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EDITORIAL

TOO MANY EXAMINATIONS.

A most interesting part of Mr. Justice Hodgins' Report on Medical Education in Ontario is that portion dealing with the "Relations of the University of Toronto and the College of Physicians and Surgeons in Ontario," and to be found on page 46. The University of Toronto submitted its views, which are given in the report; and the Commissioner goes on to state that the question raises larger issues than are set forth by the University. He summarizes these as follows:

"(1) Is it necessary to maintain the present Examining Board separate and distinct from the University faculties?

"(2) If the claim of the University of Toronto is granted, should the other universities be similarly treated?

"(3) Is it practicable to do away with the Examining Board and substitute therefor a system of inspection so that a license can be granted upon the production of a diploma from one of the universities?

"(4) If a separate Examining Board is retained, is the present composition of the Medical Council and its relations to the University satisfactory?"

Here it should be mentioned that the Commissioner very properly states that the Medical Council now examines students only in medicine, surgery and obstetrics, and accepts the examinations of the universities on all the other subjects. He also mentions that "this very reduction in the factor of difference between the two examinations forms a very natural argument against the necessity for its retention."

He then reviews the conditions in Great Britain, where the degree from a university or one of the teaching colleges entitles the holder of the degree or diploma to registration, and the license to practise. This condition in Great Britain is the result of a long and slow evolution,

where the vested rights of the colleges and universities had to be regarded. It is the best that could have been obtained there, and has worked out very well.

When one turns to this country we find there has been a gradual evolution also. When the Medical Council was created, medical education was in a very chaotic state. The teaching of students was in the hands of private individuals who established proprietary colleges. There was no fixed standard. Since those days the proprietary college has disappeared, and the universities have established medical teaching faculties. The Medical Council and these universities have been steadily advancing the standard of medical education, both in the length of the course of studies and in the number of subjects and the thoroughness with which they must be studied.

As the result of this the Medical Council has seen fit to accept the examinations of the universities on all subjects of the curriculum except three, namely, medicine, surgery, and obstetrics. All this is done without a joint board of examiners and the right of inspection on the part of the Medical Council. It would seem but a short step to take to accept the University tests on these three subjects also. This would be a decided saving of time to the student. The standard could be maintained by a judicious system of inspection.

On this matter of inspection Justice Hodgins makes some comments with which we cannot find ourselves in accord. He thinks that any additional method would "produce a further expenditure which must fall either upon the students in an increase of fees, or upon the Provincial revenues." But, on the other hand, there would be the saving of the sums now paid by the Medical Council for examinations. These sums would meet the expenses of the inspection. He further goes on to state that the inspection would have to cover the five years, or six, if the course is so lengthened, and perhaps buildings and equipment. But there is no inspection now of buildings and equipment, or of the many subjects upon which the universities examine students and which are accepted by the Medical Council. The cost of the inspection, at most on medicine, surgery, and obstetrics, the examinations on which the Medical Council would forego, would not be at all great. This aspect of the case does not seem to us to present any difficulty.

On pages 49 and 50 of his report Justice Hodgins points out that the Medical Council has not kept up with the times. His words are: "The request of Toronto University has its real origin, I think, in the fact that the Ontario Medical Council has failed to keep up with the extraordinary and marked advancement which the Medical Faculty of

Toronto University has evidenced in relation to medical education." The foregoing is found at the foot of page 49. On page 51 we find this severe criticism of the Council: "The reason the Ontario Medical Council has not kept pace with the University of Toronto is partly due to its composition, and somewhat to the undue emphasis placed on its representative character, and also to the inherent lack of executive power to which a mere examining body is condemned."

With the request of the University of Toronto, the Western University concurs, but Queen's dissents, and "prefers the method of an independent examination by the Medical Council." We cannot see how time is going to correct the defects that the Commissioner so clearly points out. They exist in spite of the Council, because of the very nature of its composition, and its mode of selecting the examiners. The Commissioner very truly points out that a body that merely examines is condemned to lack of executive power.

On page 51 of the report we find these words: "While I recognize the force given to this request from the facts which I have mentioned, I am far from convinced that it should be granted." We beg respectfully to differ from this position of the Commissioner. We are of the opinion that the reasons given in the report justify the conclusion that there is now no longer any good purpose to be served by the independent examinations. Everything that can be secured by the separate examination system can be secured by a system of inspection by the Medical Council of the examinations as held by the universities. This in the end would save time and money, and would have the effect of standardizing the universities, through a system of inspection. The duties of the Medical Council would remain as they are, with the alteration of substituting inspection of the examinations on medicine, surgery and obstetrics, instead of conducting the examination itself.

The Commissioner concludes this part of the discussion with these words, on page 55: "I have, therefore, recommended the continuance of the present system of examination, which avoids much of the duplication and yet maintains the quality of independence and stimulation so necessary to the maintenance of a proper standard." We think we have shown how this can be better obtained by one common examination, conducted in a co-operative way. It works admirably in Manitoba. It would work out just as well here.

Finally, it should be noted that there is a movement on foot to do away with some of the examinations set by the Dominion Medical Council, and to arrange for some common basis of examinations between Great Britain and Canada.

CHRISTIAN SCIENCE.

What Justice Hodgins has to say on the Christian Scientists will be found on pages 38, 72, Section 8, and 147. On page 38 the Commissioner is quite pronounced that no matter what form of treatment be adopted, the public health regulations must be complied with. This means that anyone treating by drugs, manipulation, or prayer must be able to diagnose all the diseases that should be reported. This is a heavy contract, but it is the minimum below which no standard can be permitted to fall. But he goes further and the following is quoted and special attention drawn to it:

“Subject to that and in so far as what they do is solely an exercise or practice in good faith of the tenets of their religion, no satisfactory reason has been alleged for putting them or any church or body in the category of practising physicians. But their rights should be carefully restricted to the *bona fide* exercise of the tenets of their religion, and they should possess no other different right or immunity from that enjoyed by the clergyman or minister who is called in for the spiritual benefit of a member of his communion, and whose ministrations often result beneficially on physical suffering.”

The foregoing would appear to be clear and satisfactory, unless term “tenets” opens the way to act as “healer” under the claim that to heal is an essential tenet of the Christian Science Church. The report further goes on to state: “It should also be provided that when a person claims to be practising the religious tenets of any church, for gain, and the practice is apart from the church building or the home of the person treated, the onus of bringing himself or herself within the exception shall be on the person claiming to be practising such religious tents.”

Now, what is the exception referred to in this quotation? On the same page of the report these words are found: “Whether they see the patient or not, or whether they merely pray for him, if their efforts or doctrine really and in practice result in eliminating the regular practitioner, either because the patient desires it or because his friends do so, then the interests of the public health throw on them the responsibility for any possible mistake in the nature of the disease.”

If, then, anything the Christian Scientist does has the effect of eliminating a qualified practitioner from the case, then the Christian Scientist must be held responsible for any failure to recognize a contagious disease. If in any way a Christian Scientist takes charge of a case and such case should prove to be one that should be reported and he fails to recognize it, he becomes “responsible for any possible mistake.”

It is also recommended that “a penalty by fine or imprisonment,” or both, sufficiently heavy to deter people from incurring it, should be

imposed upon anyone practising such religious tenets upon or in reference to any person suffering from any disease dealt with as contagious or infectious in the Public Health Act, *unless before such practice is begun notice in writing is given to the local health authorities of the presence of such disease.*" The italics are ours.

But it may be asked why this sort of exception at all? An immense field is left open for the possible exploitation by the Christian Scientist. The groups of nervous affections, diseases of the digestive organs, the many forms of kidney troubles and all the new formations and degenerative conditions, etc., are outside the Public Health Act. Mistakes in the diagnosis of such conditions would involve the healer in no liability.

Let us now turn to page 72 and quote Justice Hodgins' conclusion number 8. Here it is:

"That provision shall be made in such legislation that nothing in it or in the definition of medicine shall prevent the practice of the religious tenets of any church, provided that anyone exercising it for gain for the benefit of the sick or diseased, shall possess a permit from the Provincial Board of Health certifying that the holder is qualified to recognize the diseases required to be reported under the Public Health Act, and further providing that when the practice is apart from a church edifice, or the home of the patient, and is for gain, the onus shall be upon the person so practising to bring himself within the exception. Nothing in the legislation should in any way weaken the position that where infants are concerned necessities should include the services of a registered medical practitioner."

A careful study of the foregoing makes it clear that if the Christian Scientist is going to exercise the power of healing on the sick for gain he must first obtain from the Provincial Board of Health a certificate that he could diagnose contagious diseases. This is very necessary, as the Christian Scientist healer might come into contact with contagious diseases at any time. As a healer in the church he would be sent for by the sick, hence the necessity that he should be able to make his practice conform to the requirements of the Health Act. This will place a severe but very proper restriction upon this cult.

But the recommendation also states that "where infants are concerned necessities should include the services of a registered medical practitioner." We presume the term "infant" is here used in its legal meaning, which is any person under 21 years of age. This, again, would impose a sweeping limitation upon the Christian Scientist healer, and place upon the parents or guardians a heavy responsibility if they called in any such healer to treat one under 21.

It would be difficult indeed to find any book so densely ignorant of the laws of health and the causes and treatment of diseases as

Science and Health, by Mrs. Eddy. It is a compound of undigested biblical lore, crude metaphysics, disgusting egotism, blasphemous ravings, weird superstitions, shameless plagiarism from Quimby, and crass ignorance of science. But to put the seal of confirmation on all this, let us quote from Judge Clifford P. Smith as we find his words on page 147 of Justice Hodgins' report. Here they are:

"While the various schools of medicine differ from each other as to the nature and cure of disease, Christian Science differs from them all by regarding it as primarily and essentially mental (as a product of false belief, an image of material sense, a state of mortal thought), and by curing it with a method that is at once mental and spiritual—that is, with the power of truth, in accordance with the law of mind, through the prayer of spiritual understanding." Then, again, he says: "In the final analysis, sin and disease consist alike in a lack of mental rightness."

To people holding such preposterous views about disease no concessions whatever should be granted. Every medical man should take the stand that the Christian Scientists be placed in exactly the same position as all other religious bodies, namely, the right to minister spiritually to their followers; but to enjoy no other privileges in the treatment of disease and injuries than those enjoyed by any citizen or member of any other religious body, namely, to render such aid as a non-skilled person may be able to give, and without fee. There is no justification for granting them even a certificate under the Provincial Board of Health to comply with the clamor for recognition.

This would be going further in limiting the operations of these people than is laid down in the report on page 149 in these words: "Upon the whole, my solution of this particular difficulty would be to leave the matter in the hands of the law, exacting a penalty sufficiently onerous to compel the use of common sense in dealing with each case, and deterring those who affect the methods of Christian Science from ignoring the requirements which have been determined to be necessary for insuring the public against the spread of preventible disease."

Let the Christian Scientists spread their religious beliefs with all their energy and money; but holding the monstrous views they do upon disease, when it comes to their being allowed to treat it, then we say most decidedly—Hands off! To the man on the street the follw of regarding disease as merely an error of mortal mind is quite apparent. He knows better, and will have none of this false teaching. The Christian Scientist should not be granted the limited privileges of practice set forth in the report. It would be a terrible misfortune to have anyone of this cult treating a case of smallpox, even though he could recognize it and comply with the law by reporting the case. There would be a real danger to the public.

OSTEOPATHY.

We return to this topic for a very definite reason. The next session of the Legislature will almost for a certainty pass the proposed Medical Act. It will be a most important piece of legislation. Each body interested in it shall try to get as great concessions as possible, and it may be taken for granted that the osteopathic practitioners will not be idle.

If one watches the lay press it becomes apparent that there is an educating campaign in progress. Almost daily in some paper one meets with letters advocating the use of manipulation, and especially for returned soldiers. This sort of thing has been most persistent in the United States. The following from the *New York Tribune* is to the point:

"For the medical profession to continue its quasi-boycott on the practitioners of osteopathy is equally ill-advised at the present time. Especially in the war and in the treatment of convalescents we are sure that osteopathy could do a wide and valuable service. It is precisely the sort of thing that is needed, especially in the later stages of recovery, and with the crying need for physicians it seems an extremely short-sighted policy to reject this proffered aid. Osteopathy has a definite and not a misprized part in modern therapeutics. And it is an ill-timed prejudice which now refuses its meed of recognition."

Commenting on this a Toronto newspaper said as follows:

"A similar prejudice seems to exist in Canada. The Ontario Osteopathic Association offered to equip a free sanitarium for the treatment of returned soldiers, but the offer was ignored. At the same time it is said that at Hart House osteopathic methods are freely used. Apparently the idea is to borrow them without giving the recognized practitioners of the system any share of control or credit."

Just think of turning our maimed soldiers over to the care and treatment of a body of men who follow the nonsensical teachings of the late A. T. Still. His theory of disease was wrong in every detail. He formulated the notion that almost every known human ailment is due to some sort of a displacement; and that the vast majority of these displacements, or subluxations, are to be found in the spinal column. Now this is all wrong. It will at once appear that, even if there be merit in manipulation, it would yield mischievous results if applied on the Still or osteopathic theory. This sort of thing would never do.

But just look at the naivety of the remark, "that at the Hart House osteopathic methods are freely used." This is most misleading. Osteopathy is not only entirely wrong in theory, but it has added nothing in the practical application of manipulation. What is good in this method of treatment has come from other sources than Still and his followers. In some form manipulation and rubbing is both ancient and world-wide. Ling, Olstrom, Mitchell, Graham, and many others have given to it a

scientific touch and on scientific foundations. Not so with Still. Anything he did was to turn the hands of the clock back many years.

To show how this propaganda is kept up, a writer in one of our city dailies said that "the returned and broken soldier of to-day will tell you that his body is much more in need of massage, adjustment, light, heat, baths, etc., than it is in need of medicine." The thoughtful way in which the word "adjustment" is slipped in pretty clearly tells us that the letter was from the pen of an osteopath.

A short time ago Dr. A. Moir, of Peterboro, contributed a very excellent letter to one of our newspapers, in which he put forth the position that it came to be one of education. If the osteopath wishes to practise, let him become educated. Taking the osteopathic theory as it is taught to-day in the leading books and colleges of the cult, and the more one studies it and follows it, the worse for the patients. This is because its theory is all wrong. Suppose one spent ten years in an osteopathic college, and then began to practise, he would only be an osteopath floundering around in the Still mud and mire.

Justice Hodgins in his report on page 27 states: "Manipulative treatment is becoming more and more recognized as a valuable agent in the cure or alleviation of diseased conditions of the bones and joints. The osteopath applies to it all conditions; the regular physician not enough in suitable cases." Of course, the osteopath applies it in all cases, because he does not know of anything else to apply. He is as ignorant of disease as the little girl was of a locomotive when she offered her bun to prevent it running over her. It is quite true that the returned soldiers with their stiff joints have brought manipulative treatment in prominence; but to speak of the appliances and manipulations employed in the Hart House as being in any way of osteopathis origin is to perpetrate a huge joke without the maker of the same being aware of the fact that he did it out of the fulness of his ignorance; but, as Shakespeare said: "A joke's prosperity lies in the ears of him who hears it, never in the mouth of him who makes it."

While on this subject we wish to point out that Justice Hodgins does not say anything on the merits or demerits of the osteopathic theory of disease. He discusses the value of manipulative and physical therapeutics. The real reason why the regular medical profession is so much opposed to osteopathy is because it has set itself up as an independent system of treatment on a theory that is utterly unsound; and, if pushed to its legitimate conclusions and followed out in all diseases, would be chargeable constantly with manslaughter. Just fancy manipulative treatment for typhoid fever or diphtheria! It is the bounden duty of the medical profession to fight wrong methods and ignorance; and so it fights osteopathy.

MATERNAL IMPRESSIONS.

In our July issue there appeared an editorial on "The Causes of Feeble-Mindedness," in which we rejected the idea that maternal impressions had anything to do with the condition, as there is no nerve tissue in the cord; and further stated that after conception had taken place, all the mother could do for the child was to feed it. She might "impress" it for good or ill as she gave it good or poor nourishment; but this was only a matter of health and growth.

An esteemed subscriber has written and submitted three cases for an answer. We shall avail ourselves of this opportunity to explain the main laws of heredity, and also to show that "maternal impressions," as usually understood, do not occur.

The first case is that of a woman who had the pictures of owls in her room, and her child was born with a face that resembled an owl. Let us here refer to the statistics of John Hunter, the great investigator. He collected instances of several thousand children who had marks of some sort, and he found that in these cases their mothers had not been subjected to any special experiences. He then collected the results of about a similar number of mothers who had varying experiences of an unpleasant character, especially of sight; but there was no larger number of marked children than from an equal number of mothers who had had no unpleasant impressions. All that can be in the child must first be in sperm plasm of the mother's ovum, and the germ plasm of the father's spermatozoon. Everything else is only growth from food the mother supplies. A woman may see a snake and her child may have the marks somewhere of a snake, but it has been proven beyond a shadow of doubt that such an event is merely a coincidence. Dr. O. W. Holmes was entirely wrong on his biology in the story of Elsie Venner. A drunken mother may "impress" very unfavorably the health of the child in utero; but this is not what is meant by "maternal impression."

The second case submitted is that of a child having the red hair of its father, though no nerve tissue connects parent and child. The potentiality to reproduce features of the father is in the sperm plasm. It is in the same way that the potentiality to produce bone, brain, muscle, skin, color, etc., etc., is there. These parts of the child are not produced by "maternal impressions" arising from the mother looking at the father. No, they are the result of the very quality of the two parental elements that come together at the moment of fertilization. This runs all through the vegetable world, where plants resemble the parents, because of the fertilization of the seeds. Here there are no "maternal impressions." In plants also crosses can be obtained by fertilization of one variety with **another**. So, too, half-breeds in man can be obtained. A blind, white

woman has mulatto children to a negro, whom she never saw. The color of the child does not come to it through the optic nerve of the mother but through the ovum and the spermatozoon of the parents.

The third case we have been requested to answer is the story recorded in Genesis xxx and versus 37, 38 and 39, where it is said that Jacob, by placing in the watering troughs rods of poplar, hazel and chestnut from which he had removed streaks of the bark, secured streaked and spotted cattle. Our correspondent thinks that in this there is Biblical authority for the belief in "maternal impressions."

This is quite incorrect. Suppose one million modern Jacobs tried this plan on one million modern Labans it would not succeed. It is not a case of "maternal impressions" at all, for if one reads the account carefully, it is seen to be an act of special providence to reward Jacob for his long years of service with Laban. The story is not one of "impression" but "miracle." The ringed and streaked rods were the agency through which the end was to be accomplished. No one thinks that the mixture of clay and spittle rubbed on the eyes cured the blind man. They were merely the agents selected through which a miracle was to be wrought.

Acquired characteristics are not transmitted. It is impossible to produce a tailless variety of sheep. Train pigeons as much as one may and when crossed with the stock dove the offspring are of the original wild strain. When the mulattoes intermarry they are either sterile, or in time their children all become whites or blacks. Deformities, monstrosities and special markings result from condition in the germ plasm or sperm plasm, and not from any "impression." Everything that is found in the fully-grown tree had its origin in the seed.

It is in this way that it is quite incorrect to say that syphilis or tuberculosis are hereditary. It is quite true that a child may be born with one or other of these diseases in its system; but if so, the disease got into it after conception. The spirochete or the bacillus was not in the germ plasm or the sperm plasm. May be he was born with a tendency to low resistance to these infections; but this is vastly different to saying that such diseases are hereditary. That a child becomes infected in utero is no different to its being infected after it is born. The germs of these diseases are no part of the cells that make the new being, and so these diseases are not hereditary. They may, however, be congenital.

THE PRESCRIBING OF ALCOHOL.

The medical profession fully recognize the value of various kinds of alcoholic stimulants in the treatment of many diseases, and also that it is a perfectly proper procedure on the part of medical practitioners to

avail themselves of the therapeutic aid to be obtained from the administration of alcohol in some form; nevertheless, as the law in Ontario now stands, the members of the profession should prescribe alcoholic stimulants only upon personal knowledge of the conditions of those for whom it is prescribed; that these stimulants should be prescribed solely for medicinal purposes; that they should never be ordered when they may be used in a merely social way, and that orders for the procurement of alcoholic stimulants should never be given to anyone in behalf of another person when the physical condition of such person is not known to the doctor from whom the order is sought.

Medical men now fully recognize the fact that in some instances where the medical practitioner may prescribe alcoholic stimulants for purely medicinal purposes, the person who has the order filled, or some other person who has access to the stimulants, may use them improperly and become intoxicated, thereby throwing grave discredit upon the practitioner, or even laying the foundation for action against him under the Ontario Temperance Act. Against all such cases the medical profession should be protected by the proper punishment of all who make an improper use of the stimulants after obtaining them.

Not a few men are beginning to have the opinion that every person who obtains alcoholic stimulants should be called upon to sign a declaration which shall be kept on record by the authorized vendor, which shall set forth the fact that the stimulants are for medical purposes only. Any wrongful use of the stimulants shall render the declarant and the person for whom the stimulants are obtained amenable to the law.

The working out of the Act has made it clear that the medical profession must be protected against a designing element in the public. The suggestions now offered would remedy most of the evils and protect the prescriber.

Now that the sale of alcoholic stimulants is limited to the filling of doctors' prescriptions, we are of the opinion that the sale should be conducted by an agent for the government, and that the profit should come to the public treasury. Steps should be taken at once to ensure that all forms of stimulants should be of the highest grade of purity. They should be regarded as for the sick only, and to be used as a medicine. Therefore, quality should have first consideration.

FACTS ABOUT INFANTILE PARALYSIS.

A paralysis of unknown origin was common in Asia and attracted the attention of European observers prior to the eighteenth century, according to Dr. Louis Ager, in a paper read before the American Medical Association.

Infantile paralysis appeared in England between 1784 and 1799, but did not spread to the continent until fifteen or twenty years later. The disease prevailed to some extent among English children in India prior to 1800, if not before, and its victims returned to England at least as early as that date. It seems that infantile paralysis existed in India and Asia originally and was brought to England by Anglo-Indians and then transmitted to the rest of the western world.

The method of transmission of infantile paralysis remains obscure in some points. Direct human transmission is not likely, according to a paper read by Dr. M. W. Richardson before the American Association of Physicians. Cases often occurred in the same house, but in different families, while a block adjacent to an infected block was frequently not touched. Nothing but the flea or rat could effect such a condition.

The rat suffers from infantile paralysis; during outbreaks rats have been seen with paralyzed legs, hardly able to move, and children who have played with dead rats have been found to contract the disease within a short time. Rats follow the grain traffic, and in a large number of rural epidemics infections were found at start "at the mill." Water fronts infested with rats were common centres of infections.

Both the flea and the rat are carriers of the bubonic plague; a great prevalence of both flea and rat coincided with outbreaks of the plague. Since 1894 the plague has spread all over the world; infantile paralysis spread at about the same time. The flea curve is found to coincide with the paralysis curve, and the paralysis is most apt to attack the lower limbs, which would be the ones apt to be bitten by fleas. There seems to be some connection between rats, fleas and infantile paralysis.

Incidentally, there was a disease of rabbits which carried off large numbers of rabbits every six or seven years, and this was found coincident with infantile paralysis years.

There is much work yet to be done, but much good has been done. There is not the least doubt but that the real method by which this disease is spread shall be found; and then there is good reason for thinking that it shall be brought under control.

THE LLANDOVERY CASTLE—A STUDY IN GERMAN PSYCHOLOGY.

This large vessel of 11,000 tons was torpedoed and sunk about 70 miles from the Irish coast. The vessel was chartered by the Canadian Government for the transportation of wounded and sick soldiers from England to Canada. On the trip this vessel was making when sunk there were on board 258 persons and of these 80 belonged to the Canadian Army Medical Corps, and there were also 14 female nurses. Of the entire number, 24 escaped.

The following medical men are known to have perished, namely: Captain Arthur Leonard, Toronto; Major T. H. McDonald, New Glasgow, N. S.; Major G. M. Davis, Welland; Captain George L. Sills, Tweed, Ont.; Captain William J. Enright, Port David, Que.; Captain Gills, Kingston, Ont. Major T. Lyon, though very roughly handled and a bone in his foot was broken, yet he escaped.

The following nursing sisters perished: Maebelle Sampson, Duntroon, Ont.; Mary A. McKenzie, Toronto; Jessie M. McDiarmid, Ashton, Ont.; Margaret M. Fraser, Moose Jaw, Sask.; Catherine Gallagher, Ottawa; Jean Templeman, Ottawa; Christina Campbell, Victoria, B. C.; Anna I. Stainer, St. John, N.B.; Alexina Dussault, Montreal; Carola J. Douglas, Swan River, Man.; Minnie Follette, Ward's Brook, N. S.; Gladys Irene Sare, Montreal; Rena McLean, Souris, P. E. I.; M. J. Fortescue, Montreal.

Captain Donald McPhail, Chaplain, also lost his life.

There is conclusive proof that the captain of the submarine had information from some spy source. He accused the Llandoverly Castle officer of having eight flying men. This was not correct; but the vessel was to have had on board eight medical men. So that in receiving the information "medical" had become flying. As a matter of fact, one of the eight medical men did not embark, and of the seven actually on board, Major T. Lyon escaped.

While it is admitted the officers of the submarine had the right of search, this was not exercised and the vessel was torpedoed at sight and without a moment's warning. Two lifeboats were filled by those who escaped from the sinking vessel. The occupants of one were either killed by fire from the submarine or their boat sunk by it. This is well borne out by the fact that the other boat that escaped was almost sunk by the enemy boat attempting to ram it, and missing its mark by only a few feet. In the darkness they made their escape. Clearly the submarine officers intended to live up to the Luxburg phrase—*Spurlos versenken*.

Let it never be forgotten that the six doctors, the chaplain, and the fourteen nurses who were murdered were all Canadians. When the day of reckoning comes, this should not be forgotten. This whole affair is one of deliberate murder. There was no excuse for the deed, as the vessel was properly marked. The medical profession of this country shall not remain silent when these degenerates are called to account.

Newell Dwight Hillis, one of America's great men, spent July and August of 1917 in Europe at the request of several bankers of New York, and was received as the guest of Great Britain and France. Every facility was placed at his disposal to investigate the charges made about German atrocities, and he has given to the world the result of his investigation. It is a terrible indictment.

On page 18 he says: "Not since Judas and his fellow conspirators crucified Jesus has there been a ruler, a war staff or an army, that has deliberately revived the cross, as an instrument of torture to further the ends of military efficiency. The Germans have literally fulfilled the Kaiser's charge in 1899, and reproduced in 1914, upon various cards for the Kaiser's soldiers: 'You will take no prisoners; you will show no mercy; you will give no quarter; you will make yourselves as terrible as th Hun under Attila.'"

On page 21 he says: "They crucified Canadian officers and Roman Catholic nuns. They bombed hospitals and Red Cross buildings. They thrust women and little children between themselves and the Belgian and French soldiers defending their native land. The affidavits, photographs and mutilated bodies are witnesses that destroy forever the last shred of doubt and incredulity."

On page 28 he quotes from the German staff as follows: "The flourishing town of Dinant, with its suburbs, was burnt, and made a heap of ruins, and a large number of Belgian lives lost. About 220 inhabitants were then shot, and the village was burned. Just now, six o'clock in the afternoon, the crossing of the Meuse begins near Dinant; all the suburbs, chateaux and houses were burned down during the night. *It was a beautiful sight* to see the villages burning all around us in the distance. We decided to assemble all the male hostages against the Garden wall, where we shot them."

On page 33 Rev. Dr. Hillis gives an account of a token that was issued to the German soldiers, as a warrant to him to commit murder. Therefore the soldier's token was invented. These tokens are made of stiff cardboard or of aluminum. On them there is a portrait of Deity as the Kaiser conceives him to be; in one hand the Kaiser's god holds a sickle, for the death harvest. Beneath, the Kaiser and his war staff wrote these words, 'Strike him dead; the Day of Judgment will not ask you for reasons.'"

On page 35 is given an excerpt from the diary of Eitel Anders, of the 14th Bavarian regiment, and found on his body upon the battlefield: "We then arrived at the village of Wandre. All the inhabitants, without exception, were brought out and shot. They knelt down and prayed, but praying is no ground for mercy. A few shots rang out, and they fell back into the green grass and slept forever. *It is real sport.*"

On page 40 he tells of a mother who was supporting the head of her wounded son, an ambulance driver. A German officer held her hands behind her back, while a private poured petrol over the head and clothes of the wounded man, and then set fire to his garments.

On page 46 he tells of the conduct of Prince Eitel, the Kaiser's second son. He had stayed for several months in the Chateau of Avri-court, the sort of building protected by treaty between Germany, France, the United States and other countries. When leaving this place he took away all the historic objects, and then set fire to the building and had it completely destroyed.

On page 55 and 56 we are told that German soldiers who have syphilis are not permitted upon pain of death to go with one of the Comp women. These infected soldiers then use by force Belgian and French women; and, after using them, they cut off a breast as a warning to other German soldiers that these women are now diseased, and no longer safe companions.

Page 49 gives this: "Her own foreign secretary expressed it publicly in one of her state papers, 'Let the neutrals cease chattering about cathedrals. Germany does not care one stray if all the galleries and churches in the world were destroyed, providing we gain our military ends.'"

The author of *Eccē Homo* said: "Every crime against culture that has been committed for a hundred years rests upon Germany."

Goethe, Germany's greatest writer, said: "The Prussians are cruel by nature; civilization will make them ferocious."

Heine, himself a Prussian, a noted writer, said: "Then—and alas! this day will surely come—the old war gods will arise from their legendary tombs, and wipe the dust from their eyes; Thor will arise with his gigantic hammer and demolish the Gothic cathedral." Further, he said: "As to the Prussians, nature made them stupid; science made them wicked."

On page 66 we are told that Bernhardt said to an American diplomat: "After this war there will be no international law. Berlin will decide laws that are best for the rest of the world."

A German proclamation contained these words: "Let no building stand, no vine or tree. Before retreating see that the wells and springs are plentifully polluted with corpses and with creosote."

On page 20 Hillis declares that "Allen White and Arthur Toynbee are doubtless right in asserting that most of the attacks upon little girls and young women were made by German officers; nevertheless, all must confess that the German soldiers were not less culpable, as they pillaged the land, guided by the deliberate, cold, precise, scientific, ordered policy of German frightfulness."

We may speak, therefore, of Germany and the German mind, as led by the German war leaders, in the words of Dante in his "Inferno": "Abandon hope all ye who enter here."

On page 149 Hillis quotes from D. Baumgarten, a noted German military writer and critic, thus: "Whoever cannot prevail upon himself to approve from the bottom of his heart the sinking of the Lusitania—whoever cannot conquer his sense of the gigantic cruelty to unnumbered perfectly innocent victims . . . and give himself up to honest delight at this victorious exploit of German defensive power—him we judge to be no true German."

In the face of all this teaching we can see the truth of what Hillis says on page 65: "German apostacy began with German military success. What the Kaiser offered to Germany in exchange for her soul was the Pan-German empire. The originator of the world empire scheme was the Kaiser; Neitzsche was its philosopher; Treitschke its historian; Bernhardt its advocate; and von Hindenburg its executive." Hence it came that "wildest savagery has been reduced to science, and damned into existence under the name of German efficiency." We are seeing into German psychology.

A VOTE OF PROTESE.

On motion of Dr. Cruickshank, a resolution protesting against the tone of an editorial in *Journal* of the Canadian Medical Association was carried. The editorial referred to had criticized the Ontario Medical Council.

SHORTAGE OF MEDICAL MEN.

Dr. Connell, of Kingston, introduced a motion to the effect that representation be made to the Department of Militia to reconsider the regulations relating to medical students under the Military Service Act. He said that the situation required very serious consideration, and he quoted figures to prove that the classes had dwindled to the vanishing point at Kingston in the various years. He believed the same conditions prevailed in other medical schools.

The class of 36 which matriculated last autumn had dwindled to 26 by the spring as the result of voluntary enlistments and conscription, and 19 of these would attain the age of 19 this year, which would practically mean that all who remained would be Class E men and returned and wounded soldiers. If no consideration is to be given to the matriculation class in future one is entirely at a loss to see where students will come from to continue the work. There is no desire to ask for any particular privileges for any class of men, but one is concerned as to the supply of men to carry on. He contended that it was reasonable to consider the propriety of allowing those boys to continue who have completed matriculation, and have entered on the study of medicine before attaining military age.

The motion was adopted. (See page 570).

ORIGINAL CONTRIBUTIONS

HEART MURMURS.*

By LEWELLYS F. BARKER, M.D.

ATTENTION should be directed to the fact the war and the enlistment of so many men had compelled the medical profession to give much attention to the heart. The lecturer emphasized the changes of opinion on heart disease that had taken place since he was a student in 1886-90. Further marked advances had been made in the methods of examining the cardio-vascular system. Angiophysiology and angipathology had been extensively studied and our knowledge on these subjects vastly enlarged.

To illustrate how rapidly progress has been making in clinical angiology in the last thirty years, I need only remind you (1) the transfer of emphasis (as far as the prognosis of the cardiopathies is concerned) from the consideration of the heart-valves to the consideration of the heart-muscle; (2) the insight into the nature and the significance of the cardiac arrhythmias that has followed upon studies of the initiation and conduction of impulses to cardiac contraction in man and in animals made possible by sphygmography and electrocardiography; (3) the greater precision outlining the exact position, form and size of the several chambers of the heart and of the different portions of the aorta afforded by better methods of percussion and especially by orthodiagraphy and teleroentgenography; (4) the ease by which the blood-pressure, both systolic and diastolic, may now be clinically determined, and (5) the recognition of the fact that profound disturbances of circulatory function may have an extracardiac or an extravascular origin, resulting from influences arriving in the heart or the walls of the vessels from distant organs either by a neural pathway (vagal or sympathetic) or by a hæmal pathway (bacteria; toxins; hormones and other metabolic products). Surely, the examiner of the heart of the recruit to-day faces his problem with an attitude and a preparation that differ markedly from those of the examiner in previous wars! Moreover, the problem with which the examiner of candidates for military service is confronted is very different to-day from what it was formerly. The vast organization of war in our time involves not only a large number of men, but also a greater division of labour among the men within the army than was ever before necessary. Whereas, formerly none but men capable of undergoing the most severe bodily exertion dare be admitted to the army, to-day army organizations include an enormous number of positions that do not entail severe bodily exertion, and it is real economy to utilize for

* Abstract of address delivered before the Ontario and Canadian Medical Associations, 30th May, 1918.

filling such positions men who have certain defects that would impair their ability to undergo the extreme exertion of the front though they in no way limit their usefulness in the special services of the army not requiring great physical effort. Furthermore, as man power diminishes in a prolonged war, nations find it necessary to enrol, even for service at the front, men with physical defects that would bar them from such service at the beginning of the war when the supply of men is abundant. The Central Powers in Europe are already sending men known to have valvular diseases of the heart to the front, men who earlier in the war had been rejected because of their physical unfitness. From the reports of how these men's hearts behave under strain and also from the reports upon observations in the allied armies of the Entente upon men returned from the front with old heart lesions that had escaped detection before they were sent, we are now rapidly acquiring information as to what diseased hearts will bear, information that will stand us in good stead should the war, unhappily, be prolonged to a period when our own man power shall have diminished to a degree necessitating action similar to that which has already been forced upon the Central Powers. Though this condition may never arise with the Allies, Dr. Barker thought medical men should realize its possibility.

Dr. Barker gave special praise to the excellent work that had been done on the Cardiovascular system by the late Professor Theodore Janeway, with a view to aiding medical men in the selection of recruits for the army.

Many of the classifications of heart murmurs, especially those given by writers on military subjects, seem to me unnecessarily elaborate and confusing. The simpler the classification, provided it is adequate, the better. The following simple classification would seem to be sufficient:

1. *Intracardiac Murmurs.*

A. *Organic* (due to diseased heart valves).

B. *Inorganic* (not due to diseased heart valves).

1. Murmurs due to relative insufficiency.

2. Accidental murmurs due to (a) Abnormal composition of the blood; (b) Changes in velocity of flow; (c) Slight abnormalities of contraction due to nervous or other causes.

2. *Extracardiac Murmurs.*

A. Pericardial and pleuropericardial friction sounds.

B. Cardiorespiratory murmurs.

C. Precordial crackling of mediastinal emphysema.

D. Splashing and water-wheel sounds.

Even this simple list is formidable enough, but if the practitioner has been (1) trained in the analysis of the features presented by heart

murmurs (time, topography, propagation, intensity, pitch, quality); (2) made familiar with the influence of respiratory movements, of change of posture, and of pressure of the stethoscope upon certain kinds of murmurs; and (3) become thoroughly acquainted with the other changes in the heart and circulation that follow upon organic disease of the heart valves and heart muscle, and with the physical methods of examination by which these can be demonstrated, he will rarely have difficulty in recognizing the nature and significance of a murmur, so that he may place it in its proper class.

Speaking of extra cardiac murmurs he said that in class A the pericardial and pleuropericardial friction sounds were usually readily recognized. They were friction rubs, to and fro sounds, scratching in character, close to the ear, often divided into parts, and might be influenced by posture and the pressure of the stethoscope. In the case of the friction sounds caused by the rubbing of the outer surface of the pericardium and the pleura, they were sometimes heard with the movements of the heart, and sometimes with respiratory movements.

With regard to class B, the cardiorespiratory murmurs, it might be said that they are not uncommon, and are sometimes mistaken for intracardial murmurs. They may be systolic or diastolic in time, though usually the former. These sounds arise in the lungs at the time of heart movement, and for this reason are spoken of as pulsatile pulmonary sounds. They are usually heard during inspiration. They cease or are much changed by holding the breath; and they are also modified by change of posture. So far as the heart is concerned they are quite innocent.

With regard to class C, or precordial crackling sounds, it should be noted that when there is mediastinal emphysema, the air in the tissues may cause a crepitant sound. It is synchronous with systole and might be mistaken for pericardial friction.

Class D, or splashing and water-wheel sounds, are seldom encountered. They are caused by the presence of air and water near the heart, such as a cavity in the lung, distended stomach, hydropneumopericardium, or hydropneumothorax.

The intracardial murmurs Dr. Barker discusses as follows:

A. *Organic Murmurs Due to Diseased Heart Valves.* Here we have to deal with the murmurs that occur in stenosis and insufficiency of the aortic, mitral, pulmonary and tricuspid valves. In the examination of recruits, aortic and mitral disease will frequently be encountered, while disease of the pulmonary and of the tricuspid valves will only very rarely be met with.

The systolic murmur of aortic stenosis is usually a loud, rough murmur audible in the second right intercostal space close to the sternum. It is propagated toward the carotids in the neck. On palpation over the aortic area a systolic thrill can be felt. The aortic second sound is feeble or absent. The pulse is small and anacrotic. The pulse rate is often slow. The heart's apex is displaced somewhat downward and to the left. Sometimes a systolic murmur in the second right intercostal space is due to dilatation of the aorta (lues; arteriosclerosis). If suspected, the proof of such dilatation can be brought by percussion, and especially by roentgenoscopy; and to determine ætiology, the Wassermann test may have to be applied. Definite aortic stenosis is cause for unconditional rejection. Luetic aortitis disqualifies for full military service, but if without symptoms does not disqualify for special service.

The diastolic murmur of aortic insufficiency is usually a soft aspirative murmur replacing the second sound or following it in the second right intercostal space. It may be short, but is oftener long and decrescendo in character, occupying a large part of the long pause. It is often propagated along the left margin of the sternum and may often be best heard in the third and fourth intercostal spaces on the left side. It is surprising how often such a murmur is entirely overlooked, or mistaken for a systolic murmur, even by medical men supposedly well-trained. The murmur can often be better heard with the naked ear or the monaural stethoscope than with a binaural instrument. Aortic insufficiency is associated with a strong, circumscribed dome-like apex impulse (*choc en dome*), a collapsing pulse at the wrist, visibly pulsating carotids, pistol-shot sounds in the peripheral arteries and enlargement of the left ventricle. In the young recruit, aortic insufficiency when associated with mitral disease is most often a result of rheumatic endocarditis; when not associated with mitral disease, it is most often due to luetic aortitis. In older men, aortic insufficiency is often due to atherosclerotic changes in the aortic valves.

The diastolic murmur of mitral stenosis, often rumbling in character and associated with a palpable thrill, is usually audible only in a circumscribed area near the apex of the heart. Sometimes the murmur is audible only at the very end of diastole (presystolic), terminating in an abrupt snapping first sound. In many cases of slight mitral stenosis, no murmur can be heard, the diagnosis depending then upon the existence of a snapping first sound associated with a strongly accentuated (and often duplicated) pulmonary second sound. Mitral stenosis is always due to a preceding endocarditis. It is in my experience one of the conditions most often overlooked by examiners of recruits.

The systolic murmur of mitral insufficiency is a blowing murmur, usually maximal at the apex where it replaces the first sound, propogat-

ed toward the axilla, and sometimes to the angle of the left scapula and often audible and so in the second left intercostal space. When due to organic disease of the mitral valve (valvulitis) it is accompanied by accentuation of the pulmonic second sound, by some enlargement of the left ventricle and of the left atrium, and often by signs of mitral stenosis. When not accompanied by signs of mitral stenosis the systolic murmur due to valvulitis may be indistinguishable from the systolic murmur due to relative insufficiency of the mitral orifice from muscular relaxation. In older persons the majority of mitral systolic murmurs are due to relative insufficiency; in younger persons mitral systolic due to valvulitis are very common. Accidental murmurs are often mistaken for the murmur of mitral insufficiency (*vide infra*).

The systolic murmur of stenosis of the pulmonary valve maximal in the second left intercostal space, propagated towards the left clavicle and accompanied by a palpable thrill, is a rare finding. When present, it is usually due to a congenital heart lesion, and but few live to the age of the recruit. A loud harsh systolic murmur in the third left space (Roger's murmur), propagated transversely, but not towards the left clavicle, is heard in congenital defect of the interventricular septum. This condition is so rare as to be of but little interest for military medicine.

The diastolic murmur of insufficiency of the pulmonary valve is also an exceedingly rare finding and need not be discussed.

The diastolic murmur of tricuspid stenosis is also extremely rare.

The systolic murmur of tricuspid insufficiency is usually due to a relative insufficiency depending on muscular relaxation. It is audible in the tricuspid area and is not transmitted to the left of the apex. Other marked signs of circulatory insufficiency are present and the heart is enlarged to the right. Persons presenting this murmur are usually so obviously ill that they are never seriously considered for military service.

B. *Inorganic murmurs (not due to diseased heart valves).*

Of the *inorganic murmurs due to relative insufficiency of valvular closure* (from muscular relaxation), those audible at the mitral and tricuspid orifices are the most common. They have been referred to above in connection with the systolic murmurs due to organic changes in the valves. Occasionally diastolic murmurs due to relative insufficiency of the aortic and pulmonary valves are heard, but they are rare. Though these murmurs of relative insufficiency are spoken of as functional murmurs, they are in my opinion often of graver significance than are some murmurs due to organic valve disease, for they always point to enfeeblement of the myocardium.

Of the *inorganic murmurs known as accidental murmurs*, a large number may be met with on examining the hearts of recruits. Some of them are due to *anaemia*, though most of them depend upon changes in the *velocity of the flow* or upon *slight abnormalities in the contraction* of the heart muscle due to nervous or toxic influences. They are very common when the heart is excited (neurasthenia; hyperthyroidism). Many of the men who present them and who are admitted to the army will doubtless later on exhibit the "irritable heart of the soldier," the "effort syndrome," or "neurocirculatory asthenia." They are common in men with long narrow chests, with low diaphragm, and with *cor pendulum* (drop heart). These accidental murmurs may occur at sites in which organic murmurs are often audible (at the apex and in the second left space), but they are often audible over regions in which organic murmurs are nearly always systolic in time, but they usually occupy only a part rather than the whole of the systole; in other words, they are *merosystolic* rather than *holosystolic* murmurs, whereas organic murmurs, and murmurs of relative insufficiency tend to be *holosystolic* rather than *merosystolic*. Furthermore, accidental murmurs are usually (though not always) soft, aspirative, superficial murmurs. They are prone to marked variations in intensity, being much changed often by change in posture and by the respiratory movements. Above all, they are not associated with enlargement of the chambers of the heart, nor with accentuation of the pulmonic second sound.

Dr. Barker concluded with the following summary:

Experience at a Medical Advisory Board during the past three months, where with Drs. Sprunt, Miller, and Carter, we have examined the hearts of twenty-five hundred drafted men between the ages of 21 and 31, indicates:

1. That many organic murmurs (diastolic murmur of aortic insufficiency, presystolic murmur and snapping first sound of mitral stenosis) are often entirely overlooked by examiners in Local Boards, for they are not infrequently detected in men ferred to the Advisory Board for defects other than those of the cardio-vascular system.

2. That many extracardiac (cardio respiratory) murmurs, and accidental intracardiac murmures, are suspected by medical examiners to be murmurs of serious import.

3. That the hearts of some of the men presenting organic murmurs are better prepared to stand exertion than are the hearts of some men presenting no murmurs.

4. That good response to the exercise test by no means rules out the existence of organic disease of the valves of the heart.

5. That many men with organic disease of the valves of the heart need not be unconditionally rejected, though according to present regulations they must be, for many of them are entirely capable of undertaking special service not involving severe exertion, and some of them could, without harm, even be given duties requiring considerable bodily exertion. Experience in the armies in Europe would indicate that mild stenotic lesions stand strain better than lesions causing valvular insufficiency. The lesions of "barrage" are less serious than the lesions of "fuite."

6. That on the whole, while the study of cardiac murmurs is of great importance in estimating the fitness of a candidate for military service, still greater importances attaches to the study of the condition of the cardiac muscle and to the estimation of its ability to bear strain.

PERSONAL AND NEWS ITEMS

Sir Adam Beck, of London, Ontario, has presented to the Health Association a nurses' home worth \$30,000, as an act of gratitude for the recovery of his daughter from an illness. He has taken much interest in the campaign against tuberculosis.

The offer to Colonel A. E. Ross, of Kingston, of the post of Chief Medical Officer of the reorganized Fifth Army with the rank of major-general, is a great compliment to the Canadian forces. Hitherto almost every responsible post in the army or higher commands above the rank of brigadier-general, have been restricted to British officers. Colonel Ross owes his selection to the remarkable health record of the Canadian forces, of which he is at present Deputy Director of Medical Services, and the successes which have marked his administration during the past year.

Work has been started on the largest American hospital in Great Britain. It will be located at Salisbury, six miles from Southampton. It will accommodate 3,000 wounded Americans from the west front when completed. The site of the hospital is a magnificent country estate of nearly 200 acres which the Red Cross has purchased. The old manor house of the estate will be the central building of the new hospital, and around it the Red Cross is building nearly ten acres of hutments and wards.

Captain (Dr.) B. L. Guyatt, who had been on duty at the Toronto Bae Hospital, was made recently officer in command of the hospital at Camp Borden.

Captain (Dr.) Leonard was on board the Llandovery Castle, an hospital ship that was torpedoed and sunk about 70 miles from Ireland. He was a Toronto graduate of 1911. He lost his life with some other doctors and a number of nurses.

It has been decided that alien enemies in Toronto will receive no assistance from the city in any of the hospitals. Such patients must pay their own way.

Under the will of James Douglas, former president of the copper producing firm of Phelps, Dodge & Co., \$100,000 is bequeathed to the Kingston General Hospital, Ontario, and McGill University, Montreal, receives \$50,000 for a dormitory.

A location has been selected and models are now being received from artists for the memorial fountain to be erected in Kew Beach Park, Toronto, for the late Dr. William D. Young, the "beloved physician" of the Beaches, who died on January 4. The total amount asked for by the committee, namely, \$3,000, is almost in hand, the popular subscriptions having been a very satisfying testimonial in themselves. It is hoped to have a beautiful structure in place by the late autumn.

Work will begin at once on the buildings for the new military hospital at Ongwanada. It will accommodate 1,000 beds and grounds and buildings donated by the Maple Leaf Milling Company, Toronto, will be utilized.

Dr. E. N. Coutts, of Agincourt, who has been overseas for the last three years with the R. A. M. C. in Malta, Gibraltar, and the Dardanelles, is now in England, and will shortly be returning to Agincourt, presumably to resume his practice.

Letters have just been received in Toronto from Captain Velyien E. Henderson, 111 Admiral Road, who recently gave up his majority to go out to France as an officer of the 14th Field Ambulance, under Col. Corbett. Capt. Henderson, who is an M.A. and M.B. of the University, was Associate Professor of Pharmacology in the Faculty of Medicine at the time of his enlistment. Prior to going overseas as senior major of the 198th (Buffs) Battalion, he helped to arrange for the organization of the C.O.C.T., and spent a few months as second in command at Kapuskasing Camp. When the 198th was broken up he transferred to the C.A.M.C. and went to the depot where he was offered an appointment with the rank of major, but preferred to revert and go to the front.

Dr. C. MacKay, who has been acting as medical director for "D" unit of the Invalided Soldiers' Commission, has been appointed medical director for the Province of New Brunswick in the same organization. Dr. MacKay, during the illness of Captain E. Ryan, M.D., of "D" unit in the old Military Hospitals Commission Command, took charge of the

local administration staff, and his successful work on that occasion won him compliments from many of his associates. The present appointment is a very popular one in local C.A.M.C. circles.

Dr. Sahlmark has been elected in Saltecoats to the Local Legislature as Saskatchewan as successor to Hon. James Calder, who entered the Federal House.

We regret to note the death of Mrs. Jones, wife of Dr. W. W. Jones, 41 Avenue Road, Toronto, which occurred at Bala, Muskoka, recently.

Word has been received in Kingston to the effect that the Queen's Hospital, located at Etaples, France, is soon to be moved to England. The hospital was recently bombarded by German aviators, and it is said that some of the buildings were completely demolished.

Captain J. S. Dickson, Kingston, R.A.M.C., was a visitor at headquarters recently. He has been serving with the British forces in East Africa and has returned to Canada on leave.

It is with much regret we announce the death of Lieut. W. B. Tait, son of Dr. Nelson Tait, 620 Spadina Avenue, Toronto. Lieut. Tait was an instructor in the Flying Corps, and something went wrong with his machine, when it plunged to the earth in flames, burning to death its occupant.

Remarkable testimony of the substantial aid given to charities by soccer football was given at Glasgow the other day, when the presentation was made of the Glasgow Charity Cup to the winners—the Glasgow Celtics. Sir John Ure Primrose, chairman of the famous Rangers Club, in asking Lord Provost Stewart to hand over the trophy, stated that since the contest was inaugurated, 41 years ago, the total sum allocated to charities was \$220,000. This year they made the record grant of \$10,750, while \$3,500 is expected to be returned from the entertainments tax.

The war has caused the belligerent countries of Europe the loss of not less than 12,500,000 potential lives because of the decrease in the number of births resulting from the war, says Sir Bernard Mallet, Registrar-General of Great Britain. The country, he asserts, has lost in these potential lives 650,000 children. He believes that other belligerent countries have suffered in this respect more than has Great Britain.

The late John W. Sterling, a bachelor lawyer of New York, died recently at his summer home in Canada, on July 5th. He left \$500,000 to Miriam Osborne Home for Woman at Rye, N. Y., and \$20,000,000 to Yale University.

Lieut. Arthur C. Norwich, R.A.M.C., who has returned recently from Mesopotamia, and Miss Edna Bach, B.A., recently on the editorial staff of the *Toronto Daily Star*, were married on July 23rd in Toronto.

Reuter's Limited is authoritatively informed that the outrage on the Llandoverly Castle, which is the fourth hospital ship torpedoed this year, was deliberate and premeditated, following upon orders given the submarine commander by the supreme German authority, which alleged the presence of eight flying officers. The allegation is foundationless, and could easily have been tested by the right of search. There is no doubt that the submarine endeavored to slaughter all witnesses of the crime, according to Luxburg's phrase, "Spurlos versenken."

Lieut.-Col. Clarence L. Starr was among the officers that recently arrived at Halifax from England, where he has been touring the hospitals since going over for the second time last May. He took his M.B. degree at Toronto University, and was a member of the medical faculty when he enlisted in the C.A.M.C. for overseas in 1916. After arriving in England he received his present rank, and served for some time on the staff of the Granville Canadian Specialists' Hospital, returning to Canada on leave last November.

Dr. W. H. B. Aikins, of Toronto, attended the third annual meeting of the Radium Society, which met in the Palmer House, Chicago, during the week of the meeting of the American Medical Association.

Dr. William M. Polk, a Confederate Army veteran, and well-known gynaecologist, died a short time ago. He was president for four years of the New York Academy of Medicine. He wrote a two-volume work in which he gives his experiences in the army. He came in contact with Lee, Johnston, Jackson, Bragg, Beauregard, etc.

At the special request of the French Government fifty American women, made up of doctors, nurses, cooks, etc., have been commissioned to take charge of a gas hospital.

Owing to the shortage in cotton, it is necessary to find substitutes. One of the best is sphagnum moss. There is much of it in Scotland, but the demands of the war have been so great that the supply is becoming exhausted, so that other fields are being sought for. There are many districts in this country where there are large quantities of the moss. Clubs are being organized for the collection of the moss.

All the plans for the new military hospital and demobilization centre, which is to be erected on the St. Andrew's College site, are now completed and building operations will commence shortly. The plans, which have been ratified by the Department of Public Works and the military authorities, call for the erection of 25 buildings, not including the old St. Andrew's College, and an expenditure of fully two million dollars. When completed the hospital will be the finest of its kind on the continent, and will also be the great demobilization centre for the whole of Canada.

That a high-speed rifle bullet may pierce a man and cause him so little pain that he is unconscious of his wound has long been known. A slower bullet would cause considerable pain and shock. Dr. George W. Crile finds an explanation of this and similar phenomena in his researches in the evolution of actions and responses. The evolution of organs has been pretty thoroughly worked out, but the evolution of functions of organs is a new thing.

A cablegram containing news of the death of Lieut. L. F. Jamieson, R.A.M.C., son of Rev. Dr. and Mrs. Jamieson, of St. Andrew's Presbyterian Church, of Detroit, has reached the young widow from the War Office, London. The cablegram reads as follows: "Deeply regret Lieut. L. F. Jamieson, R.A.M.C., accidentally drowned June 27. Army Council Council express sympathy."

With regard to wines and liquors, the Dominion Analyst, Mr. A. McGill, reports on 114 samples which come under that head, comprising samples of whiskey, rum, gin, wine, alcohol, brandy, medicated wine, cordials, etc., and beer or porter. He finds that 53 samples were true to the name under which sold to legal standard, while 13 "may be regarded as meeting the type, but are below standard requirements in one or other respects." Thirty-nine samples were found to be clearly fraudulent, while the remaining nine were judged as doubtful in the absence of a standard for the term "cordial."

A number of municipalities in Alberta have converted the hospitals into free institutions. There is a growing demand in that province for a system of free nursing. The nurses would be paid by the province and be ready for call by anyone who needed a nurse.

The first case to appear before Justice Masten in his M.S.A. Tribunal in Osgoode Hall recently was T. A. Sinclair, a house surgeon at the Toronto General Hospital. With him appeared Superintendent Britain and Assistant Superintendent Dr. Grey, who both stated that the hospital was handling 606 patients, as against 450 last year—the increase due to the second floor being given up to the military. To look after these 600 patients the hospital had only 29 interns, which number is much too few. Dr. Britain pointed out that it was a serious thing for the public not to have the hospital adequately staffed. The young man was granted extension until October, 1918, when fifth year students of the University will be available as internes. Arnold Grisdale, another interne, was also granted until October 1, 1918.

Referring to the cordial reception given Sir James Mackenzie, Sir Arbuthnot Lane and Colonel Bruce, British medical experts, by the American medical profession at its conference in Chicago, *The Times* says the event marks an important stage in the development of understanding

and sympathy between the two countries, because a doctor wields large influence and because it is well that in the great war against disease now in the opening stages the British and American people should stand side by side.

An important experiment in the treatment of tuberculous soldiers has been inaugurated by the British authorities at Papworth Hall, near Cambridge. Here an estate of 100 acres of park and woodland has been turned into an open-air sanitarium where the patients will undergo treatment and work at the same time.

The will of the late Mr. John Ross Robertson left \$500 to each of 19 Toronto charities. He bequeathed one week's pay to *The Telegram* employees. To John R. Robinson, editor of *The Telegram*, he left \$25,000; and several legacies of \$2,000 and \$1,000 to other *Telegram* officials. The Nurses' Home on Sherbourne Street is left for this purpose under renewable lease. To his wife he left an annuity of \$15,000; to one of his sons an annuity of \$70,000; and one of \$50,000 to another son. Several other annuities are provided for relatives; and \$10,000 a year to the Hospital for Sick Children. On the death of his wife and son, the estate, estimated at over \$1,500,000, goes to the Hospital for Sick Children.

Announcement has been made that Mr. William Ramsay, of Bowland, Midlothian, Scotland, a former Toronto merchant, has donated property valued at \$600,000 to Toronto charities. Arrangements have been made for the administration of the property by the Toronto General Trusts Corporation. Under the deed of gift the Toronto General Hospital will receive two-fifths and the Hospital for Incurables one-fifth of the total, while the remaining two-fifths are to be distributed among such other charities as the Trusts Corporation may designate.

Thomas A. Low, ex-M.P. for Renfrew, has given the Hospital Board of that town a handsome site for a new institution. He will pay the architect's fees for plans and the expenses of delegates to visit places and seek information for the erection of a thoroughly modern hospital.

The Zionists are taking an active interest in the welfare of Palestine. There is an American Zionist Medical Unit on their way to Palestine. Mr. Barnes, the Labor member in the British War Cabinet, congratulated this unit.

The report of the Workmen's Compensation Board for the year 1917 gives the following figures: The total income of the board was \$3,585,147, and the total expenditure was \$2,692,115. \$914,638 was paid as compensation other than pensions; \$38,210 was paid to safety associations; \$83,514 was paid for medical aid. The total amount expended in admin-

istration expenses was \$133,629, of which \$100,000 was paid by the Province and in addition the salaries of the commissioners, the office premises and the heating and lighting were provided by the Province.

A German nurse made this statement: "The French are more robust and undergo successfully all the treatment. The low physical state of many of the Germans prevents them from resisting the slightest surgical operations and many die on the operating table."

In the campaign against venereal diseases, the committee decided the moving pictures might be used to advantage as an educator. It was agreed to communicate with the Senate of Canada that a mistake has been made when the consentage had not been raised. It was also stated motor cars are used for immoral purposes. The Canadian authorities have purchased the film "Fit to Fight."

The Canadian National Association for the Education of the Blind has been formed. Dr. C. R. Dickson is president, and is assisted by a number of very enthusiastic persons. It is hoped the Dominion and Provincial Governments will give the association some financial help. The association has some books in its library specially prepared for the blind. There is much useful work to be done and this association should receive encouragement.

The Government of Saskatoon has adopted the plan of distributing diphtheria antitoxin free to the people. The Commissioner of Public Works may, however, refuse a supply to an applicant if he thinks it wise to do so. This might cause great hardship, as dealers may not have antitoxin in stock.

Dr. W. P. McNally, a former resident of Prince Edward Island, died recently in Bangor, Maine.

Dr. Patrick Robertson, born in Argenteuil County, Quebec, died in Caversham, England. He left Canada some years ago to take up special practice in England.

Alberta is moving in the direction of prevention of venereal diseases, and has passed an Act with this end in view. The tenor of the Act is somewhat similar to that of Ontario.

In Alberta \$218,000 has been appropriated for hospitals and public health. It is proposed to erect a sanitarium for tubercular patients at a cost of \$400,000, one-half to be borne by the Dominion.

Major E. S. Worthington is a graduate of Trinity College, Toronto. He served as medical officer on the staff of the Duke of Connaught and

was knighted in 1913. He was also in the South African war. He has won the C.M.G. and K.C.V.O. distinctions.

Lieut.-Col. C. H. Gilmour was in charge of the surgical services of the Orpington Hospital, is home on duty at the Toronto Base Hospital.

Lieut.-Col. C. H. Gilmour, who was in charge of the surgical services of the Orpington Hospital, is home and on duty at the Toronto Base Hospital.

Colonel H. A. Bruce, Toronto, has been mentioned for his services in despatches by Field Marshal Haig.

Major E. R. O'Reilly will preside over a medical board that will review the cases of those placed in categories lower than A.

A handsome memorial to Edith Cavell is to be erected in London. The monument has been designed by Sir George Frampton.

OBITUARY

FRANK MITCHELL, M.D.

Dr. Frank Mitchell, who for the past two years had been attached to the Hospital for the Insane, Queen Street West, Toronto, died suddenly in Toronto General Hospital recently. Dr. Mitchell had been in ill-health for some time, but graduated successfully at his recent examinations, and was considered as having a brilliant future. He was born at Meaford, Ontario. Dr. Mitchell served for a year as medical officer in the navy, and had only returned to Toronto to finish his course.

HUGH CAMERON, M.D.

Dr. Cameron was a member of Parliament for twenty years for Inverness, Nova Scotia. He was born in 1836 in Antigonish County, Que. He graduated from the University of Pennsylvania in 1861, and served as an army surgeon during the Civil War. He was the youngest member of the first Canadian Parliament after Confederation, and outlived Sir Mackenzie Bowell, who was in the House of Commons with him. He was most highly esteemed by all.

EDWARD CLARK, M.D.

Dr. Edward Clark, Toronto, died suddenly of heart failure in the Windsor Hotel, Montreal on 12th July. He was on a visit to that city.

BOOK REVIEWS

EQUILIBRIUM AND VERTIGO.

By Isaac H. Jores, M.A., M.D., Laryngologist, Philadelphia General Hospital; Instructor in Neuro-otology, University of Pennsylvania Medical School; Associate, American Otological Society; Major, M.R.C., U. S. Army; with an Analysis of Pathological Cases by Lewis Fisher, M.D., Laryngologist and Otologist, Mt. Sinai Hospital, Philadelphia. Adopted as standard for Medical Division, Signal Corps, Aviation Section, by Surgeon-General and Chief Signal Officer, U. S. Army. With 130 illustrations. Philadelphia and London: J. B. Lippincott Company. Montreal, Canada, Charles Roberts. Price, \$5.00.

This is undoubtedly one of the ablest monographs we have ever read. It is replete with scientific investigation and brings our knowledge of equilibrium and vertigo up to date. Now that aviation is playing such an important part in war, and will in ordinary life after the war, this book is most timely and should be read by many. This covers such topics as neuro-otology, the ear and the general practitioner, the ear and aviation, the ear and seasickness, the ear and syphilis, the ear and the neurologist, the ear and the surgeon, the ear and the ophthalmologist, the internal ear and the otologist. The second portion of the volume takes up the relationship of the ear and the nervous system, and discusses this in connection with the brain, the medulla, the pons, the cerebellum, and the various tracts. The illustrations are all excellent and are very helpful to the text. We congratulate the author and publishers on this unusually meritorious work.

PARASITES AND DISEASE.

In reviewing this excellent work in our July issue, the names of the publishers were omitted. They are the Renouf Publishing Company, 25 McGill Ave., Montreal, Canada, and John Wiley and Sons, 432 Fourth Ave., New York. The price is \$4.50.

NORTH AMERICAN CLINICS.

This is the Chicago number and is the fifth of Volume 1. The articles are all contributed by Chicago members of the profession. There are in all thirteen articles in this March issue. Messrs. W. B. Saunders, of Philadelphia, are the publishers, and the J. F. Hartz Company, of Toronto, the Canadian agents. The price per year is \$100. Of the many publications claiming the attention of the medical profession, this one, on its merits, should receive its full measure of support.

THE UNGEARED MIND.

By Robert Howland Chase, A.M., M.D., Physician-in-Chief, Friends Hospital (for Mental Diseases), formerly Resident Physician, State Hospital, Morristown, Pa.; Member of the American Medico-Psychological Association; Member of the Philadelphia Neurological and Psychiatric Societies; Author, General Paresis, Mental Medicine and Nursing, and History of Friends Hospital. Illustrated. Philadelphia: F. A. Davis Company, Publishers. English depot, Stanley Phillips, London, 1918. Price, \$2.75.

This volume deals with many phases of mental derangement. These are treated in a somewhat original way from that met with in books on mental diseases. This work can be safely recommended, as it will throw a fresh light upon alienation in all its forms, and on the bearing of mental derangements on every-day life. It is also a very readable book, and this is a good recommendation, not too often found in such books.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc., etc. Edited by H. R. M. Landis, M.D. Vol. II., 28th Series, 1918. Philadelphia and London: J. B. Lippincott. Montreal, Canada; Mr. Charles Roberts, 201 Unity Building. Price, \$9.00 per year.

This excellent volume of this series contains lectures and clinics on medicine, surgery, public health, obstetrics, gynaecology, ophthalmology and history. The articles are all of unique merit and the volume is well illustrated. This is a superior series of volumes so to have in one's library and they should have many readers. We have pleasure in recommending them to our readers.

CANCER.

Its Nature, Causes, Diagnosis and Treatment. By Robert Holmes Greene, A.M., M.D., F.A.C.S., Emeritus Professor of Surgery, Medical Department of Fordham University, etc. Published by James T. Dougherty, 409 West 59th St., New York City, 1918. Price, \$1.50.

This book of 172 pages is fresh from the pen of the author, bearing the date of 1st June, 1918. The author has had long experience as a surgeon, and has given much study to the etiology and other aspects of cancer. One examines, therefore, with interest what he has to say.

In the first place, he takes up the etiology of the disease. This must ever appeal to one, as but little real progress can be made until we know the cause. He states that "No individual theory, not even a combination of them all, offers an adequate explanation." The "Cohnheim Theory" is first examined. The author points out this theory of cell "rests" of embryonic character has some facts to support it, yet it falls short of a complete explanation. This theory is met by the difficulty

that as cancer occurs in so many parts of the body, these rests must be almost everywhere in the body. Further, this theory fails to account for the atypical growth and metastases of cancer. The existence of dormant embryonic cells has not been proven.

The author next takes up "Ribbert's Theory." According to this theory there is a group of cells as in the former theory, but the real cause of the cancer is in the connective tissue, brought about by trauma, irritation or chronic inflammation. This severs the relation between the connective tissue and the epithelial cells. Notwithstanding the arguments in favor of this theory, there is the fact that wounds are very common, and cancer of the sites of these extremely uncommon. There must be something more than a hyperplasia of connective tissue.

Next the author discusses the "Parasitic Theory." Here he recognizes that the cancerous growth becomes parasitic to the rest of the organism, but this is not the sense in which he uses the term. He contends that no bacterium, bacillus, coccus, protozoan, or metazoan organism has been found constantly present; or been shown in any way to be a factor in the etiology of the disease. This theory is therefore abandoned.

Heredity is then considered. The arguments in favor of a hereditary tendency in cancer are set forth with skill, and the author concludes by stating these arguments have given us a very positive belief that there exists a hereditary tendency to cancer transmission. In support of this theory facts are stated along the heredity of certain characteristics found in the crossing of peas and pigeons, as have been observed by Mendel, Bateson and others. It is also pointed out that the disease is more frequent in some localities than in others. The author, however, admits that the above data, while not conclusive, and not definite enough to be of much scientific value, strengthens our views as to the part played by heredity in cancer. We agree with the author. There does seem to be some grounds for the belief in heredity; but, then, there must be exciting causes as well.

Coming to the nature of tumors the author states that when a new formation is like the tissue from which it springs it is typical; when the tissues and cells are arranged unlike normal tissue the tumor is of atypical growth. This is an outstanding feature in the histology of malignant growths, of which cancer is one of the best-known examples. The connective tissue is the stroma and the cells the parenchyma of a cancer. In the true stroma there are no nerves. In the benign tumor the stroma and parenchyma grow in due proportion; while in the malignant tumor the parenchyma outgrows the stroma, though sometimes the stroma may take on malignant proliferation.

As to the spread of cancer, the author states that the cells may be carried by the lymph vessels, the veins, or sometimes by the arteries. In the peritoneal cavity the disease may be carried to new foci by the cells becoming detached and being floated away by the fluids of the cavity. Thus cancer cells may drop from the stomach to the ovary.

The author directs attention to the sulphur content of the blood in health and when cancer exists. "In carcinomatous conditions the total non-protein sulphur is two or three times the normal figure, while the total sulphates remain at the normal level." "After the removal of a malignant tumor, it has been noted that the non-protein nitrogen and the sulphur return to their normal level."

Coming to general treatment the author advises a mixed diet and such hygienic methods as maintain health. He speaks favorably of the internal use of arsenic, but gives a higher value to the preparations of vanadium. This is best administered in the form of salts obtained from the combination of vanadium, selenium and sodium or potassium. These yield soluble potassium selenovanadate and sodium selenovanadate. Of these from one to two milligrams thrice daily are given. It is held that this oxidizes the sulphur in the blood. Vanadium oxychloride or sulphate in solution of 1 to 20,000 or 1 to 50,000 makes a good local antiseptic for cancerous sores. The formulæ for the preparation of arsenic paste and condurango bitters are given. To condurango the author attaches some value.

On the matter of excision the author draws attention to the following as determining its value to a certain extent: Heredity, nature of the growth, its extent, previous treatment, and the general condition of the patient.

The author takes a fairly hopeful view of cancer and seems to regard the outlook as by no means unpromising. We congratulate the author and recommend this book as one well worthy of careful study.

CHEMICAL PATHOLOGY.

Chemical Pathology. Being a Discussion of General Pathology from the Standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph.D., M.D., Professor of Pathology in the University of Chicago, and in Rush Medical College, Chicago. Third edition, revised and re-set. Octavo 707 pages. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$4.25 net. The J. F. Hartz Co., Ltd., 24-26 Hayter St., Toronto, sole Canadian agents.

Professor Wells has a reputation for thorough work that has made his book a favorite with those who wish the best on chemical pathology. This work has now reached its third edition, and has been greatly improved by experience, criticism, and the advance of knowledge regarding the chemistry of the human body, especially when some of its organs

have become diseased. Such important subjects as the chemistry of the cell, enzymes, the chemistry of bacteria, of animal parasites, of vegetable and animal toxins, the chemistry of immunity reactions, chemical means of defence, inflammation, regeneration, growth, edema, calcification, pigmentation, tumors, autointoxication, chemistry of the ductless glands, metabolism, diabetes, etc., etc. This is a very full bill of fare, and it is excellently prepared. The work that Professor Wells is doing to clear up the many chemical problems of the human body in health and disease merits the highest praise. This is one of the main roadways that is leading to a true conception of the etiology and therapeutics of disease. The publishers have spared no pains or expense in producing an attractive volume. This work is as far ahead of the knowledge of a few years ago as is the astronomy of to-day over that of the ancient Arabian herdsmen.

PRINCIPLES OF SURGICAL NURSING.

Principles of Surgical Nursing. A Guide to Modern Surgical Technic. By Frederick C. Warnshuis, M.D., F.A.C.S., Visiting Surgeon, Butterworth Hospital, Grand Rapids, Mich.; Chief Surgeon, Pere Marquette Railway. Octavo of 277 pages with 255 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.50 net. The J. F. Hartz Co., Ltd., 24-26 Hayter St., Toronto, sole Canadian agents.

The best of binding, the finest sort of paper, the clearest kind of type, and the most beautiful style of illustration go towards making this book what it is, namely, a unique success. The pre-operative and post-operative treatment of patients is unusually well handled. The care of instruments and the preparations of dressings are carefully explained. With this work in her possession there should be no excuse for the surgical nurse going astray.

PRINCIPLES OF HYGIENE.

Principles of Hygiene: For Students, Physicians and Health Officers. By D. H. Bergey, M.D., Assistant Professor of Hygiene and Bacteriology, University of Pennsylvania. Sixth edition, thoroughly revised. Octavo of 543 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.50 net. The J. F. Hartz Co., Ltd., 24-26 Hayter St., Toronto, sole Canadian agents.

Professor Bergey has kept his book well up-to-date. From edition to edition he gathers up the best knowledge that is obtainable for his book on hygiene. One of the features of this volume that appeals to one is the skill with which the author manages to cover so much ground and still keep his book within reasonable size. He has succeeded in making his book a ready manual and a work of reference combined. This is the highest form of praise.

THE NERVOUS SYSTEM AND ITS CONSERVATION.

The Nervous System and Its Conservation. By Percy G. Stiles, Assistant Professor of Physiology in Harvard University; Instructor in Boston School of Physical Education. 12 mo. of 240 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. 2nd edition, revised. Cloth, \$1.50 net. The J. F. Hartz Co., Ltd., 24-26 Hayter St., Toronto, sole Canadian agents.

This is really an exceedingly interesting book, and deals with a very important field in medical science. No one will be disappointed who reads it. The object of the author is to study the nervous system from the standpoint of the physician and surgeon, who require the knowledge for practical purposes. Step by step the reader is carried along from the elementary to the complex, and from the purely scientific to the eminently practical phases of the study of the nervous system. We have enjoyed reviewing this book and recommend it very cordially.

THE PRACTICE OF PEDIATRICS.

The Practice of Pediatrics. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Second edition, revised and re-set. Octavo of 913 pages, 136 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$6.50 net. The J. F. Hartz Co., Ltd., 24-26 Hayter St., Toronto, sole Canadian agents.

This is a most complete and comprehensive work on the diseases of children. The entire make-up of the book is beyond criticism. The publishers have done their part well. The book is handsomely bound, the paper is of superior quality, the type and illustrations are clear. The author maintains the high standard of the first edition, and has made good use of his time to add much new matter, and to introduce the latest views and methods. Everyone charged with the care and treatment of children's diseases should add this book to his collection. Indeed, he cannot afford to be without it.

MISCELLANEOUS

THE ANNUAL MEETING OF THE MEDICAL COUNCIL, COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

Early in the deliberations of this body, attention was directed to the fact that military medical examinations had found that many were unfit for active service. After the question had been discussed, on motion of Dr. E. T. Kellam, of Niagara Falls, the following was adopted:

"That whereas medical examination of the manhood of Canada for military service reveals a serious percentage of unfit, varying from 40

to 70 per cent., the Ontario Medical Council is of the opinion that some form of supervision of the health of the country should be instituted by the States, and suggests that this matter be referred to the proper departments of the Dominion and Ontario Governments."

ABUSE OF LIQUOR ORDERS.

Dr. Arthur Jukes Johnson, of Toronto, moved for a special committee to consider and report upon the infringement of the Ontario Temperance Act by the giving of orders for alcoholic stimulants. He contended that the Medical Council was the proper body to deal with this very important subject, and that it should not be left for some other body to take up and handle. He said: "It is not fair to us, in fact I look upon it as an insult to the profession, that anybody else should assume the right to take this matter up and bring it before the authorities. The question for us to consider is this: What do we as members of the Council believe the profession has a right to do in issuing orders for liquor? It is one that must be dealt with by the profession, and not by the public until the profession has passed upon it."

Dr. E. E. King stated that in Toronto, from June 1 to 11, four physicians had issued 24 orders each; three had issued 58 each; two, 99 each; and single practitioners had issued 52, 53, 63, 67, 68, 73, 99, and 215 each. He said: "It is almost impossible to think that any practitioner could find that 73 patients required a bottle of whiskey a day. Their practice must be entirely different from the rest. It was exceedingly good when you find one man gave 99 prescriptions for liquor in ten days. The reputation of the profession is at stake."

"At the first session of the annual meeting of the Medical Council, which began on the 25th day of June, 1918, Dr. Arthur Jukes Johnson, seconded by Dr. Hardy, gave notice of motion that 'at the next meeting we propose to ask for the appointment of a committee to consider the feeling of this Council with regard to the relations between the Profession and the Ontario Temperance Act.'

"At the session first next following, Dr. Johnson moved, seconded by Dr. Hardy, the motion of which notice had been given at the preceding session, 'that a committee composed of Sir James Grant, Dr. J. M. MacCallum, Dr. Eccles, Dr. Connell, Dr. Stewart, together with the mover and seconded, be appointed to consider and report on the question as to the infringement of the Ontario Temperance Act by medical men.'

"This motion was carried.

"On the same day this committee was called together, immediately after the Council rose, and after the question had been fully discussed in committee, the following report was presented:

“Toronto June 27th, 1918.

“To the President and Members of the Council of the College of Physicians and Surgeons of Ontario:

“Gentlemen,—I have the honor herewith to present the report of the Special Committee asked for two days ago in regard to the infringement of the Ontario Temperance Act.

“The Medical Council are of opinion that the giving of orders by medical men for the obtaining of alcoholic liquors is justified in any case in which the medical man is satisfied, of his own knowledge that the use of alcoholic liquor is necessary and proper for the treatment of the patient, and

“That this Council would deprecate the giving of such orders upon any other ground whatever.

“The Medical Council would request that the Board of License Commissioners take such steps as may be necessary to ensure that liquor sold on such orders be of proper quality and purity.

“That means be taken by the Board of License Commissioners to investigate and deal drastically with all cases in which the provisions of the Ontario Temperance Act appear to be subverted.

“All of which is respectfully submitted.

“Arthur Jukes Johnson.’

“This report was adopted, subject to the addition of a clause moved by Dr. King and seconded by Dr. Stewart, ‘that the quantity of alcoholic liquor for internal use be limited to eight ounces.’

“When the above resolution was proposed, the charge against Dr. Moorhouse had not become public, but during the period of presentation of and passing by the Council of the resolution cited, a conviction had been recorded against Dr. Moorhouse in the Police Court, a full report of which appeared in the daily papers.

“So insistent did this matter seem that a motion was carried in the Council asking that the Executive Committee be directed to enquire into this case *ad interim*, and later report to the Council. This became necessary for the following reasons:

“1. If a complaint is made against a registered medical man asking the Council to take action therein, whether the initiative be taken by the Council or its Executive Committee, on the one hand, or upon the responsibility of any four members of the College, as attested by their written signatures, on the other, the complaint can only be investigated by the Discipline Committee of the Council.

“2. Until the Discipline Committee has duly investigated the charge and reported its findings, the Council cannot act therein.

"3. Notice must be given to the accused that he may have an opportunity of preparing his defence and of being heard before the Discipline Committee.

"The action of the Council in referring this matter to the Executive Committee ensures instructions being given to the Discipline Committee to enquire into this matter and to present their report to the Council at the earliest possible date, that the Council may be prepared to deal with the whole matter.

"It will be seen that these two motions, while they are closely related, refer to separate conditions. The first motion refers to the way in which the Profession feels towards the Ontario Temperance Act; the second one is a mandate of the Council that the Discipline Committee—a committee specially appointed for the purpose of making enquiry into all matters relating to members of the College—consider the case against Dr. H. H. Moorhouse as it appeared in the public prints, and report as to their finding in the same."

FUNDS FOR WIDOWS.

Dr. G. R. Cruickshank, of Windsor, moved that the Council create a fund to aid needy widows and orphans of deceased practitioners who have been affiliated with the Council. He said that legislation might be passed at the next session of the Ontario Legislature that would confer upon the Council such power. The principle of the motion was accepted.

EXAMINATIONS OF 1919.

The familiar resolution calling for the Federalization of medical examinations was presented by Dr. J. C. Connell, of Kingston. Dr. Connell moved, seconded by Dr. G. R. Cruickshank, that no examinations of the Ontario Council be held in May, 1919, and that the candidates desiring to qualify at that time be recommended to take the examination of the Canada Medical Council in June of that year. The resolution was defeated by a vote of 14 to 11. There was among the doctors upon the Council a general appreciation of the value of a common standard for men entering the medical profession, but they were inclined to hold back until there were assurances that the dropping of the Ontario examinations would not be prejudicial to the high medical standing required of applicants in this province.

PATENT MEDICINES.

Dr. G. M. Brodie severely scored certain proprietary medicines and in giving notice of a motion on the question said that it was time the Council took further action in seeing that the people were protected to a much larger extent than at present. He said that the United States Government is now taking stringent action concerning a number of patent medicines which are still permitted in Canada.

VENEREAL DISEASES.

Dr. E. F. Kellum, Secretary of the Committee on Venereal Diseases, presented the report of the committee, which recommended that

"Whereas the Ontario Government has appointed a commission on venereal diseases and mental hygiene, and that at the inaugural meeting your chairman, Dr. King, appeared representing the College of Physicians and Surgeons, that the committee be continued in conjunction with the Executive Committee to act before the commission as required."

The report was adopted, and this ensures that the Medical Council will be represented before the commissioner when these subjects are under investigations.

THE MEDICAL COUNCIL OF CANADA.

Dr. Spankie, one of the representatives on the Medical Council of Canada, reported on the annual meeting held at Ottawa on June 11th and 12th. In part it says:

"At Toronto in June, 1917, 21 candidates wrote, and six passed, six were referred, and nine were rejected. At Montreal, in October, 1917, 19 candidates wrote, and 11 passed, three were referred, and five were rejected. In future the subjects of anatomy and physiology will be omitted from the examinations of the Council. A special committee of one from each province was appointed to endeavor to arrange a finding on the question of co-operation in examinations and of reciprocity with Great Britain, and of a common basis of fees charged by the various Provincial Councils in connection with the Medical Council of Canada. Owing chiefly to the withdrawal of the Government grant, the financial statement of the Council shows a deficit of \$9,223.48 for the year, but there is still a good balance in favor of the Council, as an asset of \$15,000 in Victory Bonds. The Council recommended that examinations be conducted at Montreal and Halifax in October, 1918, and in Toronto and Winnipeg in June, 1919."

FOOD REGULATIONS.

On motion of Drs. A. T. Emmerson and Addison, the following resolution was adopted:

"That the attention of the Canada Food Board be drawn to its regulations whereby the wrapping of bread loaves is prohibited; and the more recent regulation requiring that bakers must place upon each loaf of bread a label or sticker. In the opinion of this Council, both these regulations render the handling and delivery of bread in a sanitary condition impossible, and should be withdrawn.

"Further, the wrapping of bread in sanitary waxed wrappers contributes to the preservation of bread, and consequently to the conservation of food."

JUDGE HODGINS' REPORT.

It was suggested by Drs. H. J. Hamilton, Connell, Walters and Dale that an evening session be held to consider the report of the Commissioner on Medical Education. At the said session the following resolutions were approved of as setting forth the views of the Medical Council in brief forms:

Moved by Drs. J. MacCallum and Wickens: "This Council approves of the recommendations of the Commission with regard to the establishment of an institute of physical therapy in Toronto, London and Kingston, but does not agree with the proposal that these institutions be placed under the care of the Department of Physics of any university, but of the Department of Therapeutics."

Moved by Drs. Ferguson and King: "That this Council expresses its satisfaction with the definition of the practice of medicine recorded in the report of the Commission on page 66, paragraphs 1, 2 and 3, to the end of the words 'shall not be within the above provision.'"

Moved by Dr. J. MacCullum: "That Council approve of the amendment of its powers of discipline as stated in the report, viz., bottom paragraph of page 66."

Moved by Drs. Ferguson and Cruickshank: "That the Council approves of recommendations Nos. 6, 7 and 8, page 72. This Council does not approve of the appointment of a medical director or taxing officer, as suggested in clause 13 or in the body of the report."

(Note.—These sections refer to osteopaths, chiropractors, and drugless healers; that no one should practise without the Council license; and that religious bodies should enjoy no right to act as healers for gain.)

Moved by Drs. MacCallum and Cruickshank: "This Council, while approving of the recommendation of the Commissioner to remodel the composition, desires to emphasize to the Legislature the fact that the movement for remodelling the Council originated within the Council itself in 1912, and at the request of the Government of that time, was not proceeded with. The Council regards with apprehension the proposal that the members should be elected from the profession at large—a proposal emanating from a seeming parallel with the Law Society benchers. We are informed, and believe, that the practical result has been that no meeting of the benchers is attended by more than half of these elected members, and of these the majority from Toronto. We regard the method of election as proposed by the Council of 1912 as more equitable and more likely to be followed by good results. We believe the plan then proposed by the Council will meet with the approval of an elective assembly such as the Ontario Legislature."

Moved by Dr. Ferguson: "The suggestion in the report to divert the future surplus funds of the Council derived from students' fees to the interests of medical education through the medical faculties of the universities does not meet with the approval of this Council."

Moved by Dr. Ferguson: "That reference in the body of the report to the alleged anomaly of the payment of members of the Council, we consider unfair, as attendance upon the business of the Council means the sacrifice of practice, which cannot, as in the case of the Law Benchers, be retained or postponed. The indemnity given members of the Council does not compensate them for more than a mere fraction of the pecuniary loss incidental to attending upon the meetings of the Council and its committee."

Moved by Dr. Wickens: "That the Commissioner be informed by the Registrar in respect to the rules of the Medical Council in respect of the disqualification as voters and the forfeiture of registration of those members of the college who are in arrears as to their annual dues."

The following was also adopted:

"That this Council approves of the provision that the regulations, by-laws and fees to be made and prescribed by this Council be subject to the approval of the Lieutenant-Governor-in-Council."

CONGRATULATIONS TO SIR JAMES GRANT.

The members tendered an ovation to Sir James Grant, of Ottawa, whose appearance marked the fiftieth convention of the Medical Council he has attended.

THE FINANCIAL STANDING.

The report showed that the Council has a bank balance of \$20,000.

OFFICERS.

The following officers were elected: President, Dr. R. Ferguson, London; Vice-President, Dr. A. T. Emmerson, Goderich; Registrar-Treasurer, Dr. H. Wilberforce, Aikins; Solicitor, H. S. Osler, K.C.; Auditor, J. F. Lawson, C.A.; Public Prosecutor, John Fyfe, and Official Stenographer, George Angus.

THE FEES UNDER THE WORKMEN'S COMPENSATION ACT.

Dr. Crain, of Ottawa, alluded to the exceedingly large accounts sent by some medical men to the Ontario Compensation Board for the treatment of injured workmen.

"From investigation it is shown that the schedule of fees of the Compensation Board is one of the most, if not the most liberal, either in the United States or Canada." (See page 544).