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Vol. LI. TORONTO, SEPTEMBER, 1917

No. 1

EDITORIAL

CLIFFORD P. SMITH AND CHRISTIAN SCIENCE.

Judge Smith, of Boston, a member of the Committee on Publication of the First Church of Christ, Scientist, has sent the following for publication in *The Canada Lancel*. We gladly do so, and at the same time beg to offer a few remarks by way of an answer to his letter. If what we say may not be wholly agreeable it is the fault of Mrs. Eddy and other writers on the subject of Christian Science. Can anything too severe be said of one who would thus write of herself as Mrs. Eddy did? On page 446, at line 5, we are told that "A thorough perusal of the author's publications heals sickness." We would expect that Judge Smith is too much of a scholar and a gentleman to defend this.

"To the Editor of *The Canada Lancel* :

"Since it is impossible for a Christian Scientist to believe that *The Canada Lancel's* readers want mistaken information about Mrs. Eddy, I would say to them that most of what purported to be her personal history in your July number was either perversion of half-stated facts or fiction. The author of the article containing it evidently accepted and repeated certain reports that are not trustworthy. Speaking apparently of his own knowledge, he said: 'Mrs Eddy declares she has improved upon the plan and teachings of Christ.' This statement is not true at all; and its falsity would be evident to anyone who is able to read Mrs. Eddy's writings with even an approach to fairness. Her actual attitude is shown by the following words in Mrs. Eddy's 'Message to the Mother Church for 1902': 'I again repeat, follow your Leader, only so far as she follows Christ.'

"Dr. Ferguson's comments in your columns on the teachings of Christian Science remind me of the following definition in the *Encyclopedia Britannica*: 'Materialism in its modern sense is the view that all we know is body, of which mind is an attribute or function.' Such a view is, of course, at the utmost point of opposition to the purely spiritual

view of reality taught by Christian Science. But even the crassest materialist ought to be able to see that Christian Science no more ignores disease than mathematics ignores mistakes in the use of figures. As for the nature and existence of what is called matter, the Rt. Hon. Arthur J. Balfour, an eminent natural scientist, has declared that the evidence of the senses is not a foundation of belief, and Prof. John Fiske, another eminent natural scientist, has declared that matter has no existence apart from mind. The following quotation from Prof. Fiske furnishes a sharp contrast to Dr. Ferguson's comments on Christian Science: 'All the qualities of matter are what the mind makes them, and have no existence as such apart from the mind.'

"It is to be observed that some medical doctors are outgrowing the belief that mind is subordinate to matter. For instance, Leonard Keene Hirshberg, M.D., F.R.C.S., the well-known medical writer, has said: 'There is no longer any doubt in any experimental psychologist's thoughts that the brain and nerves have no more to do with thinking, with the mind, than have your feet. Physicians will begin to be taught this, and in turn to teach it to the public about thirty or fifty years hence.'

"Yours sincerely,

(Sgd.) "CLIFFORD P. SMITH,

"Committee on Publication of the First Church
of Christ, Scientist, Boston, Mass."

"July 26th, 1917."

The first statement we wish to notice is the one in which Judge Smith contends that we were in error when we said that Mrs. Eddy "had improved upon the plan and teachings of Christ." We most decidedly adhere to this view, and, as proof, give the following from the 1917 edition of *Science and Health*. The declaration of Mrs. Eddy is found on page 147, beginning with line 24: "Our Master healed the sick, practised Christian healing, and taught the generalities of its divine principle to his students; but He left no definite rule for demonstrating this principle of healing and preventing disease. This rule remained to be discovered in Christian Science." Then, again, note her modification of the Lord's Prayer.

On page 107, at line 1, Mrs. Eddy tells us she "discovered the Christ Science or divine laws of Life, Truth and Love, and named my discovery Christian Science."

Here it is definitely stated that Mrs. Eddy discovered Christian Science, and it is also as definitely stated that she laid down the "rule" for "healing and preventing disease," whereas "our Master left no definite rule for demonstrating this principle of healing." Surely this is positive proof that Mrs. Eddy improved upon the teaching of Christ.

With regard to what is quoted from her message to the Mother Church in 1902, all we have to say is that if her followers follow her only so far as she followed Christ, they would not have far to go. Mrs. Eddy made strife where she thought she would gain by making strife, she was mercenary on all occasions that she could be mercenary. She bitterly hated and pursued rivals whenever the opportunity came her way; she lied when lying pleased her better than to tell the truth, and she copyrighted her so-called discovery for gain. On her methods no criticism can be too severe. She was even told by a revelation to charge \$300 for her lectures.

With regard to the reference from the Encyclopedia Britannica about materialism, we wish to say that it has no bearing upon the case. We have not the time to discuss materialism with Judge Smith, and it is not suitable for a medical journal. All we feel called upon to state is that running through *Science and Health* is abundant evidence that Mrs. Eddy rejected the belief in a material world. In this respect she tried to follow Bishop George Berkeley, but it is perfectly clear that she did not understand that subtle reasoner. Much of Berkeley's philosophy has been set aside long ago, but, even where it had merit, Mrs. Eddy failed to see it, making an ignorant mess of the whole statement regarding mind and matter; and not in harmony with Berkeley's teachings.

Judge Smith goes on to state "that Christian Science no more ignores diseases than mathematics ignores mistakes in the use of figures." Let us look into this for a moment. We shall put Mrs. Eddy on the stand by quoting from *Science and Health*.

On page 79 we are told, "The act of describing disease is not scientific." On page 120 we read, "Health is not a condition of matter, but of mind." On page 153 this appears, "You say a boil is painful; but it is impossible, for matter without mind is not painful." Then on page 159 we come upon this nugget, "Ignorant of the fact that a man's belief produces disease and all its symptoms, the ordinary physician is liable to increase disease with his own mind." Turn to page 176 and you will find this, "All disease is the result of education, and disease can carry its ill effects no farther than mortal mind maps the way." On page 177 we meet with the astounding statement that "mortal mind and body are one," and in the same page that "human mind produces what is termed organic disease." On page 188 Mrs. Eddy declares that "What is termed disease does not exist. It is neither mind nor matter." On page 393 we have this, "Man is never sick, for mind is not sick and matter cannot be." On page 395 this turns up, "It is mental quackery to make disease a reality." On page 417 note this, "To the Christian Science healer, sickness is a dream from which the patient needs to be

awakened." On page 475 it is said that "man is incapable of sin, sickness and death." On page 584, speaking of death, Mrs. Eddy has this to tell us, "An illusion, the lie of life in matter; the unreal and untrue."

These quotations show that Mrs. Eddy regarded disease, like matter, as a myth and an error of mortal mind. She carried her theory of idealism to the degree of complete folly. In her negation she went much farther than David Hume, the philosophic agnostic. It might be granted that Mrs. Eddy was groping after the spiritual man when she spoke of man as never being sick, or as being incapable of sickness; but we must deal with the material man also. It is here that Mrs. Eddy got into the mire up to her neck. She hopelessly confused scientific and philosophic terms.

But we do not wish to confine our authority solely to Mrs. Eddy. In the *Christian Science Monitor* for 12th June, 1917, in an article written for the *Monitor*, we find these words: "Every form of sin arises from the belief that matter is real." This shows how fully even now the belief in matter is rejected. This would carry with it the belief in the unreality of disease, which is a condition of matter. In the same publication for 18th May, 1917, in an article also written for it we have this statement: "The fact that God is infinite spirit denies the reality of matter." This does not quite agree with the statements, "In the beginning God created the heavens and the earth," and "The Lord formed man of the dust of the ground." In the same issue of the *Monitor* we find this: "Christian Science declares that the origin of disease is always due to false belief, that it is an inharmonious condition of the human mind made manifest on the human body. But as the body is itself a false concept of the human mind, disease is but a belief in the reality of evil, or matter, or inharmony. To put it somewhat differently, disease is a false belief that heaven or harmony is not ever-present." Any teaching that is so absurd as this need not be answered. It flies in the face of all common sense and universal experience. A. J. Balfour tells us that all philosophy is but an extension of common sense.

Judge Smith introduces the Rt. Hon. A. J. Balfour as one who contends that we cannot trust our senses. We would urge Judge Smith to read his Gifford Lectures. After an able discussion on the senses and the origin of beliefs and knowledge, he states his position in these words: "But, are there such inevitable beliefs? There certainly are. We cannot, in obedience to any dialectical pressure, suppose the world to be emptied of persons who think, who feel, who will; or of things which are material, independent, extended, and enduring. We cannot doubt that such entities exist, nor that they act on one another, nor that they are in space and time."

But Mr. Balfour carries us much farther. After a lengthy and learned discussion of perception and experience, in which he refers to Aristotle, Hume, Berkeley and many other philosophers, he concludes thus: "The supreme act of instinctive faith involved in the perception of external objects stands quite unshaken. Whatever we may think of Berkeley, we cannot give up Dr. Johnson. 'Seeing,' says the proverb, 'is believing'; and it speaks better than it knows." Yes, the common sense of mankind declares that Berkeley was wrong; and, much more, Mrs. Eddy, who did not understand Berkeley, and went much further astray than he did. The world agrees with Dr. Johnson when he struck his foot against a stone that material is real.

Professor Robert Jardine, an eminent psychologist, in criticizing Berkeley, remarks as follows: "Thus Berkeley's most important conclusions regarding the non-existence of insensible matter, regarding the existence of infinite mind, regarding the nature of externality, and others, sprang from an erroneous view regarding the nature of ideas, and an indiscriminate application of the word 'idea' to things essentially different." This strikes at the very root of Bishop Berkeley's false position in philosophy; but it was wholly beyond Mrs. Eddy. She merely grasped the notion that he denied the existence of matter, but did not grasp his reasons, nor that he meant by "matter" the abstract idea of it apart from the qualities by which things are known.

Professor A. D. Lindsay, of Oxford, in discussing Berkeley's doctrine regarding pleasure and pain, remarks that "he begins by assuming that no one will assert that pain or pleasure exist apart from their being felt." This position Berkeley elaborates in his first dialogue between Hylas and Philonous. But where Berkeley made his fatal mistake in reasoning is that he did not recognize that pleasure and pain are states of the sense organs which come immediately into consciousness. When these states do not exist the sensations of pleasure and pain do not exist. This is the same as saying that when the sensation of pleasure and pain are not perceived these states do not exist in the sense organs. He confused a state with a quality. This is wholly different to the perception of the color and shape of an external object, such as an apple. It is because Berkeley failed to see this distinction that he made one of his chief errors, and also all his followers, including Mrs. Eddy, by using this position as an argument against the reality of matter, because of this false theory regarding pleasure and pain. Mrs. Eddy pushed this view to the extreme degree of the unreality of pain, holding that it was of the mind only, and consequently the origin of all pain and disease was from the mind.

It has now been made quite clear that Judge Smith cannot get any

comfort from Mr. Balfour. Let us see what comfort Prof. John Fiske will bring to him. The quotation taken from Mr. Fiske is that "All the qualities of matter are what the mind makes them, and have no existence as such apart from the mind." This is merely the statement of a belief as old as Plato. When one looks at a rose he sees its color, and, when he does not look at it, he does not see its color. For his mind, therefore, when he is not looking at the rose the color does not exist. It does not follow that the color does not exist for some other person who may be looking at the rose, and all experience proves that it does exist.

Let us hear what Immanuel Kant has to say upon the relationship of perception and the understanding: "They are so mutually interdependent that neither perception without understanding nor understanding without perception could yield us any knowledge. Without understanding, perception would make nothing of what was perceived; without perception, understanding would have nothing to understand." Here is the clearest statement possible that we learn through our senses. In the quotation from Professor Fiske mention is made of the "qualities of matter," and these can only be learned through our senses by experience. Here, again, the argument for Christian Science crumbles to pieces, and that, too, through one of their own witnesses. Prof. Fiske admits "matter" and speaks of its "qualities."

But there is always the possibility of confusing the "quality of matter" with the substance of matter. No one can say the color green exists as an entity. It is a quality by which we recognize the grass. The same may be said of roundness apart from any object to which it may belong. Mills went the extreme length of saying that it is possible to think of "2 plus 3 making 6," and of "a round square." The name "Peter" is not the "boy"; but is what we know him by socially, as we know him physically by the color of his hair, his height, and his build.

Anyone who will take the trouble to look into Prof. Fiske's Cosmic Philosophy will see that he stood firmly by the belief in a material world, and that we had two sources of knowledge, namely, our experiences through the senses, and the innate power of the mind that comes from race inheritance, or racial experience. Prof. Fiske held that we knew an orange by all its qualities, and these combined constituted the orange. Anything pertaining to the orange lay beyond our experience. As we wish to do absolute justice to Prof. Fiske, we will submit a few quotations from his Cosmic Philosophy, his greatest work:

"It is admitted on all sides that the perception of an object necessarily implies the recognition of the object as this or that, as like certain objects, and as unlike certain other objects."

"The perception of a chair is not the reception of a group of visual

or tactual impressions, but the interpretation of these impressions as like other antecedent impressions which, taken together, constitute the consciousness of the presence of a chair."

"Since experience means merely the consciousness of the manner in which the unknowable affects us, it follows that our very incapability of transcending experience is the surest guaranty we could desire of the validity of the fundamental conceptions by which our daily life is guided and upon which our philosophy must be built."

"All knowledge whatever is a classification of experience. No intelligence or intelligent action is possible unless the distinctions among surrounding phenomena be detected and registered in the mind. Even the lowest animal can only preserve its existence on condition that different external agencies shall affect it in different ways."

All through Professor Fiske's philosophy runs a clear note on the reality of an external world, and the trustworthiness of our sense perceptions. It could not be otherwise, for his Cosmic Philosophy is built on the evolutionary theory. In other words, it is Darwinism applied to metaphysics.

Judge Smith has placed both Professor Fiske and Hon. A. J. Balfour on the stand. Professor Fiske is quoted to the effect that the qualities of matter are what the mind makes them, and have no existence as such apart from the mind. The object of quoting this is to support the view of Christian Science regarding the non-existence of a material world; in other words, that mind is all, and makes things what they seem. This is not and never will be the opinion of mankind uninfluenced by dialectics. And it is not the opinion of Professor Fiske, who speaks of "matter" and its "qualities."

Now let us see what Judge Smith's other witness, Mr. Balfour, has to say. In discussing the seeing of the sun he says: "Though we perceive it differently at different times, and though there are times when we do not perceive it at all, we know it to be the same; nor do we for a moment believe (with Heraclitus) that when it is lost to view it has, on that account, either altered its character or ceased to exist." Further on he states: "I dealt with two inevitable beliefs which lie at the root of all science and all practice—the beliefs that an independent, or, as it is commonly called, an external world exists, and the belief that the world has at least a measure of regularity."

The whole concensus of mankind, backed up by the great philosophers, such as Plato, Aristotle, Descartes, Leibnitz, Kant, Hegel, Locke, Reid, Green, Balfour, Bergson and the Holy Scripture, when it declares that in the beginning God created the heavens and the earth, all completely and fully shatter the position of Mrs. Eddy that mind is all and matter is nothing.

We have just named Henri Bergson, that wonderfully profound and clear thinker of France. It may be well to hear what he has to say. Dealing with the intellect, he remarks: "The intellect views the reality as solid things because that view serves our ends. It is a real world that the intellect reveals to us, it is a reality that is not relative to our understanding; it is reality itself."

In speaking of lower orders of life than man he says: "They are conscious of a world in which their activity is exercised. They receive revelations of reality through special sense organs just as we do, and they guide their activity by the revelations so received. Sense impressions make them aware." The lower orders of animal life are not concerned about Berkeley's idealism or Hume's negations; and they are guided correctly.

Discussing the relationship of mind and body, he declares: "Perception is my actual present contact with the world in which my actions are taking place." Again, he tells us: "Perception affirms the reality of matter, memory affirms the reality of spirit. Both perception and memory serve a practical purpose; they prepare us for and direct our actions." In another part of his writings, "Creative Evolution," he tells us that "the intellect does not impose its form on matter." This is quoted because it completely negatives the quotation made by Judge Smith from Professor Fiske. Further on, in treating of present perceptions, he states that "it is at that point that matter exists as fixed, external, timeless states."

The last point we shall take up is the quotation which Judge Smith makes from some writings of L. K. Hirshbirg to the effect that "the brain and nerves have no more to do with thinking, the mind, than have your feet." On this subject there are two schools of thinkers. The one holding that the brain does think, and the other, that the brain is merely the organ of the mind. For the present argument either view may be accepted, as both schools hold that all our knowledge comes by way of our senses and our experience; and add only another proof of the folly of Mrs. Eddy's system, by admitting the reality of our perceptions and the genuineness of an external world.

This view was ably argued by Professor Bain. It is also held by such leading authorities as James, Ladd, Bergson, Lotze and many others. Professor Robert Jardine puts it thus: "Perception is most complete when each of our senses has become directly acquainted with that quality of the external object which is capable of being perceived by it."

Thomas Hill Green, the outstanding of all modern philosophers and professor of moral philosophy, Oxford University, says: "By perception is understood a modification of our sensibility in which some present external object is revealed to us."

With regard to Dr. Hirshberg's prediction as to what will be taught about the functions of the brain thirty or fifty years hence, we are not in the least interested. That the senses will remain the channels through which we gain our knowledge of the external world and shall continue to be true as long as the human race lasts is a settled fact governing the life of man.

Notwithstanding Mrs. Eddy's ravings about the unreality of matter, disease and death, a noted writer has said: "The beacon light of Christian Science is not the salvation of the soul, but the healing of the body. If you attend their mid-week prayer meeting this is the subject of their testimonies." But that disease is a terrible reality the following is commended to Christian Scientists: "And the Lord said unto Satan, Behold he is in thine hand; but save his life. So went Satan forth from the presence of the Lord, and smote Job with boils from the sole of his foot unto his crown." Set over against this Mrs. Eddy's statement that, "It is mental quackery to make disease a reality."

For the benefit of our readers we will now make a few quotations from Mrs. Eddy's *Science and Health*, the Bible of the Christian Scientists:

Page 79, line 1: "The act of describing disease—its symptoms, locality and fatality—is not scientific. Warning people against death is an error that tends to frighten into death those who are ignorant of life as God."

Page 120, line 15: "Health is not a condition of matter, but of mind; nor can the material senses bear reliable testimony on the subject of health."

Page 196, line 20: "Such books as will rule disease out of mortal minds—and so efface the images and thoughts of disease, instead of impressing them with forcible descriptions and medical details—will help to abate sickness and to destroy it."

Page 112, line 4: "A limb which has been amputated has continued in belief to pain the owner. If the sensation of pain in the limb can return, can be prolonged, why cannot the limb reappear?"

Page 260, line 20: "A sick body is evolved from sick thoughts. Sickness, disease and death proceed from fear."

Page 338, line 12: "The word Adam is from the Hebrew adamah, signifying the red color of the ground, dust, nothingness. Divide the name Adam into two syllables and it reads, a dam, or obstruction. This suggests the thought of something fluid, of mortal mind in solution."

Page 584, line 9: "Death. An illusion, the lie of life in matter: the unreal and untrue."

Page 585, line 16: "Euphrates (river). Divine science encompassing the universe and man; the true idea of God; a type of the glory which is to come."

Page 588, line 5: "Hiddekel (river). Divine science understood and acknowledged."

Page 588, line 7: "Holy Ghost. Divine science."

We would ask Judge Smith if, in the face of his knowledge of the English language, his legal training, and his wide reading, he can endorse the foregoing statements? They cannot but appear wild and visionary, indeed, bearing evidence of an unsound mind, even to the man on the street. Mrs. Eddy's teachings contradict the common sense of man and all our experiences; they are opposed to all concrete science built upon these experiences of the past; and they are refuted by every system of philosophy, whether of the idealistic or realistic schools of thought.

Once more we have given the readers of *The Canada Lancet* the truth about Mrs. Eddy and her system of healing. In doing so we feel confident that we have shown that when tested by experience, history, science, philosophy and revelation, it completely breaks down.

TREATMENT OF HAY FEVER.

Notwithstanding the many "specifics" and "near-specifics" for hay fever that have been pushed forward in recent years, the disease, if not precisely enigmatical, continues to baffle and perplex. It is evident that no single therapeutic agent has arisen that can eliminate, or even modify, the symptoms in all cases. Individual sufferers present problems that are peculiar to themselves, and other than the vasomotor relaxation of the upper respiratory tract, which is common to all, there are no uniform underlying pathologic changes.

Fortunately there are some very satisfactory alleviants. The suprarenal substance, in the form of its isolated active principle, Adrenalin, is undoubtedly one of the best of these. Experienced practitioners say that in a large majority of cases it successfully controls the symptoms. Adrenaline Chloride Solution and Adrenalin Inhalant are the preparations commonly used, being sprayed into the nares and pharynx. The former should first be diluted with four to five times its volume of physiologic salt solution. The latter may be administered full strength or diluted with three to four times its volume of olive oil.

Another agent of large promise in the treatment of autumnal hay fever is Ragweed Pollen Extract. Its use is based upon the generally accepted theory that this type of hay fever, with occasional exceptions, is due to the pollen of ragweed. An accurately standardized product is supplied by Parke, Davis & Co. It is administered hypodermically.

ORIGINAL CONTRIBUTIONS

APPENDICITIS A CAUSE OF INTUSSUSCEPTION.

BY A. GROVES, M.D.,

Royal Alexandra Hospital, Fergus, Ont.

IT is generally admitted that irregular peristaltic action is often if not always a cause of intussusception, and such being the case it struck me a few years ago that there might probably be a causative relation between appendicitis and intussusception. Appendicular colic is caused by irregular peristaltic action, which action is set up by the inflamed appendix. This being true, a complete case of cause and effect would be established. The inflamed appendix causes spasmodic narrowing of a section of the bowel, of which colic is the expression. The contracted portion of bowel is drawn by the longitudinal fibres into the bowel below where nature treats it as a foreign body and endeavors to get rid of it by expelling it through the anus.

Since arriving at the conclusion that there was a very probable relationship between appendicitis and intussusception, I have operated on five cases of infants with intussusception, and in each found an inflamed appendix, two of them being very seriously inflamed. It would be going too far to say that five cases proved a theory, but they at least establish a strong presumption of the truth of the theory. In the two cases where the appendix was acutely inflamed there was marked evidence of intestinal trouble, for more than twenty-four hours before the intussusception occurred. Had the appendicitis been diagnosed and the appendix removed at once the much more serious complication would have been avoided.

SOME EXPERIENCES OF A RURAL M. O. H. IN ENFORCING THE PUBLIC HEALTH ACT.

BY W. DOAN, M.D.,

Harrietsville, Ont.

WE are living in a great age. The greatest the sun has ever illuminated. No one of us but has seen and know from day to day of greater achievements than the seven wonders of the world, greater even than their creators ever dreamed. Men to-day tackle problems the like of which the world has never known, and do it with a smile, and the word failure seems to have slipped into the far-off yesterday. The de-

mands and necessities of the day are the inventions and successes of to-morrow. The faintest imaginings of the day-dreamer become the veritable castles and realities of the near future. In this class stands preventive medicine and hygiene.

There has been for a number of years a tendency to pay greater attention to the hygiene of the home and school, to physical development and to preventive medicine. Of course, this has been most noticeable in the cities and larger towns, where the authorities have instituted regular medical examinations of the children in the public schools, when the results achieved have been particularly gratifying. This tendency is slowly spreading to rural districts, but I fear that though it is spreading slowly, it is advancing more rapidly than the rural sections as a class are fitting themselves to meet, when confronted by it. It is a notorious fact that in some sections more money and attention is expended on the stock and pig barn than is given to the school-room and yard.

Tuberculosis no longer claims its victims unchallenged, and those who contract it are not abandoned as hopeless cases, but many in the incipient stage recover. Some little time ago a medical practitioner reported that one of his indigent patients had tuberculosis. Our local board was of the opinion that the health of others dwelling in the house was threatened and authorized me to have the patient removed to a hospital or sanatorium. Upon investigation I found that no attempt had been made to secure a satisfactory sputum examination, and while sections 6, 7 and 8 of the regulations for the control of tuberculosis provides for the placing of the sufferer in a hospital or sanatorium, it did not appear clear to us as to what would be the outcome if the patient refused to stay in the institution when taken there. The patient most vehemently and forcibly declared he would not stay or even go to the hospital or sanatorium. We could scarce expect the court to uphold us when a sputum examination had not been made.

We, therefore, visited his home and succeeded in procuring a sample of sputum, which we had examined at the laboratory in London, and it proved to be full of bacilli. With this evidence in our possession we felt safe in ordering the patient removed to the hospital. It is surprising what change in the general attitude of the patient occurred when we confronted him with a positive report from the laboratory on his sputum. For even if he did escape from the institution and we had to institute legal proceedings, we had the evidence of fact on our side. Without a proper sputum examination and report we could not expect to be upheld by the court. However, the patient did not escape (though I fear he would have made the attempt) for the good reason that as soon as he entered the hospital the authorities there placed the patient in

bed and put his clothes in a strong room. So our patient had to stay put until a marked improvement was noticed in his condition, and we consented to his release. With free laboratories situated in Toronto, Kingston and London, it would appear to me to be no more than justice to all concerned to require the examination of the sputum of all suspected pulmonary cases.

We had one put over our board a short time ago. A young lady died of pulmonary tuberculosis and a public funeral held. The casket used was one of those full open kind, and the services were conducted in the residence. To my mind, this is a dangerous procedure, especially when an open casket is used and no special care and attention given to the house. The registration returns of this death were not turned into the divisional registrar until after the funeral. This left me ignorant of the condition of affairs until it was too late.

This case was never reported to our board during the young lady's two years' sickness. Some of our undertakers are so accommodating to the bereaved that they agree to see to the registering of the returns and do not do it until the funeral is over. So long as this practice continues we are helpless to protect the public.

There is also quite a prevalence of tuberculosis in the cattle of our country, due to a great extent in too close confinement of the herd in the stables (specially in the winter), with too low ceilings and a deficient number of windows for ventilation. Some of the stables have not been swept and properly cleaned out in years. The cobwebs are loaded down with dust and dirt. Possibly some germs are lurking about the place. Windows are dirty or filled in with shingles or tin so that the sunlight is kept out. It is our privilege and duty to inform those responsible for this state of affairs that disease germs cannot live in good healthy sunlight. That these cattle will do better if they clean out the cobwebs and sweep out the dust. Then fumigate the stables with either of the following preparations, when the germs will become beautifully less:

1st Method.—Two pounds of commercial solution of formaldehyde and one-half pound of permanganate of potash mixed in a vessel for each 1,000 cubic feet to be disinfected.

2nd Method.—Five pounds of commercial sulphate of alum is dissolved in 1 gallon of water, adding to this solution 5 gallons of formaldehyde. One pint of this solution is added to 1 pound of unslaked lime for each 1,000 cubic feet to be disinfected.

In either of the above methods the stable must be closed and allowed to remain so for 12 hours following the use of the disinfectant.

After the stables have been fumigated the interior of the basement may be brightened with a good preparation of whitewash.

A good and durable whitewash is prepared as follows: First, slake one-half bushel of lime with boiling water, keeping it covered during the process to confine the steam. It must not be tightly covered, so as to cause an explosion, but if there is considerable air space as would be in a barrel, above the lime, it can be covered tightly. Second, dissolve a peck of salt in hot water and add it to the lime solution. Third, boil three pounds of rice in water till it is a paste. Make it thin as the other solutions and add it. Fourth, next dissolve a pound of glue in warm water and stir it into the mixed solution. Fifth, finally add one-half pound of Spanish whiting and stir all well together.

If desired to add a little color to the place it may be tinted with any coloring matter. Let the solution stand a week in a cool shaded place and when desired to use, heat in a kettle, as it should be applied as hot as possible. This will make a cheap and satisfactory finish for the interior of a stable and will brighten up the interior on dark nights.

Preventable sickness and preventable death occur quite as frequently in rural districts (in proportion to the population) as they do in congested centres of population. In the matter of preventable deaths, it is not only the matter of the loss of life, but the fact that each death (except of incompetents and in old age) is a direct loss, financially, to the community and to the country at large. The money value of premature sickness and death has been carefully estimated. It is calculated that through permitting sickness and death, which could have been prevented, a direct money loss of over one hundred dollars a year is an average per family. Reflecting that there are thousands of families in which the total income is less than six hundred dollars, the direct loss of over one hundred dollars appeals powerfully.

Social distress is most marked in the family possessing a small income, when it is visited by sickness and death. There are only two alternatives from which to choose; send the sick one to the hospital, or keep the patient at home in the same living and sleeping room, accupied by other members of the family, thus exposing all the family to the disease and an untimely death. These are not idle thoughts; they are incontrovertible facts. One of the most deplorable of all spectacles is to see a busybody deerying or discouraging any measure which looks to the good of the people as a whole, whether it be concerning vaccination, quarantine, fumigation following an infectious disease, preservation of water sources from pollution, proper food, or whatever may be the subject affecting the people as a whole. It is quite as important (and much

easier) to check the ravages of typhoid in rural districts than it is in crowded centres of population. It is the same with other diseases.

During the winter and spring of 1914-5 we had an outbreak of smallpox in both North and South Dorchester. Some sixty cases all told, without any deaths. Some were well-marked cases. The disease got well under way before the trouble was reported to our board. Even then the doctor in attendance refused to say it was smallpox. I understand he behaved in the same way in other municipalities where he happened to be treating people with the same trouble. However, all the other medical men that afterwards say my quarantined subjects agreed with my diagnosis. By strict quarantine we confined the disease to the homes originally infected. On one of my visits I met one of the rate-payers on the road and inquired about his son, who had been exposed but had not contracted the disease. He said to me that he did not believe there was a case of smallpox in the township. "Why, look," said he, "there has not been a death." Evidently this man did not consider it a success unless several people died. I intimated to him that if he was so cocksure of his diagnosis without even seeing one of the patients that I might get him a good salaried job with the Provincial authorities, as it was too bad having so useful a person deprived from showing his capabilities. He declined my offer.

When the disease was stamped out, the corporation of the municipality succeeded in recovering from several heads of families the amount expended in caring for these afflicted, as per Health Act 58, Sec. 1, and regulation 3. Some refused to pay their share of expense incurred, and North Dorchester took action to recover by course of law. The case was as follows: A boy aged about ten had smallpox. There were only the boy and his father at home when the disease developed. Both were placed under quarantine. The father refused to settle. The case was tried before Judge McBeth, of London. The municipality was non-suited, the judge holding that sub-section 2 of section 58 did not apply to the father and that there was no use amending the claim against the boy, as he was too young to be sued. The result was that the municipality footed the bill.

Section 58 of Health Act, sub-section 1, reads: "If any person coming from abroad or residing in any municipality within Ontario is infected, or has recently been infected with, or exposed to, any communicable disease to which this section is by the regulations made applicable, the Medical Officer of Health or local board shall make effective provision for the public safety by removing such person to a separate house or by otherwise isolating him, and by providing medical attendance, medicine, nurses and other assistance and necessaries for him.

Sub-section 2 reads: "The corporation of the municipality shall be entitled to recover from such person the amount expended in providing such medical attendance, medicine, nurses and other assistance and necessaries for him, but not the expenditure incurred in providing a separate house or in otherwise isolating him."

The view as expressed by the court was that the Act was constantly talking of him, and did not apply to the children. Whether it applied, in the judge's opinion, to his wife was not stated. The judge referred to Sec. 93, Chap. 248, Revised Statutes of 1897, a part of which reads: "And providing nurses and other assistance and necessaries for him at his own cost, and charge, or the cost of his parents, or other person or persons liable for his support, if able to pay the same otherwise at the cost and charge of the municipality." The court informally remarked there must have been a reason for changing the wording of specification for liability, as noted in section just read. The court non-suited the township. This would appear to be a serious matter to the municipalities, if this court view be correct, the municipalities are required to attend to and supply medical attendance and medicines free to all contagious diseases, attacking all persons under age. What becomes of the man's wife I cannot say. If the municipalities have to foot the bill for all expenses incurred treating infectious diseases, except in cases where it occurs in a fullgrown man, they certainly will have quite a financial problem on their hands.

We have for several years during the summer holidays personally inspected all the school premises under our jurisdiction. On my first visit nearly all the privies were in a disgraceful condition. The pit full, the seats had been so used that the user had left his card, while the floors were dirty and foul. Some of the well tops were in a dangerous condition. The trustees of the various sections were notified of the state of affairs, advising them of the best way to remedy their troubles. They were advised to treat the privy pit contents two or three days before its intended removal with a solution of 2 pounds bluestone dissolved in 6 gallons of water. By placing this solution in the privy pit and not mixing for a few days the contents may then be removed almost odorless.

This cleansing should be done early in the holiday season so the vault will become dry and fresh by the beginning of school in the fall.

We also advise the well-top, when of wood, to be replaced by a concrete top. This is done by having the brick removed from around top of well for a depth of at least five or six feet and then relaid in cement. As the sides approach the top of the ground they are drawn inwards until it leaves a hole about two feet square, which can be filled with a

plank. The plank also makes a handy place to set the pump. The unfilled portion between the well brick and earth is then filled with a cement mixture. By this means you keep out worms and soakage water.

DIPHTHERIA AND DIPHTHERIA CARRIERS.

BY DR. A. H. SPEERS,

Burlington, Ont.

WHEN I was asked by Dr. McCullough to prepare a paper for discussion, to be read at this convention, I scarcely knew what I could give that would be of interest, but it occurred to me that it might be interesting to the members of this convention to relate my experience with a diphtheria case some four years ago. The object of the paper being to impress on the gentlemen present the necessity of taking swabs of all suspected cases of diphtheria for diagnosis, and especially of taking two or three swabs for release, which shall be negative, before raising the quarantine. The case of which I shall give you a brief history is one in which I did not take a release swab, it being before the time when I received my appointment of Health Officer of the town of Burlington, and when in our district we relied on the clinical signs for diagnosis and of keeping the patient in four weeks before lifting the quarantine. Because the release swab was not taken I shall endeavor to point out to you the far-reaching results and the spread of diphtheria even to eight or nine months after from one case which proved to be a carrier. On the 26th day of May, 1913, I was called to see a little girl, 9 years of age, suffering from croup. I made my examination and a diagnosis of diphtheritic croup, there being a small piece of membrane on one of the tonsils. I gave her a good dose of antitoxin on the first day, and repeated it on the second day, and at the same time put her in a tent and had her steamed with vapor of lime, using a spray of peroxide of hydrogen and Wampole's Formaloid to the throat. She made a good recovery. Two weeks after her brother (grown to manhood) took diphtheria. The rest having had antitoxin as a prophylactic, he also made a good recovery.

After four weeks I fumigated the house with formaldehyde and removed the placard, to all appearances the throats of the patients looking quite normal. The little girl was outside during the summer picking fruit and playing around, and the mother was very grateful to me for my attention and that she had recovered. She returned to school in September, a short time after which there began an outbreak of diph-

theria, one family after another until five or six families were in quarantine.

As it looked as though it had its origin in the school, I notified Dr. McClenahan, who advised me to take swabs from the throats of all the children attending school, at least 200. This I did and had replies returned from the Provincial Board of Health, reporting all negative with the exception of the one little girl I had treated for diphtheria in the previous May, which was positive. I then went to the child's home and took swabs from the other members of the family, and had positive returns from the mother and sister.

I put them in quarantine, placarding the house. They did not take very kindly to the quarantine, and we had for a time to put a constable in charge to keep the children on their own premises. I tried various methods of treatment, but I cannot say what eventually cured them. I had them gargle the throat and spray the nose with Wampole's Formaloid, used peroxide of hydrogen, salt and water, bacillus bulgaris, and eventually the swabs which I had been sending to Toronto twice a week showing positive after the lapse of ten weeks, I had them all free, fumigated the house and raised the quarantine. It is needless to say that I have not had the opportunity of treating the family since. They were in quarantine from Nov. 13th, 1913, until Jan. 20th, 1914.

In the meantime a poor family, who lived at the other end of the town, contracted diphtheria. They had attended the same central school, but evidently I did not reach this family when I took swabs of the school children. One after another of the children had sore throat until one died of paralysis of the heart, which was the first that a doctor had been called. From this family, who had not been quarantined, not having had a doctor, the disease was communicated to a family attending another school outside the corporation about two miles distant. There were three families attending this school, in which there was one case of diphtheria each. I reported the matter to the township authorities and although it was not in my district I was instructed to take swabs of all the school children attending this school, about 40 in number, and I received returns reporting there were 15 children in that school showing the presence of diphtheria bacilli, either in throat or nose, which represented seven different families. I put all these families in quarantine, seeing them once or twice a week, and giving them some simple treatment for two or three weeks, when all swabs sent away brought back negative results, and all were clear. All this goes to show that a release swab should be taken, at least two showing consecutive negative, before raising the quarantine, for we cannot always be sure when a case may prove to be a carrier.

I am sure if every physician were careful in making a diagnosis

and of diphtheria, keeping a strict quarantine, and then paying due attention to the release swab, the number of diphtheria cases would be greatly lessened.

Since then I had one family in quarantine between three and four months until the report came back that the bacilli were harmless.

It has been my practice, where there is any doubt as to whether a case is diphtheria or tonsillitis, to give a good dose of antitoxin (3,000 to 5,000 units), isolate the patient, and if the clinical signs point strongly to diphtheria, I placard the house at once without waiting for the report of the swab.

During this month I have had a case of laryngeal diphtheria, the symptoms at first being rather misleading. The case at first appeared to be one of simple laryngitis, the patient, aged 22, coming to my office, but on my first visit to the home I concluded it was laryngeal diphtheria, and gave antitoxin, in all 12,000 units, used the steam tent, and she made a rapid recovery. The swab in this case sent to Toronto, the report came back showing positive. I may say that I have not found it necessary to give the extremely large doses of antitoxin that some have given, but my experience has been that where given early the smaller dose is sufficient.

In conclusion, the point which I wish to emphasize is to be particular and careful in all cases to make a proper diagnosis, whether nasal, tonsillar, laryngeal diphtheria, and then to be sure that your patient is free from disease before releasing. In doing this I am sure the number of cases throughout the Province will be lessened.

MEDICAL PREPARATIONS

CONVALESCENCE FROM THE EXANTHEMATA.

The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice, of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue and promptly efficient in restoring appetite, strength, color and general well-being.

PERSONAL AND NEWS ITEMS

The Pickering Newmarket College has been taken over by the Military Hospitals Commission and fixed up as a hospital with every equipment and convenience. Adjoining the building are 25 acres of ground for recreation.

The Germans have trained dogs to bite British prisoners, as one of the new devices for torturing them. A large, savage type of hound is used.

Canadian hospitals in the United Kingdom have now the following accommodation: Wokingham, 700; Deal, 45; Broadstairs, 150; Uxbridge, 300; Walmer, 125; Bromley, 120; Westminster, 300; Ramsgate, 600; Dulwich, 120.

Major Alfred Kimball Haywood, formerly assistant superintendent of the Toronto General Hospital, who was recently appointed superintendent of the Montreal General Hospital, has entered upon his new duties. Major Haywood was one of the first Canadians to win the Military Cross. This decoration was given him for rescuing wounded from a burning building during the progress of the second battle of Ypres. He went to the front from Toronto as medical officer of the 3rd Battalion.

The Earl of Derby, Secretary of State for War, was informed recently by the Central Medical War Committee that no more medical men are available for army commissions without "seriously endangering the supply of doctors for the civil community." The Committee's announcement was made after a thorough canvass conducted by it. Members of the committee expressed the hope that the solution of the difficulty will be found in a supply of doctors from the United States, saying that they believe that thousands of medical men there are willing to come to Europe.

During the month of August the United States surgeons, doctors and nurses in charge of six base hospitals had a full quota of work to perform in looking after British wounded. These hospital units from New York, Boston, Philadelphia, Chicago, St. Louis and Cleveland have handled thousands of British wounded. The American flag is now flying over many hospitals in the British war zone.

The Germans have been using a new form of gas poison that is very irritating and deadly. It is heavy and will find its way down through a house.

Dr. William H. Ellis, of the University of Toronto, was recently a patient in the Toronto General Hospital. His condition was such

that his vacation had to be cut short, and he had to be rushed back to Toronto. Some time ago he had sufficiently recovered, however, to pen the following lines, which he presented to his nurse:

When first I saw your tender eyes,
I thought I was in Paradise;
But now I've tasted your vile senna,
Methinks I'm really in Gehenna.

The people of Orillia set out with full determination to raise \$50,000 for a Soldiers' Memorial Hospital. The canvass has yielded \$60,000. All Orillia soldiers will be entitled to hospital care and medical treatment free as long as they live.

Receipts on Rose Day per certified count of bankers, \$18,813.57; special contributions, \$120; total, \$18,813.57; total funds available for distribution after payment of all expenses, \$16,483.15; appropriated as under: "Preventorium", I.O.D.E., \$4,500; Hospital for Sick Children, \$2,500; Boys' Home, \$1,200; Girls' Home, \$1,200; Infants' Home and Infirmary, \$1,200; Earls court Children's Home, \$1,200; Protestant Orphans' Home, \$1,200; Sacred Heart Orphanage, \$1,200; Central Board of Creches, \$1,000; Home for Incurable Children, \$500; Children's Aid Society of Toronto, \$250; Alexandra Day Committee, London, Eng., \$472.33; \$16,422.33; leaving balance at bank, \$60.82.

Hon. Dr. H. S. Beland, a prisoner, is still in confinement. His health is much impaired. He was Postmaster-General under Sir Wilfrid Laurier.

At a recent date the total number of men at present receiving treatment under the direction of the Military Hospitals Commission in Canada is recorded as 8,811. The number of these who are at present in convalescent homes is 7,032, with 1,104 in sanatoria for the treatment of tuberculosis, and 675 in other institutions, chiefly general hospitals.

The Toronto General Hospital is sorely in need of assistance and Mr. P. C. Larkin, in a letter to the Board of Control, said: "Our position has become so desperate that there seems nothing left for us but to close up the whole institution until the end of the war, when we can look to the public for assistance."

Dr. Frederick A. Aylesworth wishes to announce that he has opened an office at 52 College Street, Toronto, and will confine his practice to diseases of the eye.

Dr. Arthur P. Chalmers, of Toronto, who died at St. Lucia, British West Indies, left the income of his estate of \$46,000 to his widow, so long as she remains single. On attaining the age of 24 she is to pay \$2,000 to her daughter and \$2,500 to her son.

There is likely to be a shortage of doctors at Camp Borden when the next draft leaves for overseas. Some units will not have a medical officer, and the base hospital will be short-handed.

Sub-Lieut. Bryans, an aviator, and son of Dr. W. F. Bryans, of Toronto, was reported killed recently.

Sir James Grant, of Ottawa, was tendered a reception at Detroit, which was attended by a number of prominent citizens, including Chas. R. Tuson, Mayor of Windsor. Replying to the complimentary remarks of Mr. Guthard, Acting Mayor of Detroit, Sir James Grant returned thanks and declared that no event in history during this century had so aroused the world and delighted Great Britain and her Allies as the action of the United States in entering the fight for freedom and democracy, against tyranny and oligarchy.

Dr. Addison, who had been slated for the projected Ministry of Health, now becomes head of the reconstructive committee, which has been created into a kind of ministerial department. He made his debut in Parliament as private member for Hoxton. He is a medical practitioner by profession, and is an authority in medical research. Dr. Addison instituted many changes in the working conditions in British munitions plants, and by careful consideration of the welfare of the workers was able to increase the output of the plants. He abolished Sunday labor in the munition plants.

On 27th August a provisional school for doctors wishing to qualify as officers of the Army Medical Corps, was opened at Camp Borden. The course lasted about three weeks.

Dr. Charles Gordon Heyd, professor of anatomy at the Post-Graduate Hospital, New York City, son of Mr. Louis F. Heyd, K.C., has left for overseas with a base hospital organized by the Post-Graduate Hospital. Dr. Heyd is a graduate of the University of Toronto and went to New York City to complete his training six years ago.

The Germans of late have been dropping from aeroplanes bombs on French hospitals. A number of nurses and wounded soldiers have been injured or killed. In one instance nine wounded German prisoners were done to death.

A new Canadian hospital has been formed in Liverpool for the care of soldiers that are to be sent to this country. It is intended that when nearly well enough to be sent home they are to be removed from other hospitals to the one in Liverpool, pending final arrangements for their return. The staff will consist of 250 persons, and Lt.-Col. J. L. Biggar is in command.

The beautiful Bedford Park estate, North Toronto, the property of Mrs. Charles Beatty, has been handed to the Royal Flying Corps to

be used as a hospital for Royal Flying Corps. A letter has been received by the president of the Canadian Aviation Aid Club, Mrs. E. H. Duggan, of which Mrs. Beatty is a member of the executive, from Major E. Bristol, private secretary to Sir Edward Kemp, in which Sir Edward has approved of the proposal, and he stated that arrangements would be made immediately to supply the necessary medical services for this hospital.

Lt. Col. Gilbert Barling, C.B., a noted British surgeon, states that great advances have been made in the treatment of the wounded. One of these is the promptness with which aid is given. Hospitals are placed close to the rear of the fighting line to which the wounded can soon be removed. The next important improvement is the early cleansing the wounds receive. Another advance is the arrangement for early and proper treatment for abdominal cases.

In the United States the National Anti-Vivisection Federation has been incorporated to co-ordinate the work of the local leagues. It is proposed to make an effort to restrain the liberties of laboratory workers.

It is stated that in the Toronto General Hospital it costs \$2.50 a day for patients. There are from 8,000 to 10,000 patients cared for in a year, towards whose maintenance the city and the Province contribute. The city pays \$1.25 a day and the Province 10 cents a day, making a total of \$1.35 a day. It costs, state the officials, \$17.50 a week for these patients, and the hospital receives \$9.45.

The announcement of the death of Professor Theodor Kocher, of Berne, will be received with the deepest regret by surgeons all over the world. He had a serious illness some time ago, but had recovered sufficiently to resume some of his professional duties this spring. All through his long career as a surgeon he was ever among the first to take advantage of every advance and himself broke new ground in many directions. His practice was founded on the constant study of physiology and pathology, and his wide views over the world field of surgery and his brilliant technique in the operating theatre had long made Berne a place of pilgrimage for the surgeons of Europe and America. He was born in 1841.

Sir George Birdwood, who died at Ealing on June 28th, in his 85th year, was a remarkable man, not only by reason of his learning and what he accomplished, but through the geniality, generosity and eagerness of his temperament. He had a solid knowledge of the natural products of India, of the art and history of its peoples, and a fund of curious information which made it a maxim of the India Office when a puzzling question of fact or custom arose to "ask Birdwood."

The Harben gold medal of the Royal Institute of Public Health, given every third year for eminent services rendered to the public health, has been awarded this year to Surgeon-General Sir Alfred Keogh, G.C.B., Director-General A.M.S., and the gold medal for conspicuous services rendered to the cause of preventive medicine to Dr. E. W. Hope, M.O.H. for the city and port of Liverpool, and professor of public health in the university.

The entire ambulance section of the American Field Service sent to France by Leland Stanford University last February is cited by General Mangin in orders to the division. The citation of the section is made for its "having given constantly since its arrival at the front an example of courage and profound devotion, especially at Verdun and at Moronvilliers, in pushing up to the battle lines under bombardment to carry away the wounded."

To protect the American soldier from venereal disease, the Medical Department of the army has organized a section which will devote its attention exclusively to this problem. Co-operating with the newly organized section will be the United States Public Health Service and the sanitary and training camp divisions of the Army Medical Department.

For relief of civilian populations, Christian and Moslem, in Asia Minor and adjoining regions, the Red Cross war council of the United States has appropriated \$300,000 to be expended during August by the American commission for Armenian and Syrian relief, and will make similar allowances monthly for the rest of the year, if the Turkish Government does not hamper the committee's work seriously.

Dr. William J. Mayo, of Rochester, Minn., has been summoned to Washington to confer with the Government officials relative to the formation of a central medical staff in Washington, the purpose of which will be to obtain the best medical service for American soldiers while in the field.

New York City patent medicine manufacturers have won an important decision over the Department of Health before the Appellate Division of the Supreme Court, which declared invalid the ordinance requiring the manufacturers of all proprietary remedies to register all the active ingredients of such remedies with the Department of Health. Such registration was confidential. Since the ordinance had not been ratified by the State Legislature it was open to attack on the ground of unreasonableness, according to the court.

The Women's Medical College, of Philadelphia, has established a fellowship of \$1,000 for advanced study in obstetrics for certain qualified women practising as specialists in this branch of medicine after benefit from the course.

The stipulation that \$2,000,000 of the annual income of the Rockefeller Foundation is to be expended at the direction of John D. Rockefeller has been waived. The trustees of the Foundation have been given free rein to use the entire yearly revenue, and, if necessary, part of the principal, as they deem wise to meet the exigencies of war.

The Johns Hopkins and Roosevelt Hospital units, organized under the direction of the Red Cross, have arrived in the American army zone in France and are established some twenty miles apart. Each of these organizations is capable of caring for from 1,000 to 1,500 patients.

W. B. Smith, Federal chemist, reports that court plaster which is being sold throughout Kansas, is laden with tetanus bacilli. This report has caused the arrest of five Germans on orders of Fred Robertson, United States Attorney in Kansas City, Kan. The men posed as vendors of court plaster, and when the farmers through the corn and wheat belts refused to buy, the plaster was given to them. Three Missouri chemists also verified the presence of the tetanus germs. Pedlers have also been reported selling imported plaster in New York and other States.

Licenses under which German chemical firms have been exporting to the United States through northern European neutral countries serums, vaccines, anti-toxins and other biological products were formally revoked on July 21st by the Treasury Department. The order of revocation cites the inability of Treasury inspectors to inspect the plants of the companies because of the war. Seven of the chief chemical firms of Germany are involved.

Dr. C. A. Hodgetts, who formerly took a marked interest in health matters, and since the war broke out in Red Cross work, has been made a C.M.G.

Dr. Andrew Moorhead, F.R.C.S., of Toronto, was recently married to Miss Murphy, a niece of Dr. Charles Hastings, M.H.O. for Toronto.

It is with great regret the death of Mrs. Hamilton, of Toronto, is announced. She was the wife of Dr. H. J. Hamilton, a past-president of the Academy of Medicine.

The sixth annual meeting of the Canadian Health Association is to be held in Ottawa on Sept. 27th and 28th. The Canadian Association for the Prevention of Tuberculosis will meet on Sept. 26th in the same place.

OBITUARY

J. ORLANDO ORR, M.D.

The late Dr. J. O. Orr had been in failing health for about three years, although he continued to discharge his duties in connection with the National Exhibition until about three months ago. He died of heart disease on 21st August, and was interred in Mount Pleasant Cemetery. He was made general manager of the Exhibition in 1903, and threw all his energy into the performance of his duties. It was due to his splendid ability that the great success of the Exhibition was mainly due. In connection with these duties he frequently visited Britain with the object of procuring features of interest for the Exhibition. He was present in 1911 at the coronation of the present King and Queen.

Born in York county, Dr. Orr, who was widely known and personally popular from his work for the Exhibition as well as in other lines of activity, was born 56 years ago in the township of Vaughan, of Irish stock, his grandparents having come to Canada in 1813, taking up land in the neighborhood of the Humber. He was educated at the Jarvis Street Grammar School and the University of Toronto, graduating in medicine in 1883 with first-class honors in every subject but one. A year later he went to England, where he spent two years and passed his examination before the Royal College of Surgeons. Returning to Toronto in 1885, Dr. Orr started practice in Woodbridge. In the following year he came to Toronto as surgeon to the John Abell Company.

In 1890 Dr. Orr launched into public life, and was elected to the City Council, and during his term of office he was instrumental in founding the Toronto Technical School, being elected first chairman of the board. In 1893 he retired from the City Council on account of ill-health, and went to England, where he remained for a year, during which time he served as a surgeon in the Central London Nose and Throat Hospital, and clinical assistant surgeon in the Royal Ophthalmic Hospital, Moorefields.

Dr. Orr had been a member of the Board of Directors of the Canadian National Exhibition, which he held until his appointment as secretary and general manager in 1903. Dr. Orr was considered the right man in the right place, being possessed of splendid executive ability, as well as resourceful and rapid thought.

Dr. Orr was an ex-member of the Board of Trustees of the Toronto General Hospital; a member of the British Medical Association; the

Ontario and Dominion Medical Associations; the Toronto Clinical Society; the British Laryngeal Society; the National Club; Albany Club; Royal Canadian Yacht Club; Canadian Club; Ontario Jockey Club; Granite Curling Club, and the National Sporting Club of London.

He was twice married, his first wife being Georgina (deceased July, 1907), a daughter of the late Samuel Platt, M.P., and secondly, Anna Marie, daughter of the late Theodore J. Halbhaus, of Kitchener, Ont.

His son, Major Orr, was on active service abroad at the time of Dr. Orr's death.

D. G. MacROBBIE, M.D.

Dr. Douglas G. MacRobbie was found about midnight of 19th August in the building of the Crescent Oil Company, Hamilton, in a dying condition. His head was lying on some bars of iron, with wounds in the scalp, which had bled profusely. Dr. Lang was sent for, but could render no assistance to the unfortunate doctor. The case is undergoing investigation. The post-mortem revealed a fracture of the skull.

Dr. MacRobbie was 43 years of age and leaves a widow and two small children. He was born at Victoria Harbor. He graduated in arts in 1896 and in medicine in 1899. He had resided in Hamilton for nine years and was one of the most prominent of the city's younger physicians. His father, Rev. Dr. MacRobbie, of Nelson Presbyterian Church, also survives, as well as a sister, Mrs. J. W. Garrett, Westmount Ave., Toronto.

DR. BEAN.

Dr. Bean, of Consecon, Prince Edward county, lost his life while trying to rescue his wife and child from their burning home on the morning of 19th August. Both Mrs. Bean and her child were burned, the mother much more than the child.

Dr. Bean was only 30 years of age, and had recently opened a practice in Consecon. The origin of the fire is a mystery. The doctor had apparently been awakened by the blaze and escaped from the house, but seeing nothing of his wife and child he re-entered to rescue them and perished in the flames.

HAMILTON WRIGHT, M.D.

Dr. Wright died at Washington recently. He was a distinguished graduate of McGill and did post-graduate work with Dr. F. W. Mott,

of London. After graduation in 1895, he went to Cambridge as the J. L. Walker scholar. He was sent to do research work on the Straits Settlements. In 1909 he was appointed by President Roosevelt on the International Commission on Opium.

GEORGE R. McDONAGH, M.D.

A prominent physician in Toronto, Dr. George R. McDonagh, died at his residence, 140 Carlton Street, on Sunday, 26th August. Dr. McDonagh, who was born at Carlow, in Huron county, was 61 years of age. For over thirty years the doctor had been a practitioner in this city. He was educated at Upper Canada College, and graduated from the Medical School at the University of Toronto. He then went over to Europe for further honours. He attended a college in London and one in Edinburgh. In Vienna he qualified as a specialist in a throat, nose and ear university. Before his death, Dr. McDonagh was a professor of laryngology at the University. The doctor was an Anglican in religion and a member of the Masonic Order. He is survived by two brothers, J. A. McDonagh, of Toronto, and F. W. McDonagh, of Goderich, Ont.

WELLINGTON JEFFERS, M.D.

Dr. Wellington Jeffers, one of the most widely-known and highly-respected citizens of Lindsay, died at his residence on 16th July after a short illness. The deceased gentleman was born in Dundas, Ont., in 1846, and was a younger son of the late Rev. Wellington Jeffers, of Belleville, Ont. He was educated at the old Grammar School, Toronto, and at Toronto University, where he graduated with honours, after obtaining his M.D. degree he started practice in Toronto as an associate of Dr. Rolph. Later he went to the United States for a few years and on his return practised in Oakwood and Lindsay. He is survived by his widow, two sons, and four daughters.

JAMES RUSSELL, M.D.

Dr. James Russell, of Hamilton, died at his home there at the age of 74. He was born in Scotland and educated in the Toronto School of Medicine, taking a post-graduate course in Long Island Hospital. For many years he practised in Binbrook. He was a member of the Ontario

Medical Council from 1885 to 1890. In 1887 he was appointed superintendent of the Asylum at Hamilton, a position he held till 1906. He took an active interest in medical associations.

S. W. HEWITSON, M.D.

Lt.-Col. Samuel W. Hewitson, C.A.M.C., died at the Royal Free Hospital, London, after an operation. He graduated from McGill in 1893, and before going overseas was in practice in Alberta. He was 49 years of age.

COL. FRANK A. SYMMONS, M.D.

Dr. F. A. Symmons was killed in France on active duty as a surgeon. He was well known in Nova Scotia, where he had practised before the war. He saw surgical work in the South African War, and was at the relief of Ladysmith.

CAPT. ADAM P. CHALMERS, M.D.

Dr. Chalmers was a native of Perth county. He was stationed at St. Lucia, B.W.I., at the time of his death. He graduated from Trinity Medical College. When the war began he offered his services and was sent to the West Indies. His wife lives in Toronto.

CAPT. LEWIS E. CLARKE, M.D.

Dr. L. E. Clarke was killed in France on 20th June. He was a graduate of McGill University, and, when the war broke out, was in practice in Vancouver. He was in his 29th year.

CAPT. JAMES HENDERSON, M.D., R.A.M.C.

Dr. Henderson died on 16th July at 34 Brunswick Avenue, Toronto, the home of his father. For two years he served with the Royal Army Medical Corps, and had been in France and Mesopotamia. He was also a veteran of the South African War. He was a graduate of Trinity Medical College. The remains were given a military funeral.

BOOK REVIEWS

POLIOMYELITIS.

In all Its Aspects. By John Ruhrah, M.D., Professor of Pediatrics in the University of Maryland Medical School and the College of Physicians and Surgeons, etc., etc., and Edwin E. Mayer, M.D., First Lieutenant in the Medical Officers' Reserve Corps, United States Army, etc., etc. Illustrated with 118 engravings and 2 plates. Philadelphia and New York: Lea & Febiger, 1917. Price, \$3.25.

This is an excellent and a timely volume on a very important subject. The authors have given much study to the history, causation and treatment of this subject. Every possible attention is devoted to the means of prevention. The treatment is gone into with care and it covers what is best to do surgically, medicinally and by exercise and training. The serum treatment is spoken of with favor, and a number of cases cited. We can recommend this book as one well calculated to furnish valuable information to those who consult it.

FIRST AID AND EMERGENCY TREATMENT.

A Text-book of First Aid and Emergency Treatment. By A. C. Burnham, M.D., Medical Corps, U.S.A., Instructor in Surgery in the Polyclinic Hospital, New York City; Attending Surgeon, Department of Surgery, Vanderbilt Clinic, College of Physicians and Surgeons, New York City. Illustrated with 160 engravings and 2 plates. Philadelphia and New York: Lea & Febiger, 1917. Price, \$2.00.

We have here a very useful book on first aid and emergency work, Wounds and infection, bandaging, fractures and dislocations, miscellaneous injuries, general injuries, suffocation, regional injuries, poisoning, emergency treatment, common emergencies, transportation, nursing, etc., are all carefully discussed. The advice given under each head is sound, brief and clear, and may be followed without hesitation as trustworthy in every instance. The author merits his full meed of praise for the way in which he has succeeded in covering so much ground in a volume of comparatively small size. The book is got up in an attractive form, which adds to its other merits.

DIABETES MELLITUS.

The Treatment of Diabetes Mellitus, with Observations upon the Disease Based upon Thirteen Hundred Cases. By Elliott P. Joslin, M.D., M.A., Assistant Professor of Medicine, Harvard Medical College; Consulting Physician, Boston City Hospital; Collaborator to the Nutrition Laboratory of the Carnegie

Institution of Washington in Boston. Second edition, enlarged and thoroughly revised. Illustrated. Philadelphia and New York: Lea & Febiger, 1917. Price, \$4.50.

It is but little over a year since we reviewed the first edition of this excellent work. Dr. Joslin has made good use of the short time that has elapsed since the publication of the first edition, and has added much new matter, as well as improving upon former experience. This book deserves first place on every list that a practitioner intends to select additions to his library from. One can hardly see how anyone could afford to be without it. The treatment of diabetes mellitus is so important and the rules laid down in this work so clear and full that it assumes the position of *sine qua non*.

MATERIA MEDICA.

Practical Materia Medica and Prescription Writing, with Illustrations. By Oscar W. Betha, M.D., Ph.G., F.C.S., Assistant Professor of Materia Medica and Instructor in Prescription Writing, Tulane University of Louisiana; formerly Professor of Chemistry and Professor of Pharmacology, Mississippi Medical College, etc. Second revised edition. Philadelphia: F. A. Davis, Publishers; English Depot, Stanley Phillips, London, 1917.

If anyone wishes a good practical work on materia medica and prescription writing, he should get a copy of this book. It covers the ground so thoroughly that there is but little for the reviewer to do, other than to introduce it to his readers as a trustworthy guide on the use of drugs and how to give them. One of the merits of the book is its very practical character. What should be done is stated in brief and concise terms. There is no ambiguity in the language and methods of the author. All is plain, direct and clear. Throughout the book many formulæ are given showing how drugs may be combined, and a number of valuable suggestions regarding faulty methods of writing prescriptions.

RECALLED TO LIFE.

A Journal Devoted to the Care, Re-education and Return to Civil Life of Disabled Sailors and Soldiers. Editor, Lord Charnwood, and assistant editor, Everard Cotes. No. 1. John Bale, Sons and Danielsson, Oxford House, 83 Great Titchfield Street, Oxford Street, London, W.I. Price, 2 shillings.

This series promises to be most valuable. The number which has just come to hand deals with a variety of most important topics. These subjects are discussed by well-known writers, who have had much experience. This issue contains papers by Sir Alfred Keogh, Sir Arthur Boscawen, Sir Robert Jones, Capt. Basil Williams, etc. We wish for this publication every success.

THE INSTITUTE QUARTERLY.

The Official Organ of the Public Charity Service of Illinois.

This number, as usual, contains much useful information on the management of public institutions. It should be of decided assistance to all who are engaged in the work of administering hospitals, asylums and prisons.

UROLOGY.

Diseases of the Urinary Organs, Diseases of the Male Genital Organs, the Venereal Diseases. By Edward L. Keyes, Jr., M.D., Ph.D., Professor of Urology, Cornell University Medical College; Surgeon at St. Vincent's, and Urologist to Bellevue Hospital. With 204 illustrations in the text and 18 plates, 4 in colors. New York and London: D. Appleton and Company, 1917.

Reviewing this work is a real pleasure. It reflects great care on the part of the author, who has spared no pains to make his work an expression of the best that is known on the subject of genito-urinary and venereal diseases. It is thoroughly modern and contains the very latest on all subjects. The book is got up in the very best style and contains the most useful sort of information. We recommend it cordially.

MUSSER-KELLY; PRACTICAL TREATMENT, VOL. IV.

Practical Treatment, Vol. IV. By seventy-six eminent specialists. Edited by John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania; and Thomas C. Kelly, M.D., Instructor in University of Pennsylvania. Desk index to the complete set of four volumes sent with this volume. Octavo 1,000 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$7.00 net; half morocco, \$8.50 net. Canadian agents, the J. F. Hartz Co., Toronto, Canada.

This magnificent volume is mainly intended to bring the former three volumes up to date, by making such changes as time calls for. As far as possible the same writers have been secured to revise their own articles in the former volumes. It will be seen from this that the volume covers a wide range of subjects and contains contributions from many pens. The articles, as a rule, are brief, but to the point, and very free from useless padding. To all who have the earlier volumes this volume will prove very valuable. But in any event it possesses rare interest to every practitioner who wishes to know the latest and the best. There is an accompanying volume giving a complete index to the four volumes.

TRAUMATIC SURGERY.

Traumatic Surgery. By John J. Moorhead, M.D., F.A.C.S., Adjunct Professor of Surgery in the New York Post-Graduate School and Hospital. Actavo volume of 760 pages, with 522 original illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$6.50 net; half morocco, \$8.00 net. Canadian agents, the J. F. Hartz Co., Toronto, Canada.

This book is indeed what the title page says it is. It is written with the object of bringing into "one volume the information necessary to diagnose and treat all the usual and most of the unusual effects of accident and injury." This has been well and wisely done. It would be impossible to convey to the reader a full conception of how much ground the work does cover, but it may suffice to state that every region is taken up seriatim. In addition to the description of injuries and their treatment, there are a number of chapters on general topics, such as shock. The work is a most meritorious one.

DISEASES OF THE STOMACH, INTESTINES AND PANCREAS.

Diseases of the Stomach, Intestines and Pancreas. By Robert Coleman Kemp, M.D., Professor of Gastro-intestinal Diseases at the Fordham University Medical School. Third edition, revised and enlarged. Octavo of 1,096 pages, with 438 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$7.00 net; half morocco, \$8.50 net. Canadian agents, the J. F. Hartz Co., Toronto, Canada.

This work of Professor Kemp is a familiar friend; but becomes more and more esteemed with each edition. The author knows what to say, and how to say it. All through the book one notices the practical bent of the author. The publishers have devoted their experience so as to issue a most attractive work, and they certainly succeeded. The illustrations are numerous and very helpful, as they throw much light upon the text. This is such a standard that one has no hesitation in advising purchase. It will not disappoint.

DISEASES OF THE GENITO-URINARY ORGANS AND THE KIDNEYS.

Diseases of the Genito-Urinary Organs and the Kidneys. By Robert H. Greene, M.D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M.D., Professor of Clinical Medicine, University and Bellevue Hospital Medical College. Fourth edition, thoroughly revised. Octavo of 666 pages, 301 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$5.50 net; half morocco, \$7.00 net. Canadian agents, the J. F. Hartz Co., Limited, Toronto, Canada.

By the time a work reaches the fourth edition it has become pretty well known and recognized by the medical profession. This work is

growing in usefulness as the authors have time between editions to see in what way it can be improved. The present edition is thoroughly up-to-date, and will meet with much favor at the hands of the profession. In addition to its excellent merits from the scientific aspects, it is got up by the publishers in a most attractive form.

MEDICAL CLINICS.

The Medical Clinics of Chicago, May, 1917, Vol. 2, No. 6. Published bi-monthly by W. B. Saunders Company, Philadelphia and London. \$8.00 per annum.

This is a very full and excellent number. It also contains a complete index to Volume 2. The articles are varied and very valuable. The publishers may well be congratulated on the results of their efforts to furnish the profession with such a high-class periodical. The contributors are no less entitled to praise, as each one has done his best to give something well worthy of study.

THE MEDICAL CLINICS OF NORTH AMERICA.

The Medical Clinics of North America. Vol. I., No. 1. (The Johns Hopkins Hospital Number, July, 1917). Octavo of 193 pages, 14 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Published bi-monthly. Price per year, paper, \$10.00; cloth, \$14.00.

This promises to be a very valuable publication. The number to hand contains many useful and interesting papers. It will, no doubt, meet with much favor among all who wish to keep themselves abreast of the latest and best.

MISCELLANEOUS

THE CONSTITUTION OF THE ONTARIO MEDICAL ASSOCIATION.

ARTICLE I.

This Association shall be called "The Ontario Medical Association," being the Ontario branch of the Canadian Medical Association, and shall consist of ordinary, life and honorary members.

Section 1.—Ordinary members must be resident in the Province of Ontario, and shall be (a) regularly qualified and registered medical practitioners of the Province; or (b) those engaged in teaching or re-

search work in medicine or the allied sciences in the Province of Ontario, or (c) medical officers of the permanent naval and military, civil or public health services, while assigned to duty in the Province of Ontario.

No one resident in the Province of Ontario shall hereafter be eligible for membership in the Canadian Medical Association, except by becoming an ordinary member of the Ontario Medical Association; nor may he hereafter retain his membership in the Canadian Medical Association, except by continuing in good standing as an ordinary member of the Ontario Medical Association, which shall include the payment of his annual fee, unless he has been elected to membership in the Canadian Medical Association prior to the year 1895. (See Article 1, Membership, Sec. 2, By-laws, Canadian Medical Association).*

* So long as a member conforms to the constitution, by-laws and code of ethics of the Canadian Medical Association, he retains his membership therein; provided always that he remains in good standing in his Provincial Association, or in the case of a resident of the Province of Ontario, has been a member of the Canadian Medical Association prior to 1895.—(By-laws Canadian Medical Association).

Section 2.—Life members shall have been ordinary members in good standing; they shall have attained the age of 65 years; they shall be elected by the Association upon the recommendation of the Executive.

Each life member shall have the same duties, rights and privileges in the Association as he had before being elected to life membership, but he shall be exempt from payment of the annual fee.

Section 3.—Honorary members must have attained eminence in some department of science; they shall be elected by unanimous vote of the Association on recommendation of the Executive, and not more than two honorary members shall be elected in any one year. The number of honorary members shall at no time exceed twenty-five. Honorary members shall be entitled to all the privileges of the Association, with the exception of the power to vote. They shall be exempt from payment of the annual fee.

ARTICLE II.

Any local or territorial society or association within the Province of Ontario, at present existing, or which hereafter may be organized, may by special resolution of the said society or association become affiliated with the Ontario Medical Association by subscribing to its constitution, by-laws and code of ethics, and by securing the approval of the Committee on General Purposes, and where such a local or territorial society exists, only its members are eligible for membership in the Ontario Medical Association.

Every such affiliated society shall receive a certificate from the Ontario Medical Association showing it to be affiliated with the Ontario Medical Association.

The Ontario Medical Association shall have no control of the assets of any affiliated society, and is in no way responsible for the liabilities of such affiliated society; nor is the affiliated society in any manner responsible for the liabilities of the Ontario Medical Association, nor shall the affiliated society in any way control the assets of the Ontario Medical Association.

ARTICLE III.

Objects of the Association.

Section 1.—The cultivation of the science of medicine and surgery.

Section 2.—The advancement of the character and honor of the medical profession.

Section 3.—The elevation of the standard of medical education.

Section 4.—The promotion of public health.

Section 5.—The furtherance of unity and harmony among its members.

Section 6.—To form the connecting link between the members of the profession of the Province of Ontario and the Canadian medical Association, in accordance with Article IV. of the constitution of the Canadian Medical Association¹ and Article I. of the by-laws of the Canadian Medical Association.²

¹ All Provincial, Inter-Provincial Medical Associations or Societies, at present existing in the Dominion of Canada, or which hereafter may be organized in the Dominion of Canada, may, by special resolution of said Medical Society or Association, become branches of or affiliated with the Canadian Medical Association, by subscribing to its constitution, by-laws, code of ethics and by securing the approval of the Executive Council. Where such organization does not exist, intra-provincial societies or individuals may unite directly with the Canadian Medical Association until such provincial or inter-provincial associations or societies are formed and affiliate, when their membership will be continued only through such local organization.

² A member in good standing of an affiliated medical society or association may become a member of the Canadian Medical Association by presenting to the General Secretary: (1) A certificate of membership in good standing in an affiliated or branch society or association, signed by the president and secretary thereof; (2) or where no provincial branch exists, written application for membership on the approved form; (3) and payment of the annual subscription. In the absence of membership in a local association or branch a candidate may be elected to membership by the Council on the nomination of two members from personal knowledge.

So long as a member conforms to the constitution, by-laws and code of ethics of the Canadian Medical Association, he retains his membership therein; provided always that he remains in good standing in his Provincial Association, or in the case of a resident of the Province of Ontario has been a member of the Canadian Medical Association prior to 1895.—(By-laws Canadian Medical Association).

ARTICLE IV.

• *Officers.*

Section 1.—There shall be a President, a First Vice-President, a Second Vice-President, an Honorary Treasurer, an Honorary Secretary and one or more Assistant Secretaries as the Executive may from time to time direct. These officers shall be elected and shall enter upon their several duties, as laid down in the by-laws, at the close of the meeting at which they have been elected, and hold their offices for the term specified or until others are elected in their places.

Section 2.—The officers of the Association shall be elected annually.

Section 3.—The President and Honorary Secretary are *ex officio* Vice-Presidents and Local Secretary of the Canadian Medical Association, in accordance with the arrangement made with the Canadian Medical Association. (See Article IV., Sec. 1a, Executive Council, by-laws, Canadian Medical Association).*

* The General officers of the Association shall be a President, a Vice-President, and a local Secretary, for each of the Provinces of the Dominion of Canada, who shall be the Presidents and Secretaries of the provincial organizations; a General Secretary and a Treasurer. The President shall be nominated by the Council and elected by the Association in general session.

ARTICLE V.

Committees.

Section 1.—A Committee on General Purposes.

Section 2.—An Executive.

Section 3.—A Committee on Nominations.

Section 4.—An Advisory Committee.

Section 5.—The following Standing Committees shall be appointed annually by the Executive Committee, and each shall consist of six members or more if the Executive so directs.

They shall be responsible to the Executive Committee for the proper performance of their duties, until the next general meeting of the Association.

(a) Committee on Credentials and Medical Ethics.

(b) Committee on Public Health, Medical and Vital Statistics and Climatology.

(c) Committee on Legislation and By-laws.

(d) Committee on Necrology.

(e) Committee on Programme.

(f) Committee on Arrangements.

Section 6.—Special Committees.

ARTICLE VI.

Committee on General Purposes.

Each local or territorial society affiliated with the Ontario Medical Association shall delegate annually its President, *ex officio*, and one representative for every 50 members or any part thereof to act on the Committee on General Purposes. These representatives shall be named by each society as soon as possible after the annual meeting of the Ontario Medical Association, and continue in office until their successors are appointed.

This committee shall as far as possible be responsible for the business affairs of the Association. All new business must be first submitted to them for their consideration before being taken up in the general sessions of the Association. They shall submit their report on all questions for final action in the general session of the Association. The Executive shall be *ex officio* members of this committee.

Fifteen members of this committee shall constitute a quorum.

ARTICLE VII.

Amendments.

The articles of this Constitution may be repealed, amended, or added to, at any general meeting of the Association, subject, however, to the provision that all proposals for amendments or additions to the Constitution must be given in writing to the Honorary Secretary at least one month before the annual meeting. Any such proposal must be laid by that officer before the Committee on General Purposes and sanctioned by a three-fourths vote of that body present and voting before it is submitted to the Association.

ARTICLE VIII.

Sections.

At the annual meeting the scientific work of the Association shall be transacted in sections and general sessions, as may be determined by the Executive. The division shall be as follows:

- (1) Medicine.
- (2) Surgery.
- (3) Such other Sections as may be determined by the Executive.

ARTICLE IX.

Funds.

Funds for the purposes of this Association shall be derived:

- (a) Fees from ordinary members.

These are due and payable annually on the first day of January of each year. The amount of such fees shall be fixed from time to time by by-law.

(b) From any other source approved of by the Executive, and endorsed by the Association.

These funds from whatsoever source derived are to be transferred to the Honorary Treasurer, and by him forthwith deposited in such chartered bank as shall be selected by the Committee on General Purposes, and disbursed by him according to Section E, Article 3, by-laws.

No member shall be admitted to the meetings of the Association whose fees in the Association are not paid, or who is not in good standing in his local or territorial society, where such exists.

ARTICLE X.

This Association reserves the right to discipline any member by reprimand, suspension, dropping, or expulsion, for violation of its regulations or its code of ethics. This action shall only be taken at a general session of the annual meeting upon the recommendation of the Committee on General Purposes, and shall be confirmed by a three-fourths vote of the members present and voting at said general session. Notification of such action shall be at once forwarded to the local society or societies of the district in which such person resides.

Any person who has been so dropped or expelled and who seeks re-admittance must submit his name to his local society. If favorable to the applicant the recommendation of his local society shall be received and passed upon by the Committee on General Purposes, whose endorsement must be confirmed by a three-fourths vote of the members present and voting at a general session.

ARTICLE XI.

Any member of the Association in good standing may resign his membership by forwarding a communication in writing to that effect, to the Honorary Secretary. Such resignation must be approved of by the Committee on General Purposes and confirmed by a general session of the Association.

ARTICLE XII.

This Association endorses and shall be guided by the Code of Ethics of the Canadian Medical Association.

ARTICLE XIII.

Auditor.

All accounts of the Association shall be examined annually by an Auditor, who shall be appointed at each annual meeting, and who shall report at the next following annual meeting.

ONTARIO MEDICAL ASSOCIATION BY-LAWS.

ARTICLE I.

Membership.

(a) How Obtained.—Any member in good standing of any affiliated society may make application on an approved form containing a pledge to observe the constitution, by-laws and code of ethics of the Association, to the Honorary Secretary for membership in the Ontario Medical Association.

(b) Qualified practitioners in unorganized districts may make application to the Honorary Secretary, for membership, in the Ontario Medical Association on a similar approved form, endorsed by members in their own district, and when this is impossible it is the duty of the Committee on Credentials to make sure of the applicant's eligibility for membership.

(c) When an applicant for membership in the Ontario Medical Association has not been accepted as a member of his local society, he shall have the right of appeal to the Provincial Association. Such appeal must be passed on by the Committee on Credentials, and sustained by a three-fourths vote of the Committee on General Purposes before being submitted to the Association.

(d) Every application for membership must be accompanied by the annual fee of the Association. In case of rejection this fee shall be returned to the applicant.

(e) As soon as possible after election as member, the new member shall sign the official register of the Association.

No member shall be considered as being in good standing or allowed any of the privileges of membership who has not paid his annual dues.

The Honorary Secretary shall keep by card index system a register of (a) all members of the Ontario Medical Association, (b) of members of its affiliated societies, and (c) of all qualified and registered practitioners in good standing in the Province; and he shall be answerable to the Committee on General Purposes for obtaining this information and for the correctness of his lists.

Each local or territorial society affiliated with the Ontario Medical Association shall furnish annually on or before the 31st day of December, to the Honorary Secretary of the Ontario Medical Association, a report giving the names of the officers of the local or territorial society, the names of members, with their postoffice addresses, the names of deceased members, practitioners who have settled in their district within the past year, and also the names of any practitioners within their dis-

trict who are not members of the local society, together with the reasons why they are not members. Within one month of the annual meeting a supplementary list shall be furnished, giving any changes or additions which have occurred since the first of the year.

The local or territorial society shall vouch for the names of all their members to the Honorary Secretary of the Ontario Medical Association.

ARTICLE II.

Annual Meeting.

The place of the annual meeting of the Association shall be recommended by the Nominating Committee. The time of the annual meeting shall be determined by the Executive.

The meeting shall continue three days unless otherwise determined by the Executive.

Twenty-five members shall constitute a quorum.

Special meetings may be called at any time by the Executive, by the Committee on General Purposes, or by the President on the request in writing of 25 members.

Notice of each annual or special meeting of the Association shall be given to each member thereof, at least two weeks prior to the meeting, by sending a letter to such member at his or her last known address on the card index of the Association, and in notices for special meetings the purpose of such meeting should be given.

ARTICLE III.

President.

Sec. A.—The President shall preside over all meetings, and enforce a due observance of the constitution and by-laws, preserve order and decorum, see that all committees perform their respective duties, and call for reports, call special meetings of the Committee on General Purposes on urgent occasions, sign all documents requiring his signature, give the casting vote only, announce the result of votes, introduce all members other than ordinary to the meeting, be *ex officio* a member of all committees inclusive of the Nominating Committee, appoint representatives of the Association to any meeting of any medical society or association when in his opinion the interests of the Association may be enhanced by so doing, and shall at each annual meeting deliver an address setting forth the condition of the profession in the Province, with such suggestions as he may deem proper to make. This address may include a dissertation on some subject kindred to the objects of the Association. He shall perform such other duties as by usage appertain

to his office. It shall be his duty after installation to appoint such special committees as have not otherwise been constituted by the general session. He shall be a Vice-President of the Canadian Medical Association vide by-laws, Article b, Sec. 1, Can. Med, Ass'n., Sub-section, Executive Council.*

* The general officers of the Association shall be a President, a Vice-President, and a local Secretary, for each of the Provinces of the Dominion of Canada, who shall be the Presidents and Secretaries of the provincial organizations; a General Secretary and a Treasurer. The President shall be nominated by the Council and elected by the Association in general session.

Vice-Presidents.

Sec. B.—The Vice-Presidents shall assist the President in the performance of his duties, and in his absence or at his request preside over the meeting. They shall preside in the order of seniority of election.

The First Vice-President shall be *ex officio* the chairman of the Committee on General Purposes and a member of the Executive.

Honorary Secretary.

Sec. C.—The Honorary Secretary shall keep by card index system a register of (a) all members of the Ontario Medical Association, (b) of members of its affiliated societies, and (c) of all qualified and registered practitioners in good standing in the Province, and he shall be answerable to the Committee on General Purposes for obtaining this information and for the correctness of his lists; he shall give notice of the meetings of the Association at a time determined by the Executive to all those whose names are on this register; attend with the necessary records and documents of the Association at all general and business meetings and keep a record of the proceedings of each; take charge of all manuscripts, printed books and other property of the Association, except money or securities for money; superintend the printing of the transactions and their distribution to every member of the Association when directed by the Executive; provide a list of members for the Committee on Nominations and place his card index register at the disposal of the Committee on Credentials; provide a suitably interleaved book for the recording of all changes in the constitution or by-laws and keep the same posted to date; receive reports from all committees and file them with the other transactions; notify the members of their appointments either as officers or on committees and inform them of their duties; conduct correspondence between this Association and any other body or individual according to the constitution and by-laws and as officially instructed; attend, either in person or represented by an Assistant Secretary, meetings of all committees when requested, with

records, etc., and transact such other business as may arise in his department and make in writing a report of the year's work at the annual meeting of the Association.

He shall be Local Secretary of the Canadian Medical Association in accordance with the constitution, vide Article 4, Sec. 1, C. M. A. by-laws, sub-section, Executive Council.

Assistant Secretaries.

Sec. D.—The Assistant Secretaries shall assist the Honorary Secretary in the performance of his duties.

Honorary Treasurer.

Sec. E.—The Honorary Treasurer shall collect and receive all moneys due the Association and be accountable for the safe-keeping of all funds derived from whatever source belonging to the Association. During the month of January of each year he shall render to every member of the Association an account for his annual dues, and if not paid, after thirty days draw upon the member through a chartered bank for payment of the same; pay all bills or moneys directed by vote of the Association or the Executive, and give a statement of all moneys in his care at any time, when requested by the presiding officer. He shall make all payments of any kind whatsoever by cheque. He shall submit his accounts and vouchers to the official auditor appointed by the Association fifteen days prior to the annual meeting and shall at the general business session give a detailed financial statement in writing of the affairs of the Association; this statement having previously been submitted to the Committee on General Purposes. He shall hand over when called upon by the Association all moneys, papers, books, etc., whatsoever in his possession belonging to the Association to his successor in office or anyone appointed by the Association to receive them. He shall furnish a bond satisfactory to the Executive, which shall be paid for out of the funds of the Association.

ARTICLE IV.

Committees.

Sec. 1.—The Committee on General Purposes.

It shall be the duty of the Committee on General Purposes:

(a) To meet the day prior to the annual meeting of the Association and at such other times as may be deemed necessary by the President and Executive, or upon a request in writing signed by twenty-five members of the Association.

(b) To receive and discuss the reports of all committees, except that of the Nominating Committee, and forward them to the general meeting with such comments and recommendations as may be deemed necessary.

(c) To suggest, consider, discuss or prepare all new business for presentation to the annual meeting.

(d) To hear petitions, appeals, recommendations, complaints or consider any business originating in or relating to affiliated societies and being for the general welfare of the public, profession or the Association.

(e) To consider and determine the limits of jurisdiction of any local or territorial society or association, and to report on all disputes regarding the same.

(f) To report upon all matters affecting the relationship between the Ontario Medical Association and the Canadian Medical Association and instruct the representatives of the Ontario Medical Association upon the Executive of the Canadian Medical Association.

Sec. 2.—The Executive Committee.

The Executive Committee shall consist of the President and Honorary Secretary, who shall act respectively as chairman and secretary of the Executive, the Treasurer, the First Vice-President, and three members who shall be chosen yearly by the Association from such members as have identified themselves actively with the work of the Association, two of whom must reside outside the limits of the capital of the Province. Three members of this committee shall constitute a quorum.

All the business of the Association not allotted to other committees shall be undertaken by the Executive, and particularly the notification of all affiliated societies, by letter or through the medical press, of all matters of general interest to the Association; and generally it shall act in the interests of the Association.

The Executive shall appoint a chairman and secretary for each of the sections of the Association, to prepare the scientific programme for their section at the annual meeting.

The Executive shall meet upon the call of the President.

Meetings of the Executive may be held on twenty-four hours' notice being given by mail, telegraph or telephone.

The Executive shall have power to engage clerical assistance for the Honorary Secretary and Honorary Treasurer.

Sec. 3.—Committee on Nominations—

The Association shall at its first general session elect a Nominating Committee, which shall consist of the President, *ex officio*, and one member for each fifteen members of the Association registered at the time

of voting. At least one-half of these shall be chosen from members residing outside the place of meeting.

Nominations for this committee shall be called for by the President and posted in two columns, viz., those resident, and those non-resident in the place of meeting. The vote shall be taken by means of a similar two-columned ballot paper, and the President shall name three members to serve as scrutineers, who shall present a report at the same meeting.

Suggestions of names for President, Vice-Presidents, Honorary Secretary, Assistant Secretaries, Honorary Treasurer, elective members of the Executive and Auditor may be made in writing to the Committee on Nominations, which shall meet and select by open vote candidates for the offices of the Association.

In the event of the Association not being satisfied with any name presented, the report of the Nominating Committee may be referred back with instructions to make another nomination.

The committee shall also recommend the place for holding the next annual meeting.

The committee shall report to the Association at its next general business session.

Sec. 4. Advisory Committee—

The Advisory Committee shall consist of all Past-Presidents of the Ontario Medical Association who are members of the Ontario Medical Association. Duties may be assigned to this committee from time to time by the Executive.

Sec. 5. Standing Committees—

These committees shall perform such duties as are laid down hereinafter and such other duties as the President or Executive may constitutionally direct. They may meet at any time, but shall meet on the afternoon of the day preceding the annual meeting and present their reports to the Committee on General Purposes.

(a) Committee on Credentials and Ethics—

It shall be the duty of this committee to consider every application for membership, inquire into all credentials presented, and report upon the fitness for membership of every applicant. It shall have immediate access to the card index registers of the Honorary Secretary.

It shall make a final report before the close of every annual meeting upon all applications for membership.

It shall be the further duty of this committee to report upon the condition of the registers kept by the Honorary Secretary, and upon such other matters as they may deem of interest to the Association.

To this committee all questions connected with ethics shall be referred. They shall investigate all cases formally referred to them, and

shall report the result of their inquiries to the Committee on General Purposes; they shall also report each year any violation of the code of ethics by its members which attracts their attention as affecting the Association.

(b) Committee on Public Health, Medical and Vital Statistics and Climatology—

It shall be the duty of this committee to place itself in communication with the Provincial Board of Health, and with the various affiliated societies, and where none exist, with the prominent men of the profession, seeking information regarding the above-named subjects, and to present a report embodying anything in regard thereto that would be of interest.

(c) Committee on Legislation and By-laws—

It shall be the duty of this committee to watch the course of legislation so far as it affects public health or the interests of the profession in this Province.

In the event of any legislation of special importance arising, urgently demanding attention, it shall act in conjunction with the Committee on General Purposes.

(d) Committee on Necrology—

It shall be the duty of this committee to make a report on all deaths which have taken place among the members of the Association during the year.

(e) Committee on Programme—

This committee shall consist of the President, the Honorary Secretary, the Chairmen and Secretaries of Sections and the Presidents of affiliated societies, with power to add.

It shall be the duty of this committee to undertake all the work incidental to the preparation of the scientific and clinical portion of the programme of the annual meeting, and to this committee shall be referred for acceptance all papers to be read or presented at the annual meeting. They shall begin their duties immediately at the close of the annual meeting and shall prepare not later than the 15th of February for publication in the March medical journals, a provisional programme, of which copies shall be sent at the same time to all affiliated societies. The final programme shall be approved of by this committee, issued and be ready for mailing not less than three weeks before the annual meeting.

It shall also arrange for discussion of the papers to be presented at the annual meeting.

It shall be the duty of this committee to provide due space in the programme for the discussion of such matters as shall be determined by the Committee on General Purposes.

The final programme shall contain the names of the presidents, secretaries and delegates to the Committee on General Purposes of all affiliated societies, and also the names of those by whom the discussion of the scientific papers read before the Association shall be opened.

It shall be obligatory upon every member reading a paper before the Association to deposit a copy of the same with the Honorary Secretary, but a member is at liberty to publish his paper in whatever medical journal he may select, and it must be stated that it was read at the Ontario Medical Association. If read by title, it must be so stated.

(f) Committee on Arrangements—

It shall be the duty of this committee to provide a suitable place for holding the meetings of the Association, to attend to the reception and entertainment of members and invited guests, and to all matters connected with the proper inception of the meeting, such as postal and telephone facilities, the proper marking of the places of meeting, the providing of official badges, etc.

This committee may provide for a Sub-Committee on Exhibits, which shall have made arrangements for the proper display of such articles of scientific interest as it may be desired to exhibit before the Association.

Sec. 6. Special Committee—

Special committees may be appointed from time to time for the consideration of matters of special interest to the Association.

ARTICLE V.

Rules of Order.

The following shall be the order of business at the regular meetings of the Association. The ordinary parliamentary rules shall govern the transaction of business during the meeting.

(a) General Sessions—

1. Calling the meeting to order.
2. Reading of addresses and papers.
3. Discussions of papers in these sessions, not to occupy more than ten minutes.

(b) Business Sessions—

1. Calling the meeting to order.
2. Communications.
3. The Honorary Secretary shall report a synopsis of the work of the year.
4. The report of the Honorary Treasurer.
5. The report of the Executive.
6. Report of Standing Committees.
7. The report of the Special Committees.

8. The election of officers and committees, and of the delegates to the Canadian Medical Association.
9. Unfinished business.
10. New business.
11. Installation of officers.

(c) Sections—

1. Calling the section to order.
2. Reading and discussion of papers.
3. Papers not reached in the session to which they are allotted may be read at a subsequent section, providing the set programme of that section be not interfered with.
4. No paper shall be read in extenso except by or in the presence of its author.
5. No paper shall be permitted to exceed fifteen minutes in duration, and no discussion five minutes.

ARTICLE VI.

Any by-law may be suspended by a three-fourths vote at any regular meeting for that meeting day.

ARTICLE VII.

Any vacancy occurring in any office *ad interim* shall be filled, *ad interim*, by the Executive.

ARTICLE VIII.

No person shall be permitted to occupy the time or engage the attention of the meeting, but members, delegates, and invited guests, and no member is to occupy the floor in any discussion for a longer period than ten minutes, and no member shall have the privilege of speaking more than once on any question under consideration, except for explanation.

ARTICLE IX.

In case of the absence of the President and Vice-Presidents, the Association shall appoint a presiding officer *pro tem*.

ARTICLE X.

Fees.

The annual fee of the Association shall be two dollars.

ARTICLE XI.

These by-laws may be repealed, amended, or added to, at any general meeting of the Association, subject, however, to the provision that all proposals for amendments or additions to the by-laws must be given in writing to the Honorary Secretary at least one month before the annual meeting. Any such proposal must be laid by that officer before the Committee on General Purposes and sanctioned by a two-thirds vote of that body present and voting, before it is submitted to the Association.