering a normal school should pass a medical examination as rigid and thorough as that for life insurance.

In concluding this subject, the fringe of which has only been touched, I hope this Association, representing professional opinion, will memorialize the Minister of Education on the advisability of inspection of Elementary Schools and of Normal School teachers.

The Chicago Society of Social Hygiene has requested this Association to consider the question of The Sterilization of Criminals and other defectives by Vasectomy.

Quoting from the circular the following points are to be considered :

1. "That the mentally defective classes—natural criminals, insane epileptics—have multiplied in the last thirty years more than twice as fast as has the total population.
2. That only a few States have made the slightest effort to restrict procreation by these irresponsible parasites of society.
3. That males can be sterilized by a trifling operation, vasectomy, without pain, danger or impairment of sexuality—unlike castration, vasectomy does not unsex a man.
4. That the Indiana Legislature legalized this method two years ago, and that over 800 confirmed criminals have been thus sterilized in that State.
5. That the financial, moral and social health of every community would be obviously improved by the general adoption of this measure, which imposes no cruelty or hardship upon these defectives.
6. That true philanthropy demands this measure as a kindness to the yet unbegotten offspring of the defective classes."

Now, Gentlemen, Canada and the United States must face this great social problem. Crime and degeneracy are increasing in both countries. In the United States during the 70's there were 32 homicides per million, now there are 75 per million. In England and Germany there are only 5 homicides per million ; in France, 12 ; in Spain, 45 ; and in Italy, 75.

In Manitoba I am satisfied there is a marked increase of criminals, degenerates, and lunatics.

Criminologists are devising measures to check the procreation of the unfit—these miserable degenerates who breed an offspring like themselves which eventually become a charge upon the State, either as paupers, criminals or insane persons.

The Chicago Society of Social Hygiene has an influential membership. Professor Henderson of Chicago University is President, Bishop Anderson, Dr. Frank Billings and Judge Mack are Vice-Presidents. This Society advocates the adoption of the Indiana experiment for the State of Illinois.

This subject is worthy of serious discussion by the Canadian Medical Association, and I hope Dr. Blanchard will make this an item in his presidential address.

There are many other subjects upon which I would like to dilate, such as medical education, the suppression of unqualified practitioners, the automatic prescribing of proprietary remedies, the prevalence of various forms of quackery, psychotherapeutics, the Emmanuel Movement, Osteopathy, Christian Science, but time and good taste prevent indulgence of such a luxury.

I hope that this meeting will be such a success that each one, after dispersion, may be enabled to say "I am glad I attended the Brandon Meeting, and I cannot afford to be absent from the next one."

MORE RECENT METHODS IN DIAGNOSISING SURGICAL KIDNEY LESIONS

J. E. LEHMANN, M.D., W.R.C.S.

WINNIPEG, MAN.

Mr. Chairman and Gentlemen, before commencing my subject, "The more recent methods of diagnosing surgical descases of the kidney," allow me to say that in a paper like this I will not attempt to go unto the details of technique or give formidable lists of figures or elaborate theoretical explanations. All I wish to do is to mention some facts in a general way and to go a little more deeply into the so-called functional diagnosis of kidney disease. Along this line much work has been done in the last decade and much useful knowledge has resulted therefrom. Most of it if not all of it will no doubt be familiar to many of you.

The diagnosis of kidney lesions has up to the last decade been in a very sad way. Definite and accurate knowledge based on absolute facts were impossible. In fact the acurate localization of all genito urinary diseases except a very few external ones such as acute gonorrhoea, etc., were rather surmised than demonstrated. Those of us who are in the profession more than 10 or 15 years will remember the wise faces and non committal expression of our teacher when a case presented itself with pus or blood in the urine. How could it be otherwise. The only symptom may have been this blood. It might have come from the prostate from the bladder from the one of the ureter or one or both of the kidnies. The information was to be found in the urine but as yet the methods of acquiring this information were unknown. All that could be done was to make a probable diagnosis based on the law of frequency. If subjective symptoms were present the case was all the more confusing on account of the well known intimate nerve connection of the whole urinary apparatus, with its many reflexes and transferred pains . Of these I only need mention the well known pain in the penis in cases of stone in either the kidney or bladder or the pain felt in one side of the back while the lesion is on the

other. Still more difficult of explanation the frequently observed complete suppression of urine from both kidneys during the passage of a renal calcus. Under such a condition subjective symptoms offer little data for an accurate diagnosis; and can only be utilized with extreme caution or if strongly supported by corroborative evidence. While the information contained in the urine was so obscured that little could be made out of it. The only resonably reliable test for localizing the lesion was the old and well tried 2 or better 3 glass test of Thompson which can be relied upon to show if the abnormal ingredient is introduced into the urine before it reach the prostate or after. The old standbys, palpitation and percussion, offer little of value. Some men of international reputation have claimed to be able to percuss out a kidney in most cases. I have seen a man you all know by reputation beautifully map out the position of the kidney on the skin while the same kidney was enjoying a privileged place on the specimen shelf of the pathalogist.

Even if percusion and palpation gave reliable information as to size, shape, position, etc., little of value would be gained as most of the changes in renal lesions are far too minute to be revealed by such gross methods.

The urine being the result of the functional activity of the kidneys is our only source of information of a reliable character. It must therefore be most minutely and frequently examined chemically and even more important microscopically and always centrifugalized. The quantity of 24 hours should always be carefully observed.

If these examinations reveal an abnormal ingredient the source of it must be determined. The first step if it be pus or blood is to apply the Thompson three glass test. This will exclude the prostate and urethra. A cystoscopic examination will exclude or locate the lesion in the bladder. It will do a great deal more. If the urine as it is expelled from the ureters is much contaminated by blood or pus one can very readily recognise this fact and at once definitely state that this particular kidney at least furnishes abnormal urine. In another case one urinary papilla may not contract in the same way as its fellow, or it may be badly formed or may be congested or what not; all valuable information for arriving at a definite diagnosis, and all information

not to be acquired without the use of this most valuable intrument. I may say to the gentlemen who are not personally familiar with this instrument that contrary to a general impression there is next to no pain in a properly conducted cystoscopic examination; that no cumbersome preparation of the patient is necessary, that the whole examination including the preparation of instrument and patient can be completed in ten minutes, and lastly that the mucous membrane is seen as clearly as the skin on the back of your hand. The only essentials are an uretha capable of passing a No. 12 English sound, a bladder that will hold six ounces of fluid which must be absolutely clear and a little skill. Having excluded the bladder as a possible seat of disease the next step will be to collect urine from each kidney separately, and subject these samples to a most minute comparative microscopical and chemical examination. Here a somewhat new test is of much value. It consists in very accurately determining the freezing point of each specimen by a specially devised apparatus the use of which is easily acquired. The test is based on the well known fact that the freezing point of a solution depends on the concentration or better, on the osmotic pressure of the solution.

If one kidney secretes a urine having a higher freezing point than the other, the fact is established that this kidney secretes less solids than its fellow, and consequently must be functionally less active than the other kidney. Of course we could get the same information, viz.: the comparative amount of solids contained in each specimen, by chemical methods. This however would require a chemist's skill, and take days to accomplish. With the simple method of determining the freezing point any physician can do it in a few minutes, and with much more accuracy than a chemical examination would permit. You will notice that this is a comparative functional test of the secretive power of each kidney. There are several other methods however which give even more direct and absolute indication of the functional activity of the parenchyma of the kidney. They are all based on the same principle, viz.: the well known fact that certain agents introduced in the blood will in an incredibly short time appear in the urine. The speed with which they appear depends on the activity of the renal epithelium. To be useful these agents must fulfil several requirements, first they must be

harmless, second they must be easily demonstrated in the urine, and thirdly they must be quickly excreted. Two substances have been proven to fulfil these requirements better than any other. The one is Phloridzin, and the other Indigo-Carmin. Phloridzin produces a marked but quite temporary glycosuria; in other wodrs the substance is chemically changed by the epithelial cells so as to be more readily eliminated in a form resembling grape sugar. This change requires very actively funtionating epithelial cells. Indigo-Carmin is excreted chemically as introduced. Nevertheless the speedy expulsion depends on the activity of the renal cells, and the time required for the first appearance of the substance in the urine depends on the activity of the cells. The Indigo-Carmin test is the more easily applied and gives very reliable results. I will describe it first. The patient and instruments are got ready then 4 c.c. of a sterile 4 per cent. of Indigo-Carmin is injected intramuscularly in the buttocks and the time noted. The bladder is prepared in the usual way and the cystoscopic examination proceeded with, noting its usual points of interest. When six minutes have elapsed since the injection of the Indigo-Carmin the urinary papillæ are continuously watched. In normal kidneys the first appearance of the stain is seen in seven to ten minutes. If one side lags behind the other the supposition that that kidney is diseased amounts to almost a certainty. The appearance is quite unmistakable. In a properly reacting case or in other words, a normal kidney, the periodic ejections of urine resemble a little stream of ink injected into clear water. For some reason or other this little stream, as its leaves the papilla is often forked The one portion rotates around the other. The whole manifestation is so clear that it is often made use of to locate concealed papillæ. In a considerable number of cases I have not had a failure in a normal kidney, while no abnormal kidneys as far as I know gave a positive reaction. Very slight interference with the epithelium are registered. In one case a man had a slight transitory albuminuria following an anaesthic. The urine was albumin free in a few days, but twenty-five minutes were required for the stain to appear; and then only slightly. Two weeks later the kidneys reacted normally; and I could den onstrate a very fine reaction to a number of friends. In this case the presumption is that the epithelium

was damaged by the chloroform which was used. Another case did not respond in twenty-five minutes. He had a double ureter on one side. This condition bespeaks some kidney abnormality; and it is a well known fact that abnormally developed kidneys are very prone to disease. He however did not show any disease at the time. A third case did not react in the time limit, this was an extremely fat woman and the needle may possibly not have reached the muscle. Adipose tissue does not absorb as readily as muscle, so that the presumption is that the absorption was at fault and not excretion. A case of lodged uretral stone gave a very marked lagging on that side. As far as my experience goes the results have been excellent and the literature is full of favorable reports. I think I am fairly safe in stating that any kidney giving a definite reaction in twelve minutes is acting normally, while a kidney requiring eighteen minutes or more is not functioning normally. The intervening ones are doubtful.

The phloridzin test is a little more difficult to apply. Here the urine must be collected separately. It is more reliable however as the examination depends on a chemical analysis, and not on the appreciation of differences in the density of color

A solution containing .005 grm. is injected subcutaneously and the ureters catheterized. Sugar appears in fifteen to thirty minutes in normal cases. The amount of sugar excreted by each kidney is estimated either chemically or by determining the freezing point. The time of first appearance of sugar is also noted, The kidney secreting the urine with less of the reagent is less active than the other. If sugar does not appear within thirty minutes the kidneys are not normal. For these tests the freezing point is extremely useful.

Of course a segregator could be used but in my hands has not been nearly so satisfactory as the catheter method. With the former the results are not so absolutely reliable for in any case there may be a leakage from one side to the other thus mixing the urine, while the examiner fondly thinks he has them separate. I have in several cases attempted to avoid this danger by injecting a few drops of mythal blue sol. through one side of the instrument. As long as the one urine came away stained while the other was unstained I felt satisfied the separation was perfect. My patients have always complained much more of pain when

using the segregator than when catherising the ureters. Perhaps the fault is mine as I have used the segregator less frequently than the catheter and may consequently be more clumsy in its use.

So much for a comparative examination of each kidney. Just a few words on the collective secretive power of both kidneys. Before a severe kidney operation is undertaken especially if a portion or all of one kidney is to be removed it is always advisable to have some idea of the state of balance existing in kidney excretion. By this I mean the determination of the activity of the kidney tissue as a whole. In other words if the kidneys are allowing an accumulation of agents in the blood which should be expelled by way of the urine. This is done by determining the concentration of the blood serum. If the kidney action is below the body requirements the serum will contain more solids in solution than if they were acting efficiently in eliminating all waste products. The concentration of the blood serum is estimated by determining the freezing point of the serum. It has been ascertained that if the freezing point of the serum is 6 deg. below that of distilled water a nephrectomy a very serious operation on account of renal insufficiency, whereas a freezing point higher than this offers a much better prognosis. I have not mentioned the determination of the amount of urea excreted in the twenty-four hours. This is ground so familiar to you all that I do not need to dwell on it.

In conclusion I would like to mention the radiographic diagnosis of stone in kidney or ureter. The expert will demonstrate every stone in the renal apparatus. I say expert advisedly for a person who is not absolutely familiar with X Ray work, will likely miss every stone and demonstrate many where in reality none exist.

OBSTETRICAL EXPERIENCES IN COUNTRY PRACTICE

BY

THOMAS R. PONTON, M.D.

MACGREGOR, MAN.

Mr. President and Gentlemen,

It is not my purpose in the course of this paper to attempt to add anything of scientific interest to the study of midwifery, but to report a few cases which illustrate the difficulties with which one meets in country practice. In addition one or two cases are reported which might be met with in city work, but which have been of extreme interest to me. I shall not follow any classification in reporting these, but shall take the most interesting, from the standpoint of this paper, chiefly in their order of occurrence.

First is a case of Placenta Previa which occurred March 2, 1901. I was called at 5 a.m. to a patient whom I was told was flooding freely. On my arrival I found everybody rattled, an old woman in charge, and a pail on the floor, half full of blood which I was told the patient had lost whilst passing water. Flooding had stopped. Patient was almost unconscious, pulse 84, weak and thready. Pains were at long intervals and weak. A hurried examination showed complete Placenta Previa. After preparing to act quickly in case of further loss, I loosened the anterior edge of the placenta and made out a head presentation. Pains, and condition of patient improved. At 7.30 pains began to lessen and pulse got weaker. Gave Strychnia 1-120 and injected Normal Solution salt, 300 cc. and under Ether delivered the child by forceps. I had no proper appliance for injecting the salt solution, so attached a long tube to the bottle of my Potains aspirator, and inverted it, allowing the solution to run by gravity. As the placenta could not be expelled in an hour I delivered manually, finding a long narrow afterbirth attached well up on the posterior wall, of the uterus, with the edge which I had loosened from the

cervix lying at the os. Injected 20 minims Ergot. At 12 noon P. and T. normal, R. 24, sleeping most of the time. After the delivery of the placenta the patient was very weak and indulged in fainting attacks. Although I feared Septicemia, owing to the necessary lack of asepsis, I did not consider it safe to attempt an intrauterine douche, but deferred this to next day, when I used Permanganate. On the second day after this a slight septicemia developed, but was easily controlled and the patient made a good recovery. For years she was very anaemic. I heard from her last fall when she was well and strong.

One of the most difficult cases I ever handled occurred a few months after this. This patient was a primipara age 37, and had been a school teacher for years. During her pregnancy I could not persuade her to take any exercise. She spent most of her time when awake hunched up in a sleepy hollow chair. Whether this caused a cross position of the fœtus or not, I cannot say, but think it did. At all events when I was called I found an undilated cervix, with the membranes torn and an arm presented to the shoulder. I could not turn to get either head or breech presenting by external manipulation, so dilated the os manually and felt for a leg. It happened to be the anterior one which I found and I had no further difficulty in delivering the body. The head was very large and was delivered with considerable trouble. The child was dead. In this case I had a very efficient nurse, so was able to take precaution against sepsis, and the patient made a good recovery.

The two cases well illustrate the difference in result where one has, and has not proper assistance. In the first there was not nearly as much manipulation as in the second. The first patient was not much more exhausted than the second. The nursing was better in the second, but I do not think the nurse was directly responsible for the infection in the first.

Whilst speaking of nursing let me tell you of a case which occurred in 1903. The husband called me and went to hunt for a woman to be with his wife. On my arrival I got no answer at the door, so walked in and found my patient alone and practically insane for the time. She seemed to think that clothing was a burden and would not keep even a night dress on. After spending some time trying to persuade her I gave it up and having as-

sured myself that the birth was proceeding satisfactorily I sat down and waited. The child was born in one of the rare intervals when she could be persuaded to lie down. When the husband arrived about an hour later, I had his wife resting quietly and the baby washed and dressed. This patient fortunately did not remember anything of what occurred from the time of my arrival till after her baby was born, and I did not remind her.

I do not think I shall ever forget the first time I had to wash and dress a baby. The washing was easy but the dressing was hair raising. After much manipulation I succeeded in getting on all the clothes that were given me. Whether they were on right or not is a question I never asked, and the mother was so grateful for not having to do it herself, as she had had to do in a previous labor, that she did not criticize.

The most interesting case I ever attended occurred in 1905. In the November previous, this patient who is a large heavy woman was thrown from a buggy and fractured the descending ramus of the pubis bone. I had her in bed for six weeks with this and got perfect union. Early in 1905 she told me she was pregnant and asked if the fracture would affect her in any way. On examination I found the pelvis unaffected, except for a slight callus, so assurred her she need have no fears on that account. She had seven children and except for a retained placenta in one birth all the labors had been normal She was confined October 16. Labor was entirely normal, and immediate recovery uneventful. On Nov. 13, nearly a month later, I was called in a hurry, and found her in convulsions which were undoubtedly uremic. Drs. Chown and Lundy in consultation, both confirmed this diagnosis, although none of the three of us were able to get a trace of albumen by the ordinary tests. Dr. Bell reported a slight trace by Esbach's test and I afterwards found albumen by the same test. I gave Chloroform during the convulsions and administered purgatives, giving 4 drops croton oil and 2 drachms Pulv. Jalap Co. in about 4 hours, without result. I got her into as near an approach to a hot pack as could be done without assistance and induced fairly free perspiration. After the convulsions had been going on over twelve hours I decided to abandon the eliminative treatment, and gave morphia freely. This controlled the convulsions whilst the effect lasted, and after an enema

the bowels moved freely. As the opiate had such good effect I started giving Chloral by the mouth and kept her under its influence for two days. It was necessary to give 140 grains in the first 24 hours. For several days after she had been allowed to regain consciousness I gave her an occasional dose. All the time, she was freely purged and sweated. After the 4th day there was nothing unusual in the case. For the first 26 hours I never left this patient's bedside. I was then relieved by a trained nurse.

I had what I believe to have been a case of placenta succenturiata last summer. The history is as follows. Farmer's wife, age 37, first child, low forceps operation, placenta delivered by expression. It and the membranes were examined. They were entire and appeared as usual. There was a fairly deep laceration of the cervix. She developed a Phlegmasia of the right leg, but otherwise did well until the 20th day, when she had a sharp hemorrhage. There were several of these on the 21st day, and on the 22nd at my request, Dr. Lundy came up to help me repair the tear, as I could locate no other cause for the hemorrhage. Up to this morning there had been no elevation of temperature and neither the nurse, who was an experienced trained nurse, nor myself, had been able to detect any odor to the discharge. On this morning, when I arrived, the nurse reported some odor, and Dr. Lundy in examining the patient under Chloroform, found a round placental mass lying loose just inside the os. This was removed and the laceration repaired. The patient did well for five days when an embolus loosened from the leg, and the patient died in an hour. This is the only case of confinement in which I have lost the mother.

As we have more hardships so we have undoubtedly less trouble in labor, in country life than is found in the city. One patient of mine illustrates this well. I attended her first in her third labor. The first two children had been born in England, and in spite of two doctors and two nurses she nearly lost her life both times. I was called to attend her in a log house on a bitterly cold night. The husband did not know that a log house had to be plastered for winter, and thought that green poplar was good enough to heat the house. My first care was to hang up quilts around the bed, to keep off the wind and snow which was blowing in. I sat with my coat buttoned up and between pains went out to the

stove to try to get the chill out of my hands. The baby was born without assistance. I tied the cord by feel. After the placenta was delivered I cleaned up the bed in the same way. I consider, Mr. President, that in that case I attained the highest point possible in the art of not exposing my patient. There was not an inch of her body uncovered at any time. On the tenth day, I found her sitting by the stove, bathing the baby, in a room in which I shivered in a fur coat, and could see my breath when standing by the stove. Again I attended her, two winters later under conditions almost as unfavorable. In both cases all the nursing she got was what one of the neighbors could give her, in the time she could spare from her own work, and in neither case was there a sign of a complication. These people are neither poor nor mean. They just didn't know how.

Another of the hardships of country life is illustrated in the case of a woman whom I have confined 8 times in 10 years. The house is small and dirty. I generally find a collection of what looks like floor cloth in the bed to keep the valuable straw tick clean. Strange to say this woman has never had any septic trouble. During one confinement, I heard a noise above my head, and on looking up saw a child's head sticking over the side of a box, hung from the ceiling. I asked the father to remove the obstruction which he did, by unhooking the box and taking box and all into the other room. I noticed two or three more boxes, and had them all removed to prevent further interruptions. Each contained a young farmer. They were put up there to economize space and to keep warm.

One of my patients goes in for septicemia every time she is confined in her own home. The first attack occurred about 8 years ago, when she is said to have Erysipelas. I attended her in her next. She had told me of the former trouble, so I warned her to have new bedding, etc. In spite of this she had a chill and foul lochia on the 4th day after an easy labor in which I took unusual precautions. An intrauterine douche sweetened the lochia and brought the temperature to normal. In two days she had another chill. I was convinced that something in the room was causing infection, so sent her to Portage Hospital, where she made a prompt recovery. Her next labor occurred at another house and was normal. Her next was in her own home but another room

Again there was septicemia and with prompt recovery on removal. Her last occurred at Portage and was normal. I think I am right in blaming the house.

I have seen two monsters. Both were acephalous. In both labor was difficult and recovery uneventful.

A very serious case occurred in March 06, when I was called to see a patient with Typhoid-Pneumonia. She was 6 months pregnant and aborted on the 7th day of the Pneumonia. Temperature was normal on the 23rd day of the disease and further recovery without mishap. In this case I had no nurse except the patient's mother who, fortunately, had not time to give her too much care. I confined her 11 months later.

One of the greatest difficulties with which the country practitioner has to deal is lack of nursing. I find repeatedly patients who have no nurse at all. If it is in the slack season of the year the husband very often does it all, just getting a neighbor in for the labor itself. At other times you will find a neighbor, who is already overburdened with her own work driving or often walking half a mile to a mile to take care of a woman who cannot afford a nurse. Her reward is generally only the consciousness of having done a neighborly act of kindness. The abuse of this same neighborliness is one of the most provoking things with which we have to deal. Only last week I was sent for in a hurry on the evening of the third day to see a patient who had had an easy labor. When I got there I found that the husband had been compelled to leave his wife alone for part of the afternoon. A neighbor, who herself expects to be confined shortly, brought her sewing to sit by my patient. Imagine the effect of a talkative woman, a sewing machine and a cook stove on a hot day, in one room with a mother and a three days old baby. Shortly after my arrival two other neighbors came to offer their assistance.

But if we have poor nursing facilities we have, I think, physically, a better class of patients to deal with. It is rare for us to have hemorrhage during or after delivery I have confined women who scarcely soiled the bed. I attribute this to the greater muscular development of our patients. They, as a rule, have little or no assistance in their work during pregnancy. The reason for this is either lack of available help or lack of money with which to pay. As a result, our patients, when they come to

confinement, are muscular and healthy. I had a striking illustration of this effect of work and exercise, in the case of a little English woman, whom I attended in her first labor about 6 years ago. She consulted me when about 2 months pregnant, told me she was away from all her friends, and knew nothing of what was ahead of her. I advised her to lead her ordinary life, take lots of outdoor exercise and not get scared. That she followed my advice to the letter was proved to me one day later, when on passing this farm, I saw her in the field following her husband who was plowing. She said she did it every afternoon, after her work was done, to keep from getting lonesome. One night she was wakened at 12 o'clock. Her baby was born at 12.45, placenta in 20 minutes and not even a scratch. She has had three children since, all almost as easy as the first.

But I sometimes think we have more septicemia than is found in city work. Whether this is so or not I cannot say. I often wonder that we do not have more. We find in some cases, dirty, crowded shanties; often a lack of water; and quite frequently a lot of dirty clothes in the bed to save washing. In my experience I have seen about 8 cases of blood poisoning. There is only one—the Placenta Previa case already mentioned—in which lack of asepsis on my part was the cause. All recovered, without any treatment except the intrauterine douche.

Last winter I attended a case of Pyosalpinx complicating pregnancy. The patient consulted me during the previous summer, complaining of considerable pain in the right ovarian region On repeated examination I could not make out anything definite beyond a pregnant uterus. I advised a little care against over exertion and watched events. On Oct. 2 she was confined without any difficulty. I did not make any examination at this time as the baby was born about ten minutes after my arrival. She made a good recovery, and was sitting up on the 10th day. On the 12th day the husband came in and reported that the pain in the side was worse than ever. He did not want me to go out if it could be avoided, so I gave him a sedative. On the 14th day he consented to my going out, when I made a diagnosis of Pyosalpinx, and insisted on her going to the hospital first train. At operation my diagnosis was confirmed and she made a good recovery.

In conclusion, Mr. President, permit me to report a case which is of no interest in itself, but which explains why we sometimes send cases to the Hospital. Last New Year's Eve I was called to see a patient 17 miles out. It had been storming two days and I had to break the roads both going and coming. I was twelve hours making the trip in the blizzard. When I got to my patient I found a woman who had been confined by a midwife, and had blood poisoning. The room was so cold I did not dare even give an intra-uterine douche. A train left the village in which she lived in a few hours and on this I sent my patient to a hospital. She recovered in a very short time. The nurse in charge at the Hospital, speaking to the people who accompanied this woman criticized me severely for sending this case in and as a result I am in bad odor with that family. I merely mention this case so that you gentlemen from the city may realize that we do not send you our disagreeable cases from the country, just to get rid of them. We are often compelled to send them because we cannot properly care for them in their own homes. In fact, if you except major surgical, operations, I think that is the real reason for sending away 99 per cent. of cases.

CLINICAL MEMORANDA

A Case of Pernicious Anaemia

A Canadian, aged 49, a widower, travelling grain buyer, had been a miller and used to heavy lifting for years. Normal weight 195 lbs., never used tobacco at all, nor liquor to any extent. Family history negative, except that a brother died, aged 45, having hæmiplagia. Mother has goitre. Has always been well except for an enlargement of the Thyroid gland on the right side which developed rapidly when he was 30 years of age and has not changed since. Has always been fastidious in his appetite and inclined to be dyspeptic. Was treated for acute indigestion for a few days 18 years ago.

About three years ago was taken with a severe pain in the centre of his back on over-exertion and fell to the floor. Has been thought to have looked pale ever since that date. Came 30 months ago, complaining of increasing weakness and pain in the back of the head and in the centre of the back in the lumbar region, increased by exertion, marked loss of appetite and looseness of the bowels with gaseous distention. Had numbness of the feet, saying the ribs in his stocking felt like hard cords. His pulse was 120, had a systolic murmur heard in the mitral and pulmonary areas, not propagated to the left, a bounding excited action of the heart and epigastric pulsation.

Urine albumicine, S. G. 1022, 40 ounces in 24 hours, was treated with diuretics and heart tonics for a month during which time he got gradually weaker and more pallid.

A blood examination June 15th, 1907, showed red blood cells 2,240.00 Haemoglobin 90 per cent. Poikitocytosis Normoblasts and Megaloblasts present. Gave liquor arsenicator in doses increasing to 15 drops in a full glass of water after meals with marked and rapid improvement in every particular so that in October 1907, he went to work again, having the appearance of perfect health. Blood examination Jan. 15th, 1908.

Red blood cells 3,800,000, Haemoglobin 92 per cent. no Normoblasts nor Megaloblasts.

With onset of warm weather in 1908 there was a return of all unfavorable symptoms, rapidly increasing weakness, extreme emaciation, lemon colored skin, profound anaemia, vomiting, diarrhoea, pain in stomach, dizziness, floating bodies in eyes, swelling of extremities, oedema of skin on the forehead, a troublesome oozing of blood from the gums and a pronounced nose bleed. Pulse 120. Temperature 99 to 102. At the time had a moderate enlargement of the liver and a marked enlargement of the spleen, made more apparent by the extreme emaciation. Weight 150 lbs.

July 9th, 1908, Normoblasts and Megaloblasts present. He could take no arsenic and was given a bitter tonic before meals with acid muriat. lib. gtts VI and intestinal antiseptics after each meal.

Bismuth sub gallate gr x with lactopeptine gr V and zinc Sulphocarbolate gr''. Afterward changed to thymol gr x in capsule. The colon was washed out once a day with normal salt solution. The diet consisted largely of vegetable and vegetable soups with milk and to the exclusion of meats. Was kept quiet in bed and with marked and rapid improvement in every particular. Enormous appetite and disappearance of fever which was directly proportional to the intensity of gastro-intestinal symptoms. Jan. 14, 1909. Red cells 3,600,000, Haemoglobin 80 per cent. slight irregularity in cells.

Given more liberty of motion and broader diet. HCl. before meals and thymol after meals continued until present, with no arsenic for six months. He now weighs 215 lbs., looks perfectly healthy, is normal in all respects, except his pulse is 90 or more, and he is short of breath, has slight cough on exertion, urine normal, no heart murmur.

Interesting Features.

1—The evidence that it has been a gastro intestinal infection, viz.:

(a) He reached his lowest condition twice during the warmest weather and made the most marked improvement in cold weather.

(b) The rise of temperature, poverty of blood and all the other unfavorable symptoms were concomitant with the diarrhoea and vomiting.

(c) The treatment which has resulted in the most marked and (as yet) permanent results has consisted of HCl. and bitter tonics, intestinal antiseptics and lavage of the colon, liquid and vegetable diets.

2—The enlarged liver and spleen which is doubtless due to an abnormal haemobylis, the spleen being the grave-yard of the red blood cells.

F. Parker Weber says (International Clinic Vol. 10. 14th series) "Why a haemolytic splenomegaly of this kind should not occur in every case of pernicious anaemia is not at all clear."

EDITORIAL

In a report regarding the Saskatchewan Annual Meeting recently held at Saskatoon, the *Phoenix* makes the following statement in referring to the question of Western Registration—"It (Western Registration) would be a partial registration and would incline to cause a monopoly in education in the Western half of the Dominion; for instance, it would give graduates in Manitoba an advantage over those of the Eastern institutions—something which a few of the delegates, it is understood, are inclined to favour." This is an erroneous idea as the proposed Western Licensing Board for granting license to practise in the four Western Provinces would demand a certain standard curriculum for the examination to which all would have to submit who desired to have the right to practise in any of the four Western Provinces,—even the Manitoba graduates,—the latter would have the privilege of practising in Manitoba without taking the western examination, owing to the Manitoba College of Physicians and Surgeons in the early days transferring to the University (apparently without thought of after-consequences) the right to examine and allowing the M.D. (Man.) to be sufficient qualification for registration. Dominion Registration is the ideal, but it cannot be denied that it is only since this Western movement for Western Registration and Federation has grown so strong and everything points that if Dominion Registration is not soon accomplished WESTERN will certainly be—that Ontario which had the monopoly (with Montreal and Halifax) of medical education has declared in its favor. We would greatly rejoice to hear all provinces were like minded so that at one bound we had Dominion Registration. But one of the strongest forces to obtain this ideal is the determined attitude of Western men to have at least Western Registration and then probably "To him that hath, shall be added."

The delegates from the different provinces in the West are to meet this month in B.C. (Drs. Kennedy and Brett, of Alberta; Drs. Paterson and Milroy, of Manitoba; and probably Dr. Thomson, of Saskatchewan), for the discussion of Western

Registration. The other matter of great interest to the Western men is the formation of a Western Association such as the Maritime Provinces have and for about the same reason as that association was formed. This proposal so far has met with great favour and last year as a result of a motion brought up at the Winnipeg Medical Association Meeting the Manitoba Provincial Medical Association was formed as a means to that end; as reciprocity has still a few opponents so has the Western Association. Many of these opposers can give no better reason for their attitude than those generally given forth by rabid provincialists, and those who oppose it as supporters of the Dominion Association argue that such an Association may cause division and prevent the nationalization of the profession. They seem confused as to the whole matter or is it "There are none so blind as those who winna see."

Those who take a large and comprehensive view of the interest and welfare of their Empire see nothing incompatible or antagonistic in the growth of local sentiment, local traditions, local aspirations and local patriotism. Part of the strength of any country is attributable to its strong passionate, local patriotism and its sense of common responsibilities, common duties and common freedom. The streams of local patriotism are tributaries which reach into and feed the ocean of Imperial sentiment and unity. This was the opinion of Mr. Asquith voiced the other day at the great Welsh Eistoddfod and applies equally to the question of our Dominion Association being strengthened instead of weakened by divisional and local associations. In the British Medical Association there are local associations and divisional ones, as, Eastern Counties Association, etc. *Healthy* local sentiment has nothing in common with what is known as "Provincialism." The one leads to progress; the other means stagnation and graft. The one is willing to sacrifice small interests for the good of the whole; the other ignores the welfare of the majority in order to benefit the interests of the few in power. Elsewhere we tell how Japan is tending towards nationalization of the profession and also quote Professor Osler's remarks some years ago on this provincial blocking of medical progress. This progressive move for greater unity is opposed by members who feel if barriers are put around their province hard

and fast, *they* are safe. What a limited outlook they must have! Surely men who fear the competition of a fair and open field are not long safe anywhere. There is *no strong* opposition to either Western Registration or a Western Association. The latter would greatly facilitate despatch of business and more business being done at the Dominion meetings by the Western Association meeting prior to the Dominion and the delegates from the local associations fully discussing among themselves matters to be brought up and finally passed on at the Annual Dominion meeting. The provincialists *cannot prevent this Western and Dominion Unity.* They can only by ways so well known retard it.

The following appeared as an editorial in the Saskatoon "Phoenix", July 8th 1909:

"Two questions of particular interest to the medical men and of general interest to the public are being considered by the members of the association in Saskatoon, viz.:that of registration which shall be valid in all four provinces of Western Canada and that of the establishment of a medical school in Saskatchewan. On both of these questions the public would give a sympathetic ear and indeed on both they have a right to know what the medicos are saying and are likely to do.

In regard to registration the claim of the provincial control men is that the medical association, like the benchers, should have the say and the right to set the standards. But there is really no analogy between law and medicine in such matters for the reason that the laws of each province are separate and distinct and are sure to remain so. But there is no such difference in the science or the practice of medicine, in the different provinces the separation between the different associations being of a purely artificial and restrictive character. If there was a common standard set for these four western provinces and well maintained it would tend to a broadening out of the men and the spreading of ideas and a freer movement of good men in the provinces. This, of course, would not please the rectrictionists but it would be the best thing.

It is good to note today that in Ontario the medical men are

calling for Dominion registration in no uncertain tones. They are taking the broad gauge view.

There is a tendency on the part of some medical men to be restrictive, secretive, narrow and petty. Such are the men who fear public discussion, the presence of the press in their conventions, although it is quite plain that headway and reform depend on the general dissemination of right ideas and true knowledge on matters of sanitation, tuberculosis, etc., if the war being waged is to be a victorious one. It is the practice in Ontario to admit the press to all provincial gatherings of medical men and only good results from the practice. Questions of medical ethics and the nightmare of advertising are mostly amusing to the public, but in fact they do not bulk largely except on rare occasions.

On one other question the medical men may be justified in avoiding anything in the way of an agitation, viz.: that of a medical school in this province. It is doubtful if Saskatchewan is ripe for a medical school. It is certain one could be carried on either at Regina or Saskatoon if the profession in either of those cities are willing to make the needed sacrifices. But after all is it desirable to start a school in either city before conditions are favorable to making it worthy of the province and equal to this high task. It is also certain that the provincial university will sooner or later put a medical school under way. It is equally certain that the university will retain the degree conferring power. It is difficult then to see how a body of men desiring the highest good of their profession could countenance any movement which would in the very nature of things tend to division and the production of additions to the profession produced in an environment which was unequal and limited."

EXTRACT

From Dr. Osler's address at Montreal, some years ago: 'That a young man, a graduate of Toronto, and a registered practitioner in Ontario, cannot practise in the province of Quebec, his own country, without submitting to various penalties of mind and pocket, or that a graduate from Montreal and a registered practitioner of this province, cannot go to Manitoba, his own country again, and take up his life's work without additional payments and penalties, etc., is, I maintain, an outrage: it is provincialism run riot. That this pestiferous condition should exist throughout the various provinces of this great Dominion and so many States of the Union, illustrates the tyranny of democracy and how great enslavers of liberty its chief proclaimers may be."

At the last meeting of the Socialist Medical League, Dr. Salter, L.C.C., Chairman, said that the medical profession along with every section of society was moving in the direction of collectivism; the special knowledge and training of the medical profession could be enlisted to shape the movement on scientific lines. In Japan, the manufacture and supply of drugs for medical purposes had been undertaken by the State and a government Commission was sitting at the present time in Tokio to discuss the advisability of the medical profession being nationalized. The main feature had been the extraordinary anomaly that while the fever raged the doctor flourished but when the country had a clean bill of health, the doctor starved. Dr. Robb, of Bourneville, said the doctor was not paid to prevent disease, whilst preventive medicine under State control had markedly advanced, it was only by a complete development of the national system that the ideal could be attained. By the nationalization of the medical profession, hospital abuse would cease. Dr. Burton said that nationalization would be brought about not by medical men but by people through an economic revolution. Dr. Rose said the leader of the future would be the medical men.... Surgeon General Evatt said, if every medical man in the country was a sanitary officer paid to prevent disease, the slums and all their attendant evils would be got rid of.—From B. M. J., June 26.

CORRESPONDENCE

We do not hold ourselves responsible for the opinions of our Correspondents—Editor.

Nokomis, Sask., June 22nd, 1909.

To the Editor of the Western Canada Medical Journal.

Sir:—In the correspondence pages of your popular journal of May issue I find a letter which concerns me personally, and the reputation of the hospital under my supervision.

The remarks in the afore mentioned article are so mis-leading and void of truth I feel quite justified in repudiating the same for the benefit of the Medical profession in the vicinity, the general public in Nokomis and the towns surrounding.

I might state that the hospital is a private undertaking and is not the result of public subscriptions. While visiting Nokomis last year I was approached by members of the Franklin Realty & Trading Co., with the request that I would consider the advisability of establishing a hospital in the town, at the same time offering as an inducement a free building site and excavation. The foundation or cellar wall for the building was given by some of the people of the town. There was no other subscription made for the building or support of the hospital, nor was there any agreement drawn up for a public hospital or public ward. We did offer to allow any of the church societies or secret orders to support one or more beds in one of the wards, which has never been done.

In one part of his letter your correspondent refers to a case where a clergyman was asked to pay the expenses of a certain patient. While speaking of this case I wish to say that the clergyman brought the patient to the hospital and offered to pay $15 for the first week and be responsible for the balance. As he was called away to another appointment it was turned over to the town Council who paid $30 for four weeks care including drug account. At other times we have cared for patients for from two to ten weeks without any remuneration.

Owing to a defect in the installing of our heating plant we were unable to properly heat our building last winter which compelled us to close it during the winter months. We had completed the packing of the entire contents of the hospital, including the operating room and Dr. Sandwith was fully aware of the condition when he sent the appendicitis patient referred to here and I most emphatically deny that we "held up" any person for the sum of $50 per week. I explained to the Doctor that it would be impossible to take the case even though they paid me $50 per week as we could not heat the house enough for safety, much less for operations, also our tickets were purchased for Chicago and trunks packed. Dr. Phillips, of Punnichy, I think would be willing to give his version of the case.

With reference to my standing as a superintendent or nurse, I might state that I hold credentials from Robt T. Morris, Charles B. Kelsey, Alexander Hugh Ferguson, Archibald Church and many others who are too well known to the medical profession to need any comments and my books are open to the medical men—of good standing—for inspection.

We do not wish it to be understood that we have run a "high priced hospital" as your correspondent would lead you to suppose. The particular patient referred to in the tent who was charged $40 a week was not left alone a second, day or night, was kept in house tent as building was not at that time completed. To be frank, I know of no other place he could have been cared for at that price.

This is the first time in twenty years I have been obliged to make any statement in my own behalf as to my qualifications as a nurse and I trust that the medical men in the vicinity of Nokomis will thoroughly investigate the case for themselves and form their own opinion as to the justice of the article in the May issue dealing with the Nokomis Hospital. I should not have replied under any circumstances except for the editorial, page 216, viz.: "If any statement is wrong we shall be glad to hear." I do not propose taking up space in any future number of your journal but am willing to allow time, the profession and the public to judge in the matter and determine the true facts in the case.

Yours respectfully,

LAURA C. BUCK.

GENERAL MEDICAL NEWS

SOCIETIES

Moose Jaw District Medical Association Organized

At a meeting of medical practitioners of the Moose Jaw District, Sask., a medical association to be known as the Moose Jaw District Medical Association, was formed. The meetings will be held the 2nd Wednesday of each month at different points in the District. The July meeting will be held at Moose Jaw (July 14th) and the August meeting at Weyburn. The District will include the Soo Line, the line running North to Outlook and East and West on the main line. The following were elected officers of the new organization:

President, Dr. Radcliffe, of Moose Jaw; Vice President, Dr. Smith, of Weyburn; Sec. Treas., Dr. Geo. Bawden, of Moose Jaw. Executive: Dr. McLean, of Lang; Dr. Drinnan, of Outlook; Dr. Wardell, of Moose Jaw.

The first election of the College of Physicians and Surgeons of Saskatchewan took place June 16 and resulted as follows:

Drs. Stanley Miller, (Battleford); A. M. G. Young, (Saskatoon); J. T. Irvin, (Yorton); A. E. Kelly, (Swift Curent); W. A. Thomson, (Regina); H. Eaglesham, (Weyburn); A. W. Argue, (Grenfell).

Manitoba Provincial Association Annual Meeting

The Manitoba Provincial Association annual meeting took place at Brandon, June 22nd and 23rd. Dr. J. R. Jones, the President, opened the session by an address at the City Hall. The first paper was read by Dr. Chestnut on "The Physician's Duty in Tuberculosis" followed by one by Dr. Stewart, Medical Superintendent of the Manitoba Provincial Sanatorium, on "The Sanatorium," pointing out its importance to the community. Dr. Keele, of Portage la Prairie, read a very interesting paper on "The Present Status in the Treatment of Acute and Chronic Otitis Media." Dr. Raymond Brown closed the morning session by reading a paper on "Headaches."

The afternoon session opened promptly at 2 p.m. Dr. Jones giving a paper full of thought and suggestion. This was followed by a paper on the latter day practice of "Neurology" by Dr. Riggs, of St. Paul, Minnesota, who had been specially invited by the Association. Dr. R. D. Fletcher read a paper "The present Status in the Treatment of Urethral Discharges," and Dr. J. E. Lehmann a paper, "More Recent Methods in diagnosing Surgical Kidney Lesions." This session ended with a paper by Dr. Chown, on "When to Operate in Appendicitis." This paper was freely discussed, Dr. Brown taking exception to the statement that Leucocytosis was any good as a guide.

Wednesday—The morning session started promptly. This was the business meeting. Nothing of importance was brought up, so the election of officers was preceeded with, as follows:

President—Dr. Harvey Smith, Winnipeg.

1st Vice Pres.—Dr. Hicks, Griswold.

2nd Vice Pres.—Dr. Matheson, Brandon.

Secretary—Dr. Halpenny, Winnipeg.

Treasurer—Dr. Rorke, Winnipeg.

Executive—Dr. Wright, Oak Lake; Dr. Keele, Portage la Prairie; Dr. Speechby, Pilot mound; Dr. Harrington, Dauphin.

Auditors—Drs. Blanchard and Moody, Winnipeg.

The place of meeting for 1910 is to be Winnipeg. At the next session Dr. Ponton, MacGregor, read a very interesting paper on "Obstetrical Complications in the Farm House."

Dr. Cowan, (Portage la Prairie) "An Unusual Obstetrical Case," followed by a paper by Dr. A. J. Burridge, (Winnipeg), "On Abdominal Palpitation for Diagnosis in Pregnancy." This was followed by "Religion as a Psycho-Therapeutic Agent," by Dr. Rorke, of Winnipeg. This interesting paper was discussed by Dr. Riggs.

The next paper was on "The Relation between Skin and Sytemic Diseases," by Dr. Hughes, (Winnipeg).

Then Drs. Harvey Smith, Latimer, Brandson and Lafferty, brought in the following recommendations on Dr. Jones' address 'That the following members: Drs. Chown, Douglas, Thornton, Halpenny, Brandson and Hughes, present the following resolutions to the Provincial Government:

"This Association endorses the recommendations and plan of campaign of The Winnipeg Antitubercular Association and would urge an aggressive extension of this campaign throughout the Province. That an effort be made to impress on Government the economical and humanitarian grounds of supporting financially and otherwise the extension of this important movement.

That the conditions and system under which vital statistics are collected, compiled and made available for medical, legal and other purposes, should be investigated and passed upon with the necessary recommendations to the Government by the Provincial Board of Health.

That the Government be urged to appoint a duly qualified medical practitioner as inspector of all hospitals and charities receiving government or municipal aid.

That this Association is in favor of and will support the following scheme of registration, viz.: That the four Western provinces, Manitoba, Saskatchewan, Alberta and British Columbia, shall join together and form a federation that shall have power and authority through a federated Board to provide and regulate the conditions which any person wishing to register, in any of the provinces must comply with before being entitled to register, and that early steps be taken by the College of Physicians and Surgeons of Manitoba in conjunction with the College of P. and S. of other provinces concerned to mature this arrangement, and that if B.C. refuses to come in, we endeavor to secure affiliation between Manitoba, Saskatchewan and Alberta."

In the afternoon Dr. Galloway gave a demonstration of a congenital dislocation of the hip and read a paper on "Observations on the Treatment of certain Paralytic Deformities, with special reference to Arthrodesis." Then Dr. Lafferty, of Calgary, read an interesting paper on "Public Health," showing the necessity of greater power being given to our medical officers of Health. Dr. Todd, (Winnipeg), read a paper on a "Myoma of the Uterus and one of the Vagina." Dr. H. Smith, (Winnipeg), then gave a paper on the "Tonsils and their Treatment." Dr. Webster, (Winnipeg), closed the session by a paper on "Ethyl Chloride Anaesthesia with a resume of cases."

VITAL STATISTICS

The infectious diseases of Winnipeg for June show only one case of typhoid but there has been an epidemic of measles.

		Deaths.
Typhoid	1	0
Scarlet Fever	24	2
Diphtheria	8	1
Measles	73	1
Tuberculosis	32	7
Mumps	4	.
Erysipelas	2	.
Whooping Cough	3	.
Chickenpox	10	.
	157	11

Births 313, (160 males and 153 females).
Deaths, 125, (69 males and 56 females.)
Marriages, 246.

MEDICAL NEWS

The following changes have been made in the staff of the Winnipeg General Hospital. The Surgical Department has been divided into two divisions, Dr. R. H. Blanchard to the charge of one and Dr. H. H. Chown, of the other. Dr. Devine was transferred from the consulting staff to the attending medical staff. Dr. McCalman has been transferred to the Maternity Dept., and Dr. A. M. Campbell, from the Maternity Dept. to the outdoor staff Surgical Division. Dr. Davidson, to the outdoor staff Medical Division. Drs. Hiebert and Halpenny, from the outdoor Surgical Department to the General Surgical staff.

The following new appointments were made:

Surgeons on Outdoor Staff—Drs. Brandson, Maclean and Leney.

Surgical Registrar, Dr. R. B. Mitchell; Attending Physician of Outdoor Dept., Dr. C. Hunter; Medical Registrar, Dr. E. L. Pope; Assistant Physicians in the Tubercular Depts., Drs. Vrooman and Young.

Dr. Montizambert and the Hon. Sidney Fisher are coming West this month to go to Prince Rupert to establish a quarantine station.

It has been agreed to provide a site for a hospital on the grounds of the Alberta University and a Board is to be created to co-operate with the City of Strathcona to erect the hospital on the site selected.

Drs. Ferris, Boyd and Galbraith have been appointed a committee to confer with the College of Physicians and Surgeons to take steps to secure co-operation between that body and the University in matters relating to medical education.

June 15th the new hospital in connection with the Columbia Coast Mission at Alert Bay was dedicated by the Bishop of Columbia. This is the third that has been erected. The others are at Rock Bay and Van Anda. It differs from these in having two Indian wards, for men and women.

$150,000 is to be expended on the hospital which the Grey Nuns are erecting at Regina.

The Army Council has recently decided that sanitation shall in future form one of the subjects for examination for promotion for Junior regimental officers.

The first institution of Free Dentistry for poor children at the National Schools, Berlin, has been opened. The treatment for the very poor will be gratis, parents whose means permit will be asked to pay a small amount.

Dr. Halpenny ,of Winnipeg, who is attending the International Medical Conference at Budapest, is to read a paper on "Typhoid Spine."

The following have announced their intention of being present at the British Society meeting at Winnipeg:

Dr. L. S. Amery, London; Colonel R. T. Caldwell, Cambridge; Herman L. Fairchild, professor of Geology, Rochester University; Dr. G. Foster, F.R.S. late Principal of University College, London; Professor Gruenbaum, University of Leeds; D. F. W. Hewitt, London Anaesthetist to H. M. the King; Professor Johnson, McGill University; Lt. General J. W. Laurie, D.C.L.,

London; Professor Macallum, of Toronto; Professor E. H. Moore, University of Chicago; Professor Nichols, Columbia University; Professor Nichols, Cornell University and Dr. Alfred Springer, Cincinnati.

PERSONALS

Drs. Paterson and Milroy have gone on a tour through the West as delegates from Manitoba to confer with the other provinces regarding Interprovincial Registration.

Dr. Douglas, of Moose Jaw, has been visiting Winnipeg.

Drs. Spankie and McColl are to be the representatives of the Ontario Medical Council to confer with the Manitoba Council regarding reciprocity during the meeting of the Canadian Medical Council at Winnipeg.

Dr. Carscallen, of Winnipeg, has returned from the south,

Drs. Armstrong and Rose, of Gladstone, Man., have entered into partnership.

Dr. Proctor, of Vermillion, has given up his practice and returned to Manitoba.

Dr. R. C. Boyle, of Vancouver, has returned from his trip to New York.

Dr. F. L. Schaffner, M.P., of Boissevain, Man., and Mrs. Schaffner, are visiting Vancouver, Victoria and Seattle.

Dr. J. E. Spankie, who has practised at Greenwood for 10 years, has settled in Vancouver.

Dr. and Mrs. E. T. Jessop, of Tugaske, Sask., have been visiting Winnipeg.

Dr. Tory has gone to the Old Country in connection with the work of University organization.

Dr. J. A. McDonald, has resigned as provincial member of the Board of Health, Man.

Dr. S. Dunn, of Gimli, Man., has been appointed coroner.

Dr. Henry Edmison, of Brandon, has been apoin. o the provincial Board of Health.

Dr. Farrell, of Kenora, Ont., has taken over the practice of Dr. Kennedy, of Holden, Alta.

Mayor Hall, of Vancouver, who has been suffering from erysipelas, is progressing favorably.

Dr. Hamish McIntosh, late general superintendent of the Vancouver General Hospital, has gone East for three months. He will take post graduate courses in Chicago and New York, paying special attention to X Ray work.

Dr. and Mrs. T. H. Priest, of Grenfell, Sask., are visiting the Coast cities.

Dr. E. A. Wallace, assistant medical officer of Royal Jubilee Hospital, Vancouver, has been succeeded by Dr. Norman J. Paul.

Dr. G. A. Kennedy, who was elected a member of the Senate of the University of Alberta, has sent in his resignation.

Dr. Bawden, of Moose Jaw, has been visiting Winnipeg.

Dr. and Mrs. Murdoff, of Winnipeg, have returned from their visit to the Coast.

Dr. Grant, of Dawson, Y.T., has returned from his vacation in the East.

The Hon. Dr. Young, Provincial Secretary, has gone to Atlin, B.C.

BORN

BEER—The wife of Dr. E. A. Beer, of Brandon, a daughter, June 22nd.

WATSON—The wife of Dr. Harry Watson, of Winnipeg, a daughter, June 16.

MARRIED

DYER-UNDERHILL—At Vancouver, Dr. Harold Dyer, F.R.C.S., North Vancouver, was married to Miss Muriel Beatrice, daughter of Dr. and Mrs. Underhill, of Vancouver.

CUMMINGS-RAWLINGS—At Montreal, Dr. Alison Cummings, of Vancouver, second son of the Rev. Thos. Cummings, of Stellarton, N.S., was married to Miss Edith Rawlings, of Montreal.

JONES-MCRAE—At Winnipeg, Dr. E. A. Jones, of Winnipeg, was married to Miss Donella McRae, daughter of the late D. A. McRae.

OBITUARY

Prominent Physician Passes Away.

Dr. William R. D. Sutherland, one of Manitoba's most prominent physicians, died suddenly on Sunday evening, June 27th, at his home, 393 River Ave., Winnipeg. Dr. Sutherland had been ailing for about a week, but it was not considered serious. At 5 o'clock on Sunday afternoon he was taken critically ill and died within an hour, of heart disease. He was in his fiftieth year and leaves a widow and seven children.

Dr. Sutherland was a son of the late Senator Sutherland. He was born in Kildonan and received his education at Manitoba College. He went to Toronto University when he was 18 years of age, and graduated in medicine from that institution. He returned to Winnipeg and after four or five years' private practice was appointed surgeon to the Stony Mountain Penitentiary. He also looked after the insane patients who were in the various institutions of the province. He held that position for fifteen years, when he again started private practice in Winnipeg, he having specialized on insanity.

It was 27 years ago that Dr. Sutherland was married to Nellie Richardson, daughter of James H Richardson, of Clover Hill, Toronto. One daughter, Mrs Holt Gurney, lives in Toronto. The other children are at home. He also had six brothers and one sister. R. Ross Sutherland, who has just returned from Victoria, and Angus, are residents of Winnipeg; Hector and James M. are at Summerland; Donald lives at Springfield and Morrison at Kildonan. Mrs. W. R. Black, of Morden is a sister.

Dr. Donald G. Henderson, an honour graduate of McGill, 1858, and one of the oldest medical practitioners in Manitoba, died June 19 at Stonewall. The funeral took place under the auspices of the Masonic Order. Dr. Henderson practised in Winnipeg for some years and was appointed government Medical Officer, at Emerson, 1887. Some years later he moved to Stonewall.

NOTICES

Doctor wanted at once in Western town. Apply Office of Journal for particulars.

Dr. Blanchard is desirous of having a clinical demonstration of unusual cases at the Canadian Medical Association, meeting August 22, 23 and 24, and would be pleased if any medical man in the West would communicate with him if he has such cases.

MEET US

Exhibition Hall,

Canadian Medical Association,

Winnipeg, Canada,

August 23-5,

1909.

NOTICE

ODD-NUMBERED SECTIONS

As already publicly announced, odd numbered sections remaining vacant and undisposed of will become available for homestead entry on the coming into force of the Dominion Lands Act on Sept. 1, next.

As the records of only the even numbered sections have hitherto been kept in the books of the various land agencies in the western provinces and the time having been very limited since the passing of the act within which to transfer the records of all odd numbered sections from the head office at Ottawa to the local offices, it is possible that the transfer of records in some cases may not have been absolutely completed by the 1st September. In any case where the record of any quarter section has not been transferred, application will be accepted but will have to be forwarded to head office to be dealt with.

As it has been found impossible as yet to furnish sub-agencies with copies of the records of the odd numbered sections and in view of the large probable demand for entries, all applicants for entry upon odd numbered sections are strongly advised to make their applications in person at the office of the Dominion Lands Agent and not through a Sub Land Agent. Applications for even numbered sections may be dealt with through the Sub-Land Agent as before if desired.

J. W. GREENWAY,

Commissioner of Dominion Lands,
Winnipeg, August 22, 1908.

Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of Dominion lands in Manitoba, Saskatchewan and Alberta, excepting 8 and 26, not reserved, may be homesteaded by any person who is the sole head of a family, or any male over 18 years of age, to the extent of one-quarter section of 160 acres more or less.

Application for entry must be made in person by the applicant at a Dominion Lands Agency or Sub-Agency for the district in which the land is situate. Entry by proxy, may, however, be made at an Agency on certain conditions by the father, mother, son, daughter, brother or sister of an intending homesteader.

DUTIES:

(1) At least six months' residence upon and cultivation of the land in each year for three years.

(2) A homesteader may, if he so desires, perform the required residence duties by living on farming land owned solely by him, not less than eighty (80) acres in extent, in the vicinity of his homestead. Joint ownership in land will not meet this requirement.

(3) A homesteader intending to perform his residence duties in accordance with the above while living with parents or on farming land owned by himself must notify the Agent for the district of such intention.

Six months' notice in writing must be given to the Commissioner of Dominion Lands at Ottawa, of intention to apply for patent.

W. W. CORY,

Deputy of the Minister of the Interior.

N.B.—Unauthorized publication of this advertisement will not be paid for.

STRUMOUS DISORDERS

with their train of symptoms pointing to faulty or perverted metabolism, demand remedies capable of readjusting normal cell processes. Of these

IODIA

is strongly suggested as the standard tonic-alterative. Clinical experience, extending over many years, has shown that it possesses striking individuality as a reliable means to the end of stimulating cellular functions, promoting the elimination of waste products and re-establishing metabolic activity.

IODIA, therefore, has a well-defined field of application in **Syphilitic, Scrofulous** and **Cutaneous Diseases, Rheumatic** and **Gouty Ailments,** and wherever a reliable altero-reconstructive is required.

BATTLE & CO.
(ESTABLISHED 1876)
LONDON ST. LOUIS PARIS

BLOOD DYSCRASIA

BLOOD DYSCRASIA as a pathological entity is as indefinable as ever. But recent physiological studies have emphasized anew the part played by certain constituents of the blood as protective, restorative and reparative forces. Modern therapeusis, therefore, finds a fundamental utility in the correction of any variation or deficiency of these forces. **Herein lies the special value of ECTHOL**—an eligible preparation of selected *Echinacea Angustifolia* and *Thuja Occidentalis,* presenting in potent form a remedy of uncommon anti-morbific power.

When other remedies of the so-called alterative type fail to exert the slightest effect in the various forms of blood dyscrasia, **ECTHOL** may be depended upon to promptly produce tangible results.

BATTLE & COMPANY
LONDON ST. LOUIS PARIS

Who is the keeper of your reputation?

This is a startling question when its full significance is grasped.

The answer lies in the appended statement, made in the course of a short lecture before a body of medical practitioners:

The reputation of the physician (and, in equal measure, his income) is in the keeping of his pharmaceutical purveyor. Diagnostic skill avails nothing unless it be supported by trustworthy remedial agents.

The man who writes the prescription seldom sees the medicine dispensed. And of physicians who do their own dispensing, how many have the time, the training, the equipment, for assaying and testing their medicaments? **The practitioner must rely upon the skill and honesty of the manufacturing pharmacist.**

It behooves the physician, then, to consider well the source of his supplies. Let him select a house of proved reliability – a house with a reputation to sustain—a house backed by a record of performance—and let him specify the products of that house.

Is ours such a house? Let us see.

Since the establishment of our business (in 1866) we have discovered and introduced to the medical profession a long line of valuable drugs that are recognized as standard medicinal agents in every civilized country. We isolated the active principle of the suprarenal gland, giving adrenalin to the world. We were among the earliest producers of serums and vaccines, as we are now the largest. **We were the pioneers in drug standardization by chemical assay, putting forth the first standardized fluid extract in 1879. We were the first to introduce physiologically tested galenicals. Today our entire line of pharmaceutical and biological preparations (fluid extracts, tinctures, elixirs, solid and powdered extracts, pills, tablets, serums, vaccines) is accurately standardized.**

• • •

SPECIFY OUR PRODUCTS. Then you will know—mark you, KNOW—that the agents which you are prescribing, administering or dispensing are pure, active and of uniform strength.

PARKE, DAVIS & COMPANY

LABORATORIES: Detroit, Mich., U.S.A.; Walkerville, Ont.; Hounslow, Eng.

BRANCHES: New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Minneapolis, U.S.A.; London, Eng.; Montreal, Que.; Sydney, N.S.W.; St. Petersburg, Russia; Bombay, India; Tokio, Japan; Buenos Aires, Argentina.