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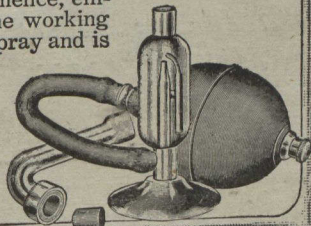
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LISTERINE

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No. 1

Original Articles

THE PRESIDENT'S ADDRESS.*

BY ADAM H. WRIGHT, B.A., M.D., M.R.C.S. ENG.,
Professor of Obstetrics, University of Toronto.

THE GENERAL PRACTITIONER.

It is supposed by some that the general practitioner will soon become extinct. Although that seemed possible or probable a few years ago in some cities, such as New York, Chicago, etc., it appears that the pendulum is swinging the other way, and the family physician is now considered a necessity in most homes. There is perhaps no member of an ordinary community who comes more prominently into view than the doctor. He must run the gauntlet of criticisms very varied in character. Sometimes these criticisms are harsh and unjust, but on the whole we have no cause to complain. One of the finest characters ever described was Dr. McClure. How many such there are we know not: but there are a few—perhaps many. We might name one—Gawn Shaw Cleland of Toronto, who “crossed the bar” last January. The *Toronto Globe*, in an obituary article, said respecting Cleland: “He was loved and respected by his patients and was looked upon throughout the community as another Dr. McClure.”

He it was or such as he that Sir Luke Fildes had in view when he painted that great picture, “The Doctor,” nineteen years ago. Mitchell Banks, of Liverpool, England, made the following reference to it in 1892: “Of the hundreds of medical men who have

*Delivered before the Canadian Medical Association. Toronto, June 1st. 1910.

stood before that picture I am sure there was not one whose pulses it did not quicken with pleasurable pride, or who left it without thinking that it already had been, and again would be his privilege to fight against pain and suffering and death like his colleague on the canvas. Note where the scene of the picture is laid: not in some rich man's mansion, but in a workingman's cottage. With admirable skill the painter has pitched on the early hour of the morning for the time. . . . The sick child, worn with the raging fever, lies spent and exhausted. Till then the parents have been fighting on with their nursing: soothing, caressing, encouraging their little one, and hoping against hope seems all that is left to them. And there sits their friend—the gentle doctor—watching with them, and still puzzling his brains to think what more he can devise to stay the lamp of life from flickering out. He is no courtly physician, no London specialist, that man (thank God!). He is only a country doctor. But his somewhat rugged face tells of honesty, and common sense, and self-reliance, and gentleness. What more do you want? The men that look like that man, whatever be their business or trade or profession, whatever be their wealth or their social position, I say, of such men is the kingdom of heaven." The original picture is now in the Tate Gallery, London. We do not pretend that the majority of physicians are saints or heroes; but we do contend that the practice of our profession furnishes grand opportunities for good work in the interests of suffering humanity. We are proud to think that in all parts of Canada there are physicians who make the most of such opportunities.

Some may wonder whether Fildes' doctor will continue to exist. We are told that therapeutics is becoming unpopular because there has been in the past, and is now, too much empiricism in our methods of treatment. The all-important subjects among the final branches are diagnosis, prognosis and pathology. It is supposed by some that the "McClure" and the "gentle doctor" will go out of fashion, and that the modern physician will struggle longer and puzzle more over his diagnosis, and, then in a case such as Fildes' sick child, he will turn to the mother with a bland smile on his wise face, and say to her: "Madam, this is really a most interesting case. It has been very puzzling, but I am pleased to be able to say I have made a diagnosis and prognosis. This child has malignant endocarditis and will die in about five or six hours. I can do nothing more for you now, but I shall call in the morning to make a post-mortem examination."

One of the most vexed questions of the present day is the preparation of general practitioners, *i.e.*, methods of medical edu-

cation. In recent years there have been many discussions on the subject in the British Medical Association. I am glad that our friend, Dr. J. C. Connell, of Kingston, will read a paper on the subject at this meeting. The amount of work in all departments of medicine has increased so enormously during recent years that students are bewildered, confused and disheartened. The students of to-day bolt more, and cram more, and observe less, and think less, than did those of ten to twenty years ago. There seems to be little continuity between the teaching of the primary and the final subjects. In the early years the students are now swallowing pure and applied science in masses too big for their assimilative organs; or, in other words, are largely memorizing facts without understanding them. It is believed by many that this unfortunate condition of things exists in many, if not most of the best medical colleges in North America, as well as in the old world. It would appear that the level-headed Britishers are realizing the situation more fully than the teachers of any other countries.

Francis Shepherd, of Montreal, in his presidential address before this Association in 1902, referred to certain defects in modern laboratory teaching. There is probably no man on this continent who understands this subject more intimately than he from two standpoints—the scientific and the practical. He expressed the opinion that in many of our modern hospitals with their laboratories “students are not taught to observe so carefully the evident symptoms of disease, and are becoming mere mechanics. . . . The higher and more intellectual means of drawing conclusions by inductive reasoning are almost neglected.”

On the other hand we have scientists who think that such ideas are entirely wrong and not even worthy of consideration. Some of our advanced educationalists are even growing a little tired of Johns Hopkins, because those Baltimore men still stick to the old-fashioned idea that the student should be encouraged to observe and think and reason. We are told that they hope soon to be able to manufacture machine-made physicians and surgeons who will be vastly superior to the home-made article.

As a matter of fact, the differences between the schools of thought commenced many years before Shepherd sounded his note of warning. About fifteen years ago the late Sir George Humphry, Professor of Anatomy, Cambridge University, in an address delivered in Oxford, spoke as follows about methods of teaching medicine: “There is too great a mass of facts heaped on the memory and too little reflection on them. . . . The sciences of physiology and histology have become, and those of pathology and

anatomy are becoming, more separated from medicine, delegated to special teachers, doubtless to the advantage and width of scope of these sciences, and to the greater knowledge of them, but I fear there is hereby engendered a tendency to take the student too far afield. . . . It is apt to lead too much to meandering in altitudes, too little to straight going on *terra firma*; too much to pride and obtrusiveness of supposed higher knowledge, too little to reasoning, and too little to power by reasoning upon simple data, and too little to that sort of reasoning which constitutes the basis of common sense. The scientific and the practical, in short, become too much separated. What is needed is a greater regard to that connection between the two which should be maintained through the whole period of study." If these opinions expressed fifteen years ago were correct, they will apply with still greater force to the teaching of to-day. Let us come to more recent times—especially the last two years.

Let us quote from a physiologist of high repute. Professor Ernest Sterling, of University College, London, during a discussion at the meeting of the British Medical Association at Sheffield in 1908, said: "The tendency for anatomical education to be imparted by professed anatomists has led to increased demands upon the student in the way of accuracy of knowledge. . . . Pharmacology is practically a new science. . . . The work demanded of a student has practically doubled in amount and is steadily increasing. What is the result? We are trying now to get two pints into a pot that formerly held one. . . . The result is that the student is over-burdened from the very beginning of his career. In his first year we try to make him a man of science. To this end we stuff him with facts and absorb the whole of his time in classes, so that he has no leisure for independent thought."

The following extract is taken from a leading editorial in the *British Medical Journal* last April: "Biology as taught by non-medical biologists must go. All the biology a student wants can be given him in his physiological and anatomical courses and in the study of parasitology and helminthology under the pathologist. Chemistry in the future must be taught by the physiological chemist, and physics by the physiological physicist, by medical men who have gone through the whole training and know the needs and aims of practical medicine. . . . In anatomy great reform is needed, for the size of the present text-books, and the mass of useless detail required, has reached the limit of pedagogic absurdity."

While our college professors are studying methods in medical education, many of our general practitioners are watching the

situation with a very deep and intelligent interest. We think the majority of physicians consider it unwise to endeavor to stuff a quart of material into a pint pot. Many of them also believe that our teachers should teach less in order that our learners may learn more. A certain proportion favor Fletcherization because of their belief that the intellectual pabulum given to our students should be properly digested and thoroughly assimilated.

By a process of evolution the general practitioner frequently develops into a specialist. We have also the ready-made specialist, to whom reference has previously been made. The relationship between the general practitioner and the specialist has been much discussed in the past. Dr. Matthew D. Mann, of Buffalo, read a paper last February on "Dichotomy" or "Dividing Professional Fees." It would appear from what he says that a large proportion of surgeons in the United States are in the habit of giving percentages or commissions to physicians who send them patients, without the knowledge of the latter. I hope it is not necessary to tell members of this Association that such conduct is undignified, unethical and dishonest. It is quite true that the division of fees between the general practitioner and the operating surgeon is frequently or perhaps generally unfair to the former. How can a more fair division be made? We are inclined to think the general practitioners must find that out for themselves. At the present time the relationship between general practitioners and specialists is being considered by a strong committee nominated by the Medical Society of the County of Erie, New York. We shall look forward to their report with much interest.

The general practitioner takes great interest in the work of the specialist. When he goes into a modern hospital theatre while a surgical operation is being performed he beholds something which fills him with wonder and admiration. He asks: "What are these which are arrayed in white robes? and whence came they?" The master of ceremonies answers: "These are they who have discovered something 'more rational' than antiseptic surgery as practised by Lister." The general practitioner does not object to a uniform. The surgeon may wear a nightcap, a mask, a nightgown, mittens and top boots in his well-equipped hospital with all sorts of new apparatus and laboratory appliances if he pleases. There is grave danger, however, that the undue exaltation of modern histrionics may overshadow the real essentials in connection with the prevention of sepsis. We want men of the Lister type to teach our students and practitioners. The wondrous charm of Lister's simplicity in his methods of teaching and operating is one of the most

delightful things the world has ever contemplated. Some of our shining lights nowadays, in hospitals and medical societies, appear to aim at giving exhibitions of their skill instead of imparting some practical knowledge to the everyday doctor—knowledge that will help him while working on the side lines or in the backwoods, where theatrical costumes can scarcely come into general use.

When His Majesty our late king came to Canada in 1860 he travelled from the far East as far West as our railway trains could carry him. That far West was Sarnia, in the Province of Ontario. If he had returned twenty-five years later he might have travelled more than two thousand miles further west to a beautiful town called Victoria. There are now in that great Western district populous cities and towns in all parts, well-cultivated farms, with an active, intelligent people building up one of the greatest countries in the world.

That great new country has helped this Association very materially during the last twenty years. The crowning result appeared last year when there was held in that modern, beautiful city, Winnipeg, the largest and most successful meeting our Dominion Medical Association has ever known. We slow, sleepy folk of the East respect our brethren of the West because of their ability, we admire them because of their untiring energy, we love them because of their big, warm hearts, we enjoy their generous hospitality beyond expression. We are becoming infected with something akin to their boundless enthusiasm. Especially is this the case in connection with the question of Dominion registration.

The discussion on this subject in Winnipeg was one of the best that has occurred during the last twenty years, and the address delivered by Dr. Thornton, of Deloraine, Manitoba, was one of the best our members have ever heard. He directed our attention to the national side of the question. He told us that "Canada has made great strides towards nationhood in many of the important details of national life, but in the practice of medicine this ideal was no further advanced than in 1866, when Confederation was accomplished. The Provinces were to-day as widely separated as if they flew different flags. There was no such thing as a Canadian physician or a Canadian Medical Association in the broad sense of the terms." We are glad to know that that broad, public-spirited member of our profession, of whom we are so proud, Dr. Thos. G. Roddick, is still taking a very active interest in this question; and we sincerely hope, both for his sake and our own, that his magnificent work will soon meet with the success which it so richly deserves.

This Association is growing not only in numbers, but also in the

sphere of its work. We are now considering many matters of vital importance to the people of the whole Dominion, chiefly in the direction of the physician's noblest and most unselfish work—the prevention of disease. We shall have the pleasure this afternoon of learning something respecting the invaluable work accomplished by one of our committees, known as the "Milk Commission," during the past two years, under the able chairmanship of Dr. Chas. J. Hastings.

It would be interesting to give some account of the work done by our Executive Council, the various standing committees, the committee having in charge the establishment of a journal, the local committees, and many individual members in all parts of this big Dominion during the past year. Your President on this occasion, however, cannot find words to describe their work in a fitting manner. Even if he were inclined to undertake such a task the Committee of Arrangements has not given him a sufficient number of hours to accomplish it.

We are all happy now over the present condition of our Association. We are filled with hope for the future. We are becoming national in the true sense of the term. May I add—we are growing more imperialistic. We really want not only Dominion registration, but also reciprocity with the profession of our dear Mother Country. Although we are plunged in grief over the appalling calamity that has befallen our great Empire, our wish, our song, our hymn, our prayer is still—God save the King.

WRIGHT'S OPSONIC METHOD AND VACCINE THERAPY.*

BY CAMPBELL LAIDLAW, M.D., OTTAWA.

The subject which you have kindly asked me to join with you in discussing this evening is one which has been followed during the past two or three years with a sort of romantic as well as a truly scientific interest among physicians and surgeons the world over.

So broad in their significance are the principles involved and so far-reaching the aims that an attempt to treat of the subject during an introduction to its discussion in any but the most general terms is out of the question. However, in so far as may seem appropriate, we shall try to touch more or less explicitly upon some of its salient features.

More than a century ago the investigations of Jenner resulted in the discovery of a means to produce an artificial immunity against smallpox. Since that time many attempts have been made to bring about an active physiological prophylaxis in other diseases, but not until Koch introduced his tuberculin treatment of tuberculosis have any efforts been put forth which aimed at securing what might be termed "an autogenous cure arising in an infected body." Although Koch's practice of inoculating with bacterial elements fell far short of realizing happy results, his idea in regard to stimulating the body cells to cope with disease by introducing into the body the elements of disease, paved the way for Wright's opsonic theory and his system of vaccine therapy.

As to the possibilities attending these, much is hoped for, and whether or not we are in agreement with those who claim for them such a glowing outlook, yet we must all concede a large measure of truth to the words of that bacteriologist who said, "The seed he (Wright) sowed has flourished greatly, and it would appear that to a new, to a scientific system of medicine, the impulse has now been given. The medicine of the future is the medicine of vaccines and of sera. The empiricism of the past will give way to methods based upon scientific knowledge, and the public will no longer look upon medicine with a sceptical eye and dose themselves with ineffective nostrums. The surgeon will triumph where now

*Paper introducing the discussion, read at the Canadian Medical Association, Winnipeg, August, 1909.

he fails, and armed with additional power he will not fear the inroads of bacterial invasion."

But, turning from this somewhat poetically expressed opinion, what, we ask, are the meaning and value to us of that which calls it forth? We must find our answer in looking first of all to a definition of the opsonic theory and then contemplating its significance in practice.

Briefly stated the theory is, that amongst the various protective substances in blood there are resident in the serum certain antibodies (named by Wright "opsonins"—a word derived from the verb opsono—"I prepare food for"), which, when in combination with bacteria, render them a prey to phagocytes, and without which there can be no phagocytosis, that there are various kinds of opsonins, each kind being specifically related to some species of pathogenic organism, so that according as there is a greater or less amount of a particular opsonin present in any serum so will that serum be correspondingly the more or less fit to battle with the associated organism.

By ingenious methods Wright has devised a means for the comparative estimation of this opsonic content in serum. In the matter of this determination we proceed upon the assumption that the reason for the phagocytic capacity being the same in the case of different sera is that in these sera there are respectively equal amounts of the opsonin necessary to produce phagocytosis.

From our assumption we infer that sera from individuals whose degree of phagocytic activity is the same in the case of a certain bacterium contain in equal measure the opsonin which is specific for that bacterium, and accordingly that by a comparison of various phagocytic counts we should be able to compare the opsonic contents in different sera.

On the ground of such a comparison it is concluded that where opsonic contents are the same in the sera of individuals free from the disease which a bacterium is wont to produce, they are *normal* opsonic contents—also that variations from the normal indicate a reaction of disease peculiar to that bacterium; in short, that an abnormal opsonic content betokens disease, either past, present, or impending.

Now, by a comparison of phagocytic counts we can express these percentages of opsonin in different sera in terms of the ratio of opsonic content unit volume of these sera to that of sera from normal persons. Thus expressed the ratio *abnormal* represents what Wright calls the "opsonic index."

It cannot be presumed that the index is an exact interpretation

of the opsonic content of the blood, for never can it be said for a certainty that the controls used are constant, nor can technique be assumed to be accurate throughout.

However, it will surely be granted that reasonable approximations to accuracy are worthy of acceptance. Such a conclusion is surely justifiable in view of the numerous investigations extending over some years and relating to the same controls' and patients serum, which have been convincing of the fact that the extent of error can undoubtedly be made to lie within the limits .85 and 1.15.

What is of greatest concern in a contemplation of the index is, naturally, its significance as a guide to us in the understanding of disease. If it can be made plain that the index is undoubtedly of value in elucidating conditions not clearly understood, in rendering diagnosis and prognosis more certain, and in opening up new avenues in therapeutics, then must it be granted that the opsonic index is a most important asset in the study of pathological conditions. With a view to ascertaining whether or not the index is to be looked upon as such an asset, some observations made during the course of clinical investigations may be of service to us as illustrations:

(a) An individual was tested for his opsonic power to staphylococcus pyogenes daily for three weeks. For the first two weeks the index (a pool of two assumed normal sera being used as a control) was normal.

At the beginning of the third week a fall in the index was noted and for three days following there was a persistent fluctuation at a low level. On the morning of the fifth day following it was found to be slightly above normal, and the sixth day showed a still higher elevation. On the seventh day there was a drop again to a point below normal, but on the eighth day the normal level was again reached, and throughout the remaining days until the end of the fourth week there were no deviations from the standard set by the control.

The variability became for us an important phenomenon when found to be synchronous in its duration with a coccogenic infection in the individual characterized by staphylococci present in luxuriant growth. But as to whether or not the fluctuations were dependent upon the pathological condition was held to be open to doubt until numerous determinations relating to many cases, of which the above is a type, rendered a definite conclusion in the matter justifiable—the conclusion being that the two phenomena, viz., the index changes and the presence of infection, were interdependent.

(b) In a case of gonorrhoeal arthritis the index to the gonococcus was taken twice a week for a period of four weeks. In no instance was the index found to be normal. On the other hand, it showed marked deviations, represented by an index line which extended from points far below to points considerably above the normal level—a condition typical of several others similar to it, which were kept under observation for some time.

(c) In various cases of streptococcus infection the index was found to show fluctuations until the patient ceased to show evidence of disease.

(d) In a case of tetragenus infection (from which the coccus had been isolated) many determinations revealed continued departures from normal.

(e) In many cases studied, in which a diagnosis of tuberculous infection was indisputable, the index was found to be continuously inconstant—at times remaining either steadily low or steadily high or occasionally being at the normal level.

In short, the same rule obtained in every case studied, viz., the serum of infected individuals showed an abnormality in opsonic content for the particular organism causing the infection, whereas non-infected persons gave no indication of inconstancy in the index.

From this we infer that the opsonic index may be made to serve as a valuable aid in diagnosis.

This consideration of variable indices and their bearing upon diagnosis leads us to the question of treatment with the opsonic indications as a guide.

In dealing with this aspect of the subject we must disabuse our minds of the erroneous idea which has gained such wide prevalence, that opsonic therapy is a branch of medical treatment limited to the injection of vaccines.

Wright's system of therapeutics amounts to considerably more than the mere introduction of bacterial elements. So broad, indeed, is its scope that it reflects every rational procedure ordinarily exhibited in the treatment of infectious processes, *e.g.*, the well-known treatments of rest, suitable diet, massage and graduated exercise, fomenting in the case of inflammations, the excision of offending parts, the proper drainage of abscess cavities and sinuses, special medicinal remedies for ensuring the highest possible standard of metabolism—in short, every scientific measure aiming at the conservation of tissue vitality, the limitation of morbid activity at the site of pathological lesions, and last, but not least, the bringing of blood richly laden with protective substances to foci of infection.

The reason in such a breadth of view becomes quite evident when we study the meaning of inoculations.

That "to every infective process the vital forces of the body show a reaction" is the primary law in the study of immunity.

Immediately that micro-organisms gain access to the tissues their presence calls forth from the tissues certain immunizing responses, that is to say, some element associated with the infecting organism must be directly responsible for stimulating the body cells to elaborate protective substances. In the case of opsonins we find that an infected individual illustrates the validity of the rule in the state of his index. Provided the stimulations are moderate, *i.e.*, provided the infection is slight, we find a high index. On the other hand, if the bacterial invasion is gaining such ground as to produce toxic stimuli so excessive that they depress the functioning activity of the opsonin-forming cells, we look for a low index. In speaking of infections, then, we say that continuously high indices are dependent upon moderate *auto-inoculations* and that a continuously sub-normal index is the result of excessive *auto-inoculation*.

Now, what of fluctuating indices in the case of infected individuals? It has been shown that any disturbance of a focus of infection, *e.g.*, passive movement in the case of a chronic arthritis, massage of an orchitis, much use of the voice in a laryngitis, the X-ray treatment in lupus, the application of Bier's bandage, increased respiratory activity in pulmonary tuberculosis—in fact, that any sort of disturbance whatever results in the patient being auto-inoculated.

Hence, if the disturbance be applied from without in accordance with an accurate judgment of the index phases dependent upon it, great benefit may result. Along this line special advantage has been taken of auto-inoculations by Dr. Inman of the Brompton Hospital for Consumption, where he has treated with extraordinary success many pulmonary cases by his system of graduated exercises. The method consists in making the patients undertake some form of work which will be just sufficient to produce (by disturbing the disease focus) auto-inoculations to which the tissue cells will react favorably, this reaction being satisfactorily gauged by frequent references to the state of the opsonizing function. The necessary determinations of the index show it to be fluctuating in character, *viz.*, slightly down immediately after exercise, owing to the temporary shock sustained by the tissue cells through sudden action upon them of the bacterial elements; up, some time following the

exercise, owing to the beneficent influence of the moderate degree of stimulation.

So much for a brief outline of auto-inoculations.

Artificial inoculations can now be understood, for in introducing bacterial elements from without in the form of emulsions of killed micro-organisms, we are simply doing what nature would strive to bring about in every case, viz., giving in measured dosage toxic stimulation to tissue cells with a view to an abundant production of opsonin.

After an artificial inoculation properly gauged we find a fall in the index just as after an auto-inoculation, then a rise, then possibly a period of sustained elevation—these three phenomena corresponding respectively to what Wright terms the negative index phase, the positive phase, and the positive phase plateau.

From the foregoing considerations we must now be aware of what cases, ordinarily met with in practice, are such as require treatment by the inoculation method, whether it be applied by injection or otherwise. Broadly speaking, in the light of present-day medical knowledge, most localized infections associated with a low auto-inoculating activity would seem to *demand* treatment according to the opsonic system of therapeutics. The work of the past three years at Wright's laboratory and clinic-room has shown beyond a doubt that, for tuberculosis localized in glands, joints, the skin, muscles, bones, and the genito-urinary organs, treatment by the inoculation method is the safest known—that, furthermore, chronic inflammatory lesions of nearly every kind will invariably show decided and marvellous improvement under vaccine treatment judiciously applied—that sufferers from hitherto almost intractable forms of disease, such as acne and furunculosis, may learn to look upon killed bacteria as their specific remedies; that pretty nearly every kind of infection at some stage in its progress is amenable to treatment by emulsions prepared from the causal micro-organism.

It is only reasonable that you should expect me to refer more specifically to matters of treatment. During the past couple of years, while a member of Sir Almroth Wright's staff, it was my privilege to investigate many cases which presented features of extreme interest in the field of vaccine therapy. Reports of such cases, however, coming from the pens of those whose work lies in London, we are all familiar with, so that I shall avoid redundancy as much as possible by quoting from that part of my own experience which embodies practice of the methods in Canada.

Since the middle of January of this year I have followed closely the condition of a patient who for two years past has

suffered from genito-urinary tuberculosis. When referred to me for treatment this patient, a stenographer, male, aged 26, presented all the features of a well-defined, actively progressive case, showing marked involvement of both testicles and well-advanced ulceration of the bladder.

For three months pain in the swollen and nodulated left testicle, which radiated along the cord, has been a prominent symptom. The frequency in micturition was at night—five to seven times, while pus continuously rendered the urine almost milky in appearance. About every two weeks blood would be passed. There was no emaciation, the appetite was good, and the patient, who was afebrile and of normal circulation, had always felt fit for work, excepting for the inconvenience caused by the pain and frequency of urination.

A dose of 1-10,000th milligramme of tubercle bacillary emulsion caused a slight clinical reaction in temperature and index (the latter going up from .65 to .95), while the immediate effects upon the pain and frequency were most gratifying. The pain, which opium had failed to control—at first rendered more intense during the short negative phase following the inoculation, disappeared entirely for a week—the frequency at night came down to twice a night for six days, and the urine became almost clear, being voided without distress. This is the record of inoculation No. 1. Since January there have been 26 inoculations in all, very few of which, however, have given such satisfactory results as the first. Until a month ago the patient continued at work, walking five miles a day to and from his office, suffering very severely at times when an inoculation had spent its strength, and often being worried greatly by frequent micturition. During May the patient received no treatments by inoculation, and it was not until the middle of last month that he was back again to fair relief from pain and his comparatively slight frequency of once or twice at night.

For the past few weeks the patient has been resting with a view to reinforcing the effect of the vaccine. His daily record, kept by himself, now reads: "Twice out at night, an easy day, urine coming away clear and without pain." He has gained seven pounds in weight since April, despite the fact of his stomach having been always strong and his appetite a good one.

Mention has already been made of the importance of frequent references to the state of the opsonizing function, but in quoting this case you may notice that only once has the index figured in the record. This does not mean that the state of the index has not played a prominent part in the treatment, but rather that on

account of several thousand of determinations in other cases, I have been led to the attempt of forming a judgment of the state of the index in this case from a survey of the clinical symptoms.

It has been my method to make the reactions as indicated by temperature, pulse, etc., as slight as possible, by employing at the first minimal doses of the vaccine and gauging the increase in dosage by the positive and negative phases—not by the mechanical rule, advocated by some, of “gradual progression.” I have found in many instances that whereas a patient may at one stage of the treatment be able to stand a dose of 1-5,000th mgr. of bacillary emulsion, at a later stage (when we should expect him to react favorably to a much larger dose) he will experience too great a negative phase from a dose as small as 1-10,000th mgr. This finding alone is sufficient in my opinion to condemn the German method of “gradual progression” as dangerous and unscientific.

As to the kind of vaccine which gives best results in tuberculous cases, is a question still to be settled. Certain it is, however, that we can make no mistake in continuing to use a strain of tubercle bacillary emulsion or of tuberculin in any individual case which elicits satisfactory responses from the first in that case. I have found this course to prove much more satisfactory than that of changing from time to time to different strains in the hope of finding “something which will work still better.” In speaking of “strains” of tubercle vaccine, let me refer to some instances where the effect of bovine tubercle bacillary emulsion has proved noteworthy.

(2) A farmer, age 43, suffering from cervical adenitis, consulted me in March. For four years he had been troubled with a mass of swollen glands on one side of the neck, having already had two operations. When he came for treatment the mass at the anterior border of the sterno mastoid was the size of a tangerine orange, quite hard and immovable. At the posterior border of the muscle was a sinus two inches in length which represented the site of the first operation wound. The sinus had been discharging freely for two months. A history of contact with tuberculous cattle at the time of the original infection led me to employ a bovine strain in dealing with the case. At the end of the first week of treatment the sinus had closed and the lump softened. At the end of the second week the lump had gone down to half its original size. At the end of the fifth week the lump had entirely disappeared. At the end of June there was a slight swelling about the size of a hazel-nut noticed at the edge of the cicatrix, but this disappeared in a week with a dose of 1-20,000th mgr. of the emulsion. When the patient

was seen about two weeks ago the neck was normal, excepting for the operation scars, and it was gratifying to hear from the patient that he had not felt so well for years. The index is now 1.10. It was .65 before the administration of the first dose. In all, only five inoculations were given.

(3) F. M., dairyman, with hard swelling under left ramus, which had been the size of a hen's egg for two years, consulted me in March. His history was tuberculous. In this case I used the bovine strain. His general condition (he complained of always feeling run down) improved greatly, and at the end of nine weeks' treatment the swelling had become soft and gone down to about one-fourth of its original size. I have not seen the patient for two months. His opsonic index was when last seen .95. Before the treatment it was .70.

So much for tuberculous cases, of which the above are typical in results of a good many which I have had the opportunity to investigate in Ottawa. Time and my assurance that this paper would deal principally with generalities constrains me to be thus fragmentary in the citing of them. As to others representing other varieties of infection, we must leave them for further discussion. Suffice it to say that I for one have had reason to be surprised with the results obtained in the use of killed bacteria and their products. We, no doubt, have all seen the man with his long-standing affliction of boils respond to the staphylococcus vaccine in a remarkably short time; cases of gonorrhoeal arthritis yield readily to the inoculation of killed cultures of the gonococcus; indolent sinuses close after a short period of treatment under emulsions prepared from the causal micro-organisms; in fact, many phenomena which prove the value of Wright's system. In surveying the vast field of bacterial diseases are we wrong in saying "The end is not yet?" To be sure much is yet to be hoped for from the laboratory worker, but for the present are we not right in urging that the attention of the physician and surgeon be more specially directed to view the advantages in a system which can no longer be lightly regarded?

SOME QUESTIONS OF GENERAL ETHICS ARISING IN RELATION TO PSYCHOTHERAPY.

ERNEST JONES, M.D., M.R.C.P. (LONDON),

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of Toronto.

When an expert is called upon by the general community to give advice on a matter relating to his sphere his action is frequently confused by a conflict of interests, which we may term technical and non-technical respectively. An engineer or teacher, for instance, has frequently to formulate his advice partly on technical grounds, and partly on financial. This is necessarily the case, and the chief point the expert has to pay attention to is that he shall keep the different grounds distinct in his mind, and not allow his judgment on one ground to be affected by his judgment on another. His final conclusion should be a combination of the conclusions separately arrived at by distinct trains of thought, each of which has received its due consideration, and not the result of a confusion of these.

Members of such professions as the medical, legal and clerical, which come in contact with the most intimate affairs of human life, are subject to the same necessary restrictions when formulating their conclusions as to a course of action they have to advise on, and especially often have they to take into account what are called moral considerations. They are, therefore, at times brought into relation with moral questions concerning which the views of the community are in a state of transition, and are sometimes placed in the difficult position of being expected to define their attitude towards one of these. It is interesting to note that, with certain exceptions, these three professions, being essentially stable, responsible, and therefore conservative, tend on the whole to lag behind in the general moral progress of the community; that is, they characteristically prefer to defend older and established conventions rather than to further the adoption of newer ones. There is, it is true, a distinction to be drawn between their attitude towards what may be called the "restricting" type of moral progress and that towards the "enfreesing" type, it being much more actively sympathetic in the former case. The restricting type of progress consists in recognizing that a course of conduct previously regarded

as moral is really of an immoral nature. A good instance of this is the gradual recognition of the fact that employment of child labor in unhealthy factories ("child slavery") is immoral, and should not be allowed by the State; the medical profession was relatively active in bringing about this step in moral progress. With the other and more important type, which consists in recognizing that a course of conduct, *e.g.*, Sunday travel or the reading of books on Darwinism, which was previously regarded as immoral, is really nothing of the kind; the three professions in question take up a much more passive attitude, and almost always follow the lead set by the general community.

Amongst the moral questions encountered by the physician are many that relate to the sphere of sex, and my reason for writing this paper is that, owing to the following circumstance, I have had in this connection a rather considerable experience; the attitudes dictated by that experience may prove interesting to fellow-practitioners. I hold, namely, the view that the fact of a malady originating in sexual disturbances is no reason for refusing to treat it on the same rational lines as we attempt with other maladies, that is, with due regard for the aetiological factors. Because it is generally thought wicked to suffer from syphilis is, to my mind, no reason for withholding treatment for it, nor do I think it the physician's place first to decide how far the malady was "wrongfully" acquired, or how far "innocently." In internal medicine this claim is now commonly conceded, but in certain branches of neurology, with which this paper is concerned, it is still largely denied.

The first maxim I would submit is that *no line of treatment should be advocated which is contrary either to the moral views of the patient or to those of the general community.* This assertion will, I am persuaded, meet with such general acceptance, as being in line with the current code of medical ethics, that it need not be reinforced by any argument. Unfortunately, however, the matter is not so simple as to be regularly capable of solution by reference to this maxim, although this should always be given prime consideration. In the first place the question may relate to moral views that are not fixed; or those of the patient may be at variance with those of the general community. Take, for instance, the case of a Protestant physician practising amongst a population that is mainly Roman Catholic, such as in Paris, and called in to attend a case of labor in which craniotomy, an operation forbidden by the Catholic Church, is from a medical standpoint definitely indicated. He may not know the patient's religious views, nor how fixedly she

would adhere to them on such an urgent occasion. The maxim stated above would prevent his urging the operation, but most of us would not think he acted rightly unless he at least laid the matter before the patient and left the decision to her. From which it appears that we may complete the first maxim by a second, to the effect that *in doubtful cases the decision should be left to the patient.*

So far we have considered the matter purely from the moral, or non-technical, standpoint, for this certainly in many cases demands the chief place, but the medical, or technical, standpoint also deserves consideration. When the conclusions reached on these grounds are in harmony with those reached on moral grounds our course is agreeably simple, and there is certainly a tendency in the profession to shirk difficulties by allowing the latter ground to affect our judgment in regard to the former, so as to bring the two into line. Yet it cannot be denied that the two by no means always coincide, as is shown by the instances just quoted, the social one of child labor, and the individual one of craniotomy. This must of necessity sometimes be so, inasmuch as progress in medicine and in morality is evolving along relatively independent paths. In such cases it is urgently desirable to weigh the merits of any given advice separately from a medical and a moral standpoint, and to formulate our final conclusion after fully considering those indicated from these distinct standpoints. For, apart from moral considerations, we should never forget that when a patient consults us on account of ill-health we have medical obligations towards him which it is our bounden duty not to ignore. Let us take a concrete instance, of a kind not very rare in neurological practice. In treating a patient for a neurosis it may become evident to us that the main source of the trouble lies in irremediable marital relationships and that we have every reason to believe that a separation or divorce is the only thing that will restore the patient to health. Such a course is in many communities repellant to the general moral views held, and it may be to those held by the individual patient. Yet if we wish honestly to discharge our medical duty it is surely obligatory on us to inform the patient of the state of affairs, and to leave to him the choice between the action in question and the malady. It is never our place to sacrifice medical considerations to moral ones, any more than it is to sacrifice moral considerations to medical ones. The patient has an equally inalienable right over both his health and his moral views, and the final decision here, as everywhere else in medical treatment, must lie with him; he has, and should have, the right to accept or refuse a proposed surgical

operation, for, after all, the medical man is only the adviser, never the arbiter.

The foregoing remarks may be illustrated by a few examples of a common kind, and first by one in which medical and moral conclusions are happily in harmony. I refer to the practice of masturbation. Although the evil consequences of this have frequently been greatly exaggerated, both in the medical and lay press, yet I personally feel sure that, particularly when the practice is carried on to excess, it is incorrect to describe it as harmless, and only recently took occasion to point out* that it is one of the most important causes of true neurasthenia (as distinct from the other neuroses that are erroneously grouped under this name). For every reason, therefore, I would unequivocally say that it is wrong for a physician ever to countenance, let alone advise, the habit of masturbation. Of course, in treating such a case, particularly where there is a neurosis resulting from conflict and remorse, one ought to be tactful in dealing with the question; much harm can be done, and often is done, by frightening the patient as to dangers of the habit. I was disagreeably reminded recently of the difficulties one may encounter in dealing with such delicate matters. A patient, a widow of fifty, was sent to me suffering from a severe psychoneurosis (technically a *Quangsirremsis*): she was morally and mentally sadly defective, and for all practical purposes insane. One of her symptoms was an acute dread of insanity, and on enquiring into the origin of this I found that she had for years been in the habit of masturbating, had read somewhere that it led to insanity, and since then had suffered from the fear of becoming insane. I naturally reassured her on the point, and told her that masturbation never led to insanity, a remark which gave her much relief. It was my intention to deal gradually with the habit later in the treatment, but for external reasons the opportunity never presented itself, and I afterwards learnt to my astonishment that she had told several friends that I had "advised" her to masturbate. Evidently the wish was father to the thought, and she had made use of my remark to salve her conscience and to give herself a feeling of self-justification and excuse. Unfortunately there are many unacquainted with the mental peculiarities of neurotics and the insane, who are simple-minded enough to believe all that such patients say of their physicians. This is a difficulty in medical practice that cannot always be avoided, with any form of treatment, and which the physician must be prepared courageously to face.

Another question, where medical and moral views are not so

**Canada Lancet*, July: 19 9.

fully in harmony, is that concerning the prevention of conception. This course has frequently been advised on medical grounds—I express no personal opinion in the matter, not feeling competent to form one—both on account of the offspring, as with epileptic or tuberculous parents, and on account of the mother, as in the case of an excessively small pelvis, Bright's disease, or of any other condition that might render a pregnancy dangerous to life. It cannot be said, however, that such conduct has yet been officially approved of by the community, although since it is practised at one time or another in the great majority of marriages it can scarcely be said to be contrary to the moral views that in fact prevail. Of the various means employed for this purpose, there can be no doubt that many, and unfortunately just those most made use of, are directly detrimental to health, and are responsible for a considerable class of the neuroses. When we are called upon to treat a patient suffering from this the question is sometimes asked: Have we the right to call his attention to the less harmful means available for this purpose, or would not this constitute an encouraging of immorality? Against this argument at least three points should be borne in mind. In the first place, when a married couple have, on economic or other grounds, decided to continue sexual intercourse while limiting the number of children, it is only very rarely that any medical advice to the contrary would be heeded, and the only result of our refusing other advice would be the continuance of the harmful state of affairs. In the second place, the practice is by no means so certainly immoral as its opponents make out; there is now in most civilized countries a strong eugenic movement which, on the highest moral grounds, advocates the replacement of quantity in children by quality, and lays stress on the importance of giving an adequate care and upbringing to the children born, which is often impossible if the family is too large. As was just remarked, the majority of people, though not openly supporting this movement, secretly practise its tenets. Last, and not least, is the question, mentioned above, of our medical duty to alleviate the patient's ill-health, one which it is a serious responsibility to avoid in such a condition as the present one, where the suffering is frequently very great and the cure easy. I must confess that I think the fairest course is to state the matter honestly to the patient, and to leave the decision in his hands; we are paid not only to preach morality, but also to cure disease. The only exception I would make in the matter is in the not rare case where the desire to prevent conception is solely due to a morbid fear of childbirth on the part of the wife, and where pregnancy might in other respects

be highly desirable. The fear is really only one symptom of a general neurosis, and such patients, of course, need psychotherapeutic treatment.

Lastly may be mentioned the group of cases in which we have every reason to believe that the need for sexual union is playing an all-important part in the causation of the symptoms, when the patient is a man who cannot marry or whose wife is an invalid. Illegitimate intercourse, though not illegal, is unquestionably viewed with official disfavor, in spite of the fact that more than fifty per cent. of sexual intercourse takes place outside of marriage, and that everywhere the unsatisfactoriness and inadequacy of our present sexual institutions and customs are widely admitted. For my own part, however, I hold that a physician should never under any circumstances advise such a course of procedure; the most that he might do is to state the facts fairly to the patient, and allow him to decide. In certain carefully selected cases this, I think, is justifiable, for I cannot agree that when a patient comes to ask us to help his sufferings we have the right to let our private convictions interfere with at least the possibility of such help. I would only add that in a great many cases it is possible by means of psycho-analytic treatment, and to a much less extent by certain other measures, to enable the patient to endure an abstinence that was previously detrimental; it is plain that such a patient should always be given the full benefit of such therapeutic measures.

In conclusion I would restate the proposition that in cases where the medical and moral indications do not coincide the final decision should, here as elsewhere in therapeutics, be left to the patient or to some responsible relative, after the dangers and objections have been fully explained to him. This practice is followed wherever any other indications conflict with medical ones, such as when a patient who needs a surgical operation insists on postponing it for business reasons, and it is one of general validity; to affirm the contrary would constitute an unwarrantable interference with the rights of the individual.

Psychiatry

W. C. HERRIMAN, ERNEST JONES.

The Thalamic Syndrome. SMITH ELY JELLIFFE, *Med. Rec.*, Feb. 19, 1910.

This is a useful summary of the recent work done by Déjérine, Roussy, and others, on this subject. The chief symptoms of the Syndrome are: (1) a superficial persistent hemianesthesia of an organic nature, more or less marked for superficial sensibility, tactual pain, temperature, but always very marked for deep sensibility; (2) a mild hemiplegia, usually without contracture, and rapidly regressive; (3) a mild hemiataxia, and more or less complete osteognosis; (4) severe pains on the hemiplegic side, persistent, paroxysmal, often intolerable, and not yielding to any analgesic treatment; (5) Choreo-atheloid movements in the members of the paralysed side.

A personal case is recorded, occurring in a man of forty, and a useful bibliography appended.

E. J.

Dementia Praecox. An historical summary. SMITH ELY JELLIFFE. *New York Med. Jour.*, March 12, 1910.

Jelliffe gives here an extensive and learned disquisition on the evolution of the present conceptions of dementia praecox. After an interesting account of the earlier psychiatric views on the subject, he traces the historical development of those on the three main types of the disorder—the catatonic to Kahlbaum, the hebephrenic to Hecker, and the paranoid to Kraepelin, respectively. This development took thirty-five years, from 1863 to 1898. The clinical features of the different forms will be discussed in a future article.

E. J.

Reviews

Outlines of Bacteriology. By DAVID ELLIS, Ph.D., F.R.S.E.; Lecturer in Bacteriology and Botany to the Glasgow and West of Scotland Technical College, Glasgow. London and New York: Longmans, Green & Co.

Dr. Ellis has given us in this publication a treatise of moderate size, in which an introduction to Bacteriology in all its branches is dealt with. For students of technical and agricultural bacteriology, it should prove most useful, as the chapters on the processes of Nitrification, Fermentation, and the Biological disposal of sewage, etc., are especially well written. Physicians and other men who are interested in hygiene and public health will find the chapter on the biological disposal of sewage extremely instructive. We, as physicians, have confined ourselves almost wholly to the study of the pathogenic bacteria, and in this book Dr. Ellis has bridged the gap between these and other bacteria which are used in the various commercial and agricultural industries.

O. R. M.

Abnormal Psychology. By ISADOR H. CORIAT. Moffat, Yard & Co., New York. 1910. Pp. 325. \$2.00 net.

This book is divided into two parts, entitled, respectively: I., The Exploration of the Subconscious, and II., The Diseases of the Subconscious. In the first half, chapters are devoted to: What is the Subconscious? Automatic Writing and Crystal Gazing; Testing the Emotions; Analyzing the Emotions; Sleep; Dreams; What is Hypnosis; The Analysis of the Mental Life. In the second half, the following subjects are treated: Losses of Memory; The Restoration of Lost Memories; Illusions of Memory; The Splitting of a Personality; Hysteria; Psychasthenia; Neurasthenia; Psycho-Epileptic Attacks.

As is well known, there are at the present day two schools of abnormal psychology—that of Janet, whose work has been extended and amplified by Morton Prince and Sidis, and that of Freud, supported by Jung, Stekel, Putnam and a great number

of other workers. Coriat, who is a pupil of the Boston School, largely confines himself in this book to an exposition of the Boston views, a task of which he excellently acquits himself. The occasional references to Freud's work are throughout superficial, generally misleading and frequently quite erroneous. This fact evidently makes the book a very one-sided account of abnormal psychology. It is undesirable here to enter into a discussion of the numerous points raised, but one must strongly protest against the absurdity of the author's description of a case here narrated, and of Prince's Miss Beauchamp case, as instances of psycho-analysis.

A number of original illustrative examples are given, the most noteworthy being an account of the author's observations on the pulse-rate during the association test, and a short description of an interesting case of multiple personality. The book is exceedingly elementary, possibly designedly so; but it can decidedly be recommended as being a worthy introduction to the study of this important subject. It is clearly written, well got up, and has a full index.

E. J.

Surgical After-Treatment. By I. R. G. CRANDON, A.M., M.D.,; Assistant in Surgery at Harvard Medical School. Octavo of 803 pages, with 265 original illustrations. Philadelphia and London: W. B. Saunders Company. Canadian Agents, the J. F. Hartz Company, Limited, Toronto. Cloth, \$6.00 net; half-morocco, \$7.50 net.

This volume contains instructions concerning the treatment of, apparently, every possible condition which might arise in connection with an operation case. It begins with the sick-room, preparation of bed, charts, and the posture of the patient. The attendance on the patient during recovery from the anesthetic, treatment of thirst, and pain, is described. The technique of Crile's method of transfusion is described in detail. Diets, artificial feeding, use of the catheter, care of the bowels, post-operative pneumonia and hicough are all dealt with at length. There is a chapter on bandaging, then one on the treatment of wounds. Bier's hyperemic treatment is described and illustrated.

Part II. is devoted to the special complications of certain operations, and in this part an especially interesting chapter deals with therapeutic immunization and vaccine therapy. This has been written by Dr. Geo. P. Sanborn, of Boston, and contains 170 pages. The last chapter deals with the Coley serum for malignant

tumors. The whole book enters thoroughly into detail; everywhere one notes the great attention to small points. It is well written and illustrated, and throughout many references are mentioned. It is a complete treatise on after-treatment.

W. A. S.

Duodenal Ulcer. By B. G. A. MOYNIHAN, M.S. (London), F.R.C.S.; Senior Assistant Surgeon at Leeds General Infirmary, England. Octavo of 379 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Canadian Agents, the J. F. Hartz Co., Limited, Toronto. Cloth, \$4.00 net; half-morocco, \$5.50 net.

This is a complete monograph on the subject of duodenal ulcer. The first chapter is devoted to the history; then follow chapters on ulcer following burns, complicating uremia, caused by tubercle bacilli, and occurring in the new-born. The next five chapters of the volume are concerned with the chronic ulcer, its symptoms, diagnosis, treatment, treatment of perforation, and a chapter on the pathology. The last 160 pages contain an appendix, with complete reports of 189 cases operated on up to the end of 1908. The book will prove of interest and instruction to all classes of medical men, since it brings clearly out what is known about a disease which is considered a rare one, but which is really not uncommon, and, as is stated in the preface, "its discovery presents no great difficulty to the trained clinician."

W. A. S.

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COMMENT FROM MONTH TO MONTH.

Canadian Medical Association.—Much of the success of the 43rd annual meeting of the Canadian Medical Association was due to the popularity of the President, Dr. Wright, and to the earnest and enthusiastic work of the various committees he was instrumental in having appointed. Toronto this year, and Winnipeg last year, have set a pace for the Canadian Medical Association other cities, even Montreal, will find difficulty in surpassing. When one comes to consider, however, that in a medical population of seven thousand, barely five or six per cent. can be got together at any annual meeting of the national medical body, one is compelled to wonder why. It cannot all be laid down to long distances to travel, for in a large city like Toronto, which has a medical population of some five hundred, a great medical meeting like this was should attract at least three-quarters of the population. Winnipeg did it last year—why not Toronto?

But some will say it is not numbers which make for the success of any meeting. True; but numbers evidence on the part

of the profession a desire to be *of* and *in* the medical body. It cannot be said that a \$5 fee would militate against the success of a meeting numerically, for over one thousand Canadians paid more than that to the meeting of the British Medical a few years ago. That would leave one to suppose that the magnetism of great names from abroad, with, presumably, better papers and discussions more valuable, had something to do with attracting the crowd.

Year by year, however, the Canadian Medical Association has been growing in numbers and in importance. It is to-day bigger and greater than it ever was, and the day has gone when a national medical body of its scope and character can expect to conduct its affairs upon a pay-as-you-go two-dollar fee. Then, too, it has come to be a problem of considerable material interest for any but the larger cities to handle a meeting of its growing size, and to entertain the increasing numbers in attendance year by year. That will necessitate more than ever a five-dollar annual fee; and now that the Association is an incorporated body, each member should pay, and even should be glad to pay, an annual assessment.

The Finance Committee should proceed to establish an annual collection of fees, whether a member has been in attendance or not. If they take hold of the matter with a firm hand, and proceed to do business right off their own bat; abandon the vacillating policy of the past, and find out the 1st of January, 1911, just how many of this incorporated society will remain members, they will know exactly where they stand, and where the so-called membership of the Association is.

The office of General Secretary has become a rather laborious job. With a five-dollar annual fee, the Association could well afford to pay a General Secretary what his services are worth, and have sufficient funds in hand to finance each annual meeting, so that local committees would be put to no expense whatsoever in regard to the holding of any annual meeting.

Now that the *Montreal Medical Journal* is to disappear in the *Journal of the Canadian Medical Association*, the subscriptions which such a high-class medical journal will command, outside the membership of the Association, together with the income from

advertisements, will be sufficient to finance the *Journal* of the Association and pay its editorial staff properly for their work.

We offer our congratulations to Dr. Macphail, who was unanimously and most enthusiastically nominated by the Association for the position of Editor of the *Journal*, and we wish him every success in the work which lies before him.

The Presidential Address of Dr. Adam H. Wright, which we publish in this issue, is interesting and entertaining matter. It breathes a broad and liberal sentiment for Canada's national medical body. Of necessity, covering considerable ground, Dr. Wright touched upon different topics. That he has a warm spot in his heart for the general practitioner of medicine was evidenced at the very outset; and his references and quotations simply point to everyone doing his duty just as well as he possibly can do it.

A teacher in the University, his remarks on cramming carry weight. The young mind is one which is better adapted to learning by memorizing than through reading, observation and reflection. It is very apt to look for recreation of a pleasurable character when hours for reflection are provided; and most students like to get the whole thing off and over with and away. Then they reflect that they should have done more of it in their student days.

The division of fees Dr. Wright justly condemned as "undignified, unethical and dishonest." It is not in vogue to any appreciable extent in this country. We are very prone, we Canadians, to copy in many things from our neighbors and from others abroad. Probably it may come. The family physician, however, when he honestly knows his patient will do better under the skill of the specialist, mostly has little hesitancy in handing that patient over to the proper man. Specialism has brought in its trail, for which it is in no way responsible, an increasing amount of quackery. The general practitioner is the sufferer. Specialism has increased to an enormous extent in twenty-five years, while the working field of the man in general medicine continues to

narrow. An equitable understanding between specialism and general medicine would be a reference in all cases from the general practitioner to the specialist. People, though, choose for themselves mostly. Probably, as Dr. Wright suggests, the pendulum will yet swing back to the family doctor, and specialism will live and thrive upon his grace.

What the Mayor and City Council Can Do in the Prevention of Typhoid Fever is the subject of a paper by Passed Assistant Surgeon L. L. Lumsden, published in the Public Health Reports of the U. S. Public Health and Marine Hospital Service.

That much of the diarrhoeal disease of infant and adult life, the dysenteries and typhoid fever will be prevented by a proper disposal of human sewage, there is now abundant and indisputable evidence.

It would appear wise, then, for a municipality to exercise the best of its wisdom in the spending of sufficient money to amply take care of its sewage. Its appearance means defective sanitation and defective civilization.

That the typhoid fever death rate in any community may be taken as a fair measure of the intelligence exercised in respect to sanitation in general by such community is now well established. Although convincing facts and much accumulated knowledge has been collected and published, the general public are scarcely yet fully seized of the fact that typhoid fever is a thoroughly preventable disease. It looks upon a certain amount of typhoid with complacency and something that has to be.

It seems simple enough that dejecta should be disinfected, and that the germs contained in excreta should be kept from being conveyed to healthy people. But, unfortunately, that is not the whole problem. The great danger is in the convalescent and the ambulatory, free from clinical symptoms, but nevertheless germ-carriers. So the sewage of all, sick or well, needs to be properly disposed. Again, the problem may not alone be a municipal one. It may be at times provincial, national or international.

The functions of the mayor and city council, the governing body of the municipality, are legislative, administrative and educative. A body of this character should know that the conservation of human health forms one, if not the first, business with which it has to deal. Disraeli once said, "The first duty of a statesman is the care of public health."

Herein, then, in typhoid fever prevention, lies a great opportunity for usefulness for municipal officers.

They should become informed as to the nature of the infection, its modes of spread, and the methods to prevent it; should make disease prevention a conspicuous policy of the administration; should make efficiency the primary basis of appointments to positions in the health office (specially applicable now in the case of Toronto.—Ed.); should provide adequate salaries for health officers; should appropriate funds for sanitary improvements as liberally as the taxation rate will permit; should provide for the collection of mortality and morbidity statistics, so that the results of sanitary work may be known; should provide for the proper care of the sick; keep in close touch with and support the health officer in his work; co-operate with the authorities of other municipalities, of the province and nation; teach by precept and example precautionary measures, as they are the chosen of the people to be the leaders of all that is good in and for the municipality.

News Items

ONTARIO MEDICAL COUNCIL.

FORTY-FIFTH annual meeting, Toronto, July 5th, 6th, 7th, 8th and 9th, 1910.

PRESIDENTIAL address delivered by Dr. E. A. P. Hardy, Toronto.

EXPENDITURE continues to increase. In 1909 the balance was \$48,359.41; in 1910 it was \$41,168.27.

OFFICERS elected: President, Dr. J. Lane, Mallorytown; Vice-President, Dr. R. J. Gibson, Sault Ste. Marie; Registrar, Dr. John L. Bray, Toronto; Treasurer, Dr. H. Wilberforce Aikins, Toronto; Solicitor, Mr. H. S. Osler, Toronto; Prosecutor, Mr. Chas. Rose, Toronto; Auditor, Mr. A. C. Neff, Toronto.

To reduce the membership of the Council seems a wise motion as was proposed by Dr. J. S. Hart, Toronto. As this is the last session of the present Council, the matter was left over for the new Council to deal with as they see fit.

DRS. LANE, Gibson and Hardy will be the Executive Committee for the ensuing year.

It was hot weather and a hot time over Dr. W. A. Young's editorials in the *Canadian Journal of Medicine and Surgery*. Dr. Young will be permitted to examine the books of the Council.

DOCTORS may advertise, but "it isn't nice." This means a card announcement, not a full page display in either daily or weekly.

Good thing to cut down the annual report of proceedings. Better still to issue it in two weeks' time instead of four months. Why should not the medical journals be furnished with a succinct report of important matters immediately after the close of the meeting?

CONCERNING Dominion Registration, Dr. Roddick's amendment as adopted at the Canadian Medical Association June, 1910, was unanimously approved by the Ontario Medical Council.

It would be a good step in the interests of medical students to leave the primary examinations to the universities.

THE Discipline Committee will consist of Drs. J. A. Robertson, L. Luton, Wm. Spankie and M. O. Klotz.

NEW examiners will be Dr. Brien, Essex Centre, therapeutics; Dr. Harding, Brockville, diseases of women; Dr. P. Stuart, Guelph, clinical surgery.

MEMBERS of Council are allowed \$10 for each half-day's attendance, with same amount for time consumed in reaching Toronto, together with 5 cents per mile for railway distance. Members of committees receive the same allowance. Examiners are paid \$20 per day and 35 cents for every paper over fifty marked by them. Oral examiners are allowed \$7.50 per half-day, 5 cents per mile and 35 cents a paper when examining written papers.

A CORDIAL invitation is extended to the druggists, dentists and doctors of the Dominion to visit the city in September and take in the D.D.D. Lawn Bowling Tournament, which will, as usual, be held on the beautiful lawns of the Granite Club. Programs of the tournament will be issued later, and will be mailed on application to the Secretary, Mr. W. B. Graham, Registrar-Treasurer of the Ontario College of Pharmacy.

Correspondence.

THE STATUS OF MEDICAL MEN UNDER THE NEW INSURANCE BILL.

For upwards of three years this Act, in some form, was before the Parliament of Canada. Ample time was, therefore, taken to consider every section, and note carefully its bearing upon the interests affected. There was thus given also an opportunity for those who wished to offer any suggestions or raise any objection to place their views before the Government.

When the Life Insurance Bill was laid on the table of the House of Commons, it at once became apparent that there were three clauses that were very objectionable, from the standpoint of the medical profession. These clauses were in the first draft, and are still in the Act as passed by Parliament.

Under "Interpretation," or the definitions at the beginning of the Act, we have:

(h) " 'Officer' includes the manager, secretary, treasurer, actuary, and any other person designated as 'officer' by the by-laws of the Company."

In section 98, sub-section 4, dealing with Life Insurance Companies that were in operation when the Act came in force, we read:

"The manager of the Company may be a director of the Company, but no agent or paid officer, other than the manager, shall be eligible to be elected as a director. The words 'paid officer' in this sub-section do not include the President, Vice-President, or the President and First Vice-President, if more than one, elected under the provisions of sub-section 9 of this section."

The next clause, to which objection was raised by many medical men, deals with Life Insurance Companies that may be organized after the passing of the Act. It is as follows:

Section 146, sub-section (f): "The manager of a Company may be a director, but no agent or paid officer, other than the manager, shall be eligible to be elected as director. The words 'paid officer' in this paragraph do not include the President and Vice-President, or the President and the First Vice-President, if there is more than one Vice-President, elected under the provisions of paragraph (k) of this section."

It became quite apparent that the purport of these clauses was to prevent any medical practitioner from being a director of the company for which he acted as medical advisor, if for such advisory work he received any remuneration.

Medical officers of the various companies in Toronto held a meeting and appointed Dr. T. F. McMahon and myself to lay their views before Hon. W. S. Fielding, the Finance Minister, and the Committee on Banking and Commerce, which was then engaged in the consideration of the bill, clause by clause, and also in the hearing of the opinions of those interested in the bill. Dr. McMahon and I visited Ottawa and laid the views of the medical directors, given us personally or by letter, from all over Canada, before the Finance Minister, Mr. Fielding, and the said Committee. What we said on that occasion is to be found in the proceedings of the House of Commons, and will stand upon its own merits.

In addition to this, many letters were written to Mr. Fielding and other members of the Government, and to prominent members of the Opposition, and also to many members of the Senate. All this had no effect, and the Insurance Bill was put through both the Commons and the Senate in the form as quoted in the foregoing clauses.

In the spring of 1909, it was expected that the bill would then be put through both Houses of Parliament. In addition to every effort that had been made, I sent the following telegrams:

Toronto, May 13th, 1909.

Sir Wilfrid Laurier, Ottawa:

I challenge the right of Parliament to say that the Medical Profession of Canada cannot be trusted. The Insurance Bill states this. It allows other classes to receive salary and sit on the boards, but forbids medical men doing so. The bill should be amended to remove this glaring injustice.

JOHN FERGUSON.

Toronto, 13th May, 1909.

Hon. W. S. Fielding, Ottawa:

The Insurance Bill does a great injustice to medical men of Canada. It declares them unworthy of trust and cannot sit on boards of companies if they receive any remuneration for services. Other classes may receive salary and sit on boards. This is taking away a privilege when no good can be accomplished thereby.

JOHN FERGUSON.

The bill was laid over, however, for that session, and came up again during the session of last winter. As the bill came back from the Senate, it contained the objectionable clauses, so far as medical men are concerned. I then wrote Hon. W. S. Fielding, who had charge of the bill, as follows:

Toronto, 5th March, 1910.

Hon. W. S. Fielding, Ottawa:

DEAR SIR,—The Insurance Bill is now about complete. On the whole, it is a good bill, and will do much for the interests of these great financial companies.

There is one phase to which I wish again to call your attention. The bill provides that only the President, the Vice-President and the Manager may be on the board and receive a salary.

The effect of this is to force the medical directors off the boards of their companies, because these gentlemen receive a remuneration for their services.

It does seem too bad that an entire class should be placed under the ban of the law in this way. The Act means that no doctor, because he is paid for his services, may sit on the board of his company.

Business men, lawyers, etc., fill the offices of President, Vice-President, and Manager, draw salaries, and sit on the boards of their companies. Not so with the doctor.

This is not fair; and I ask you if you think it is? If it is not fair and just, then change the bill to do the right thing by the medical men.

Yours truly,

JOHN FERGUSON.

The medical profession is now put in possession of the facts. So far as the Act is concerned, the meaning is quite plain that there is not a doctor in Canada that does not come under the penal terms of this Act. No matter what his interest in a Life Insurance Company, by way of stock or insurance, may be, the law states that he cannot sit on the board of directors, if he receives any salary for his responsible duties as medical officer of his company. The manager may receive any salary the company pleases to pay. So may the President and Vice-President. These gentlemen, in the eyes of the law, can be trusted to do their duty, and that the remuneration they receive will not blind their eyes; but not so in the case of the doctor. As soon as he receives a salary, he can no longer be trusted. He cannot hold a seat on the board.

This is, perhaps, one loophole through which the doctor may escape the penalties placed upon the whole medical profession by this Act. The first clause, which I have quoted, states that the word "officer" includes manager, secretary, treasurer, actuary and any other person designated as "officer" by the by-laws of the company.

If the medical advisor of any company can induce his board to pass a by-law to the effect that he is not an "officer," indeed, may be ranked with the office boy in status, then perhaps he may escape technically the meaning of this Act. This is doubtful, and may remain so until the courts decide a case. One thing is clear, namely, the Medical Advisor of a Life Insurance Company, if he is dignified with the title of an "officer," cannot occupy a seat on the board. No other class is so treated. While the bill was before the House of Commons and the Senate, a number, including the writer, made every effort to have the objectionable clause deleted from the bill, but without avail. Therefore it is that the whole medical profession is placed in a class by itself, and, in the eyes of the Life Insurance Bill, a disqualified class, or one of the rank of the office boy; that is, if the doctor is to hold a seat on the board of his company, and receive any salary, he cannot be called an "officer."

I am,

Yours truly,

JOHN FERGUSON.

264 College St., Toronto.

Publishers' Department

MODIFIED MILK POWDER (C.M.P.).—The Canadian Milk Products, Limited, are introducing through the Medical Profession a new infant food called Modified Milk Powder (C.M.P.). This is a modified milk in powder form, and has several advantages over any other prepared food on the market. The modification is made entirely with milk solids, and it contains no starches, either in natural form or in the form of dextrose. Neither has the food been peptonized or in any way pre-digested, and its easy assimilability is obtained only by making the food approximate closely to mother's milk. The amount of casein normal to cow's milk is greatly diminished, and the amount of lact-albumen largely increased. Furthermore, this food has two important advantages over any other prepared foods, in having the albumens uncoagulated and in retaining undestroyed the milk enzymes. The process by which this milk powder is made is the only one known by which the moisture can be entirely driven off without ever subjecting the product to a temperature approaching the boiling point. The result is that the food is a "live" food, and while guaranteed free from pathogenic bacteria, retains the valuable antiscorbutic properties of fresh milk.

From a scientific point of view, this food appears to be almost perfect, and we are assured that practical results have borne out the expectations which the analysis and mode of preparation of the food would indicate. Healthy infants have uniformly lived for many months on this food with absolutely no digestive sicknesses, and have been totally free from any indications of scurvy or ricketts.

The bone, teeth, and muscle-forming qualities of the food have been unexcelled, and these infants are the picture of health. In a large number of cases where the food has been given to sick infants, a remarkable improvement has taken place, and in many cases infants unable to assimilate any other food have thrived on Modified Milk Powder (C.M.P.), and have been completely restored to health. The manufacturers declare that this food is the only scientific substitute for mother's milk, and that its uniform quality, cheapness, and the ease with which it is prepared make it invaluable for infant feeding.

We are glad to note the Canadian development of a food of this kind, which seems likely to be of tremendous value in lowering the excessive rate of infant mortality.

THE CHARLES H. PHILLIPS CHEMICAL COMPANY (14, Henrietta Street, Covent Garden).—As in previous years, this firm confined its exhibit to two of its products, the one being a compound syrup of quinine, the other a fluid magnesia. The former is known as the *Syrup of Phospho-Muriate of Quinine Compound*, its strong point being that in its preparation the muriate instead of the sulphate of quinine is used, and phosphates instead of hypophosphates. Hence, the preparation being acid, there is no risk of the contained strychnine being thrown down, as sometimes occurs in the case of hypophosphite syrups. It is a pleasant bitter tonic, not productive of headache, and very stable. The fluid magnesia of the firm is termed *Milk of Magnesia*, this being the registered title of an odorless, white, palatable fluid with the physical appearance of milk. It is a hydrated oxide of magnesia, each fluid ounce representing, we understand, magnesium hydrate 24 grains. Under the microscope it is seen to be homogeneous, a fact which supports the firm's statement that their *Milk of Magnesia* is not, as are many magnesia preparations, merely a triturated magnesia suspended by mucilaginous or glycerine solutions. It attributes its special value as a neutralizer of free acids to the fact that it is entirely free from carbonates, and therefore does not give rise to discomforting evolutions of carbonic acid gas. It combines readily with tinctures as well as with iodides and other solutions of salts, and is useful as a suspender of fixed and volatile oils. We have had considerable experience of its use in the diarrhoea of children and in gastric irritability, and consider it an excellent form in which to administer magnesia when indicated in such cases. It may be also substituted for lime-water in the modification of cow's milk. Owing to its persistent alkalinity and tastelessness, it forms a good mouth-wash for use at bedtime.

S. NEWMAYER, M.D., Philadelphia, Pa., states: Among the varied causes of convulsions, none play a more frequent and important part than auto-intoxication. They are more frequent in children, due generally to a possible overfeeding,

improper food, or constipation. The intestinal canal contains a variety of toxins derived from the ingesta, bile and putrid material. There is continuous absorption from the intestines, including the taking up of toxines.

In the acute infections, where convulsions is oftentimes a forerunner, auto-intoxication from the intestinal tract undoubtedly is of no minor importance. Infections are the result of microbes, and we know these bacteria produce something injurious to the system—they elaborate poisonous ptomaines or toxic substances. Nature tries to rid the body of this poison through its various channels of elimination, one of which is the intestinal canal.

It is here we can aid Nature with our antiseptics. The value of internal intestinal antiseptics, I believe, is greatly overrated. Many of these drugs are soluble and absorbable, and those that are not are so often given in such small doses that, in the long journey from the mouth through the intestinal tract, they have spent most of their value before they have proceeded far.

Not to employ internal antiseptics would be unwise. But I would urge a more liberal use of antiseptic solutions by means of the rectal tube. This enterocolysis has not only its antiseptic value, diminishing the toxicity of the intestinal tract, but oftentimes an antipyretic action. This mode of treatment has not been very popular with the physician because of the unclean work, but I am confident the results well repay one for the labor.

In all cases of convulsions, immaterial of the cause, and in any other condition pointing to auto-intoxication, I flush the lower bowel with a solution of Glyco-Thymoline, one to two ounces to the quart of water.

Glyco-Thymoline is always kept in my emergency grip.

A CONSERVATIVE HOUSE.—Some of the members of the medical profession would open their eyes could they look over the files of the Denver Chemical Mfg. Co., manufacturers of Antiphlogistine, and see the many, many requests for window hangers, store advertising, etc., which they are constantly refusing. This company could get an almost unlimited amount of advertising, good advertising, too, at no expense, except for the printing of the cards or booklets, if they did not have too great a pride in the honorable position which they occupy as purveyors to the medical profession. Perhaps they feel the ethical requirements of their position more keenly on account of the personnel of the company. Half the

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Frosst's Blaud Capsules present true Ferrous Carbonate in a soft mass, with a freely soluble covering of soft elastic gelatine.

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No. 50	Blaud.....	= 5 grs.
No. 51	Blaud.....	= 10 grs.
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No. 53	{ Blaud.....	= 5 grs.
	{ Arsenical solution.....	= 2 mins.
No. 54	{ Blaud.....	= 10 grs.
	{ Arsenical solution.....	= 2 mins.
No. 55	{ Blaud.....	= 15 grs.
	{ Arsenical solution.....	= 2 mins.

Blaud Aloes and Nux Vomica

No. 56	{ Blaud.....	= 5 grs.
	{ Ext. Aloes.....	1 gr.
	{ Ext. Nux Vomica.....	¼ gr.
No. 57	{ Blaud.....	= 10 grs.
	{ Ext. Aloes.....	1 gr.
	{ Ext. Nux Vomica.....	¼ gr.
No. 58	{ Blaud.....	= 15 grs.
	{ Ext. Aloes.....	1 gr.
	{ Ext. Nux Vomica.....	¼ gr.

Blaud Arsenic and Nux Vomica

No. 59	{ Blaud.....	= 5 grs.
	{ Arsenical solution.....	= 1 min.
	{ Ext. Nux Vomica.....	¼ gr.
No. 60	{ Blaud.....	= 10 grs.
	{ Arsenical solution.....	= 2 mins.
	{ Ext. Nux Vomica.....	¼ gr.

Blaud Arsenic and Strychnine

No. 61	{ Blaud.....	= 5 grs.
	{ Arsenical solution.....	= 2 mins.
	{ Strychnine.....	1-50 gr.
No. 62	{ Blaud.....	= 10 grs.
	{ Arsenical solution.....	= 2 mins.
	{ Strychnine.....	1-50 gr.

Blaud Tonic Laxative

No. 65	{ Blaud.....	= 10 grs.
	{ Arsenical solution.....	= 2 mins.
	{ Ext. Nux Vomica.....	¼ gr.
	{ Phenolphthalein.....	½ gr.

Marketed in ethical packages containing 100 each they may be prescribed by number to designate formula desired.

Charles G. Frosst & Co. • • • Montreal

members of the board of directors are physicians who have spent each of them many years in active practice, the president of the company being an ex-president of his State Society, and the head of the advertising department is himself a physician, and was for many years the secretary of his County Society.

With such a personnel, it is not surprising that the advertising is not only strictly ethical, but even ultra-conservative in spirit.

RHEUMATISM DUE TO GRIP.—In speaking of the treatment of articular rheumatism, Hobart A. Hare, M.D., Professor of Therapeutics in the Jefferson Medical College, and Editor of *The Therapeutic Gazette*, says: "Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgesic power of the coal-tar products "must exert a powerful influence for good." The lowering of the fever, no doubt quiets the system and removes the delirium which accompanies the hyperpyrexia, while freedom from pain saves an immense amount of wear, and places the patient in a better condition for recovery. The researches of Guttman show conclusively that these products possess a direct anti-rheumatic influence, and among those remedies, antikamnia stands pre-eminent as an analgesic and antipyretic. Hare, in the latest edition of his *Practical Therapeutics*, says: "Salol renders the intestinal canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttman are so well known and to the point, and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia & Salol Tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one-half grains of salol. The proper proportion of the ingredients is evidenced by the popularity of the tablets in all rheumatic conditions, and particularly in that condition of muscular soreness which accompanies and follows the grip.

I am prescribing Resinol Ointment in many cases of skin diseases, also for scalds and burns. Since finding out its usefulness in itching cutaneous troubles, I could not get along without it. Kindly send me more samples of both Soap and Ointment.—S. S. Darill, M.D., Spartanburg, S.C.



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WRITE FOR FUR CATALOGUE N.

FAIRWEATHERS LIMITED

TORONTO and WINNIPEG

I want to thank you for the sample of Resinol Shaving Stick. I find it first-class. I want to say that it is the only Soap I can use or shall use in the future. I shave every day, and my skin is as soft and velvety as a girl's. My son also uses it, and many of my friends and patients. The Unguent Resinol is all you can claim for it.—L. Dawby, M.D., West New Brighton, S.I., N.Y.

SURPRISED AND GRATIFIED.—In relating his experience in the treatment of gouty conditions. Dr. Arthur Bailey Francis (Queen's College), Belfast, Ireland, reports the case of J. W., a gentleman in advanced life and of marked gouty diathesis, who came under treatment complaining of severe pains in the lumbar region and extending down one leg to far below the knee. Dr. Francis says: "I found that he had received a chill, and was also suffering from catarrhal bronchitis. I diagnosed lumbago and sciatica, and put in force the orthodox methods of treatment one after the other, but with little benefit to the patient. Insomnia now became a cause of anxiety; bromides had little or no effect, and I was revolving in my mind the safety and advisability of morphia, hypodermically, when it occurred to me to first try the effect of antikamnia and codeine tablets. This I did, ordering one tablet at bed-hour, to be followed in fifteen minutes by a similar dose, and that also by a third at the expiration of half an hour from the administration of the last. On seeing the patient the following morning I was surprised and gratified to find that he had passed a quiet night, slept well, and that the pain in back and legs was greatly modified. I continued the administration of antikamnia and codeine tablets after this, and before the end of a week the patient was quite free from pain, slept well, and was, in fact, convalescent. I should mention that this patient is seventy years of age, but notwithstanding this, I could detect no depressing effect on heart or nervous system consequent on the administration of these tablets. Since treating the above case, I have prescribed antikamnia and codeine tablets for insomnia, lumbago, sciatica, neuralgia in all its forms, including tic-douloureux, hemicrania, and that due to dental caries, and always with the most satisfactory results."

THE Canadian Medical Exchange, Janes Building, this city, conducted by Dr. Hamill, Medical Broker, wishes us to announce that he has from ten to twenty rural villages without a doctor, where the people have asked him to send them one. From the

GERM-PROOF WATER FILTERS

We carry a complete line of PASTEUR Filters. The Pasteur was invented by the eminent French scientist, Louis Pasteur, and is the only germ-proof filter made. The filtering medium is a porcelain tube, the density of which is $\frac{1}{1000}$ part of one inch, which prevents all micro-organisms from coming through.

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On sale at all Chemists
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MONTREAL

BENGER'S FOOD

FOR
**INFANTS,
INVALIDS AND
THE AGED.**

Wherever there is a case of enfeebled digestion, whether from advancing age, illness, or general debility, there is a case for Benger's Food.

When the stomach becomes weakened, the digestion of ordinary food becomes only partial, and at times is painful, little of the food is assimilated, and the body is consequently insufficiently nourished. This is where Benger's Food helps. It contains in itself the natural digestive principles, and is quite different from any other food obtainable. All doctors know and approve of its composition, and prescribe it freely.

The *British Medical Journal* says: "Benger's Food has, by its excellence, established a reputation of its own"
BENGER'S NEW BOOKLET deals with the most common doubts and difficulties which mothers have to encounter. It is sent post free on application to Benger's Food, Ltd., Otter Works, Manchester, Eng.

Benger's Food is sold in tins by Druggists, etc., everywhere.

amount of territory without opposition, a practice of from two to three thousand a year could certainly be expected. He will be pleased to pilot any physician who is looking for a location to these places. This is also a good time of the year for physicians who desire to sell their practices to list them with him, as he has a number of bona fide buyers registered.

DR. L. L. GRAY, of St. John, Mo., reporting the outlines of a case of enuresis-nocturna, treated with sanmetto, says the case was that of a maid thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effects. She acted as though she thought everyone she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company. Strangers would ask if she was entirely sane.

He gave her a bottle of sanmetto, told her mother to give her all assurance that it would cure her, if properly taken. He says a second four-ounce prescription verified the truth of his statement. It did cure her, and she became a perfectly formed young lady, intelligent and sociable, the downcast countenance gone and life again worth living.

I have great faith in Resinol Ointment, and for your benefit I will relate one of my experiences with it. Early in the spring, Mr. C——, a young man, called at my office and wished me to treat an alveolar abscess that he had suffered much with, telling me that he had spent considerable time and money with different physicians and dentists trying to heal it. I found an abscess extending along the buccal surface from the second bicuspid almost to the third molar. I tried various remedies and operations with almost no success; finally I saturated a piece of absorbent cotton, made in the form of a rope, with Resinol Ointment, and inserted it into the abscess the whole length, and told him to call the next day, when I removed it and applied a fresh one. I continued this, with no other treatment, and in less than a month the abscess was entirely healed, and has shown no symptoms of returning.—G. G. Hollister, D.D.S., Dunkirk, N.Y.