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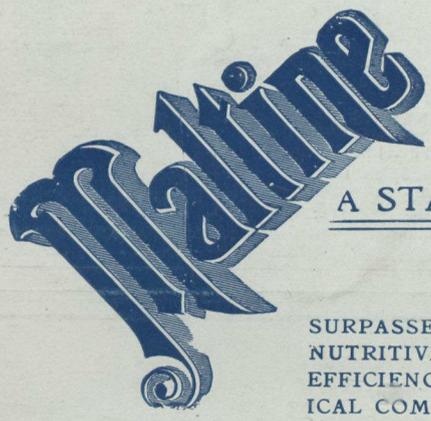
A Monthly Journal of Medical and Surgical Science, Criticism and News

THE OLDEST MEDICAL JOURNAL IN THE DOMINION

Vol. LIV

TORONTO, CANADA, OCTOBER, 1920

No. 2



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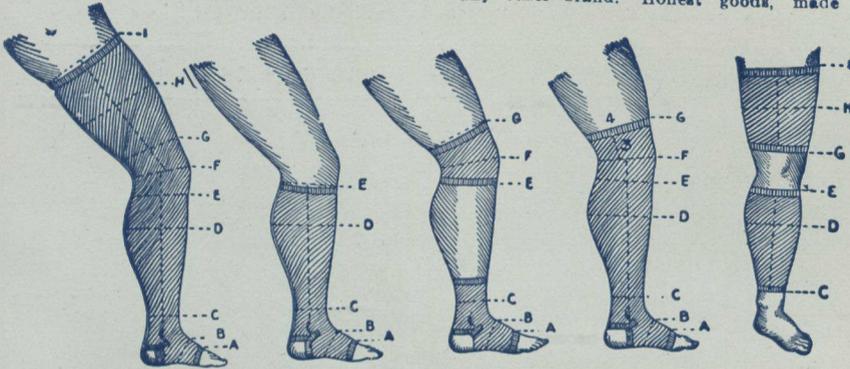
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The Canada Lancet

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No 2

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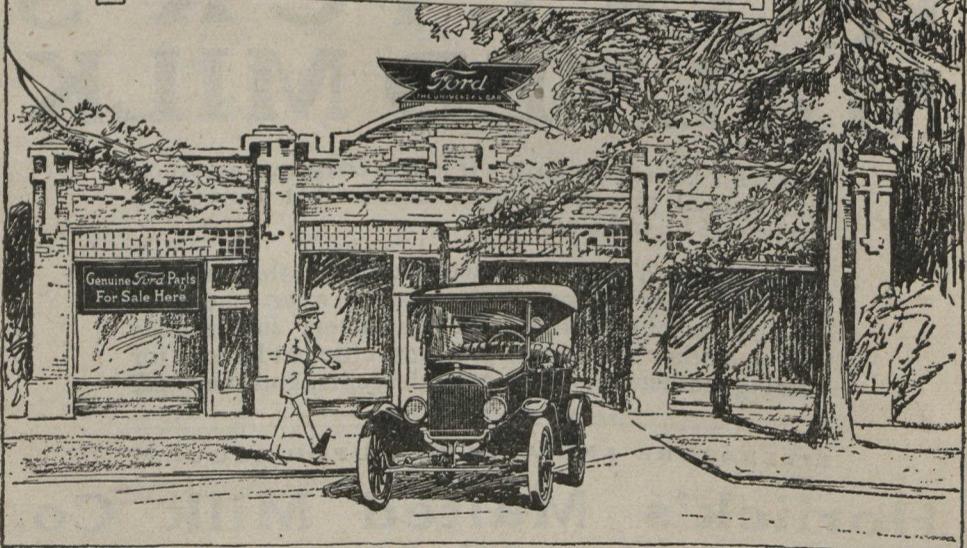
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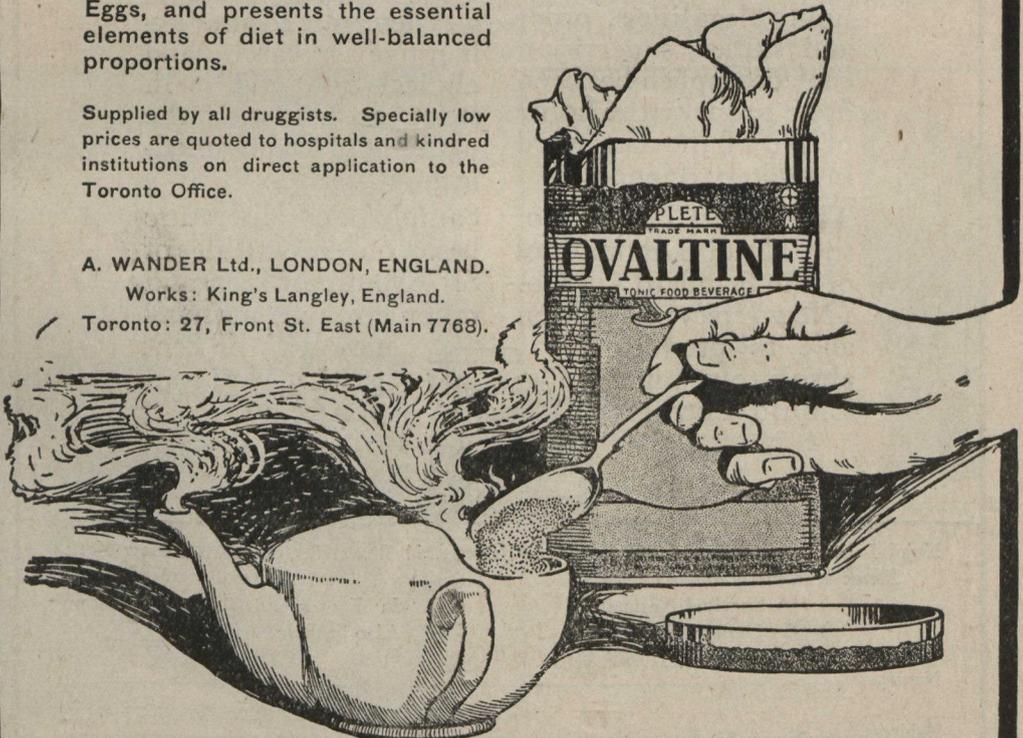
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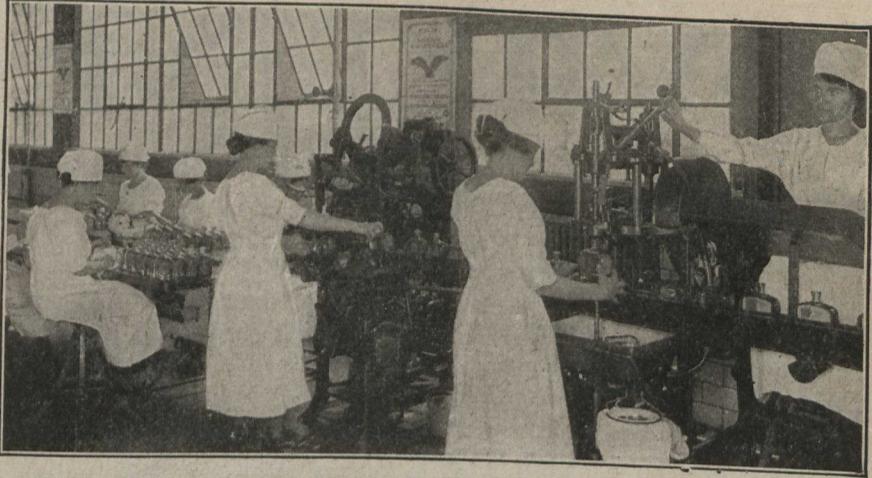
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The Canada Lancet

VOL. LIV

TORONTO, OCTOBER, 1920

No. 2

EDITORIAL

THE ONTARIO TEMPERANCE ACT.

The following item appeared in *The Toronto World* of 23rd September, 1920, the names being left out:

"_____, Ont., Sept. 22—(By Canadian Press).—Dr. _____, a well-known local physician and a veteran of the great war, in which he served as surgeon on a torpedo boat destroyer of the royal navy, shot himself shortly before midnight. He was immediately rushed to _____ Hospital and no hopes are held out for his recovery. Dr. _____ was to have appeared before the police magistrate to-morrow to answer three charges involving breaches of the Ontario Temperance Act."

A short time ago we saw an account in the press relating the fact that a prominent doctor in the Western part of Ontario had been fined \$1,000 for a breach of the Ontario Temperance Act. Quite recently a doctor in Northern Ontario was fined \$1,000 for a similar offence, and within a couple of months a doctor in Toronto was fined \$300 under the same Act. These are only a few of many others.

Several doctors have lost their licenses to practise, and some have been temporarily suspended from practice. The province contains many who have received letters urging the reduction of liquor prescriptions.

It must be distressing to the vast majority of the members of the profession to observe these things occurring. It was felt by many that the framers of the Ontario Temperance Act did a very unwise thing when they placed upon the medical profession the legal right to order liquor for people, and withdrew all other means of obtaining liquor legally. It opened the gateway to dishonesty on the part of both people and the doctors. The people concoct fake ailments to secure liquor, while a few doctors have been willing to listen to these appeals.

Coming back to the case of the doctor reported in despatch quoted, we have the case of a young doctor who had served in the war as surgeon on a torpedo boat. He came through many perils, and we all know that, as a consequence, his nervous system may have become very unstable. This may have been the very reason why he violated the Temperance Act, if he did violate it; for we know nothing of the nature of the information against him. He did his bit well in the war, and most of us know that war unsettles many a sensitive nervous system.

A short time ago a returned veteran was convicted under the Ontario Temperance Act, and given a term of confinement. The Army Veterans took up his case and he was speedily granted his liberty. This may have been a very proper discharge; but had it been some other citizen without a powerful organization to take up his case, the great weight of probability is that he would have served his full term.

The whole thing is wrong. The remedy is in the hands of the of the medical profession. The medical practitioners of Ontario must demand that the Act be changed, and arrangements made whereby, if the people are to secure liquor, some other means must be found to enable them to obtain it. It would not be difficult to do so. In the case of no other drug is the medical profession placed in the same position. We urge the whole medical profession to demand at the coming session of the Ontario Legislature that the Act be so amended that doctors will not be required to write prescriptions for liquor. It is most annoying for any doctor to come to his office at noon, and find several persons waiting for liquor orders. In some of these cases they ask for no other treatment. In many instances they are old acquaintances of the doctor; and in others they are new-comers. In all, he must give their request attention. If he refuses he offends and wastes his time without a fee. In some of the cases where he grants the orders, he feels that he has been subjected to an indignity. In order that the Legislature might find an easy way out of a difficulty it loaded the responsibility for the temperance of the people upon the medical profession.

The time has come for calling a halt. Will the medical profession prove strong enough to demand justice? If the medical practitioners of the province would refuse to be made the scape goats for others the condition would soon be remedied. So far as the medical profession is concerned all forms of liquids containing alcohol are regarded as drugs, and, as such, they have a perfect right to prescribe these whenever they think their patients would be benefitted by such use. The Ontario Tem-

perance Act regards all these liquids as medicines and places them in dispensaries for the use of sick people; and, yet, only provides for seven of these dispensaries for nearly three millions of people. Between Toronto, Hamilton, Windsor, London, Ottawa, and Kingston are long distances to go for a little whiskey or wine—drugs by the Act!

Another very unpleasant feature is the practical working out of the Act has occurred a number of times in different parts of the province. A doctor gives a prescription to a person in perfect good faith because the said person states that he is ill. This party, or some acquaintance of his becomes intoxicated and in this condition falls into the hands of a constable and is brought before a magistrate. Then arises the question of how he came to have the liquor. This in turn brings the doctor into court, who has to lose his time and be subjected to all this annoyance for nothing. We have known of one doctor who was fined, but on appeal the fine was set aside. Now, surely such a condition is not necessary. In order that a few who might drink to excess might be restrained, the law makers hit upon the brilliant idea of making the medical profession an association of bartenders, but liable to prosecution if they do a good business.

From the press dispatches we learn the following interesting piece of news:

“Edmonton, Sept. 23.—Most of the doctors who have answered the questions on the referendum submitted to them by the Alberta Medical Association favor the limiting of the number of prescriptions for liquor which can be issued by a doctor, according to the report of the secretary at yesterday's session of the association. While the results of the referendum is still far from complete, by far the greatest number seemed to favor that doctors still have the privilege of issuing prescriptions of eight ounces or less, but that they be limited to fifty per month.”

We would seriously ask why the doctors of Alberta should tie themselves down to fifty prescriptions a month for liquor, any more than they should tie themselves down to fifty prescriptions for quinine, or potassium iodide, or any other drug? To do so is to surrender their rights as free men and qualified practitioners. It may have the effect of compelling certain members of the profession to restrict the number of their orders; but it does appear to be the wrong way of doing so. The occasion might arise when a doctor would require to give a greater number of orders than fifty in any month. He would have to call in a neighboring physician to help him out. No, this is not a wise way to go about the question. The practitioners of Alberta, like their confrères in the other

provinces, must assert themselves, and stand upon their rights. Those rights must not be yielded, because a few practitioners go too far. How would it look if the doctors in a certain province solemnly agreed never to remove more than a given number of tonsils in any month, because an odd doctor seemed to remove too many. In one month a doctor may get on very well with twenty prescriptions; but in another month with influenza raging and much sickness and greater fear one hundred orders might not suffice. This liberty should never be lightly given up. In this whole temperance movement the medical profession has been put in a false and ignoble position. We wish to be perfectly clear upon this subject. We are a firm believer in the cause of temperance, but it is not the aim of *The Canada Lancet* to take any part in the temperance question. Our position is that of discussing spirits, malt liquors and wines as medicines, and the relationship of the medical profession to their use as such. The law defines certain conditions governing the use of cocaine, morphine, etc.; but no attempt is made to limit the frequency of their use, provided they are used in a legitimately medicinal manner. A doctor in his eye, ear, nose and throat work may use cocaine one thousand times in a month if he requires to do so, and no question is raised. This must be the final attitude in the matter of all drugs.

The position of the Ontario Medical Council is a very difficult one, and calls for the forbearance of the medical profession. The medical council is quite proper in its course in urging that medical practitioners issue only such orders for liquor as may be required for medicinal purposes, but the actual administration of the act must be left to the Board of License Commissioners. If a practitioner is found guilty of violating The Temperance Act by ordering liquor merely for beverage purposes, or disposing of it in any other manner than dispensing it to patients as a therapeutic measure, the Medical Council should act. In no case do we think the Medical Council should take the initiative, as the Act is in no way under its control. The duties of the Council begins and ends with such practitioners as are duly found guilty of breaches of the Act, in the same way as it would be the duty of the Medical Council to take notice of the case of a doctor convicted of selling morphine or cocaine to habitues. As there are honestly widely different views on the medicinal use of liquor, it behooves the Council to act with great caution in the matter suspending or disqualifying any practitioner. On no account must it allow itself to be stampeded from the true medical view of the whole question. Its duty is to guide therapeutics.

THE RETIREMENT OF PROFESSOR A. McPHERAN

My good lords, in all the progress
 Both of my life and office, I have labor'd,
 And with no little study, that my teaching
 And the strong course of my authority
 Might go one way.

In these words Shakespeare makes Cranmer express what his aim in life had been; and, though given forth more than three hundred years ago by the great humanist and bard of Avon, these words most fittingly remain applicable to Dr. Alexander McPhedran, who was recently honored by many of his colleagues and former students.

Toronto has been favored by having many distinguished teachers of medicine. Among these we would name Rolph, Norman Bethune, John Fulton, H. H. Wright, W. T. Aikins, Michael Barrett, J. E. Graham, W.B. Geikie, R. A. Reeve, J. F. W. Ross, A. H. Wright, and Algeron Temple. These men and their colleagues did much for higher medical education, and, all too often, with very inadequate facilities. But they saw their duty and they saw it whole; of them all can be written the words of Bailey in Festus:

We live in deeds, not years; in thoughts, not breaths;
 In feelings, not in figures on a dial.
 We should count time by heart throbs. He most lives
 Who thinks most, feels the noblest, acts the best.

Dr. Alexander McPhedran brought down to the more recent generations of students the splendid traditions and ideals of these older teachers. But he did more. With an industry that was as amazing as it was worthy, he gathered up into his life's work a vast accumulation of medical knowledge. The very best to be found in all countries and of all times he assiduously garnered and winnowed for the benefit of his patients and his classes. "He was a scholar and a ripe and a good one."

Sometimes the students who came under him thought him unduly severe; but such was not the case. He was only acting so because he was anxious for the future welfare of those he sought to guide. He could not tolerate careless work on his own part, and why should he do so in the case of others? In all this he was an ardent follower of the Sage of Chelsea, Thomas Carlyle, who relentlessly fought "sham" in every form. The really earnest and good student always found in him an ever-ready friend and willing adviser.

But over all was he loved for the best ideals of a noble calling. To him the ethics of the medical profession were sacred laws. Here it is that we feel his influence was at its best. The student must have had a poor objective in life who could come from under his teaching without feeling that to follow the practice of medicine was something that "should not be entered upon lightly or inadvisedly." His influence in this direction shall be felt for many years to come.

Dr. McPhedran was a particularly forceful teacher. First of all he had a clear mental vision of what he wished to convey to the minds of his students; and then he possessed a direct and clear style of stating his views. He was as logical in his argument as a most perfect syllogism itself. Many eminent members of the medical profession throughout the British Empire and the United States, owe much of their success in life to the strength and clearness of Dr. McPhedran's teaching.

And it is gratifying to see that all this has not been forgotten. On Friday evening, September 24th, 1920, at Hart House, Toronto, one hundred and fifty colleagues and former students entertained him at a dinner in his honor. After the dinner he was presented with a handsome bag and his portrait in oils from the brush of Mr. C. Williamson. Dr. C. K. Clarke, Dr. F. N. G. Starr, and Mr. I. H. Cameron gave interesting and reminiscent speeches. Professor Lewellys F. Barker, of Johns Hopkins University, Baltimore, unveiled the portrait, and delivered an able and interesting address on Dr. McPhedran's work and worth as a teacher.

Dr. McPhedran was warmly greeted as he rose to respond. He spoke of the many changes that had occurred in medical education and science during the years he had been engaged in teaching, and of his pleasure in the work that had been his for so many years, and of the deep satisfaction it gave him to see so many of those who had studied under him, making honored names for themselves in the world. He voiced his appreciation of the gift of his many friends.

For Dr. McPhedran we wish many years of health and a full measure of enjoyment in his well-earned leisure from the duties of his professorial chair. It is the wish of many that he will still take an active part in those vital questions that interest the medical profession; and that as *aspice*, *respice*, *prospice* will still be true—that from his ripe experience from the past, he will look around upon the many needs of the present, and lay down wise suggestions for the future. Knowing Dr. McPhedran's

wide learning on the one hand and his innate modesty on the other, we think we are fully expressing his attitude to his profession and his friends by quoting the words of Tennyson:

"I have only done my duty as a man is bound to do.

PROFESSOR I. H. CAMERON

He is a scholar, and a ripe and a good one;
Exceedingly wise, fair spoken, and persuading;
And to those men that sought him, sweet as summer.

These words of Griffith, spoken to Katharine of Aragon about Cardinal Wolsey, may fittingly be used as voicing the opinions of the students who came under the teachings of Professor Cameron during the past thirty years. They are no less the words of the members of the medical profession who have come in close touch with him at any time throughout the many years he had adorned the ranks of the *Asclepiadae*.

Very rarely, indeed, does it come the way of any editor of a medical journal to take cognizance of the retirement of two such noted teachers of the healing art as Professors McPhedran and Cameron at the same time. While there is unfeigned pleasure in recording the great work they did for higher and true medical education, there is also a feeling of profound regret that time, in his resistless march, makes such breaks in the continuity of things inevitable. But

Time's the King of men,
For he's their parent, and he is their grave,
And gives them what he will, not what they crave.

Such was the cry of Pericles, Prince of Tyre, and such is the cry of humanity still. With Bryant we have to say: "Still the years roll on with not less mighty sweep."

Mr. I. H. Cameron's influence has been manifold and far-reaching. In the first place he is a scholar of a rare type—all too rare now, in our hurry-up way of educating our young men. There is in his learning that fine flavor of classical grace that gave to all he said or wrote an extremely delightful richness and charm. Many there are who have admired Mr. Cameron's versatility and erudition, and who may have been stimulated thereby to give some attention to the humanities, finding truth in the words of Cicero *Animi Cultus quasi quidam humanitatis cibus*. But it is not in scholarship alone that his influence was felt. In all things

professional he was a Hebrew of the Hebrews, and stood for the most ideal in medical ethics. Ever courteous to his medical confrères, and helpful to the students and considerate in their difficulties, he has closed his teaching period in truly Ovidian style—*actis ævum implet, non sequibus annis*.

Of all the surgeons it has been our good fortune to know, the one to whom he conforms most closely is the late Sir Jonathan Hutchinson. There is the same wide clinical experience, a similar philosophical cast of mind, equal honesty in the search of truth, and an equal breadth and catholicity of learning. Both saw life after the ideal of Frances Anne Kemble:

A sacred burden is this life you bear,
Look on it, lift it, bear it solemnly,
Stand up and walk beneath it steadfastly,
But onward, upward, till the goal ye win.

To the teaching of students Mr. Cameron has said farewell. We shall make no attempt to enter into the feelings that passed through his mind as he penned his resignation, but like Arnold, "he saw life and he saw it whole", and this act would be in conformity with all others in his long professional career. As a teacher we say *Vale! Atque vale!* but as a confrère we say *Comes! atque semper comes!*

THE TREATMENT OF INSANITY

This country recently had a visit from Dr. Helen Boyle, of Hove, England. She came representing the Medical Psychological Association of England. Judging by the reports of her speeches in Toronto and her interviews to the press, she gave utterance to a number of well accepted truths. So far we have failed to notice anything specially new in what she said.

Among other things she urged the need for psychopathic hospitals. To put things plainly a psychopathic hospital is a hospital for people with a sick mind; and insanity has come to have this meaning, although in reality it means not healthy, or sound, as in the words *copore sano*. We were under the impression that the institutions at Hamilton, Whitby, Rockwood, London, etc., were psychopathic hospitals. If they are merely prisons, or places of detention for those of unsound mind, then we have been carrying on our work in a very wrong manner, and wasting much money, and maltreating suffering humanity. It is our view that such

institutions fulfill two functions, first a place of safe custody ; and, second, a place for treatment.

If our asylums, or as they are now called, hospitals for mental diseases, have not been performing this function, the National Association for Mental Hygiene should inform the public of the fact, and see that steps are taken to have a proper remedy found. If the object of this association is to secure an additional hospital for the treatment of the insane in Toronto for the additional purpose of teaching students, this fact should be plainly set forth without mystery, or in any way under the guise of hospital, to do a new and different work to those already in existence. We do not wish to see the public exploited under the name psychopathic, which really means nothing new, which is only a compound Greek word for two very ordinary English words—mind sick.

We have no objection to a hospital for mentally affected persons in or near Toronto. Indeed, we think it would be a very proper thing to have such an institution. We also think it would be very wise to have it so located that medical students might receive instructions in it. It is not at all practical for students to journey from Toronto to Whitby or Hamilton to study mental disorders ; but there is a very large asylum (prycholpathic hospital) at Mimico, and easily within the reach of Toronto students, who could be taken to it in groups, and shown the various types of insanity (psychopathy).

We hold firmly that there ought to be an observation hospital, in which cases receive attention and study prior to permanent commitment. This we need urgently. Such an institution valuable as an adjunct to our present hospitals for the teaching of students, and should be forthcoming soon. It is little short of criminal to graduate students with an inadequate training in diseases of the mind and their treatment.

The causes of insanity are well-known, and consist of environment, overwork, and ill-health. To these must be added imperfect brain development, heredity, and a poor nervous organization, on which the conditions of environment, worry, overwork, and ill health may readily bring disaster. If the National Committee on Mental Hygiene can discover some way of controlling the influences of environment, overwork, ill health, worry, injury, heredity, and poor nervous resistance, then it will have done something really new. Until it can do this, then it must just follow along along the lines already well recognized of seeking out the causes in each case, and placing the mental sufferer under the most favorable chances to make a recovery. There is no royal road in all this—no magic lamp, no open sesame. The treatment of every case of in-

sanity comes down to treating each individual man and woman so deranged. If toxic, relieve the toxicity; if syphilitic, treat the lues; if overworked, try to secure rest; if worried, find some balm for the mind; if the environment be bad, try to improve it; but this is the rub, for who can find a remedy for faulty and unhappy home conditions. The problem is with us and ever shall be. There will always be a Gadarene.

MIRACULOUS CURES

"Ottawa, Oct. 7.—Five and a half years bedridden, her body and limbs below the waist being paralyzed, Miss Edith Lafontaine, for almost six years an inmate of St. Luke's Hospital, has recovered and now walks with the ease and grace of any other girl of her age.

"The restoration of the power of her limbs, according to Miss Lafontaine, is the direct result of the ministrations of James Moore Hickson, the Church of England lay healer, who conducted a mission in St. Alban's Church at the end of June last. She is emphatic in her declaration that the physicians attending her were powerless to effect a recovery, and that her healing is due to the laying on of hands and prayer of Mr. Hickson."

Here is one case with all the earmarks of a genuine example of hysteria, with which the whole medical profession is familiar. These cases do not walk because they do not will to walk. They belong to the class that the late Sir John Russell Reynolds called "ideational paralyses." A fire in the house, as in Oliver Wendell Home's case, or some strong emotion, or some hypnotic suggestion, or a fright, will cure just as effectually as in the case of the Ottawa girl by the laying on of hands.

For several months we have been requesting that those who were responsible for the advent of Mr. Hickson in Toronto in the spring, should give a list of the afflicted persons who appeared before him and the names of those who can say that they derived any benefit from his visit. These cases should then be studied by a competent committee of medical experts to ascertain the real nature of the trouble, and the actual degree of benefit. To this request no fair minded person can take any exception. Everyone should be in search of the truth. If the medical profession could be shown a single case of, say, cancer, or an old dislocated hip joint, or paralysis of the legs from a broken back, cured by the laying on of hands, the cure of real organic disease in this way would be placed on a firm footing. But so far in all these cases we have got no farther than blindness, or a painful knee, or paralysis cured; and it is well known that such cases can be purely hysterical or imaginary. What we ask for is the cure of a case of blindness due to optic atrophy, or painful knee caused by osteosarcoma, or paralysis from destroyed nerve matter as in anterior poliomyelitis.

Our contention is that the people should not be imposed upon. When any body of laymen become connected with a movement, such as that of Mr. Hickson they should at once secure the co-operation of the highest medical skill, as the only means of excluding errors in diagnosis and results. Here is a case at point. A young woman became blind suddenly. Her medical attendant took her to the office of a well-known oculist. During his examination of her eyes under strong light, she at once recovered her sight. Here was a true case of hysterical blindness, cured by the stimulus of the light reflected from the mirror of the ophthalmoscope. Suggestion lies at the bottom of it all, as in the case of the child whose "mother kissed the part to make it well."

In *The Telegram* of 12th October, Mr. C. F. B. Doherty, chairman of the Committee in charge of the mission, gives a statement about a number of the cases. It is stated that 1,233 letters of enquiry were sent out to as many persons who had been treated by Mr. Hickson. Replies were received from 540. These replies yielded this information: Noticeable improvement, 246; very great improvement, 67; and completely cured, 33. Now, this information is of no value whatever. The nature of the trouble should have been studied in each case. Then the amount of improvement noted; also the completeness of the cure, where such is claimed. This is the work of medical experts, and nothing else will satisfy the thinking public. It is well known that all sorts of neurotic cases are the ones that flock to such a mission. Their judgment cannot be accepted. We still demand an investigation by a medical commission.

CHRISTIAN SCIENCE

From time to time we see synopsis of lectures by the exponents of Christian Science, and also letters in the lay press from the same sources. These persons are making a vain attempt to prop up a failing cause; and it could not do otherwise than fail. Mrs. Eddy, the founder of Christian Science, was a most grossly ignorant woman, as her writings amply prove her to have been. Her interpretation of the Scriptures is a farce, and her views on science a mere joke. She says matter has no reality, and disease and pain are mere figments of mortal mind. Such nonsense may suit some pampered and hysterical people until they become truly ill, or are seized with severe pain. We do not hesitate to say that their Christian Science teachings will avail them but little relief. Apart from what arises from suggestion, there is nothing in Christian Science. It has no power to prevent or heal disease.

The recent Lambeth Conference of Anglican divines resolved thus in the matter of Christian Science:

"The Conference finds that while Christian Sciences fixed attention on the supremacy of Spirit, yet in the teaching given there is a direct tendency (a) to pantheristic doctrine, and at the same time (b) to a tendency (a) to pantheistic doctrine, and (c) to the denial of the false antithesis between spirit and matter, and (c) to the denial of the reality of sin, and (d) to the denial of the reality of disease and suffering."

We have on so many occasions from the writings Eddy proven that Christian Science denies the existence of disease that it is not now necessary to repeat these proofs. Her teachings scatter all therapeutics to the four winds. Just take her views on poisonous plants. The poison is in them because the majority of people think so. According to this view, if the majority of people thought alcohol was not intoxicating it might be drunk as freely as water. According to Mrs. Eddy all things are so and so because we imagine they are so and so, or, in other words, fancies of our mortal minds. Yet this is set up as a system of healing the sick.

DR. GRENFELL'S GREAT WORK

Dr. Grenfell recently paid a visit to Toronto and addressed a number of meetings, notably the Academy of Medicine on 13th October. Dr. W. T. Grenfell has done a wonderful work along the Labrador Coasts. He has performed the duties of a busy doctor, he has been an educator among the people, he has had a number of hospitals built, and in many other ways has raised the standard of life among the people. He is seeking to raise money to help along the cause to which he has devoted his life; and everyone should regard it as a pleasure to aid him.

Some men work hard to make money by way of salaries, others struggle to build up large industrial concerns, still others take to a financial life; some seek fame in science, art or literature, but Dr. Grenfell has followed the nobler path of being the friend of his fellow man. This is altruistic; for his monetary reward must have been small, small indeed, compared with the arduous nature of his duties.

It is unnecessary to praise such work as Dr. Grenfell's, as it carries its own commendation. Yet, one cannot but say that it is a truly great work. The words spoken by the Prince of Wales in the time of Henry IV about Henry Percy, can be most fittingly applied to the subject of our

remarks:

I do not think a braver gentlmemen,
More active valiant, or more valiant young,
More daring, or more bold, is now alive
To grace this latter time with noble deeds.

ORIGINAL CONTRIBUTIONS

INAUGURAL ADDRESS OF THE PRESIDENT

DELIVERED AT THE ACADEMY OF MEDICINE, TORONTO, ON OCTOBER 5, 1920,

BY J. H. ELLIOTT, M.D.

FELLOWS of the Academy of Medicine, Toronto,—It is with a deep and sincere appreciation of the honor done me that I speak to you this evening. To guide for a year the destinies of the Academy involves a great responsibility which no one may lightly assume. My predecessors in office are all men who not only have grown up with the Academy, but all had an active part in the work of the constituent societies and of the preliminaries leading up to the formation of the new society. Only they and those closely associated with them know the labor entailed in the successful amalgamation. I cannot look back so far, yet seven years' service on Council and many of its committees has given me an insight into the work done by my predecessors in office, and lead me to express my appreciation of their devotion to the interests and welfare of the Fellows, and of the many hours, often at great sacrifice, given up to carry on the duties imposed by the office of President. Of the thirteen Past Presidents of the Academy, I have sat in Council under eight, and know whereof I speak. I ask for the hearty co-operation of every Fellow that the year before us may at least be no less successful than those presided over by my honored seniors, to most of whom I have been indebted for clinical and professional instruction.

The Officers and Council elected for the present year give promise of a successful season. Yet after all, our success depends upon the general Fellowship. Let us read again the objects of the Academy set forth in our Constitution, "the advancement of the art and science of medicine with its collateral branches; the promotion and maintenance of an efficient library and museum; professional improvement; the cultivation of harmony and good feeling among its fellows and the promotion of the corporate influence of the profession in relation to the community." Are we doing all we can to promote these objects? Our objects can be best accomplished by having every eligible qualified regular practitioner in Toronto and its suburbs a fellow of the Academy. This is absolutely necessary if we are to be a united profession and a force in the community. We have a special committee on Membership, but

they need the support of every fellow, and I ask every one here present to tak it upon himself to see that each of his respected neighboring confrères becomes a fellow, and as well a member of the Provincial and Dominion Medical Associations. We have to-day a Resident Fellowship of 55, we should have 751; for, "the promotion of the corporate influence of the profession in relation to the community" can be best secured by a strong body which includes the whole profession.

You will hear to-night from Dr. Bingham on the subject of standing together in our national, provincial and local organizations and I am sure he can look for support from the fellowship of the Academy. The Academy has made for itself a distinct place in the community and as our membership grows to include a large percentage of the practitioners in the city so will our responsibilities increase. The advice and action of the Academy is being each year more sought after in regard to medical legislation, public health, and the various medical-social problems in which so many of our citizens are becoming interested. Realizing our influence we must seek every opportunity to aid and advise in all those social problems which are concerned in helping people into better conditions of living. All such work is closely allied to medical and health work, and all medical work is akin to sociology. The problems of each can be best solved by working hand in hand. The complex modern life, to be made more livable and homelike through the coming era of modern medicine, will work out plants through social and medical science, both of which must work together for the right solution.

The Academy must serve the public through exercising mature judgment and holding high ideals in all pertaining to public health and community welfare. It must as well, serve the profession, and the Council, which is the business executive of the Academy, must be at all times wide awake and active in protecting the interests of the individual and the whole, while each fellow must co-operate.

The Council is elected each year by the fellows through their Nominating Committee. At times unpleasant comment has been made upon the work of the Committee, but as a member of the Committee for a number of years, I can assure the fellows that an honest endeavor is made each year to make the Council representative of the fellowship. An endeavor is always made to avoid having the University or the various hospitals over represented, and that there shall be fair representation of the surgeons, the physicians and the general practitioners, and in the work of Council as I have seen it every member has rendered unselfish service uninfluenced by his affiliations. It has been suggested that the

North, West and East parts of the city should be represented on Council. To this there can be no objection. Even though the interests of the profession in all parts of the city are identical, should such representation be desired by the body of the Academy it only requires instruction to this effect to be given to the Committee on Nominations.

It may not be amiss to recall that two years ago provision was made for the election as Associate fellow "anyone engaged as a whole time professor or lecturer or who is engaged in research work, in any department of medicine or allied sciences, and not engaged in the practice of medicine." The Academy will extend a hearty welcome to all such men who may be desirous of the privileges of the Academy and we trust that each fellow will see that an invitation is extended.

At the Annual Meeting, Professor J. C. McLennan, O.B.E., Col. George G. Nasmith, C.M.G., Ph.D., D.Sc., D.P.H., and Lt.-Col. J. A. Amyot, C.M.G., were elected to Honorary Fellowship, and we have been honored by their acceptance. Prof. McLennan is to address us to-night, Dr. Amyot will be with us in January, and we shall look forward to a communication from Co. Nasmith in the near future.

Since the beginning of this Academy year the grim reaper has paid unwelcome visits, and four of our fellows have fallen. We have lost Dr. Gordon Rice, who was active in the Section of Surgery; Dr. Tom McKenzie, beloved by all who knew him, a splendid type of the family physician; Dr. C. Day Clark, quiet, cheerful, always seeming to take much pleasure in his visits to the Academy; and Prof. William H. Ellis, who though not a great attendant at the meetings of the Academy or its sections, spent much time in the reading room among the books and journals, and whose cheery countenance and rich humor we all shall sorely miss.

It is customary in the course of an address to make reference to the past and seek an event whose anniversary may form the basis of at least a portion of the address. Had the occasion been last year I might have made an inspiring address upon the 100th Anniversary of the publication of Laennec's treatise upon auscultation.

It was about 1820 that the Rev. John Strachan, M.A., Archdeacon of York, undertook to revive interest in a project for a university for the province. He secured the deep interest and warm sympathy of the Governor, Sir Peregrine Maitland, but it was not until 1826 he was sent to England, returning with a royal charter which was to give character and dignity to the new university.

Medical history in Upper Canada was but beginning one hundred years ago, for by the Medical Act of 1818 the first efficient legislative control of the practice of Medicine was secured. The Medical Board of Upper Canada held its first sessions in 1819, and it was toward the end of that year that an advertisement appeared in the *Upper Canada Gazette* asking for tenders for the building of a brick hospital in the town of York. This building, the first General Hospital, was begun in 1820, upon the property at King and John Streets, and makes the beginning of hospital work in this city.

That history repeats itself is suggested by the records of the Medical Board for 1820. For even in those days the Board had no more compunction than the examiners of our present Council in rejecting candidates. Altogether, in four sessions of the Board during the year 1820, four persons were admitted to practice, and eight were rejected. That the Board had discretionary powers and exercised them is seen in the entry for January 1820, Drs. Macaulay, Widmer, Lyons and Powell being present, Mr. Geo. Baker of Bath "received a certificate to practice Physic, and Midwifery and the lesser operations in Surgery."

I think I hear many a pious ejaculation, "O, that the Medical Council of to-day would but grant similar limited licenses and allow the practice of major surgery and the specialties to only those with special qualifications."

The regulation of the practice of Medicine in Ontario still remains in an unsatisfactory state. The most excellent and comprehensive report of the Commissioner appears to have been pigeonholed. It is a crying shame that in this province any man or woman no matter how ignorant in his general education, nor how lacking in his knowledge of the anatomy or physiology of the human body may practise under the guise of some special cult, diagnose and treat disease; and collect his fees for his services without fear of prosecution. How long will it be before the people of this fair province insist that those who treat their minds and bodies shall have at least the education required by University matriculation, and a course of study properly supervised, which shall at least comprise the structure and functions of the human body, and a knowledge of disease sufficient to diagnose those from which man suffers?

The past year has marked a great advance in Canada in the organization of the Department of Health. The Deputy Minister in charge of this department was one of the signatories to the Declaration of Incorporation of this Academy, and has ever been held in the bright esteem by his professional brethren. The Academy feels itself highly honored

in his acceptance of his election to Honorary Fellowship. In January our Stated meeting will be addressed by Dr. Amyot upon the organization and work of his department. The Federal Government for some time past, through the laboratories now attached to the Department of Health, has been keeping a watchful eye upon the patent medicine evil, the strength of certain drugs, invalid wines and alcoholic preparations which may be misused as beverages. It is to be hoped that the Department will undertake to do something to protect the physician and his patient from the unproved statements of pharmaceutical houses whose preparations are foisted upon the profession with accompanying literature which often makes the advertisements of the quack patent medicine man appear very tame reading indeed. Experimental work during the past few years in chemical and biological laboratories has resulted in the addition of further preparations which may be classed as specific remedies and these are increasing from year to year. As a result many commercial houses are flooding the physician with new preparations often with therapeutically suggestive names and for which remarkable claims are made. In fact, so far has this gone, that the various pharmaceutical and drug houses appear to have taken it upon themselves to teach the physician his pharmacology and therapeutics, just as the patent medicine vendor undertakes to teach the public his therapeutics, supplying him with drugs and mixtures of unknown composition and asking him to use these which frequently means discarding those older medicines whose composition, action and limitations are well known. "Of these new drugs a few may have some value; the majority, unfortunately, have little or none, and some appear to be distinctly harmful. Of the exact action of these drugs for good or evil we have no knowledge except the statements of the commercial house introducing them, which are invariably much prejudiced. Many of the new drugs introduced, even by respectable houses, have been shown by analysis to have a composition differing greatly from that stated. It appears therefore, of the utmost importance that physicians should accept all unproved statements very cautiously, and should for the present rely almost entirely upon the standard preparations of their Pharmacopoeia, of which they know the exact composition and physiological action." (Blackader.)

Many of the preparations brought to our notice bear on the label the certificate of the United States Government under the Pure Food and Drugs Act. Some of these under law are biologically standardized. What becomes of those which after manufacture are not up to standard and cannot safely be marketed under this label? Are such expensive

preparations as Ergot, Belladonna and many others thrown out, or are they dumped in a country which has no legal biological pharmacopoeial standards? We must bear this in mind at all times and we hope our new department will aid in giving us relief from the present most unsatisfactory state of affairs.

Since its inception the Academy has been active in promoting and assisting in the development of many measures bearing upon public health. I have referred to the new Department of Health at Ottawa, and cannot refrain from some expression of the satisfaction we must feel in knowing that the new Minister of Health and Labor in the Provincial Cabinet is fully alive to the importance of his department, is lending a willing ear to his advisers; and we may congratulate ourselves and the public that he has as his chief adviser a fearless and capable Officer of Health.

The activities of our Municipal Health Department need not be reviewed. We are proud of our Medical Health Officer in his zeal for the public health and can only repeat what former presidents have said again and again, that he may rely upon the support and co-operation of the profession in his splendid work.

One of the great ideals of the physician has been to do his utmost to provide the best that is known in our profession for every sick man, woman and child irrespective of station or place of residence. To aid in reaching this ideal in our hospitals the American College of Surgeons a few years ago launched a movement which is known as the Standardization of Hospitals. Dr. John G. Bowman has addressed us on this subject and we note with satisfaction that the movement has been steadily progressing. It has been urged that standardization, though it may result in raising the service in poorer hospitals, may result in lowering the standard in the high class hospital. This objection thus far has proven theoretical rather than real and it would appear that the adoption of the programme laid down has resulted in marked improvement of the efficiency of all hospitals which have responded to the request. It is asked by the College that each hospital be in a position to demonstrate that each patient has had honest and competent care. We know that patients usually receive such care, but the hospital has not the specific data on file. It is asked of course, that the building be clean and sanitary; that the doctors privileged to practise in the hospital are of worthy character and of sound scientific training; that there is adequate equipment. Further that there be in writing and accessible, a statement of exactly what happened in the care and treatment of each patient, an

adequate case record system. The second requirement is that the staffs analyze these records and find out for themselves the merits and shortcomings of their work, that they meet at regular intervals, and with seriousness in their hearts analyze what they are doing for their patients. By summary cards exact information is secured, and in the presence of the staff each man or each service is enabled to explain his results in medical or surgical treatment. "If any staff is unwilling in a kindly but accurate fashion to review its own work, it is unworthy of any public confidence or support."

The third requirement is adequate laboratory service. Another requirement has to do with fee splitting, the buying and selling of sick people on the part of doctors. This practice may perhaps be adopted now and then by a man who does not in any way prostitute his work, whose service to the patient may be of the highest type both in his diagnosis and operative proceedings, yet it makes for unnecessary surgery, for incompetent medical and surgical service and it injects into the medical profession an element of dishonesty with which no high ideals can long exist. The Academy has recorded upon its by-laws its articles of faith as concerned with this subject and we hope it cannot be said that any fellow of the Academy is guilty of this reprehensible practice, the more so in that the expression of the fellows was recorded without a dissentient voice.

What has resulted in one hospital is worthy of record. Prior to this movement, as was the custom of many hospitals, the care of patients was a concern only of the hospital executive and the individual doctor. Without endowment the problem was to produce sufficient income to pay expenses, and the doctor who brought the most business was the most welcome, and no great concern was taken as to the character of the work done (if not too grossly bad), or as to the justification. Almost any doctor could send in a patient and be given permission to perform any operation of any magnitude, and without insistence that there be a record to show for what the operation was done, or what the result was. There were few histories, no physical findings, no recorded examinations of specimens removed at operation—practically no checks of any kind to test either the motives or the qualifications of the operator. To-day this is changed. There is a medical advisory board, and this board has supervision over all matters pertaining to the medical activities of the hospital. A set of rules has been formulated and these are displayed. Any doctor known to the executive, or if unknown, after approval by the advisory board, may bring in his patients and treat them as long as he

conforms to the rules and does satisfactory work. The staff meets regularly monthly and medical and surgical summaries are submitted and discussed, with complications and results. Cases of special interest are also presented. Before being permitted to operate the surgeon must submit a pre-operative diagnosis, founded on history and physical findings. Tissues removed at operation are sent to the laboratory and remain in its possession a sufficient length of time to allow the pathologist to make a permanent record of the same. No operation is done behind closed doors. The rule is "The internes on duty, and any member of the advisory board may be present at any and all operations," All members of the staff and all visiting physicians and surgeons must subscribe to the following declaration: "I hereby promise upon my honour as a gentleman, that I will not, so long as I am permitted to practise in this hospital, practise division of fees in any form, neither by collecting fees for others referring cases to me; nor will I make joint fees with physicians and surgeons referring patients to me for operation or consultation, neither will I in any way, directly or indirectly compensate any one referring patients to me; nor will I utilize any man as an assistant as a subterfuge for this purpose." Before the patient leaves the hospital it is required that the history be completed, the final diagnosis be recorded and the chart signed by the attending physician or surgeon.

As a result, the evidences of betterment in this hospital are quite marked. First and very noticeable, there is growing up a spirit of comradeship among the visiting physicians, the old spirit of suspicion is fast disappearing. Physicians who were formerly much in evidence are seldom seen, having seen fit to take their patients elsewhere, and two or three for exceptionally improper work have been debarred.

Not all the harm done patients in a hospital comes from the hands of the unskilful physician, and the unskilful and unscrupulous surgeon; nursing and the general care of the patient by the hospital management require a good deal of improvement if we are to give every sick person the best opportunity for recovery in the shortest time. The difficulties we are to-day facing in regard to nursing both in hospital and private practice was discussed at length by our Past President in his Inaugural Address last year, and I shall not attempt to renew it this year. The problem is practically the same. Some progress however, may be reported in that the Academy now has representation on the Executive of the Central Nurses' Registry; and this should result in overcoming or lessening some of our local difficulties, which recently were assuming serious proportions.

One of the first duties which devolved upon me after assuming the presidential chair was to appoint a Committee to deal with the question of a scale of fees for the guidance of our local profession. It is many years since our tariff of fees was last revised and the fees still charged by many physicians are but little changed from those adopted by them in the practice of one to three decades ago. The increased cost of living as it affects the working man and the professional man has been met in most walks of life by an increased scale of pay or fees. The physician has been loath to increase his charges, yet the increase in his expenses has not only been affected by the increase in food and clothing and the necessaries of life, but his drug supplies, books and journals have soared in price, the rent or purchase price of his house or office has increased enormously, and he has to meet increased taxes, to which have been added a business tax, a municipal income tax and a federal income tax. The latter is a war measure and we all realize that we must pay our share in Canada's great and justifiable expenses incurred as her share of the world war. To meet these increases the profession must make a proportionate increase in their regular fees. The physicians in the west end of the city, in the north and the east have met locally and arranged a tariff, which they consider adequate to meet their local conditions. It is desirable that the Academy should co-ordinate these and draft a basis for a uniform scale for adoption by the profession. The Committee appointed consists of two western representatives, J. H. McConnell and W. C. Heggie; two from the east end, E. A. McDonald and H. W. Burgess; W. L. Bond in the north and N. A. Powell and J. E. Elliott from the central portion of the city. A preliminary report has already been made to Council and I hope that at the end of this month the Committee may have a final report to present which may be considered at the next Stated meeting, or if desired at a special meeting of the Academy to be called for the purpose.

As you know, in 1914, plans had been drawn and arrangements were well under way for much needed additions to the Academy. The war, with the increased cost of building forced a halt in the plans of the Building Committee. Some solution must soon be found for our present difficulty. Our present buildings are quite inadequate for our present needs, and with our present rate of growth we shall soon be more crowded in every department. For our stated meetings we have to seek an outside auditorium each month, and we are indebted to the University for a suitable hall for these and any special meetings. Our stack room is about filled and almost all the available space in the main building is

shelved for current books and journals, while many which should be available for ready reference are kept in the stack for lack of space in the reading rooms. We cannot much longer defer action, and our Building Fund Committee must soon take some action in the matter. I am sure that most of our fellows have well-to-do patients who feel they owe a great debt to the profession of medicine for help and relief in times of distress, and who would gladly show their gratitude by assisting in the erection of a building to house our library and its appointments, in a home for the profession of Toronto and its suburbs, which would be a centre for the diffusion of medical knowledge. It would go far to keep the graduate physician in touch with the great advances in medical art and science, and contribute greatly to the general health and well being of the community. I hope every fellow will consider this matter most seriously and confer frequently with the Committee—our past presidents with power to add—who must become at once a committee of ways and means.

In the profession of medicine we owe practically all our knowledge to those who have gone before us. Medical knowledge is handed down to us by the teachers of the past and in our Hippocratic oath we undertake to pass our knowledge on to those who are our juniors. In this way only can we repay our debt to the past. As we hand on our fund of medical lore, should we not as well concern ourselves with some of the more material fund, mean though it may be, which we have gathered through the efforts of our predecessors and which they have left to us without stint. I think the time has come when each fellow should seriously consider a bequest to the Academy. Where a family has to be provided for few men in our profession have more than enough to leave them comfortable for their declining years, yet even in such a case the Academy need not be quite forgotten. To get to the point—should one of us leave a sum, the income of which is to be set apart for the maintenance of his wife for her natural life and for his children, when the estate is finally disposed of there are many among us who could readily bequeath a sum ranging from one hundred to several thousand dollars to the Academy. Such sums would not, I trust, be available for many years, yet none of us know when our time may come and the Academy will always be here, and I am sure that most of us here feel as I do myself, that we would like our names to be forever remembered in some practical manner with the Academy and its library. This is just a suggestion I throw out. I want you to think about it. I want you to act so that in some way all may be known to those who come after us as benefactors of the Academy.

There is much I would like to say about our Library. Beginning with a single volume of Medical Essays, the gift of Dr. Oliver Wendell Holmes, the Ontario Medical Library turned over to the Academy a collection of about 6,000 volumes. During the past thirteen years the number has grown steadily and to-day we have gone well past the 11,000 mark. It is pleasant to note the increasing interest of the fellows in the growth of the library. A number of the fellows have acquired the most estimable habit of sending surplus volumes to our shelves and we trust that others will join in doing so.

Mrs. Malloch's gift of the library of the late Col. Mallach, has given us many notable and valuable accessions. The family of Dr. R. A. Stevenson sent us his library, and we have lately received the medical library of our late president, Dr. H. J. Hamilton. Surgeon-General G. S. Ryerson, when leaving the city and giving up active practice, sent us the bulk of his library, and this when sorted and catalogued will add materially to our Ophthalmological and Otological collection.

To complete our journal files and collections of monographs we must go outside the city and purchase, and for this purpose special funds are urgently needed. Three of our Past Presidents, Drs. J. Ferguson, Wishart and Anderson have placed such special funds at our disposal. Dr. Alan Brown has undertaken to complete many of the files in the Pediatric section, and Sir William Osler sent us one hundred dollars to aid in securing records relating to the early history of medicine in Ontario. All these funds needs to be augmented and we need many more. Funds for binding, repairing, indexing, cataloguing, completing files of journals and transactions are urgently needed. At the present time there are many opportunities to secure some of the older works relating to the history of medicine, and European exchange is favorable, but we are not in a position to use our current funds for this purpose. With the increase in medical libraries there is a growing demand for the older works and their value is steadily enhancing. The sooner we can purchase, the more we can secure for our money. On several occasions Sir William Osler wrote urging endeavor in this regard, and his letters were frequently accompanied by gifts. In acknowledging a copy of Dr. Bovell's Natural Theology, and asking the Librarian for other of Bovell's works he writes: "Are you trying to collect all the details about the local profession?" and he makes suggestions regarding the books and records of Widmer, Canniff, Beaumont, H. H. Wright, Bovell, Aikins, the Cases of Hamilton (three or four generations) "You should start a special section of the

library, if you have not done so already, dealing with local Ontario medical history, pictures, books, pamphlets, letters, diplomas, etc. Greetings to the Library Committee." And in another letter: "I hear the Library grows rapidly; bleed the brethren freely. Have every surgeon consecrate an occasional large fee by devoting it to the library for the purchase of the older works." And those who were privileged to hear Osler speak in Toronto in 1906 upon "The Advantages of an Academy of Medicine," may recall how he said that the physicians most interested in the Academy would be the young beginners. During the first fifteen years of professional life, physicians should spend a good deal of their time in the medical library. Men paying forty visits a day could not, of course, do likewise. The men who should pay most to support the library were the specialists, the consulting physicians and surgeons, who depended upon the general practitioners for their work. And to show that his practice was always along the lines of his precepts he promised at that time one hundred dollars with more to follow if five other men would do likewise.

Osler's counsel was always wise and acceptable. Our specialists and consultants have always been eager to acclaim Osler as a wise teacher. *Verbum sap.*

The standard of our meetings in the past has been high. There have been few meetings which it would not have been profitable for everyone, whether specialist or general practitioner, to attend. I believe, however, the standard can be improved. I do not refer to the standard of the papers, for they have been outstandingly good, but there are certain suggestions which can be made to improve the papers. One of these is, that a short paper is more interesting than a long one. There are often many details which should be published but which are tiresome and should not be read when the paper is presented to a section. Of the longer ones, properly prepared for publication, a synopsis may frequently be read with advantage. Another suggestion is that papers are always more impressive and more interesting when spoken than when they are read. That this method of presentation is harder than the reading of a paper goes without saying, but the gain in interest is well worth the additional trouble. It is always well to remember that the details of cases, and especially minute pathological details are usually tiresome and frequently unnecessary, and when printed can be read or referred to at leisure, while long series of figures or statistics cannot be grasped by the listener and should be presented in the form of tables exhibited on the wall, the blackboard or lantern slide.

For some time past I have been convinced that too much time has been given to the reading of papers, and insufficient time to the presentation of patients, pathological specimens and short succinct case reports. In order to secure this added interest, your Programme Committee has decided to set apart the first half hour of each section meeting for this purpose, feeling helpful this will give a desirable variety to each evening. It would be a great help to the officers of sections if the fellows would volunteer to present patients or specimens and not leave it entirely to the officers to drum them up. Interesting cases are usually available in the hospitals, but more are to be found in home and office practice, and I bespeak the hearty co-operation and interest of the general fellowship of the Academy in securing this material throughout the session we are now entering.

With the exception of clinical material, which cannot be arranged far ahead, the programme for the year is well in hand and the provisional programme already prepared in so far as the sections are concerned. For the stated meetings the Committee have arranged for Albert Carless of Kings College, London, to address the November meeting, and Col. J. A. Amyot will be with us in January.

Another pleasant afternoon or evening will be arranged by the Library and Historical Committees in a visit to the Royal Ontario Museum, when Prof. Charles T. Currelley, in charge of the Archaeological Department will talk to us of early medicine as illustrated in the museum collections. Only those who have visited the museum have any conception of the wonderful material gathered together there for purposes of education, especially in the industrial arts, yet there is sufficient related to the medical art to give us a delightful hour or two.

A special meeting of the Academy will be held on Wednesday night next week, October 13th, to be addressed by Dr. W. T. Grenfell upon his medical missionary work in Labrador. Following Dr. Grenfell his co-worker Dr. Paddon will speak upon the same subject and will add to the interest of the evening by a lantern demonstration illustrating their work. I bespeak a hearty reception to Dr. Grenfell, whose work I know has appealed to all of us.

And finally I ask from the fellowship of the Academy, for myself as President, a kindly toleration, helpful and constructive criticism, for the Council and Officers in their deliberations a whole-souled co-operation that the year may be one of progress and achievement for the library, for its home, for ourselves and our profession and the public welfare for which we strive.

CURRENT MEDICAL LITERATURE

DEMENTIA PRECOX AND TUBERCULOSIS

Laignel-Lavastine, *Journal de Médecine de Paris*, has reason to believe that certain precocious demented owe their condition to a tuberculous substratum. The classification of Kraepelin naturally gives no room for this supposition, being wholly symptomatic. The older view of Morel recognized an acute dementia which particular form the author thinks he has seen in candidates for tuberculosis. It is possible that consumption masks these cases which tend to end at an early date from that disease but the author has seen dementia in fibroid phthisis as well. The cases are very complex, with history of parental alcoholism and syphilis, while clinically any of the forms of Kraepelin may be represented. Cases are cited from the writings of various alienists and from the author's own material. Thus one young man, the son of an alcoholic father who was probably also syphilitic, developed mental weakness characterized by failure to realize his condition, affective indifference, disorientation, apathy, perseveration of attitudes, grimaces, etc. He was found to have chronic pulmonary tuberculosis of the right apex. In another group were two young men, both of whom were red headed and tuberculous, who showed paranoid symptoms. In a third group the subject had tabes and amaurosis due to the same, with phthisis and paranoid dementia. Autopsy showed the coexistence of tuberculosis and metasypilis. A fourth group was represented by a young man of phthisical habit who after a delirious episode exhibited marked mental failure. Hence the mental state which develops in chronic, non-progressive cases and in mere candidates for phthisis cannot be due to any acute course pursued by the disease, although such a view seems to have been entertained in some quarters.—*Medical Record*, 11 Sept., 1920.

ALCOHOL INJECTIONS IN TRIGEMINAL NEURALGIA.

It is pointed out by Harvey Cushing, Boston (*Journal A. M. A.*, Aug. 14, 1920), that deep extracranial injections of alcohol into the maxillary and mandibular nerve trunks near their foramina of exit from the skull have completely superseded peripheral neurectomies. In neuralgias limited to one of the two lower divisions and which may possibly not extend into the other trigeminal areas, alcohol injections represent unquestionably the treatment of choice. When the neuralgia has spread beyond its original area and come to involve that supplied by the adjacent

division, a trigeminal neurectomy must be contemplated; but if no preceding deep injection has been given, it may be useful not only in insuring the type of the neuralgia but in giving the patient some warning as to what the numbness resulting from the neurectomy may amount to. They are sometimes useful, furthermore, in determining in doubtful cases whether the syndrome is a true neuralgia of the tic douloureux type or one of the peculiar and rare pseudoneuralgias not amenable to relief either by injections or neurectomies. Even the extracranial injections are not entirely free from risk, and in no cases should they be purposefully pushed to the point of attempting an injection of the gasserian sheath itself. With such perfect and permanent results as may be secured to-day by a trigeminal sensory root avulsion, the prolonged and repeated use of injections in refractory cases which involve more than one division should be deplored.

TRANSMISSIBILITY OF LETHARGIC ENCEPHALITIS

A. Netter (*Bulletin de l'Académie de médecine*, April 27, 1920), reports a number of instances in which the source of infection in lethargic encephalitis could be definitely traced, and concludes that the disorder is certainly a transmissible disease, though the risk attending contact with such cases is relatively slight. The virus is probably carried in the salivary secretion. In view of the prolonged persistence of the virus in the nerve centres, the patient must retain for a long time the capacity to transmit the disease. Considerable evidence is at hand to the effect that encephalitis may be transmitted to another person by a convalescent. There is also reason for believing that the disease may be acquired through contact with a subject harboring an incomplete—fruste—or larval form of the disease, or even from a healthy person who has been in contact with a patient. All these considerations, some established and others merely probabilities, render advisable an attempt to detect and record all actual or suspected cases of the disease. Persons in contact with patients should be warned of the possibility of direct or indirect acquisition of the disease. Isolation of all patients is, however, difficult to secure at the present time. —*New York Med. Jour.* 4 Sep. 1920.

ETHER INJECTIONS IN WHOOPING COUGH

The treatment of whooping-cough by intramuscular injections of ether was recently alluded to in these columns, and in France it appears in certain quarters to be the treatment of choice. Remarkable results are

claimed for it by Weil and Dupur (who introduced it in 1914), while Variot and Audrain have noticed remarkable cures and complete failures. Audrain thinks that these failures are explained by a faulty diagnosis. He believes that acute congestion affecting adenoid conditions of the naso-pharynx may give rise to symptoms resembling those of whooping-cough. He differentiates the two conditions as follows: In whooping-cough the fits of coughing are relatively infrequent; in adenoid congestion they are very frequent. The whooping accompanies each fit in the whooping-cough and is prolonged and typical, while with adenoid congestion it only accompanies a few fits of coughing, is short and hoarse in character and "leaves a doubt in the mind." Up to the age of eight months a dose of 1 c.c. is sufficient; in other children 2 c.c.'s. are injected. The injections are made every second day. Broncho-pneumonic complications of whooping-cough do not constitute a contraindication to injection, but appear to be benefited by it.—*Medical Press*, 25 Aug., 1920.

PERSONAL AND NEWS ITEMS

Dr. Alex. L. McKay, son of Dr. A. C. McKay, principal of the Toronto Central Technical High School, has accepted an important appointment with the Rockefeller Foundation Medical Research Commission. It is probable that Dr. McKay's research work will be located in the southern states.

The new president of the Alberta Medical Association will be Dr. W. S. Galbraith, Lethbridge. Next year's meeting will be held at Calgary. The medical men recommend that drug addicts be kept in jail until necessary medical assistance had given satisfactory relief.

Dr. McMurrich of Toronto, who was recently appointed as Medical Superintendent at Speedwell Hospital, to succeed Dr. G. N. Urie, has been called away from the local institution hurriedly. It is understood that he has gone to another hospital in the Province of Quebec.

Dr. Jean Campbell, who, under the Ministry of Education for England, looks after the health work and physical training of boys and girls, paid a visit to Toronto in the latter part of September. Along with Dr. Lambert, she was sent to Canada and the United States to examine the systems of health education and physical training on this side of the Atlantic. Dr. Jean Campbell said that in England the

children started quite young to play cricket, rugby, hockey, basketball, and open-air games. Folk dancing is much used. No apparatus are used, and the training is along the line of Swedish movements. The amusements are held indoors only when the weather is bad. The games become more and more complicated with the increasing age of the children.

Dr. T. L. McRitchie, Chatham's M.O.H., recently issued an order to the proprietors of the slaughter houses of Chatham to the effect that their premises must be placed in a sanitary condition immediately, and until such work was undertaken the M.O.H. would prevent the meat from being brought to the city. Several of the slaughter houses, it was stated, were in an insanitary condition.

Dr. J. H. Hedrick, American sanitary officer in Vera Cruz, died of yellow fever on September 26th.

Somebody in Dr. H. Cuninghame's home, 288 High Park avenue, Toronto, on September 26th, left a rear window open and a burglar found it and stole \$2,550 in Victory bonds. Some time in the afternoon or evening thieves entered the house, ransacked it and took the bonds, one diamond ring and a set of diamond earrings.

About 1,500 delegates representing hospitals and kindred institutions of both North and South America, attended the 22nd annual convention of the American Hospitals Association, which met in Montreal on October 4th, and continued for four days at the Windsor Hotel.

A case of sleeping sickness was reported to Dr. J. F. Honsberger, acting officer of health for Kitchener, on September 30th. The house was quarantined. The case was reported to be a mild one.

Medical men from all parts of Western Ontario assembled at London on September 30th, for a joint conclave of the Western Ontario Academy of Medicine and the divisional Ontario Medical Association. Dr. J. Mullin, of Hamilton, president of the Ontario Association, Dr. Frank A. Kelly, of Detroit, and others, addressed the physicians on professional matters. The session was followed by an informal dinner at the Tecumseh House in the evening.

The hospitals in London, England, are having a hard time with their finances. London Hospital recently had an overdraft of \$250,000. Other hospitals in London, and other British cities are finding much difficulty. They cannot pay the usual fees nurses charge, and so there is a shortage of nurses. It has been proposed to shut down

portions of the hospitals, or to open in them paying wards as a means of securing revenue.

Dr. A. Grant Fleming, who has been appointed Officer of Health for Toronto, is expected at an early date from Ottawa to take up his duties.

Dr. Helen Boyle, an English authority of nervous and mental diseases recently visited Toronto. She was entertained on the evening of October 1st, by the women medical practitioners of Toronto, at the Academy of Medicine. In 1905 she founded the Hospital at Hove, England, for nervous and mental disease in women and children. She did useful work during the war for those suffering from shell shock and nervous troubles. She also aided in organization and hospital work in Serbia during the war. While in Toronto she gave a lecture on "Insanity, its prevention and cure", and one on "The problem of mental abnormality in the community".

A meeting in the interests of child welfare was held on October 12th in the office of Dr. J. W. S. McCullough, Provincial M.O.H. The following organizations were represented: Ontario Medical Association, Graduate Nurses' Association; Red Cross Society, Victorian Order of Nurses, Mothers' Pension Board, Ontario Women's Institutes Federation, Women's Institutes Branch, Department of Education, Ontario Local Council of Women, I.O.D.E., and the University Public Health Nursing Department.

Sir Berkeley Moynihan, one of the leading surgeons in England, came to Canada to attend the convention of the American College of Surgeons, held in Montreal, during October. Sir Berkeley carried with him a silver mace which he presented to the American College of Surgeons. The mace is the gift of the consulting surgeons of the British Army, and is a memento of the assistance they received from their American colleagues during the war.

Mrs. Amy Augusta Rice, sole beneficiary and executrix, has been granted probate of the will of her husband, Dr. Allan Gordon Rice, who died May 20, leaving an equity of \$4,500 in 114 South Drive, \$500 in realty in Parry Sound district, and \$20,372 in personal estate.

Dr. C. J. O. Hastings, M.O.H., for Toronto, was on the steamer "Prince Rupert", sailing from Vancouver, B.C., to Prince Rupert. The vessel struck a rock and sank. Dr. Hastings and Ald. Cowan, of Toronto, made a safe escape as well as all the other passengers.

Several cases of true bubonic plague have been discovered recently at Fiume. Stringent precautions have been taken to prevent the spread of the disease.

Dr. H. W. Hill, head of the London Institute of Public Health, has recommended that clinics for well people shall be established in fourteen counties in Western Ontario. He suggests that public health organizations be formed in every county, made up of delegates from Chambers of Commerce, Farmers' Clubs, and other such public-spirited bodies. Upon the receipt of an invitation the Western Ontario Academy of Medicine would conduct clinics at various points. Dr. Hill states that every county in Minnesota is organized on this basis, and every week sixty clinics are held at different centres.

Speaking to the Hamilton Medical Association recently, Dr. McEachren, Vancouver, declared: "If the loss of life or the chronic invalidism resulting from a poor hospital service could be reckoned in dollars and cents, public opinion would be aroused to resolution." His subject was "Hospital Service." The war had taught us that if we were to have a class, a nation, we must have physical health. The hospital must supply such services to the patient as will enable the doctor to return that patient to earning capacity in the very shortest space of time. He described the work that was being done by the Vancouver Hospital, and declared that the hospital had now become recognized as the most important institution in any community. The hospital and public health facilities of any community were an index to the progress of the community. Dr. Davey presided. Controllers Aicheson and Jutten represented the city.

Scarlet fever was prevalent in the village of Humberstone, and Dr. King, M.O.H., ordered the schools closed. In Port Colborne there were also a number of cases, but the schools were not closed, though the people were warned that unless all cases were reported such might become necessary.

The 22nd Annual Convention of the American Hospital Association met in Montreal on 4th October. The attendance was large and the convention lasted several days. There were delegates from all the countries on this continent.

Dr. Jack Maynard, who has been practising with Dr. G. R. Deacon of Stratford, since returning from overseas, is leaving to practise in Toronto. Dr. Maynard has many friends, who will miss him, and the sporting fraternity will be especially sorry to see him go, particularly

the rugby squad, as he is coaching them now for the approaching season.

After hearing an address by Dr. J. M. Macdonald on the urgent need for additional hospital accommodation in Toronto, particularly in the east, north and west sections, the Central Council of Ratepayers at a meeting at the City Hall on 6th October, passed a resolution favoring the establishment of municipal hospitals.

It is stated that St. John's Hospital, on Major Street, Toronto, will be sold, and a convalescent home erected in some other part of the city.

Plans are under way by the Soldiers' Civil Re-establishment Board to close up all the soldiers' hospitals in Montreal and consolidate them at the St. Anne's Military Hospital at Ste. Anne de Bellevue, now in charge of Major McMurrich of Toronto. The first of these, the Belmont Hospital, was officially closed recently.

Dr. J. B. McMurrich of Toronto, who had considerable hospital experience overseas, has been appointed medical superintendent of the Ste. Anne's Hospital, Department of Soldiers' Civil Re-establishment, Ste. Anne de Bellevue, in succession to Colonel Kenneth Cameron, C.M.G., who has resigned to resume his practice after six years military service.

The Perth Medical Association held its regular meeting in the Council Chamber on October 14th. Dr. Deacon of Stratford, President, was in the chair. Dr. Pirie of Toronto gave an instructive address on "Children's Diseases." There was a good attendance of physicians present from the county.

Dr. F. H. Pratten, superintendent of Byron Sanatorium, London, is in a critical condition as the result of an accident near Woodstock when the taxi in which he was riding to Hamilton to meet his wife was hit by a C.P.R. train on October 17th.

The bonds, amounting to \$2550, stolen from the home of Dr. H. Cunningham, of Toronto, have been recovered. They were found in Montreal.

A graduate nurse wishing a position as office nurse would be glad to communicate with any physician requiring such help. Phone North 4153.

Dr. H. C. Lo, the first Chinaman to graduate from a modern Chinese Medical College, visited Toronto recently. He studied at the West China Union University at Chengtu, and took his medical course at the Union Medical School, Peking.

OBITUARY

WALTER S. FERGUSON, M.D.

Dr. Walter S. Ferguson, a well-known medical practitioner of Toronto, and formerly of Seaforth and Blyth, died very suddenly at his home, 536 Markham street, on Sunday, October 17th. He had just finished his dinner when he was seized with apoplexy and died almost immediately. Dr. Ferguson, who was 57 years old, was in good health up to the time he was stricken. It was only on Saturday that he was in consultation with another well-known doctor on a critical case. The members of his family who survive are the widow, one son, Ivan, in Saskatoon, and two daughters, Miss Norma on educational work in China, and Miss Bessie, at home.

JOHN MUNDELL, M.D.

The death occurred in the Hotel Dieu on October 15th, of Dr. John Mundell after a lengthy illness. He was graduated from Queen's University in 1886. Twenty years before his graduation he lost his eyesight, the result of an explosion in a chemistry laboratory at the University while he was analyzing chemicals. Since then he has lived a retired life at his home. He was well known in the city. He is survived by two brothers, William Mundell, barrister, and Dr. D. E. Mundell, and one sister, Mrs. Cliff, wife of Dr. Cliff, Mortlach, Sask.

C. H. R. CLARKE, M.D.

Dr. Clarke died at his home in Newmarket on September 19th. He was interred in the Newmarket cemetery with Masonic honors. The funeral services were conducted in St. Paul's Church by Rev. Capt. McGonigle.

ROBERT SHEARER, M.D.

Dr. Shearer, who formerly practised in Milwaukee, was found dead on his farm near Simcoe, Ontario, on September 27th. He was attempting to lift a heavy branch over a fence when he fell and broke three ribs. He had been in poor health for several years. He was married and in his 52nd year. When discovered by carpenters who were making changes in the farm house, he was dead.

WILLIAM J. GIBSON, M.A., M.D.

Dr. William J. Gibson, Belleville's most prominent and successful practitioner, passed away at Rochester, Minn., on October 7th, where a few days previously he underwent a critical operation, after consulting with eminent specialists. Deceased was about 72 years of age and for 40 years had practised his profession in Belleville. Previous to entering the medical profession, deceased was for some time engaged in the teaching profession, and, as in his medical career, was eminently successful. He was a graduate of Queen's University, and from that institution of learning, received the degree of Master of Arts. He also received the degree of M.D. Dr. Gibson, was a member of St. Andrew's Church and, since his advent in Belleville, had been a member of the Belleville Lodge, A.F. and A.M. For years he was the G.T.R. surgeon for the district. A widow but no family survive. The body was brought home for burial.

BOOK REVIEWS

HYDROTHERAPY

An Epitome of Hydrotherapy, for Physicians, Architects and Nurses. By Simon Baruch, M.D., LL.D., Consulting Physician to Knickerbocker and Montefiori Hospitals, Consulting Hydrotherapeutist to Bellevue Hospital, New York City, Formerly Professor of Hydrotherapy, College of Physicians and Surgeons, Columbia University. 12mo of 205 pages, illustrated: Philadelphia and London: 120. W. B. Saunders Company, Cloth, \$2.00 net. Canadian Agents: The J. F. Hartz Co. Limited.

This is such a good little book that every doctor in practice should read it. It would be impossible to read any chapter in it and not derive benefit therefrom. In the first place the author goes into the question of water as a therapeutic measure, and describes the method of using it, especially externally. Instructions are given on the causes of failure, and how to avoid it. The various methods of using water, such as ablution, affusion, the sheet-bath, the wet pack, the wet compress to different regions, the cold friction bath, the sedative bath, the hammock bath, the carbon dioxide bath, and so on. Full attention is devoted to intestinal irrigation. Following these chapters come a series of sections on a number of diseases where the bath is of unique value. These are typhoid fever, sunstroke, pneumonia, pulmonary tuberculosis, neurasthenia, influenza, chronic rheumatic gout, and neuritis. His concluding words are: "The author indulges in the hope that this candid and absolutely indisputable statement may induce intelligent well-wishers of our

profession and of suffering humanity to change their preconceived ideas that Orotherapy is a fad. With the author it has proven a control experiment, in that he practised half his long professional life without and the latter half with it, and he has never regarded water as otherwise than a rational aid to the *Vis Medicatrix Naturae*.

"The reader is urged to let this epitome of hydrotherapy lead him to a reconsideration and study of the subject if he would add immensely to his therapeutic resources."

HISTORY OF NURSING

A Short History of Nursing from the earliest times to the present day. By Lavinia L. Dock, R.N., Secretary International Council of Nurses, in Collaboration with Isabel Maitland Stewart, A.M., R.N., Assistant Professor, Department of Nursing and Health, Teachers College, Columbia University, New York, G. P. Putnam's Sons, 2 West 45th Street, New York; Price, \$3.50.

This new volume has been prepared especially for the use of student nurses. It is, in effect, a condensation of the four volumes of the larger *History of Nursing*, prepared by Miss Dock in collaboration with Miss Nutting, a work which has been considered standard on the subject, but which, by its very nature, was too elaborate for class use. This condition has now been overcome by condensation into this single, comprehensive, inexpensive volume of all the salient facts of the larger work.

The many excellent features of this Short History of Nursing will inevitably bring it into use in a very great number of Hospital Training Schools; it should, of course, be in the library of every Hospital which does not maintain a Training School. It is believed that it will be found to be the best on this subject.

After a very careful examination of this book we feel that it will fill a useful place in the library of every nurse who desires to keep herself informed regarding the growth of a profession that any woman may feel proud to follow. To read this book must prove stimulating as well as educative, and consequently we can recommend it without hesitation.

EMBRYOLOGY

The Development of the Human Body, A manual of Human Embryology, by J. Playfair McMurrich, A.M., Ph.D., LL.D., Professor of Anatomy in the University of Toronto, formerly Professor of Anatomy in the University of Michigan. Sixth Edition, revised and enlarged, with 290 illustrations, several of which are printed in colors. Philadelphia: P. Blakiston's Son and Company, 1072 Walnut Street.

This small octavo volume of 500 pages gives everything that any one need know on the subject of the development of the human body. It is well written. The author has succeeded in making this subject

clear—a thing by no means always true of discussions on embryology. The illustrations are well chosen, and those in colors possess a special value by differentiating structures. We congratulate both author and publishers upon the result of their labours. The study of development throws much light on the study of anatomy. This is an excellent book.

THE STORY OF THE CANADIAN PEOPLE

By David M. Duncan, M.A., Assistant Superintendent of Schools, Winnipeg. Authorized for Use in the Provinces of Manitoba, Saskatchewan, Alberta, and British Columbia. Toronto: The Macmillan Co. of Canada, Limited, 1919.

This is a very interesting and well written book. The author has investigated Canadian History very thoroughly, and has condensed his studies into a volume of medium size, and such as the busiest may find time to read. The paper, type, and illustrations are first class. All lengthy discussions are avoided and the facts of Canadian history set forth in terse form, but withal accurately. One of the interesting features of the book is the numerous illustrations of noted Canadians. We could wish that all doctors in Canada would acquaint themselves with the history of their own country; and here is a suitable book for the purpose.

MISCELLANEOUS

ERADICATE MALARIA

The Rockefeller Foundation, which recently discovered the germ of yellow fever, has now undertaken the gigantic task of eradicating malaria from this country, and eventually from the entire world, according to announcement made.

Already it has succeeded in reducing the prevalence of the disease sixty-seven per cent. through expenditure of sixty cents per capita in four Arkansas towns.

“Malaria is a crippling and deadly disease which attacks or threatens the 800,000,000 people who live within the zone of its influence,” says the Foundation report.

“Continued supervision in six Arkansas towns affords convincing proof that it costs a community approximately a four-fold greater sum to harbor malaria than to banish it. As a consequence public funds for malaria control operations are now being appropriated faster than sanitarians can be found to do the work.”

DECREASE IN DISEASE

A general decrease in the number of communicable diseases in Toronto is shown by the monthly report of the Department of Public Health issued for the present month. The number of cases under supervision for the three months are as follows:

Disease	Sept. 1920	Sept. 1919	Aug. 1920
Diphtheria	158	166	107
Scarlet Fever	83	74	83
Typhoid Fever	33	12	36
Measles	16	6	54
Smallpox	2	2	7
Tuberculosis	55	24	59
Chickenpox	6	53	16
Whooping Cough	78	92	84
Mumps	6	38	3
Diphtheria Carriers	37	41	41

QUEEN MARY HOSPITAL FOR CONSUMPTIVE CHILDREN

SIXTH ANNUAL WHITE ROSE DAY, THURSDAY, SEPTEMBER 16, 1920.

Statement of Revenue and Expenditure:

Receipts from sale of roses—Amount deposited in Imperial Bank, certificate given by Manager		\$13,786.86
Since received		1,070.90
		\$14,857.76
Expenditure—		
Cost of roses and boxes		1,494.15
Sundries		551.25
		2,045.40
Net proceeds of campaign		\$12,812.36
Certified correct, October 1st, 1920.		

F. ROPER, Auditor.

A. B. MACALLUM'S NEW POSITION

The announcement was recently made of the appointment of Dr. A. B. Macallum, administrative chairman of the Research Council of Canada, to the new chair of bio-chemistry at McGill University. The work of Dr. Macallum at McGill will be largely along research lines and while his resignation from the Research Council, which was formed

some years ago by the Dominion Government, has been accepted. Dr. Macallum will probably carry on the duties of chairman until a successor has been appointed. His appointment at McGill dates from December 1. Dr. Macallum, who is recognized as one of Canada's leading biological chemists, has been for four years administrative chairman of the Research Council, where his work has been of outstanding importance to Canada along research lines.

The announcement is also made that the Research Council has been assured by Premier Meighen that the founding of a research laboratory, urged on the Government at the last session of Parliament, will be proceeded with during the coming session.

UNIVERSITY OF TORONTO MEDICAL EXAMINATIONS FOURTH EXAMINATION

Pass—W. C. Atwell, D. C. Bastow, G. L. Bird, H. A. Bray, H. R. Bulmer, W. H. Crehan, M. G. Dales, G. L. Dollar, W. B. Edmonds, Miss M. E. Folinsbee, L. C. Gallagher, R. B. Gillie, xF. H. Haskett (clinical medicine), xR. M. Jewell (clinical medicine), E. R. Laughlin, A. S. Malcolmson, R. H. Middleton, Miss A. M. Mooney, N. D. Morris, J. H. A. Macdonald, J. H. McLeod, M. D. MacQueen, J. A. Newhouse, xF. J. Nickle (clinical medicine), W. T. Noonan, G. M. Pennock, T. G. W. Phillips, G. W. Slocombe, xM. E. Thomas (clinical medicine), Miss A. E. Thomson, F. W. Wilkinson, F. H. Wilson, W. W. Woodhouse.

FIFTH EXAMINATION

Pass—xMrs. I. Ayer (medicine and surgery), xMiss K. M. Bartley (medicine and clin. obstetrics and gynaecology), W. F. Beamish, B. Black, M. J. Brown, B. B. R. Burns, Miss A. A. Curtin, T. A. Ellis, A. L. Huether, R. E. Joyce, M. W. Kemp, J. D. Kinsman, G. E. Lipsitt, W. C. Little, H. A. Lowrie, C. V. Mulligan, J. J. McClintock, Mrs. F. S. McConney, G. O. McDonald, J. E. McGillivray, R. E. Palmer, R. C. Shaver, W. L. Spratt, H. G. Stevenson, B. C. Sullivan, D. G. Wilson, W. E. Woods.

RELIEF OFFICE BUSY

If the increased activity of the Toronto Relief Office can be taken as a guide there will be a lot of hardship in Toronto this winter. Already there has been a great demand for fuel and provisions, and in nearly every branch of the relief officer's jurisdiction there has been an increase

in the number of cases assisted. The number of people applying for hospital treatment was far greater last month than for the same period of last year. Admissions to consumptive sanitarium have also greatly increased. The figures are as follows :

	Sept. 1920.	Sept. 1919
Hospital admissions	648	386
Home for Incurables	4	4
Consumptive Sanitarium	34	29
Burial orders (adults)	1	3
do (infants)	13	7
House of Industry	0	1
Infants' Home	4	7
Provisions and fuel	30	13
Transportation	12	15
Total	747	469

Hospital receipts, which are part payments made by patients, totalled \$742.75 for last month.

THE CARE OF THE FEEBLE-MINDED

A resolution urging the Provincial Government to take early action on the recommendations made by Mr. Justice Hodgins in his report on the care of the feeble-minded in Ontario, was passed at a meeting held 4th October in the Physics Building of Toronto University, under the auspices of the Canadian National Committee for Mental Hygiene. The resolution called the Government's attention to the fact that this report was submitted a year ago, and held that the absence of a definite plan of action on the part of the province was greatly hindering the handling of the feeble-minded problem.

This action was taken at the conclusion of an interesting address given by Dr. Helen Boyle, the distinguished British authority on mental diseases, in which she heartily endorsed the move on foot for the establishment of a Detention Home and Psychopathic Hospital in Toronto. For such institutions, Dr. Boyle declared, there was a crying need.

The speaker took for her subject "Mental Abnormality" and she divided this into three sections; congenital cases or those suffering since birth; certified insane cases; and all mental and nervous abnormal cases

not coming under either of the first two classes. Dr. Boyle cited from her personal experience in treating many of these cases remedies and methods which had proved beneficial. She placed especial stress on the value of preventive measures. Boarding out in carefully selected homes was one remedy suggested for the treatment of those suffering from milder forms of disorders. Industrial and occupational education were recommended for other types.

The speaker remarked that it might not be possible to entirely eradicate mental abnormalities but by means of juvenile courts, observation homes, the Big Brothers and Big Sister movement, psychopathic hospitals, and other measures, the whole Dominion is taking progressive steps already in this matter.

Judge H. S. Mott, of the Juvenile Court, spoke briefly, outlining some of the forms of mental abnormality met with among the juvenile delinquents and the methods pursued in an effort to deal with this problem.

PUBLIC HEALTH

The whole subject of public health and child welfare was dealt with from a very practical standpoint at an informal conference attended by representatives of Provincially-organized societies in the offices of the Provincial Board of Health. Dr. J. W. S. McCullough, who presided, briefly drew attention the loss, during the first year, of 6,000 of the 60,000 babies born in Ontario. Up to the age of fourteen there are 10,865 deaths annually. It was proposed, he said, to send out nurses to each of the eight districts of the Province and in each to establish a community health centre. The object was to train people to realize the need of a nurse and of health work in every municipality.

Dr. G. Stewart Cameron of Peterborough who, with Dr. F. W. Marlow, represented the Ontario Medical Association, asked if, as was the case in Peterborough, there were already nurses working the department proposed to absorb that work. Dr. McCullough said that there would be no interference with such work, but that they would seek, rather, places where nothing was being done.

Mrs. Harris of Ottawa and Miss Hanson of London were present to pledge the assistance of the Graduate Nurses' Association of Ontario, and Mrs. H. P. Plumtre, Miss Sarah Bickle and Dr. G. G. Nasmith that of the Red Cross.

Representatives of various other organizations told of important co-operation as follows:

Mrs. J. C. Hannington and Miss Edith Campbell of the Victorian Order of Nurses; Mr. Walter Frisby, Secretary of the Mothers' Pensions Board; Mrs. D. C. Wilson of Parkhill, and Dr. Margaret Patterson, representing the Ontario Federation of Women's Institutes; Miss Jamieson, for the Department of Education; Mrs. H. W. Parsons of the Provincial Council of Women; Miss E. Kathleen Russell, for the new Department of Public Health Nursing of the University of Toronto; Prof. Fitzgerald and Dr. Allan Brown as consultants of the Board of Health, and Dr. Woodhouse as a District Health Officer.

THE AMERICAN HOSPITAL ASSOCIATION

The officers of the American Hospital Association, which concluded its annual meeting in Montreal on 7th October, are:—

President, Dr. George O. Hanlon, Bellevue Hospital, New York; First Vice-President, Dr. McEachern, Vancouver General Hospital; Second Vice-President, Mr. S. G. Davidson, Baptist Memorial Hospital, Memphis, Tenn.; Third Vice-President, Miss Alice M. Gags of the J. N. Norton Memorial Infirmary, Louisville, Ky.

Trustees: Dr. Louis H. Burlingham, Barnes Memorial Hospital, St. Louis, Mo.; Miss Mary H. Riddell of Newton Lower Falls Hospital, Mass.; H. S. Webster, Royal Victoria Hospital, Montreal.

Treasurer, Asa Bacon, Presbyterian College, Chicago.

New York, New Orleans, Milwaukee and Minneapolis were submitted to the trustees to decide the selection of a place for the next convention of the association. This will be settled at some later date.

VENEREAL DISEASES

The London (England) Council for Combating Venereal Diseases is sending three commissions to visit the Crown colonies with a view to encouraging the provision of facilities for free diagnosis and treatment of venereal disease, and also to give post-graduate courses to the local medical faculty. One commission is to visit the West Indies, one the Mediterranean ports, and another the Eastern ports.

The commission to Canada, which is also going to Colombo, Singapore, Hong Kong and Shanghai, is headed by a very notable woman,

Mrs. C. Neville Rolfe, O.B.E., General Secretary of the Council, who will act as lay commissioner, and will be accompanied by the Secretary, Miss E. O. Grant, M.B.E.

Mrs. Rolfe, who was formerly Mrs. A. C. Gotto, is a great friend of Dr. Winnifred Cullis, so well remembered and well loved in Toronto, who when here told some very thrilling stories of Mrs. Rolfe's enterprise and daring in forwarding the work of the Council. To gather information she frequented, under disguise, the lowest and most dangerous dives in London.

The commission will spend about a week in Canada, arriving in Toronto about the 7th of November, and visiting Ottawa also.

PRESENTATION TO DR. C. J. HASTINGS

Dr. Hastings, M.H.O., of Toronto, was on Saturday, 9th October, presented by his staff with a beautiful bouquet of roses and an address to mark the tenth anniversary of his appointment as city health officer.

When asked if he had any message for Toronto on this anniversary, Dr. Hastings said:

"Any message I might have would be one of appreciation of their co-operation during these ten years, and of the co-operation of the press. Ninety-nine per cent. of the results we have obtained have been due to education of the public in the necessities and possibilities of health reform. No one wants disease, much less bereavement, and when certain things are shown to be preventable, the public willingly come to the assistance of those who are trying to prevent them. In Toronto we have been able to demonstrate that with sufficient organization and proper administration, a city can have within reasonable limits, as much health as it is willing to pay for. The results which we have secured reflect the utmost credit upon the loyal co-operation of our staff, which has enthusiastically entered into the spirit of the life-saving work which has been accomplished."

SURGICAL CONVENTION

Nearly 1,700 surgeons from this continent and other parts of the world met in Montreal on 11th October in conference when the convention of the American College of Surgeons was opened in St. James' Methodist Church at 8 p.m. From the British Isles and from Chili, Peru and the Argentine distinguished surgeons were present as delegates. The address of welcome was made by General Sir Arthur Currie, Principal

of McGill University. Addresses were also delivered by Dr. George E. Armstrong, president of the American College of Surgeons; Dr. W. J. Mayo, of Rochester, Minn., and Sir Berkeley Moynihan, of London. The last named made an interesting present of a mace, which he brought from the Consulting Surgeons of Great Britain as a fraternal gift. Sir Berkeley also delivered the John B. Murphy Oration on Surgery.

CONTROL OF CANCER

Statement made by Dr. Harvey R. Gaylord, one of the Directors of the American Society for the Control of Cancer, 25 West 45th Street, New York City, and Director of the State Institute for the Study of Malignant Diseases, Buffalo, New York:

"The people of the State of New York will want to receive a statement on the stewardship of the purchase of 2 1-4 grams of radium for which \$225,000 was appropriated by the State, and announcement of which was made by Governor Smith a few days ago.

"I am very glad to take this opportunity both in the name of the Institute for the Study of Malignant Disease, the State and the American Society for the Control of Cancer which supported this purchase to say these words:

"The experiment in state ownership of a therapeutic agent, as exemplified in the purchase of this radium for social utility will have a far reaching effect. This is a development of state medicine to which no one can object and Governor Smith deserves the thanks of the State for what he did.

"Any citizen of the United States", said Doctor Gaylord, "may avail himself gratuitously after October 15th of treatment with the 2 1-4 grams valued at \$225,000, recently purchased by New York State and the first gram of which was delivered by the Radio Chemical Corporation of New York last week. Preference, however, will be given to citizens of New York State.

"The first gram is now in the vaults of the Institute at Buffalo and the appliances necessary for its use in the treatment of cancer are now in course of construction. The engagement of a competent physicist to work with this radium is also announced. The radium we are using is an American product, mined in Colorado, brought 2,900 miles across the continent in the form of 125 tons of carnotite ore to the extraction plant at Orange, N.J., where it was reduced by fractional crystallization to its present state.

"The first purchase of radium by any State" the Doctor continued, "marks a step in the health activities of an American Commonwealth. Up to the present we have had no therapeutic agents so expensive that they could not be afforded by the average practitioner. In the case of radium that condition arises. The unit for efficient use costs not less than \$12,000 and represents 100 milligrams. A gram is worth \$120,000. The greater the quantity in an installation the more effective it is, and the less it costs per treatment. New York State has met this condition by purchasing an amount available for all its citizens.

"The value of radium has already arrived at a stage where States, and if necessary the Government, should make radium available for cancer treatment, gratuitously and beyond the realm of financial limitations. The advent of radium as a therapeutic measure is the most important forward step in the treatment of cancer.

"It is not surprising that when radium first made its appearance over-optimistic claims for its use and hope of its utility should have occurred. But that time is now past. Radium has been made available in smaller and larger amounts to all of the important centres of cancer research in this country, with the result that not alone has new knowledge of this agent been greatly advanced but the technique of its use as well as its limitations have been more definitely defined. The last six years have marked steady progress in its application, and means of more scientifically and more efficaciously employing it have been developed.

"The State Institute as a result of carefully controlled scientific experiment in its hospital felt that the time had come when the State of New York should logically provide an adequate amount of radium for the Institute on the basis that its value is so definitely demonstrated that it should be made available without cost to the citizens of the State and that the opportunities for research should now be extended along practical lines. The State Institute has had since 1914 an amount of radium sufficient for scientific study. Private philanthropy has given the Memorial Hospital in New York City a large amount of radium for scientific investigation and practical application for the past four years. The Cancer Research Commission of Harvard University has also had an adequate working supply. The advances made in these and other quarters has steadily strengthened the confidence in the use of this agent and all of these centres are now seeking means to increase their supply.

"The State of New York which in 1898 took the lead by founding the first modern State cancer research institute in this country should properly be made the first State to appropriate the necessary funds for the purchase of a sufficient amount of radium for the use of its citizens having available for this purpose a centre of cancer knowledge and fully equipped scientific research laboratories where its use can be made immediately effective, and from which scientific progress can be confidently anticipated.

"The usefulness of radium in the treatment of neoplasms is still in its infancy, but there are already certain kinds of cancer in which its use offers advantages and the results obtained are an improvement upon any means we have heretofore possessed. It must, however, be remembered that our main reliance in the treatment of cancer is surgery, but radium in combination with surgery, frequently greatly improves the prospective cure.

"The scientific development of the last two years in the use of radium, largely through the work of Professor William Duane of Harvard University, made available a means of using radium which has immensely strengthened its usefulness. This method is the use of the emanation of radium in place of the application of radium itself. This method is only available when you have at least one gram.

"Cancer to-day is one of the most important diseases in the United States. It increases 25 per cent. every ten years. In the United States 90,000 deaths occur yearly from it, being of equal importance to tuberculosis. In New York State about 8,000 deaths occur yearly.

"The purchase of the radium has other significance than merely its use for the treatment of cancer. It gives an opportunity for research and its use under scientific conditions is sure to increase our knowledge of cancer. While surgery still remains our main reliance in the fight against cancer we can only hope greatly to improve the results of surgery by bringing the patient to surgical treatment at the earliest possible moment. This can only be accomplished by the diffusion of knowledge among the laity of the first beginnings of cancer. It is with such work as this, that the Society for the Control of Cancer has particularly charged itself. It is felt by the society that the advent of an alternative will overcome the reluctance of many cases to present themselves to their physicians. The society represents 900 physicians and laymen and looks with great interest at the purchase and congratulates New York upon the step it has taken.

"The purchase of this radium by an American Commonwealth from an American Company which has mined its ore in the State of Colorado, will bring still further to the fore the pre-eminence of America in the treatment of cancer. Buffalo will become a radium centre. While Europe, through Madam Curie, first made the precious element known to the world, the United States has developed both the ore, its extraction and its use as a therapeutic agent. It is to-day in the forefront of treatment of cancer. This purchase may have a tremendous effect upon further progress in this direction."

MEETING OF AMERICAN COLLEGE OF SURGEONS.

The eighth convention of the American College of Surgeons, held in St. James' Methodist Church, Montreal, on October 15th, under the Presidency of Dr. George E. Armstrong, brought to a close the congress of that body, with nearly two thousand surgeons in attendance. The membership of the college to-day received an addition of another 691 Fellows when candidates to that number were admitted in formal manner. Four Canadian and two British surgeons were made honorary Fellows of the college.

Ontario surgeons created Fellows are:

Herbert W. Baker, Toronto; Herman R. H. Bryan, Port Arthur; Malcolm H. V. Cameron, Toronto; Oscar Anson Cannon, Hamilton; William A. Cerswell, Toronto; Herbert E. Clutterbuck, Toronto; James Cameron Connell, Kingston; James A. Crozier, Port Arthur; Evans Greenwood Davis, Ottawa; Ernest Victor Frederick, Peterborough; John Gordon Gallie, Toronto; Andrew Taylor Gillespie, Fort William; Roscoe R. Graham, Toronto; Alexander N. Hayes, Sarnia; Emerson LeRoy Hodgins, London; William Seymour Hunt, Port Arthur; Dennis Jordan, Toronto; Max Otta Klotz, Ottawa; W. W. Lailey, Toronto; Oliver R. Mabee, Toronto; Percy B. MacFarlane, South Hamilton; George E. McCartney, Fort William; Crawford Campbell McCullough, Fort William; James Kenneth McGregor, Hamilton; Frederick W. McKinnon, Ottawa; George McNeil, London; Percival Keith Menzies, Toronto; Gordon Wright Mylks, Kingstons; Harry Manely Nicholson, Hamilton; Robin Pearse, Toronto; David E. Robertson, Toronto; Lawrence Bruce Robertson, Toronto, William Albert Scott, Toronto; John F. Sparks, Kingston; Peter Stuart, Guelph; William Waugh, London; Archibald R. B. Williamson, Kingston; George E. Wilson, Toronto; John Cameron Wilson, London.

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Those presented for honorary Fellowships were Major-General J. C. Fotheringham, Ottawa, Director-General of Medical Services, C.E.F.; Sir William Taylor, Dublin, Ireland; Albert Carless, London, England; Major-General G. Carleton Jones, Ottawa, former Director-General of Medical Services, C.E.F.; Dr. William Gardner, founder of ophthalmic surgery in Montreal and Canada, and Dr. John Stewart, Halifax, N.S.

A unique ceremony—the first of its kind for the United States and England—took place when a silver mace, in the traditional shape and proportion of the Civic Mace of the seventeenth century, was presented to the American College of Surgeons by the consulting surgeons of the British Army, “in memory of mutual work and fellowship in the great war, 1914-1918.” It is the work of Omar Ramsden, and its scroll work shows in symbolic manner the close union of the United States and England. The extreme length is four feet and the weight of silver is 140 ounces troy.

MEDICAL PREPARATIONS

TREATMENT OF THE PAROXYSM OF ASTHMA

The attention of our readers is invited to the brief article on “Adrenalin in Medicine” which will be found in the advertising section of the current number of this journal. While, obviously, this space is purchased for advertising purposes by Messrs. Parke, Davis & Company, it has been put to a novel use by the publication therein of a scientific essay of unusual merit in which a vexatious problem is discussed.

Whatever intelligence the future has in store on the pathology of asthma, the present state of our knowledge justifies the use of any dependable therapeutic measure for the relief of the acute paroxysm. Morphine is objectionable for reasons that are generally accepted. Per contra, Adrenalin does not narcotize the patient. It affords him almost instant relief, with no disagreeable sequela to mar the effect. To quote from the announcement under consideration, “Adrenalin is the best emergency remedy for the treatment of the asthmatic paroxysm at the command of the physician.”

Two to ten minims of the 1:1000 solution are injected subcutaneously or into a muscle, relief usually following in a few moments. The addition of an equal amount of Pituitrin is said to prolong the effect of the Adrenalin.

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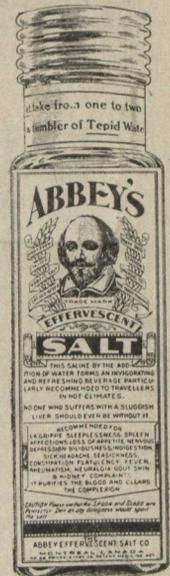
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A GOOD WORD

"The Canadian Magazine" has reached the close of its twenty-eighth year of publication, and its fifty-fifth volume. In this country for so many years exclusively flooded with magazines from the United States, breathing only an atmosphere of Americanism, it should be a matter for congratulation that a thoroughly Canadian magazine has made good and secured a foothold in the interest and esteem of the people, following years of disastrous failure by others along that line. The magazine is beautifully illustrated, with more pretensions to artistic effect than the generality of United States publications, while its contents are never trashy. Every magazine reader in Canada should rally to the support of so excellent and deserving a native publication as "The Canadian Magazine," which is now read and commended from ocean to ocean, and forms one of the links which bind our wide-flung Provinces together.

Quotations from Doctors: No. 7

“The majority of cases of pneumonia in my experience of thirty years’ medical practice, have had more or less pleuritic complications

“I presume this is the experience of my colleagues.

“The most grateful application that can be made to a patient suffering with pneumonia is a warm

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poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts.”

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Pulmonary Diseases

The hypophosphites have a very important function to perform in the treatment of tuberculosis, since they constitute some of the most valuable alterative tonics we possess, and appear to guard the body from waste. The first symptoms noticed in the beginning of tuberculosis are anæmia and weakness. Hypophosphites administered at this time have a beneficial effect by stimulating the body cells to assimilate nourishment. The iron with the phosphorus tends to improve the oxygen carrying power of the blood, and the quinine and strychnine stimulate the appetite. In cases where the disease is confined to the glands, hypophosphites of potassium, sodium, calcium, manganese and iron, in combination with strychnine and quinine, will be found valuable in aiding nature to form barriers, to prevent the disease spreading to the lungs and other organs of the body. In chronic bronchitis the hypophosphites act by softening the thick, fetid expectoration, and improving the general resistance of the patient.

SPECIAL NOTE

Prescription 1920

is supplied in the form of a syrup and is also put up without sugar for use in cases where sugar is contra-indicated as in diabetes.

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PRESCRIPTION 1920, with or
without sugar, to physicians
upon request.

Adrenalin in Medicine

2—Treatment of the Paroxysm of Asthma

THE fact that Adrenalin promptly relieves the paroxysm of bronchial asthma has been demonstrated in thousands of cases. Explanation of its mode of action, however, must be couched in the language of probability and speculation, because the pathogenesis of the disease is the subject of an ever-increasing number of theories and much controversy.

Among the more reasonable and credible of these theories are: 1, Anaphylactic manifestations in the bronchial mucosa from bacterial protein sensitization; 2, The same condition produced by sensitization to food proteins (allergy), pollens of plants and animal emanations; 3, Reflex vagus irritation of the bronchial mucosa from peripheral afferent impulses originating along the course of distribution of this nerve.

It is not unlikely that every case of bronchial asthma can be explained by one of these theories, and that, indeed, in some of the cases more than one of these factors are underlying. Regardless of the theory or theories applicable to any given case, the immediate mechanical cause of the distressing paroxysm is a sudden spasmodic stenosis of the bronchioles.

The action of Adrena-

lin is to relieve this stenosis. Whether the dilator muscles of the straitened tubules are stimulated or the circular constrictor muscles are temporarily paralyzed by Adrenalin to bring about this change in the calibre of the bronchioles cannot be definitely stated. It is interesting to note in connection with the protein sensitization theory that anaphylactic phenomena elsewhere in the body are often favorably influenced by Adrenalin—especially in respect to the skin manifestation, urticaria.

Adrenalin is the best emergency remedy for the treatment of the asthmatic paroxysm at the command of the physician. Two to ten minims of Adrenalin (1:1000) are given subcutaneously, or preferably intramuscularly. Frequently only five or ten seconds elapse after the injection when partial alleviation of the dyspnoea is noticed. In a few minutes relief is complete. Adrenalin acts quickly or not at all. In those few cases in which no favorable effect becomes apparent after the first injection this medication should not be pushed. Some practitioners have noted that the injection of Pituitrin in combination with Adrenalin (equal parts) enhances and prolongs the action of the latter.



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